

Recognising that men and women have different experiences in a society that is shaped and structured by gendered relationships helps to understand why these patterns might arise, and what the implications for effective recovery support might be:

*“There is a high propensity towards cocaine dependence for women who have suffered trauma, such as childhood sexual abuse. This trauma tends also to pre-dispose them towards abusive relationships. There is recognised research to substantiate this, yet services such as residential rehab which integrate approaches for both drug dependence and trauma are extremely rare.”* St Mungo's Complex Needs Manager

In summary, the submissions show a clear need for more female specific complex needs services. Further, the design and delivery of these, and other services, must recognise the important role that gender plays in women's experiences of substance use and homelessness.

### Services showcased included:

- **Addaction's** City-wide substance use treatment service for women who are pregnant or have very young children in Glasgow
- **EACH's** culturally sensitive and gender specific services designed to meet the needs of Black, Asian, Minority Ethnic and Refugee (BAMER) communities, addressing substance use, mental health and domestic violence
- The **RAPt Women's Substance Dependency Treatment Programme (WSDTP)** for women at **HMP Send in Surrey**. The project's work includes liaison with probation and community agencies to prevent women with substance use issues becoming homeless when they leave prison
- **Blenheim CDP: Eban**, a drug treatment service in Haringey specialising in interventions for stimulant and poly-drug users, and **Evolve**, a Southwark based service for stimulant and cannabis users and their families
- **'The Reaching Out Project'** which **Blenheim CDP** run as part of their **Islington Community Alcohol Service** whose clients include people with mental health needs and those involved in the criminal justice system
- The **Westminster Drugs Project (WDP)** outreach service in Croydon which focuses on various street populations who use drugs and alcohol problematically including those who also have mental health needs
- **Drug and Alcohol Service for London (DASL)** showcased their substance use services provided for women involved in prostitution, a group often at risk of or experiencing homelessness who can be hard to reach for treatment providers.

The fifth theme of the Rebuilding Shattered Lives Campaign – **Women, homelessness and the criminal justice system** – is now open for your submissions of innovations, good practice, case studies and research. We'd also welcome your thoughts on what needs to change to get the right help at the right time to women involved with the criminal justice system who are homeless or at risk of homelessness.

Find out more about the theme and get involved at [www.rebuildingshatteredlives.org](http://www.rebuildingshatteredlives.org)

### Thank you again to all who submitted

If you would like to view all the submissions in full for this theme, please visit [www.rebuildingshatteredlives.org](http://www.rebuildingshatteredlives.org) and click on the substance use theme.

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## Rebuilding Shattered Lives

### Rebuilding Shattered Lives theme round up: Substance use – helping women with drug and alcohol problems

Led by Expert Group member Martin Barnes,  
Chief Executive of DrugScope



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### Introduction

As we move past the mid-point in the evidence gathering stage of the Rebuilding Shattered Lives campaign a number of cross-cutting issues are emerging and it is becoming ever clearer how closely the themes intersect.

The submissions on substance use demonstrate that if we are to meet our objective of identifying how to get the right help to women at the right time, the role of drugs and alcohol in women's homelessness cannot be considered in isolation from, for example, mental health, trauma, sexual exploitation, and women's involvement in the criminal justice system.

This is not to downplay the significance of substance use in many women's experiences of homelessness, quite the reverse. As the **EU-DAPHNE research project** submission reported, over half of female rough sleepers in the UK have a problem with drugs, alcohol or both. Overall, the evidence submitted confirms that substance use must be of central consideration in prevention and recovery from women's homelessness.

The summary of submissions below begins to dig more deeply into the relationship between women's homelessness and substance use, drawing out some key issues and overarching themes.

Thank you to everyone who submitted evidence and all those who have joined the campaign so far.

To view any of the submissions in full, see the website, [www.rebuildingshatteredlives.org](http://www.rebuildingshatteredlives.org) and click on the substance use theme.

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## Summary of Submissions

### Female specific provision

We heard about the pros and cons of single sex versus mixed accommodation and treatment. Some recommended mixed provision; others suggested women only is best.

A number of the submissions highlighted issues that can arise for women within mixed sex substance use services:

*“Sometimes in [drug service], women can be called up by men in the group, saying it is about recovery when really they want to get close and have a relationship or just sex. You have to keep up some barriers in this way to make sure you are not being exploited.”* St Mungo’s Volunteer

*“The one problem being a woman in treatment is men latch on to you. Sometimes women can be exploited when men put them to work begging or selling sex to fund their habit.”* Outside In Women’s Client Involvement Group (OIWG)

Some submissions showcased female specific provision, including services tailored to specific groups of women including women prisoners, and Black, Asian, Minority Ethnic and Refugee (BAMER) women.

