

Addiction Research

Assessing Gender Perspective of Women Drug Users: Specific Needs in Intervention of Addiction

Dr. Farida Kassim Katuli*

Senior Lecturer, Dar es Salaam Tumaini University, Tanzania.

***Correspondence:**

Dr. Farida Kassim Katuli, Senior Lecturer, Dar es Salaam Tumaini University, Tanzania.

Received: 01 Sep 2025; Accepted: 02 Oct 2025; Published: 12 Oct 2025

Citation: Farida Kassim Katuli. Assessing Gender Perspective of Women Drug Users: Specific Needs in Intervention of Addiction. *Addict Res.* 2025; 9(4): 1-6.

ABSTRACT

This study embarked on theoretical and empirical review studies on drug abuse in relation to gender and addiction on treatment of the drug users. The study highlights on the different needs of men and women in which experience shows that the different needs of men and women is not gender friendly to women who faces stigma. Also, different studies have indicated that there are not enough services tailored to suit the needs of women. It has been suggested that plans are effective to everyone. Hence, having gender-mainstreaming approach to a study and treat drug-users means looking at how gender plays a role in why people use drugs, how they use them and what happens as a result of gender inequality. Findings revealed that women have unique requirements and responsibilities that need to be addressed in treatment settings yet these are overlooked. Thus, there is a need to highlight the necessity for specialized drug recovery programmes designed specifically for women, furthermore these programmes must be adaptable to the individual circumstances of each woman.

Keywords

Addiction, Gender, Intervention, Drug use, Treatment, Gender violence.

Introduction

Addiction is a complex issue involving multiple factors, including biological, psychological, and social causes and effects. There is a perspective that addressing the risks and problems linked to substance use disorders (SUDs) requires regarding the population as a homogeneous group and treating gender as a neutral factor. Some models assume that women's drug use does not have distinct features and apply the same explanations (and intervention strategies) to both men and women [1,2]. According to estimates, more than 30 million women and 50 million men aged between 15 and 64 in the European Union have experimented with illegal drugs at some point in their lives [3]. Above all, in many European countries, the gender gap in total drug use is smaller, and the gap between younger age groups appears to be narrowing. Women's accounts should make up 20% of the requests for drug addiction treatment throughout Europe. Most substance misuse intervention programs are developed with a focus on men

in treatment, without considering the specific needs of women. Epidemiology statistics [3,4] show that women are less likely to seek therapy to address SUDs compared to men and that they also tend to have less favorable outcomes after accessing these services. It seems that initiating addiction treatment is more challenging for women compared to men due to the lack of family and social support, the pressure of gender-related responsibilities such as caring for family members and children, and the fear of potential repercussions if their addiction becomes known, which could result in loss of custody [5]. Because most residential-type services, such as therapeutic communities, typically do not allow access to children, the facilities are not adapted to accommodate them or restrict regular contact with their parents. There is also a perspective that tackling the risks and issues related to problem drug use requires considering the population as a whole, with men viewed as a neutral factor. Some models assume that women's drug use does not differ from men's, resulting in the same explanations and intervention strategies being applied to both genders [1]. In this context, harm reduction and recovery-based programs are social and health interventions for addiction that promote gender-neutral approaches [2].

Accessibilities of services of male and female to treatment

Addiction affects men and women differently because of how their bodies work and the different roles and expectations society puts on each gender. Because of this, the way we approach and treat addiction should take these differences into account. Research shows that women often do not get as good results from treatment programs as men do. This is partly because these programs are not made with women's unique needs in mind, which makes it harder for women to stay in treatment and succeed. Even though Europe has both private and public resources for helping people with addiction, women do not use these services as much as men do. This is made worse by the fact that women who do access these services are more likely to leave them early and get less help. So, the programs that are available are not working well for women, this will hinder them from achieving the goals that treatment is supposed to help with. Many writers have noticed that women who use drugs are not treated fairly in the fight against drug use, especially during times of war on drugs [6-8]. Others have pointed out that drug services do not take into account the different needs of women [9-12]. This lack of attention to gender has two big problems. First, women who use drugs are not seen or understood well enough, which means their own experiences and needs are not considered. This can hurt or even harm women, making them feel like victims again. Second, most studies on drug treatment show that there are not enough services that are tailored to women and people with different genders or identities [6]. Because of this, international reports have suggested creating better treatment plans that are more effective for everyone. A gender-mainstreaming approach is to studying and treating drug use means looking at how gender plays a role in why people use drugs, how they use them, and what happens as a result [7]. It also means improving access to treatment so that more women can stay in programs and get better results [1,6].

