

Scottish Recovery Consortium

# Women in Recovery

**Rapid review of evidence**

March 2025



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## Introduction and Overview

Over 2024-2025 Scottish Recovery Consortium have been directly engaging with recovery communities, people with lived experience and Lived Experience Recovery Organisations (LEROs) across Scotland. As part of those conversations, we have started to highlight and identify some of the gaps and challenges across Scotland.

In December 2024, Scottish Recovery Consortium (SRC) commissioned Briege Nugent, an independent researcher to review the existing evidence to address a gap identified in the knowledge base about women and recovery.

This research was commissioned by the Scottish Recovery Consortium to address a gap identified in the knowledge base about women and recovery. This was an exploratory review to understand the evidence and interrogate the pathways into substance for women, the motivating factors to begin recovery, challenges or barriers to engagement and to understand from the evidence what helps women to sustain recovery.

The structure of this rapid review of evidence is that it will firstly present the 'facts' currently available on substances and women in Scotland to provide context to the main analysis on women in recovery. Literature searches were carried out on Google Scholar and through Edinburgh University and over a hundred abstracts read for relevance. 45 papers were read in full for this review. Five were reviews of evidence, four were mixed methods studies, 13 quantitative studies and 23 qualitative studies. Nine of the imperial studies involved a cohort of men and women allowing for comparisons, three included practitioners' views as well as women, and most studies (28) were based on evidence from women only. Five studies did not make it clear how many women they included in their study and five were reviews of evidence, so based on the other 35 studies this review reports on the views of over 24,000 women. Only five studies were Scottish specific, a few were English, one Australian, one Canadian and the rest, and therefore the significant evidence base was based on research carried out in the USA.

## Key Findings

- 416 women died last year from alcohol and 367 from drugs. The number of deaths by alcohol has more than tripled over the past 40 years (National Records of Scotland, 2024, 2024b).
- The links between deprivation and substance use are clear, with alcohol 4.5 times higher and drugs 15 times higher in the most deprived areas (ibid).
- Women's pathways into substance use are different to men. Essentially, women use substances to cope with trauma and abuse, both past and present in their lives, and the impact this has on their mental health, in particular PTSD, eating disorders and low self-esteem (McHugh et al. 2018; Francis 2020). Whereas for men, it is reported that it is more because of the influence of peers and sensation seeking (Fonseca et al. 2021, McHugh et al. 2018; Jones and Kaltenback, 2013; Jeffrey and Nugent, 2024).
- Mothers feel especially stigmatised and hide from engaging with support (Gunn et al. 2018).
- Women's physiological response to substances is different to men, remaining in their system for longer and affected by their menstrual cycle (Fusco et al. 2024).
- The effect of substances on women's lives is more extreme, impacting on their general health, reproductive health, risk of blood borne viruses, and although women tend to begin substance misuse later in life the negative effects on all aspects of their lives, such as the impact on family relationships and employment are quicker than the effects on men (Jones et al. 2024).
- Women are more likely to become involved in sexual exploitation and marginalised even further (Harris et al. 2024).
- The main barriers to women engaging in support are the abusive relationships they are physically and mentally trapped within. Many women are also not financially autonomous and leaving means they, and their children where there are children, become homeless (Patton, 2024). Contextual factors such as staff shortages and a lack of pathways to treatment that consider childcare responsibilities are also barriers (Jones et al. 2024).
- Motivations for change were not about the women taking account of their own needs, but rather the risks of abuse posed to their unborn or born children (Patton, 2024).
- Pathways into recovery are through positive relationships and away from harmful abusive relationships. In the initial stages women often rely on friends. Having stable housing in a good environment is also key and this can mean women having to move away and them being especially vulnerable to feeling isolated (Patton, 2024; Hubberstey et al. 2019; Gartner et al. 201).
- For treatment and recovery having women only spaces, bringing women together to share and support one another, being gender responsive and staff being non-judgemental is really impactful to helping women build self-esteem and hope (Harris et al. 2024; Centre for Justice Innovation, 2023; Anderson et al. 2020; Mc Hugh et al. 2018, Neale et al. 2018 cited in Kelner and Gavriel-Fried, 2023; Greenfield et al. 2007). The perinatal period is an opportune time to support women (Perinatal Mental Health Network Scotland, 2021). Providing support with childcare or ideally with the whole family works well (Audit Scotland, 2024). Services, such as housing, recovery, substance use, mental health, sexual health, domestic abuse services should work together to provide women with holistic support (Patton, 2024; Jadovich et al. 2024, Harris et al. 2024, Fusco et al. 2024; Logan et al. 2024, Fujita et al. 2024, Centre for

