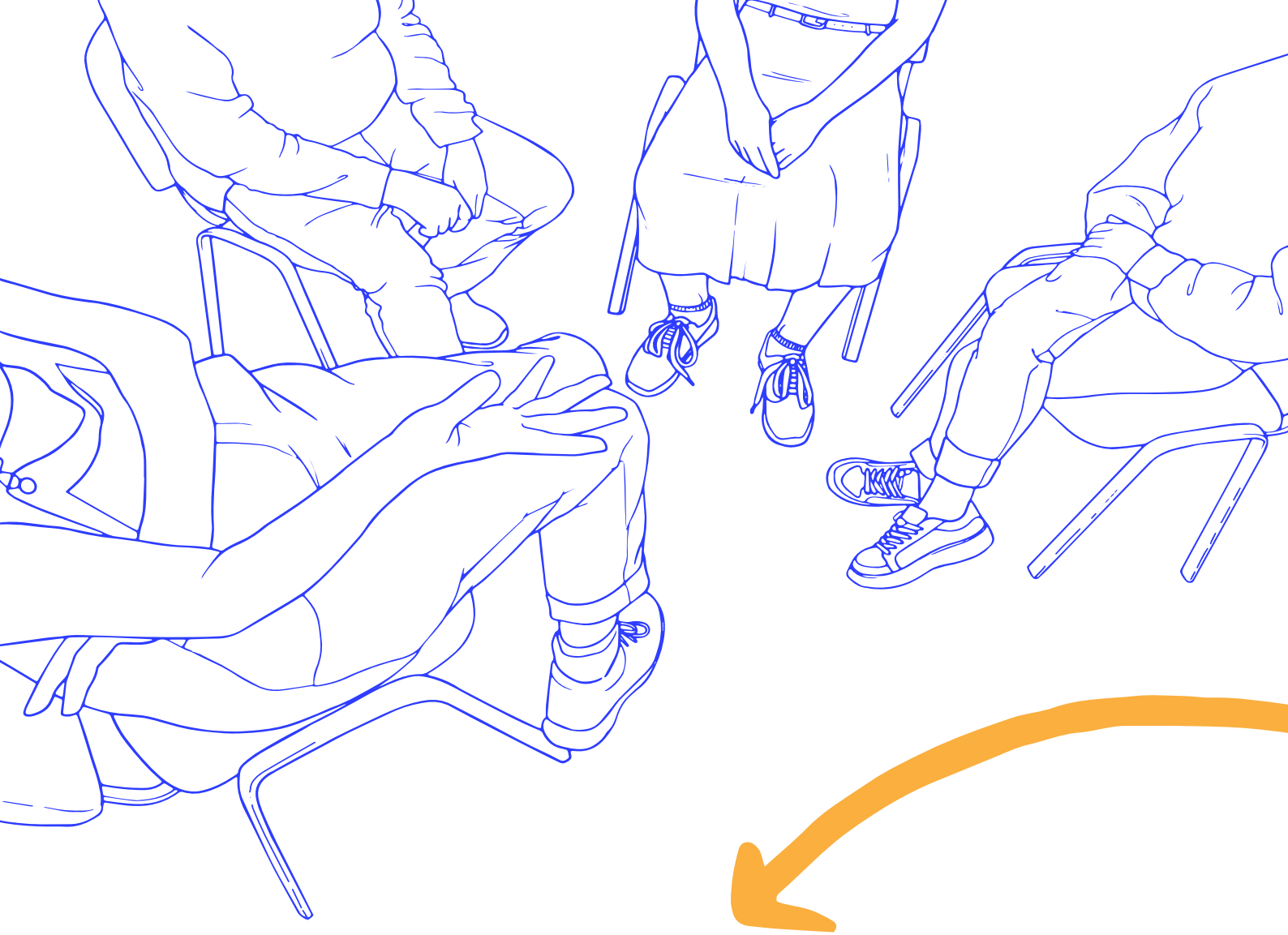
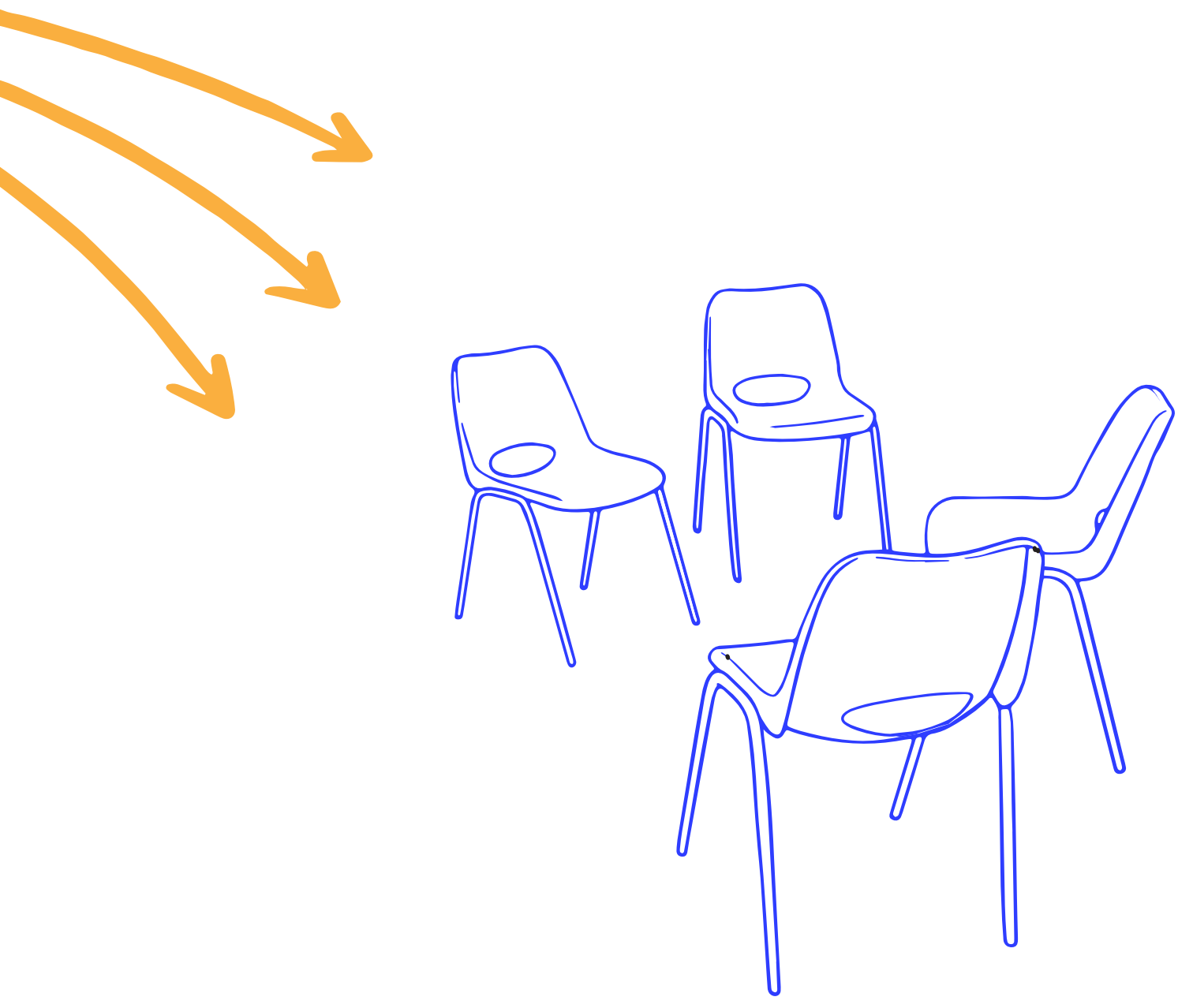


A system designed for women?

Understanding the barriers women face in accessing drug treatment and support services.

withyou



About With You

With You is a charity that offers free, confidential support and treatment to people in England and Scotland who have issues with drugs, alcohol or mental health. We provide people with support in a way that's right for them, either in person in their local service, community or online.

We are one of the largest providers of treatment and support services in the UK, with over 1500 staff and 800 volunteers, helping more than 100,000 people a year.

Acknowledgements

We would like to thank the people we support and our staff who contributed their stories, experiences and insights. The richness and honesty of their input and insight was integral to this research.

We would also like to thank the drug and alcohol commissioners and individuals from external organisations who gave up their time to meet with us and who responded to our survey, including individuals from Solace Women's Aid Homeless Link, Release, Single Homeless Project, Refuge, SafeLives, Lancashire Women, PAUSE and Blackpool Women's Lived experience team.

Finally, we would like to thank BAC-In who were commissioned to undertake a portion of the qualitative research with women from black, asian and ethnic minority communities. We would like to thank them for their work, and the value that their contribution added to this project.

Contents

Foreword

Women and men's experience of using drugs, accessing support, and engaging with drug treatment is very different.

Men make up the vast majority of the drug treatment population and services are often designed and centred on their needs. Time and time again, we hear that for many women, drug services with male-dominated service user populations are daunting and intimidating places.

It's clear that more attention needs to be given to the needs of women who use drugs and both services and policymakers need to do more to engage and support women. In England and Wales, the rate of drug-related death among women has been increasing for over ten years. There is a similar picture in Scotland, where drug-related deaths among women have been increasing at a much faster rate compared to men.

Having worked in this sector for over a decade, I've seen first hand the difficulties and challenges women can face navigating a system that is often not designed for them. I know how seemingly simple things like location and times of appointments have more of an impact on accessibility of services for women than men, especially when women have child or family care responsibilities. Women face additional stigma as primary caregivers, they are disproportionately disadvantaged in the criminal justice system and face barriers entering services which all too often trigger memories of abuse and trauma. I've also witnessed the amazing difference it can make to women when services have designed elements with them in mind, have considered their specific needs and have been co-design by the women who use our services.

I'm pleased to have supported this timely research which aims to improve our understanding of what interventions and models of support are most effective in engaging and providing treatment that fits women's needs, and that women want to engage in. To do this, we put the voices and experiences of women at the heart of this work.

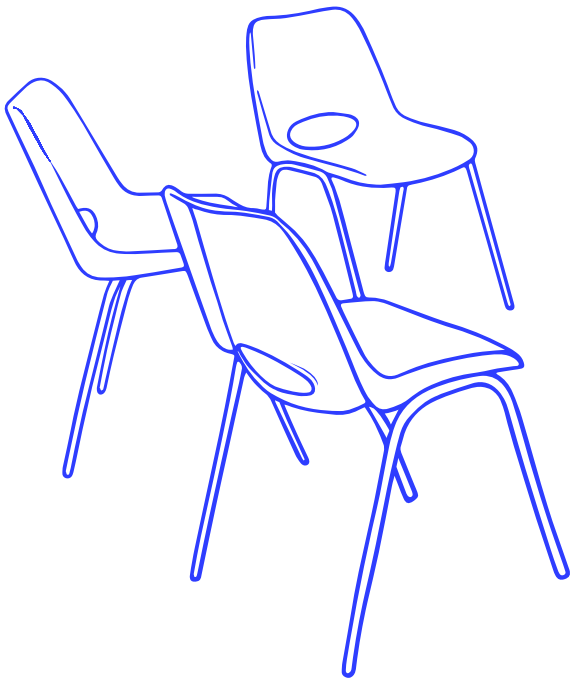
This research shows how women who have already faced traumatic experiences and set-backs throughout their lives – such as abuse, domestic violence, cultural stigma and family breakdown – are held back from getting support by services and a system that often lacks the capacity and flexibility to cater for their holistic needs.