Gender differences in life experience

Gender differences in life experiences, such as work choices and family responsibilities, significantly influence changes in health outcomes, including higher mortality rates in men and higher morbidity rates in women [11]. When women seek assistance for drug or alcohol use, they are more affected by gender-based violence compared to women in general [4,13-16]. Research and practical experience indicate that drug use and addiction are multifactorial conditions involving various factors such as social, genetic, family, educational, and emotional elements, which interact to influence the development of addiction. Physical and/or sexual abuse can increase the risk of developing drug addiction, and addiction itself can lead to further addiction. The coexistence of these issues frequently results in more serious health complications, social and family isolation, financial reliance, and heightened family responsibilities, which pose major obstacles to accessing and maintaining treatment [13-15].

In the field of addiction, it was not until the early of the 21st century that the question of women's use of psychotropic substances-defined as "any product acting on the psyche, leading to a revision of the state of knowledge and/ or geste" [17] began to arouse

experimenters' and interpreters' interest. In social representations, the world of medicines is a man's world; this echoes what field-grounded experimenters and institution-grounded interpreters outside observe, and what being statistical data highlight in the law enforcement and health systems [18]. The 'disclosure' that women using heroin could be pregnant or mothers who came in 1985 with AIDS testing of women in motherliness wards, but at that time, everything was done to insure that information about mother – to- child transmission of HIV did not circulate, in order to cover HIV-positive women from stigmatization but also to help the trouble of AIDS from causing fear in the general public [19]. Thus, with many exceptions, there were no specific dependence or HIV services for pregnant women or men who use medicines at that time.

In the end of the 80s and especially at the early of the 90s, a number of exploration studies concentrated on developing medical exploration to cover mothers and children). At the end of the 1990s, women passing severe social and profitable rejection started to affect low- threshold services where professionals came apprehensive of the violence these women suffered in the road. Despite this, veritably many specific services for women were put in place, and no sociological or anthropological exploration fastening specifically on this population was conducted. A turning point came in 2006 after the European Monitoring Centre for medicines and medicine Dependence (EMCDDA) stressed the inadequate provision of health services for women who used medicines in Europe. Experts, experimenters and interpreters came apprehensive of the lack of similar services in France and started to rally. For illustration, the special issue of *Bulletin Épidémiologique Hebdomadaire Weekly Epidemiological Bulletin*) [3] was in part devoted to transnational exploration on women and dependence while, given the absence of specific exploration, experimenters of the *Observatoire français des drogues et des tendances addictives* (French overlook for medicines and medicine Dependence, or OFDT) must have limited themselves to rooting and analyzing data on medicine use by women from French epidemiological checks [20,21]. Results from that quantitative gender-grounded comparison made by the OFDT stressed that further men consumed psychotropic substances than women and that medicine abuse by men was more frequent. The only exceptions were tobacco, where the frequency of women smokers was analogous to that of men and psychotropic specifics, where women consumed more constantly than men [15,21].

Gender and Drugs

The use of illegal drugs is often linked to women who use them facing greater complexity, chronicity, and worse outcomes [1,13,15]. In this context, this study found that the consumption of illegal drugs, particularly cocaine, cannabis, and hallucinogens, is more common among men than women, while women are more likely to struggle with alcoholism. This indicates that the typical profile of women with addictions is that of alcoholic women rather than those addicted to other substances [22]. Despite the more lenient societal attitude toward alcohol compared to other drugs, the stigma faced by women with addictions is not less

severe [16]. Research on why women consume legal substances from a gender perspective usually relates to the need for prudence and avoiding transgression, which differs from men. This leads to under-identification of their problematic use, more chronic conditions, and complex treatment challenges [23]. There are specific stereotypes surrounding women with addictions [24], such as the belief that they are less motivated to engage in therapeutic processes or that they develop more severe and long-term addiction issues compared to men [13]. These beliefs affect internalized stigma [25], leading to negative self-efficacy and significant barriers to recovery [2-5,26]. Therefore, it is essential to address the gap between the actual experiences of women with addictions and the social perception of them [10], as well as to implement evidence-based interventions that meet their unique needs [24-26].