Justice Innovation, 2023, Figure 8 Consultancy Services 2022, Best et al. 2021, Jones and Kaltenback, 2013.

- Sustaining recovery for women is about maintaining positive relationships, with their family, peers and the wider community, building self-esteem, being economically autonomous and overall creating a positive identity.

## Conclusion

The overwhelming evidence is that women's underlying reasons for substance use are predominantly linked victimisation in childhood and continued violence and abuse in adulthood, against a backdrop of poverty, affecting their mental, physical and sexual health. Reasons for getting into recovery are because of the fear women have about the impact of this abuse on their children – either unborn or born. Their needs are last, if considered at all. Women respond differently to substances and the damaging impact is much quicker for women than men, leading to their isolation, marginalisation and risk of becoming involved in sexual exploitation. Women and especially mothers, those who have lost custody of their children and/or have been in prison feel especially stigmatised, acting as barriers to asking for help that colludes with the abuser. Pregnancy can be a turning point, but the level of stigma women face can mean they hide away from or even avoid completely the care they should have during this time. The more isolated women become, the higher their substance use and victimisation.

Getting into and staying in recovery is about women getting out of harmful relationships, building positive relationships, getting access to support for mental health, self-esteem and becoming financially autonomous, having a sense of self that for many has been denied from them throughout their lives. Women need to have safe women only spaces as part of their recovery where they can speak openly, to understand and make sense of what they have been through, that they are not alone, and what they want for their own lives. Services need to work together with compassion and understanding, to help women address their holistic needs, get out and stay out of abusive relationships, reunite with their families and become part of a community.

## Context: The ‘facts’ on substances and impact

### Alcohol and Women in Scotland

The current statistics show that there were 1,277 alcohol deaths in Scotland in 2023, the highest number recorded since 2008 (National Records of Scotland, 2024). Women accounted for a third of all deaths (416). Reviewing data held from 1979, when 122 women were reported to have died from alcohol use, taking a rough analysis, this means that the figures have more than tripled over the past 40 years (ibid). The average age of death is 60 years old. Areas where there are higher rates of death are Inverclyde, Glasgow City, North Lanarkshire, and Dundee City. Alcohol-specific deaths were 4.5 times as high in the most deprived areas of Scotland compared to the least deprived areas in 2023. In 2023, alcohol-specific deaths were 2.0 times as likely to be in large urban areas compared to remote rural areas (National Records of Scotland, 2024).

Beyond the extreme measure of impact on death, alcohol is responsible for 1 in 8 deaths in breast cancer for women aged 35-64 (Alcohol Focus Scotland, 2024). Alcohol impacts reproductive health with links to several conditions impacting the menstrual cycle, fertility and pregnancy (ibid). An Australian study of 210 women with substance use issues found that two thirds had unintended pregnancies, a low rate of antenatal support (11%) and low uptake of immediate postpartum LARC use (3%) confirming an unmet need for contraception (Best et al. 2021). Menopause can affect women’s overall quality of life and lead to exposure of increased health risks (Alcohol Focus Scotland, 2024). Alcohol marketing has been shown to target women and currently there is a lack of or no information on alcohol products about the dangers to health (ibid).

