
NEWS / ISSUP

SUAREZ ORDOÑEZ, R.¹, TRAVIS-ROBERTS, J.², ABI HANA, R.³, JONES, H. E.⁴

◆ MIND THE GAP: GLOBAL SURVEY EXAMINING ACCESS FOR SUBSTANCE USE DISORDER TREATMENT FOR WOMEN

Substance use disorder (SUD) treatment providers face a concerning reality: Only 1 in 18 women with SUD access treatment (UNODC, 2024). This disparity underscores the existence of concerning barriers for women compared to men, including economic challenges, shame, limited accessibility, trauma, stigma, child, caregiving and domestic responsibilities (Green et al., 2006). These barriers remain significantly unaddressed by treatment facilities and providers around the world. Our survey (See, Factsheet 1) aimed to assess the prevalence of gender-specific programs and treatment centers for women with SUD worldwide, and to provide gender-evidence-based recommendations to address these gender-based disparities.

An online survey was developed using Google Forms and available in both English and Spanish. The survey comprised 15 anonymous questions, including three specifically addressing treatment program specifications. Survey dissemination occurred from March 2024 to July 2024 through multiple communication channels of the International Society of Substance Use Professionals (ISSUP) and the Global Women's Network for Providers of Women's Substance Use Disorder Treatment and Recovery (GWN). The target audience for the survey was healthcare providers working with women experiencing substance use disorders. The final sample comprised 800 responses from 82 countries.

RESULTS

The study reveals that while 83% of facilities offer mixed-gender treatments, only 8.2% provide women-only programs. Responses indicated that 66.5% of facilities do not offer gender-specific evidence-based programs, and among those that do, 32% cannot specify the programs used (See, Factsheet 1 for more details).

DISCUSSION

Addressing the Gap

These data indicate that women's needs and unique challenges when looking for treatment are neglected. These results represent an urgent need to call for action.

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Authors' contributions: Conceptualization (RSO, HEJ, and JTR), interpretation (RSO, HEJ and RAH), and drafting parts of the manuscript and reviewing manuscript versions (RSO, HEJ, JTR, and RAH).

Declaration of interest: None

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What to do?

Implement gender-based programs across all treatment centers treating women worldwide.

How-to start?

1. **Sensitize:** All staff members and clients (men and women) need to gain awareness and knowledge about the bio-socioeconomic barriers that women with SUD face when looking for treatment. Recognize how both providers and clients may unintentionally contribute to the barriers. Internal change is essential.
2. **Identify barriers:** Assess whether the program's accessibility aligns with the specific challenges women face, such as stigma, scheduling conflicts, and safety concerns. Evaluate the availability of supportive activities, spaces, groups, therapies, and childcare services for mothers and pregnant women.
3. **Acknowledge and address stigma:** Stigma affects women throughout their substance use and recovery journey (Lee et al., 2017). Addressing stigma among staff, clients, and within recovery networks is crucial. Failure to tackle stigma remains a significant barrier to improvement.
4. **Implement evidence-based programs:** Develop and implement treatment programs that address access options, adherence challenges, women-specific barriers, trauma care, cultural humility, and sensibilization.

Providing gender-specific treatments is essential, and immediate action is needed. Given that most treatment centers serve a mixed population, integrating gender-sensitive curricula is a first step to providing healing opportunities so that every woman seeking SUD treatment may access it.

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The Power of Collaboration Project

Factsheet 1

Rocio Suarez Ordoñez, Joanna Travis-Roberts, Rasha Abi Hana, Hendree E. Jones.

WHAT WE DID



Surveyed
800
healthcare
providers



across
82
countries



in
3
key
areas

Three key areas in substance use disorder (SUD) treatment:

Factsheet 1 - The availability of SUD treatment centers for women

Factsheet 2 - The prevalence of trauma-informed care

Factsheet 3 - Digital access for women looking for SUD treatment

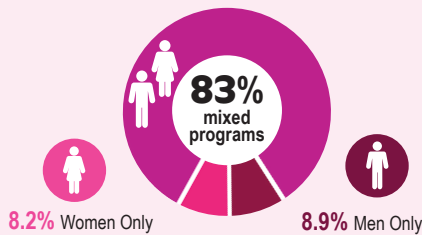
THE PROJECT AIMS TO IDENTIFY GAPS IN CARE AND PROVIDE RECOMMENDATIONS TO ADDRESS THEM.

Mind the Gap: Global Survey Examining Access for Substance Use Disorder Treatment for Women

WHAT WE FOUND

Women with substance use disorders around the world have limited opportunities to access a treatment center with a gender-based program, and even fewer to a women-only center.

