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THE MATTERS

WOMEN'S VOICES
Experiences and perceptions of women who
face drug-related problems in Europe

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Introduction

In Europe, up to a quarter of people who have developed serious problems related to illegal drug use are women. Approximately one in four drug users entering drug treatment are female and one in five deaths directly related to drug use are among women (EMCDDA, 2005, 2006, 2008a). Whilst most drug services are designed with male drug users in mind — as they are the predominant client group — it is widely accepted that drug policy and programme effectiveness is enhanced when sex differences are acknowledged and the different needs of women and men are addressed (Hankins, 2008; Becker and Duffy, 2002). Gender responsiveness is anchored in principles that include the views of drug users themselves. Epidemiological studies collect quantitative data about the gender differences in drug use, particularly with regard to mortality, risk of infectious diseases, drug treatment outcomes and prison statistics. However, there is a paucity of information on the more qualitative aspects of drug use for women in Europe (EMCDDA, 2000, 2005, 2008a). This paper presents a selection of quotations gleaned from qualitative research interviews in Europe, in order to provide glimpses into the experiences and perceptions of women who have faced some sort of drug-related problem (1).

Methods

In October 2008, the EMCDDA announced to its Reitox national focal points (*) and to its Scientific Committee and individual experts in the drugs field that it intended to highlight key drug issues for women on the occasion of International Women's Day 2009. They were asked to identify quotations that highlighted issues for women from research studies in different countries in Europe. Quotations to be submitted could come from a range of sources: local research studies, policy documents and non-governmental organisations (NGOs). Some of the quotations were translated into English by the national focal points or experts and others were translated and edited at the EMCDDA. Additional quotations were taken directly from articles which have been published in peer-reviewed papers, government reports and other grey literature. Some of the quotations used were collected during research interviews with female drug users, as well as from family members. Others were taken from reports of healthcare and law-enforcement professionals in contact with drug-using women.

The quotations do not claim to provide a comprehensive overview of all key drug issues for women; they inevitably reflect the policy and research interests of the countries and the period (2000–2008) in which the research interviews took place.

(*) The Reitox network is comprised of national focal points in each of the 27 EU Member States, Norway, Croatia, Turkey and at the European Commission.

(1) Problem drug use is defined by the EMCDDA as 'injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines'.

There are many issues relating to drug use that affect males and females in equal measure but this paper focuses specifically on those that are particular to women. The quotations that were submitted or identified in grey literature reflect the fact that social research focusing on women's drug issues tends to cast a spotlight on women in their role as mothers, sex workers or prisoners and on their vulnerabilities related to physical and sexual abuse in childhood and adolescence. Consequently, the key issues addressed in this paper, and the quotations used, emphasise these issues and not others, such as body image, that may also be important for women.

The quotations here give voice to five key issues.

1. Confusion and desperation that mothers experience when their own children develop drug problems.
2. Deprivation and abuse that characterises the lives of many women who go on to develop drug problems.
3. Difficulties faced by drug-using women who are attempting to fulfil societal roles as mothers and provide the sort of childcare they and 'society' wish for children.
4. The plight of women drug users in prison — who are among the most vulnerable of all women.
5. Stigma, policies and practices that make it generally difficult for women to access treatment.

1. Confusion for women as parents of drug users

Mothers face a number of difficult issues when one of their children develops a drug-use problem and are likely to feel stressed about a whole range of problems. They often lack knowledge about drug use and its consequences. Initial confusion about the nature of substance use and the stigma attached to it exacerbates the problem and mothers themselves may go into denial about the nature and extent of the problem.

...you hold onto that last thread that it's not happening...

PARENT OF DRUG USER, UK [1] ^(?)

I look back and think... I must have been thick [stupid], but I just knew nothing about drugs, it was totally alien to me or my generation...

MOTHER OF DRUG USER, UK [1]

As the problem takes over and a barrage of negative and contradictory emotions emerge:

...she'd start screaming at you, you know? For... [money] and calling you... I mean she said some very horrible names, abusive things to you, that I couldn't believe they come out of her, you know? Things like 'I hope you die of cancer' and 'I hope you've got this, I hope you've got that'.

MOTHER OF DRUG USER, UK [2]

It's like a living hell, a real living hell.

PARENT OF DRUG USER, UK [2]

Even after a drug-using son or daughter has left home:

...you've still got that worry, it's still there, it never goes away. Where are they? What are they doing? If you don't hear from them within three months... Are they still alive?

