




Original research article

Harmful alcohol use among females and the availability of addiction treatment services in the Czech Republic

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Abstract

Alcohol is a significant negative factor that affects public health in the Czech Republic (CR). Nearly one in five Czech adults consume alcohol in a hazardous way. Data indicate a gradual reduction of gender differences in alcohol consumption, emphasising the need for gender-sensitive alcohol treatment services. The objective of the study is to analyse the current state of alcohol treatment services in the Czech Republic and to identify the deficiencies of the system with respect to the growing incidence of alcohol use disorder (AUD) among women. The study combines the analysis of relevant documents and available statistical data with explorative experts' interviews. The data were analysed using a thematic analysis. Five key topics were identified related to female AUD treatment: low accessibility of AUD services; missing gender sensitive services; poorly functioning AUD prevention; fragmentation and lack of coordination between services; and dual social stigmatization of women with AUD. The analysis shows that the AUD treatment system in the CR is designed as a unified system for men and women. Gender aspects are not considered.

Keywords: Alcohol use disorder; Czech Republic; Public health; System of addiction treatment services; Women

Introduction

The Czech Republic regularly ranks among the states with the highest annual alcohol consumption, with approximately 14.4 l of pure alcohol per person over the age of 15 (WHO, 2021). The estimated current number of hazardous alcohol users in the Czech Republic is about 1.5 million, which is approximately 14% of the population. This is largely due to a high tendency to tolerate alcohol consumption in Czech society. In addition, alcohol is easily accessible, due to its favourable prices, the number of outlets, and unlimited selling hours (Vrabcová et al., 2022). Alcohol is the direct or indirect cause of nearly 6% of all deaths in the Czech Republic (The Government Council for Drug Policy Coordination, 2021). Thus overconsumption of alcohol is one of the most significant factors that negatively affects public health in the Czech Republic.

International research (e.g., Keyes et al., 2011) shows that, when it comes to alcohol consumption, the gender gap is gradually narrowing. Alcohol overconsumption is no longer primarily an issue for men. Czech studies (e.g., Csémy et al., 2022) also provide evidence of an increase in alcohol consumption among women.

The present article analyses the current state of alcohol use disorder treatment in the Czech Republic. It identifies the deficiencies of the system with respect to the growing incidence of AUD among women.

The methodology combines the analysis of documents and available statistical data with qualitative research. The first phase of the study – the desk research – involved a study of the available literature, and an analysis of routinely collected statistical data and public policy documents. The second, empirical, phase was based on explorative expert's interviews and their thematic analysis.

Trends in female alcohol consumption in the Czech Republic

Desk research and detailed analysis of available data showed that the increasing trend of alcohol consumption among Czech women is leading to a rising incidence of its negative consequences, such as a growing number of deaths caused by ALD (alcohol liver disease) in women. This diagnosis includes alcoholic hepatitis, alcoholic cirrhosis, alcoholic hepatic failure and others – WHO, 2023 (Table 1). The proportion of women hospitalised for diseases related to alcohol consumption has been growing since 2018. Of all patients hospitalised for alcohol-related conditions between 2010 and 2017, women accounted for about 30%; the number grew to 31.8% in 2018, and 32.9% in 2020 (Mravčík et al., 2021). Another warning sign related to the growing proportion of Czech women with AUD is the increasing share of women hospitalised in sobering-up stations. In the late 1990s, women accounted for about 10% of clients, but this grew to 20% in 2019 (Institute of Health Information and Statistics of the Czech Republic, 2017, 2021). There is

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evidence that a considerable number of Czech women even continue to consume alcohol during pregnancy: 8% of preg-

nant women report consuming alcohol once a week or more often (Mravčík et al., 2021).

Table 1. Standardized K70 (ALD) death rate by gender (per 100,000 people)

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Men	16.1	15.4	15.7	16.4	15.5	16.1	15.0	17.1	20.9	21.0	22.0
Women	5.3	5.3	5.5	6.2	5.8	5.9	5.5	6.5	7.5	8.2	8.0

Source: Institute of Health Information and Statistics of the Czech Republic, 2011, 2022.

