Women and Drug Related Deaths – Short Life Working Group Report and Recommendations

Cover Note from Drug Deaths Taskforce

It is evident that there are significant challenges that specifically affect women who use drugs. While women are not a homogenous group and not all women who use drugs face the same issues it is apparent that, despite the very best efforts of workers in the field, too often the needs of women are not met.

The evidence is clear that further action is required to support women who use drugs, and their families. When considering and implementing the recommendations of the working group, local need and what is already available in terms of local service provision must be taken into account. Some areas are already providing high quality support for women. However, this is not happening across the country and that must be tackled with a needs based approach.

The recommendations contained within this report will be of interest, and have implications for a wide range of organisations. We would urge all those working in the sector, and in relevant Scottish Government policy areas, to read the report and consider their role in implementing the recommendations.

We do not want the recommendations of the working group to be lost. With this in mind the Taskforce suggests that consideration is given to appointing a women's champion or advocate in local areas to lead on implementing the recommendations within this report, perhaps liaising with other champions across the country. However, this work cannot be carried out in isolation, but should be joined up with other work streams, including the implementation of Medication Assisted Treatment (MAT) Standards. Beyond this there may be further developments coming from ongoing government reviews on a National Care Service, Mental Health and Criminal Justice that could be interpreted with a gendered lens. A local champion could ensure this happens and there is joined up delivery of care for our most vulnerable women.

The Drug Deaths Taskforce thanks those that have been involved in this working group and supports the recommendations made in the report.

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Background

Whilst men are more likely to use and experience harms from drugs, there has been a disproportionate increase in drug related deaths (DRDs) among females, especially those aged over 35. The possible reasons for this were explored in a mixed methods analysis in 2018 'Why are drug related deaths rising in women in Scotland?' and this was updated in 2020.[1,2]

Publication of the 2019 DRD figures in December 2020 shone further light on the problem.[3] Although Drug related deaths were predominantly male (69% in 2019); DRDs have grown at a faster rate among females. While women used to account for around a quarter of DRDs in 2009, they now account for 31%. An increase of 293%, from 132 to 387.

The 2018 report highlighted that patterns of drug use, the motives, and the appropriate treatment are highly gendered. It summarised that the disproportionate rise in drug-related deaths among women is likely to have a complex answer, involving many interacting factors. The following themes and possible recommendations for policy are presented in the report.

Themes from initial report

- **Ageing** among the cohort of women who use drugs.
- Changes in patterns of substance use.
- Increasing prevalence of **physical and mental health problems.**
- Changes in **relationships and parenting roles.**
- Changes to treatment services and wider health and social care.
- Ongoing risk among women engaged with drug treatment.
- Changes in the **welfare benefits system.**

Previous experiences of **trauma and adversity.**

Implications identified in initial report

Implication	Description
Commonalities	The policy response should recognise the **commonalities** between men and women who use drugs as well as the differences.
Gender mainstreaming	**Adoption of 'gender mainstreaming' practices** in substance use policy and practice.
Trauma informed	The need for **trauma-informed and psychologically-informed services**
Holistic	A more **co-ordinated, cross-sectoral and holistic approach**

Access	Adequate provision of and **access** to low-threshold services and crisis provision.
Family sensitive	**Child- and family-sensitive treatment services**, and support for family relationships.
Enhanced support	**Enhanced support at specific times of vulnerability**, such as bereavements and loss of child custody.
Stigma	**Addressing stigma and marginalisation**, which remains a universal problem among people who use drugs but may be particularly salient for women.
Lived Experience	**Involvement** of women with lived experience in design and delivery of services and policies.
Understand	More longitudinal work and more in-depth qualitative work (to **understand** women's experiences) inc links with child protection/social work.

SLWG formation

Following discussion around DRDs in women at the Drugs Death Task Force meeting in February 2021 a decision was made to set up a short life working group (SLWG) to further explore the key themes and recommendations from the literature and consider the practical application of these. The group met monthly from March 2021.

This report sets out recommendations based on the expert opinion within the group and the papers described.

This report will use the term 'women'/'woman' throughout but it is important to highlight that it is not only those who identify as women who may require access to these services. When considering gender in the development of policy and services, particularly 'women only' services, caution must be taken not to exclude or disadvantage trans and nonbinary people. Services should be inclusive and responsive to individual needs. This was something the group were acutely aware of and it was recognised that further specific focus on this is required, beyond the scope of this group.

When considering and developing a gendered approach care must be taken not to divert attention away from men who still who still remain at the highest risk of death. Many of the recommendations in this report will be of benefit to both men and women.

