



21st May 18, 2018

Dundee Drug Misuse Commission Initial Call for Evidence

1. What are the challenges and barriers we face in Dundee to developing opportunities for supporting those who have problematic drug use and their families?

We need to consider the specific needs of women who have problematic substance misuse and also the additional risks they face, particularly of gender based violence and abuse, including prostitution, sexual violence and domestic abuse. Additionally many women with substance misuse issues have experienced many forms of childhood abuse.¹

A study of drug services in Scotland found that nearly two thirds of female drug users contacting drug treatment services reported having been physically abused and over one third having been sexually abused.

Women involved in prostitution are some of the most marginalised and stigmatised sections of our society. Many view these women as a problem to be dealt with not as women who need supported. These attitudes and stigmatising views make it very difficult for women in prostitution to disclose their current or previous experiences of violence and abuse. It takes time for them to open up to support / substance misuse services, as being involved in prostitution. Some women have not had positive experiences of speaking to mainstream mental health and addictions services about the impact of their experiences of prostitution, as highlighted by Wendy in the Inside Outside Scotland project -

*"I've been in services for years and whenever you discuss workin' the streets, people don't want to speak about it, don't want to hear it, they don't want to know. People are supposed to be able to deal with this kinda thing but they're shuttin' down on and tryin' to get you to discuss other stuff that has no significance whatsoever to where you are. It just makes 'em so uncomfortable, you can see that they think it's dirty, it's appalling, it's disgraceful. It's filthy and it's wrong. People need to talk about it and women need to be allowed to tell it like it is. It might be unpleasant but these girls need to speak to somebody to deal wi' the demons, the scars and the wounds and the dirt. That silencing is like a gag."*²

Research conducted by the Eaves project in London found that many women became involved in prostitution prior to commencing their drug and / or alcohol use. For others their drug or alcohol use spoke of using substances as coping mechanisms whilst in prostitution.

¹ Paying the price: a consultation paper on prostitution, Home Office report July 2004

² <http://www.insideoutsidescotland.info/wendy.html>

“Many women attempting to exit prostitution found themselves ‘shoehorned’ into drug treatment rather than being able to access the holistic support needed to exit effectively. Such an approach fails to address the complex interaction of drug use, involvement in prostitution and other underlying issues that the women in this study reported. Problematic drug use was also found to be strongly linked with other barriers, such as mental and physical health problems, problems with accommodation and debt, and with involvement with the criminal justice system.”³

It goes on to state that “service providers develop a wider understanding and awareness of the complex links between drugs and prostitution.” And “Women involved in prostitution should not be ‘shoehorned’ into drug treatment with the expectation that this will result in an exit from prostitution. Rather, holistic, tailored support needs to be made available that deals with problematic drug use as one of a combination of barriers which act together to tie women into prostitution.”

Our experience of providing support to women involved in prostitution in Dundee since 2008 echoes these findings. There is a need for a specific support service that is targeted at women involved in prostitution. For example, between April 2015 and March 2018 we supported 126 women who are involved in prostitution, 89 of whom received intensive support. Of those women:

- 69 had problematic drug issues
- 36 experienced homelessness
- 12 had children who were in the care of SW
- 33 were experiencing domestic abuse
- 24 were sexually exploited as children and young people.

Moreover, the range of experience of high levels of violence and abuse is quite staggering:

- 21 women had been raped
- 3 women had experienced attempts on their lives
- 9 had threats to kill them
- 27 experienced physical abuse
- 2 had been tortured.

The range of complex needs that these women had is also worth of consideration

- 35 experienced anxiety
- 33 suffered with depression
- 31 had problems with parenting
- 32 Self harmed
- 15 had attempted to take their lives
- 31 experienced regular suicidal ideation

Women involved in prostitution are often in a cycle of substance misuse. On the one hand they are involved in prostitution due to the need to get money for drugs or alcohol and on the other they need drugs / alcohol in order for them to be able to cope with and / or block out their experiences of prostitution. One woman from Dundee reported having to ‘score’

³ Breaking down the barriers: A study of how women exit prostitution. Julie Bindel, Laura Brown, Helen Easton Roger Matthews and Lisa Reynolds Eaves and London South Bank University (LSBU)

before being able to go out on the street, another that she had to “*down a bottle of vodka*”.

The longitudinal study of women involved in prostitution in London⁴ looked at the health outcomes among women still involved in prostitution and those who had left the industry. It was clear that involvement in prostitution was associated with much higher than normal risks of mental health problems, substance misuse, and ill-health (including sexually transmitted infections and infertility). Interestingly this study showed no significant differences between those women still involved and those who had exited.

