

Part B – Selected topics

1 Gender differences

1.1 Summary

Although gender-specific differences in the drug area have been known for a long time, gender-specific aspects have only recently started to be comprehensively taken into account in addiction therapy.

Generally, men engage in more risky consumption behavior both in terms of quantity and quality. Epidemiological monitoring of adult female and male drug users has clearly shown gender-specific differences which are however increasingly diminishing with respect to legal substances such as tobacco. As for the infectious diseases hepatitis and HIV, men are again much stronger affected than women given the high prevalence of drug use in this area. Drug using men are also clearly overrepresented in drug-related deaths, however mortality rates have been declining since a few years. Differentials continue in criminal statistics where women are markedly underrepresented.

Although gender-specific programs are developed and used in addiction prevention, they (still) don't seem to be carried out and communicated following scientific archiving methods and communication channels. In fact, these measures are "insular" and (still) take place mainly in youth work outside of the school setting. Statistics on out- and inpatient treatment carried out in Germany only reveal minimal gender-specific differences. For example, women have a higher drop out rate than men.

Treatment of drug users and addicts gets increasingly oriented by gender-related aspects. Originally, the German addiction assistance system started from a clear overrepresentation of men. Only gradually, concepts are developed on the basis of a gender-specific approach taking into account gender-specific differences between drug using women and men. This applies both to out- and inpatient treatment, after care and the self-help system.

1.2 Epidemiology

The representative survey on the use and abuse of psychoactive substances among the adult population (epidemiological addiction survey) carried out by the Institute for Therapy Research (IFT) (Kraus & Augustin, 2005) and the repeated cross-sectional drug affinity study carried out among young people by the Federal Center for Health Education (BZgA, 2004) show clearly that definitely more men use illicit drugs than women. However, differences in consumption rates among younger male and female users are less pronounced. The following epidemiological survey on drug using women and men concentrates on the development of the prevalences in a period of 14 years (Augustin et al. 2005, BZgA 2004).

1.2.1 Trends of drug using behavior

Data from the drug affinity study show gender-specific consumption trends among teenagers and young adults in the age from 12 to 25 years (BZgA 2004). While prevalence figures for female teenagers and young women in the twelve-month-category remained stable at a plateau of about 10% since 1997, prevalence rates for men continually rose from 14% to 17% (Figure 15).

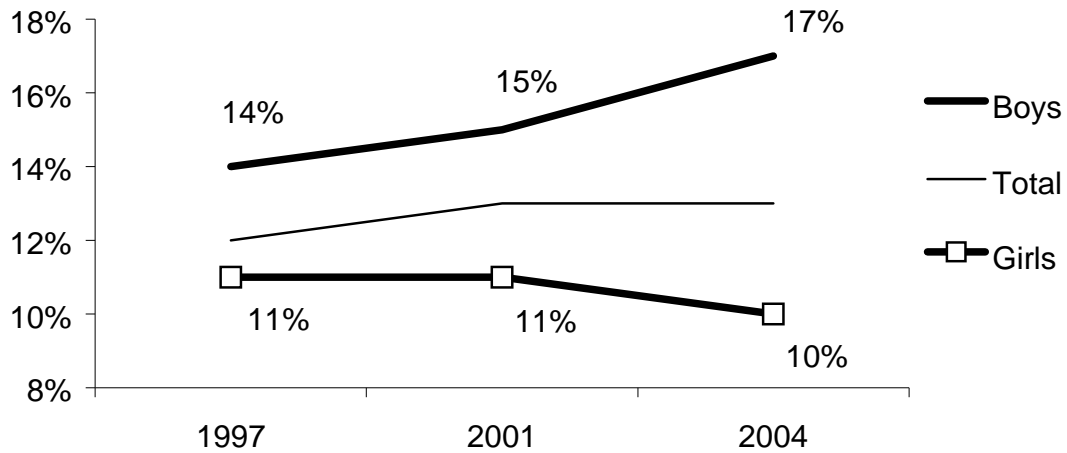


Figure 1: Consumption of illicit drugs in the last 12 months in age group 12-25 years, trends from 1997 to 2004

