



IDENTIFYING ALCOHOL AND DRUG RELATED HARMS AND APPROPRIATE TREATMENT PATHWAYS FOR WOMEN

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Annually, drugs cost society over £19 billion (Black, 2020), and recent years have seen increasing numbers of drug-related deaths (Rae et al, 2022). Alcohol costs a further £14.5 billion in government expenditure to address related issues (Petticrew et al, 2018). Violence associated to the drugs market is apparent (Black, 2020) and alcohol related violence in the night-time economy presents challenges for police and emergency services (McGuire, Evans and Kane, 2021). As such, there is a clear business case for preventing and reducing drug and alcohol related harms. The government Harm to Hope drug strategy includes financial uplift to support frontline commissioned services, but seemingly overlooks women's needs (Page, Bratt and Oldfield, 2023), which are not met sufficiently in practice (Whitemore, Page, Jeffrey and McCormack, 2023). Drawing on our recent research regarding women's lived experiences of drug and alcohol treatment, this article reflects on criminal justice engagement. Gender inequalities within the criminal justice system have a long history, with prejudice from women being perceived as 'doubly deviant' for breaking gender norms (Page, Bratt and Oldfield, 2023) and our recent research indicates more work needs to be done to address women's experiences.

In 2022 and 2023 Staffordshire University and Expert Citizens CIC collaboratively collected data with women with lived experience of drug and alcohol services in the West Midlands (N=28) through interviews and focus groups and with professionals working with women (N=9) through world cafés and via professionals (N=5) at focus groups attended by women with lived experience. Further data from professionals (N=17) through interview and group interview was collected by the Centre for Justice Innovation



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Our research was jointly commissioned by the West Midlands Police Crime Commissioners Office and The JABBS Foundation. A final report 'Exploring women's experience of drug and alcohol treatment in the West Midlands' (Whitemore, Page, Jeffrey and McCormack, 2023) is available via the Centre for Justice Innovation website. The overarching recommendations advocate for:

- A. Treatment services to ensure their offer to women meets four basic standards of 1) appropriate treatment locations, 2) women only group work, 3) same gender key worker and 4) flexible appointments;
- B. Treatment services should expand their capacity to meet women's gender-driven needs by 1) trauma informed care 2) domestic abuse awareness and 3) improving support for women from ethnic minority groups and finally;
- C. Improving the multi-agency response through 1) co-location, 2) access to other recovery services and 3) utilising whole-system approaches.

Essentially, women need gender responsive services with a one-stop-shop approach addressing all needs through trauma sensitive practice. Probation officers might consider co-locating and meeting women at treatment services, whether that be in person, or via Teams link up with a treatment practitioner:

So, if they've missed a couple of probation appointments but they're still engaging with me, I would say, 'Right, okay, come into the office because probation is going to see you as well.' (Specialist women's practitioner)¹

Women found it challenging to attend multiple appointments at multiple locations, on top of family caring or work commitments. Professionals highlighted women may also experience mental health challenges, making it difficult for them to consistently attend sessions. Furthermore, women may have a controlling partner hindering appointment attendance:

If you're being controlled and manipulated at home and you feel unsafe, are you going to feel safe enough to go into a service? Have you got autonomy in terms of making that decision...

Women with lived experience described being victims of domestic abuse and child abuse and many had been in looked after care. Women indicated that CJS professionals ask about whether they have been in looked after care in assessment but were unaware of any action taken in response to this information. For example, there were no follow up referrals and women wondered whether professionals assumed that trauma had been addressed earlier in their lives. However, women in our study mostly said they had not been referred as children to a therapeutic intervention that addressed the trauma (Whitemore, Page, Jeffrey and McCormack, 2023). Often women started drinking alcohol and taking drugs as a form of self-medication to block out traumatic experiences.