Women experiencing addiction issues often have less social support than men, due to the dual stigma and social judgment they face. Thus, combined with the widespread economic hardship that often accompanies drug dependence, can result in severe vulnerability, such as homelessness. The experiences of homeless women are particularly challenging, as they face ongoing threats, assaults, and, most notably, sexual and police violence. The situations arising from drug purchases appear especially dangerous, and there is a high risk of sexual violence, as reported by some literature review in this study [12,13,25,27].

When treating addiction, the complex nature of drug use must be viewed from a multifactorial perspective [24,26]. This is why all the factors that influence and are influenced by addiction must be considered and studied in order to address them effectively. The factors examined in this research include psychiatric disorders and abuse [16].

Gender, Drugs, and Psychiatric Disease

In this study, it was found that women are more likely to experience psychiatric illnesses and mental health challenges compared to men, both over their lifetime and during treatment. This is important because, while some mental health symptoms may improve with treatment—such as difficulties with concentration and instances of suicide attempts—many others do not, indicating that current treatments may not fully address these issues [7]. The focus of this research was on mental health conditions in the past month to better understand the current situation and to reduce bias caused by the higher rates of over diagnosis among women who use substances. This is a significant concern, as women often receive more diagnoses, which may not always be beneficial for their treatment [13,14,16]. Additionally, some argue that suicide attempts may decrease in treatment settings because patients are closely monitored, which limits the opportunity for such attempts to occur [24]. This is supported by findings showing that suicidal thoughts continue to be a challenge for women even while they are in treatment [6,24]. Other studies have also shown that women tend to experience more mental health issues than men, highlighting the need for treatment approaches that specifically address this issue when working with women who have addiction problems. It also appears necessary to design these treatments in a manner different

from how they are typically applied to men, as women are often affected in a more pronounced and severe way [7,8,24].

Gender, Drugs and Abuse

Finally, it was found that women with addictions experience more emotional, physical, and sexual abuse than men [16,24]. The prevalence of gender violence in the sphere of the couple and sexual violence experienced by women drug users is overwhelming. The impact that violence has on mental health is directly related to consumption motivations as a coping style, which in turn reduces the ability to react and hinders recovery from both violence and addictions. The stories of the women survivors of violence who participated in this literature research reveal the deep relationship between violent experiences, traumas throughout their biography and the need to consider everything together to carry out appropriate therapeutic interventions [12,16,26], with the consequences for mental health that entails, but also during treatment, which hinders its effectiveness and hampers recovery.

As noted by Cohen et al. [23] previous exploration has demonstrated a strong association between exposure to trauma (sexual, physical assault, or both) [22] and substance use diseases in women [8,13,24,26,28]. It is important to develop the idea of Benoit [15] that there is an advanced frequency of trauma and violence in the population with substance use diseases vs. the general population Molina Fernández, et al. [28]. Moreover, there is enough substantiation that we can find an advanced frequency of trauma and violence in women with SUDs than in men with SUDs. This violence intervention for women under treatment and how addiction moderates and amplifies this vulnerability and those inequalities [8,13,16,22,23,25,28]. Additionally, the impact that violence has on mental health is directly related to consumption of drugs as a managing style of addiction Fonseca, et al. 2021, Earnshow et al. [13], Kulesza et al. [8], Molina Fernández, et al. [24], Molina Fernández, et al. [26].

Gender plays a pivotal part in understanding how individualities progress through the treatment, relapse, and recovery cycle. For illustration, lower than one- third of individualities accessing alcohol and medicine treatment in England from 2019 to 2020 were women [29] were lower than men. Significantly lower figures of women in treatment populations may reflect differences in interventions that women face in accessing treatment, including internal health issues, and minding liabilities (28 as cited by 1). Yet, Grella and associates [30] argued that gender is not only applicable for its impact on the course of substance use inauguration, dependence onset, and treatment participation, but also for the issues following treatment and recovery.

