



CONFERENCE REPORT

2nd September 2023

Glasgow Grosvenor Hotel

The Scottish Women's Convention
**The Impact of Drugs on
Women and Families in
Scotland**



Agnes Tolmie

SWC Chair

During our event we discussed a very serious subject, drugs and how this has impacted women and their families. 20 years ago, the SWC went out on its own as an independent organisation, and 20 years ago four times as many men died from drug-related deaths than women, however this has now shifted dramatically. Now, men are only 2.4 times as likely to die from drug use, indicating that the deaths of women are on the rise. This highlights how important women's ideas and suggestions are vital in tackling this growing problem. One of the things that is absolutely fundamental about drug deaths in our society, is that people who live in the most deprived areas of Scotland are 16 times more likely to die than those who live in the least deprived communities.

I also asked women to reflect if our current worldview has changed about drugs, are we in a world where the views of 20 years ago still remain, or have we moved on from that? Women's thoughts on these matters are really important so that we can feed this back to the people who make decisions, whether that is to decriminalise, further increase criminal penalties, treat it as a health issue, or are there other alternatives? It may be an uncomfortable subject that people would rather not think about, but I know that where I live that I see it, and I'm sure women across Scotland are seeing it as well. So, we must increase our knowledge of this issue to prevent further deaths and tragedy for women and their families.

5 Key Points & Recommendations

- Substance use must be viewed as a multi-faceted issue, considering how early adversity, poverty and the associated hardships can drive individuals towards drug use.
- Increased engagement with drug users and their loved ones, to ensure future policy developments are person-centred and community orientated.
- A collaborative method between recovery and mental health services, with a focus on safety rather than a zero-tolerance approach.
- Further, long-term investment for community-focused projects, to provide support and education programmes for community members most at risk of drug-related deaths.
- Encourage the implementation of third-party organisations within schools, so that those with lived experience can assist in providing good quality, effective education for young people.

Elena Whitham, MSP

Elena Whitham was appointed Minister for Drugs and Alcohol Policy in March 2023. Prior to being elected as an MSP for Carrick, Cumnock and Doon Valley in 2021, Ms Whitham worked in community youth and homelessness, and ran three businesses as a sole trader, in addition to spending over a decade as a Women's Aid worker in Ayrshire. More recently she served as the Depute Leader for East Ayrshire Council and was also COSLA's Community Wellbeing Spokesperson.



The conference opened with a pre-recorded message from Elena Whitham, MSP. The Minister began by sending her regrets, however reaffirmed her commitment to maintaining women's voices as central to future drug and alcohol policy. She highlighted that women have too often been missing during decision-making, with this being made clear to her while working with Women's Aid. She regularly witnessed services which were not designed with women's needs in mind, and as a result hopes to engrain women throughout service-provision.

- **"...we know that far too often, services are not designed to meet women's needs, and as a former Women's Aid worker, I am all too aware of this, having seen it in practice all too often across services"**
- **"...the voices of women and their diversity of experiences should form part of decision-making processes, at both a national and local level."**

Elena went on to explain that ensuring children and families were properly catered for is integral in providing for women, again, highlighting her time with Women's Aid. She stated that she had often witnessed trauma as a key driver in addiction, and felt that trauma-informed processes, which considered the needs of women and children, were vital in providing improved wellbeing for some drug users. She also felt that this work must be person-centred, while aiming to tackle the intense stigma mothers who use drugs experience.

- **"...as a former Women's Aid worker, I realised, some time ago, that we were seeing an increasing number of women coming into refuges, who were using substances to cope with their trauma."**
- **"It is absolutely crucial that all of the work of the national mission, considers the needs of women and their families."**

Finally, the Minister reflected on how the drug policy landscape must change. Stating that current legislation is outdated and, ultimately, does not save the lives of drug users. Elena referenced recent announcements from the Scottish Government, which focus on the decriminalisation of drug use in Scotland, as well as a focus on evidence-based harm reduction measures. She also explained that the Scottish Government aim to introduce a medical model, with drug use being viewed as a health condition, adding compassion which is too often missing when drug users attempt to utilise services.