¹ All quotes are taken from Whitemore, Page, Jeffrey and McCormack (2023)

We advocate that CJS professionals enquire whether a woman would like to access counselling to address any unresolved childhood trauma. Childhood trauma creates neurological differences demonstrated by dysregulated behaviour (Scott, 2021), which can impact upon adulthood, including reducing life-chances (Hughes et al, 2017). Trauma may manifest in someone reacting aggressively or passively to others. Trauma responsiveness assumes such behaviour is a means of the person communicating that their needs are not being met (Geddes, 2020). As such, punishment for disengagement, or aggressive engagement, may well add to pre-existing trauma. Women in our study talked about prison being trauma inducing and not having opportunity to unpack associated emotions. Trauma might be processed in counselling sessions or through mental health support but many women were awaiting mental health professional referrals and one woman waited several years for her assessment appointment to come through. Women also told us that they had been instructed to address their drug and alcohol consumption before mental health support could be offered. However, women relied upon self-medicating through substances prior to assessment and in early stages of disclosure. As such, professional requests for abstinence before mental health assessment and support is unrealistic. Often women are asked to re-tell their story to multiple service providers, leading to re-traumatisation and creating a driver to using drugs and alcohol to block out pain (Whitemore, Page, Jeffrey and McCormack, 2023). Our research indicates that 99% of the women with drug or alcohol

addictions will have experienced childhood trauma and women need to be worked with in a multi-agency way that encompasses her addictions and her mental well-being simultaneously. Setting up information and assessment sharing protocols would reduce the negative impacts from having to re-tell trauma accounts.

Internationally, leading mental health assessment tools such as the DSM-5 and WHO ICD, cite that drug and alcohol addictions have physical, cognitive and mental health impacts (Page, Bratt and Oldfield, 2023). As such, access to mental health services should be a given. A person's cognitive processing becomes impaired when they become addicted to drugs and/or alcohol and essentially, rational choices pertaining to committing crime when intoxicated is questionable. This belief is acknowledged by the introduction of the 1998 Drug Testing and Treatment Order (DTTO) and associated sentencing guidance mitigations, now replaced by the DRR. DRR groupwork tends to be mixed gender. Women with lived experience and professionals in our research raised concerns that mixed gender groupwork compromised the safety of women:

My experience again of women coming into services, that you do tend to get a lot of predatory males attending services as well. I know over the years it was sort of like a hunting ground. (Drug and alcohol treatment practitioner)

We advocate that CJS community treatment provides opportunity for women only waiting areas and group work, so that trauma needs are better addressed. Women attending women only groups were able to talk about abuses experienced and were seemingly making good recovery progress. Women talked about males targeting the most vulnerable women in the group for relationship purposes and then requesting engagement in sex work to cover both of their addiction habits. McCormack and Fedorowicz (2022) highlight some women experiencing multiple disadvantage, including substance use, engage in 'survival sex' when there is the additional need of housing. With such exploitative practices taking place, mixed gender services present clear safeguarding concerns.

Professionals indicated that most women in their caseloads were court ordered to engage in treatment either through criminal court, or through child protection plans. When ordered to attend a women's only service, women reported feeling anxious upon nearing the end of their licence conditions because support instantly ceased due to CJS funding parameters. We recommend that commissioners consider continuity of care to support crime desistance beyond the life of an Order. Women who had been incarcerated reported feeling vulnerable and unsafe and less likely to disclose in treatment, and several women reported positive prison treatment experiences. Professionals talked about how women found it easier to get an opiate replacement prescription inside prison and it was implied that women might reoffend to get incarcerated to access medication. However, women said that 'through the gate' support was poor and their recovery progress was hindered

when community appointments and helplines were difficult to access. Women and professionals noted that some professionals treated women with disdain and not dignity.

When treatment was part of a child protection plan, women felt fearful about losing their children. Our research found women accused by social services of child neglect often resulted in child removal, which left the women bereft and traumatised (Whitemore, Page, Jeffrey and McCormack, 2023). One woman was referred to bereavement counselling to process grief from child-removal and said this had been helpful. More attention is needed to help women to process child-loss because it can stimulate increased drug and alcohol consumption.

In conclusion, women in our study seemingly make good addiction recovery progress in women only services that attend to holistic needs regarding addiction, mental health, trauma and domestic abuse. Punitive responses from criminal justice professionals may be aggravating trauma and associated addictions. Being more trauma responsive and working collaboratively with support services could have significant positive impacts upon women that ultimately assist desistance from crime.

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