Adding evidence, it suggests that women's and men's recovery procedures may be distinct. Research from the US [31], Canada (24), Australia [32] and the UK [33,34] set up that recovery from alcohol and medicine problems results in pronounced advancements across five disciplines, that work, on finances, legal status, family and social connections, and employment – but with sufficient original variations to suggest that recovery

pathways are not active and creative surrounds the recovery stages [34]. More lately, other authors have linked significant gender differences in recovery circles. Andersson et al. [35] reported that a lesser proportion of ladies in recovery reported having specific requirements in relation to internal health and connections with children or mates whilst a lesser proportion of males bared unmet requirements around physical health.

Gender and drug use in urban party spaces

With the diversification of the getting away from offer in megacity centres, women are decreasingly present in party spaces, and some of them are demanding access to night- time partying spaces in metropolises as a tool of liberation and commission [36]. This demand to applicable spaces is one of several contemporary feminist challenges, especially as substance use is more stigmatized in women than in men, including in party settings. For several decades, feminist studies have shown to what extent women are needed to control their bodies, that is to say their clothes, their gestures, their behaviours, their position in space [37], and of course their medicine consumption. For their part, men can indulge in inordinate consumption without alternate study, commodity which can be interpreted as the honor of enjoying hegemonic manhood [38].

Brazilian research on alcohol abuse by women has indicated that such use is often meant as an escape from normative standards of femininity that impose docility, domesticity, and fragility, rather than adherence to normative male standards such as aggressiveness, freedom, and strength. In this respect, consumption is perceived by female users as something liberating; on the other hand, the perceived damages linked to drug use are associated with failure to fulfill stereotypical female roles, such as wife, mother, and homemaker [39-42]. Women feel ashamed and guilty over episodes of intoxication for they do not find consonance between drunkenness and the normative standards of femininity. Such data are not found among male users, for whom drug too This study considered access to consumer goods, monthly income, schooling level, family of origin, place and type of residence, and self-classification to define middle class who use seems consistent with male socialization itself [43,44].

Conclusion

This study sought to examine the factors linked to drug use issues among women in treatment, considering a range of psychological and social elements such as gender, drug use, mental health, and experiences of sexual and domestic violence, through a multifaceted analysis [23,24,26,28]. The findings revealed that women have unique requirements and susceptibilities that need to be addressed in treatment settings, yet these are often overlooked [24-26]. This highlights the necessity for specialized drug recovery programs designed specifically for women, and furthermore, these programs must be adaptable to the individual circumstances of each woman [24-26]. Additionally, it is crucial that interventions adopt a multifactorial approach, given the numerous factors that influence substance use and the reality that current treatment programs often fail to adequately address the complex situations

that individuals with addiction face [26]. Future research should explore ways to better understand and enhance women's access to treatment, as well as strategies to reduce treatment dropout rates or voluntary exits from treatment. Another important area for future study involves modifying substance use treatment to be more gender-specific, investigating the underlying reasons for gender differences in mental health, abuse, and social support, as well as the varying motivations behind drug use and other addictive behaviors between men and women [24-26].

References

1. Valencia J, Álvaro-Meca A, Troya J, et al. Gender-based vulnerability in women who inject drugs in a harm reduction setting. *PLoS ONE*. 2020; 15: e0230886.
2. Collins AB, Boyd J, Cooper HLF, et al. The intersectional risk environment of people who use drugs. *Soc.Sci. Med.* 2019; 234: 112384.
3. EMCDDA/Observatorio Europeo de las Drogas y las Toxicomanías. Respuestas Sanitarias y Sociales a los Problemas Relacionados con las Drogas: Una Guía Europea; Oficina de Publicaciones de la Unión Europea: Luxembourg, 2017.
4. UNODC. Informe Mundial sobre las Drogas. Subdivisión de Investigación y Análisis de Tendencias. División de Análisis de Políticas y Asuntos Públicos. 2018.
5. World Health Organization and United Nations Office on Drugs and Crime. International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing; WHO: Geneva, Switzerland. 2020.
6. Zohala F. Pathways to addiction: A gender-based study on drug use in a triangular clinic and drop-in center, Kerman, Iran. *Int. J. High Risk Behav. Addict.* 2016; 5: e22320.
7. Earnshaw VA, Bogart LM, Dovidio JF, et al. Stigma and racial/ethnic HIV disparities: Moving toward resilience. *Am. Psychol.* 2013; 68: 225-236.
8. Kulesza M, Matsuda M, Ramirez JJ, et al. Towards greater understanding of addiction stigma: Intersectionality with race/ethnicity and gender. *Drug Alcohol Depend.* 2016; 169: 85-91.
9. Bird CE, Rieker PP. Gender and Health: The Effects of Constrained Choices and Social Policies; Cambridge University Press: Cambridge, UK. 2008.
10. Altell G. La prevención de la violencia contra la mujer asociada al abuso de alcohol y otras drogas. In Libro de actas del “Noveno Congreso sobre la Violencia contra la Mujer”; Socidrogalcohol: Alicante, Spain. 2011.
11. Lotzin A, Grundmann J, Hiller P, et al. Profiles of Childhood Trauma in Women with Substance Use Disorders and Comorbid Posttraumatic Stress Disorders. *Front. Psychiatry.* 2019; 10: 674.
12. Council of Europe. Convention on Preventing and Combating Violence Against Women and Domestic Violence or Istanbul Convention; Council of Europe Treaty Series No. 210; Council of Europe: Strasbourg, France. 2011.