Source: BZgA (2004)

The data situation within the frame of the epidemiological addiction survey on the drug use of adults (Augustin et al. 2005) only allows for trends to be presented for the whole group (18-59 years) from 1995 onwards. They show that cannabis consumption is on the rise for both genders, but has higher percentage rates among women. Gender differentials have thus become smaller. In 1995, prevalence rates for men were three times higher than the ones for women, while in 2003, they were only double as high. With respect to other drugs, only minor changes were found both for women and men (Figure 16).

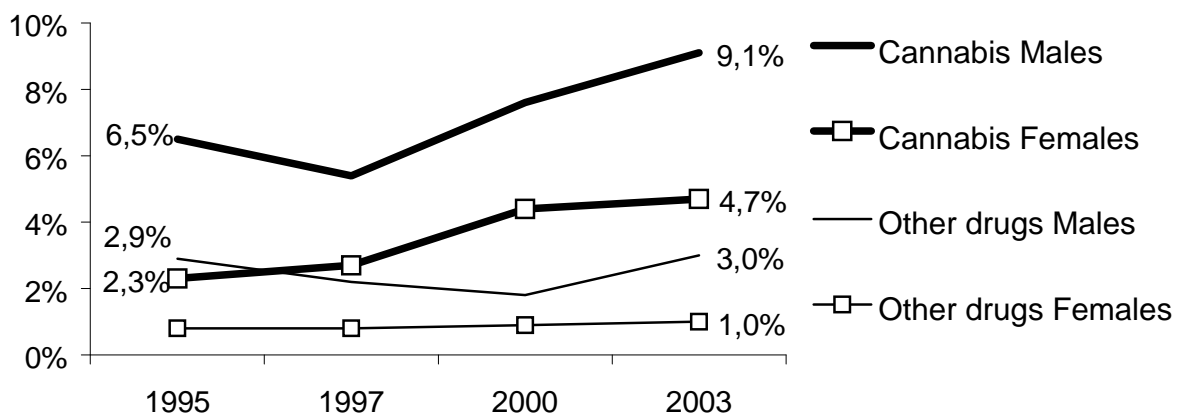


Figure 2: Drug use in the last 12 months among women and men in age group 18 to 59 years, trends 1995 to 2003

Source: Augustin et al. (2005)

The same effects were found in the age group from 18 to 29 years. However, prevalences for these later age classes were generally higher. The portion of cannabis users among women rose from 4.1% in 1990 to 14.4% (3.5-fold increase) in 2003. As for men, prevalences rose from 8.1% to 22.0% (2.7-fold) (Augustin et al. 2005). With regard to other drugs, increase rates in this age group are clearly lower than with respect to cannabis consumption.

Not taken into account by this documentation is the misuse of prescription drugs, of which especially benzodiazepine is fairly common among drug abusers and addicts. With no recent data at hand, a gender-specific analysis is dispensed with.

1.2.2 Infectious diseases

Infectious diseases are – especially because of injection drug use – a considerable risk for drug using women and men. Furthermore, it is to be assumed that also drug using prostitutes are exposed to a high infection risk.

HIV/AIDS

Up until 31 December 2004, 23,546 cases of Aids infections were reported, out of these 3,104 (13.2%) were women and 22,442 (86.8%) men. In 40% (1,238 cases) of the women, and 23% of the men (2,359 cases), drug addiction was the reported infection risk. A differentiated evaluation of HIV-positive women and men showed that for women IDU represented the highest risk of infection whereas for men it was sexual contacts with partners of the same sex (RKI 2005a).

So far, it has been hardly possible in Germany to collect data on HIV-positive persons serving a prison sentence, since the execution of sentence is subject to the regulations of the individual Laender. Therefore, at present, there is no nationwide survey with a gender-specific evaluation available (Klotzbach & Andresen 2005).