With the growing consumption of alcohol, notable changes in alcohol consumption patterns and habits in women are appearing (Csémy et al., 2022). Although the proportion of women who drink alcohol every day is three times smaller than that of men in the long term, the gender gap is smaller for those who drink regularly 3–4 times a week [12.9% of men and 6.3% of women (ibidem)]. In addition, a gradual decrease of the difference in alcohol consumption between the genders is also indicated in the European School Survey Project on Alcohol and Other Drugs (ESPAD), which even reported a higher rate of alcohol consumption among Czech girls aged 15–16 (63%) than among boys of the same age (62.5%). The data concerning excessive alcohol consumption at least once during the last month also demonstrate a decreasing difference between genders – caused by the increasing incidence of such events in girls (ESPAD Report 2019, 2020).

The number of women seeking treatment services is rising, along with the number of women treated for alcohol addiction. In 2010, of all patients in outpatient addiction-specific health services for alcohol-related disorders, about 34% were women. By 2020, their share grew to 36% (Mravčík et al., 2021). A slight increase is also observed in the share of women in the overall number of patients undergoing AUD treatment in inpatient care – from 32% in 2010 to 35% in 2020 (Institute of Health Information and Statistics of the Czech Republic, 2011, 2022).

Situation of women with AUD – the concept of gender sensitive care

Biological specificities make women more vulnerable to health issues related to hazardous alcohol consumption, and they are quicker to develop addiction. Women are more likely to suffer from a dual diagnosis, combining substance abuse problems with anxiety and depressive disorders (Walter et al., 2003). However, in addition to biological differences, the care system should also reflect the different needs caused by gender division of social roles – which often means women seek help much later (Green, 2006). The difference in women's needs stem primarily from the need to care for children, but they may also be determined by experiences of domestic or sexual violence. In comparison to men, women are more likely face to economic barriers to seeking treatment. There are other specific barriers to women seeking treatment, such as guilt and shame, fear of child welfare institutions, and lower awareness of the need to undergo treatment (Falker et al., 2022). Barriers at the societal level include traditional gender expectations, perceptions of women as primary caregivers, gender differences in the labour market, and economic inequality. Some sources also point out that women often receive less social support during treatment (McCrary et al., 2020). All this leads to underrepresentation of women in the care system: the number of women with AUD using health or social services does not match the scale of the problem (Gilbert et al., 2019). Addic-

tion treatment services addressing women's specific issues have been shown to be more effective. Gender-sensitive alcohol addiction treatment services reflect an understanding of women's lived realities and are responsive to their needs in the selection of sites, in the design of settings, in the selection of staff, and in the program content (Covington, 2001). Sword et al. (2009) identify specific aspects or elements of services that can help women with AUD overcome the barriers, particularly accessible childcare and prenatal care, services designed exclusively for women, offering family therapy sessions and treatment for co-occurring mental health problems, etc. Various sources also confirm that gender-sensitive services are more successful in terms of treatment outcomes (McCrary et al., 2020) and that women who have received treatment in such facilities are more likely to complete treatment and maintain sustained abstinence (McCaul et al., 2019).