13. Arostegui Santamaría E, Martínez-Redondo M, Mujeres y drogas, et al. In *Manual para la Prevención de Recaídas con Perspectiva de Género*; Instituto Deusto de Drogodependencias, Universidad Deusto: Bilbao, Spain. 2018. <https://www.drogasgenero.info/mujeres-y-drogas-manual-para-la-prevencion-de-recaidas-con-perspectiva-de-genero/>.
14. Martínez-Redondo M, Arostegui Santamaría E. Situación en España de la violencia de género y el abuso de sustancias. In *Revisión de la Evidencia y Propuestas para el Abordaje Conjunto de la Violencia de Género y el abuso de Sustancias en los Servicios de Atención*; Delegación del Gobierno para el Plan Nacional sobre Drogas, Ministerio de Sanidad: Madrid, Spain. 2021.
15. Benoit T, Jauffret-Roustide M. Improving the management of violence experienced by women who use psychoactive substances. *Strasbg. Counc. Eur.* 2016; 28: 2022. <https://rm.coe.int/improving-the-management-of-violence-experienced-by-women-who-use-psyc/168075bf22>.
16. Folch C, Casanova J, Majó X, et al. Mujeres que usan drogas inyectadas y violencia: Necesidad de una respuesta integrada. *Adicciones Rev. Socidrogalcohol.* 2020; 33: 299-306.
17. Peretti-Watel P, Beck F, Legleye S, et al. Introduction. In: *Les usages sociaux des drogues*. Paris cedex 14: Presses Universitaires de France. 2007; 1-11. Disponible sur: <https://www.cairn.info/les-usages-sociaux-des-drogues--9782130557333-p-1.htm>.
18. Beck F, Legleye S, Maillochon F, De Peretti G, et al. La question du genre dans l'analyse des pratiques addictives à travers le Baromètre santé, France, 2005. *Bull Épidémiologique Hebdomadaire.* 2009; BEH: 10-1.
19. Coppel A, Germes M, Künkel J, et al. Histoire des usagères de drogues et réduction des risques face au stigmatisation. In: *Espaces genrés des drogues parcours. dans l'intimité, la fête et la réduction des risques*. Bordeaux: Le Bord de l'Eau. 2022.
20. Jauffret Roustide M, Oudaya L, Rondy M, et al. Femmes usagères de drogues et pratiques à risque de transmission du VIH et des hépatites. Complémentarité des approches épidémiologique et socio-anthropologique, Enquête Coquelicot 2004-2007, France Numéro thématique. Femmes et addictions. *BEH Bulletin Épidémiologique Hebdomadaire.* 2009; 10-11.
21. Legleye S, Beck F, Spilka S, et al. Genre et caractéristiques sociales des consommateurs de drogues à l'adolescence, France, 2000-2005. *Bull Épidémiologique Hebdomadaire.* 2009; 94-6.
22. Polak K, Hong NA, Drachenberg HE, et al. Gender considerations in addiction: Implication for treatment. *Curr. Treat. Options Psychiatry.* 2015; 2: 326-338.
23. Cohen LR, Hien DA. Treatment outcomes for women with substance abuse and PTSD who have experienced complex trauma. *Psychiatr. Serv.* 2006; 57: 100-106.
24. Molina Fernández A, Saiz Galdós J, Cuenca Montesino ML, et al. Los programas de recuperación en la intervención de los trastornos por abusos de sustancias: Buenas prácticas europeas. *Rev. Española Drogodepend.* 2022; 47: 33-46.
25. Meyers SA, Earnshaw VA, D'Ambrosio B, et al. The Intersection of Gender and Drug Use-Related Stigma: A Mixed Methods Systematic Review and Synthesis of the Literature. *Drug Alcohol Depend.* 2022; 223: 108706.
26. Molina Fernández A, Saiz Galdós J, Cuenca Montesino ML, et al. Models of recovery: Influence of psychosocial factors on substance use recovery. *J. Subst. Use.* 2021; 27: 310-315.