Group aims

To draw on the expert knowledge and experience within the group in order to:

- Consider the key themes arising from the reports and members experience.
- Review the suggested recommendations and develop additional ideas and actions where appropriate.
- Explore the implications of these recommendations for policy and practice.
- Discuss examples of existing work that helps to meet the identified needs and possibilities for further progression/expansion.

- Formulate ideas for the implementation of the recommendations.
- Draw on the valuable lived experience of group members.
- Be implementation and solution focused.
- Present actionable recommendations to the Drugs Death Taskforce which can be presented to Government and other partners.

Membership

Susanne Millar – Chief Officer, GCHSCP, with responsibility for community health and social care services across children and families, adult and older people services, previously chair of Glasgow City ADP. Susanne has a particular interest in gender specific responses to women with complex needs. Member of phase one of the DDTF and the virtual team.

Rowan Anderson - Corra Foundation. Corra Foundation is an independent grant funder. Rowan leads Corra's funding programmes around drugs and alcohol, which includes "in-house" grant programmes as well as Scottish Government contracts (Challenge Fund and DDTF Innovation Fund for example). She is also a member of PRAXXIS women, a collective of women determined to improve outcomes for women affected by drugs.

Adrienne Hannah - Team Leader of the Sexual Health, BBV and Harm Reduction team at Scottish Drugs Forum (SDF). The team's remit is to improve the sexual and reproductive health of women and other vulnerable populations who use drugs, as well as reducing their risk of acquiring blood born viruses.

Karyn McClusky – Forensic psychologist. Chief executive of Community Justice Scotland. Formerly the director of the Violence Reduction Unit. Member of phase one of the DDTF and the virtual team.

Iona Colvin - Chief Social Work Adviser to Scottish Government. Previously Director of Social Work, Director of Health and Social Care and Integrated Joint Board Chief officer in North Ayrshire. Previously in Glasgow City drug and alcohol services including as joint general manager for integrated addiction services. Member of phase one of the DDTF and the virtual team.

Emily Tweed – Clinical Lecturer in Public Health, University of Glasgow and NHS Greater Glasgow and Clyde. Public Health doctor with an interest in health inequalities; currently undertaking research at the MRC/CSO Social and Public Health Sciences Unit on the health of people with overlapping experiences of homelessness, opioid dependence, involvement in the justice system, and/or severe mental illness.

Louise Bowman - Senior Development Officer in the Harm Reduction team at SDF. Researching vulnerable populations who use drugs (Women involved in transactional sex, women who use substances during pregnancy). Delivering workforce training on BBV and Sexual Heath (Vulnerable young people and Women who use drugs). Coordinating cervical screening pilot for women who use drugs with SH Fife.

Tracey Clusker - Clinical Lead, MAT Standards, Scottish Drug Death Taskforce Scottish Government. Tracey is a Mental Health nurse currently on secondment to the Scottish Government to support local areas across Scotland with the implementation of the MAT standards.

Claire Longmuir – National Policy and Practice Lead (Harm Reduction) for Simon Community Scotland with a remit to develop policy, training and workforce development around harm reduction within homelessness. Member of Women's Harm Reduction International Network.

Patricia Colligan - Simon Community Scotland, Women's Only Services. Member with lived experience.

Linda Lothian – Peer research volunteer. Having had recent living experience of substance use, Linda joined the group to help other women.

Lucy Hetherington – Scottish Clinical Leadership Fellow, Drugs Death Taskforce (DDTF) Support Team, Scottish Government. Palliative Medicine doctor undertaking a leadership fellowship with Scottish Government. Lucy's main focus has been around promoting holistic integrated care for those with multiple and complex needs.

Fiona McKinlay – Policy adviser. Children and Families, Scottish Government.

Lauren Ross – Policy officer, DDTF support team, Drugs policy, Scottish Government.

Katarzyna Nowak - Policy officer, DDTF support team, Drugs policy, Scottish Government.

Links to existing work/workstreams – to ensure policy coherence

- The Promise
- GIRFEC
- Work to establish a National Care Service
- The National Trauma Training Program
- Stigma Charter and Stigma Strategy
- Rights, Respect and Recovery
- Many policy areas including - Women's Health, Children and Families, Unscheduled Care, Alcohol, Mental Health, Justice, Housing, Equality.
- Housing First
- Residential rehab working group
- MAT standards
- Long-acting buprenorphine group
- Whole Family Approach (Neil Hunter)
- Staying Alive in Scotland resource (Scottish Drugs Forum)

Summary table of recommendations

Please see attached document for a summary of the recommendations. These recommendations build on some universal principles which should underpin Scottish Government actions and the work of all services supporting women who use drugs and their families.