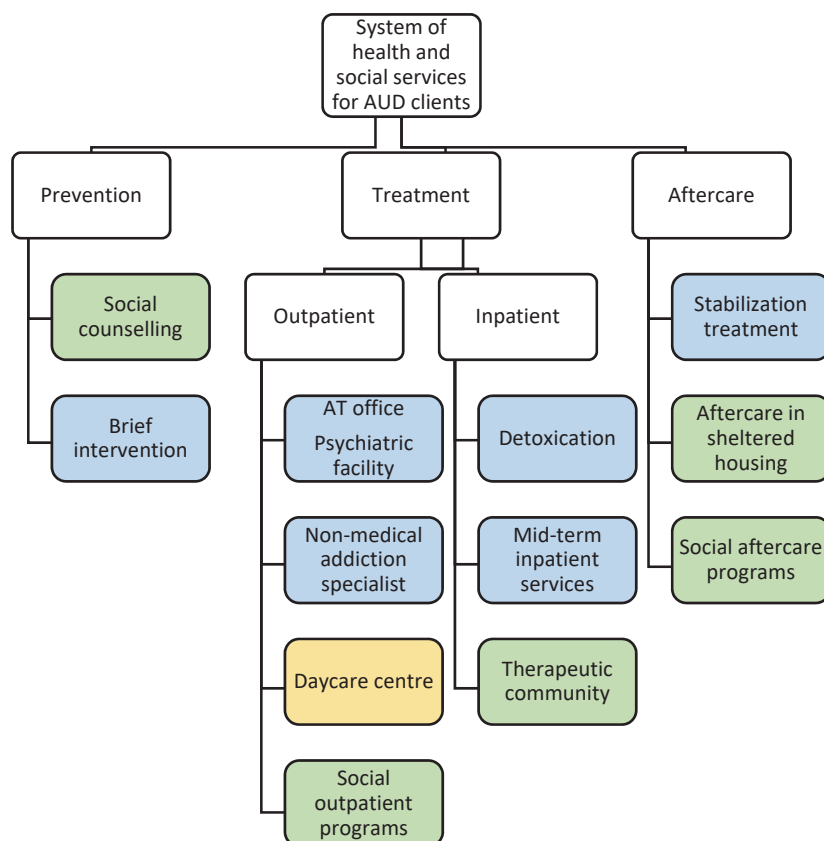
System of AUD treatment services in the Czech Republic

The Czech system of AUD treatment services includes both health and social services (Vavrinčíková et al., 2013). The provision of social services is the responsibility of the Ministry of Labour and Social Affairs, and the provision of health services is the responsibility of the Ministry of Health. The system requires a close collaboration between the two ministries, which causes a number of challenges related to the specific distribution of responsibilities between the two areas. The funding for AUD treatment comes from multiple sources. Healthcare services are mostly covered by the public health insurance, while social services are funded from the government funds allocated to the individual regions and other sources. This dichotomy in funding causes significant administrative burden, as most of the services combine both a health and social approach (The Government Council for Drug Policy Coordination, 2021). The Czech system of services is designed to cover all stages of harmful alcohol use, from the identification of the problem through treatment up to aftercare. The services are divided into three phases: *prevention, treatment, and aftercare* (Diagram 1).

Prevention

Screening and brief intervention

In terms of services focusing on women with AUD, prevention is needed in the form of screening and brief interventions intended to diagnose problematic alcohol use in its initial phase, and provide the first contact with the alcohol prevention and treatment system. Screening and brief interventions are designed to identify harmful alcohol users and provide them with information about potential hazards related to alcohol consumption and recommendations of specialised care. Since 2017, all Czech healthcare professionals are obligated to provide early diagnostic and short-term interventions (Act No. 65/2017 Coll.). Despite this, the level of screening and brief



Key: ■ Healthcare services; ■ Social services; ■ Social or health services

Diagram 1. System of health and social services for people with AUD

interventions provided in the Czech Republic is rather low, and health professionals more frequently provide these interventions to men than women (Csémy et al., 2022).

Social counselling

Social counselling is provided throughout the whole process – from the prevention to the treatment and aftercare. The purpose of counselling is to help those at risk of AUD and their family members to understand the problem and its consequences, and to decide on their future steps and consider a treatment program. (Dvořáček et al., 2021).

Treatment in outpatient and inpatient services

Outpatient health and social services

Outpatient AUD treatment is mainly provided by general psychiatric clinics, and to some extent also by alcohol and drug addiction clinics. The services are provided by psychiatrists, who collaborate with clinical psychologists. In addition to psychiatric facilities, there is a developing network of health services where the care is provided by relatively new health professionals who are not physicians but experts in the field of addiction treatment – so called addictologists. Addictology, as a non-medical health-profession, was established in the Czech Republic between 2009–2012 (Miovský et al., 2021), in response to the insufficient number of services for people addicted to alcohol and other drugs. A number of clients gradually moved from psychiatric facilities to non-medical addiction treatment centres (Institute of Health Information and Statistics

of the Czech Republic, 2022). Although the number of such centres has nearly doubled in recent years, most services are still provided by general psychiatric clinics, because the clinical competence of psychiatrists is much greater than addictologists, who cannot, for example, prescribe pharmaceuticals. Given the recent lack of growth in the number of psychiatric facilities (Mravčík et al., 2021), the current supply of AUD outpatient treatment services is still inadequate when we consider the increasing number of people with AUD.

