Fixing a gendered system:

Addressing women's needs to tackle drug-related harm

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- Hannah Boyle, *Simon Community Scotland*
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- Representative, *Working with Everyone*
- Current and former service users

As a pharmaceutical company working to improve outcomes for people with opioid dependence, Camurus is committed to identifying and supporting solutions to challenges in access and delivery of drug treatment services.

In late 2022 and early 2023, we undertook a series of interviews with female service users, service provider representatives, healthcare professionals, and stakeholders working in prisons. Their views and experiences have helped shape this report and its recommendations and we are very grateful for their invaluable contributions. All case studies and quotes from or about service users have been anonymised, with names changed, unless specific permission has been provided.

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Introduction

Drug-related harm is devastating communities across the UK. Deaths due to problematic substance use are at a record high.[1]

The crisis is most acute in Scotland, with an average of 3.6 people dying every day in 2020.[2]

Although more than two-thirds of drug-related deaths in the UK are among men, the number of women affected by problematic substance use is a growing problem.[3]

1,500

Over 1,500 women in England and Wales died from a drug-related death in 2021.[3]

400

In Scotland, almost 400 women died of a drug-related death in 2021. While male drug deaths declined in 2021, deaths among women have been increasing since 2013.[4]

12 years

12 years of continuous increases in drug-related deaths among women.[3]

23%

Despite this, the number of women accessing drug treatment in Scotland and Wales declined by 23% and 5% respectively in 2021.[5,6]

A fundamental challenge is that the proportionately higher number of men experiencing drug-related harm means women are being side-lined in policymaking and service development, despite their specific needs.

This includes experiences of trauma and domestic abuse as well as specific responsibilities such as childcare that can impact service engagement and treatment access.

- Women who experience extensive violence and abuse are eight times more likely to have a drug dependency.[7]
- Women are more likely to be introduced to drugs by a partner, while men are more likely to be introduced by friends.[1]
- 70% of people in England starting treatment for problematic substance use in 2021 said they had a mental health need.[8] Women are more likely to suffer from mental disorders than men,[9] with many women using drugs to self-medicate for mental health issues.[1]
- 80-95% of sex workers in the UK are women.[10] Sex work is closely linked to problematic substance use and many women enter sex work specifically because of drug dependency.[11]
- Women with childcare responsibilities are less likely to engage with community drug treatment services than women without children.[12]
- 44% of women in treatment for opiate dependency in England in 2020 were mothers whose children were not in their care.[13]

Women with lived experience and service providers told us repeatedly that these challenges prevent women struggling with drug dependency from getting the right support. If we are to truly tackle drug-related harm, we must break down the barriers preventing women from accessing the help they need.

The Dame Carol Black Review, the Government's 10-year drugs plan 'From Harm to Hope', and the Prisons Strategy White Paper all set out vital measures to tackle challenges within the drug treatment system in the round.[14,15] This includes new Combating Drug Partnerships (CDPs) which will bring together local organisations, including NHS, local authority, police and treatment providers with people affected by drug-related harm, to tackle drug-related harm and support delivery of effective drug treatment services that better reflect local needs. But these measures need to go further, faster, to improve provision for all service users, and with specific action taken to meet women's needs.

In 2021 'With You' published a ground-breaking report, 'A system designed for women?', which made many important recommendations for government, local authorities and service providers.[1] Our report seeks to highlight the barriers that still must be overcome and how the policy commitments made since then can be used to drive urgent change.

Recommendations

1. The Government should update its guidance for CDPs, and the commissioning quality standard for alcohol and drug treatment, to include specific principles that must underpin drug treatment services for women. These should include:

- Service development being undertaken in consultation with women with lived experience.
- Ensuring women are actively involved in their own care planning and are given a choice of treatment and key worker.
- Provision of women-only support groups and clinics, including peer-led support and sex worker specific groups/clinics.
- Ensuring women-only services accommodate women's childcare commitments.
- Taking a trauma-informed approach to service development and delivery.

2. CDPs must update their local drugs strategy delivery plans to include specific commitments for women's drug treatment and how they will support local services to deliver appropriate care and support to meet women's needs.

3. CDP planning in every area should include:

- Family first approaches for working with families where drug use is present;
- Training for social work teams to set achievable goals and safeguarding processes for women while ensuring children's safety;
- Ensuring access to a specialist midwife or health visitor for pregnant women who use drugs; and
- Provision of guaranteed mental health support for those women whose children are removed from their custody.

4. The Drug and Alcohol Treatment and Recovery Workforce Transformation Programme must continue to be prioritised for funding by the Government and NHS England to ensure the development of sufficient workforce capacity and skills.

5. The new Women's Health Hubs should be required to develop links with local drug treatment services to signpost women who present to them to the right support and provide appropriate health services to those undergoing drug treatment.

6. The Government's commitment to introducing Resettlement Passports for all prison leavers must be rolled out urgently for female prisoners as a priority, with a clear plan in place for their release. This must include swift implementation of an end to Friday releases, agreed access to local drug treatment services, wider mental health and social services, and transport and accommodation.

7. The Government should consider measures to reduce unnecessary short sentences for women by improving access to appropriate community sentences and push forward urgently with plans for the introduction of smaller, trauma-responsive custodial environments for women on short sentences who have problematic substance use issues.