Types of Treatment Programs



Treatment centres that include gender-evidence based programs



3 out of 10

Treatment centers provide gender evidence-based treatment

WHAT CAN WE DO?

SENSITIZE the staff and the clients (men and women) about the bio-socio-economic differences that a woman with SUD faces. Create safe spaces for discussion.

IDENTIFY the barriers for treating women in your treatment center: Access, childcare, providers stigmatization, lack of gender programs content, security, and safety.

Make a list. **ACKNOWLEDGE** and **ADDRESS** the barriers you identified.

Closing the gap

IMPLEMENT gender-responsive, evidence-based curricula like WISE, which incorporate practices that address women's unique challenges. Focus on improving access, adherence, and addressing personal, social, and economic barriers; as well as trauma-informed care, cultural humility, and awareness. Plan, act, evaluate.

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SUAREZ ORDOÑEZ, R.¹, TRAVIS-ROBERTS, J.², ABI HANA, R.³, JONES, H. E.⁴

● ADDRESSING THE GAP: GLOBAL SURVEY FINDS URGENT NEED FOR TRAUMA CARE IN WOMEN WITH SUBSTANCE USE DISORDERS (SUD)

Trauma is defined as the results of one or more events, or set of circumstances, that is experienced by a person as emotionally or physically harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA, 2024). Studies indicate that up to 80% of women in substance use disorder (SUD) treatment have a history of sexual or physical assault, with comorbid post-traumatic stress disorder (PTSD) rates ranging between 30% and 59% (Cohen et al., 2006). The concurrent treatment of trauma and SUDs among women has significantly improved PTSD, anxiety, psychological/psychosomatic distress, and substance use. Yet, many treatment programs continue to overlook trauma's impact on women (Cohen et al., 2006). This study (Factsheet 2) explored the prevalence of trauma-responsive care in treatment centers for SUDs worldwide, measured the staff's perception of the relevance of trauma when treating SUDs, and provided evidence-based recommendations to close any identified gaps.

An online survey was developed using Google Forms and available in both English and Spanish. The survey comprised 15 anonymous questions, including six specifically addressing trauma. Survey dissemination occurred from March 2024 to July 2024 through multiple communication channels of the International Society of Substance Use Professionals (ISSUP) and the Global Women's Network for Providers of Women's Substance Use Disorder Treatment and Recovery (GWN). The target audience for the survey was healthcare providers working with women experiencing substance use disorders. The final sample comprised 800 responses from 82 countries.

RESULTS

Our results reveal that 69.9% of healthcare providers do not use standardized tools for assessing trauma or PTSD, with 32% of those who do, are unable to specify the tools used. Additionally, while a majority recognize the significant impact of trauma on both the development and treatment outcomes of substance use disorders, nearly 49% of centers lack comprehensive trauma training (see Factsheet 2 for more details).

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Authors' contributions: Conceptualization (RSO, HEJ, and JTR), interpretation (RSO, HEJ and RAH), and drafting parts of the manuscript and reviewing manuscript versions (RSO, HEJ, JTR, and RAH).

Declaration of interest: None

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DISCUSSION: WHAT TO DO NEXT?

Despite the survey revealing a strong awareness of the role trauma plays in the development and treatment outcomes of SUDs, less than half of the providers use trauma resources. Furthermore, a significant portion of those who do, could not specify the evidence-based identification and interventions that they employ. This lack of clarity and consistency in trauma identification and intervention may be linked to the percentage of respondents (48.8%) who reported that their center had not received trauma training.

To address these issues, several actions are recommended for improving SUD treatment and recovery services: (1) **Sensitization practices**: Providing insight to staff and clients on the neuro-bio-social role of trauma in SUD would allow them to interpret experiences, behaviors, and reactions that were not previously identified as traumatic or related to substance use, having a positive effect on treatment planning and outcomes (Jiao et al., 2023). (2) **Utilizing Standardized Evidence-Based Tools Throughout the Treatment Process**: Over 98% of providers expressed a willingness to receive training on trauma. This significant interest should be harnessed by equipping them with practical skills and resources to consistently implement standardized tools for screening, assessment, and intervention. Systematic use of these tools is essential for monitoring client progress and making informed adjustments to treatment plans. (3) **Trauma-responsive care implementation in all treatment centers**: Offering trauma-responsive care translates into developing new organizational practices, policies, and procedures that cohesively respond to the four Rs: **Realize, Recognize, Respond, and Resist** re-traumatization of trauma. (SAMHSA, 2014) (Elliott et al., 2005).