In addition, treatment and related programs offered by the social sector have not been enlarged. The number of such programs has remained stable over recent years (Vavrinčková et al., 2013).

The more intensive form of outpatient treatment is provided by specific day care centres. These can operate both as a health or social service. Unfortunately, the availability of such facilities for people with AUD is low (Mravčík et al., 2020).

Inpatient health and social services

Inpatient treatment of alcohol addiction has a long tradition in the Czech Republic (Šejvl and Miovský, 2017). Residential services are usually divided into two categories. Short-term stabilization treatment is mostly carried out at detoxication units and urgent care units of psychiatric hospitals or psychiatric wards in general hospitals (Mravčík et al., 2021). Long-term and mid-term services that focus on AUD treatment are provided in psychiatric hospitals and the psychiatric wards of general hospitals (Vavrinčková et al., 2013). An alternative

to mid-term treatment in a health care facility is a treatment provided through therapeutic communities operating as social services (Šefránek, 2014).

Aftercare

The key objective of services providing aftercare, after the successful AUD inpatient or outpatient treatment, is continuing abstinence of the person and his or her return to everyday life. Just as during the treatment itself, aftercare is provided by health care and social care services. Within the healthcare system, the process of aftercare usually takes place in outpatient psychiatric facilities, non-medical addiction therapy treatment centres, or within the stabilization care department of the inpatient psychiatric clinics. The social services system contributes to the aftercare with special aftercare programs. Aftercare can be combined with the offer of sheltered housing.

The objective of the study is to analyse the current state of alcohol treatment services in the Czech Republic and to identify the deficiencies of the system with respect to the growing incidence of alcohol use disorder (AUD) among women. The study combines the analysis of relevant documents and available statistical data with explorative experts' interviews.

Material and methods

The empirical phase of the study was based on explorative experts' interviews (Bogner et al., 2009). The techniques of

purposive sampling and snowball sampling (Flick, 2009) were used to select experts with experience in the field of AUD treatment. The sample also included policy makers and professionals in state administration who participate in the creation and implementation of health and social policies. In total, 12 experts took part in the interviews (Table 2). All of them had at least 3 years' experience with services provided to women with AUD, and some had been working in the field for 20 years or more. The semi-structured interviews took 60–90 minutes. Interviews were conducted in the period 2021–2022.

The interview guide included open-ended questions arranged into five sections: 1. the expert's professional background; 2. Their experience with hazardous and harmful alcohol use in women in the Czech Republic; 3. Their opinion on the services available to women with AUD, incl. identification of barriers to women's access to the system; 4. Development and implementation of health and social policies towards women with AUD, successes and failures; 5. Final additional questions.

Informed consent was elicited before the start of each interview. All interviews were recorded and transcribed verbatim and the texts were subjected to thematic analysis (Braun and Clarke, 2008).

Table 2. Professional affiliation and institutional representation of the interviewed experts

Expert number	Professional affiliation	Institution	Gender	Interview setting
Expert no. 1	Social and health services manager, researcher	Addiction treatment centre and Government Council for Addiction Policy Coordination	Male	Online
Expert no. 2	Psychotherapist	Social services focused on women with AUD	Male	Face-to-face
Expert no. 3	Director	Inpatient addiction treatment centre and Society for Addictive Diseases of the Czech Medical Society of JEP (SAD CMS)	Male	Online
Expert no. 4	Social worker	Outpatient addiction treatment centre	Female	Online
Expert no. 5	Psychotherapist	Outpatient addiction treatment centre	Female	Online
Expert no. 6	Addictologist	Inpatient addiction treatment centre	Female	Online
Expert no. 7	Social worker, psychotherapist	Outpatient addiction treatment centre	Female	Online
Expert no. 8	Social worker	Authority for Social and Legal Protection of Children	female	Online
Expert no. 9	Social worker	Authority for Social and Legal Protection of Children	female	Online
Expert no. 10	Social worker	Authority for Social and Legal Protection of Children	female	Online
Expert no. 11	Chief medical officer	Inpatient psychiatric facility and SAD CMS	Male	Face-to-face
Expert no. 12	Psychiatrist	Acute psychiatric ward in the hospital	Male	Face-to-face