- **"...we must acknowledge that our current drug laws have been in place for over 50 years. These laws do not go far enough to prevent drug use, drug-related harms or even deaths."**
- **"In going forward, Scotland needs compassionate, person-centred drug policy"**

“ We need legislation that treats drug dependency as a health condition and allows us to meet people where they are; to offer them the right support. ”

Gill Harmon



Gill has been with Scottish Families Affected by Alcohol and Drugs since 2018. She manages three virtual services and as part of her role she delivers evidence-based approaches of family support. She has seven years of experience, working in an alcohol and drug treatment service in a local authority. Before this she worked with young women experiencing homelessness, trauma and addiction. She is passionate about working with family members and has always felt that families should have the right to their own support, as well as being an integral part of their loved ones recovery. Gill also manages a project called 'My Family, My Rights', which helps women learn about their human rights and how to advocate for themselves.

Our first in-person speaker was Gill Harmon from Scottish Families Affected by Alcohol and Drugs (SFAD). Gill gave an overview of the organisations goals and ambitions, highlighting the important role they play in supporting family members impacted by drugs and alcohol. She explained that often the family members they support are women, who struggle to prioritise their own wellbeing, causing poor mental health and stress. Gill stated that one of the key ways in which SFAD provide this support is through virtual technologies and over the phone. She explained that these methods have been used pre-pandemic and have only continued to grow in importance to families accessing their services.

- **“We give information and advice to many people, and try and build their confidence, improve their communication with loved ones, improve their general wellbeing and link them with local support.”**
- **“...we provide so much support over the phone...it’s quite remarkable the relationship you can build up over the phone.”**

Gill highlighted that often family members who had come forward to access support had often been struggling with a loved one’s addiction for many years. Gill quoted a survey carried out by SFAD in 2021, which found that on average, family members have been harmed by substance use for 16 years, and that it had taken an average of 8 years to reach out for support¹. She explained that SFAD then utilise evidence-based approaches which keep service-users at the heart, to effectively support families. Gill went on to highlight some examples of change which had been facilitated through SFAD’s support, with women explaining the “wee victories” that they had experienced in their everyday life, reclaiming a sense of normality.

- **“It can take us weeks or months of working with a family member for them to begin to consider their own needs.”**
- **“...the wee victories can be life changing. Some examples...are a family member booking a health or dental appointment that they’ve been putting off for a long time, stopping to enjoy a nice view, making arrangements with a friend”**

A further element of SFAD’s work, has been the establishment of their ‘My Family, My Rights’ project, which works to empower families to self-advocate for their human rights. The course was codesigned by family members, and has been highly successful, giving family members the tools to uphold good standards of living for themselves and loved ones. Gill also highlighted that despite being open to women and men, only women had completed this course. As an organisation SFAD have reflected on why this may be the case and continue to strive to ensure all family members affected by drugs and alcohol in Scotland have access to their support services.

- **“A recurring theme in our work is that many families feel that their own, or their loved ones, rights are not being recognised.”**

¹ Scottish Families Affected by Alcohol and Drugs. (2021). Ask the Family! Family Perspectives on Whole Family Support and Family Inclusive Practice. Available at: <https://www.sfad.org.uk/content/uploads/2021/04/Ask-The-Family-Report-March-2021.pdf>

- “...100% of participants feel more able to advocate on behalf of human rights. They felt able to quote guidance and legislation when self-advocating, and they felt heard by services.”