MOTHER OF DRUG USER, UK [2]

The feelings of confusion can be accompanied by self-contradiction, and mothers may feel mixed emotions and uncertainty about what sort of support to offer and how much of it to give:

...I seemed to be looking for the good in him... I know he hurt me by pinching [stealing], but he's family... As a son he leaves a lot to be desired, but he's still my son, and this is the hard part about it...

PARENT OF DRUG USER, UK [1]

...I think sometimes she's going to rely on me too much and I feel I should back off... I know I should, but if only I could find the way to do it. It's very, very hard because the bond between us is so close...

PARENT OF DRUG USER, UK [1]

^(?) Numbers in square brackets refer to the quotation source, listed on p. 22.

2. Neglect and physical and sexual abuse

Neglect and abuse in childhood is a common characteristic in the personal histories of many female drug users who portray their drug use as the best coping mechanism available to them. Parental neglect, as well as the trauma of physical or sexual abuse, are recurring themes that make women vulnerable to developing drug problems and which, in the absence of adequate support, can contribute to a downward spiral. Conversely, appropriate support from families and partners can help to prevent the downward spiral and is highly valued.

Neglect

Drug research has shown that the experience of being neglected in childhood makes both males and females vulnerable to developing drug problems, but girls are arguably under more pressure than boys to take on domestic responsibilities.

I'd have to go home and look after my mum... I used to come in from school. I would do the dishes. Put, like, all the clothes in the washing machine. My mum would be lying steaming [drunk] on the couch and I'd have to try and cook dinner.

17-YEAR-OLD FEMALE, UK [3]

I had to cook and clean... and put my sister to school. Get her up... and then it just got worse and worse... Like I used to have to phone hospitals and stuff and police stations... She'd [mother] just disappear and I was always scared in case she was... lying somewhere dead or something.

21-YEAR-OLD FEMALE, UK [3]

C lived alone at her apartment since she was 13 years old. I feel that I haven't had any support, I hated to be alone and I stabbed knives on the walls, drank a lot. Everything was bad, everything... My body lived outside myself... My mother was a dead chair... I want to trust but I can't... I don't trust anybody... It's a social problem, I can't socialise without being high [using drugs], I've tried but it's very boring...

31-YEAR-OLD FEMALE DRUG USER, PORTUGAL [4]

In chaotic households, where parents have drug problems, children are exposed to drug use at a very early age.

Mum and Dad were jaggging [injecting] and they were puttin' her [9-year-old sister] out the room all the time and then I started smokin' ma kit [drugs] and.... she looked at me with a look on her face that I'll never forget as if 'not you as well...., not ma big sister'.

BARNARD, UK [2]

Physical and sexual abuse

Studies show that women with substance use problems are more likely than men to have experienced physical or sexual abuse (UNODC, 2004).

My life is a mess! I couldn't stand up to my parents nor against my brother, I was pretty anxious and, because, my brother abused me sexually for years... and I drank... when I was about 11 years, I started drinking. The abuse lasted for years and I was afraid to tell all the time...

TREATMENT CLIENT, GERMANY [5]

I'm a whore, cause I was raped by 7 guys... we owed a dealer 200 000 Forints, approximately, not in scale of today, but it was a lot of money at that time. And who should they flog it out of? Of course, of the youngest, and then 7 guys raped me... I crept back to the flat, and my boyfriend arrived... And I opened the door and because he couldn't smell a meal and he kicked me in my stomach... And afterwards I became a whore.

FEMALE INJECTING DRUG USER, HUNGARY [6]

Briefly, my stepfather attempted with me. I told it to mum but of course she didn't believe me. And our relationship started to get worse. I was 16 when I found myself on the street.

FEMALE INJECTING DRUG USER, HUNGARY [6]

R, daughter of separated parents, was a rape victim from 9 to 11 years old. She started to consume cannabis at the age of 11 years and initiated the consumption of heroin by the age of 16 while the rape process/case was in a court of law.

RESEARCH INTERVIEWER, PORTUGAL [4]

Social, physical and psychological deprivations render women vulnerable to influence and exploitation by male partners and substance use can lead women into sex work as a source of income (McKeganey, 2006; Cusick, 2006; UK Home Office, 2003b; Galvani and Humphreys, 2007; UNODC, 2004).

I watched the rebels kill my sister with her baby on her back. She was trying to run to save her baby. We could not even pick up the body. When I arrived in the UK, I suffered hostility, racism, homelessness and serious financial problems. Applying for asylum was the most humiliating experience. I was treated like a criminal. I started going out with a guy just to get somewhere to live and food to eat. He smoked [heroin] — I just got into the habit.