Date of preparation June 2023

Drug treatment services urgently need to meet women's specific needs

There is a clear lack of consistently accessible and effective drug treatment services that specifically address the needs of women. 33% of local authority areas do not offer any kind of specific intervention for women who use drugs and interviewees spoke of services needing to adapt and be flexible. This is creating significant barriers to access that must urgently be overcome.[1]

Childcare is a barrier for women needing to access treatment

Women had concerns about accessing the support they need if appointments are scheduled around school pick up times or if programmes run during school holidays. 28% of women reported either living with a child or being a parent when they started treatment compared to only 16% of men.[8] Our conversations revealed an urgent need to deliver a service which is flexible to these needs in a way that is often not necessary for male service users.

"***Having children is a barrier to getting treatment.*** Women can't access services because they have kids at home... Services are usually quite loud, and you wouldn't want to take a kid in.

Are services making allowances for school holidays? Are we thinking about creche spaces?
We just need to be aware of all the experiences – ***having choices matters.*** Give people the choice and ***it can be empowering."***

Representative, *Working with Everyone*

Experiences of sexual violence, abuse, or control from men can prevent engagement

Past research has identified that many women struggling with drug dependency have experienced trauma because of the actions of men.[1] Interviewees highlighted that women being able to choose the gender of their key worker was critical, but often not an option, and spoke of the challenge in attending a service where male presence dominates.

"Attending mixed services can be intimidating for women due to experience (either past or present) of domestic violence and assault. This can mean that women disengage with services because they don't want to risk bumping into previous partners or those who have been violent towards them. ***Women often have significant trauma from sexual/physical abuse and being around men can be triggering for them"***

Dr Emma Mastrocola, *Lead GP at HMP Eastwood Park*

Sarah's story

Sarah began drug treatment at age 25 after misusing drugs throughout her teenage years. During this time she had been sexually abused and this trauma had impacted her drug use.

In her adult life, Sarah experienced regular domestic abuse from a partner she lived with, adding to the traumatic experiences she had experienced as a child and young adult.

Despite this, when she entered treatment she was not offered a choice of key worker and was assigned a male member of the team. She found it hard to trust or connect with him because of her previous traumatic experiences.

As a result, Sarah disengaged from her treatment and her drug use continued; an outcome that could have been avoided if she had been given choice and flexibility in her treatment.

Male dominated environments can not only be intimidating but can also put women at risk, with interviewees noting that some male service users identify and prey on vulnerable women.

"It's known as the 13th step, referencing the well-known 12 step programme – ***men in fellowship meetings are picking up vulnerable women,*** who have maybe disclosed ***a history of domestic violence or abuse.*** It isn't always, but it's ***mostly men preying on women.***"

Representative, *Working with Everyone*

Women can also withdraw from services due to pressure from partners who are unhappy with them spending time in the company of other men, or who want to sustain control through their drug dependence.

> ***"I was in an abusive relationship when I first came here... and at first, I did feel uneasy because I'd be sat in a room full of mostly men... I knew for a fact that when he come out, he'd be accusing me when I got home of 'oh you've been talking to all them boys haven't you?."***
>
> **Female drug treatment service user**

"We have set up a women-only weekly support group. But even then, ***there are women who will not access our services because men are there in the building. This is a really difficult challenge to overcome without more resources.***"

Hannah Boyle, *Simon Community Scotland*

Jane's story

Jane was a drug user with three children who were no longer in her custody. She had previously engaged with drug treatment services but had lacked the right guidance and support to fully move into recovery. It was clear she knew what she wanted to achieve for herself but was unsure of how to do so to finalise her recovery.

The SMART Recovery team worked with Jane to identify next steps and she became positive and motivated about the actions she needed to take. This included recognising that her boyfriend, who was a drug user and dealer, was holding her back from recovery. The team supported Jane's choice to end her relationship and to move forward with her life and her recovery.

This empowered Jane and she achieved important life goals including the return of her driving licence, securing accommodation, finding a steady job, and obtaining court approval to reconnect with her children.

Sex workers need specific support

Female sex workers with drug dependency have multiple needs that impact their drug use, including experiences of multiple trauma.[16] This can lead to post-traumatic stress disorder (PTSD), the symptoms of which tend to worsen when drug use is reduced, impacting treatment continuation.[16]

In addition, experiences of stigma can prevent women from engaging in drug treatment or feeling able to talk about their sex work in group treatment despite its close links to their drug dependency.[16] Sex worker-only treatment sessions, flexibility around their lives and trauma informed approaches have all been found to support positive engagement with drug treatment from sex workers.[16]

Case study:
Reducing illicit drug use in drug dependent female sex workers[16]

The Drug Use in Street Sex Workers (DUSSK) study evaluated female-only trauma-led treatment methods, delivered by NHS trauma staff and drug treatment charities, to treat drug dependence for crack and heroin.

Taking place in a large UK inner-city area, the study involved 125 female street sex workers and assessed the success of using collaborative trauma-led treatment methods in conjunction with regular opioid substitution therapy.

DUSSK screened for PTSD and, for those who screened positive, treated it using PTSD stabilisation sessions and one-to-one eye movement desensitisation and reprocessing (EMDR) therapy. Trauma symptoms can often recur when drug use is reduced and can motivate a return to drug use. This trauma-led approach allowed female street sex workers to reduce their illicit drug use and manage any subsequently reoccurring trauma symptoms in a safe environment.

In a space without men, women feel comfortable sharing their thoughts with others who have similar perspectives and experiences, reporting that they don't feel like they need to keep up appearances or "put on a facade".