27. Katuli FK, G Wandwi. Contribution of Information Communication Technology to the Prevention and Responsiveness to Gender Based Violence Among Women and Children. *Scientific Research. Open Journal of Social Sciences.* 2025; 13.
28. Molina A, Saiz J, Gil F, et al. Psychosocial Intervention in European Addictive Behaviour Recovery Programmes: A Qualitative Study. *Healthcare.* 2023; 8: 268.
29. Schamp J, Simonis S, Roets G, et al. Women's views on barriers and facilitators for seeking alcohol and drug treatment in Belgium. *Nordisk Alkohol Nark.* 2021; 38: 175-89.
30. Groshkova T, Best D, White W, et al. The Assessment of Recovery Capital: Properties and psychometrics of a measure of addiction recovery strengths. *Drug Alcohol Rev.* 2013; 32: 187-94.
31. Laudet A, Dong KR, Must A, et al. Life in Recovery: Report on Survey Findings, Faces & Voices of Recovery; 2013.14. Competing priorities that rival health in adults on probation in Rhode Island: substance use recovery, employment, housing, and food intake. *BMC Public Health.* 2018; 18: 1-10.
32. Elms N, Link K, Newman A, et al. Need for women-centered treatment for substance use disorders: results from focus group discussions. *Harm Reduct J.* 2018; 15: 1-8.
33. Best D, Albertson K, Irving J, et al. The UK Life in Recovery Survey 2015: the first national UK survey of addiction recovery experiences. 2015.
34. Best D, Edwards M. International experiences of life in recovery. *Alcohol Treat Q.* 2018; 36: 429-36.
35. Andersson C, Wincup E, Best D, et al. Gender and recovery pathways in the UK. *Drugs Educ Prev Policy.* 2021; 28: 454-64.
36. Connell R. Masculinités. Enjeux Sociaux De l'hégémonie. Editions Amsterdam. Paris. 2014.
37. Scavo R, Germes M, Künkel J, et al. Espaces Le genre des pratiques festives de centre-ville à Bordeaux, entre espaces de Plaisir et de maîtrise de soi, in, *genrés des drogues parcours dans la fête, l'intimité et la réduction des risques*. Le Bord de l'Eau. Bordeaux. 2022.
38. Klaus L, Germes M. Emotional Mapping. Towards a geographical explanation of drug use. Why? Explanations for drug use and drug dealing in social drug research. *Pabst Science.* 2019.
39. Campos EA, Reis JG. Representations on alcohol use by women in treatment at a reference center in the city of São Paulo, Brazil. *Interface.* 2010; 14: 539-550.

-
40. Fernandez OFRL. Coca-light? Uses of the body, rituals of consumption, and careers of cocaine “snorters” in São Paulo (Doctoral dissertation, Federal University of Bahia, Faculty of Philosophy and Human Sciences, Salvador, Brazil). 2007.
 41. Medeiros KT, Maciel SC, Sousa PF, et al. Women in the context of drugs: Social representations of female users in treatment. *Paidéia*. 2017; 27: 439-447. <https://doi.org/10.1590/1982-432727s1201709>.
 42. Silva PCO. Female alcoholism: A study from a gender perspective (Master’s thesis, Federal University of Rio de Janeiro, Institute of Psychology, Rio de Janeiro, Brazil). 2002.
 43. Lima EH. Gender, masculinities, youth, and drug use: Theoretical contributions for the development of strategies in health education. *Psychosocial Research and Practices*. 2012; 7: 279-289.
 44. Moraes M. Comprehensive health care model for the treatment of problems caused by alcohol and other drugs: Perceptions of users, family members, and professionals. *Science & Public Health*. 2008; 13: 121-133.