SOMALIAN WOMAN, UK [7]

I know a girl, she does it [sex work] to maintain her three children. And her pimp takes 50–60 % of her money.

FEMALE INJECTING DRUG USER, HUNGARY [6]

One woman explained how she had been working as an escort when she first tried crack... This woman had not been able to continue escort work as she became increasingly agitated and unsociable, and less concerned about her appearance. She moved to street work to support her own and her partner's daily use of crack.

RESEARCH INTERVIEWER, UK [8]

I shoot heroin during the week, but not on the weekends, because that's when I'm at home with my parents... I think it is a little too early, but my boyfriend wants to have children, so we don't use condoms.

18-YEAR-OLD SCHOOL STUDENT, HUNGARY [9]

Support from families and partners

Appropriate support from families and partners is a highly valued lifeline to prevent drug users descending into a downward spiral.

When I told them [parents] that I am having a baby, they were all stressed out but after delivery they changed their way of thinking and family relations got better. They also offered help at nursing the baby and also at the housework, sometimes they even offer financial help.

FEMALE DRUG-USING MOTHER, SLOVENIA [10]

The most needed help came from my mother-in-law and from my partner.

FEMALE DRUG-USING MOTHER, SLOVENIA [10]

My parents took care of me. They provided me an apartment.

FEMALE DRUG-USING MOTHER, SLOVENIA [10]

When all's going well with somebody, she [sex worker] stops using drugs; when something goes wrong with that person, she starts using again. The drug is like a nanny.

RESEARCHER, SPEAKING ABOUT A HEROIN USING SEX WORKER, FRANCE [11]

And so I am with M, and as it was a new relationship and everything... it helped me a lot... to stop drugs... in the sense that he didn't do them much. Didn't even do them at all. And so it helped me a lot.

26-YEAR-OLD FEMALE, FRANCE [12]

3. Childcare and being a 'good' mother

For most people affected by substance use problems there are family members whose lives are impacted upon negatively and these negative effects are likely to be amplified where drug-using mothers are concerned (UK Home Office, 2003a; Bancroft et al 2004; Barnad, 2005). Each year there may be as many as 30 000 pregnant opioid-using women in Europe, and the number of pregnant women with other drug problems may be equally high (Gyarmathy, 2009). In the United Kingdom alone, it is estimated that there are between 250 000 and 350 000 children of problem drug users — about one for every problem drug user (UK Home Office, 2003a). Many of these women are reluctant to seek care for fear of negative judgement or hostile reaction from service staff and research reports point to the need for specialised, supportive and anonymous services for drug-using mothers. In addition, it is important to recognise that pregnancy and motherhood can be strong motivating forces to help women face up to and overcome their drug problems.

Motherhood as a motivator

At the time that drug addicted women get to know that they are pregnant the self-motivation to interrupt the drug use is the strongest of all.

SOCIAL WORKER, AUSTRIA [13]

Quotations collected during research interviews with drug-using mothers illustrate this point.

After the birth I took things seriously. Slowly I reduced drug use, afterwards I also lowered methadone. I am joking now but if I knew before that the baby is going to change my life in so different way, I would get pregnant even earlier.

DRUG-USING MOTHER, SLOVENIA [10]

He [the child] was the incentive where I'd say 'now something has to happen, now you really gotta do something, now you really got stop misusing drugs. This little man needs you right now! And you need him'. That really helped me.

DRUG-USING MOTHER, GERMANY [5]

Yeah, before I got pregnant and during pregnancy I was a disaster. I have to take a huge dose of methadone and I consumed anything I could get, just anything.

DRUG-USING MOTHER, SLOVENIA [10]

The day I arrived from gynaecologist with the news of pregnancy was the last time I injected heroin. And then all the other months of pregnancy nothing. No heroin, no weed, no cigarettes, no pills, nothing, not a single thing. I had this deadly fear of doing harm to my baby — for this I would never forgive myself.

DRUG-USING MOTHER, SLOVAKIA [14]

I knew that I harm my child. I was aware of that. The more I did realise it, the more drugs I had to consume... because I felt so miserable when I thought about it. Then I thought, 'OK, either you die soon, you turn crazy and get locked-up... or I become clean...'

DRUG-USING MOTHER, GERMANY [5]

I understand now why I kept taking drugs — no one had ever explained it to me before. I don't want my son to do it — I want him to see me clean.