Gill rounded up with what families would like to see put in place for those affected by drugs and alcohol. She had recently asked some service-users what would make a difference to their lives, with there being a focus on joined up working between mental health and reduction services, and an inclusion of family members in decision-making processes. She also stated that ethnic minority women experience heightened levels of isolation, due to cultural barriers and that inclusionary practice was needed. A further key consideration family members had highlighted was hospital discharge processes. Gill stated that families were not always contacted when a loved one was discharged from hospital and that some hospitals discharged addicts while they were still under the influence. Family members believed that if these changes were made, they would experience less worry, have fewer caring responsibilities, improved career options, feel safe and have increased financial stability.

- “In 2023, some of these things seem like quite basic requests...It’s a family member who has managed the risk, and in essence, doing everything in their power to keep that person alive.”
- “All of these things, joined up working, etc., really stand out to me as things that most of us take for granted. At SFAD, we will continue to support people, while trying to influence policy in order for these rights to not feel out of reach.”

“ ...our main objective with family members is that they improve their own wellbeing, and that they are living a more fulfilled life, despite of what is going on. ”



Liz Nolan

Liz joined Aberlour in April 2004 after working for a number of years in the NHS in London as a Community Practice Nurse. During her NHS career, Liz developed a keen interest in maternal mental health and early childhood practice and continues to do so. Liz has worked as Senior Manager in Aberlour for over a decade and has been involved in the national policy change and campaigning work highlighting the impact of substance use and poverty on children and families, and provision of perinatal mental health services across Scotland. Liz is a member of the Maternal Mental Health Alliance and part of the Perinatal and Infant Mental Health project boards in Scotland. As Director for Children services, she oversees the Perinatal Mental Services, Scottish Guardianship service which supports unaccompanied asylum seeking young people, community family support services, residential services for young people and most recently the development of Mother and Child recovery houses for mothers where substance use is problematic.



Our next speaker was Liz Nolan from Aberlour. Aberlour provide comprehensive support for mothers who are addicted to substances, through their intensive perinatal service. Liz explained that many of the women who are involved in this service have lost their child to the care system, however, due to the resources and support provided through Aberlour, an increasing number are able to keep their children. She highlighted the value in Aberlour's use of 'mother and baby recovery houses', where four mothers are able to stay with their babies, and children up to the age of five, to receive intensive support and guidance. She believes that these houses are particularly valuable as they give women the space to recover from the, potentially, multiple sources of trauma and hardship they have experienced over their lives. Through these homes they are given the space and time necessary to improve their wellbeing.

- "90% of the women we work with, or have worked with, over the past two years have lost care of their children, more than one, some of the women have lost more than three of their babies to the care system."
- "What we need to do is offer safe spaces for women to come and recover, not just from substance use, domestic abuse, mental health, all of the issues that go alongside it"

Liz also stated that a key element of Aberlour's service is the ability for women to return, dependent on their recovery journey. She highlights that substance use recovery is not a linear path, and instead it can be circular, requiring flexibility. Liz explained that currently, statutory services can lack this flexibility, negatively impacting women's recovery. This flexibility must also extend into operating hours, with Liz and her colleagues working evenings and weekends to ensure women are consistently supported. She explained that this is a further limitation to statutory service-provision, with 9-5, Monday to Friday mentalities dictating support.

- "...the door will always be open for her when she goes back into the community, where we know that there are still issues that she won't have fully address, but that door is always open so that she can come back with her baby."
- "...we need to be there to support women, where and when they need us, and that means out of hours, that's not 9-5 office hours...we might call round at weekends, evenings."

A further barrier, highlighted by Liz, is the constant stigma that mothers who use substances face. She stated that women who have children or are pregnant and are involved in problematic substance use are often shunned by the public, and even the public services who have a duty to protect and care for them. Liz quoted an example of a mother being unable to make a GP appointment, with staff stating that she was "not engaged", when instead she lacked bus fare. Liz also explained that mothers in recovery, also experience a level of discrimination within the recovery community, as many recovery cafes and services do not accommodate children or babies. This creates a further barrier to women attempting to become substance use free. Liz believes that this stigma contributes to a level of fear felt by mothers who use substances, as they feel it is more likely they will have their children removed. Therefore, this stigma is a major hurdle to women

seeking reduction services, and hence, Aberlour believe that through keeping mothers and children together, stigma can be reduced, alongside substance usage.