Including trauma care in SUD treatment and recovery would create a more cohesive and informed treatment environment, improving the quality and outcomes of care for women with substance use disorders around the world.

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The Power of Collaboration Project

Factsheet 2

Rocio Suarez Ordoñez, Joanna Travis-Roberts, Rasha Abi Hana, Hendree E. Jones.

WHAT WE DID



Surveyed **800** healthcare providers



across **82** countries



in **3** key areas

Three key areas in substance use disorder (SUD) treatment:
 Factsheet 1 - The availability of SUD treatment centers for women
 Factsheet 2 - The prevalence of trauma-informed care
 Factsheet 3 - Digital access for women looking for SUD treatment

THE PROJECT AIMS TO IDENTIFY GAPS IN CARE AND PROVIDE RECOMMENDATIONS TO ADDRESS THEM.

Addressing the gap: Global survey finds urgent need for trauma care in women with substance use disorders (SUD)

WHAT WE FOUND



95.1% of providers agree that experiences of trauma contribute to the development of Substance Use Disorders

Respondents rated this on a scale from 1 (not at all) to 5 (extremely). Of the total, **68.5%** rated this as 5, **26.6%** rated it as 4, and the remaining responses were distributed among the lower ratings.



90.8% of providers agree that traumatic experiences affect the outcomes of Substance Use Disorder treatment

66% of respondents rated this as 5, **24.8%** rated it as 4, with the rest distributed among the lower ratings.



69.9% of providers **DO NOT** utilize a standardized tool for screening and / or assessing Trauma and Post-Traumatic Stress Disorder

Among the **30.1%** who did use standardized tools, **32%** did not specify the tools they employed.



98% of providers would like to receive training in trauma

WHAT CAN WE DO?

Implement trauma care in all SUD treatment and recovery settings.

HOW?

- 1** **SENSITIZE** the staff and clients to the implications of trauma in Substance Use Disorder treatment and recovery.
- 2** **USE** standardized evidence-based screening, assessment and interventions tools throughout all the treatment process.
- 3** **IMPLEMENT** evidence-based programs, procedures, and policies by **TRAINING** all staff members in trauma responsive curricula such as safety and empowerment procedures and policies, and emotion regulation skills.

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SUAREZ ORDOÑEZ, R.¹, TRAVIS-ROBERTS, J.², ABI HANA, R.³, JONES, H. E.⁴

◆ DIGITAL PRESENCE OF TREATMENT CENTERS FOR SUBSTANCE USE DISORDERS AROUND THE WORLD: RESULTS FROM A GLOBAL SURVEY

According to the latest UNODC 2024 report, individuals aged 18 to 24 and 25 to 34 years (Gen Z and Millennials, respectively) constitute the primary demographic in substance use disorder (SUD) treatment. However, globally, while 1 in 7 men receive SUD treatment, only 1 in 18 women receive such treatment (UNODC, 2024). This disparity raises an important question: If we define access to treatment as the ability to obtain appropriate healthcare services to address a perceived need, are we adequately meeting the needs of these younger generations?

For Millennials, the Internet serves as the predominant source of health information, while for Gen Z, it is the primary source of general information (Papp-Zipernovszky et al., 2021). Additionally, these younger generations are significantly more likely than their older counterparts to engage in discussions about addiction and mental health, with a 41% greater likelihood to talk about addiction and a 20% higher likelihood to address mental health issues (Oliver Wyman, 2023). Gender also plays a crucial role in seeking health information online; research shows that women are more inclined than men to use the Internet for health-related searches, (Bidmon et al., 2015). Given these dynamics, women may require both digital information and accessible online treatment centers to effectively address their needs. To explore this issue further, our survey aimed to assess the prevalence of digital access in SUD treatment centers for women worldwide, and the staff's perceptions of the relevance of digital tools for treatment access, and to provide recommendations to bridge the existing gap.

An online survey was developed using Google Form and available in both English and Spanish. The survey comprised 15 anonymous questions, including four specifically addressing digital online tools available for access to treatment for SUD. Survey dissemination occurred from March 2024 to July 2024 through multiple communication channels of the International Society of Substance Use Professionals (ISSUP) and the Global Women's Network for Providers of Women's Substance Use Disorder Treatment and Recovery (GWN). The target audience for the survey was healthcare providers working with women experiencing substance use disorders. The final sample comprised 800 responses from 82 countries.