FEMALE CLIENT TALKING ABOUT THERAPY, AUSTRIA [15]

Barriers

Opportunities for women to address their drug problems may be lost in the absence of supportive and anonymous antenatal, maternity and drug services.

To be a mother and drug user in the same time is hard. Like this I couldn't use and give everything to the children, they should get from mother. Actually in some periods I even didn't care. The youngest son was taken from me by social services, because he didn't go to school... there has to be help from somebody.

DRUG-USING MOTHER, SLOVAKIA [14]

Drug therapy stations are definitely male-oriented today... As drug addicted women are a minority at drug therapy stations, they always have to stand up to male clients... They always have to protect themselves in the 'scene' as well as in therapy stations for male and female clients.

NGO REPORT, AUSTRIA [16]

All my unsuccessful appointments with doctors ended up with the suggestion of abortion as the obvious step. Any time I asked them about the reason I received no answer. Since I found the answer muddy finally I decided not to have abortion.

RECREATIONAL DRUG USER, HUNGARY [17]

It [the medical consultation] was a kind of experience, so next time I didn't take the chance to make him [the doctor] familiar with my situation. I didn't want to listen to him, to end up with an abortion again.

RECREATIONAL DRUG USER, HUNGARY [17]

After the delivery they gave me some painkillers. But the problem was that did not help at all. They did not believe me that I am in pain. Later I asked my partner to bring me some stronger tablets to reduce my pain.

DRUG-USING MOTHER, SLOVENIA [10]

Need for specialised care

Even when services are caring and supportive they may lack the sort of specialist knowledge necessary for female drug users.

My personal doctor has been very reasonable to me. She understood that I really want to have a baby, but she did not know anything about safe drug use during pregnancy or how methadone influences on foetus.

DRUG-USING MOTHER, SLOVENIA [10]

Gynaecologist did not give me any information regarding safe drug use during pregnancy. Almost all of information I got from my doctor on methadone clinic. She also gave me a booklet with all of needed information.

DRUG-USING MOTHER, SLOVENIA [10]

The following quotation illustrates that a model of drug addiction that offers extra hospital care and attention for drug-using women is appreciated.

As a drug-using mother you have to go through many laboratory examinations, you have to answer a bunch of questions, everything for baby's good. Medical workers look after you more carefully because of awareness regarding drug use and because of knowing what influence drugs could have on a baby. I have seen their control and intense care as very positive... She [the doctor] checked all her functions, she treated her different from other babies.

DRUG-USING MOTHER, SLOVENIA [10]

Need for holistic care facilities

The view that mothers may need residential care or home visits to enable them to stay with their children during drug detoxification and rehabilitation is expressed in the following quotations.

Three days before I went to detox they took my son and put him in a foster family. Guess what that did to me? For weeks I was stable with my substitution programme, but then...

DRUG-USING MOTHER, GERMANY [5]

It was great to have him [the child] with me. Because I couldn't have concentrated on the therapy. Without him I probably had been occupied thinking how he's doing? Is he sick? Did he have an accident, is he okay? So it was good to have him with me. From the start I'd say that I won't go to therapy without my child. Without him I'd never have gone!

DRUG-USING MOTHER, GERMANY [5]

Women drug-users prefer not to go on to therapeutic communities from the prison because they don't allow children to stay there: this means longer separation from their children. Prison offers women a period of stabilisation, and I often see women beginning to properly think about their children during their time in here, sometimes for the first time in a long time, and they want to see them again. But when they leave here they return to their old lifestyle and stop thinking about them again.

PRISON OFFICER, AUSTRIA [18]

Residential treatment facilities are also cited as a means to limit the numbers of women being sent to prison.

There are a lot of people dying to have treatment. I think that it is about time that something was done about it. Instead of building more prisons I believe that they should be building more rehabs... I said that to the counsellors here — if only I had been told more about the rehabs, maybe I wouldn't be an addict now.

FEMALE EX-PRISONER, UK [19]

We need much better drug rehabilitation facilities in the community. It should not be necessary to commit an offence in order to get drug treatment.

JUDGE, UK [20]

I got six months and with the amnesty I spent three. It went very fast. I didn't even want to leave. When they told me: 'Mrs V. you are free', everybody said: 'she's stupid, they told her she's free and she's there — not in a hurry'. I was there... I was not in a hurry to leave. I didn't want to go out.