Hepatitis C

In the year 2004, a total of 8,998 cases of first-diagnosed hepatitis C were documented. Thus, the incidence was 10.9 first diagnoses per 100,000 inhabitants. At 13.4 in 100,000 inhabitants, incidence was considerably higher for men than for women at 8.5 cases (RKI 2005b). There is a close correlation between injection drug use and HCV infections, whereby men are clearly overrepresented in this group. Especially affected is the group of the 20-29 year- old males. Among these HIV-infected, 71% were injectors. A similar evaluation for women is not available. The considerably higher incidence of first-diagnosed Hepatitis C in men compared to women is explained by the fact that men are markedly overrepresented in injection drug users (RKI 2005b).

In his survey on the infection status in penal institutions, Knorr (2004) found an overall infection rate of 12-20% compared to an infection rate of 61-75% in the male and female inmates of penal institutions. Based on these results, the study arrives at the conclusion that the risk of contracting hepatitis C increases with the duration of the stay in prison. The higher portion of men in prison represents as such also a higher risk of an HCV infection.

Other infectious diseases

Apart from hepatitis and HIV/AIDS, there are other infectious diseases which may result from injection drug use. Drug users are often found with bacterial endocarditis, tuberculosis and other infectious diseases (Miró et al., 1999). A gender-specific evaluation on this subject is not available.

1.2.3 Drug-related deaths

With 1,385 cases, the figure of drug-related deaths was at its lowest since 1989 continuing the downward trend with a decline of 6.2% relative to the previous year (BMGS, 2005). A gender-specific evaluation of the mortality rates from 2000 to 2003 shows that the number of drug-related deaths both for women and men continually declined. While in the previous year, 231 women and 1,231 men died of drug consumption, drug-related deaths in 2004 amounted to 203 for women and 1,156 for (BKA, 2005). Compared to the period between 1995 and 2003, this corresponds to a decline by 10% for women and by 20% for men (see figure 5 annexes).

1.2.4 Problem use and addiction

The extent to which women and men are affected by substance abuse and addiction varies between genders. For some parameters for which discrimination by gender is possible, the situation will be described in the following.

The evaluation of drug use according to the Substance Dependence Scale makes such a comparison possible in the epidemiological addiction survey 2003. Setting the cut-off to one criterion to be fulfilled, one gets problem cannabis use in 0.9% of the women and in 2.7% of the men; setting the cut-off to three criteria to be fulfilled, problematic use is to be found in 0.4% of the women and 1.7% of the men. As for cocaine, figures are respectively at 0.1% and 0,4% (cut-off: 1) and 0.0% und 0.2% (cut-off: 3).

Calculating the number of problem users on the basis of treatment data analogously to the method mentioned under chapter 4.2.1, one gets a range of 22,200 to 35,900 female opiate users and a range of 41,500 to 67,000 female users of hard drugs.

Outpatient therapy

The following evaluation is based on data sets of 144,788 counselling and therapy units carried out in 707 outpatient counselling and therapy facilities. The evaluated facilities were psychosocial counselling facilities and outpatient departments (94%), low-threshold facilities (3%), assisted living facilities (2%) and counselling services in prisons (0.3%).

The portion of women with regard to the different main diagnoses varies. Women are only overrepresented with respect to dependence on medical drugs and associated problems. As for all other diagnoses, their portion ranges between 15% and 36%. Remarkably low are the figures found for cannabis (Welsch & Sonntag 2005) (Table 30).

Table 1: Portion of women in clients of outpatient counselling facilities

ICD-10 Code	Main diagnoses	Anteil Frauen %
F10	Alcohol	23.9
F11	Opioids	22.6
F12	Cannabinoids	14.6
F13	Sedatives/Hypnotics	55.6
F14	Cocaine	15.8
F15	Stimulants	24.2
F16	Halluzinogenics	22.9
F18	Volatile substances	36.0
F19	Other psychotropic substances	22.0

Source: Welsch & Sonntag (2005)

82% of the women with an opiate-related main diagnosis approached an outpatient facility on their own initiative and 12% on request of a court whereas 74% of the men turned to an outpatient facility on their own initiative and 19% for legal reasons.