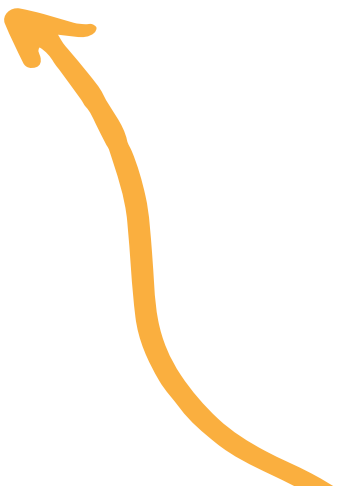
Accessing services can be difficult for women, and to help more people we need to reach out to different and diverse communities, tailoring the services we provide. Barriers faced by women are amplified when service delivery also lacks cultural sensitivity and employs a universal womens approach. Though we continue to take steps to improve women's experiences of services, we know there is more we can do.

Over the coming years, we need to continue to push ourselves, the Government, and the sector to be more ambitious in improving the quality of service provision, and how people access and engage with services. We need to include women with lived experience in the design of our services and value the perspectives they bring to improve services for everyone. This doesn't just require more targeted investment, but also means that resources already available need to be used more effectively.

I'm confident that this research can contribute to this objective.

Siobhan Peters
Director of Services (North & West), With You





Executive summary

The aim of this research is to explore what type of support is available to women who use drugs, their experiences of treatment and ultimately, how services can be improved to support these women.

The research was split into two parts, a quantitative section scoping the level of mainstream versus specialist women-only support and treatment at a local level, and picking up trends from the response to surveys conducted with third-sector organisations. The qualitative part of this research focused on 1 on 1 interviews, roundtables, surveys and literature reviews.

Our quantitative research found there was a wide variation in what services local authorities provided for women who use drugs. Some areas reported an extensive and comprehensive list of interventions catering to different demographics of women, in a variety of community and clinical settings. Other local authorities had very little special provisions to engage women who use drugs.

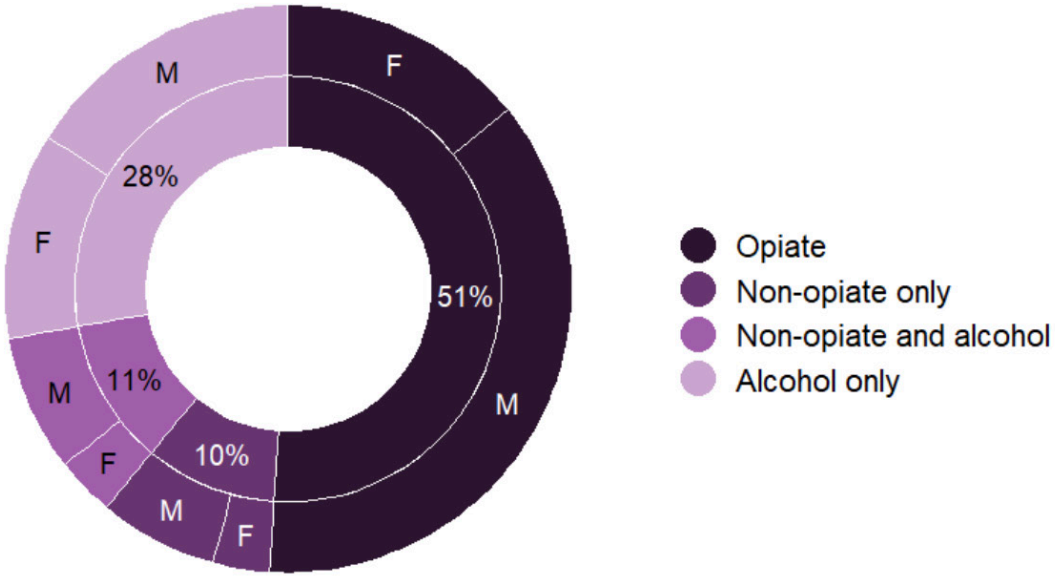
Our qualitative research which focused on engaging women with lived experience and staff that worked with them, heard many key issues and themes repeatedly raised. We heard how women use drugs differently to men. While trauma is a big factor in both male and female substance use, relationships with a partner play a much larger role in women's drug use. Women were more likely to be introduced to drugs by a partner, while men were more likely to be introduced by a friend.[1] Women's use often began out of "necessity", as a coping mechanism, whereas we know men are more likely to first use drugs recreationally. We also heard how women were more likely to progress from first use to problematic use more quickly, a process known as 'telescoping'.[2]

Though women make up a much higher proportion of front-line staff working at drug services, women who use these services are underrepresented in data and research around drug use and drug treatment populations. Drug use and problems unique to women have received insufficient attention in research.[3]

We also heard how treatment services can be a daunting prospect for many women. For women with experience of domestic abuse, male-dominated services were often intimidating. Men are nearly twice as likely as women to have used drugs[4], and make up around three quarters of the drug treatment population in England.[5] With much of the treatment system taken up by male long-term opiate users, the capacity to develop expertise and services to meet the needs of women, and the diversity of needs within the female population is limited.[6]

Drug using communities are often small and it is common for women to have been in group settings with a former partner or abuser. Women who have experienced domestic abuse are eight times more likely to develop an issue with drugs than those who haven't.[7]

Breakdown of people in treatment by sex and substance group[8]



Drug group	Female	Male	Total
Opiate	38,904 (28%)	101,959 (72%)	140,863
Non-opiate only	8,915 (32%)	18,690 (68%)	27,605
Non-opiate and alcohol	9,220 (30%)	21,468 (70%)	30,688
Alcohol only	32,486 (42%)	44,254 (58%)	76,740
Total	89,525 (32%)	186,371 (68%)	275,896

The impact of long-term disinvestment on how women engage with services was made clear. Where some authorities have the resources to provide a whole range of services for women who use drugs, others do not have the capacity. It is clear that treatment providers having to prioritise the needs of the long-term heroin using population has meant more specialist services have had less investment.

However, though investment is vital, it is not the only way to address this issue and there are practical steps that require little funding but which have the potential to improve women's engagement in treatment.

The recommendations from our research are set out overleaf.

Recommendations for national policy-makers

We recommend national policy-makers:

1. deliver an ambitious multi-year funding commitment for drug treatment and support services, including women-only services where a clear need has been identified
2. ensure the forthcoming Drugs and Addictions Strategies fully address the diverse needs of women who use drugs, and include objectives and guidance for increasing the number of women in treatment
3. adopt a cross-departmental approach to addressing the needs of women who use drugs and have multiple complex needs
4. improve research and data collection to ensure women are not underrepresented

Recommendations for local authorities

We recommend local authorities:

5. commission drug treatment services with longer contract lengths, with strong incentives for partnership working
6. ensure that successful tenders are sufficiently flexible to allow services to provide a range of bespoke interventions to engage the different needs of women who use drugs
7. commission women-only services and ensure all women are able to access women specific spaces, including peer groups, where there is an identified need
8. promote gender and trauma training for all service providers
9. invest in women's services centred on Black, Asian and ethnic minority community experiences, addressing the additional barriers these women face in accessing treatment, and support local organisations to deliver high-quality, culturally responsive recovery focused services to these communities

Recommendations for service providers

We recommend service providers:

10. involve women with lived experience in service design, delivery and evaluation
11. ensure service branding is visually engaging for women and that their physical spaces are flexible, appropriate, welcoming and engaging
12. provide appropriate staff training to ensure women's needs are understood, they are provided the correct treatment pathway, and offered female-specific interventions (women's group meetings, assessments, appointments, and other interventions (such as mental health/trauma, families and relationships support), in community settings (where possible)
13. provide the option of having a female key-worker
14. ensure treatment services are child and family sensitive, and can support women who need additional household and parenting support
15. adopt a flexible, mixed-model of service delivery, including both digital and in-person treatment and offering choice in how women engage with services
16. ensure the most experienced recovery workers are working with the women with the most intensive needs and have reduced caseloads
17. improve partnership working with statutory services, including social services, police, and primary care
18. improve partnership working with Black, Asian and ethnic minority community groups and organisations in order to engage women from those communities
19. provide a comprehensive training programme for staff on issues relating to women who use drugs, including trauma-informed treatments
20. increase the provision of mental health treatment accessible to women who use drugs
21. ensure service providers have representative levels of female leadership in management roles

Methodology

Our research used both quantitative and qualitative methods to address 3 broad research questions.

They examined the current prevalence of female specific substance misuse support in the UK, barriers which prevent women from accessing mainstream substance misuse services, and what is best practice for substance misuse services to better work with women who use drugs.

Our quantitative research centred around freedom of information requests made to local authorities to understand the nature of service provision in that area as well as a third sector survey. The freedom of information requests were sent between December 2020 and January 2021 during a period when services were restricted in what they could deliver due to the COVID-19 pandemic. This meant there were limitations to the data, but this research was able to provide a broad understanding of the level of women-only provision, and the variance in service delivery between local authorities.

Qualitative research comprised the bulk of our research and was driven by the first hand perspective of women with lived experience of drug use. The project conducted semi-structured one-on-one interviews with 18 women who have either accessed a drug service in the past, are currently accessing a drug service or have lived experience of problematic drug use without accessing a drug service. Interviews were held with a range of external experts, including drug and alcohol commissioners, colleagues working in women's organisations, specialist Black, Asian and ethnic minority treatment providers, housing, domestic violence, and other organisations.

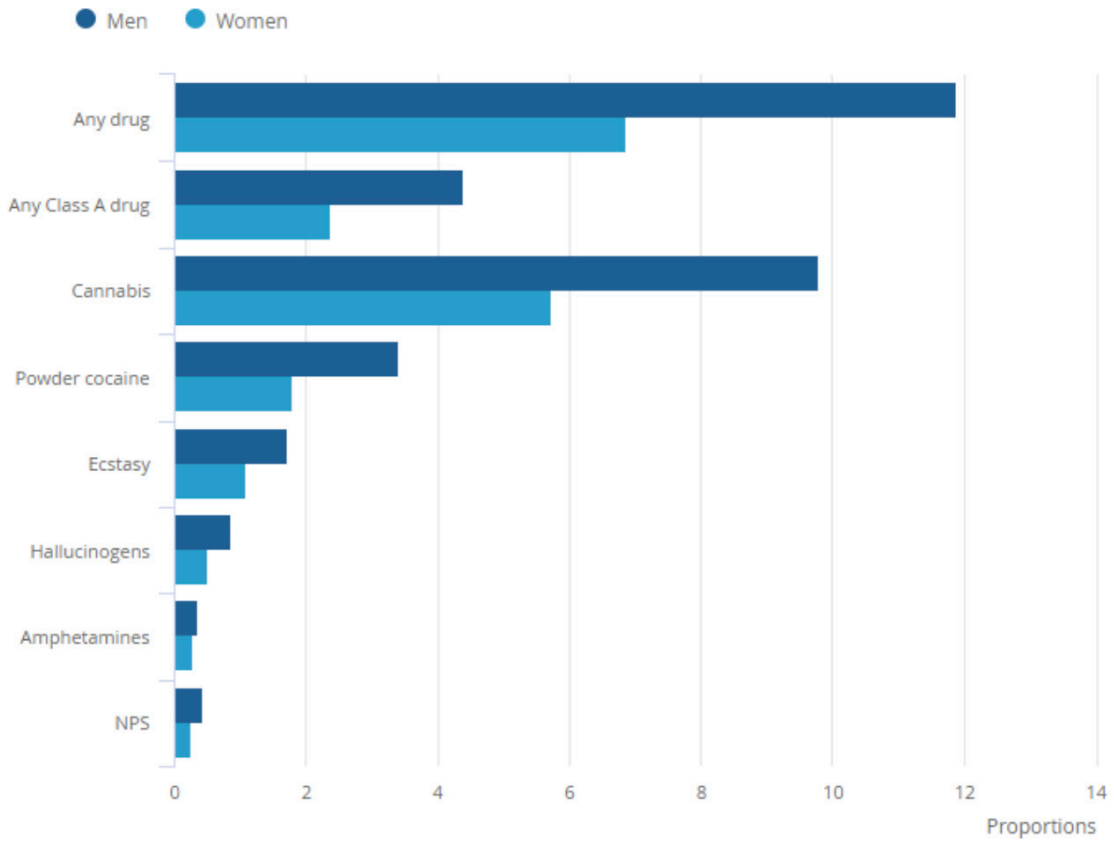
Several roundtable discussions took place with staff from across With You who specialise in engaging and supporting women who use drugs. Alongside this we conducted a roundtable commissioned by BAC-IN, a peer led Black, Asian and ethnic minority community substance misuse support service in Nottingham, to run a focus group with six women who have lived experience of problematic drug use. Additionally, the women also answered a questionnaire about their experiences and BAC-IN sent a short survey to front line workers experienced in engaging women from Black, Asian and ethnic minority communities who use drugs.