### Drugs and Women in Scotland

In Scotland there were 1,172 drugs misuse deaths overall, 367 of which were female (National Records of Scotland, 2024). As can be seen above this is less than the number of deaths recorded for alcohol. Although the gap between sexes has narrowed over time, men are still twice as likely as women to die from drug misuse. The average age at death is 45. People in the most deprived areas of Scotland are more than 15 times as likely to die from drug misuse compared to people in the least deprived areas. Glasgow City and Dundee City had the highest rates of drug deaths (ibid). Opiates were implicated in 80% of all deaths and 88% were classified as accidental poisonings (ibid). There has been a significant rise in the number of deaths where cocaine is involved, from 6% in 2008 to 41% in 2023 (Audit Scotland, 2024).

Based on data from 2016 around 1.3% (about 1 in 76) of maternities in Scotland recorded drug misuse with roughly 42% of those (299) having a recorded misuse of opioids (Perinatal Mental Health Network Scotland, 2021).

Audit Scotland (2024) draws attention to the rise in vape use, from 6-30% of girls, and 8-20% of boys from 2018 to 2022.



## Current evidence on service provision in Scotland

Audit Scotland (2024) reported that £161 million was allocated to alcohol and drug services in 2023/24, more than double the £70.5 million allocated in 2014/15. The services are co-ordinated by the Alcohol and Drugs Partnerships (ADPs), but they have limited powers to influence change and direct funding, and their funding is falling in real terms due to inflation. Most funding goes to NHS specialist services to treat people at crisis point so there is limited money to put into preventing people getting ill in the first place. It is highlighted that there has been a shift in focus from alcohol to drugs and there is a need to address the binge drinking Scottish culture. There has not been an updated Alcohol Framework in six years (Audit Scotland, 2024).

## Filling the gap in understanding: The need for a gendered perspective

In this review of literature, it was repeatedly stated that research on recovery up until recently has largely been on men in treatment and there is a need instead for a gendered perspective of recovery (Patton, 2024; Jadovich et al. 2024; Collinson and Hall, 2021; Anderson et al. 2020; Fonseca et al. 2021, Mc Hugh et al. 2018). What is meant by ‘recovery’ is not well defined (Gesser, 2024) and will not be addressed in this report. The concept of social capital or recovery capital however was often used as terminology to describe the progress made in a recovery journey (Patton, 2024) in the literature. To provide some insights on the background to this, the Betty Ford Institute Consensus Panel (2007 cited in Patton 2024) delineated three specific phases, beginning with early recovery (year one of recovery), sustained recovery (years two–four), and stable recovery (years five plus) (cited in *ibid*). Early recovery has a return to use rate of (50–70%), whereas stable recovery experiences a reduced rate of 15% and after five years recovery is described as being self-sustaining (Dennis et al. 2014 cited in Patton, 2024). Overtime people generate more recovery capital. Recovery capital refers to the individual's assets that assist in their recovery process (*ibid*).

As this concept will be mentioned throughout this document further context is provided. Recovery capital has four categories: physical, human, social, and cultural capital.’ (Gesser, 2024: 554). As summarised by Gesser (2024: 557):

“Physical capital relates to physical assets such as housing, health financial assets and essentially greater access to treatment and more alternatives to choose from. Human capital includes a person's individual attributes, knowledge, educational level, physical and mental health, interpersonal and problem-solving skills, and self- efficacy. Social capital comprises of one's social relation- ships with family and friends that are supportive of the recovery efforts. Cultural capital, which is a form of community capital, includes available local recovery support institutions, mutual aid resources, and efforts to reduce stigma related to AOD (Cloud & Granfield, 2008; White & Cloud, 2008).”

It is generally accepted that the less social capital people have the more likely they are to relapse. However, Gesser’s US study based on 29 women who had substance use issues and were engaging in prostitution found that the women recognised that with the failed attempts at recovery and relapse they generated what was termed ‘cumulative attempt capital.’ That is, they learned from past mistakes, improved their social networks and built a sense of self- efficacy. This conception of relapses reframes configures it away from a shameful action and rather an accepted and expected part of the recovery process. Recovery is complex and rarely if ever a linear process, just like life really.