UNIVERSAL PRINCIPLES

- A gender informed or gender sensitive approach should be taken in the development and evaluation of all policies, strategies and services.
- All relevant parties should be encouraged to engage fully with Equality Impact assessments (EQIA's) so that policies, projects and practices seriously consider impact of gender and parenthood alongside other protected characteristics.
- Take a 'trauma informed lens' to all new and existing policies and practice; particularly considering the high degree of trauma and adverse experience faced by many women.
- Care should be taken to avoid over medicalising/labelling trauma and grief as a mental health condition or personality disorder. This can increase stigma.

- Recognise and take a compassionate view of the impact of trauma and adverse experiences on women who use drugs; including the impact this may have on engagement in services.
- Care must be taken to recognise that not all women have the same experiences; flexibility, variation and individualised care will be essential in meeting all needs.
- Capitalise on all possible interactions with the healthcare system in a bid to create positive associations. For example, view obstetric care and A&E attendances as valuable opportunities to offer support and signpost
- Services and care should be unconditional. Failure to attend should not exclude people from services. Enforced contraception should never be a prerequisite to accessing treatment or care.
- Specific targeted anti stigma work around issues faced by women who use drugs. A culture change within services is required to create systems and environments that are not only stigma-free, but challenge stigma against women.
- Lived and living experience must be sought from women as well and men. Measures should be taken to ensure that there is a diversity of experience represented including mothers. Where possible there should be flexibility to allow women to contribute alongside their parenting responsibilities.
- Those offering their lived experience should be supported in the role and provided with the opportunity to debrief, recognising the trauma and distress the role may evoke. Financial remuneration is encouraged
- When developing and extending workforce capacity, measures should be taken to ensure a gender mix.

Full recommendations

Commonalities, gender mainstreaming and women's services.

Recommendations from the 2018 paper

The policy response should recognise the commonalities between men and women who use drugs as well as the differences.

A gender informed or gender sensitive approach should be taken in the development of all policies. Considering from the outset the diversity of experience and needs among women who use drugs.

Adoption of 'gender mainstreaming' practices in substance use policy and practice.

Systematic and meaningful consideration should be given to the implications for both women and men when developing, implementing, and evaluating changes in policy and practice, with a view to promoting gender equality.

Thoughts of the group

The group were spilt on thoughts around commonalities and mainstreaming. Whilst the group agreed with the recommendations from the paper there was a feeling that this was, to a degree, idealistic. For generations women have lived with systemic disadvantage in a healthcare service predominately designed by men, for men. Drugs services are the extreme of this. In many cases the women requiring these services have also experienced trauma and multiple disadvantage which can present further barriers to accessing services; especially those designed with men in mind. The group were therefore overall supportive of further development and provision of 'women only' services and spaces whilst

also continuing to ensure that mainstream services are safe an accessible to women and that a gender informed approach is taken in all policy development.

The group discussed many examples of excellent small scale and often 3rd sector Women's only services. This included 'Tomorrows Women Glasgow'.

There are however no examples of these services being up-scaled more widely. Barriers to this are felt to include funding; with recognition that these services often save money in the long run but that these savings may be indirect and are seen across multiple different sectors and therefore hard to quantify.

Recommendations

A gender informed or gender sensitive approach should be taken in the development and evaluation of all policies, strategies and services. Considering from the outset the diversity of experience and needs among women who use drugs.

Consider a literature review to help gather evidence of 'what works' in effective gender mainstreaming.

All relevant parties should be encouraged to engage fully with Equality Impact assessments (EQIA's) such that policies, projects and practices seriously consider impact of gender and parenthood alongside other protected characteristics. Similarly, gender should be specifically considered in evaluation. Commissioning and funding requirements should be used to ensure this is done.

When evaluating DDTF projects and implementation of the MAT standards the impact on women should be specifically considered.

Develop and upscale women specific services. Consider a showcasing/engagement event where women's services (previous and present) can present their work, share learning, consider opportunities to upscale and discuss possible barriers. Dedicated funding would be beneficial as well as a strong focus on evaluation and wider cost efficacy.

Work with wider policy areas in Scottish Government as well as relevant stakeholders to ensure that work to develop 'women only' services and gender mainstreaming does not increase exclusion of trans and nonbinary people. Services should be inclusive and responsive to individual needs.

Trauma informed

Recommendations from the 2018 paper

The literature supports trauma and psychologically-informed services, which recognise and respond to previous experiences of adversity and their ongoing influence on people's circumstances and engagement with treatment.

