

DAWN First Plenary Conference conclusions and recommendations Rome, 2-4 March 2011

I. ESTABLISHING A RELIABLE KNOWLEDGE BASE:

- Need to rely on a set of statistical and epidemiological data for the correct understanding of the social and medical aspects of addiction, at least at the European level, with particular regard to: drug use behaviours, type of substances used, patterns of use, trends of use.
- Analysis of specific aspects include: initiation to drug use, the role of gateway drugs, the trends of stimulants abuse and of the non prescribed use and abuse of prescription drugs (growing trend in Europe), globalization and its effects on male/female drug taking behaviours (females consuming trends and behaviours more and more similar to males), specific female vulnerability.

II. FOCUSING ON SPECIFIC CRITICAL AREAS (TO BE DEVELOPED AND/OR THAT NEED FURTHER RESEARCH):

- Adolescents at risk: self esteem/self perception in teenager girls: sexy photos and images posted on social networks and/or blogs in exchange for drugs or for small tokens such as cell telephone cards etc.
- Non-medical use and abuse of prescription drugs among adolescents.
- Unwanted pregnancies.
- Management of drug use during pregnancy.
- Children of parents who use/abuse substances: balance to be found between the need to protect the child and the need to avoid separation from natural parents, especially the mothers. Special case: children participating in the recovery process (living with their parents in rehabilitation communities or in protected shelters). Need for teaching parental functions to mothers who use/abuse substances.
- Prostitution as a means to obtain drugs/maintain addiction.
- Sexual abuse and violence against women.
- Women who get involved in drug trafficking/criminal offences due to their drug addiction or due to a drug addicted partner; women in the criminal justice system.
- Increased vulnerability of women due to partner's addiction.
- HIV and other STD incidence in women.
- Eating disorders and correlation with use/abuse of cocaine and stimulants.
- Psychiatric disorders and suicidal risk in women.
- Immigrant women and stigmatization from society and from same ethnic group members.
- Effectiveness of selective prevention vs universal prevention. Selective prevention programmes should be directed at least to youth, parents teachers.
- Treatment through adequate pharmacological therapy and psychological support.

- Prevention and treatment of related pathologies and of related physical violence.
- Recovery and rehabilitation with long term follow up and accompaniment.

III. ESSENTIAL REQUIREMENTS FOR GENDER-ORIENTED OFFERS AND SERVICES (SUSTAINABLE AND EVIDENCE BASED EFFECTIVENESS):

- **Effectiveness** of prevention, treatment and rehabilitation programmes provided by private and public health addiction units and departments should always be measured on **scientific evidence** and **sustainability**.
- Adequate **monitoring** systems and **accountability procedures** should always be in place within public health systems for drug addiction, in order for health professionals to be able to provide **outcome indicators** and **cost analysis** for the services delivered. This would allow for policy makers to make better decisions in the **identification and allocation of relevant financial resources** and for health and social services to be more protected from budget cuts, especially in times of economic crises or budgetary shortages, as the services provided and the financial costs attached to them would be seen in terms of **long term investments in public health**.
- The need for monitoring and evaluation of results is also reinforced by the fact that according to the latest statistics, public health services for drug addiction is used by less than 50% of the total estimated population of drug users and that, on average, a drug user first contact with the public health services happens 7 - 8 years after the beginning of his/her addictive career.
- Finally, next to the recognition that women drug users are more subject to social, psychological and health vulnerability than men, we should also stress out that women are more resilient when faced with difficulties.
- The concept of **Resilience** should be valued in all programmes, as there is increasing evidence that teaching how to build resilience is more important and useful than simply teaching how to not use drugs.
- Overall, further research and insight is needed to clarify and explore the concepts of **accessibility, affordability and acceptability** of services to women, especially through direct interviews with and the administration of questionnaires to clients of addiction services.