## Pathways into substance use and reasons underpinning use

- One of the most striking findings of this review is the extent to which it has been reported that for women the impact of violence and victimisation across the life course are direct reasons for substance use, that is abuse in childhood, particularly sexual abuse, incest and these abusive relationships perpetuating into and across adulthood (Patton, 2024, Jones et al. 2024, Jeffrey and Nugent, 2024, Centre for Justice Innovation 2023, Lamb, 2022, Goodrum et al. 2022; Kelner and Gavriel-Fried, 2023, Hubberstey et al. 2019, Gregoire and Snively, 2001; Cohen 1999). A US study of 40 women in their late 20s found high rates of intimate partner violence (IPV) or domestic abuse to women who were using opioids (Pallatino et al. 2021). A more recent study of 2064 women in recovery brought to the fore the direct links between stalking, depression, anxiety and substance use (Logan et al. 2024). An Israeli study of 104 women being treated in a methadone clinic reported that all had been abused as children and half had been diagnosed with Post-Traumatic Stress Disorder (PTSD) (cited in Kelner and Gavriel-Fried, 2023).
- Women are more likely to have come from families where addiction was prevalent (Fonseca et al. 2021).
- The reasons for initiating use for girls are linked to coping strategies to face depression, anxiety, and negative feelings, whereas for men it is reported that initiating use of drugs is mainly because of the influence of peers and/or sensation-seeking (Fonseca et al. 2021).
- Women are more likely to report experiencing a traumatic event and PTSD prior to substance use disorder (McHugh et al. 2018; Jones and Kaltenback, 2013; Jeffrey and Nugent, 2024). Women who have a history of abuse and are diagnosed with PTSD are nearly 15 times more likely to engage in daily problematic alcohol and illicit drug use compared to women without PTSD (Sullivan et al., 2016 cited in Goodrum et al. 2022).
- A study of 124 women in the US showed that women who had been diagnosed with PTSD had high levels of opioid and cocaine use leading to a call for trauma treatment to be prioritised in support for substance use (Goodrum et al. 2022).
- Women are more likely to have co-occurring mental health problems than their male counterparts who have substance use issues (McHugh et al. 2018; Francis 2020).
- Drawing on research that compared accounts from 342 female and 410 male participants in recovery, women reported having more needs in relation to mental health but less contact with mental health services than men (Anderson et al. 2020).
- Women with substance use disorders have a greater prevalence of eating disorders, linked to trauma which can interfere with long-term recovery (Robinson et al. 2022). Based on an Australian study of 1099 women it was reported that eating disorders were used by some as a way of forgetting, numbing, linked to trauma, reinforcing the prioritisation of trauma support (Robinson et al. 2022). The study was also very clear that men can also be affected in the same way.
- Women are more likely to be living with a substance abusing spouse than men and lack wider family support (Gregoire and Snively, 2001).
- Drawing on data from 3000 women who made calls to a crisis support helpline in the USA, 30% of callers reported that their current or ex-partner pressurised them to use alcohol or drugs or made them use more than they wanted. Furthermore, nearly 40% said that a current or ex-partner threatened to report substance use to someone in

authority to keep them from getting something important to them, such as child custody or a job (cited in Fusco et al. 2024).