Barriers to accessing substance misuse services:

Women who have / are involved in prostitution have high levels of mistrust of statutory and substance misuse services. They are frightened of speaking about their use of drugs and their involvement in prostitution for fear of consequences (particularly if they are funding their drug use through prostitution). They fear having children taken off them, fear of getting taken off their script and fear of being judged by professionals because of their involvement in prostitution and their drug use. Women have also told us of feeling forced into a certain course of action by substance misuse / statutory services (including health) – in terms of the support they are offered. This sense of pressure can be compounded by their sense of lacking control / power in their own lives and also because of the power imbalance (perceived and also real) in a support / treatment relationship.

Treatment programmes – have tended to focussed on a medicalised model of treatment rather than on a person centred support (of which a treatment should be part of). Such an approach has meant that many of these vulnerable women haven't been able to build trusting relationships with staff in these services.

Many women using our service have come to us because their methadone programme has been suspended. The consequence of this tends to be that they are going back out onto the streets to get the money to buy their next ‘fix’. There have often been other occasions when women are frightened to tell their substance misuse worker that they have taken Valium, for example, or topped up with other substances, for fear of being taken off an agreed treatment programme. This is often not the case – but there is a clear fear among many of our service users that this is the case. We therefore, find that we are having to liaise with their substance misuse worker to advocate on their behalf. Much of our work is also about providing information about the impact of prostitution on the lives of these women and also its specific links to prostitution and vice versa. We have only been able to do this because of the level of trust that we have built up with these women and in doing so have acquired a greater understanding of the range of complex support needs that need addressed – not just her.

Another challenge for women we have worked with is the high number of services that can be involved in their care / support / treatment such mental health, addiction etc. This range of services can make it very difficult, given how chaotic many of their lives are, for them to keep / remember appointments. In a recent small scale piece of qualitative research done⁵ with women involved in prostitution suspensions due to being late or missing an appointment was the main issue and participants commented on and the substance misuse

⁴ What happens to women who sell sex? Report of a unique occupational cohort – Ward, H and Day, S. 2006

⁵ The oldest profession in the world, or the oldest oppression in the world? Taylor, L. 2018

workers not being flexible or taking in to account the lifestyles commonly associated with drug abuse and involvement in prostitution. Another issue was the frequency with which appointments are changed – often at the last minute:

“They give me a time to be at an appointment then suspend me, but I’m there. He suspends me so I need to go in. That means I don’t get my medication until I see my key worker. There are times when he is busy or times he sends a letter the day before saying it has been changed. This isn’t fair, if I changed the date or was late I would get suspended.”⁶

(Anonymous, 2018)

The waiting times for getting access to treatment programmes is too long and can be a barrier to women getting the support / treatment at the times they need it, meaning that many women we work with have to prostitute themselves in order to be able to get by in the intervening time.

Meeting the holistic needs of these women is also very challenging as they are often not able to get access to refuge, appropriate homeless accommodation, mental health services and sexual violence support services because they are deemed too chaotic, and are therefore in a constant cycle of substance misuse etc.

Finally, there is widespread research that demonstrates that women who abuse substances and who have very chaotic lives are at greater risk of experiencing gender based violence. I know that the Women’s Rape and Sexual Abuse Centre and Dundee Women’s Aid require women to be on a stable treatment programme before we can offer them longer term emotional and psychological support to recover from their experiences.

2. What examples are there of support and treatment improving the lives of those who have problematic drug use and their families in Dundee.

Vice Versa service has been providing support in Dundee since 2008. The service has always been delivered through a partnership model, initially through WRASAC and Action for Children Arrest Referral Service and then in 2012 through a partnership with Cair Scotland (now Gowrie Care). Funding was initially provided by the Community Safety Partnership and the Alcohol and Drug Partnership. The service came about following concerns about the increasing numbers of women involved in on street prostitution and their high levels of chaotic and problematic drug use.

In 2012 the partnership with Cair Scotland provided a model of support where Cair Scotland provided the expertise and access to harm reduction measures around their substance misuse and sexual health. WRASAC brought the expertise of working with sexual violence, abuse and trauma.