The key characteristics of this approach are trauma awareness; establishing safety, trustworthiness, choice & collaboration; building of strength and skills; integrated counselling.

Thoughts of the group

The group are strongly supportive of a trauma informed approach and the existing work of the National Trauma Training Program and the MAT standards. Recent advances in this area are very welcome. They feel it could be further improved by specifically addressing the unique needs of women who use drugs in a dedicated module.

The group were also very supportive of the inclusion of a trauma informed approach in the MAT standards. Further work to embed and maintain a trauma informed approach; and inclusion of lived and living experience when evaluating trauma informed approaches and services is vital.

The group recognised that previous trauma can be a significant barrier to attending services. As part of being trauma informed services should not exclude people from accessing their care due to previous failure to attend.

Recommendations

Services should recognise and take a compassionate view of the impact of trauma and adverse experiences on women experiencing drug use, including the impact this may have on engagement in services. A specific module considering the impact of trauma and adverse events on women who use drugs would be beneficial.

Work with partners and the National Trauma Training program to develop trauma-informed workforce and services, which recognise and effectively respond to the impact of trauma, including adverse childhood experiences (ACEs).

Cross-sectoral collaboration; including across drugs, homelessness, justice, mental health, education, and children's services; to support and promote a whole system approach to trauma informed practice. This approach could be supported by the cross-government Multiple Complex Needs (MCN) Network and by the Ministerial Implementation Group.

Work with partners to deliver and embed trauma-informed and trauma-responsive policy and practice within drug and alcohol services. We support current plans for this which are being taken forward by the Trauma team within the Mental Health directorate joint with drugs policy. We would encourage this work to specifically consider the unique impact of trauma on women using these services.

Consider ways to embed a trauma informed approach and create a positive cultural change beyond mandating demonstration of competencies, and include in implementation and evaluation. When implementing and evaluating a trauma informed approach the experience of service users should always be sought.

Take a 'trauma informed lens' to all new and existing policies and practice particularly considering the high degree of trauma and adverse experience faced by many women.

Cautions

There are some concerns that there may be a deficit in psychology services/support services required to best support those with needs identified through improved trauma training and awareness. There were mixed thoughts in the group related to this with some members suspecting that clinical staff may worry about identifying trauma but then not having the ability to refer the service user for further support. Others felt that being trauma informed is more about being present and recognising the implications of trauma without necessarily delving into it or feeling the needs to 'fix' it.

Holistic and integrated

Recommendations from the 2018 paper

A more co-ordinated and holistic approach across substance use treatment, mental health, physical health, and social support (including housing, employment, legal and financial advice).

Elements of this approach might range from workforce training, multidisciplinary meetings, and robust referral pathways to a holistic approach to treatment eligibility and thresholds and greater integration of services.

- Assigned keyworker and individual casework approach
- Access to range of services relating to health, social care, housing, welfare rights, immigration.
- Immediate crisis support.
- Parenting support, childcare, support around social service involvement.
- Structured activities to reduce social isolation.
- Opportunities for education and training, incl. voluntary work.

Thoughts of the group

The group are highly supportive of a holistic approach. It was recognised that there has been significant progress recently to support and encourage a holistic approach through the work of the DDTF, especially the MCN group.

There was recognition of the valuable role of key workers and peer navigators. It was recognised that women may prefer a female worker. A holistic approach is likely to benefit all service users but women in particular may benefit due to parenting responsibilities, housing and safety needs and medical requirements.

The group feel that women in particular gain a lot of benefit and holistic support from being in peer groups. The Peer Recovery Network was discussed as an example.

Recommendations

As part of existing programmes to enhance peer navigator and advocacy capacity, measures should be taken to ensure a gender mix. These navigators and advocates should be appropriately trained, including in gender needs; and supported in their role and legitimacy.

Where possible an assigned keyworker and individual casework approach should be taken. Recognising the individual's needs, wishes and priorities including parenting and childcare. Continuity of care is vital in ensuring consistency and the development of trust. Staff retention is vital in achieving this.

Women should have access to a worker they feel comfortable with including access to a female worker if preferred.

Provision of both outreach and in-reach models including one-stop-shops with decisions being led by the women themselves. There should be clear explanation of staff roles and what services/support can be offered and how that can be provided going forward.

Take measures to ensure silos in policy and practice are broken down resulting in greater integration of services and support. We support plans for a MCN Networking group and welcome the Ministerial Implementation Group to facilitate this. We would encourage these groups to actively consider the needs of women alongside other vulnerable groups.

Peer groups should be promoted and supported. This could be enabled through The Grassroots Fund. Peer groups would benefit from access to advisory support including with safety and governance.