Women's drug use in the United Kingdom

According to the latest Office of National Statistics (ONS) drug misuse data for England and Wales, drug use in the last year was higher among men than women aged 16 to 59 years.

One in eight men (11.9%) reported taking any drug in the last year compared with 6.9% of women.[9] There was a similar pattern by individual drug types, for the year ending March 2020. 9.8% of men reported using cannabis in the last year compared with 5.7% of women, men were nearly twice as likely than women to have taken powder cocaine in the last year (3.4% compared with 1.8%), and 1.7% of men reported having taken ecstasy in the last year compared with 1.1% of women.

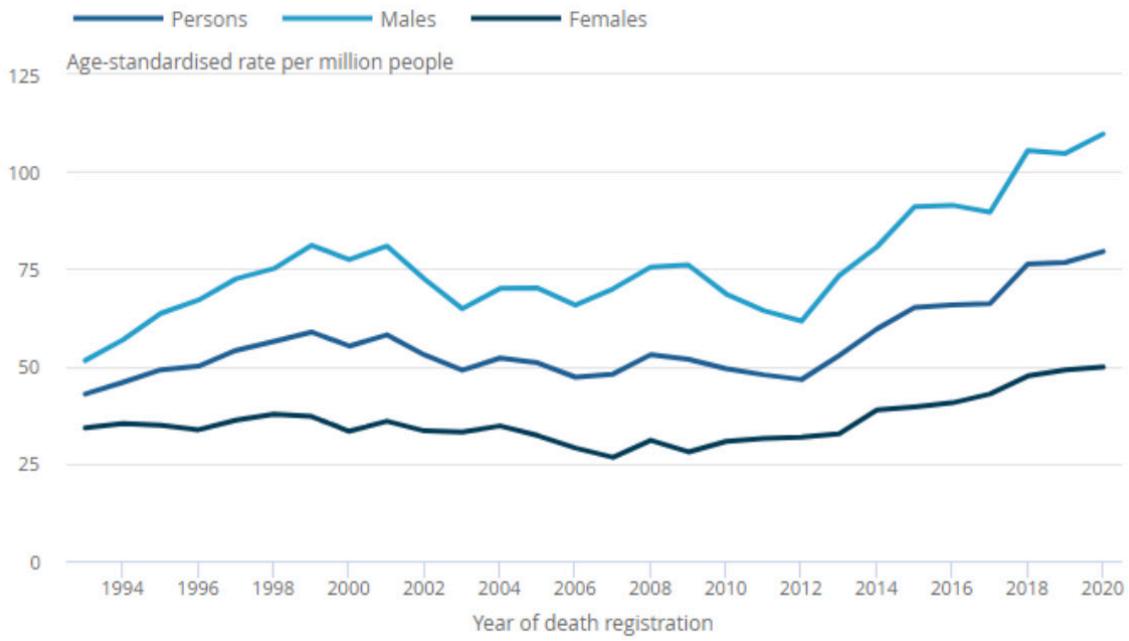
Proportion of adults aged 16 to 59 years who reported using a drug in the last year by sex, England and Wales, year ending March 2020[10]



In England and Wales, the female rate of drug-related deaths has been increasing for over ten successive years.[11]

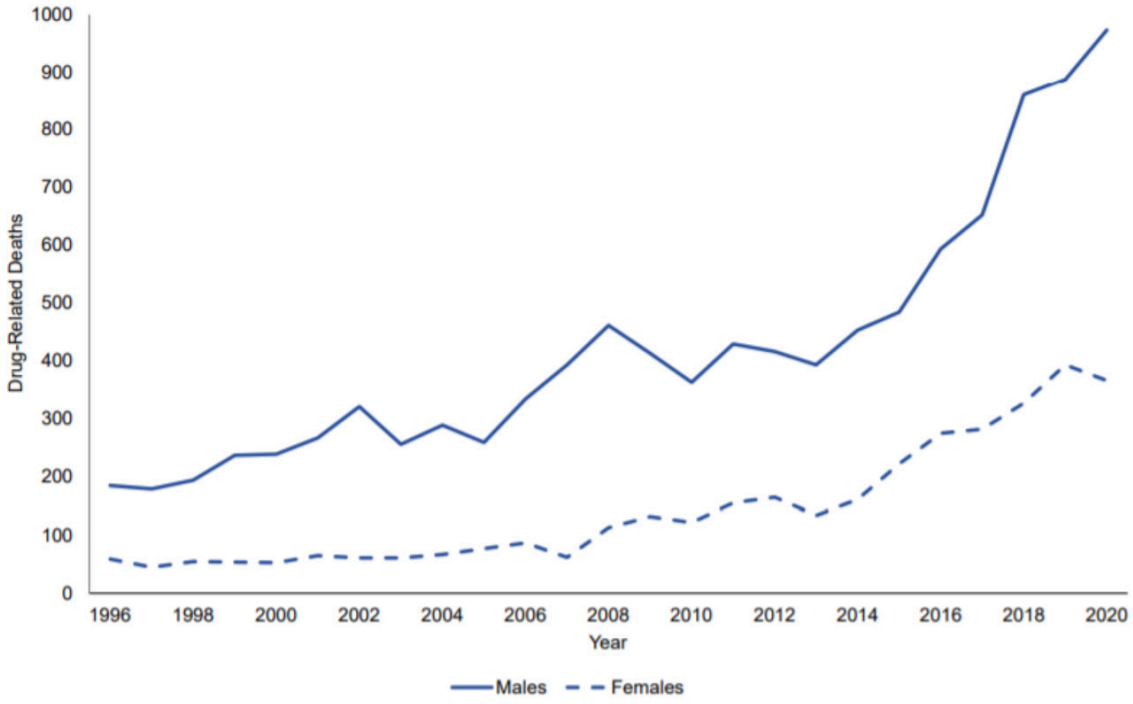
In certain areas there has been a very significant rise in drug deaths among women, especially for cocaine deaths, where there were 158 deaths in 2020 compared to 19 in 2010.

Age-standardised mortality rates for deaths related to drug poisoning, by sex, England and Wales, registered between 1993 and 2020.



Drug-related deaths have also increased significantly in Scotland in recent years. Although men account for the majority of drug-related deaths in Scotland, the percentage of women deaths has increased over time, from 19% in 2004–2008 to 29% in 2014–2018.[13] The number of overall drug-related deaths among women has tripled over the last ten years.[14]

Number of drug-related deaths in Scotland: by sex[12]



It was important for me to be around other women

By Tina, Volunteer at With You in Cornwall

"Looking back it feels inevitable. By the time I was a young kid my dad was very much in the full swing of having a severe drinking issue. Growing up most of my siblings drank or took drugs. For me it was very normal.

My mum loved us all, and so did my dad, but there was a lot of fighting and domestic abuse. These experiences moulded me. As I entered adulthood domestic violence was part of every relationship I had because I had no idea how to have a healthy open relationship.

Eventually I picked up heroin and crack. I needed drugs because of my childhood. I carried all of it with me in every relationship. I ended up on the street, working the street and in trouble with the police. My children were taken off me.

After decades of this life I ended up in a psychiatric hospital. I felt that I was at the last chance saloon. From that hospital I came to Cornwall where I turned it around. The reason it was different this time was because I truly did want to live.

During recovery it was really important for me to be around other women. The women's groups I participated in were so helpful for my confidence and self esteem. Having those role models, strong women who believed in me and helped me grow, was so important. Me feeling safe and building trust with other women, these people who were so passionate, that was what helped me turn it around.

I'm now very passionate about working with women and empowering women. I'm supportive. I sit and listen to these women and let them know, from my heart, that I've been there too, all the things I was offered myself.

My counselling and therapy is still ongoing. I don't look into the future but I don't wish to stay stuck in the past. Who I am today is who I am. I'm always learning about myself.

But I know I couldn't have done it without those people who wouldn't give up on me."

Understanding women's experiences

This section is based on 1 on 1 interviews, roundtables and focus groups with women who have either accessed a drug service in the past, are currently accessing a drug service or have lived experience of problematic drug use without accessing a drug service.

Why women develop an issue with drugs

There are many complex reasons why women can develop an issue with drugs. This research did not have the capacity to provide a comprehensive examination of this issue. However, from the research undertaken, there were several key themes which were consistently mentioned and highlighted by those we spoke too.