Both services worked from a trauma informed model of support:

⁶ The oldest profession in the world, or the oldest oppression in the world? Taylor, L. 2018

- Stage 1 – Establishing Safety - addressing substance misuse issues, having a safe living situation, stable source of income, having basic health needs met, being able to manage symptoms such as anxiety and depression, self-protection and self-care
 - Stage 2 – Dealing with Healing of Trauma - access to specialist emotional and practical support relating to experiences of sexual exploitation, rape and sexual abuse
 - Stage 3 – Moving On – establishing new relationships, taking care of material needs, engaging more actively in the world, recovering aspirations/ambitions, developing mutual friendships, accessing training and employment and renewing family and child contacts
- Provision weekly Drop In / Group Activities – this involves creative activities and self-care techniques and also access to other support services held in a very informal setting.
 - Proactive work to identify women involved in on street and off street prostitution, including street patrols, outreach to homeless hostels, community hubs and substance misuse services.
 - Provide practical support around harm reduction (in relation to personal safety, substance misuse, sexual health and blood borne viruses).
 - Provide information and advocacy in relation to housing, health, offending, finance and welfare, education, parenting, employment and independent living.
 - Provide referral and support to engage with substance misuse treatment as part of a recovery journey.
 - Support to move on from prostitution.

We spend a lot of time building trusting relationships with the women. This means having an understanding of the issues involved in prostitution, a sound understanding of gender based violence and inequality, working from a person centred approach and ensuring that the woman feels in control of the support she is receiving.

We are also quite responsive, meaning that some women have used our services off and on for years. This is important as it can take 7 years, on average, for a woman to exit prostitution⁷. Essential to this process is ensuring that they have their holistic needs met – including substance misuse support packages in place, safe housing, access to appropriate income streams, feeling more confident about their lives and a sense of hope for the future. The figures from our last review for the Big Lottery give a snap shot of the difference our service makes to the lives of women:

For example, from October 2016-October 2017:

⁷ For organisations working with women in or vulnerable to involvement in prostitution – A good practice resource – McVey, G. 2010

- 20 women accessed and engaged with substance misuse interventions and longer term drug treatment.
- 5 women have reported reduced feelings of suicide. This included accompanying a woman to Carsview Psychiatric Hospital for admission. Others have reported this through therapeutic interventions.
- 10 Women have reported reduced involvement in prostitution with 5 women exiting.
- 7 supported to identify viable lifestyle options. 2 women were involved in the Inside Outside Project -1 woman returned home to Romania where she is opening a clothes shop, the another woman now volunteering. 1 woman has a new home and has now got her child back. 1 woman has exited and is getting married
- 10 women presented with housing issues and reported an improvement in their housing situation.
- 7 women have reported increased feeling of safety in their home. Two women have been rehoused in permanent accommodation, following homelessness, including 1 who now has full time custody of her child.

Moving forward we would like to see a bespoke service that focusses on the needs of these women, particularly given how high risk they are. Such a service would necessitate workers with a sound knowledge of the issues involved in prostitution and also working in very close partnership with substance misuse, sexual health, homelessness and other support services. We would also like to see a lead professional model approach, with the service of the woman's choosing helping to coordinate her support needs, to try to ensure wherever possible services are working much more in partnership so that services are brought to the women – not the women chasing services.

The UK Government - outlined an approach for Commissioners of Drugs services in their research into prostitution in 2004⁸ which is still relevant for today. For example, they advise that:

“...fast track referral to effective drug treatment projects is essential for those in prostitution solely to fund a habit, or with an incidental drug habit. But drugs treatment needs to be coordinated with other forms of support since the individual circumstances of anyone involved in prostitution can be very complicated – chaotic lifestyles and homelessness need to be taken into account if the treatment is to be successful. Effective work can often be undone if a person is forced to return to earlier living conditions. The integration of housing with drugs treatment has been shown to be key to the first stage of any exit strategy.”

3. We would also like to know what issues you think (and why) the Commission needs to investigate and report on.

⁸ Paying the price: a consultation paper on prostitution, Home Office report July 2004

- How do women feel about the services they receive? What are their fears and needs? What have they experienced when engaging with services? We have frequently observed, and had to challenge, women being treated very badly whilst in appointments with services. Quote from a woman?
- As a service provider what women are telling us is that they do like the model of support we offered – particularly when we had the substance misuse component of the service (this ended due to the end of the Big Lottery Funding), is what they want. However, having some independent insight into these women's needs would be very useful.
- Lack of referrals to rehabilitation centres / waiting lists for women getting on treatment programmes / criteria for this. We have a lack of clarity around this making it difficult to advocate on behalf of women.
- A review of substance misuse services to check staff understanding of the specific needs of women who have substance misuse issues and gender based violence. What training has been provided and how confident do staff feel about their own proactive in asking about gender based violence and how to support women with these issues.

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