EX-PRISONER DRUG USER, FRANCE [11]

Lack of adequate living accommodation for drug-consuming, unstable women who have experienced violence is also expressed as a problem.

These women are not stable enough to adapt to the structures of a women's shelter for example.

NGO WORKER, AUSTRIA [12]

Drug treatment in the right place at the right time can be very effective.

The daily need for drugs force those women onto the street everyday in order to not be sick. They stay there all night smoking crack. This cycle is broken by the provision of substitution treatment.

RESEARCHER, FRANCE [11]

4. Women in prison

It is estimated that up to 80 % of women in prison have a diagnosable mental health problem, often coupled with substance misuse problems. Although around only 4 % of prisoners are women, approximately 50 % of all self-harm incidents in prison are being committed by women in a prison system designed for men, and death rates on discharge are significantly higher for women than for men (Farrell and Marsden, 2008; UK Home Office, 2007). Recent signals that the proportion of women in prison is increasing have been accompanied by a growing number of research reports which have focused on the pressing needs of this vulnerable group, particularly in the UK. But because women form only a small proportion of prisoners there are less specialised services for women than for men.

There's no special treatment here for young women... I work with young women everyday of the week, and neither I nor the prison service works with them any differently compared to a female prisoner of 40.

SOCIAL WORKER, IRELAND [18]

Drug treatment in prison

Depression and self-harm is reported amongst women who are withdrawing from drugs without the help of drug treatment services.

The policemen put me two days in a lock up. For policemen, drug addicts they can die mouth open, they are aggressive and awful. I was craving, I was destroyed and they did not want to call a doctor.

FEMALE DRUG USER, BELGIUM [21]

People have a problem rattling [withdrawing] from heroin and there is no methadone prescription. People on crack have lot of problems too. They should have a detox unit here. There is a lot of self-harm here because of the depression... They need medication, and they need people to listen to them.

FEMALE PRISONER, UK [22]

A report from the European Network of Drug Services in Prison makes the observation that when substitution treatment is available an often repeated belief is that only a few drug users want to change. A lack of formal care-planning does not increase a prisoner's motivation to want to challenge their drug use (Fowler, 2001; Fliegauf 2005).

Only the lucky few get therapy. The prison uses medication rather than therapy or support to help women because it's easier and cheaper.

FEMALE PRISONER RECEIVING METHADONE SUBSTITUTION, AUSTRIA [18]

I was in prison a month for credit card fraud, years ago now that was, and I came back out and started using again, but this time I haven't done that because I was in like drug therapy as well, and that sort of opened my eyes so it's going alright.

EX-SEXWORKER WHO HAD REDUCED DRUG CONSUMPTION, UK [23]

Facilities for mothers in prison

A special visiting area for mothers to see their children, which is inviting and colourful and has toys and activities for parents and children to use, is an area of the prison that is highly valued by both mothers and staff.

In a description of one prison complex which has this facility a prison nurse states: It's so important to have an area for children to visit that isn't punitive.

NURSE, UK [18]

The visiting area for the kids is great; you feel you can be more normal in it.

FEMALE PRISONER, UK [18]

5. Stigma, policies and practices that make it difficult for women to access services

Stigma permeates the lives of women with drug problems.

Every time I was going to the social workers office, she opened the file and said 'ah yes drug addict'. On the file there was a box where it was written 'drug addict'. At the beginning, I was not using powder every day, I was not ill. They labelled me before I became drug addict, because I smoked weed [cannabis].

FEMALE DRUG USER, BELGIUM [21]

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 [10]

This is particularly the case for women who are mothers and in the case of pregnancy, unlike 'normal' women, their bodies are described as being viewed as 'lethal foetal containers' (Ettore, 2004).

All the time we have to confirm in our surroundings that we are capable of taking care of our children.

DRUG-USING MOTHER, SLOVENIA [10]

One of them [other mothers] had hypertension and I said them that I had something similar — that was good enough reason to stay in maternity house for some extended time. So we were normally hanging out, drinking coffee together because none of them knew about my drug use.

DRUG-USING MOTHER, SLOVENIA [10]

Sisters and doctors treated me like a worthless junkie. They gave me the feeling that I did not deserve to have a child and that I couldn't be a proper mother.

DRUG-USING MOTHER, SLOVENIA [10]

Stigma is the major reason that women provide to explain their reluctance to seek help. This can prove fatal in the event of a medical emergency.

No one, not even social services did not have a clue about me taking drugs. That was pact between me and my partner — we must not tell anyone about our drug use if we want to keep this baby.