- Women are more likely to take substances in isolation (Kelner and Gavriel-Fried, 2023; Gregoire and Snively, 2001).
- As well as the undeniable links between poverty and substance use (National Records of Scotland 2024, 2024b), women who are in abusive relationships often lose financial control (Fusco et al. 2024; Pallatino et al. 2021; Gregoire and Snively, 2001). Universal credit is now claimed as a household but only paid to one individual, making women who are in abusive relationships especially financially vulnerable (Tweed et al. 2022).
- When women become disconnected from others, they experience a lack of self-worth (Lamb, 2022). Women report having especially low self-esteem during continued use (Patton, 2024; Jones et al. 2024).
- Estimates reported in the research were that between 70-90% of women carrying out street prostitution have substance use issues (Gesser, 2024). Women who engage in both substance use, and prostitution tend to have lower education level, unemployment, psychiatric comorbidity, and as more criminal involvement (ibid). Life on the streets, in the same way as prison, depletes women of close relationships, employment, housing, mental and physical health (Gesser, 2024; Jones et al. 2024).
- Based on a US study of 30 women who had been in prison, the stigma of being perceived a 'bad mother' was especially clear and the label of being an 'addict' described as having an enduring mark, overshadowing attempts at desistance (Gunn et al. 2018).
- A recent study carried out in South Ayrshire and based on qualitative interviews with thirteen women found that many of the women reported bereavement of someone very close to them, including children could be a key turning point in substance use escalating (Jeffrey and Nugent, 2024).
- Lisansky Gomberg (1988) posits that in contrast to men, who tend to act out in an array of aberrant behaviours, women turn negative feelings towards themselves. Internalised shame is thought to be experienced as depression, 'a state of dysphoric discomfort', which leads women to use alcohol in an attempt 'relieve' and 'self-medicate psychic pain' (Lamb: 2022: 144)
- Women reported relationships with children or partners being their main issue whilst for men, their specific needs were in relation to physical health (Anderson et al. 2020).
- A US study found that Women are more likely to have chronic pain, be prescribed prescription pain relievers, be given higher doses, and use them for longer time periods than men. Women may become dependent on prescription pain relievers more quickly than men (Fonseca et al. 2021).
- A review of drug related deaths in Scotland to explore the increase in women dying of drugs brought together quantitative data from key sources such as the National Drug-Related Deaths Database and hospital statistics, as well as a secondary analysis from interviews with 28 women who had issues with substance use. This led to a number of key findings, that is the link between women who had children removed from their care and overdose and the reported hopelessness women felt as a result; that as women age they became more isolated and had experienced more bereavements, also the wider context of there being reduced mental health provision as having an impact (Tweed et al. 2022). The research also found that women who had died from drug overdose had poorer physical and mental health than their male counterparts, longer-term disabilities and more acute hospital stays (Tweed et al. 2022). Women with direct lived experience of substance use also reported having disagreements with health providers about the

management of their ORT, with many saying they wanted to come down in their dosage but their provider refusing (Tweed et al. 2022).

- The link between overdose and child protection proceedings in Scotland has been affirmed in previous research, and the need for good co-ordination of care (Perinatal Mental Health Network Scotland, 2021).

## The effects of substance use

- Physiologically women respond differently to substances than men, the evidence indicates drugs cause greater damage to their heart and vascular system and are more likely to die from an overdose compared to men (Fusco et al. 2024). Women get intoxicated with alcohol quicker than men; nicotine plasma concentrations are higher among women than in men and these concentrations are achieved more quickly, and more intense in women taking estrogen contraceptives (Fonseca et al. 2021). For cocaine, the evidence shows that men achieved higher concentrations through the intranasal route compared to the intravenous route, whereas in women, the plasma concentrations can change depending on the phase of the menstrual cycle (Fusco et al. 2024; Jones et al. 2024). The metabolic differences result in greater intoxication for females relative to males (McHugh et al. 2018).
- Unique to women, substance use during pregnancy places them at increased risks of harm, to them and their baby (Fusco et al. 2024).
- Referred to as ‘telescoping’, the symptoms or impact of substance use happens more quickly for women than men, and although they begin using substances generally later in life, the negative outcomes are experienced within a shorter time period (Jones et al. 2024; Gregoire and Snively, 2001). Adverse medical, psychiatric, and functional consequences associated with SUDs are often more severe in women (Polak et al. 2023; Fonseca et al. 2021, McHugh et al. 2018). Women who abuse drugs have been found to get sicker more quickly and suffer higher rates of liver problems, hypertension, diabetes, anaemia, and gastrointestinal disorders than men (Fonseca et al. 2021). Women also experience sex-specific medical problems because of their addiction, such as a higher risk of infertility, vaginal infections, repeat miscarriages, and premature delivery (ibid). Also, women are more vulnerable than men to infection with HIV and HCV, more likely to use drugs with many partners, exchange sex for money or drugs, share paraphernalia with an injecting partner and have difficulty negotiating condom use with their intimate partners, especially when experiencing intimate partner violence victimisation (Fonseca et al. 2021).
- Women are more likely to be dependent to substances physically and the implications this has on their reproductive health (Fonseca et al. 2021; Anderson et al. 2020).
- Women who have been binge drinking are at higher risk of experiencing sexual victimisation, unintended pregnancies and sexually transmitted diseases (Jones et al. 2024; McHugh et al. 2018).
- Women who inject drugs are more vulnerable than men to HIV, bacterial infections and sexually transmitted infections (Fujita et al. 2024).
- Relative to men, women in SUD treatment consistently report more severe functional impairment in domains such as employment, social/family, medical and psychiatric functioning (McHugh et al. 2018).
- A significant factor in repeated studies, reported it would seem only by women, is the psychological impact of losing custody of children (Anderson et al. 2020; Fonseca et al. 2021). When men begin their recovery journey their partners have taken care of their children in most cases and so this loss does not seem as apparent (ibid).
- Based on a US study of 36 women it was found that women who had substance use issues became involved in sex exploitation practices and exacerbated experiences of marginalisation (Harris et al. 2024; Kelner and Gavriel-Fried, 2023). Violence was ubiquitous in drug use environments and this perpetuated cycles of trauma and reinforced barriers to care (ibid).