Experience of early trauma

The direct correlation between early trauma and drug misuse is well known and evidenced, with people often using drugs to self-medicate mental health issues stemming from adverse childhood experiences and general trauma.[15] Our research found that this was true for almost all the women we spoke to, with the majority of women stating that their drug use was rooted in childhood trauma, and parental drug use often being seen as a contributing factor in their own drug use:

> *"It all stemmed from childhood, I had a very abusive family. A lot of sexual, physical and mental abuse. I went into care at 5 or 6, it was alright for a while. Mum died at 8, she was a heavy drug user. As I got older, I was abused a bit in care. Social services tried to move me to Ireland and that just didn't work for me. I started self-harming at the age of 11 then moved back in with foster parents in Bournemouth. They couldn't deal with me, so I was passed around foster home to foster home." JM*

> *"I started using drugs when I was 11. I came from a very dysfunctional family life. My dad was an alcoholic and an addict and my mum had poor mental health." AP*

> *"I found my dad dead through suicide at 13 years old. My mum was an alcoholic. My nan is anti-alcohol but apart from that all my family drink. I started using amphetamines and ecstasy just through rebellion really." JV*

These testimonies were supported by front-line workers who highlighted that traumatic experiences can make it harder for women to engage with services:

> *"I've worked with women who are so traumatised I don't think they could experience anymore." Contracts manager*

Abusive relationships and domestic violence

Research by Agenda found that women who have experienced domestic abuse are eight times more likely to develop a problem with drugs then women who haven't.[16] The findings of our research support this, with the overwhelming majority of the women interviewed reporting experiencing abusive relationships. Some women reflected that they entered into abusive relationships as they mirrored what they experienced as a child:

> *"I was in a relationship at 15, a very controlling and toxic relationship. I was with the person for 27 years. I started socially drinking, then it became binge drinking, it progressed to being completely dependent on alcohol. Whatever was going I'd have it - drink, drugs, whatever was available." JH*

> *"Domestic violence was part of every relationship I went into because I had no idea how to have a healthy open relationship. Eventually I picked up heroin and crack." TF*

While men are more likely to first use drugs with friends, Agenda's research found that women are more likely to start using drugs with a partner. Many of the women interviewed support this finding:

> *"I was a teenager, I had a boyfriend. He used it and introduced me to it - I didn't know what it was. I'd smoked weed but this was heroin. I said no at first but eventually he persuaded me. Then I just got into it, you know. I'd fall out with him and would go and get money just to get some." PF*

> *"We were together 19 years. We had a relationship, it was a drug relationship, we'd have our fix then go out and shoplifting-that kind of cycle. He got locked up and when he got out I was a different person, I was wanting to get my life back and he couldn't understand that. It went downhill from there really, last 2-3 years he was terrorising me, I was petrified of him. I've been in and out of refuges for years, they moved me loads of times." JV*

Domestic abuse is often a key reason why women develop issues with drugs and acts as a major barrier to accessing treatment. It is also clear that women in controlling and abusive relationships are often prevented by their partner from accessing support around their drug use. In the survey we conducted with third-sector organisations, the second most cited barrier preventing women from accessing drug treatment was the impact of domestic abuse, with 37% of responses raising this.

A senior manager explained how controlling relationships can prevent women from accessing support:

> *"I think for most women in that situation, there will be no way of accessing services because oftentimes, their freedom is so limited that for them to go and access support would be almost impossible. And those who are still dealing with the perpetrator, whether or not they're even considering leaving, for a lot of them, their drug or alcohol use is the only way they can cope."*

Losing custody of children can lead women towards riskier behaviours

Recent research exploring why female drug related deaths are rising in Scotland found that women who have experienced losing multiple children often have few positive family relationships, stating that losing children can contribute to "re traumatisation, hopelessness and risky consumption."[17]

The findings of this research support this finding, with multiple women interviewed describing feelings of hopelessness and increased drug use after having children removed from their care.

> *"I've had six children, I've lost all of them. I've not had any with me for all their lives. One of my daughters lives down the road, I'm seeing her at the weekend - we are building a new relationship. I've shut myself away, I've not dealt with anything, I always said to myself I'll deal with it tomorrow but tomorrow never comes. I was drinking more and using more. I was just masking everything - using more drugs just to mask it. I ended up with 11 convictions for shoplifting, I was just trying to mask all of it." JV*

> *"First three weeks [after losing children] I hit the drugs hard, drinking a lot again. I smoked heroin which I don't normally do." JM*

For women who have experienced multiple children removed, they often reported increasing hopelessness and drug use after each incident.

> *"I didn't know there was a different way to live. I was totally blinkered in what I was doing. The more I lost, the more reasons I found to use." TF*

While one woman who retained custody of her daughter while in treatment said this was pivotal in her being abstinent now:

> *"If I had lost my daughter I would have been back on drugs, no doubt." KH*

Barriers to treatment

89% of responses to our survey for third-sector organisations agreed that women face additional barriers to accessing drug treatment when compared with men. Below are some of the main barriers identified through the research.

Male-dominated services can be intimidating for women

As stated previously, the majority of people in treatment for drugs in the UK identify as male. Responses to our survey showed 'male-dominated services' was the most common barrier cited in response to the question about the main barriers women who use drugs problematically face when trying to access treatment and support. As one frontline worker survey respondent put it:

> *"Women disproportionately experience domestic violence and many are scared to attend services that may have busy waiting rooms with men and even potentially ex-partners. Several of my clients have avoided drug and alcohol services because they know that abusive ex-partners attend."*

This sentiment was echoed by multiple front-line workers and from the lived experience interviews we undertook:

> *"The biggest hurdle is the substance misuse service itself. Women are ready to engage with us when we go where they are. When I go to a GP surgery, she can see me in a private room, when I go to the Sure Start she can see me in a private room. It's not about hiding it, they don't mind, but they can't go where the men are."*

> *"Some services are very male dominated and that fills me with anxiety. I've had a lot of abuse in my life through men, it's trauma from my past basically." JM*

> *"My ex partner used to attend the service. One time I didn't know he was out of jail, I walked in and he's in the waiting room. That shouldn't have happened. I had to run off down the back streets." JV*

Overall, the reception area of substance misuse services was specifically highlighted as a high-risk space for many women who may be exploited.

Fear of losing child custody if drug use is disclosed

44% of women in treatment for opiates in England are mothers who don't have their children in their care. Our research found women who use drugs are extremely fearful of losing their children if they disclose the extent of their drug use. Many felt that social services had poor understanding of the process of addressing drug misuse:

> *"Women don't go into rehab much because you keep it together. A lot of my female friends who I hung around with, they are casual users. If you said to them - go into rehab - they would say, who's going to have my kids? What's everyone else going to say? Am I going to get my kids back? It's like having a chain around your neck, you've got kids, bills, home, job, you can't let it go." KG*

> *"I was scared to say it to social work in case they removed my kids, so my girls went to my aunt on a voluntary basis. My experience with social services, was I just felt there was support lacking there. I felt they could have helped me when I was trying to get into the crisis centre, alongside my addiction worker." LB*

> *"When women have children in their care they often automatically think if I engage with a drug service they will lose custody." Keyworker, Women's support organisation*

Front-line workers also felt that the threat of having children removed can inhibit their ability to develop trusting relationships with clients and a negative experience with one service can make someone system averse, and less likely to engage with other services:

> *"When you are allocated a client with safeguarding concerns, you instantly feel that breakdown of trust. We are expected to share a lot of the information and conversations we are having with social services. Safeguarding of young people is very important but it can ruin relationships with clients." Recovery worker*

> *"Many women have a deep distrust of services, often due to bad experiences with social services. It can mean it takes a long time to develop trust." Service manager*

However, many women also stated that the prospect of regaining/retaining custody of their children was a motivating factor for them to continue to engage with treatment:

> *"I didn't want to repeat my life, what I was doing was damaging my daughter's life. I deserve better and my daughter deserves better. My daughter gave me reason, the breakdown of the relationship, I felt very alone so I went to drink and drugs. I don't want my daughter growing up in care like me, it's about breaking the cycle of life." JM*

> *"I remember thinking I've got to show willing here otherwise I'm going to lose my child. The only thing I was quite up tight about, when they fast tracked me they knew my partner was still using but he had to wait three weeks until his script. It was only because the social worker said you can't script one without the other that he got his quicker." KH*

Stigma around disclosing drug use

Experiences of stigma are more likely among women who use drugs, who are often perceived as contravening their roles of mothers and caregivers. Many of the women interviewed also expressed feelings of intense stigma about disclosing their drug use, often fearing being judged by those around them, as well as the prospect of facing up to their past actions. Women also described how the stigma of disclosing their drug use, including to their family, also led them to keep it to themselves:

> *"I didn't want to look at myself or the carnage I caused on the way or be reminded of what a shit mother I was. I've come out of it at the age of 51 - what did I have to offer? I was very good at beating myself up. Getting clean wasn't the part I couldn't do even though it was painful, the thinking part frightened me." TF*

> *"This was my dirty little secret. I wasn't going to go to rehab. I wasn't a heroin addict, I had a house, I had my kids and I had a good job. This was just a part of my life. It was like a dirty little secret I had and couldn't face it." KG*

> *"We did keep it in the family for a long time. Everybody kind of huddled around and kind of kept me behind closed doors." Service user from BAC-IN's roundtable*

Multiple front-line workers also raised stigma as a barrier, highlighting that women can fear being stigmatised in drug treatment services as well as by those outside of treatment:

> *"A woman is immediately stigmatised if she goes into a substance misuse service because if I walk into a substance misuse service and everybody knows me in Lancaster it would be like oh the wife of the dentist is going into the substance misuse service, she must be an addict." Recovery worker, Blackpool*

> *"It's breaking that stigma that they feel towards us as well. We're not just gonna immediately assume that because you use drugs that you're incapable of loving your children, it's about breaking down our stigmas towards females in service and understanding their unique issues." Recovery worker, Lincolnshire*

Women who use drugs and are sex workers are subject to even greater stigma, and are often at more risk of drug-related harms. These women are more likely to experience violence and higher-risk sex and often find it even more difficult to engage and stay engaged with a drug service.

Additional barriers to accessing treatment and support faced by women from Black, Asian and ethnic minority communities

Women from Black, Asian and ethnic minority communities make up a tiny fraction of the treatment population. Therefore, this research commissioned BAC-IN, a peer recovery organisation based in Nottingham, to run a focus group with women from Black, Asian and ethnic minority communities to understand the issue in more detail. BAC-IN's report found:

> *"Being an ethnic woman with an addiction had additional anxieties and barriers to asking for help, it carries a sense of shame on the family."*

> *"Some participant's highlighted they were not aware of support in the community and the ones that did access local services had a mixed response to their engagement with these providers. Some had positive experiences of mainstream support but noted that, there's not many people of colour there."*

In terms of culturally specific support, some service users noted the following:

> *"[I accessed] culturally specific groups and found them very helpful and felt not alone"*

> *"I feel like I am heard and have hope and encouragement and people can help me from my background and who understand me."*

Some of the service users interviewed said:

> *"I believe that people of colour have to fight to access services. We always feel like we are at the back of the queue, justifying why support is required."*

> *"[The service] wasn't taking me seriously. I was treated differently, I was never taken seriously, it was always about them and I was repeating myself again and again. It wasn't encouraging, I felt much more stressed going to these appointments."*

> *"I feared not being understood due to my culture and beliefs."*

The report stated that all of the women interviewed acknowledged that cultural aspects and services being culturally orientated was important to them in terms of receiving tailored and holistic, recovery focused support.

BAC-IN also sent a questionnaire to front-line recovery workers who regularly offer support to women from Black, Asian and ethnic minority communities who use drugs. They cited the following barriers that these women tend to face when accessing and engaging in treatment and support:

- shame guilt and ostracism from family/community
- increased risk of domestic abuse
- fear of judgement and not being understood
- childcare responsibilities
- fear of forced marriage
- disconnect with mainstream services
- stigma from communities

Missed opportunities to engage women

In our survey for third-sector organisations, 60% of responses did not think drug treatment services were sufficiently gender informed. Only 8% did. In general, our research found that, on occasion, drug services can be inflexible, do not react sufficiently to women's needs, and sometimes allow them to fall through the cracks. Services that work with women affected by drug use do not always work together efficiently, and women can remain unaware of what support is available to them:

> *"I was in hostels for a year and a half and they never told me about drug support - they never told me. When the lady said would you go into rehab I said what's that? I'd never heard of it. They don't offer you any kind of way out." AP*

> *"There is a lack of cross-sector working and a lack of visibility in spaces that women are likely to inhabit. A lack of a gender-informed or gender-specific approaches/considerations." Sector survey response*

28% of responses to the survey also cited the issue of inflexible appointment times, and services being "rigid" as a factor preventing services from better engaging and supporting women who use drugs.