DRUG-USING MOTHER, SLOVENIA [10]

Social workers always give me the creeps. I feel them as some negative persons and I am in fear of them. I am afraid they could take my child in custody or put him up for adoption. I have always had feeling that I must defend myself from them. I do not trust them and so I lie about my drug use or I disguise it.

DRUG-USING MOTHER, SLOVENIA [10]

Because of their attitude I rather do not come for help from social services. So I look for other solutions, how to get help that I need.

DRUG-USING MOTHER, SLOVENIA [10]

For 99 % of women working [as sex workers], nobody knows they're working. You're having to lie to people, having to hide a part of yourself in your other life. There's mental health issues there. You have to value and respect the drop-in centre space where you can be yourself.

NGO WORKER, UK [24]

It is important to recognise the many similarities and common concerns and experiences that drug-using women share with non drug-using women.

As any other pregnant women I have been eating healthy food, taking some vitamins and visiting school for pregnant women.

DRUG-USING MOTHER, SLOVENIA [10]

I just wish her a happy childhood and life.

DRUG-USING MOTHER, SLOVENIA [10]

Some drug-using women report their successes in managing to control their drug use and manage motherhood.

I am trying not to be different from the other mums, who do not take drugs. I would like to perform myself as caring and responsible mother. I think I am handling it.

DRUG-USING MOTHER, SLOVENIA [10]

I have been caring mother and wife, and that was my priority... Never, even when there was a huge amount of dope, I did not get stoned too much... only thing that was important to me was being 'healthy' to take care of everything, as any other mother does.

DRUG-USING MOTHER, SLOVENIA [10]

Discussion and conclusions

Gender-responsive policies and programming for women do not fall from the sky. They are anchored in 'Nothing about us without us' principles with systematic inclusion of women drug users in the design, planning, implementing, monitoring and evaluation of policies, strategies and programmes. (Hankins, 2008)

In November 2008, an EMCDDA expert group met to exchange views and experiences on drug treatment guidelines and reached a consensus that treatment guidelines should take account of service-user views as well as building on scientific evidence and expert opinion (EMCDDA 2008b). In so doing the EMCDDA acknowledges that qualitative research focusing on the meanings, perceptions, process and context of drug service users (and potential service users) offers a way to understand their needs and plan responses. The main value of this sort of qualitative research is to complement quantitative data by helping to reveal and interpret what lies behind the statistics — in this case by giving voice to female drug users and other women who are concerned with drug issues (EMCDDA, 2000).

One limitation of this overview is the fact that narratives taken from female drug users can seldom encompass the whole story and as a result some quotations may appear self-contradictory or inadequate and others may simply appear to have been taken out of context to support a particular issue. Yet, as female drug users attempt to explain their behaviour and describe their needs, their own words express the vulnerability, confusion and stigma they experience and give poignant voice to the struggles that they face. In this respect quotations highlight the universality of key aspects in the lives of drug-using women in a way that statistics alone cannot.

Only eight out of 30 countries contributed to this review suggesting that a critical mass has yet to be attained that would allow qualitative work to achieve an adequate profile and recognition in Europe. Funding that is made available for qualitative and ethnographic drugs research inevitably focuses on the policy concerns of the time and on the local interests of funders or NGOs concerned with providing services for drug users. And, when qualitative research reports are produced, the results are often stored amongst grey literature, which is not easily accessible. This paper does not attempt to cover the whole literature and therefore important pieces of research may have been overlooked.

Despite these limitations, the quotations that were accessed and presented here give a clear message — there is a need for holistic interventions for female drug users. The quotations used here do not claim to represent the situation of all drug-using women in Europe but the overarching theme illustrated by the quotations is about the struggle that female drug users face in fulfilling their social roles. Some of their quotations are invocations for improved services to alleviate their drug problems and provide them with necessary social support but it is important to recognise that other quotations are invocations for finding ways to reduce the stigma imposed on them and recognising their achievements in controlling their drug use and fulfilling their social roles.