- “...and again, the support to attend appointments. We still hear that because they [mothers] never made their first appointment that’s clearly it; they’re not engaged. No. They are engaged, they just didn’t have the bus fare.”
- “We speak about the stigma associated with mothers and substance use. Mothers are fearful that they may lose their baby if they ask for help. Because very often, that’s what happens.”
- “We try to support women as early in their pregnancy as we can...But that doesn’t always happen because of that stigma and fear that they’re using substances in pregnancy in fear of losing their baby.”

Finally, Liz spoke of the importance of coproduction and one-to-one service-provision. She explained that through intensive support, which keeps service-users at the centre, women substance users can be better supported towards recovery. Liz explained that, at Aberlour, they spoke with women they had helped to understand what services worked, but also, what they could do better to provide improved support. Also, that through concentrated engagement with women, they can ensure that mothers are properly considered as well as their children, seen as individuals deserved of a good quality of life.

- “It’s about coproduction, about understanding what women want us to provide. I think we’ve all found out that going in and saying we’ll do parenting classes doesn’t work. It’s about going in alongside the women and seeing what works for them.”
- “So, it’s about supporting mums to provide safe environments for their children and supporting them. We believe in a hybrid model and it’s about safe reduction, stabilisation, we don’t go for one model of abstinence, and instead ask what the best form of support is for them.”

“ We cannot see substance use as something that stands alone. We have to speak about mental health, poverty...and the complexities that surround drug use when it becomes problematic. ”



Sally Amor

Sally has lived in Scotland for 27 years, in Highland and more recently Ayrshire. She has a background in health care and Public Health. She is part of a group of mothers, Families Campaign for Change, who are seeking to influence changes in policy and practice where families are impacted by addiction/problematic drug use. This includes improving access to services; providing support that better meets people at their point of need; tackling stigma and bringing the voice of hard learnt experiences to policy makers and service providers.

Our final speaker was Sally Amor from Families Campaign for Change (FCFC), a grassroots organisation, set-up for families, by families affected by substance use. These families have a wealth of experience behind them, putting them in a unique position to influence policy and service change. They felt that their experiences and needs are often ignored, and in some cases, negatively impacting the wellbeing outcomes of loved ones. Sally suggested that stigma and a shaming culture has actively contributed to this. FCFC hope to see evidence of effective, consistent change being implemented across services, rather than annual media reporting of figures, which lead to no change in practice, and instead asks families to revisit loss and grief.

- “We came together with quite a lot of anger because we had experiences that we may have never anticipated, we certainly hadn’t chosen, that we struggled to make sense of.”
- “We have...centuries of experiences...That’s a lot of wisdom, isn’t it, and that’s a lot of knowledge and you do wonder why people don’t listen to it.”

Sally went on to discuss how important relationships are in the development of drug policy, and the design and delivery of services. Families have many experiences of too many services working in isolation, ignoring the role relationships can play in recovery. She proposed that there are many opportunities to create treatment services that work alongside people, taking the time to understand their entrance into drug use and the challenges they experience in making different, or better decisions around their drug use. Sally also highlighted that through attention to relationships, all those involved can work towards improved mental wellbeing.