On average, the duration of outpatient therapy for the main diagnosis opiate dependence is by four weeks shorter for men (20 weeks) than for women (24 weeks). The quota of completed therapies among opiate addicts is considerably lower than among alcohol addicts.

There are only minimal gender-specific differences with respect to the completion of outpatient therapy according to schedule: 21.6% of the women and 22.3% of the men complete their therapies as scheduled. 47.8% of the female opiate addicts compared to 42.1% of their male counterparts drop out of outpatient therapy prematurely. 18.2% of the women and 19.2% of the men complete their therapy successfully, i.e. with abstinence. (Welsch & Sonntag 2005).

Inpatient therapy

For the analysis of the therapies carried out in 106 inpatient facilities, 23,768 treatment data sets were evaluated. 84% of the facilities fall under the category rehabilitation facility, 4% of the data sets were collected in hospitals or respectively their drug treatment units and 12% in homes and transitional facilities (Welsch & Sonntag, 2005).

The portion of women in the various patients' groups in inpatient therapy corresponds largely to the results found for outpatient facilities. However, figures are even lower than in outpatient therapy. (Welsch & Sonntag, 2005) (Table 31).

Table 2: Portion of women in clients of inpatient facilities

ICD-10 Code	Main diagnosis	Proportion females %
F10	Alcohol	22.4
F11	Opioids	16.8
F12	Cannabinoids	10.9
F13	Sedatives/Hypnotics	53.7
F14	Cocaine	10.7
F15	Stimulants	16.7
F16	Halluzinogenics	14.3
F18	Volatile substances	--
F19	Other psychotropic substances	19.3

Source: Welsch & Sonntag (2005)

64.3% of all women and 53.6% of all men undergo inpatient therapy of their own accord. Violations of the Narcotic Drugs Act were the reason for inpatient therapy for more than a quarter of the women (27.0%) and two fifths of the men (40.3%). 6.6% of the women and 4.7% of the men were admitted to inpatient facilities because of other criminal or civil proceedings (Sonntag & Welsch 2004).

With an average duration of 13 weeks, inpatient therapies are significantly shorter than outpatient therapies. The portion of opiate addicts who complete their therapy according to schedule is considerably lower in the inpatient setting than the one of alcohol addicts. 33.2% of the women and 37.7% of the men are discharged according to schedule whereas 52.7% of the women and 47.5% of the men drop out of therapy or are discharged prematurely for other disciplinary reasons.

18.3% of the female drug addicts and 31.3% of the men completed their therapy successfully. 38.5% of the women and 29.4% of the men completed inpatient therapy in an improved condition. In these cases, general stabilization of the physical and psychological condition as well as of the life circumstances was achieved, however no abstinence of drugs (yet) (Sonntag & Welsch 2004).

1.2.5 Drug-related criminality and imprisonment

Women are considerably less involved in drug-related offences than men. This is also reflected by the portion of women in prisons which lies markedly below 50%.

Criminality

In the year 2004, a total of 232,502 suspects with regard to drug-related offences were identified. Figure 17 shows the development of the last 10 years. The portion of women among the suspects varied only slightly between 1995 (11.9%) and 2004 (11.8%). Since 1995, the number of suspects with regard to general offences doubled both for women and men. While in 1995, a total of 10,947 violations committed by women and 74,276 by men

were investigated, figures amounted to 20,856 for women and 150,395 for men in 2004 (BKA 2005).