Women value the support of other women

Interviewees underlined the importance of female service users receiving support and guidance from women who had been through a similar challenge to themselves, and the benefits of female companionship in helping them to succeed in their treatment.

"The opposite of addiction is connection."

Dr Charlie Orton, Chief Executive Officer UK
SMART Recovery

"Three years ago my mum passed away and then Covid happened straight after, but I didn't relapse. The peer support group was so important for getting through that. Even though I'm clean, the importance of the group and peer-led support is massive. If there were more peer workers, I think there would be higher success rates for getting people off drugs."

Female drug treatment service user

"As a generalisation, ***women tend towards communion*** and are often more comfortable sharing their experiences compared to men. Many will feel more comfortable doing this in a women only space given past experiences of abuse. ***Incorporating women only mutual aid and peer support could be very powerful for those in recovery"***

Dr Emma Mastrocola, *Lead GP at HMP Eastwood Park*

Case study:
Impact of women-only support groups

During the pandemic, SMART Recovery kick-started a virtual, women-only support group which:

- Held meetings outside of peak childcare hours,
- Encouraged use of the chat function to allow women to contribute if they could not speak and
- Could support women regardless of where they lived.

This approach was very successful with the group retaining strong attendance post-pandemic. Attendees routinely send supportive messages and share tips and recommendations from their own experiences, strengthening the peer support network.

In a space without men, women feel comfortable sharing their thoughts with others who have similar perspectives and experiences, reporting that they don't feel like they need to keep up appearances or "put on a facade".

Women want a say in their own care

Service users reported they often felt dictated to when they attended treatment, seen as "just another number" on a list. Choice and involvement in their own treatment plan, including of their key worker, was seen as important for enabling them to feel they had some control and were empowered in their recovery journey.

"It's almost like there's this ***rehearsed material*** that you come into our service, and we sit you down, and it's the ***same thing with every single person.*** There's ***no humanity there anymore,*** and there's no ownership given to the people who come in."

George Charlton, *Expert advisor with lived experience*

"It's important to make sure we ***communicate with service users in the right language*** - for example, on our specialist veterans programme, we use familiar terms like 'trigger' and 'checkpoint' to ***make sure people feel comfortable,*** and understand what they need to do."

Janine Crowdy, *SMART Veterans*

"The women we work with are incredibly diverse – ***what works for some doesn't work for others.*** Though many women say they always want to have a female key worker, we did hear from some women that they had positive experiences of having male key workers."

Robin Pollard, *With You*

Case study:
Proactive inclusion of women in service development

Simon Community Scotland, working with AND Digital's Glasgow club, has created an app, By My Side. The app helps women with drug dependency to remotely access information they need to support their treatment and recovery, without having to directly engage with a service.

The app was co-developed with women who have been supported by Simon Community Scotland to ensure it is evidence-based and reflective of real-life experiences. This means it is accessible, covers the information women felt they needed and, crucially, overcomes the stigma that they felt often acted as a barrier to service access.

Although initially created to prevent drug-related harm, the app now offers a much broader range of resources to ensure women have access to support for different challenges that can impact their recovery and may have contributed to their drug use. This includes mental health guidance, support for those affected by domestic or sexual violence, and information for managing sexual health.

How can change be made?

There are clear examples of good practice where services are tailored to women's needs. However, this is not currently consistent or guaranteed, with women facing barriers that must be overcome.

Additional focus, planning and scrutiny is being placed on how every local area manages drug-related harm through the introduction of new CDPs, as per the Government's 10-year drugs plan. CDPs should proactively support the development of tailored services for women in their area and be held to account by the Government to do so.

Recommendations

1. The Government should update its guidance for CDPs, and the commissioning quality standard for alcohol and drug treatment, to include specific principles that must underpin drug treatment services for women. These should include:
   - Service development being undertaken in consultation with women with lived experience.
   - Ensuring women are actively involved in their own care planning and are given a choice of treatment and key worker.
   - Provision of women-only support groups and clinics, including peer-led support and sex worker specific groups/clinics.
   - Ensuring women-only services accommodate women's childcare commitments.
   - Taking a trauma-informed approach to service development and delivery.

2. CDPs must update their local drugs strategy delivery plans to include specific commitments for women's drug treatment and how they will support local services to deliver appropriate care and support to meet women's needs.

Specific support is needed to engage women with children in treatment

Women in need of drug treatment who have children face a unique set of challenges in accessing treatment. Stigma, approaches from social services, and the fear of a child being taken into care all play a role in preventing consistent access to, or engagement in, much-needed treatment and support.

Women experience much more stigma

Interviewees highlighted that women often face additional stigma and judgement when using drug treatment services compared to men because they are considered to be primary caregivers for their children. This has also been described as a key challenge by the NHS Addictions Provider Alliance and acts as a barrier to women seeking help or sustaining engagement with treatment.[17]

"The majority of women we work with have had children removed or lost custody at some point. ***They are not seen by social services as mothers, but as women who use drugs.*** This loss of identity is really damaging and leads to a lot of social workers operating in a black-and-white way. A family first approach has not historically been taken and ***with women facing greater levels of stigma they feel like they have to hide their drug use instead of seeking help."***

Hannah Boyle, *Simon Community Scotland*

"The dynamic between being a parent and experiencing problematic substance use is difficult. It has been my observation that women generally carry the burden of this. Women appear to ***feel more responsibility, more guilt and more shame when balancing parental responsibilities and substance use disorder.*** Lots of service users have children, but women seem to take the brunt of the judgement in drug treatment services. With men, fathers won't get judged as much for being a drug-using parent."