Ensure the workforce is trained in the importance of holistic care and how to access necessary supports such as health care, social care, housing, welfare, immigration support, crisis support, parenting and childcare support. Provision of this training in cross-sector groups would help further mutual understanding of each other's roles, systems and challenges.

Access and Provision

Recommendations from the 2018 paper

Ensuring adequate provision of and access to low-threshold services and crisis provision, to support those at especially high risk of drug-related death and those less able to engage with specialist services or recovery-oriented approaches.

Enhancing the provision of employability, education, training, and volunteering opportunities, to address the boredom, social isolation, and lack of opportunities many women (and men) encounter when attempting to reduce or cease drug use.

Thoughts of the group

The group agreed with the recommendations of the paper and also felt it important to capitalise on all interactions with health a social care in order to create positive connections, generate trust and increase engagement. Group members with lived experience talked of negative experiences in crisis situations, including A&E, which reduced their confidence in professional help.

The group described a degree of fatalism among women who have been systemically let down and abandoned by services repeatedly over years resulting in loss of hope and trust. An emphasis on actively 'selling' services to women at all opportunities; creating connection, trust and relational links.

The group noted that women are particularly likely to be in position of power imbalance and may not be in control of the purchase or administration of the drugs they use. For these women there will be further barriers to harm reduction or treatment services and safety concerns when attempting to seek help. Uncertainty about treatment pathways and accessibility/availability of services can add further anxiety and barrier. There was also a concern that limited provision shifts the dynamic between the service user and provider into one where the woman may feel they need to 'beg' for services, furthering a power imbalance. A significant disparity between this and the cohesive systems with clear treatment pathways and timeframes seen in other long-term conditions and cancer care was highlighted.

It was recognised that maternity care and interactions with social services are times where difficult to reach women may engage with services and they therefore present an opportunity to create supportive relationships.

Access to sexual health and reproductive services was discussed including how drug and alcohol services could help enhance or support access. The majority of the group strongly advocated for the provision of reproductive education and delivery of long-acting reversible contraception (LARC) in all possible settings including drug and alcohol services but also considering other services vulnerable women may access such as housing and mental health services. The group advocated for this being offered within a framework of reproductive choice, autonomy, and respect. The group were strongly opposed to contraception being a prerequisite to treatment or care. There was a suggestion that some women may be affronted by reproductive planning being discussed in drugs services. However it was felt when done sensitively, with a focus on individual choice and respect, discomfort could be avoided. Lived/living experience could be sought for further consultation around this.

Recommendations

Promote access to meaningful structured activities; providing opportunities for peer engagement, education, training, voluntary work and thus reducing social isolation. Where possible this should draw on existing groups and resources to aid community integration. There may be possibilities to evaluate the impact of this in the East Ayrshire 'One stop shop' project funded by the DDTF MCN group. It would be particularly helpful to consider cost efficacy; recognising that more meaningful and structured activities can be more expensive but are likely to have significant added benefit which could be difficult to quantify.

Services and care should be unconditional. Failure to attend should not exclude people from services.

Explore existing provision of outreach support to those who have experienced a non-fatal overdose. Consider if this is meeting the needs of women and how it could be developed and expanded. This should include assessing for known risk factors and arranging appropriate support. Factors to particularly consider in women should include; childcare proceedings, childcare responsibilities; screening for possible coercion and domestic abuse; bereavement; trauma and a mental health screen.

Reproductive planning education and provision and delivery of LARC should be available through outreach or embedded services including within drug services. Also consider provision in other services attended by vulnerable women, such as mental health or housing. Women should be enabled to make an informed decision within a framework of reproductive choice, autonomy and respect.

Contraception should never be a prerequisite to accessing treatment or care.

Family sensitive

Recommendations from the 2018 paper

The paper recommended child- and family-sensitive treatment services, and support for family relationships. Such approaches would recognise the importance of family relationships and parenting to recovery and harm reduction, and might include options which make childcare arrangements easier (for instance through suitable timing and location of appointments, including home visits), residential treatment services which support family integration, and support for parenting and re-establishing family relationships.

Thoughts of the group

The group recognised a wealth of positive work in this field. In particular, The Promise report (independent care review 2020), Getting it right for every child (GIRFEC) and The United Nation's Convention on the Rights of the Child (UNCRC). The Promise describes the pressure that women who use drugs may face within statutory children's services and may result in women disguising their drug use due to fear of intervention.

Discussions around the unique position of women in the family and the added difficulties this may cause in terms of accessing services were prominent in the group. It was recognised that individualised care and a whole family approach is vital in supporting women and their families.