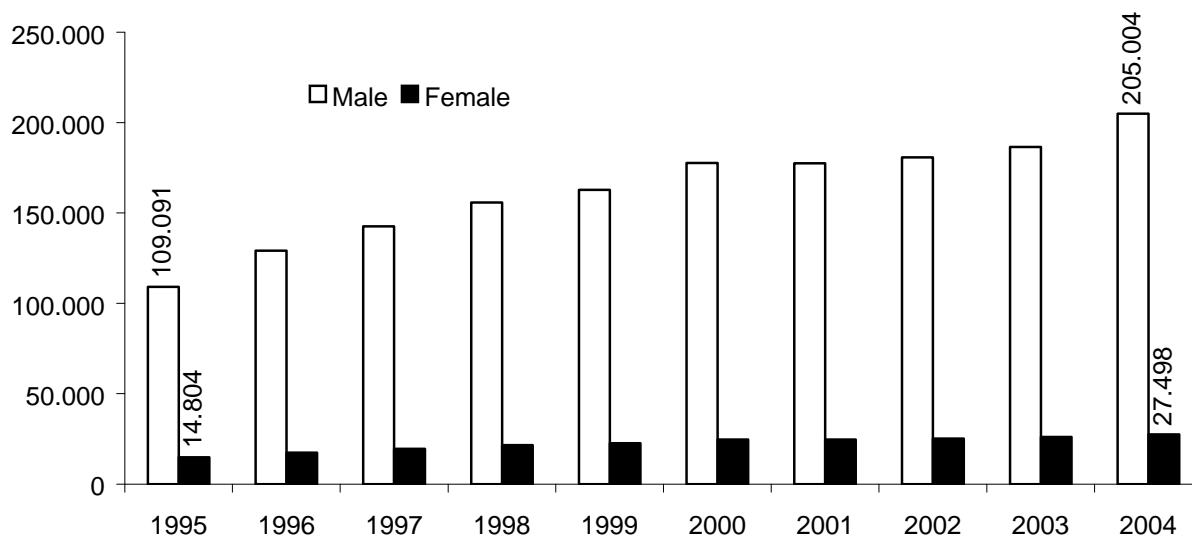


Figure 3: Number of identified suspects with regard to drug-related offences

Source: BKA, 2005

In 2004, 62,131 suspects were identified in connection with drug dealing or trafficking. Womens' share in this group only amounted to 10%. All in all, the development of the last 10 years was subject to some fluctuations whereby the number of identified suspects remained more or less at the same level both for women and men (BKA 2005). Similar fluctuations are to be found for suspects who were under investigation for *import of non-negligible quantities* of drugs. With 5,139 investigated cases, figures were slightly lower than in the year 2003 (BKA 2005).

Imprisonment

Data on addicted men and women in prison are currently not available. Kreuzer (2002) estimates however that in the year 2000 out of 75,300 prison inmates about 15,000 (20%) were addicted. This would correspond to about 10% of the overall population of drug addicts. A gender-specific evaluation is not available.

In total, markedly fewer women than men are detained in penal institutions: 94.9% of all detainees are male. With regard to drug-related crime, the portion of women is with 6.1% only insignificantly higher. Women commit – as already shown by the criminal statistics – much fewer drug-related crimes and are also awarded more lenient sentences than men (Schaper & Heumüller, 2003). However, analyses showed that crimes committed by women lead more often to convictions because of other punishable acts (e.g. theft) than the ones committed by men despite the connection with substance dependence. Schaper und Heumüller (2003) assume that the portion of addicted women in prisons is comparatively underestimated. In the penal institution Vechta (only female inmates) the portion of addicted women was found to be 57% in the year 2002 (Schaper & Heumüller 2003).

A demonstration project on infection prophylaxis through distribution of sterile disposable syringes carried out in prisons of Lower Saxony found some gender-specific differences: Male project participants stated that they feared a deterioration of their own situation if their drug use got known. That is why the portion of male participants decreased. The detained women by contrast, did not share these fears. They made very frequent use of the syringe distribution machines and generally complied with project rules. The longer duration of detention was given as a reason for the bigger distrust potential among the male inmates. Before the start of the project, men had already been in prison for an average of 55 months and women for 15.7 months. With respect to drug use, no significant differences were found. On average, both groups had used heroin since 10 years. Infection risks were similarly assessed by women and men. Drug use in prison was seen as more risky in prison due to lack of disposable syringes than outside prison grounds. 44% of the women and 14% of the men gave prostitution as a risk of HIV or other infections. Furthermore, more female detainees had an injecting partner than the male inmates (Meyenberger et al. 1996). It should be noted that all German pilot projects on the exchange of syringes have been stopped with the exception of one prison for women in Berlin.