Dr Bern Hard, *GP Specialist, Addictions*

"I think 'cos perhaps going a bit old fashioned you know the men can go to work and have a drink and what not, but the ***women have got to be the ones that keep the family together.***"[17]

NHS Addictions Provider Alliance, *Breaking Stigma Down report*

Fear of a child being taken away prevents engagement

Fear of social services removing children is widely recognised as a barrier to women accessing drug treatment, in a way that is not the case for men. Our interviewees noted that when women do have children removed from their care, processes can be traumatic and challenging to manage:

- When children are placed into care while their mother undergoes treatment, their return can be traumatic, with some women reporting additional parenting challenges as a result of the disruption.
- Safeguarding processes can place a higher burden on women than men. Women can be required to provide weekly drug tests to their social work team, despite many drug treatment providers not having the resources or capacity to provide them. This makes it difficult for women to meet requirements to keep their children at home or returned to their custody.
- When a child is removed on a permanent basis, mental health support is not routinely available to parents to help them grieve their loss. Interviewees noted some women they work with have been encouraged to reconnect with their children later in life, without acknowledgement of the trauma they had been caused, which in turn can impact treatment success.

"Mothers are taught to hide all their issues. You should feel safe to talk about drug use but instead, ***fear for their children*** prevents them from doing so."

Hannah Boyle, *Simon Community Scotland*

"Female service users often have children removed from their care. The ***trauma*** of having your child taken away can be a real ***driver for making drug seeking behaviours worse."***

Dr Bern Hard, *GP Specialist, Addictions*

"Just because someone is getting help, it doesn't mean that their children will be removed. We need clear messages that ***seeking help does not mean exploding your life.***"

Jenifer Langley, *SMART Recovery*

"Women are more discrete – they stay in a bad relationship to avoid homelessness, they don't seek treatment so they can keep their children with them. ***The risks of accessing treatment are greater for women.*** They don't want to draw attention to themselves or invite interest from social services by engaging with drug treatment services."

Representative, *Working with Everyone*

Case study:
Ensuring treatment engagement by working with families to keep them together[18]

Hertfordshire had experienced a stark increase in the number of children entering care. The children's services team needed a new approach to support families to address issues like drug use so that children could remain safely in their own homes.

They developed their Family Safeguarding model to keep more children safely with their families by identifying and meeting needs early. Instead of seeking to escalate cases, resulting in children being removed from their parents, the Family Safeguarding Team work collaboratively to help parents with tailored support. This includes motivational interviewing to reduce the fear of having children taken into care and demonstrate that help is available: parents are "worked with and not done to".

Drug treatment services work alongside social workers, visiting homes to improve access and ensuring parents have the right support to move away from drug dependency. During the trial period for this model, there was a reduction in drug use and an estimated 53 per cent reduction in emergency hospital admissions for adults.

Support during pregnancy and for new mothers is variable

Women who are pregnant while accessing drug treatment services can struggle to identify as a mother once the baby is born, in part due to fear of social services. Interviewees told us that specialist midwives and health visitors are essential to overcoming this challenge but are not routinely available.

> ***"Specialist midwives and health visitors are fantastic*** – they set up wraparound support, they help get mothers stable, and they support mothers if their babies are removed. ***They help women to see themselves as mothers,*** rather than women needing drug treatment. The problem is that it's ***inconsistent***. When a midwife moves away, an area can lose that provision entirely."
>
> **Representative, *Working with Everyone***

> "Some areas are able to provide access to specialist midwives, but this is ***often not available*** in many areas, and whether this is an option tends to be dependent on whether commissioners are able to ***allocate the additional resources*** needed to fund these roles."
>
> **Robin Pollard, *With You***

How can change be made?

While examples of good practice undoubtedly exist, there is an urgent need for a more joined-up approach from social services to working with drug treatment providers and mothers with drug dependency.

Enhanced training to address stigma and improve knowledge of drug treatment, development of more 'family first' approaches, and provision of specialist midwives or health visitors in every area are vital to ensuring women engage with treatment and are not deterred by the fear of having their children removed from their custody.

Recommendations

3. CDP planning in every area should include:

- Family first approaches for working with families where drug use is present;
- Training for social work teams to set achievable goals and safeguarding processes for women while ensuring children's safety;
- Ensuring access to a specialist midwife or health visitor for pregnant women who use drugs; and
- Provision of guaranteed mental health support for those women whose children are removed from their custody.

Resources need to keep up with service demand

As the need for drug treatment support services has increased, service investment has failed to keep pace.[19,20] Interviewees told us that this is restricting capacity, encouraging approaches to care that can feel transactional and limiting joint working with other services to meet a woman's needs in the round.

"You tend to see a lot of ***stuck women*** [in services], no one is coming out of their drug treatment services happy and enjoying themselves, ***nobody is inspired,*** nobody wants to go to drug treatment services to sit in waiting rooms waiting for ***pointless appointments.***"

George Charlton, *Expert advisor with lived experience*

A limited workforce is impacting service users and staff

Additional Government investment in 2021/22 was used to recruit 800 more staff into drug and alcohol treatment as part of the Drug and Alcohol Treatment and Recovery Workforce Transformation Programme.[21] While this was welcome, 12% of the treatment provider workforce are still unpaid/volunteers and 37% have been in post less than a year.[22] This reliance on volunteers and lack of staff longevity can create instability and a lack of consistency in services.

