

Written evidence from Agenda

Executive Summary

1. Agenda, the alliance for women and girls at risk, campaigns for some of the most socially excluded and marginalised women and girls in society, those who face violence, abuse, poverty and inequality. Women who have these experiences are often deeply traumatised and face multiple problems like poor mental health, addiction and homelessness. These are women who have very complex, overlapping needs and are at the sharpest end of inequality.
2. Agenda welcome the opportunity to respond to this inquiry. Whilst drug misuse is often considered to be an issue primarily affecting men, there is a need to consider women's particular experiences and barriers to services in order to develop a gender-informed approach to the issue.
3. Women who misuse substances tend to have particularly complex needs, including poor mental and physical health. Women are also increasingly likely to die as a result of drug use, despite being less likely than men to use drugs. For many women who are drug dependent, past or current experiences of trauma and abuse often underpin their substance misuse.
4. There are a number of barriers preventing women from accessing treatment for their substance use. Services often operate in siloes, meaning women facing multiple disadvantage or a dual diagnosis of substance use and poor mental health are bounced around services, unable to access support.
5. Mainstream substance misuse services tend to be dominated by men, making them intimidating and even unsafe places for women to access. Women may also be prevented from seeking help for their addictions for fear their children will be removed from their care if they do. Specialist services which are equipped to support women to address experiences of trauma and of motherhood are few and far between.
6. There is a need for far greater provision of the kind of support that works for women; specialist holistic, gender- and trauma-informed services, which enable women to address their full range of needs. There must be far greater investment in gender-specific substance misuse support in particular. Mainstream services must meaningfully consider the particular needs and experiences of women.
7. There are significant current evidence gaps around women's experiences of drugs and access to treatment services. Data that is currently gathered could be analysed more effectively to understand this better and develop more gender-informed services that meet women's needs. Public Health England and the Advisory Council on the Misuse of Drugs have a role to play in this Government's current independent review of drugs, which presents a further opportunity to address this.

Health and Harms

What are the reasons for both the initial and the continued, sustained use of drugs?

8. Physical and sexual violence greatly increase the risk of women becoming drug dependent. Research by Agenda found that one in 20 women, approximately 1.2 million women in England alone, have experienced physical and sexual violence as both a child and an adult.ⁱ Of these, more than half (54%) have a diagnosable mental condition, 21% have been homeless and 31% have an alcohol problem. Women, who experience the most extensive violence are eight times more likely to face addiction than those with little experience of abuse.ⁱⁱ
9. For women who have experienced abuse, drugs are often used as a way of numbing trauma and a whole host of negative thoughts and feelings. As one woman with lived experience of these problems told peer researchers for AVA and Agenda's National Commission on Domestic and Sexual Abuse and Multiple Disadvantage, which published its final report *Breaking Down the Barriers* in February 2019:

"I got introduced to drugs because I started drinking because my daughter was taken into care. The drugs started after that. One of my friends was a heroin addict. I would go to his house because my family had abandoned me, and I had nowhere to go."ⁱⁱⁱ

10. Relationships with partners also play a far greater role in women's drug use: women with a dependency are more likely to start using drugs with a partner, whereas men are more likely to start using with peers. Not only can violence lead to women using drugs as a coping mechanism but using drugs can in turn leave women vulnerable to further abuse and exploitation. Women who are exploited through prostitution may be forced to remain involved to make money to support their own and their partner's habit. Abusive partners can also block women's access to treatment and support, making it even harder to get help.

What is the extent of health harms resulting from drug use?

11. While women are using drugs in fewer numbers than men, record numbers are dying as a result of drug use. Women's drug related deaths have risen by a staggering 85% over the last decade.^{iv}
12. Women in drug treatment have poorer mental and physical health and worse quality of life than men at both the start and end of treatment.^v Given the high levels of trauma that many of these women may well have experienced, it is perhaps unsurprising that women who misuse substances often have particularly complex needs.

Treatment and harm reduction

How effective and evidence-based is treatment provision?

13. There are a number of barriers preventing women from accessing the right treatment for their addiction. Women who misuse drugs may have a complex and interconnected range of needs. Most services address single issues only, for example mental health or substance use in isolation, which can lead to women being passed around services and unable to access holistic support addressing the range of disadvantages they face.

14. Specialist gender- and trauma-informed support can be vital to women making a recovery. Services of this kind are able to take account of the social inequalities and disproportionate experiences of violence that impact on women's lives. They recognise the impact of violence and victimisation and avoid re-victimisation, identify recovery from trauma as a primary goal and understand that many 'problem behaviours' are coping mechanisms.^{vi}
15. *Mapping the Maze*, a report from Agenda and AVA found that services of this kind are very limited, however. In only 19 local authority areas of England (none in Wales) are there services for women that address the full range of needs related to multiple disadvantage, including mental health, housing, and contact with the criminal justice system.^{vii} Less than half of all local authorities in England and only five unitary authorities in Wales reported specialist substance use services for women.^{viii}
16. There are particular barriers for women with a dual diagnosis of both mental health and substance misuse. Many mental health services won't work with someone who is currently using substances, and drug and alcohol services aren't equipped to support someone whose mental health symptoms increase when they stop using, leaving women with no support at all.
17. Another important barrier for women accessing treatment is that drug treatment services are predominantly accessed by men. With services around 75% male^{ix}, they can be intimidating and even unsafe places for women to be, not least as some male service users will be existing perpetrators of abuse towards women. These male-dominated services are often designed around the needs of men, meaning women's particular experiences including of abuse and trauma, are not appropriately addressed.
18. At the same time, those services designed to support women who have experienced violence and abuse are not necessarily able to cater for women who use substances. Just 10.8% of refuge services employed specialist drug use support workers, and community based services with specialist drug use support workers had dropped to just 7.5%, in Women's Aid most recent annual survey.^x This lack of specialist support frequently leads to women with more complex needs being turned away.
19. Many women are mothers and fear over what may happen to their children can present a significant barrier to coming forward for treatment. The trauma women experience from losing children can also be a major barrier to making a meaningful recovery. The National Commission on Domestic and Sexual Abuse and Multiple Disadvantage, heard evidence from women who have experienced abuse and who were living every day with the pain of not being allowed to mother their children, including cases where children were living with the perpetrator due to the mother's substance misuse. The Commission also heard that for some women who were mothers, this role and their ambitions to be able to parent safely and maintain contact with their children could be a huge motivator to accessing help and recovering from addiction.