Experiences of treatment

Women-only spaces help women engage services

The majority of women interviewed said that women-only spaces helped them to engage within drug treatment. They continually described feeling more secure in women-only spaces, which allowed them to share more freely and forge relationships and connections with other women that sometimes turned into friendships. 89% of survey responses also agreed that this was one of the most effective ways to engage women:

Some women stated that women-only spaces are particularly important when a woman first enters treatment:

> *"It was nice to sit in a group and identify with a lot of these women. Some women have lost their children, one of them is now my best friend. I did 12 steps, I did relapse prevention. I don't mind mixed groups, I was actually very reluctant to go into a women's group because they can be quite bitchy, but I thought just go in and just do it. It was nice to be able to get feedback from other females that have been through similar things. There's a safety of the women becoming part of a team, if that makes sense. It's easier to share, some of the stories you hear in there you wouldn't hear in a mixed setting. They're about rape, there was a young girl who was going through the court process with her child, there was another one who had got clean had a baby and then she started using and prostituting herself, women's issues." KH*

> *"I prefer a woman, you can talk more with a woman than you can with a man, when it's personal stuff." PF*

Staff also reflected that women-only spaces are particularly important when services are often male dominated:

> *"You need women only places because women have high success rates because they have their children. They have a lot more to lose than a man, but they can't do it in a male environment." Recovery worker, Blackpool*

> *"Having that space where you can go and immediately connect to somebody who's gonna understand even just the basic idea of what it is like to be female and in a man's treatment service is so important." Recovery worker, Lincolnshire*

Managers also corroborated this view, often saying that although not all women want to access a women-only spaces, they are an important engagement tool for those who are vulnerable:

> *"I'm not saying that all women want to be supported by women. I've seen some really successful outcomes with men because sometimes they need positive male role models as well, but I think women in a vulnerable position will generally feel much more comfortable with another woman." Regional manager*

Engage women in community settings

A recurring theme was that women often feel more comfortable engaging with drug support in community settings, rather than in a substance misuse service. One woman who accessed support at the refuge she was staying in described how she preferred to meet her drug support worker in that setting:

> *"It made it easier, I'd go down and have a coffee and they'd set me up with little things like a puzzle - I felt like I was at home. It's a lot easier than going into the building, when you are on methadone you need to have your urine tested - but going in would make me so anxious all I used to think about was going to get a drink which would set me off. Meeting at the refuge really made a difference." JV*

A key worker from a women's organisation explained that when they engage women who use drugs, they try to make the space non-clinical. The benefits of engaging women outside of a substance misuse service was also supported by commissioners interviewed. Multiple responses to our survey also cited the need to, where possible, meet woman's various needs in one appointment in the community in order to limit the need for women to attend multiple different appointments with multiple different organisations:

> *"So if they're in a refuge, we have a lovely big room, comfy sofas and it's got some little lights, so it was dimmer. We made sure there was nothing clinical about the space. With outreach clients we meet them in community centres, spaces like that, because we didn't want to sit opposite someone on a desk. It's not relaxing, you know, when you sit and relax properly people talk more. We wanted to get away from it feeling clinical." Key-worker, womens organisation*

> *"The best practice for engaging women is through outreach in the community. Drug and alcohol buildings can be a big deterrent. Having drug support embedded in community environments is key, so we are addressing the whole and not just the substance use." Substance misuse commissioner, North West England*

Having choice in how and where meetings were conducted was also important in giving women agency:

> *"A big thing for me was being offered choices in treatment options. When you've experienced trauma and abuse you don't have a choice. So if I'm not given a choice that's triggering. Let women define their own pathway." HG*

> *"Offer food parcels or clothes or at least links to other services that can do this. Invite other women's organisations in to do drop ins at your hub so that it can be incorporated into the treatment appointment." Sector survey response*

Many women from Black, Asian and ethnic minority communities also said that they feel that mainstream services do not listen to, or understand them. They expressed a preference for receiving support from culturally-aware, culturally sensitive services that are Black, Asian and ethnic minority community led. They also felt that services led by people with lived experience were better able to understand and respond to their needs.

Access to mental health support is vital in addressing past trauma

Women are more likely to experience mental health issues than men, and around 1 in 5 women have a common mental health problem such as anxiety, depression or self-harm.[18] Many of the women interviewed praised the impact that access to mental health support, such as trauma counselling within a drugs service or by a community mental health team, had in helping them engage with drug treatment, allowing them to reduce or even stop using drugs. Some women also said that access to mental health support helped them come to terms with having children removed from their custody:

> *"I had 10 months of counselling which changed my life. I was a sex worker as well - I had a lot of stuff that needed healing. I used because of trauma, that's the reason I used drugs. Through my past and everything. I needed to work through all that stuff and go through it all not to relapse. It made me see the truth in everything. The counselling went through childhood stuff, relationships, around my past and what I'd done. It was really difficult going through it. The ten months I was doing it was a really dark place, but I didn't use and I kept going back." AP*

> *"I still do counselling and therapy now, it's ongoing. I don't look into the future and I don't wish to stay stuck in the past. Who I am today is who I am. I'm always learning about myself. You need people who won't give up on you. They are role models. Vulnerability for me today is a strength, it's not what it means on the streets, a weakness." TF*

> *"I spoke to a counsellor through With You which was really really helpful - I started joining the courses there, next steps is one of them. Because I was on a course as well as doing the drop-ins, they were able to give me one-on-one counselling - that's probably the most helpful thing I've had. My main trigger is the loss of the relationship with my children, it becomes unbearable, I can't do it without drinking on it then I'm back at square one where we can't see each other. Someone at With You had gone through a similar thing but said even though you've not lost your children, it's like a grief but you can't grieve properly because they are still there. I am caught in limbo but at the time she helped me realise the emotions I was going through and helped with my guilt. I remember walking back to my flat after one session, I just sobbed all the way through the session, even though it was painful when I walked back I realised I was at a point of coming to peace with it." SM*

However, stretched and underfunded services mean many drug treatment services cannot offer mental health specialisms as part of treatment, such as having an on-site psychiatrist/psychologist who specialise in drug use and trauma or through joint-working with a community mental health team. At the same time, women who are actively using drugs are often barred from accessing NHS mental health support. This can leave the underlying issue behind a woman's drug use unaddressed:

> *"This can mean that the underlying issue will not go away, and the women are not being supported in all the right areas making it more difficult to consistently engage with the drug service." Sector survey response*

The impact of stretched services and high caseloads

A recurring theme from the research was the impact that the funding constraints of the past decade have had resulting in high caseloads and services struggling to provide the kind of intensive support women with multiple complex needs require. High caseloads have meant that front-line recovery workers simply don't have the time to really focus on their clients:

> *"I bring the sex workers in every other week to get their script and ring them on the opposite week. Spending that amount of time with someone is like putting a sticking plaster on a gunshot wound." Recovery worker and sex worker lead*

> *"I think one of the traps that we fall into is thinking seeing someone once a week is enough. It's a drop in the ocean. They have an ongoing life outside of us and really once a week makes little or no impact." Contracts manager*

> *"They often have incredibly high caseloads which means their time with women with multiple issues is limited." Survey response*

Recovery workers are staying in their roles for a shortening amount of time, a consequence of sector-wide low-pay and the lack of professionalisation of their roles. This has had an impact on how service users engage with services. Women with lived experience commented that this churn of recovery work has meant the support they receive has been inconsistent, and even caused them to disengage in the past:

> *"In my past I've been passed from one worker to another. You build up a relationship but then they leave and you have to start again." JJ*

> *"My drugs counsellor was brilliant at the time, he helped me loads. He was just talking to me and giving me good advice and stuff, he was just dead helpful, then you go back to the clinic and you get all kinds of different people looking after you then and just as they get to know you then you get another counsellor and you're like f****** hell, until you can't be arsed to tell the same story over and over again until you are just like give me my script I want to go home, sometimes you aren't in the mood." PF*

Overall, there was a feeling among many that drug services are often not flexible enough to meet women's needs:

> *"Services need to be more flexible and mould to people's needs." Recovery worker, Blackpool*

The role of online support

With You's online web-chat service is more likely to be used by women than men. Between May 2020 and April 2021, 63% of people who used this service identified as female. Many of the women we spoke to said that they find it easier to engage with drug treatment and access support online, than in-person:

> *"My thinking is, for me, whether I would of had the energy and motivation to do structured day in person, I found it easier online. When it's cold and rainy and don't feel like getting out - I found it easier, I missed less sessions. Once I got used to the group I found it to be just as good. I can't wait until things open up - there is a difference when you are face to face with people - but in terms of newbies using the service, I've done both and I found online to be really good." SM*

> *"Covid happened in March, with the support going online. I have a checkin in meeting in the morning, it's been a lifeline." LB*

> *"When you access support online you can present what you want, you don't need to organise childcare. Whereas, I think if you come to that face-to-face service, they're worrying that like Arena said, there's someone they know sat in that room." Recovery worker and webchat advisor*

> *"Some people struggle to maintain the technology, but, in the same breath, it's been an asset for some women. Having the opportunity to engage from their front room and leave at any time has really helped." Recovery worker, Blackpool*

However, online access isn't a panacea, and for some women, in-person treatment and the connection developed through meeting in-person is absolutely vital in helping them get the support they need, especially for women with multiple complex needs. This was reflected in the responses to our third sector survey, where 75% agreed that the coronavirus pandemic has made it more difficult to engage, support and retain women who use drugs problematically.

Peer mentors are crucial

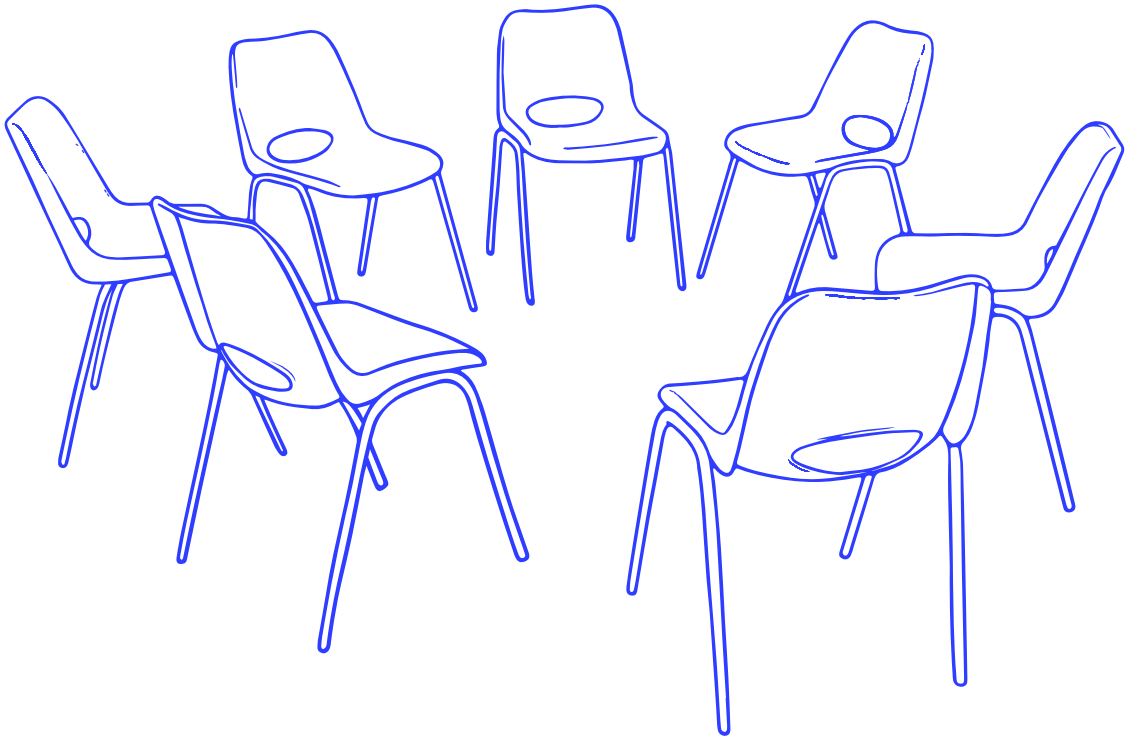
Many women interviewed stated that peer mentors played a crucial role in their recovery. The ability to connect with others with similar experiences and backgrounds was also particularly prioritised by women from Black, Asian and ethnic minority communities:

