

## Executive Summary: A Womanifesto

The Women's Treatment Working Group is a group of women in leadership roles, working together to improve support for women affected by drug and alcohol use. We come from both specialist and mainstream services and are united in challenging inequality and enhancing services for women. We are committed to learning from lived and living experience, and we aim to work alongside women to create real change.

### Why Women's Treatment Needs a Distinct Approach

Women's experiences with substance use differ significantly from men's, necessitating a tailored response:

- Women comprise **52% of the population** but only **33% of treatment service users**.
- They face **higher rates of childhood trauma and interpersonal violence**.
- **Drug-related deaths** among women continue to rise.
- Women are **six times more likely** than men to have children removed due to substance use.
- They are **overrepresented in maternal deaths**, often linked to domestic abuse.

### Our Recommendations to the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care (DHSC):

#### Recommendation One - Women only spaces and services

**Ask:** Make women-only spaces and services a mandatory requirement for all drug and alcohol treatment providers.

**Rationale:** Women often have histories of trauma and male violence. Single-sex environments provide physical and psychological safety, enabling more effective engagement and recovery.

#### Implementation:

- Women-only groups and drop-ins
- Female key workers by default
- Staff trained in women's issues
- Women-centric health assessments and care plans
- Timely access to women-only residential services
- Policies addressing domestic abuse, menopause, and pregnancy

#### Next Steps:

- Develop strategic approaches and minimum standards for women's services
- Make compliance with these standards a commissioning requirement

## Recommendation Two - Motherhood and maternity

**Ask:** Improve responses for mothers, including those without children in their care.

**Rationale:** Fear of child removal deters mothers from seeking help. One in five women has another child after removal, often facing accelerated proceedings. Stigma and lack of child-friendly environments further hinder access.

**Implementation:**

- Strength-based approaches to keep families together
- Timely, appropriate interventions
- Specialist support for women at risk of child removal
- Trauma-informed, collaborative safeguarding practices

**Next Steps:**

- Share findings from the June 2025 sector-wide safeguarding engagement
- Explore opportunities for system-wide improvement in collaboration with children's social care

## Recommendation Three - Co-designed women's pathway and partnerships

**Ask:** Redesign the treatment system from a woman's perspective, with strong partnerships across services.

**Rationale:** Women face unique barriers and require tailored responses. Generic tweaks are insufficient; a full redesign is needed.

**Implementation:**

- Flexible, trauma-informed access (e.g., outreach, relational approaches)
- Proactive barrier reduction (e.g., childcare provision)
- Co-designed services with women
- Strong partnerships with women's centres, domestic abuse and sexual violence (DASV) services, and sexual health providers

**Next Steps:**

- Commissioning areas to map women's treatment journeys
- Identify missed opportunities and key local partners
- Ensure women with lived experience are central to the mapping process

## Conclusion

The Women's Treatment Working Group calls on OHID to co-produce a gender-responsive treatment system that reflects the realities of women's lives. Through dedicated spaces, support for mothers, and co-designed pathways, we can build a system that is safe, inclusive, and effective for all women.