Fear of children being taken into care was recognised to be a significant barrier to accessing services. The group strongly feel that women should be supported to feel safe to access services without unnecessary fracturing of families. They should be actively supported to keep their children and thrive as parents wherever possible. The group very much advocate for keeping families together and recognised that women who use drugs can be good mothers.

The group highlighted that a lot of literature and leaflets about substance use were written with men in mind and didn't consider implications on women and families. It was discussed that literature to help children and families understand drug use better, akin to that available in other conditions such as alcohol dependency and cancer, would be beneficial. Members with lived experience felt it would help maintain better relationships with family and children.

A group member talked of women with children being at significant disadvantage when collecting their opiate substitution therapy. Not wanting to take their child into the Pharmacy in order to protect and shield the child and avoid stigmatisation but equally not wishing to leave them outside. It was felt that more should be done to make medication collection family friendly and free of stigma.

Recommendations

Align with The Promise, UNCRC and GIRFEC (Getting it right for every child). Work around drugs policy should actively work with The Promise team and stakeholders to ensure implementation of its principles and recommendations in drug treatment. Alignment with these policies is also critical in the commissioning and design of services at local level.

Take an individualised approach, recognising the importance of maintaining family relationships and parenting responsibilities. Services should consider how they can best support and work with women including appointment location, timings, methadone collection options, women's safety and options for home visits. Digital contact and telephone calls, where possible, may be preferable.

With regards to rehabilitation; services which support family integration (either in a dedicated facility or through community support) should be explored and supported. Both models should be flexible and responsive to the individual with the opportunity for intensive support as needed. This family inclusive approach should not disrupt their role as caregivers and should limit the potential disruption to their children's lives. This has been fed back to the Residential Rehabilitation group.

Engage with children, young people and families to identify what their information needs are when family members are affected by drug use, and commission tailored resources accordingly. Draw on existing resources available for alcohol use and other long-term conditions.

Encourage collaborative working between social work and ADPs and consider joint training to help them understand each other's role, its demands and to better understand the challenges patients face.

The group welcome plans to improve access to long-acting buprenorphine which can be a helpful option for some women. Methadone may remain the preferred choice in many circumstances and measures should be taken to support women with children to access their opiate substitution therapy in a child friendly environment within services.

Enhanced support

Recommendations from the 2018 paper

Enhanced support at specific times of vulnerability, such as bereavements and loss of child custody.

Additional assistance for individuals with benefits, housing, and legal issues, to help mitigate challenging financial and social circumstances - particularly those associated with welfare reform. These might usefully be delivered through integration or co-location with drug treatment services and in other healthcare settings

Thoughts of the group

The group recognised that women can experience loss of hope and a feeling of worthlessness when they are bereaved including through losing a child/children to care or the loss of a loved one; including drug related deaths in friends and acquaintances. Particular attention dedicated to supporting women during these periods of extreme vulnerability was seen as a priority. There was recognition that drug related deaths following bereavement/loss of children to care may be intentional.

Children and Families policy in Scottish Government are currently proposing funding (Pathfinders Fund) to better support families who are at risk of losing their child(ren) to care. This is particularly focussed on helping young women and those from areas of deprivation. It aims to continue to support women even after loss of children, something the group would strongly support. We would also advocate for family decision making where possible during social work proceedings such that women can be involved in decision making and feel empowered.

Recommendations

Measures should be taken to enhance support at specific times of vulnerability, such as pregnancy, release from prison, bereavements and loss of child custody. This will require cross policy working.

Work with partners/cross policy to ensure that women/families undergoing childcare proceedings feel cared for and supported both during and after the process. Recognising the bereavement experienced following loss of custody. Ensure close working with Children and Families policy and ensure that the needs of women experiencing drug use are considered in proposals aiming at supporting those at risk of losing children to care (pathfinders fund). Support should be provided for these women in their own right, and not be withdrawn in the event they lose custody.

Capitalise on all possible interactions with the healthcare system in a bid to create positive associations. This will require training of the wider workforce. For women in particular obstetric care and A&E attendances should be viewed as valuable opportunities to offer support and signpost.

Explore the existing provision of specialist supportive services for expectant and new mothers who use drugs/have complex needs. Consider how this might be bolstered and where possible integrated with drug services.

Scope out services that aim to support peers following drug related deaths. Consider what could be done to better support people at that vulnerable time and how helping at that time could create positive connections and develop trust.

Mental Health

Recommendations from the 2018 paper

Given the relatively high prevalence of concurrent mental health conditions among women (and men) who use drugs and their association with drug-related death risk, interventions in this area may hold promise. Approaches mentioned in the literature include psychosocial interventions, intensive case management, assertive community treatment and – as described above – greater integration of substance use and mental health treatment services (Brentari, 2011, Luchenski, 2017).