The ratio between service users and staff is often high, with interviewees reporting caseloads as high as 80:1. This means staff are often overwhelmed and makes valuable and meaningful engagement difficult to achieve. Instead, services and meetings are often seen to be transactional and lacking in the necessary depth to achieve real change.

"They didn't speak to me or help me, ***they just weren't interested.*** That didn't help me either."

Female drug treatment service user talking about an interaction with a key worker

"Clinical workers might have 70 or 80 people on their caseload, that physical contact is maybe 20 minutes per person once a fortnight... Staff end up repeating things to everyone on their caseload, it's not a personalised service. ***The workload means that the workforce is not upbeat or energised."***

George Charlton, *Expert advisor with lived experience*

"We worked with one woman whose ***care manager changed three or four times.*** So her treatment wasn't developed or taken forwards in a way that reflected her individual needs and she had ***no continuity in her care.***"

Hannah Boyle, *Simon Community Scotland*

Holistic approaches are needed to ensure women's treatment success

Interviewees consistently highlighted that women have much more complex needs than men. Care planning that takes account of these needs and joined-up working with other services is important for treatment success. However, limited staff and resources across local services can impact the ability to provide genuinely patient-centred, holistic programmes.

"Women in our services often have ***very complex needs and face multiple disadvantages.*** Their drug use usually stems from a ***traumatic episode,*** and their dependency can often escalate quickly over a short time-frame.

Many of the women who access drug and alcohol services often require quite ***intensive support, including around parenting, managing positive relationships, and mental health.*** They will often need more experienced key workers who are able to spend more time with them. However, with the long term disinvestment the drug treatment sector has faced, caseload numbers have grown and the time key workers can spend with service users has often decreased. Our research found a lot of women who had experience of services felt like they didn't get the support and time they needed."

Robin Pollard, *With You*

Women need services that support them to access all their routine health care needs, for example family planning and maternity advice, sexual health, and routine screenings, as well as positive engagement with mental healthcare and social services (including domestic abuse support, employment and housing).

"We need to join-up teams and align priorities. One case we saw involved a woman who was in contact with social services. ***She no longer had care of her children, and she was using cannabis. Her social worker told her that she could get her children back if she could show she was stable on methadone.*** This lack of knowledge in the social work team, and the lack of connectedness with the treatment service, put this woman's wellbeing at risk."

Representative, *Working with Everyone*

"How we fund access to treatment is often based on ***how problematic that person is to society.*** This is discriminatory towards women as they're less likely to get involved in the criminal justice system."

Dr Bern Hard, GP Specialist, *Addictions*

Interviewees noted that some services sought to provide this type of wraparound service, but that training was needed across the system to make sure all key members of the workforce are properly equipped and supported to work with people struggling with drug dependency.

"Women often get moved around from service to service and will often hear different things about what support they need and what support they can access. Improved ***gender and trauma training*** on how to work with women who use drugs is essential and ***needed across the board,*** for social workers, frontline key workers and mental health workers."

Robin Pollard, *With You*

Beth's story

Beth was engaged in her drug treatment, but her care manager was wedded to a treatment plan that was not appropriate for her personal circumstances. Beth was required to go to a pharmacy daily to access her medication which she struggled to do because of mobility issues and found very stigmatising.

Simon Community Scotland worked with Beth to advocate for a change in approach. They secured Beth access to her prescribing healthcare professional who she had not seen directly for three years. The healthcare professional assessed her needs and agreed that it was safe for Beth to take her medication home for three days at a time, extending this to a seven-day prescription following successful progress in her treatment.

This meant Beth was able to successfully continue her treatment without her physical health care needs acting as a barrier, and feel empowered to manage her own care with the right advocacy and support structures in place.

How can change be made?

The Drug and Alcohol Treatment and Recovery Workforce Transformation Programme provides an important opportunity to address the workforce challenges identified. Otherwise, high case loads will continue to prevent women from accessing the tailored support they need. Meanwhile, existing policies on women's health should be considered to ensure provision of the holistic, joined-up services required to ensure treatment success and recovery.

Recommendations

4. The Drug and Alcohol Treatment and Recovery Workforce Transformation Programme must continue to be prioritised for funding by the Government and NHS England to ensure the development of sufficient workforce capacity and skill.

5. The new Women's Health Hubs should be required to develop links with local drug treatment services to signpost women who present to them to the right support and provide appropriate health services to those undergoing drug treatment.

Women leaving prison need better support to reduce the risk of harm

Half of women who receive a custodial sentence live with drug dependency in prison and problematic substance use has a stronger link to reoffending for women than for men.[23,24] In the first week after they are discharged from prison, women are 69 times more likely to die of drug-related causes than the general population at the same time.[25]

The Female Offender Strategy Delivery Plan committed to ensuring fewer women serve short custodial sentences, with a greater proportion managed successfully in the community.[27] But progress has been slow: between 2018 and 2022, the proportion of women given a community sentence only increased from 5% to 6%.[27] Courts do not have sufficient information about the particular issues faced by women, nor about the availability and suitability of different sentencing options.[27] As a result, women end up serving short, disruptive prison sentences.

The higher links between problematic substance use and reoffending for women, combined with wider vulnerabilities upon release from prison, mean action is urgently needed to take forward commitments to reduce custodial sentences and increase use of community sentences. For those that are given a prison sentence, it is vital that they are ensured access to drug treatment, continuity on release and planning for release, including through resettlement passports as set out in the Prison Strategy White Paper.