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References

- Barnard, M. (2005), 'Drugs in the family: the impact on parents and siblings', Joseph Rowntree Foundation, United Kingdom.
- Bancroft, A., Wilson, S., Cunningham-Burley, S. et al. (2004), 'Parental alcohol misuse: resilience and transition among young people', Joseph Rowntree Foundation, United Kingdom.
- Becker, J. and Duffy, C. (2002), 'Women drug users and drugs service provision: service-level responses to engagement and retention', DPAS Briefing Paper 17, UK Home Office, London.
- Cusick, L. (2006), 'Widening the harm reduction agenda: from drug use to sex work', *International Journal of Drug Policy*, Volume 17, pp. 3–11.
- EMCDDA (2000), 'Understanding and responding to drug use: the role of qualitative research', *Monograph No 4*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
<http://www.emcdda.europa.eu/html.cfm/index34017EN.html>
- EMCDDA (2005), *Differences in patterns of drug use between men and women*, Technical datasheet, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
<http://www.emcdda.europa.eu/html.cfm/index34278EN.html>
- EMCDDA (2006), *A gender perspective on drug use and responding to drug problems*, EMCDDA 2006 selected issue, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
<http://www.emcdda.europa.eu/html.cfm/index34880EN.html>
- EMCDDA (2008a), *Statistical bulletin and Annual report 2008: the state of the drugs problem in Europe*, European Monitoring Centre for Drugs and Drug Addiction, Lisbon.
<http://www.emcdda.europa.eu/annual-report/2008>
- EMCDDA (2008b), Working group on national treatment guidelines, meeting report.
- Ettore, E. (2004), 'Revisioning women and drug use: gender sensitivity, embodiment and reducing harm', *International Journal of Drug Policy*, Volume 15, pp. 327–335.
- Farrell, M. and Marsden, J. (2008), 'Acute risk of drug-related death among newly released prisoners in England and Wales', *Addiction*, Volume 103, Issue 2, pp. 251–5.
- Fliegau, G. (2005), 'Gender-specifikus válaszlépések a kábítószer-problémával szembesülő női fogvatartottak kezelése terén a magyar büntetés-végrehajtási intézetekben [Gender specific responses regarding the treatment of drug dependent female inmates in Hungarian correctional institutions]', BVOP – Hungarian Prison Service HQ.

- Fowler, V. (2001), *Drug services for youth and women in prisons in Europe: the impact of the Marseilles recommendations*, The European Network of Drug Services in Prison (ENDSP), Cranstoun Drug Services, London.
- Galvani, S. and Humphreys, C. (2007), *The impact of violence and abuse on engagement and retention rates for women in substance use treatment*, National Treatment Agency, UK Department of Health, London.
- Gyarmathy, A. et al. (2009), 'Drug use and pregnancy — challenges for public health', *Eurosurveillance*, Volume 14, Issue 9, March.
- Hankins, C. (2008), 'Sex, drugs and gender? High time for lived experience to inform action', *International Journal of Drug Policy*, Volume 19, Issue 2, Editorial.
- McKeganey, N. (2006), 'Street prostitution in Scotland: the views of working women', *Drugs: Education Prevention and Policy*, Volume 13, Issue 2, pp. 151–166.
- UK Home Office (2003a), *Hidden Harm – responding to the needs of children of problem drug users*, Advisory Council on the Misuse of Drugs, London.
<http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm>
- UK Home Office (2003b), 'Vulnerability and involvement in drug use and sex work', Home Office Research Study 268, London.
- UK Home Office (2007), *The Corston Report: a review of women with particular vulnerabilities in the criminal justice system*, Home Office, London.
<http://www.homeoffice.gov.uk/documents/corston-report/>
- UNODC (2004), *Substance abuse treatment and care for women: case studies and lessons learned*, United Nations, New York.
http://www.unodc.org/pdf/report_2004-08-30_1.pdf