Thoughts of the group

Mental health conditions are more prevalent in women. Any interventions made to improve links between mental health and drugs services would be welcomed. In particular the group supported the

use and expansion of Distress Brief Intervention; case management/key worker support; improved integration of mental health and substance use services; 'no wrong door approach'; staff training on the impact of mental health, trauma, adverse experience on substance use and recovery.

The group described that neurodiversity can be more prevalent among those who use drugs and that it is frequently under-diagnosed, especially in women. Neurodiversity refers to variation in the normal human brain and includes conditions such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia and dyspraxia. The group discussed that training on neurodiversity including recognising different conditions and how that might impact on an individual's drug use and interactions with services would be beneficial.

Holistic support is vital. We should be considering 'what happened to you?' not 'what is wrong with you'. Women should feel supported, valued, seen, connected, included and be treated with compassion. Group members described cases where women were labelled as having a personality disorder or mental health condition, when really what they were experiencing was trauma and grief; and what they needed was compassion and support.

The group welcome the rollout of Mental Health Assessment Unit hubs and provision of peer navigators within these services.

Recommendations

In addition to 'no-wrong-door' approach, consider lower threshold access to Mental Health (MH) services if co-occurring substance use; recognising the added risk and vulnerability.

Promote colocation of MH and substance use services. There will be opportunity to evaluate this through MCN group projects and MAT standards implementation.

Ensure staff involved in drugs services are trained in mental health and neurodiversity including in referral pathways.

Avoid over medicalising/labelling trauma and grief as a MH condition or personality disorder. This can increase the stigma.

Stigma

Recommendations from the 2018 paper

Addressing stigma and marginalisation, which remains a universal problem among people who use drugs but may be particularly salient for women.

Thoughts of the group

It was agreed that the impact of stigma may be particularly important for women. Due to societal norms and expectations those who are mothers are likely to face added stigma. Stigmatising attitudes can be held by service providers as well as peers, family members and wider society. This can make it significantly harder for women to be honest and open, seek help and access treatment.

Women involved in transactional sex are doubly stigmatised. They may fear criminalisation due to their involvement in transactional sex as well as their drug use.

There were discussions about wider structural violence faced by women going beyond stigma to systems and sociological issues including poverty and criminalisation. It was considered that preventative work to support women would be beneficial and shift away from crisis prevention.

Recommendations

Link with DDTF stigma strategy and stigma charter and ensure the impact of stigma on women is considered.

There is a need for specific targeted anti stigma work around issues faced by women who use drugs. A culture change within services is required to create systems and environments that are not only stigma-free, but challenge stigma against women. Education and training for staff will be vital in developing this. Support and information for families of those use drugs would also be beneficial.

Lived Experience

Recommendations from the 2018 paper

Involvement of women with lived experience in design and delivery of services and policies.

Recognising that wider efforts to engage service users have not always succeeded in reaching women and that women who use drugs have a diversity of preferences and needs (Hankins, 2008, European Monitoring Centre for Drugs and Drug Addiction, 2017a).

Thoughts of the group

The group are supportive of recent efforts to incorporate and value lived experience in the development and evaluation of policy and practice. There is however the potential for this to be dominated by men and care must be taken to ensure a gender mix. The group also recognised that mothers of young children may have time, family and financial pressures that reduce their capacity to take on such roles and thus their voice may not be heard.

Whilst there were members with lived experience within the group, we were not able to seek wider engagement in the limited time frame. This is an area requiring further engagement.

Recommendations

Lived and living experience must be sought from women as well and men. Measures should be taken to ensure that there is a diversity of experience represented including mothers. Where possible there should be flexibility to allow women to contribute alongside their parenting responsibilities.

Those offering their lived experience should be supported in the role and provided with the opportunity to debrief, recognising the trauma and distress the role may evoke. Financial remuneration is encouraged.

Care must be taken to recognise that not all women have the same experiences; flexibility, variation and individualised care will be essential in meeting all needs.

We would advise further engagement with lived experience and services to help understand the diverse needs of women. This may involve focus groups or engagement events with key stakeholders; women who use drugs, families affected by drug use and their support services.

We would particularly advise engagement with women around:

> Their experience and wishes around ‘women’ only service vs. mainstream services and how these services could be improved.
>
> How services could be family sensitive.
>
> Barriers to treatment and how these could be overcome.

Provision of sexual and reproductive health services within drug and alcohol services.

As detailed earlier we recommend a showcasing/engagement event. Lived and living experience should be incorporated into this event.

