

**Title**

**Characteristics of women accessing rehabilitation AOD treatment in NSW, by gender-specific programs, in New South Wales (NSW), 2012-2023.**

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**Background**

Qualitative studies found that women attending treatment for alcohol and other drugs (AOD) at women's-only residential programs have experienced more harm from using AOD and have more complex treatment needs, compared to women accessing mixed gender residential services. The present study compared the characteristics of both groups of women presenting to AOD treatment in Australia. Findings will add to the limited literature examining gender-specific differences associated with treatment cohorts.

**Methods**

A retrospective analysis was conducted using routinely collected, state-wide data on women accessing residential treatment at 32 (seven women-only and 25 mixed gender) non-government AOD services in New South Wales. Eligible women were at least 18 years old and had at least one baseline outcome assessment.

**Results**

Between January 2012 and December 2023, 4395 women attended treatment. Of these, 1763 accessed women-only services and 2632 accessed mixed-gender services. Compared to women in mixed-gender treatment services, women attending women-only treatment services were significantly ( $p < .001$ ) more likely to be aged 18 to 39 years (72 % vs 63%), report temporary benefits (66% vs 61%), and nominate amphetamine (49% vs 36%) as their primary substance of concern. Women attending women-only treatment services also reported significantly higher level of psychological distress at intake than to women attending mix-gendered services (aggregate Kessler-10 scores  $m=27$ ,  $SD=9.8$  vs  $m=28$ ,  $SD=9.1$ ).

**Discussion and conclusion**

Given the observed differences in subgroups characteristics across gendered services at treatment entry, the next step is to examine trajectories of change for participants attending women's only and mixed-gendered treatment services. This will guide future research and interventions aimed at supporting gender-sensitive treatment models.