20. Services that are able to respond appropriately to Black and Minority Ethnic or Refugee (BAMER) women are even more limited. These women often experience additional forms of inequality and discrimination, stigma around drug use and motherhood. They can also face preconceptions amongst professionals about whether or how women from their cultural background or religion use drugs, making it harder to get the right support.

Best Practice

What would a high-quality, evidence-based response to drugs look like?

21. Evidence suggests that holistic gender- and trauma-informed support is the most effective model of support for survivors facing multiple disadvantage, including substance misuse.^{xi} All women facing multiple disadvantage who have experienced abuse should be able to access appropriate women specific, trauma-informed services. This should include provision of specialist services for BAMER, LGBT and disabled women.
22. Mainstream and mixed services should take active steps to ensure they are providing appropriate and safe support for women, including taking women's specific needs into account. Staff cannot give appropriate support if they do not know or understand the experiences women have lived through. Yet often the vital question about abuse is left unasked. Enquiry into current and historic domestic and sexual violence should be standard practice across substance misuse services, supported by robust policies, staff training and accurate data collection. Where abuse is identified, there must be appropriate trauma-informed support and pathways into care.
23. Empathy and relationship building is key to effective engagement, and women prioritise staff who have the right values and competencies to work with them. Women with lived experience of substance misuse and other forms of disadvantage place considerable value on having workers with lived experience involved in the design and delivery of services, and stress that this can be vital to recovery. As women described as part of the National Commission on Domestic and Sexual Abuse and Multiple Disadvantage:

"They (people with lived experience) are the only ones who have lived it, they real life, the reality and know what it's like."^{xii}
24. Women specific substance use services must be made universally available in all areas, including the provision of childcare to enable mothers to participate in treatment programmes. One example of existing good practice is Trevi House, a residential rehabilitation programme based in Plymouth, where mothers affected by alcohol and substance use problems can work on recovery without being separated from their children. The programme provides accommodation for mothers and children, and a range of support, including individual and group counselling, detoxing, named specialist midwife and health visitors, reports for professionals/court, story work preparing children for onward transitions and help in finding housing. A 2016 impact study found that over a two year period, 65% of children left Trevi House in the care of mothers who were alcohol and drug free.^{xiii}

25. Agenda is concerned that there is limited data and evidence gathered on the issues surrounding women and drug use, and that this prevents the development of a gender-informed response to this issue. This must include data that can be read intersectionally, across gender, age and ethnicity as a minimum, to ensure the needs of all women are understood and met. We would welcome further steps from bodies including the Advisory Council on the Misuse of Drugs and Public Health England to address these evidence gaps.
26. Data that is currently gathered on people in treatment could be used to better effect to understand more about women's particular experiences of drug treatment services, and to design more effective responses. This could also be used to understand more about who is not accessing treatment and the reasons there may be for this. Public Health England could further build on this by developing best practice guidance for treatment services and harm reduction measures for women – both those who are using drugs themselves, as well as those who are caring for drug users.
27. The Government's current independent review of drugs presents a further opportunity to address these specific issues facing women and ensure that women are fully taken account of in future policy.

About Agenda

[Agenda](#), the alliance for women and girls at risk, is working to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction and homelessness to get the support and protection they need. We work to get systems and services transformed, to raise awareness across sectors and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

www.weareagenda.org

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ⁱ Agenda (2016), [Hidden Hurt](#)

ⁱⁱ Ibid.

ⁱⁱⁱ Agenda and AVA (2019), [Breaking Down the Barriers: Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#)

^{iv} Office for National Statistics (2018), [Drug Related Deaths](#)

^v Best D. et al. (2015) [The UK Life in Recovery Survey 2015 : the first national UK survey of addiction recovery experiences \(PDF\)](#)

^{vi} Paterson, B. (2014) *Mainstreaming trauma*, paper presented at the Psychological Trauma-Informed Care Conference, Stirling University, Stirling, 4 June

^{vii} Agenda and AVA (2017), [Mapping the Maze](#)

^{viii} Agenda and AVA (2017), [Mapping the Maze](#)

^{ix} Public Health England, Department of Health and Social Care (2017) [Adult substance misuse statistics from the National Drug Treatment Monitoring System \(NDTMS\)](#)

^x Women's Aid (2018) [Survival and Beyond: the Domestic Abuse Report 2017](#)

^{xi} Ibid.

^{xii} Ibid.

^{xiii} Community Care (2017) [Inside the drug rehab 'giving children their mothers back'](#). June 22, 2017