> *"People that were volunteering for With You and all that and Positive People, they were ex addicts. They gave me some hope, strong women that believed in me before I did myself and helped me grow. They did it in such a kind and caring way, seeing others who had got sober and not gone back to using - that really uplifted me and showed me it was possible." TF*

"It's so important. Just knowing you aren't on your own, you can talk to them and they're non judgemental, it's very very important to be in these groups and support these other women. You have very similar paths. To begin with, there were a few women at first, it hasn't been until later on for me in mixing with just women groups that I felt so strongly towards and passionate about getting something out of it. Earning a friendship, it's a great bond, they're true friends, they've had genuine trauma and things that have happened in their lives, they're real people." JH

"[I accessed] culturally specific groups and found them very helpful and felt not alone." Service user from BAC-IN's roundtable

"I feel like I am heard and have hope and encouragement and people can help me from my background and who understand me." Service user from BAC-IN's roundtable



Recommendations

A complex set of public services are often required to help women address their drug use and achieve recovery.

Our research used different research methods to build a picture of the current state of how women engage in drug treatment. It's a complex picture and we did hear differing views, however any explanation into this issue must involve multiple interacting factors.

What became clear from the beginning was that women face many additional barriers to engaging drug services than men. And women from different communities have very different needs, depending on ethnic minority groups, the complexity of their needs, whether they are young or old and so on.

There was also a significant variance in the services that are provided throughout the country. The structure of the drug treatment system has also had an impact. As pointed out in the recent Independent Review of Drugs by Dame Carol Black, smaller providers have been forced out of the market, resulting in the closure of many grassroots organisations and local charities which has adversely affected women and people from minority groups, including black, Asian and minority ethnic communities.

This research has also highlighted some gaps that need further study. This includes the experiences of those not engaged with treatment, including women from Black, Asian and ethnic minority communities, the impact of welfare reform and public sector austerity on how women engage with services, and on the role of child protection and the impact of social work.

Following the findings of this research, we have made recommendations at a national, local authority and service provider level that would have a significant impact on improving womens engagement with drug services.

National policy-makers

We recommend national policy-makers:

1. **Deliver an ambitious multi-year funding commitment for substance misuse services, including women-only services where a clear need has been identified**

   The recently announced public health grant for 2021/22 is 24% lower in real terms in 2021/22 compared to 2015/16. This long-term disinvestment of local drug treatment services has resulted in the closure of gender-sensitive services, higher thresholds for accessing support, and reductions in staff pay and experience. A significant central government funding uplift would help address these issues.

2. **Ensure the forthcoming Drugs and Addictions Strategy fully addresses the diverse needs of women who use drugs, and includes objectives and guidance for increasing the number of women in treatment**

   Recent government reviews have not covered the issues of women who use drugs in detail and women's needs have often been absent in national policy discussions. The forthcoming Drugs and Addictions Strategy provides an opportunity for there to be clear guidance on how to improve services for women, and increase women's access to treatment, backed up by measurable objectives which will allow progress to be measured.

3. **Adopt a cross-departmental approach to addressing the needs of women who use drugs and have multiple complex needs**

   Policy interventions to reduce drug-related harm sit across several government departments and need an improved cross-departmental approach, including the Department for Health and Social Care, Home Office, Department for Work and Pensions, Ministry of Justice, Department for Education, and Ministry for Housing, Communities, and Local Government.

4. **Improve research and data collection to ensure women are not underrepresented**

   Women are underrepresented in research, data, service design and policy-making. It is essential that women's voices and experiences are heard in the development and delivery drug and health policy. There needs to be a greater focus on increasing the volume and quality of women focused research documenting women's experiences in such areas as substance misuse, trauma, abuse, cultural stigma and homelessness as well as the experiences of women from Black, Asian and ethnic minority communities.

Local Authorities

We recommend local authorities:

5. **Commission drug treatment services with longer contract lengths, with strong incentives for partnership working**

   Women who have struggled to remain engaged in treatment need long-term support and may take a long time to recover. Service providers will often provide support to people who have struggled with treatment for a long time before achieving successful results. Longer contract lengths can give more stability, and opportunity for a strong connection to be developed between key-worker and service users, as well as providing time to build stronger relationships between drug services, social services, housing, domestic violence, mental health and other statutory services.

6. **Ensure that successful tenders are sufficiently flexible to allow services to provide a range of bespoke interventions to engage the different needs of women who use drugs**

   Contract specifications must allow space for innovation and for services to offer a mixed-model of service delivery. This could include specific approaches for engaging different groups of women, such as older women, young women and sex workers. Local authorities and providers should work collaboratively to understand the needs of the community. Flexibility is also important and commissioners need to allow for specifications to change. Flexibility also means supporting the delivery of different models which may have a higher service cost due to reduced caseload numbers, so more time can be spent with women through increased frequency and duration of sessions.

7. **Commission women only services and ensure all women are able to access women specific spaces, including peer groups, where there is an identified need**

   Women, particularly vulnerable women, feel more secure and safe in same -sex spaces and have reported improved engagement when provided with female specific treatment. In this setting, women's differing needs and identities, including their role as mothers as well as their experiences of abuse, are central to how support is provided. Where there is an identified need, women only services must be provided.

8. **Promote gender and trauma training for all service providers**

   The way drug services are delivered is vital to their success in engaging and retaining women in treatment and a gender informed approach when working with women and girls must be adopted to improve women's experiences of treatment. Recovery workers and clinical staff must be trained and qualified to work with women experiencing multiple complex needs and understand how trauma, abuse and inequality can impact women differently.

9. **Invest in women's services centred on Black, Asian and ethnic minority communities experiences, addressing the additional barrier these women face in accessing treatment**

   Women from Black, Asian and ethnic minority communities face greater difficulties in accessing information, support and treatment. To combat the general disconnect with mainstream services that women from Black, Asian and ethnic minority communities experience, culturally orientated and tailored treatment must be provided.

Service providers

We recommend service providers:

10. **Involve women with lived experience in service design, delivery and evaluation**

    Services are often designed around the needs of male service users who make up the majority of people accessing services. Involving women from diverse backgrounds with lived experience in both service design and commissioning processes is important in order for the specific and unique needs of women service users to be met. Our research shows how this can give women a sense of belonging and community in treatment, and reduce feelings of judgement and stigma that many experience.

11. **Ensure service branding is visually engaging for women and that their physical spaces are flexible, appropriate, welcoming and engaging**

    Service branding is important, and presenting a service as a health and wellbeing service, rather than a drug and alcohol service will improve womens engagement with treatment. Women should be given the choice of where, and when, treatment is provided, particularly for those with experiences of trauma.

12. **Provide appropriate staff training to ensure women's needs are understood, they are provided the correct treatment pathway, and offered female-specific interventions (women's group meetings, assessments, appointments, and other interventions (such as mental health/trauma, families and relationships support), in community settings (where possible)**

    Service providers need to ensure training provides staff with the skills and competency to understand the needs of women who use services, and that they understand what are the most appropriate treatment pathways for their needs. The physical buildings services often used are often themselves a major barrier to engagement. Embedding services in community environments and in primary care settings is key so that the overlapping needs of women who use drugs (such as housing, mental health or domestic violence), not just their drug use, are able to be addressed. Local services must ensure women only spaces are provided in these settings, including access to female key-workers and all female groups.

13. **Provide the option of having a female key-worker**

    Women with experience of trauma, such as domestic violence, often find it easier to engage and build connections with a female recovery worker, and this increases the likelihood of leading to a successful recovery journey.

14. **Ensure treatment services are child and family sensitive, and can support women who need additional household and parenting support**

    The additional pressures of motherhood and the risk associated with losing a child are significant barriers to engaging in treatment and can lead to riskier behaviours. Services must ensure staff are trained on the specific needs and sensitivities of women with children, providing them with the required flexibility to engage with a service in a way that is suitable for them. Some women who struggle to take care of both themselves and their children would also benefit from services able to provide (or refer) women to services that provide additional household and parenting support. This additional support could play a vital role supporting women's recovery.

15. **Adopt a flexible, mixed-model of service delivery, including both digital and in-person treatment and offering choice in how women engage with services**

    Services must continue to provide a mixed-model approach post-pandemic, developing their digital offer and providing choice and flexibility based on people's needs. Digitalisation increases access for women experiencing social anxiety, childcare responsibilities or limited access to treatment in their area/building. Service providers must also provide flexibility in how and when women can attend a service. This could mean ensuring multiple appointment times or providing women only opening times/days.

16. **Ensure the most experienced recovery workers are working with women with the most intensive needs and have reduced caseloads**

    Best practice suggests the most experienced recovery workers should be working with service users with the most intensive needs. It also suggests that workers should have a caseload of 40 or less depending on complexity of need. However, a recent workforce survey showed that drug workers had caseloads of between 50 and 80, sometimes rising as high as 100 people. Such high caseloads reduce the quality of care provided and the effectiveness of treatment.19 Under-funded treatment services struggle to provide the kind of intensive support women with multiple complex needs require. Front-line workers commented that high caseloads meant they did not have the time or capacity to give their service users as they would have liked.

17. **Improve partnership working with statutory services, including social services, police, and primary care**

    Service providers should develop stronger partnerships with statutory services to improve

access, enhance their understanding of the context of womens drug use, to provide greater opportunities to report abuse, and to ensure they are taking a more holistic approach to working with women. The co-location of social work and service providers can be particularly beneficial, helping improve coworking.

18. **Improve partnership working with Black, Asian and ethnic minority groups and organisations in order to engage women from those communities**

    Black, Asian and Minority Ethnic women face greater difficulties in accessing tailored information, support and treatment. There must be an increased emphasis on long term partnership building, particularly with other organisations that work with minority or community groups, as a more effective way of helping more people from diverse communities to access appropriate treatment.

19. **Provide a comprehensive training programme for staff on issues relating to women who use drugs, including trauma-informed treatments**

    This should include developing staff expertise for supporting women who have children, or have lost children, identifying domestic violence, safety planning for service users in abusive relationships, and risk management more broadly. Services must also ensure they are delivering a trauma-informed service, where staff are trained to recognise and understand trauma. This should also include appropriate cultural competency training to ensure women from diverse communities receive support that understands their needs, experiences and culture.