Results

Experts' perspective on the system of addiction treatment services for women with AUD

The research identified several areas of the current system of addiction treatment services that were seen as barriers or challenges for women seeking treatment. Five key topics were identified: *low accessibility of AUD services; missing gender sensitive services; poorly functioning AUD prevention; fragmentation and lack of coordination between services, dual social stigmatization of women with AUD.*

Low accessibility of AUD services

Low accessibility of AUD services concerns especially healthcare, both outpatient and residential. There is also a lack of day centres and aftercare services, especially those associated with sheltered housing. In the field of social services, therapeutic communities are particularly lacking. This affects both men and women, but women's access to the services is further limited by their specific needs or barriers as mentioned above. Low accessibility of services leads to waiting times which can vary from several weeks to several months. In addition, waiting times have been significantly increasing in recent years. Experts also pointed out that low availability of AUD care means that

women often fail to receive needed treatment in time. In addition, long waiting times have a negative impact on a patient's decision to undergo alcohol treatment. According to experts, low availability is combined with an unequal distribution of facilities across the Czech Republic, which leads to considerably different levels of accessibility in different regions. Four of the 14 Czech regions have no alcohol and drug addiction clinic (Institute of Health Information and Statistics of the Czech Republic, 2022).

"I think there are not enough services. You cannot refer a patient to a facility which is hopelessly full... the extent of outpatient services for these clients is definitely very low. There are only a few therapeutic communities for people with AUD. There are few day centres, an excellent type of short-term care which can be followed by outpatient aftercare. There is a shortage of sheltered aftercare services" (Expert 2).

"Our waiting times for women are 3 or 4 months. And when a woman wants to take her child with her, the limitations are even greater" (Expert 3). *"Most patients lose motivation for treatment in that time"* (Expert 12).

"There are regional gaps. When you look at the transport accessibility of the services, even if they are available in the regional capital, imagine you are to travel there after work and then back in the evening... who will take care of the children and household?" (Expert 3).

Missing gender sensitive services

Female hazardous alcohol users are identified as one of the specific groups requiring special attention in Czech policy documents that focus on AUD treatment (Government Council for Drug Policy Coordination, 2021). However, according to the expert's opinion this aspect is not reflected in the different types of services in practice. Lack of gender sensitivity in the system represents a considerable barrier, causing women to enter the system late or stay out of it altogether. This issue is most urgent in inpatient care, which is inaccessible to mothers with small children. Facilities that allow mothers to stay with their children have extremely long waiting times, which is an indication of the high demand for this service. The system of services also fails to reflect other specific needs of female clients, such as experience with domestic violence or dual diagnoses which need to be considered during the treatment. Some women are unable to take part in group therapy together with men; some require the care of a wider range of specialists.

"I have met patients who rejected inpatient care because they could not leave their children, they had nobody to take care of their children for three months" (Expert 9).

"The care is extremely rigid, just one type, no alternatives. There is no offer of home-based detoxification, which would be more convenient especially for women. Not all of them can afford to go to a rehab centre for three months, especially if they have children" (Expert 1).

"There is a lack of women specific aftercare services. Women who are abstinent need programs where they are with people of the same gender, because they feel safer there and deal with similar problems" (Expert 12).