Without a proper release plan, women are at risk when they leave prison

Interviewees gave us stark examples of the challenges women face when released from prison.

- There are far fewer women's prisons than men's prisons, meaning women are more likely to be held in custody further from their home.[28] This means that on release they can be left to find their own way to their accommodation and need to travel a long way on their own. This is particularly challenging if they are released late in the day or without a travel plan.
- Similarly, accommodation is not always secured, or is not somewhere they can easily access, putting women at risk of rough sleeping or seeking support from contacts who may put them at risk of drug taking or reoffending.

These issues can make women vulnerable to re-engaging with contacts who have caused them harm or encouraged drug use in the past, or mean they miss treatment, increasing their likelihood of using illicit drugs again.

"The female prison estate makes up a very small percentage of the country's prisons. This means that generally each prison covers a large geographical area – Eastwood Park for example covers the entire South West of the country, up to the Midlands and all of South Wales. This means that ***women are often a long way from home when they are released and have a long way to travel.*** A huge percentage are released without settled accommodation and ***this can be hugely overwhelming and frightening.*** Some are released directly from videolink which can happen later on in the day. There are occasions when women are met at the gate, but not all are."

Dr Emma Mastrocola, *Lead GP at HMP Eastwood Park*

"The moment people come out of the criminal justice system is a crucial time. ***When people come out of prison everything should be in place so that they have an integrated care pathway.*** There is no meaningful support for individuals who come out of prison – they are left to their own devices early.

Prisons are often remote, and ***women are left to find their way back to their accommodation.***

In reality, you have some of the foundations but the vast majority of the time that doesn't happen; ***the number of drug-related deaths that happen within two weeks of release is ridiculous.***"

George Charlton, *Expert advisor with lived experience*

> ***"I know quite a few people come out of prison and they said it was a godsend because they got put into temporary accommodation or a hostel... the ones who came out of prison and ended up on the street, they were given accommodation, but it was in a town they didn't know and they didn't want to go that far away."***
>
> **Female drug treatment service user**

Continuity of care is vital

On entering and leaving prison, continuity of care for women in need of drug treatment is essential.

This cannot be achieved without all treatment options being made available in all areas of the UK, both in the community and in the prison estate. Interviewees spoke of women who move in and out of prison, which makes managing treatment, and wider holistic support, extremely challenging.

> ***"Rehabilitation can be particularly difficult for women on short sentences.*** During their sentence they may have lost their accommodation, their job, and have serious issues associated with caring responsibilities, but ***may not be in prison long enough to access release services."***
>
> **The Prison Reform Trust, giving evidence to the House of Commons Justice Select Committee**

In 2019, 73% of female admissions to custody were on a sentence of less than 12 months, compared to 55% of male admissions.[28] For those in drug treatment for problematic substance use, this is extremely disruptive to their care; interviewees highlighted that often the same treatments were not available in prison or women were taken off existing treatment without consultation.

> "I know of three women who were in drug treatment, went to prison and were ***taken off their medication.*** They weren't given any choice or any real reason for the decision. This was ***disempowering*** and ***discriminatory*** and not only ***disrupted their treatment*** but also ***reinforced their existing trauma*** and poor mental health."
>
> **Hannah Boyle, *Simon Community Scotland***

Short sentences for women need to be urgently reduced, in line with the commitments of the Female Offender Strategy Delivery Plan. More women must be managed in the community to avoid disruptions that could cause longer term damage, including with drug treatment.

Community sentences can be more effective than short custodial sentences – as well as reducing reoffending, they enable women to continue in or seek employment, sustain stable accommodation, and minimise disruption to their families.[26] Access to drug treatment is an important part of this framework, addressing a common catalyst for offending as well as offering women the support and treatment that they need.

For those that do receive short custodial sentences, the Prisons Strategy White Paper committed to the longer-term introduction of smaller, trauma-responsive custodial environments for women who have problematic substance use issues. This may help address these challenges in the future but action on those commitments is needed now.

Similarly, Government commitments to ensuring referral to community services upon release must be met. This must include swift implementation of an end to Friday releases that can prevent immediate engagement with treatment, particularly for women leaving prison a long way from home. Mental health support must also be a part of this process so that women can access the care they need to manage conditions that may lead to drug use and could prevent reintegration into their communities.

> "There are a few good examples of continuity of care, however ***often women can find themselves left to present to services independently*** after leaving prison."
>
> **Hannah Boyle, *Simon Community Scotland***