20. **Increase the provision of mental health treatment accessible to women who use drugs**

    For many women, mental health and trauma lie at the heart of their drug and alcohol dependence. However, many mental health services exclude women due to their drug use. For many women, mental health and trauma lie at the heart of their drug and alcohol dependence. However, many mental health services exclude women due to their drug use. Each drug service should have an on-site psychiatrist/psychologist who specialises in drug use and trauma or ensures service users can access support through joint-working with a community mental health team.

21. **Ensure service providers have representative levels of female leadership in management roles**

    Service providers should ensure that women are appropriately represented in senior management and leadership positions across organisations.

Appendix

a. A snapshot of women's services

In order to understand the prevalence of women's drug services in the UK, 178 Freedom of Information requests (FOIs) were sent to local authority commissioning areas. The results of the FOI requests provide an interesting snapshot of the prevalence of women-only drug support within generic drug treatment with 147 responses received. We found:

- There was wide variation in what service local authorities provided, with some areas reporting an extensive list of interventions whilst others offer nothing.
- By far the most common female specific intervention cited were women-only support groups. In total 81 local authority areas reported that at least one regular women-only group was running on a regular basis. Only nine reported that these groups had been put on pause due to the pandemic.
- The next most common intervention was offering drug support for pregnant women through a specialist midwife, with 22 local authority reporting offering this kind of support.
- Overall, the research identified 26 women-only services for women who use drugs or broader multiple disadvantage, characterised as a service/centre that is solely for the use of women all of the time.
- 49 local authority areas reported that they do not offer any kind of specific female intervention for women who use drugs.

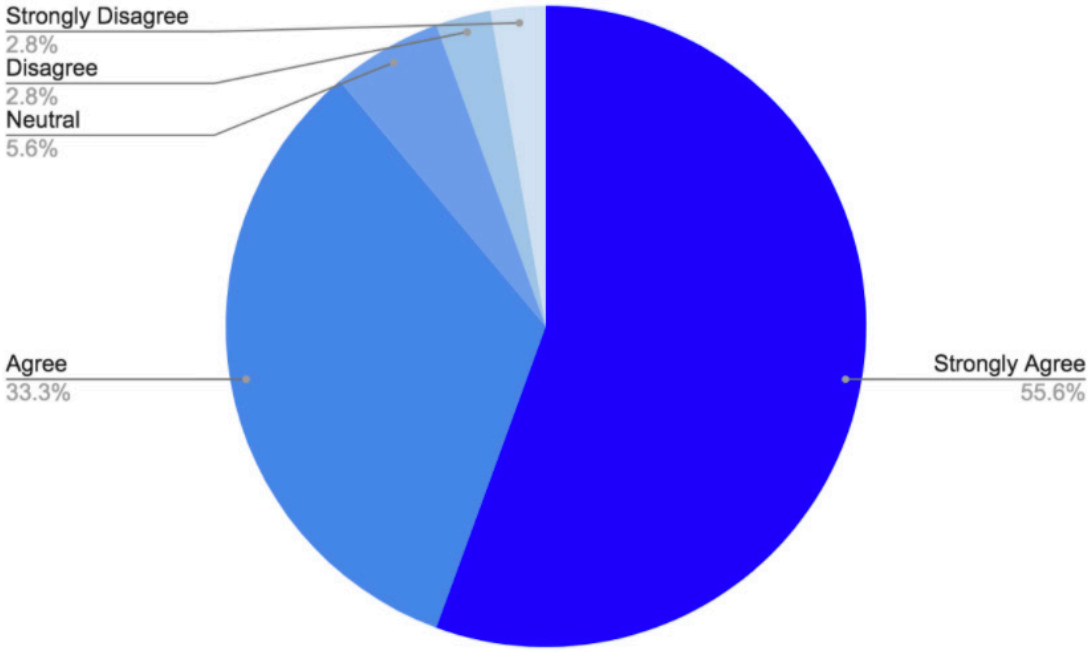
b. Survey for third-sector organisations

A survey was sent to a carefully selected group of third-sector organisations including national, local, advocacy, and service delivery organisations. We received 36 responses, including from colleagues at Homeless Link, Release, Single Homeless Project, Solace Women's Aid, Refuge, SafeLives, Lancashire Women, PAUSE and Blackpool Women's Lived experience team.

Survey responses:

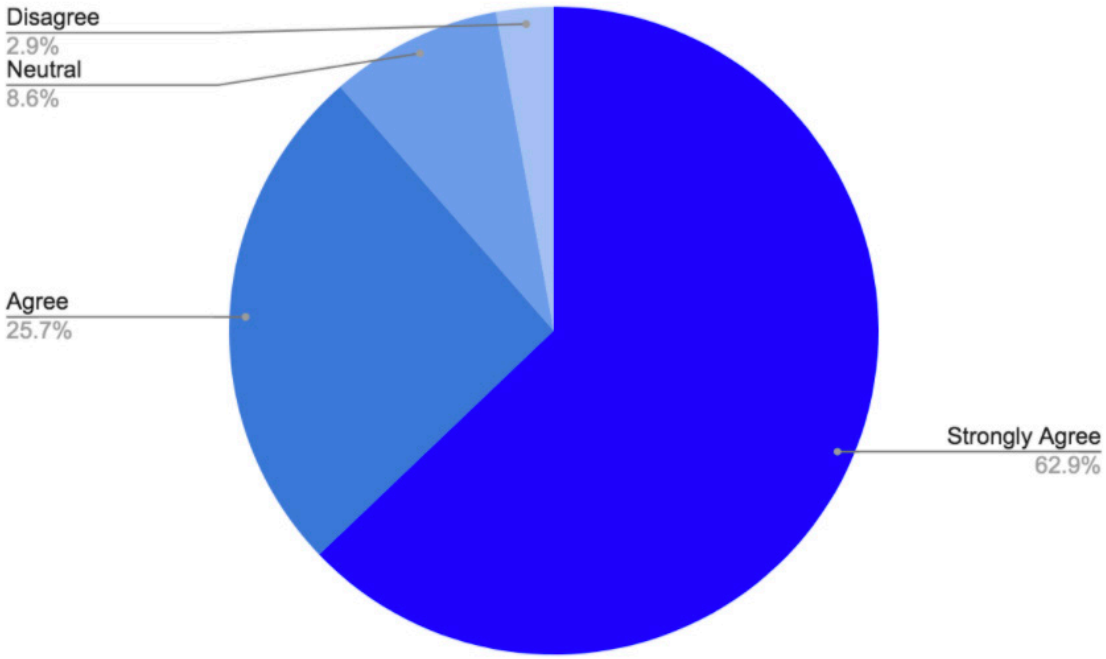
Women face additional barriers compared to men in accessing drug treatment

89% of those responding believe that women face additional barriers compared to men in accessing drug treatment. Reasons for this are cited below and include male dominated services, stigma and sexual abuse.



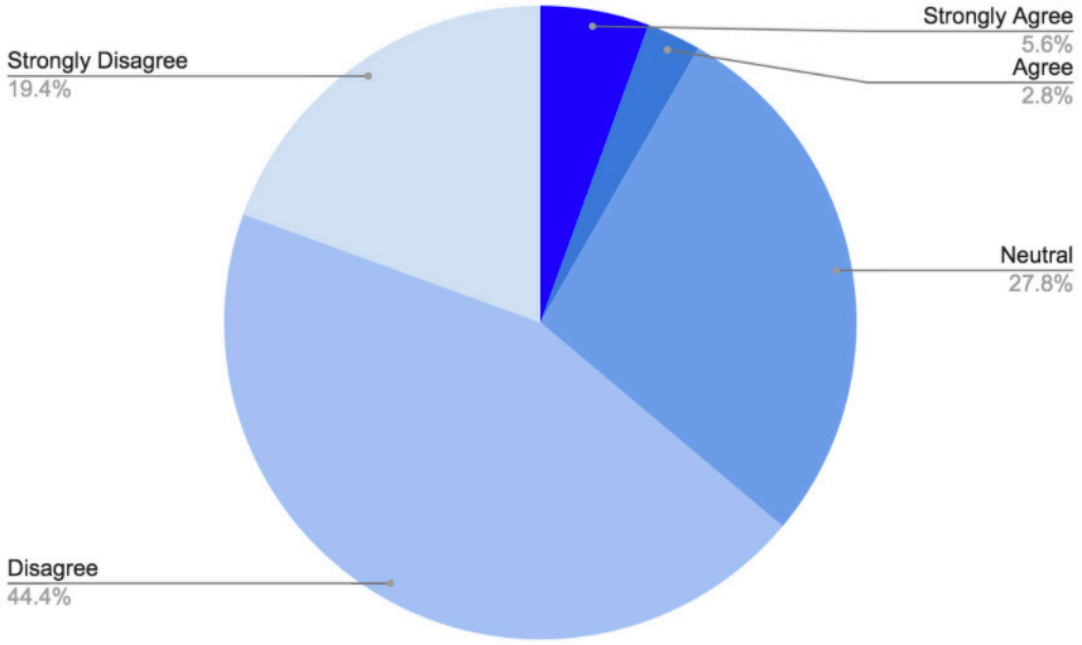
Female only spaces are effective in engaging women who use drugs problematically in treatment and support

89% of those responding agree that female only spaces are effective in engaging women who use drugs problematically in treatment and support. Amongst other reasons, this can be due to experiences of abuse or a need for female informed/specific services.



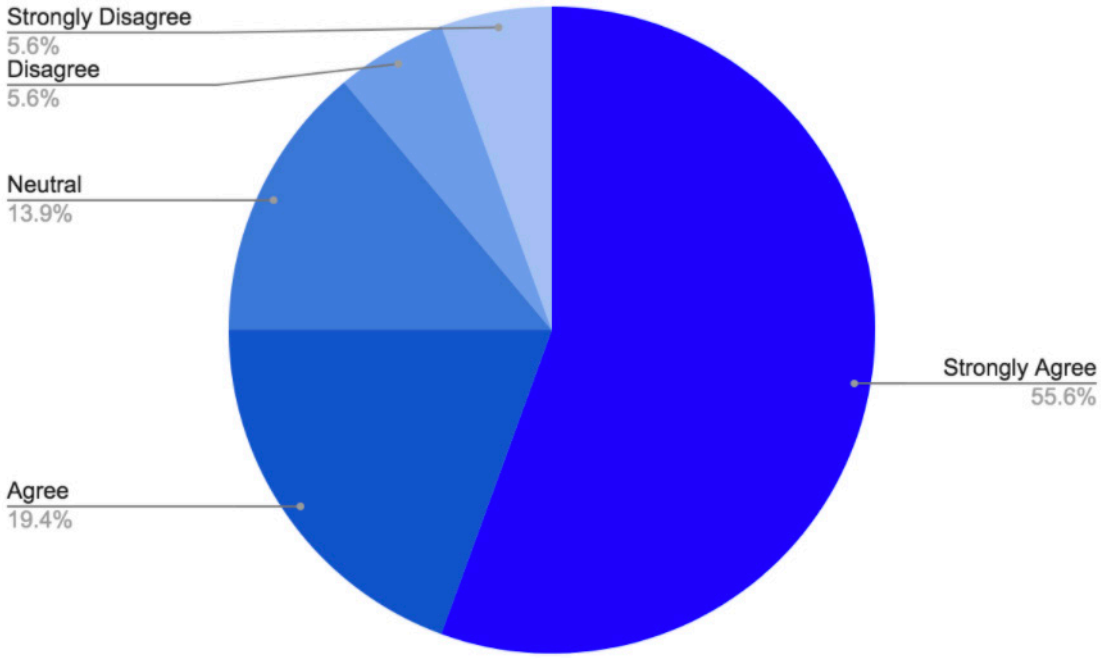
Drug treatment services are sufficiently gender informed

64% of those responding believe drug treatment services do not place women's different needs and experience at the forefront of their policies and services, remaining sufficiently misinformed in aspects of gender.