Other contributions cited the benefits of mixed provision:

*“We don’t treat women differently in our Community, but their presence has a very civilizing influence on the male residents. They all support one another, but the men are protective towards the women, and helps both build trust.”* Community Leader, Emmaus

Overall the evidence suggests that there is a need for both mixed and women only provision. As one female **St Mungo’s** resident reflects:

*“...it is important to have a balance of women only and mixed environments, I live in a women only accommodation project so I am happy with the fact that the treatment service I go to is mixed.”*

The submission from **Blenheim CDP** offers a practical solution for meeting this need. Their **Eban** and **Evolve** initiatives are both mixed-sex drug treatment services, however within these programmes they provide women only times and spaces for those who prefer a single sex environment.

### Multiple exclusion and complex needs

While we heard from a number of organisations which provide services for people with complex needs and socially excluded groups, a gap identified was the lack of female specific provision for complex needs:

*“In London as far as I’m aware there are two Housing Benefit funded male only treatment centres (ODAAT and Acorn House). There is currently nothing like that for women. This means that women have to go through the funding panel for mixed/female only treatment, which is more of a rigorous process and more lengthy... The treatment model for residential is pretty generic as it is anyway, and is difficult for our more entrenched clients to fit in, more complex needs residential settings are expensive and not on the contracts list in most areas.”* London Complex Needs Worker, St Mungo’s



Another submission identified the need for better joint working among agencies supporting with women with complex needs:

*“[T]here is too little integration of services that address mental health and wellbeing, alcohol with other drugs, housing and social needs, physical health and criminal justice and legal needs. For women in our client cohort, there is a high prevalence of a particular group of problems. However, mainstream services tend to address these needs individually rather than together (if at all) and a single approach is often being pursued, rather than multiple approaches which are harmonised by multi-agency coordination which is often lacking.”* Complex Needs Manager, St Mungo’s.

### Involvement in prostitution

The Griffin Society paper signposted in our literature review explored the impact of homelessness on existing prostitution in Manchester, finding drug use to be a common pathway into both prostitution and homelessness. This relationship was recognised in other submissions, with several organisations showcasing their substance use services for women involved in prostitution.

It is important to note that the relationship between prostitution and drug use is not straight forward – for example, abuse and emotional factors can play an important role:

*“Women can get involved in street sex work and that can reinforce the feeling of being not good enough (I am such a failure, I have lost the power of choice, drugs are dictating my life).... [They put] a barrier up to shield out feelings of sadness and shame. They develop a pattern of behaviour to numb their feelings with drugs.”* St Mungo’s volunteer

This has significant implications for what the right help at the right time might look like.

### Stigma and gender

‘Shame’ was a recurring theme in the submissions. A Complex Needs Manager at **St Mungo’s** wrote:

*“For women, cultural factors make the experience of shame related to use and dependency different. While there are recognised treatment methods to address this for both men and women, they are rarely available to either in substance use treatment services.”*

The submission links these cultural factors – the stigma women substance users face – directly to their gender.

The literature review on women and alcohol consumption unpacks this relationship further. The texts identified that women drinkers are stigmatised partly because their alcohol consumption is perceived as unfeminine and therefore deviant.

The **European Monitoring Centre for Drugs and Addiction** research paper ‘Women’s voices — experiences and perceptions of women facing drug problems’ also illustrates the critical role of stigma, and its relationship to femininity, in the experiences of women who use drugs:

*“Simply I am trying to settle my exterior and interior in the way to give impression of a person, who has never been taking any drugs. I have to confirm and prove myself doubly to be recognised as good, fine young lady”* Drug-using mother, Slovenia.

The report finds that mothers and pregnant women who use drugs face particular stigma, with women’s interests often neglected at the expense of the child or during pregnancy. This is perhaps unsurprising, because of concern over child welfare, and the constituent role of ‘motherhood’ in cultural constructions of femininity: being a ‘good woman’ depends on being a ‘good’ mother.

### Different experiences

A gender informed perspective is also informative when considering the evidence of different patterns of substance use among men and women. **St Mungo’s** Client Needs Survey finds alcohol use to be more prevalent among male clients, and drug use more prevalent among female clients.