Quotation sources

- [1] Based on research by Gemma Salter and Sarah Davies conducted with parents in Swansea and Peterborough (UK) to study the 'Impact of substance misuse on the family: a grounded theory analysis of the experience of parents', Wired, Department of Psychology, University of Wales, Swansea. The sex of the parent was not specified. Accessed 23 Jan 2009 <http://wiredin.org.uk/families/community/blog/entry/936/the-impact-of-drug-use-on-the-family-confusion/>
- [2] Marina Barnard (2005), 'Drugs in the family: the impact on parents and siblings'. A report to the Joseph Rowntree Foundation, United Kingdom.
- [3] Bancroft, A., Wilson, S., Cunningham-Burley, S. et al. (2004), 'Parental alcohol misuse: resilience and transition among young people', Joseph Rowntree Foundation, United Kingdom.
- [4] Communication from Anália Torres: based on Torres, A., Lito, A., Sousa, I and Maciel, D. (2008), 'Drug addicts: socio psychological trajectories and problematic knots, in Anália Torres e Ana Marques Lito (ed.), *Drug Consumption: pain, pleasure and dependences*, Fim de Século, pp. 17–68, Portugal.
- [5] Communication from Nina Kuplewatzky: Institute of Addiction Research (ISFF) Fachhochschule Frankfurt am Main, University of Applied Sciences, Germany.
- [6] Based on interviews with 17- to 25-year-old intravenous heroin user women 2000–2004 by Dr József Rácz, MTA Pszichológia Intézet, Pszichológiai Kutatóintézet, Hungarian Academy of Sciences, Institute for Psychology, Hungary.
- [7] Fountain, J. (in press), 'Issues surrounding drug use and drug services among the Black African communities in England', International School for Communities, Rights and Inclusion, University of Central Lancashire, Preston/London, National Treatment Agency for Substance Misuse, United Kingdom.
- [8] Green et al. (1997), 'Young people and prostitution from a youth service perspective', in Barrett, D. (ed.) *Youth prostitution in Britain: dilemma and practical responses*, The Children's Society, London. Interviews with 367 women involved in street prostitution, United Kingdom.
- [9] Gyarmathy A. and Neaigus, A. (2005), 'Marginalised and socially integrated groups of IDUs in Hungary: potential bridges of HIV infection', *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Volume 82, No 3, Supplement 4, pp. 101–112, Hungary.
- [10] Interviews by Anja Žnidaršič with drug-using mothers in Slovenia (November and December 2007) for the diploma 'Everyday of drug-using mothers', under the supervision of Vito Flaker, Ines Kvaternik, Slovenia, Faculty for Social Work, University of Ljubljana, Slovenia.

- [11] Cagliero, S., and Lagrange, H. (2003), 'La consommation de drogues dans le milieu de la prostitution féminine', Heroin report, Tendances récentes et nouvelles drogues, OFDT, France.
<http://www.ofdt.fr/ofdtdev/live/publi/rapports/rap03/epfxcrj1.html>
- [12] Reynaud-Maurupt, C. and Verchère, C. (2003), 'Les nouveaux usages de l'héroïne', Tendances récentes et nouvelles drogues, OFDT.
<http://www.ofdt.fr/ofdtdev/live/publi/rapports/rap03/epfxcrj1.html>
- [13] Martina Tödte (2001), 'Sucht, Geschlecht und Identität, Geschlechtsspezifische Wirkfaktoren', in Dialog (2001) Enquete Wirkungskreise, am 14. September 2001, Wien non-governmental organisation, Austria.
- [14] Interviews by Katarína Jirešová, OZ Odysseus, Bratislava, Slovakia.
- [15] Care Services Improvement Partnership (CSIP) (2006), 'Women at risk: the mental health of women in contact with the judicial system, Health and social care in criminal justice', United Kingdom.
- [16] Vienna Social Project Association (2003), Report 2002, Vienna, Austria.
- [17] From video interviews with drug-using mothers, Józsan Babák Klub (2008), Oral History Archivum, Művi vetés, videósorozat, 2. rész, Hungary, Ohbert József – MEJOK, Hungary.
- [18] Fowler, V. (2001), 'Drug services for youth and women in prisons in Europe: the impact of the Marseilles recommendations', the European Network of Drug Services in Prison (ENDSP), Cranstoun Drug Services, London.
- [19] DrugScope (2005), 'Using women: rethinking crime and punishment', London, United Kingdom.
- [20] Quoted in: Simpson, M. and McNulty, J. (2008), 'Different needs: women's drug use and treatment in the UK', *International Journal of Drug Policy*, Volume 19, pp. 169–175, United Kingdom.
- [21] Jamouille, P. (2000), *Drogues de rue: récits et styles de vie*, collection Oxalis, De Boeck, Brussels.
- [22] Based on interviews by Fountain, J., Roy, A., Anitha, S., Davies, K., Bashford, J. and Patel, K. (2007), 'Issues surrounding the delivery of prison drug services in England and Wales, with a focus on Black and minority ethnic prisoners', Preston, Centre for Ethnicity and Health, University of Central Lancashire, United Kingdom.
- [23] UK Home Office (2003), 'Vulnerability and involvement in drug use and sex work', Home Office Research Study 268, London. By Cusick, L. Martin, and A. and May, T., United Kingdom.
- [24] Kenrick, J. (2000), 'Using qualitative research to inform social policy on services for drug-using prostitutes/sex workers'. In EMCDDA Scientific Monograph series No 4, *Understanding and responding to drug use: the role of qualitative research*, United Kingdom.

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