Poorly functioning AUD prevention

Experts pointed out that AUD prevention and alcohol policy (especially restricting the availability of alcoholic beverages) are insufficient in the Czech Republic. Physicians have a legal obligation to conduct an initial screening for harmful alcohol use and briefly intervene or recommend follow-up professional care, but according to experts many do not do so. Experts perceive one of the perceived shortcomings to be the

disconnect between primary health care provided by GPs and addiction services. As noted above, implementation of screening and brief interventions by GPs is low. As a result, there is poor detection of persons in the early stages of AUD. Experts recommend that GPs should offer patients more information about AUD treatment services.

"There is no system of outpatient preventive care which would identify the risk women in time. After they start drinking regularly, after they lose their jobs, it is too late... it would be so much more economical if we could tackle these issues in time. Beside treatment, we also need to cut alcohol consumption in the Czech Republic. To do that, it is necessary that the administration restricts the accessibility of alcohol by extra taxes which would boost the price, etc. It has been proven that increasing price directly leads to lower consumption" (Expert 1).

"This should be done by the GP, who should warn the patient at the preventive health check that he or she is consuming too much alcohol and may have health problems as a result" (Expert 3).

"First, the patients have to learn about it (AUD services) ... there is room for improvement of collaboration with GPs" (Expert 4).

Fragmentation of the system and lack of coordination between services

The fragmentation of the AUD treatment services system affects both men and women and permeates the entire process of care provision, from prevention to aftercare. The experts agreed that a multisectoral approach and collaboration are crucial for successful treatment of women with AUD and for their return to normal life. They identified the separate administration and financing of health and social services as a key barrier to effective cooperation between health and social services. Related to this is the lack of integration and continuity of services throughout the entire AUD treatment system – as highlighted by experts. If the dual management and funding of the whole system could be bridged, there would be a much greater chance for the implementation of tools for an individualised and coordinated approach to AUD treatment such as case management, which is currently lacking. According to experts, it is case management that would increase the chance of women's maintenance in treatment.

"It is important to have a network of services, especially outpatient care, and to have these services focused on women, especially mothers... and it must combine health and social aspects. The key issue is the separate funding of health and social services. That is why social services do not take the health aspect into account. And health services lack a social dimension" (Expert 1).

"The system is not smooth, there is a lack of case management. There is no multidisciplinary approach" (Expert 3).

Dual social stigmatization of women with AUD

Experts considered women's access to the system of AUD treatment service to be hindered by social stigmatisation of women with AUD. This is often associated with the traditional concept of femininity and the conventional role of women in the society. Compared to men, women face a double stigma. On the one hand, they are perceived by those around them as addicted alcoholics unable to control their behaviour, and on the other, as failing to fulfil traditional female roles as wives and mothers. Women with AUD are mainly worried that their need to take treatment or use the services will be interpreted as a failure to be a good mother. Some are even afraid of the state authorities removing their children if they find out about their alcohol-related problems. The experts reported that stigmatisation and fear of negative reactions from family and friends

motivate women with AUD to seek services that do not address their real problem but are generally perceived in a better light than alcohol services. The experts pointed out that public debate and more media involvement in spreading knowledge about female problematic alcohol use and treatment options could reduce the stigma.

“It is more acceptable to say you go to a psychiatrist because of anxiety than say that you go to a group therapy for alcoholics. Female alcoholism is regarded as unacceptable” (Expert 2).

“We often see women who are unable to ask for help, they feel embarrassed. So, we need to talk about it more, because the taboo only makes things worse” (Expert 10).

