

A woman's place? Identifying the needs of female drug users and responses in drug treatment policy and practice

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Abstract

The approach to this research is qualitative. The original purpose of the research was to attempt to establish why some women engage well with services and achieve their care-plan goals, whilst many others recognise that they need intervention and treatment, but refuse to engage with it. However, two major factors emerged during the interview phase, and these re-directed the research to address

the following questions:

- What are the real underlying causes of female drug use? and
- Does the treatment system recognise them and make adequate provision for women?

Findings

- The background of the majority of the women in this research show that disrupted attachment and the lack of a secure base in childhood has led to unsupported peer selection, causing them to be in contact with substance misusers at an early age.
- Post-traumatic self-medication may be a contributory factor to their substance misuse, given that many of the women suffered childhood abuse, and later, relationship problems.
- Women drug users are differently affected than men by multiple and complex, overlapping problems.
- Ninety percent of the women interviewed, who were engaging with DIP, cited their relationship with their case manager as crucial to their continued engagement. (However), practitioners fail to recognise attachment theory as the basis of the therapeutic alliance.
- Female drug users in the research cohort frequently refer to 'pain' both emotional and physical as the main barrier to desistance.
- Drug treatment commissioning appears likely to continue to favour discrete services, separate from the generic health and social care services that women need. The emphasis is likely to remain on substitute prescribing.

Recommendations

Policy

- An addendum should be made to the National Drug Strategy 2008-2018 that adequately recognises the complex and multiple needs of female drugs users and commits to meeting these needs.
- Central Government and the National Treatment Agency for Substance Misuse (NTA) should commit to meeting fully the needs of female drug users, and the practice of directing them into inappropriate, male-oriented, substitute prescribing should cease.
- Timely and focussed research into what really works for female drug users should be commissioned.
- There should be clear direction from the NTA to local commissioners, in respect of the specialist provision that needs to be in place for female drug users and this should be included in annual treatment plans.
- There should be a single outcome framework, where health targets are set nationally, requiring mental health services and drug treatment services to work collaboratively with patients who present with a dual diagnosis of substance misuse and mental ill health.

Practice

- Practitioners who work with female drug users need to have some understanding of the role of attachment in the therapeutic alliance. This could be added to general practitioner training.
- Care planning should include an agreed disengagement plan, wherein the attachment is appropriately transferred to a worker in a mainstream setting, or a mentor, when drug treatment ends. This will reduce the likelihood of relapse.
- Specialist services for female drug users need to be developed. These should take a holistic approach, providing a range of interventions, to meet multiple and complex needs, through a single point of contact. This should be offered in both residential and community settings.
- The practice of directing female drug users into male oriented services, using a 'one-size-fits-all' approach should be phased out.
- The workforce development plan for drugs workers should be expanded, to recognise and promote a specialist role for those who work with female drug users. A specialist qualification should be developed.