1.3 Gender-specific programs in prevention

Practical experience made in the most different areas of health promotion has shown that a *differentiated approach in addressing female and male drug users* may increase the efficiency of preventive messages and strategies. Especially in addiction prevention it has proven useful to address the function of health-damaging (risky) behaviour in the social environment, to offer “functionally equivalent“ action alternatives together with alternative models and to integrate the promotion of life skills into the concept of prevention.

It becomes increasingly apparent that the gender is to be seen as an important distinguishing feature which needs to be integrated in the planning of interventions. So far, this aspect has remained conceptually underdeveloped and is only locally put into practice, although youth health and risk research was able to prove that

- stress and developmental problems differ between girls and boys during adolescence,
- girls and boys have different resources at their disposal to cope with these problems.

Irrespective of the mentioned requests for gender-specific addiction prevention, there are hardly any empirical surveys carried out on this type of prevention measures (Franzkowiak & Helfferich 2000).

Some of the few indications of gender-specific preferences with respect to contents and methods to be used by general prevention programs, are given by Schinke (1994). According to the results found by him, young men would like to be offered methods which support them in saying ‘no’ to people in their social environment and which help them to acquire further social skills. Young women, in contrast, prefer measures supporting them in defining and expressing themselves together with aids to help them reduce tension and learn affective

control techniques. Furthermore, women prefer settings allowing for informal exchange and small group work (Leppin et al. 2000).

Apparently, the majority of gender-specific projects are carried out and documented beyond scientific communication channels and documentation methods. In fact, these measures are of an insular nature and take place in youth work outside school grounds. Exchange and potential networking of committed professionals in this field are limited to secluded regional settings, rely very often on chance contacts and are only marginally developed.

1.3.1 Universal prevention with regard to specific behavior patterns of girls and boys

So far, only a few universal preventive projects were mentioned which also take account of gender-specific behavior. Special mentioning deserves the touring exhibition "*Boys and Girls – young people in search for their own self*", offering gender-specific support to young people in puberty with interactive elements. The goal of the initiative is to promote the development of self-esteem and independence as well as communication and conflict management skills. It is also to help develop independent behavior in various settings of life – also with regard to potentially addictive substances.

1.4 Target-group-specific prevention with regard to special aspects

As in universal prevention, gender-specific approaches are also scarce in target-group-oriented prevention. However, they are not completely left out because such aspects are conceptually taken account of in the area of legal drugs and with regard to interventions in risk groups.

Interventions with regard to risk groups

Girls and young women in the age between 12 to 18 years who have questions with regard to substance use or are consuming substances themselves are offered counselling by the project *Kajal* – a low threshold initiative which attaches high importance to guaranteeing anonymity. It also offers telephone counselling services.

The goal of the project is to create a solid, trustful counselling setting, free of barriers, allowing girls and young women to grapple with their problems. If drug problems are found to require treatment, referral to inpatient facilities is possible. Furthermore, the project qualifies multipliers from youth facilities or specific help institutions for girls as well as from schools and vocational training institutions and communicates knowledge on girl-specific processing strategies. This is to contribute to improving everyday contact with the target group.

Schools

Addiction experts confirm schools to be one of the best settings for implementing measures of addiction prevention. In the following, two examples of projects based on a gender-specific approach will be described:

- Pupils in grade 8 of an extended elementary school and a secondary modern school in the area of Hamburg are offered gender-oriented assistance with regard to sexual education and addiction prevention in the frame of a comprehensive conception. The

pupils of these schools live in a social field of tension which has a considerable impact on their behavior. The goal of the project is to provide counselling for the 13 to 16 year-old pupils with regard to questions on psychoactive substances or eating disorders and to reduce and stop risky behavior.