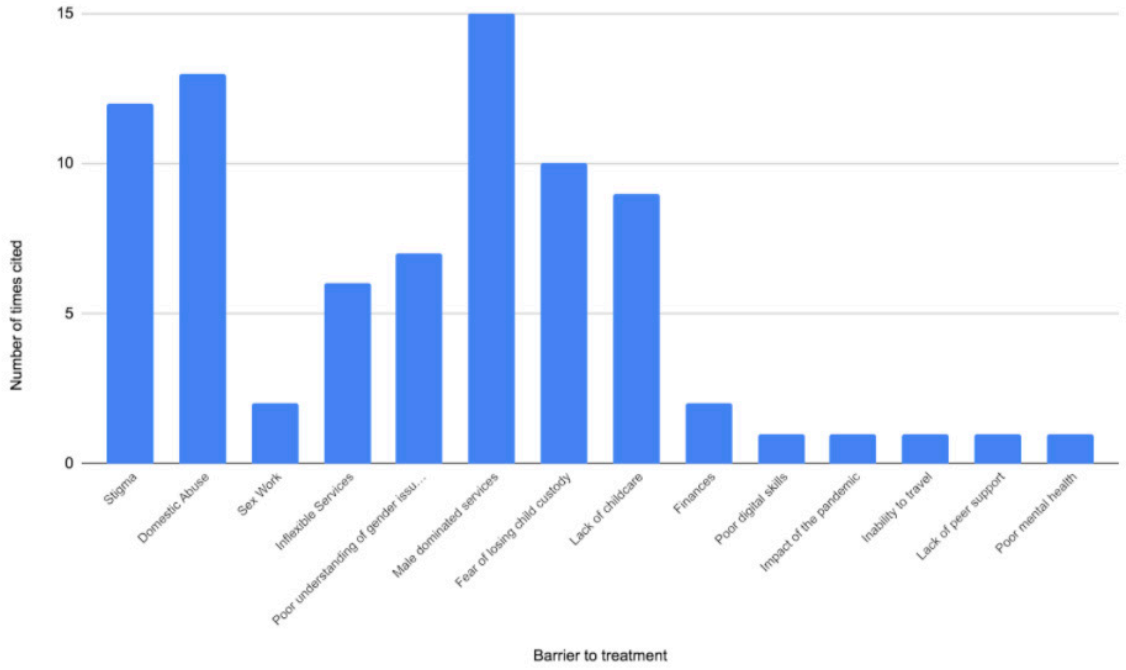
The coronavirus pandemic has made it more difficult to engage, support and retain women who use drugs problematically

75% of those responding believe that the Coronavirus pandemic has made it more difficult to engage, support and retain women who use drugs problematically. Reasons for this include a decrease in face to face services, technological barriers and also lacking privacy/fear of abuse accessing services at home.



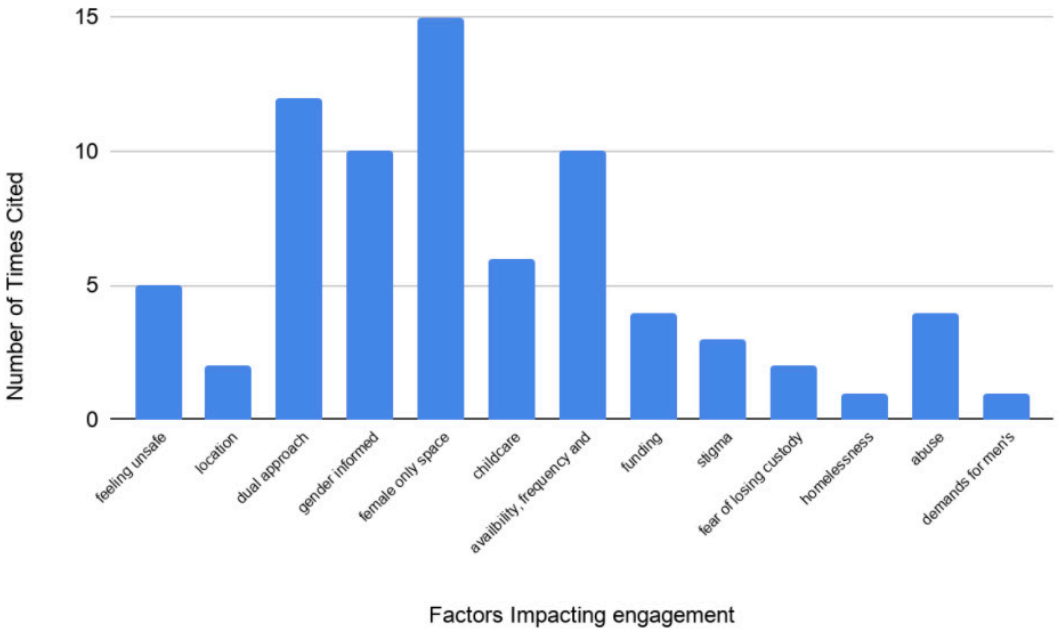
What are the major barriers women who use drugs problematically face when trying to access treatment and support?

The most cited barrier was the issue of male-dominated services, with 43% of responses stating this as a barrier, followed by the impact of domestic abuse (37%) the impact of stigma (34%), the fear of losing custody of children (28%), lack of childcare for appointments (26%), services not being sufficiently gender informed (20%), while 17% of responses said drug services aren't flexible enough to allow women to engage.



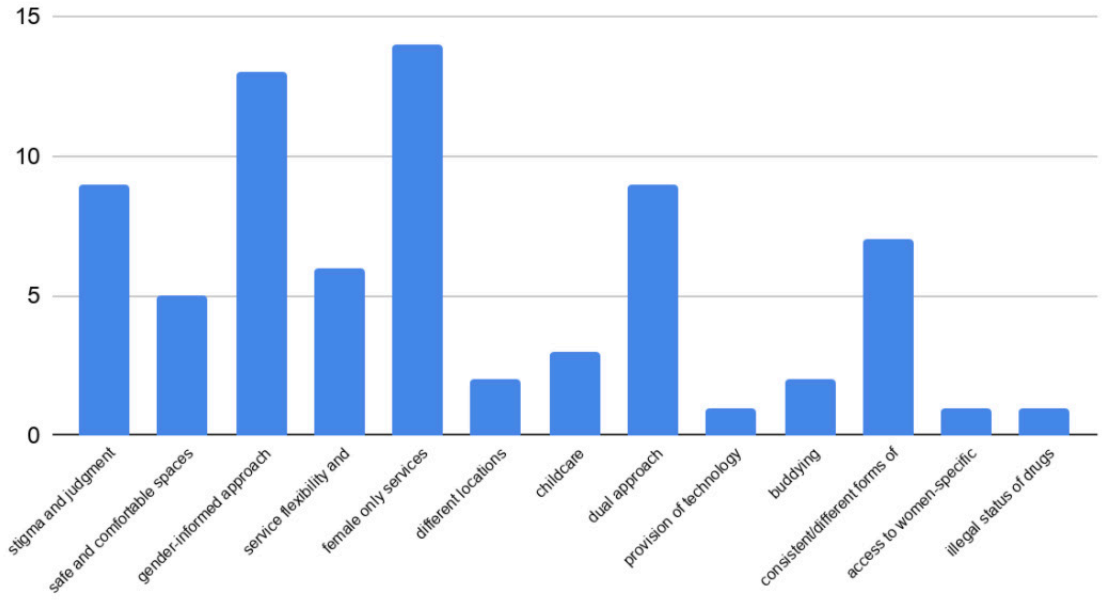
What factors can prevent drug treatment services from better engaging and supporting women who use drugs problematically?

A lack of women-only spaces was the most cited at 42% of responses. This includes male-dominated waiting rooms, clinics and drop-in centres as well as an absence of female visibility.



What are some of the most effective ways to engage and retain women who use drugs problematically within drug treatment?

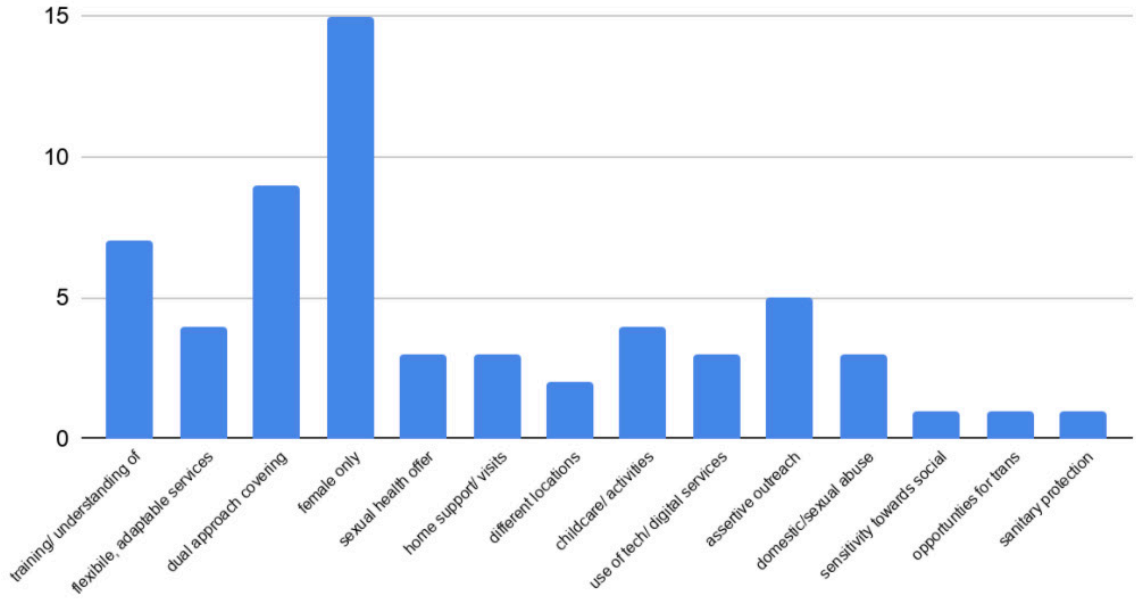
The most effective method cited to increase engagement and retain women within drug treatment is women-only services. 39% of responses highlighted gender specific groups, peer support and drops-ins as effective methods to ensure female recovery. This includes creating women-only waiting rooms and holding single-sex services.



Methods for improving engagement

Are there any innovative approaches to working with women that more drug treatment service could utilise?

Like previous questions, the most commonly cited response recommended by responses has been the implementation of female only spaces. 42% of responses cited women-only clinics, forums, groups and access to female caseworkers as a key factor for improvement. 25% of responses believe a dual, holistic approach to drug treatment services, working alongside specialist women's organisations could greatly improve female engagement, while 19% believe further training and understanding of women's issues to be key.



Innovative approaches to working with women

Endnotes

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