Discussion

Although alcohol-related health and social problems have been increasing in the Czech Republic, the availability of AUD treatment services remains low. Insufficient accessibility is especially harmful for women who are more vulnerable and need to overcome greater individual and systemic barriers than their male counterparts, which makes them more likely to fail in searching for treatment. Similarly, a study by McCrady et al. (2020) points out that only 15% of women with lifelong AUD undergo treatment. Scientific literature (e.g., McCrady et al., 2020) indicates that the widespread availability of women-only programs may lead to increased treatment uptake and improved outcomes. Despite evidence of the efficiency of gender sensitive services, the Czech system offers a very limited extent of services targeted specifically at female AUD patients. Our study produced similar outcomes to Schamp et al. (2021), indicating that Czech women with AUD are less likely to be identified in time. This causes them to enter the system of care in more advanced stages of AUD and with less chance of overcoming it. In this context, the interviewed experts emphasized that Czech GPs should conduct systematic alcohol screening and brief interventions. They should pay much more attention to both procedures in the case of women. On the other hand, there is evidence that if alcohol screening is not performed systematically, women are usually the ones that tend to be missed (McCrady et al., 2020). Cucciare et al. (2013) emphasize the great potential of screening and short-term interventions, which can reduce hazardous alcohol use. It would therefore seem that the current unfavourable situation would benefit from much more attention being paid to alcohol screening and brief intervention in primary care as part of health and social policy. It should also be an important topic in pre and post-graduate medical education, especially for GP's. Short-term interventions are especially efficient in pregnant women. Given the situation in the Czech Republic, there is an acute need to intervene in this area as soon as possible. Our study concurs with others showing that stigma and self-stigmatization can

be a significant barrier to women with AUD seeking professional help (May et al., 2019). In this respect, there is a need to focus on prevention and awareness-raising campaigns to reduce the social stigma of substance abuse treatment among women (Schamp et al., 2021). In compliance with multiple studies (McCrady et al., 2020), Czech experts also pointed out that success of treatment in female AUD patients largely depends on the continuity, coordination, and multidisciplinary character of provided services. The Czech system shows a considerable lack of continuity between services in the healthcare and social care sectors. The issue to solve is dual responsibility, management, coordination, and financing of social – health services on the national level. Such separation further complicates the unfavourable situation surrounding AUD treatment for women in the Czech Republic.

Conclusion

Available statistical data and the results of our research show that, in the Czech Republic, when it comes to alcohol use and alcohol-related harm the gender gap is decreasing. The increasing proportion of women with AUD in the Czech Republic requires a transformation of the alcohol treatment service system. Solving the complicated dual system of financing and management of health and social services would contribute to greater effectiveness and efficiency of existing services. There is an acute need to develop a range of services that respond to the specific needs of women. The promotion and development of a gender-sensitive alcohol treatment system could increase the number of women entering treatment in a timely manner, which would increase its effectiveness and reduce the social consequences of this negative phenomenon. The alcohol treatment system should also focus on prevention in primary care, early screening for harmful alcohol use in women and brief interventions. In a public health context, the increase in risky alcohol consumption among women shows an urgent need for a more strict and more systematic policy to regulate the availability of alcohol. Our research focused on experts' views. Future research activities should focus on the women with AUD themselves, which would help us to better understand their situation and uncover additional barriers to treatment and facilitating factors.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

Problémové užívání alkoholu u žen a dostupnost služeb léčby závislosti na alkoholu v České republice

Souhrn

Alkohol je významným negativním faktorem ovlivňujícím veřejné zdraví v České republice. Téměř každý pátý dospělý Čech požívá alkohol rizikovým způsobem. Data naznačují postupné snižování genderových rozdílů v konzumaci alkoholu, což zdůrazňuje potřebu genderově citlivých služeb léčby alkoholu. Cílem studie je analyzovat současný stav protialkoholních léčebných služeb v České republice a identifikovat nedostatky systému s ohledem na rostoucí výskyt poruchy užívání alkoholu (AUD) u žen. Studie kombinuje analýzu relevantních dokumentů a dostupných statistických dat s explorativními rozhovory expertů. Data byla analyzována pomocí tematické analýzy. Bylo identifikováno pět klíčových témat souvisejících s léčbou AUD u žen: nízká dostupnost služeb léčby AUD; chybějící genderově citlivé služby; špatně fungující prevence AUD; roztržitost a nedostatek koordinace mezi službami, dvojí sociální stigmatizace žen s AUD. Z analýzy vyplývá, že systém léčby AUD v České republice je koncipován jako jednotný systém pro muže a ženy. Genderové aspekty se neberou v úvahu.

Klíčová slova: Česká republika; problémové užívání alkoholu; systém léčby závislosti na alkoholu; veřejné zdraví; ženy

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