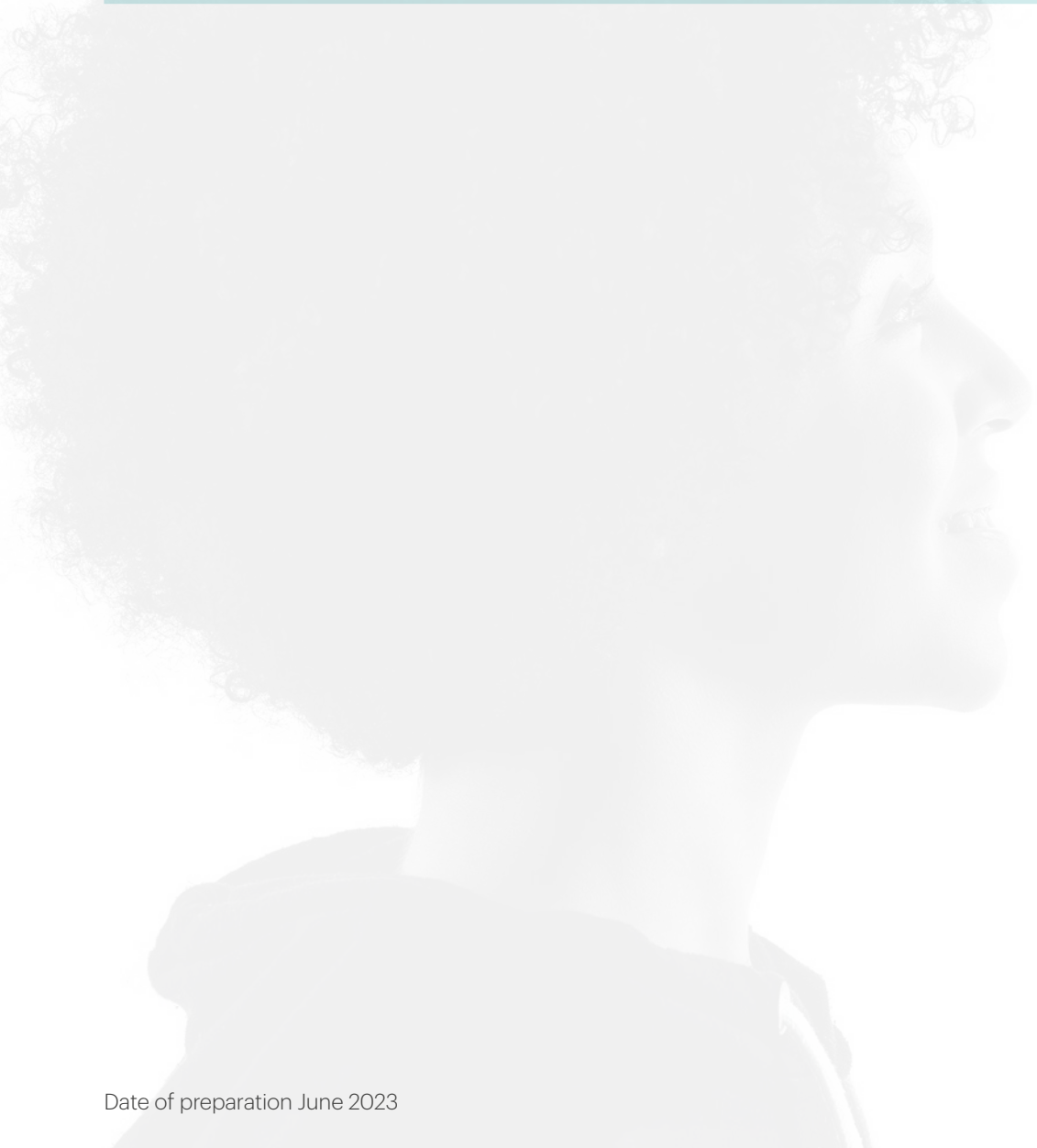
How can change be made?

The Prisons Strategy White Paper and the Female Offenders Strategy Delivery Plan provide the framework within which many of the challenges outlined can be addressed. Given their particular vulnerabilities, the measures set out need to be urgently implemented for women in the criminal justice system to ensure they can access the support they need in an appropriate setting, and reduce the risk of harm upon release for those that are given a custodial sentence.

Recommendations

6. The Government's commitment to introducing Resettlement Passports for all prison leavers must be rolled out urgently for female prisoners as a priority, with a clear plan in place for their release. This must include swift implementation of an end to Friday releases, agreed access to local drug treatment services and wider mental health and social services, and transport and accommodation.

7. The Government should consider measures to reduce unnecessary short sentences for women by improving access to appropriate community sentences and push forward urgently with plans for the introduction of smaller, trauma-responsive custodial environments for women on short sentences who have problematic substance use issues.



Conclusions

> *"As a woman, we're able to adapt and overcome. We're so strong, and we put this cage up, and we don't let on that, you know, we're struggling too."*
>
> **Female drug treatment service user**

At a time when drug-related deaths among women are rising while their treatment access declines, urgent action is needed to ensure women struggling with drug dependency can access the support they desperately need.

It is clear current approaches to drug treatment and related support have been largely designed with men in mind. Many service providers are doing excellent work to engage women and meet their specific needs. But if we are to truly tackle drug-related harm among women, wider systemic change is needed, now.

Women have different treatment needs, have different priorities, face different risks and access care differently to men. They face more stigma, they have to balance the fear of losing their children with seeking help, and they are often at risk of violence and abuse. These barriers must be broken.

Policymakers are more focused on improving drug treatment access and delivery than ever before. It is vital that this focus is directed to measures that can overcome these challenges and empower providers and local leaders to make necessary changes to improve women's access to support.

It is more important than ever that the whole system works together to ensure drug treatment services across the country are responsive to women's needs. We believe our recommendations will help to do just that. This blind spot in current policy and provision can no longer be ignored.

About Camurus

Camurus is a pharmaceutical company working to improve outcomes for people with opioid dependence. Camurus is proud to partner with drug treatment services across the UK to support healthy communities.