- A similar concept is offered for all types of schools in Lower Saxony. The project "Sign" is a school-based prevention program for female pupils between 12 and 16 years and their parents. The non-drug-specific prevention program is to strengthen social competence, confidence and critical thinking abilities to help the target group to protect itself adequately against the dangers of addiction and other risks (e.g. violence). Hereby, gender-specific aspects are taken into account in the conception.

1.5 Gender-specific treatment and after-care

Prevalences have already shown it: addictive behaviour differs between the genders. Zenker et al. (2005) note that, due to the gender distribution among clients, the help system is implicitly oriented towards male addicts and hardly addresses demands and needs of female addicts in counselling and therapy. For inpatient therapy, there are only data available from clinics for alcohol addicts. According to these data, 11 inpatient facilities cater only to women addicted to alcohol and medical drugs. 30 specialized clinics only treat men and 70 cater to both genders (Franke & Winkler 2005).

Therapy

An addiction research model explains the formation of addiction as a possible strategy of conflict solving to overcome traumatic or critical experiences of life. It was found that both men and women often have had emotional, physical and sexual experience of violence which finds its expression in various coping patterns. Men tend to externalize the feelings associated with these experiences and become aggressive. Women, in contrast, tend more to internalize them (Beg & Quinten 2002, Elsesser & Sartory 2001). To be successful, it is imperative for a therapy to orient itself according to the personal history which led to the formation of addiction and the gender-specific reactions.

Modern addiction therapy is based on a holistic approach tailored to the needs of male and female clients (Franke & Winkler 2005). Many inpatient facilities have begun to implement indicative offers which take account of this approach with a view to provide individual treatment for women and men.

Over and above that, 15 specialized facilities have opened in Germany offering assistance to addicted women. Their conception is largely set against a feminist background (BMGS 2002).

Therapy with regard to specific situations

Pregnant opiate addicts require individual counselling and a therapy concept which is quick to implement. Their therapy situation may be illustrated by the example of a situation report from Berlin: Out of the 3,500 people who were undergoing substitution treatment in the year 2001, 1,100 were females. Among them, 45 women were pregnant and 34 gave birth (Klotzbach & Andresen 2005). According to most recent scientific findings, the use of buprenorphine is to be generally assessed, as this substitution drug seems to cause fewer complications for the new born babies (cf. chapter 5.4).

Empirical findings have shown that the capacity to conceive - which can completely stop or be considerably impaired by heroin use - may be restored during substitution treatment. For this reason alone, comprehensive counselling of women in the respective age group undergoing substitution treatment is imperative. In addition to risks incurred by the additional use of other substances, risks are also posed by hepatitis and HIV-infections.

Studies show that the risk of transmitting the HIV-virus may be decreased from 15-20% to below 2% through timely diagnosis and treatment. (Klotzbach & Andresen 2005).

In order to make it possible for drug using women with a child to do a withdrawal treatment, inpatient facilities have started to offer common accommodation for both mother and child. At the Federal Womens' Congress "Ungeschminkt" ("Without make-up"), 26 facilities were cited to provide such mother-child-offers. Many outpatient facilities have meanwhile reacted to the needs of addicted mothers providing child care during therapy sessions (BMGS 2002).

Since the beginning of the 90's, facilities have been opened catering to drug-using and prostituting girls and women. The services provided range from different types of survival training to counselling. Comparable facilities catering to drug-using and prostituting boys and men do not exist.

1.5.1 Rehabilitation and social reintegration

Addiction problems are, in part, also a subject for projects on occupational integration of long-term unemployed since they are an obstacle preventing or impairing successful placement on the labour market. However, there is no comprehensive, gender-specific approach for dealing with this issue (BMWA 2004, BMGS 2005).