## Barriers to recovery for women

- One of the main barriers to recovery and moving away from substance use is the impact of domestic violence that sustains substance use, with substances often used as a coping mechanism within these destructive relationships (Patton, 2024; Figure 8 Consultancy Services, 2022; Collinson and Hall, 2021; Pallatino et al. 2021). Based on qualitative research with 15 women and 15 men it was noted that for men relationships were regarded in a binary transactional way, with them questioning simply– is this good for me or not, with none reporting being in a harmful relationship. Whereas, for the women, their connections were seen as being more complex and ending relationships more difficult (Patton, 2024).
- Women who are in abusive relationships often lose financial control making it even more challenging to leave their situation (Gregoire and Snively, 2001).
- The emotional abuse women experience prevents them from fully engaging in their recovery (Pallatino et al. 2021).
- Women report not being believed by staff creating issues to accessing support for mental health and substance use/domestic violence (Figure 8 Consultancy Services, 2022).
- Women who are with partners who are using find it hard to begin recovery (Gregoire and Snively, 2001).
- A US study of 30 women who had given birth and had abstained from substances during this time took part in research which showed the lengths their abusive partners had gone to, to sabotage their recovery (Fusco et al. 2024). The women reported their partners preventing them from making appointments, restricting transportation, making substance use a condition of the relationship, portraying the person as a ‘bad mom’ and making them socially isolated (Fusco et al. 2024).
- Two English studies based on qualitative data from nine women highlighted the prevalence of negative relationships on women who use substances and contended that women need to be better supported and empowered to gain agency regarding their relational component and its influence on recovery (Collinson and Hall, 2021).
- For women, getting out of harmful relationships also meant they made themselves and if they had children, their children too, homeless (Patton, 2024). It is worth noting that the main reason for homelessness is fleeing domestic violence.
- Continuing to live in the same environment where drugs are prevalent makes stopping difficult (Jadovich et al. 2024).
- A key inhibitor to women seeking the support they need is the guilt, shame and stigma they feel as mothers (Collinson and Hall, 2021; Levi et al. 2024; Pahwa et al. 2019). Lesbians can also feel a particular level of shame within society (Lamb, 2022). Women experience shame from highly gendered moral discourse (Lamb, 2022). Cohen (1999) state simply that men seem to find it easier to forgive themselves. A quantitative analysis of 839 women who were receiving substance use support in the USA found that the more stigmas reported by women, such as having lost custody of their children, sexual abuse, assault and prison, the risk of substance use was higher.
- In the states of South Carolina and Alabama pregnant women using substances can receive a criminal charge for neglect. A qualitative study with 30 women who had been recently pregnant and used substances revealed the strategies the women adopted to not being detected, such as missing appointments or avoiding treatment completely, and two women even denied they were pregnant (Stone, 2015). This shows that punitive approaches can put both the mother and child at risk (Stone, 2015).