- “...actually, in the policy world if we talked about naloxone in a relationship...we talked about custody suites with relationships...these small reshaping of experiences would collectively have a bigger impact”
- “But we also know, that for every rupture, and every mess-up, you can do repair...we keep going because we had five minutes of connection, we made a memory, we did some healing”

In addition, Sally explained that criminal, coercive behaviour and drug use often go hand-in-hand, furthering the disorder in an individual’s life. This can then lead to increasingly reckless behaviour, which when partnered with constant fear, either through threat of physical violence or incarceration, can reduce an individual’s sense of self. Interaction with criminality can also make accessing support and help more difficult for all involved. Many of the women involved with FCFC have also experienced shame and stigma when working with statutory services and/or other family members. Too often they are viewed as part of the problem, rather than the solution and by placing blame on family members as ‘enablers’, statutory services show a lack of understanding. She finishes by proposing that instead we must do better to work with one another in a more empathetic and understanding way, to change the narrative around substance use, ensuring the preservation of life and welfare of Scottish citizens.

- “...a lot of us have experienced stigma within our own family systems, and we’ve experienced blame and shame as failed mothers, when really we were probably doing quite a good job in impossible circumstances”
- “Let’s try and pause and be a little less judgmental and shaming, let’s create a different narrative”

“ Living on the frontline, our stories matter and present opportunities for meaningful change and hope for the people we love and care for, day to day, in circumstances that few understand. ”

Discussion

After the contributions from our speakers, we opened the floor for a Q&A and, also, asked our in-person attendees to share their experiences of drug use at roundtable discussions.

Poverty

Throughout conversations with women, poverty arose as a key driver in substance use. Women pointed to this vicious cycle as both the driver and result of drug use, explaining that the associated social issues caused by a lack of financial opportunities pushed individuals into drug use, while simultaneously causing further deprivation for those already addicted to substances. They believed that further work had to be done to improve economic outcomes for women living in non-affluent areas, in an effort to reduce drug-related deaths.

- “In my area, we have the worst drug death rate at the moment, and it’ll be poverty, aye, that’ll drive that... and unemployment.”
- “...I do think from a public health point of view, access to food, housing, is crippling, and it does shape people’s biology and physiology and does leave them more vulnerable to addiction.”

Community

Linking with the above theme of poverty, women also stated that community, and more specifically, pride in a community was key in addressing drug use. They stated that through increased investment in community projects, a sense of togetherness could assist in reducing antisocial behaviour. It was proposed that these schemes could be expanded to include education pieces, so an increased number of community members were aware of the signs of overdose and drug usage as well as what to look out for if a young person is being groomed to become a drug runner.

- “I started the community cleanups in 2015, because I thought, if you can take pride in your area and know who lives beside you, it’ll be part of prevention.”
- “I think community centres could be helpful, there could be activities for different age groups. It could tie into mental health and things...tailor it to different areas.”

Frustration

Women also expressed significant frustration towards current service-provision, as well as government intervention surrounding drugs in Scotland. They felt that despite some good quality, impactful support being provided by third sector organisations, this was not widespread across the country, with a ‘postcode lottery’ being in effect. This was accounted to short-term funding, with organisations struggling to offer consistent support, hindering recovery. Women also stated that they felt that their concerns were not taken seriously by the Scottish Government, with few politicians truly understanding the lived impact drug use can have on an individual/their family.

- “I think as well, it’s a postcode lottery, because most third sector organisations are doing more...but it depends on funding, but they then don’t get that the next year.”
- “...see the government who are meant to be trying to sort it? They’re no interested”

Education

A further key element of discussions was the role of education in drug prevention techniques. Women believed that current offerings within schools were not good enough, and rather than provided by teachers, they should instead be done through third-party organisations, with a focus on lived experience. It was believed that this would be more impactful, particularly if carried out by a younger individual, with there being a focus on safety and prevention, rather than a zero tolerance approach.

- “I don’t think that teachers are the best people to be giving that education to kids, they should be bringing in...people with lived experience.”
- “I’ve done it with young people I’ve worked wi’, and when it comes to the older people...the kids just don’t respond to that. But I’m in my 20s and that helps.”

Thank You!

The Scottish Women's Convention thank all of those who attended our conference, as well as those who contributed online and via email. We would also thank our speakers for providing their wealth of knowledge and experience, as well as brilliantly contributing to our broader discussion.

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