Occupational reintegration of long-term unemployed drug addicts is ruled by the guidelines of the ninth code of social legislation (SGB IX). Respective projects do exist, but are not based on a gender-specific approach.

Isolated initiatives are undertaken by counselling facilities or associations to promote occupational integration of drug addicts. In the following, a project presented at the Federal Women's conference Addiction in 2002, will be described by way of example. Project participants were addicted women who wanted to reintegrate into working life. Taking into account personal skills and vocational resources, occupational perspectives were developed and concrete steps towards occupational integration undertaken (BMGS 2002).

1.5.2 Gender-specific offers of self-help organizations

Self-help groups bring together people with similar problems, disorders or disabilities who are affected directly or indirectly as a relative. By working together in regular sessions, members of self-help groups become experts of their own case enabling them to make use of professional help in a more targeted but also more critical way. Self-help groups are a complement to professional, medical and therapeutic treatment, but no replacement for it (BMGS 2005).

A survey carried out in 2003 with 59,090 participants from self-help groups found that addicted women and men only account for 0.8% (501 persons) of the people committed to self-help work. The portion of women in that figure is at 18% (Kreuzbund et al, 2004).

Self-help initiatives for drug users are, by comparison with the classic alcohol-oriented self-help groups, a relatively young phenomenon. It has evolved from the drug assistance system of the 70's initially avoiding contact with traditional self-help groups. Today, the two types of self-help groups do cooperate in individual cases like for example in the workshop "Outpatient self-help for substance users" run by the German Head Office for Dependence Matters, in general however, contacts remain scarce. Also for this area, access for women was found to be difficult (BMGS 2003).

1.6 Conclusions

Epidemiological data show that addictive behavior of men and women differs quantitatively and qualitatively from each other. But it was also found that a few substances are consumed by more and more women in a similar way to men assimilating female consumption behavior in some areas to male consumption patterns.

When evaluating the differences in treatment and criminal prosecution, the different gender-distribution with regard to (problem) substance use needs to be taken into account. Table 33 shows the ratio between men and women with respect to various aspects of substance use, correlates and therapy. For equal prevalence or case figures, the ratio is 1.0. The higher the figure, the higher the portion of men relative to the women. For all categories it was found that the severity of the problem or of the feature correlates with the portion of men represented in this category. The high figure found for the category 'imprisonment' may, for a large part, be explained by the fact that drug dealing – the reason for many prison sentences – is mainly in the hands of men.

The high number of male clients in inpatient treatment which lies significantly above the figures found for consumption and problem consumption, require critical evaluation. They may be an indication of possible gender-specific differences in the access to therapy which should be looked at more closely (Table 32).

Table 3: Proportion of women in the clients of outpatient counselling facilities

Characteristics	RR Males/ Females
cannabis use during the last year	1.9
problematic use of cannabis	4.3
outpatient drug treatment for cannabis	5.8
inpatient treatment for cannabis	8.2
use of other drugs during the last year	3.0
problematic use of drugs other than cannabis	2.3
problematic use of heroin	3.6
drug related deaths	5.6
imprisonment on the basis of the narcotic law	17.8
outpatient treatment because of opiates	3.2
inpatient treatment because of opiates	5.0

Source: Welsch & Sonntag (2005)

Women-specific and also men- (or preferably boy-) specific orientation of addiction assistance work has been developed by many individual initiatives in Germany over the last few years. However, the implementation of the gender-mainstreaming-concept in the addiction assistance system in Germany is still in its infancy.

For the expansion of the existing offers it is imperative to take fully account of the principles of gender mainstreaming and root them in the structures of the addiction aid system. The German Head Office for Dependence Matters in which almost all professional addiction associations, self-help organizations and funding organs of addiction facilities are represented, has underpinned this imperative in the position paper "Gender mainstreaming in addiction work: chances and necessities".

Addiction research too, is called to contribute more strongly to shifting gender-specific aspects into the foreground and to promoting cooperation between research and practice in this context.