RESULTS

The results highlight that over 87% (n=690) of providers consider it crucial to have an accessible and comprehensive website for improving treatment access. However, 46% (n= 362) of the respondents, reported that their treatment centers lack an online presence. Additionally, 23% (n=188) of respondents

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Declaration of interest: None

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noted that the existing online information is outdated. This means that over 69% of centers are either not discoverable online or fail to provide up-to-date information necessary for accessing their services. Notably, 98% of providers (n = 784) expressed a willingness to receive training to enhance access to treatment through digital tools (see Factsheet 3 for more details).

DISCUSSION

The survey highlights the limited use of digital tools to increase the visibility and possible access to SUD treatment. I'm not sure why we're addressing the age range here and in the introduction, as our focus is specifically on women's accessibility to substance use disorder treatment.

Given the crucial role that digital resources play for Millennials and Gen Z, it is imperative that we reassess our communication strategies and adapt them to meet the needs of these generations effectively. To address these gaps and enhance the online access to information to treatment services, we propose the following recommendations.

1. Ensure Essential Information is Accessible Online

To improve access to treatment, it is vital that essential information about treatment centers is readily available through a simple internet search. Key details that should be included online are: the organization's location, photos, populations served, services offered, evidence-based practices, program duration, costs, admission criteria, and clear contact information (Suarez Ordoñez et al., 2024). When such information is easily accessible, it enables individuals, including women with substance use disorders (SUDs), to make informed decisions about seeking appropriate care.

2. Provide Information in an Engaging and Accessible Manner

Gen Z engages with inclusive, affirming, nurturing, soothing, and restorative information about health. They value evidence-based practices and data (Oliver Wyman, 2023). Therefore, it must be both an online presence with information provided in an easily findable, clear, and accurate way. Tailoring content to be inclusive and engaging will resonate more effectively with this demographic and encourage them to seek treatment.

3. Train Staff in Digital Resources and Tools

eHealth, defined as "the use of information and communication technology (ICT) for health" (World Health Organization, 2021), is an essential component of modern healthcare. Providers should be proficient in eHealth literacy, which encompasses the skills needed to share, find, and provide health information effectively. Training staff in digital tools and resources can facilitate patient empowerment by equipping them with the knowledge and tools necessary for active involvement in their health management (Papp-Zipernovszky et al., 2021).

By addressing these areas—making essential information readily accessible online, communicating effectively with the target audience, and enhancing staff digital literacy—we can bridge the existing gaps and better meet the needs of women seeking substance use disorder treatment.

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The Power of Collaboration Project

Factsheet 3

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WHAT WE DID



Surveyed
800
healthcare
providers



across
82
countries



in
3
key
areas

Three key areas in substance use disorder (SUD) treatment:

Factsheet 1 - The availability of SUD treatment centers for women

Factsheet 2 - The prevalence of trauma-informed care

Factsheet 3 - Digital access for women looking for SUD treatment

THE PROJECT AIMS TO IDENTIFY GAPS IN CARE AND PROVIDE RECOMMENDATIONS TO ADDRESS THEM.

Digital presence of treatment centres for substance use disorders for women around the world: results from a global survey

WHAT WE FOUND

We asked 'Do you consider having an accessible website for the treatment centre with essential information to be important to improve access to treatment?'

86%
agree

HOWEVER

69%

of treatment centers either cannot be found online or don't provide the necessary information for accessing their services.

*63.3% Reported as EXTREMELY important to have an accessible website to improve access to treatment

Type of online presence

11%

Up-to-date social media profile

42% did not provide specific details

9%

Up-to-date website

44% did not provide site names or URL

11%

Accounts on social media and a website

87% could not provide site names or URL

23%

OUTDATED Online information

46%

NO online presence

WHAT CAN WE DO?

1. Ensure that Essential Information is Accessible Online

To improve access to treatment, it is vital that essential information about treatment centers is readily available through a simple internet search.

Make sure this information about your program is published online:



Location



Photos of the facilities



Populations served



Services offered



Evidence-based practices offered



Clear contact information



Costs



Admission criteria



Program duration

2. Provide Information in an Engaging and Accessible Manner

It is crucial not only to be present online but also to ensure that the information provided is easily findable, clear, and accurate. Provide evidence-based material that women can relate their realities to and feel understood.

3. Train Staff in Digital Resources and Tools

Provide the skills needed to share, find, and provide health information effectively. Training staff in digital tools and resources can facilitate patient empowerment by equipping them with the knowledge and tools necessary for active involvement in their health management.

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