If you would like further information or to discuss the details in this report, please contact Samantha Nickerson at **samantha.nickerson@camurus.com**

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References

[1]We are with you (2021). A system designed for women? Understanding the barriers women face in accessing drug treatment and support services. Available at: https://www.wearewithyou.org.uk/who-we-are/research/research-report-a-system-designed-for-women/ (Accessed April 2023)

[2]Scottish Drug Deaths Taskforce (2022). Changing Lives. Available at: https://www.drugsandalcohol.ie/36661/1/changing-lives-taskforce-final-report.pdf (Accessed April 2023)

[3]ONS (2022). Deaths related to drug poisoning in England and Wales: 2021 registrations. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations (Accessed April 2023)

[4]National Records of Scotland (2022). Drug-related deaths in Scotland in 2021. Available at: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2021 (Accessed April 2023)

[5]Public Health Scotland (2022). Scottish Drug Misuse Database Report 2020/21. Available at: https://publichealthscotland.scot/publications/scottish-drug-misuse-database/scottish-drug-misuse-database-overview-of-initial-assessments-for-specialist-drug-treatment-202021/ (Accessed April 2023)

[6]Welsh Government (2022). Treatment Data – Substance Misuse in Wales. Available at: https://www.gov.wales/substance-misuse-annual-report-2021 (Accessed April 2023)

[7]Agenda (2020). Ask and Take Action: Why public services must ask about domestic abuse. Available at: https://www.agendaalliance.org/documents/17/Ask_and_Take_Action_Report.pdf (Accessed April 2023)

[8]OHID (2023). Adult substance misuse treatment statistics 2021 to 2022: report. Available at: https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022/adult-substance-misuse-treatment-statistics-2021-to-2022-report (Accessed April 2023)

[9]House of Commons Library (2023). Mental health statistics: prevalence, services and funding in England. Available at: https://commonslibrary.parliament.uk/research-briefings/sn06988/ (Accessed April 2023)

[10]English Collective of Prostitutes (2016). Decriminalisation of Prostitution: the Evidence. Available at: https://eprints.bbk.ac.uk/id/eprint/21670/ (Accessed April 2023)

[11]Balfour, R. and Allen, J. (2014). A review of the literature on sex workers and social exclusion. Available at: https://www.bl.uk/collection-items/review-of-the-literature-on-sex-workers-and-social-exclusion (Accessed April 2023)

[12]Canfield, M. et al. (2021). Parental status and characteristics of women in substance use treatment services: Analysis of electronic patient records. Journal of Substance Abuse Treatment, 127. DOI: https://doi.org/10.1016/j.jsat.2021.108365

[13]Public Health England (2020). Adult substance misuse treatment statistics 2019 to 2020: report. Available at: https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2019-to-2020/adult-substance-misuse-treatment-statistics-2019-to-2020-report (Accessed April 2023)

[14]Dame Carol Black (2021). Review of drugs part two: prevention, treatment and recovery. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery (Accessed April 2023)

[15]Ministry of Justice (2021). Prisons Strategy White Paper. Available at: https://www.gov.uk/government/publications/prisons-strategy-white-paper (Accessed April 2023)

[16]Patel, R. et al. (2020). Drug Use in Street Sex worKers (DUSSK) study: results of a mixed methods feasibility study of a complex intervention to reduce illicit drug use in drug dependent female sex workers. BMJ open, 10(12). DOI: http://dx.doi.org/10.1136/bmjopen-2019-036491

[17]NHS Addictions Provider Alliance (2022). Breaking Stigma Down: Lived Experience Report. Available at: https://www.nhsapa.org/stigma (Accessed April 2023)

[18]Roger, J., Allan, T. and Elliott, S. (2020). Family Safeguarding: Evaluation report. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932367/Hertfordshire_Family_Safeguarding.pdf (Accessed April 2023)

[19]Dame Carol Black (2020). Review of Drugs: summary. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary (Accessed April 2023)

[20]Office for National Statistics (2022). Deaths related to drug poisoning, England and Wales. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsrelatedtodrugpoisoningenglandandwalesreferencetable (Accessed April 2023)

[21]Health Education England (2022). Drug and Alcohol Treatment and Recovery Workforce Programme. Available at: https://www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme (Accessed April 2023)

[22]NHS Benchmarking Network (2023). Drug and Alcohol Treatment and Recovery Services: National Workforce Census. Available at: https://www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme (Accessed April 2023)

[23]Ministry of Justice (2022). Millions invested to support female offenders. Available at: https://www.gov.uk/government/news/millions-invested-to-support-female-offenders (Accessed April 2023)

[24]Ministry of Justice (2013). Transforming Rehabilitation: a summary of evidence on reducing reoffending. Available at: https://www.gov.uk/government/publications/transforming-rehabilitation-a-summary-of-evidence-on-reducing-reoffending (Accessed April 2023)

[25]Farrell, M. and Marsden, J. (2008). Acute risk of drug-related death among newly released prisoners in England and Wales. Addiction, 103(2), pp.251-255. DOI: 10.1111/j.1360-0443.2007.02081.x

[26]Ministry of Justice (2018). Female Offender Strategy. Available at: https://www.gov.uk/government/publications/female-offender-strategy (Accessed May 2023)

[27]Ministry of Justice (2023). Female Offender Strategy Delivery Plan. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1132790/female-offender-strategy-delivery-plan-2022-25.pdf (Accessed May 2023)

[28]House of Commons Justice Committee (2022). Women in Prison: First Report of Session 2022-23. Available from: https://committees.parliament.uk/publications/23269/documents/169738/default/ (Accessed April 2023)

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