- Staff shortages in mental health services and mental health nurses being able to retire at 55 without this affecting their pension means this service is under a lot of pressure (Figure 8 Consultancy Services, 2022).
- Women report having to fit around substance use support services in Scotland, there being little support for people to address cocaine use, and the third sector also report that they are unable to speak openly about the statutory sector (Figure 8 Consultancy Services, 2022). Furthermore, there has been closures of pharmacies due to the locum shortages (Figure 8 Consultancy Services, 2022).
- ‘Traditional prenatal care based on short appointments and limited psychosocial support is inadequate for women with substance use issues’ (Gartner et al. 2018: 311). Based on the testimonies of 21 women who carried out participatory action research in Canada, ‘family doctors’ and the judgement felt was a signification barrier to asking for help.
- Lack of childcare and the fear of losing custody is a significant barrier to engagement in support (Jones et al. 2024; Jeffrey and Nugent, 2024).
- Sub groups of women, that is those who are pregnant or have parenting responsibilities, women of colour, immigrants, LGBTQ individuals, travellers, those neurodiverse, digitally excluded, have been in prison face specific stigma and barriers to engaging with support (Jones et al. 2024, Kelner and Gavriel-Fried, 2023, Centre for Justice Innovation, 2023, Anderson et al. 2020; Gunn et al. 2018). A recent US study of 15,515 women found that white female drinkers had much higher success rates than black and Hispanic women in the same cohort, raising questions about the differing rates of remission and indicating differing levels of service intervention (Young et al. 2024). An earlier US study based on 29 black women found that professionals were less likely to offer them counselling than they had expected and instead only offered medication (Jones et al. 2015). It was reasoned that the cultural myth of ‘strong black women’ may be a reason for this, and it was also observed that black women only asked for help when they had really reached crisis point, turning to family and friends rather than professionals (ibid).
- A recent Scottish study found that women were not aware of the counselling services available and those who had been referred by NHS has not heard anything further, highlighting this as being a gap in provision (Jeffrey and Nugent, 2024).
- Women are less likely than men to enter treatment and present a more vulnerable profile than men (Fonseca et al. 2021).
- For women who have issues with alcohol, AA might be problematic with the emphasis on shaming (Lamb, 2022).
- Women experience more stigma than men. For women, unlike men, the higher the educational level and socioeconomic status the more likely they are to suffer alcohol abuse (Fonseca et al. 2021).
- Women in one study said they had negative experiences in substance use services that were mixed, specifically assault and assumed or intention/coerced sexual exploitation (Harris et al. 2024). Women in the same study reported having been assaulted even by Doctors and felt this was because they knew they would not be believed if they reported it (ibid).
- Other barriers to recovery, that are relevant to both men and women are summarised by Audit Scotland (2024) as being about the stigma to ask for help, the barriers being accessed such as waiting lists; the barriers to being referred such as staff shortages; barriers to staying in treatment and recovery due to a lack of advocacy and lack of trauma informed staff.



## Motivations for change

- Pregnancy for women can be a catalyst for change, providing a turning point for reflection, building a sense of responsibility and maternal motivations to be an active mother (Patton, 2024; Hubberstey et al. 2019). However, many women with substance use disorders who abstain from substance use during pregnancy relapse in the postpartum period (Fusco et al. 2024).
- When children become at risk from violence, this as opposed to the ongoing dangers women themselves have endured can be the 'tipping point' for ending harmful relationships and in turn beginning the road to recovery (Patton, 2024).
- What is apparent about these motivations is that they are rarely about the women taking account of herself and her own needs.