Workforce focus groups/engagement would also be valuable in seeking experience of those closely involved in supporting women. This should include a mixture of staff working in drug services, children and family social work, criminal justice social work, mental health services, childcare, education, sexual and reproductive health, housing, primary care and advocacy.

Develop further understanding and evidence

Recommendations from the 2018 paper

More in-depth qualitative work to understand women's experiences and the risk of drug-related death would be beneficial, particularly in relation to:

- The intersection between gender, substance use, and welfare reform.
- Missed opportunities or unmet needs in treatment services.
- The impact of changes to drug treatment services, and wider health and social care services.
- Gender aspects of naloxone supply and administration
- Does polysubstance use differ based on gender
- Further investigation of the relationship between child protection/social work involvement and women's vulnerability to drug-related harms.

Thoughts of the group

There were a number of areas felt to require further research and understanding as detailed already in this report and summarised below.

Recommendations

Commission a literature review to help gather evidence of 'what works' in effective gender mainstreaming.

More longitudinal work and in-depth qualitative work to understand women's experiences including links with child protection/social work.

Scope out the evidence for 'women only' services; assess the availability of, and the demand for, these services. When doing this consider how these services can be supported without excluding trans or non-binary people or negatively impacting the experience of men who are still in great need of services and support.

Engage with children, young people and families to identify what their information needs are when family members are affected by drug use, and commission tailored resources accordingly. Draw on existing resources available for alcohol use and other long-term conditions.

Explore the existing provision of specialist supportive services for expectant and new mothers who use drugs/have complex needs. Consider how this might be bolstered and where possible integrated with drug services.

Scope out services that aim to or have the potential to support peers following drug related deaths. This may include peer support networks, third sector services, housing services etc. Consider what could be done to better support people at that vulnerable time and how helping at that time could create positive connections and develop trust.

Workforce training and support

Thoughts of the group

In order to meet the needs of women services need to be safe, trauma informed, free of stigma, full of compassion, advocates for service users, supportive of parental responsibility and trained to identify and support those experiencing abuse or power imbalance. Appropriate education and training is vital to this.

In order for staff to be compassionate advocates for women and women's rights they themselves will require a supportive workplace with emphasis on wellbeing, resilience, openness, growth and development. Staff retention is vital to continuity of care and development of trusting relationships.

The group felt that delivering training in cross-sector groups may help colleagues from different sectors to understand more about other services, roles and the challenges faced by women who access their services. This will help build collaborative working, understanding, knowledge, compassion and reduce stigma.

Recommendations

Those working with women experiencing substance use either directly or indirectly should be trained in trauma informed care, stigma, women's rights, holistic care, to recognise power imbalance and domestic abuse, barriers to engagement, mental health conditions and neurodiversity. They should also know how to access necessary supports such as health care, social care, housing, welfare, immigration support, crisis support, parenting and childcare support, sexual and reproductive services and mental health services. Each ADP service should have a list of services that can be accessed in their local area and how to access them.

Facilitate training in cross-sector groups where possible.

Workers and volunteers should have adequate access to training and supervision with opportunities to debrief in both one-one and group settings. Schwartz rounds are a positive example of this and can be a useful opportunity for staff across all disciplines to reflect on the emotional impact of their work.[4]

Information and resources

Thoughts of the group

Much of the available resources and information sources for those experiencing drug use are written with men in mind. This can be very disempowering for women, adds to the stigma, and results in a lost opportunity to connect with and support women.

Women may be ostracised by their family or loose contact with their children due to drug use. There is a lack of information and support available for family members to help them understand the complexities involved in drug use.

Recommendations

When developing information sources and resources for those who use drugs and their families care should be taken to ensure that information is gender neutral or that where gender specific information is needed both men and women are considered.

Dedicated information and support for families, especially children, that takes a compassionate view of substance use may help families to stay connected and better understand the complexities of drug use.

References

1. Why are drug-related deaths among women increasing in Scotland? - full report - gov.scot (www.gov.scot). Summary report available at Why are drug-related deaths among women increasing in Scotland? - research findings - gov.scot (www.gov.scot)

2. Emily J. Tweed, Rebekah G. Miller, Joe Schofield, Lee Barnsdale & Catriona Matheson (2020): Why are drug-related deaths among women increasing in Scotland? A mixed methods analysis of possible explanations, Drugs: Education, Prevention and Policy. https://doi.org/10.1080/09687637.2020.1856786

3. Drug-related Deaths in Scotland in 2019 | National Records of Scotland (nrscotland.gov.uk)

4. Schwartz Rounds | The Schwartz Center