## Pathways into recovery for women

- The research repeatedly emphasises recovery capital and pathways into and sustaining recovery for woman as being about positive social connections and networks, and this is not to say that this is not important for men, but it appears that building relationships are especially important for women (Patton, 2024; Hubberstey et al. 2019; Gartner et al. 2018). Women rely on friends in their initial stages of recovery, whereas men can rely on partners (David and Jason, 2005 cited in Kelner and Gavriel-Fried, 2023).
- Moving away from social networks or doing a 'geographical' can mean isolation but can help in the initial stage of stopping using substances (Patton, 2024). However, remaining isolated does not lead to sustained recovery (Patton et al. 2024).
- Having stable quality housing is essential to sustaining recovery and in developing a positive identity (Patton, 2024; Hubberstey et al. 2019). This is important to both men and women, but for women as opposed to men, this was not about ownership or even quality of housing but rather feeling a sense of community and connection above all else (Patton, 2024).
- A US qualitative study with both men and women predominantly from ethnic minority backgrounds engaging in mental health support and with substance use issues, found that for many African Americans it was through the Church and peer support that they established connections and a positive identity (Pahwa et al. 2019). The meaning therefore of what is meant by 'community' is wide.

# The type of support that makes a positive difference to women

## Being gender responsive – women only spaces

- An emerging finding in the research is the value of having women only spaces (Harris et al. 2024; Centre for Justice Innovation, 2023; Anderson et al. 2020; Mc Hugh et al. 2018, Neale et al. 2018 cited in Kelner and Gavriel-Fried, 2023; Greenfield et al. 2007). Recent Scottish research found that women felt recovery groups could be male dominated and some took advantage of women who were especially vulnerable early in their recovery (Jeffrey and Nugent, 2024). These findings are echoed in other research in England based on 28 women who described some men in recovery groups as being predatory (Centre for Justice Innovation, 2023).
- Women-lead and queer services were perceived as safe and welcoming (Harris et al. 2024).
- Anderson et al. (2020) summarise what is meant by being gender responsive as being based on the following principles (Bloom et al., 2003): gender (recognition that gender makes a difference); environment (the importance of safety, respect and dignity); relationships (supporting individuals to establish healthy relationship); services (comprehensive, integrated and cultural relevant); socio-economic status (providing opportunities for enhancement); and community (comprehensive and collaborative community services) and being trauma-informed recognising the high levels of trauma experienced by substance-using women in childhood and/or adulthood (Covington, 2008; Purunen & Vis, 2017; Tompkins & Neale, 2018 cited in Anderson et al. 2020).
- A quantitative study in the US based on 296 women highlighted the importance of women building self-esteem by acting as a good role model for other women, actively listening to other women to support them, and resolving conflicts without losing control (Hunter et al. 2014). The study also emphasised the importance of empowerment and this being directly linked to access to resources (Hunter et al. 2014). Empowerment theory states there are three levels, that is psychological, organisational and community (Hunter et al. 2014) Highlighting that this is about self-identity as well as the position people feel within their communities.
- Based on an analysis of research with seven women, externalising the substance as being the problem, asking what happened rather than what is wrong with you can be helpful (Lamb, 2022).
- As women report having low self-esteem, in one Scottish study women suggested that having a buddy system so that they can have support to attend initial appointments at support services would be helpful (Jeffrey and Nugent, 2024).
- Bringing women together to share experiences and to overcome shame is important (Lamb, 2022). In a recent Scottish study women described the transformational effect of meeting other women who had similar experiences and developing connections which were steadfast, genuine and helped them to build hope (Jeffrey and Nugent, 2024).
- A US study based on ten women who had received support whilst pregnant emphasised the value of medical and care staff having a non-judgemental attitude, compassion and the value of peer support to help ease fears and for people to feel comfortable to open up (Hiliard et al. 2023).
- A US quantitative study of alcohol treatment based on 344 young men and women, found that the impact of different programmes differed based on sex, race and the

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levels at which people were drinking (Chung et al. 2025). Essentially, women showed more heterogeneity than men, linked potentially to their greater physical and health conditions. Goal setting in terms of plans for drinking was also important (ibid).

- Having online groups as an additional option to, rather than replacing face to face contact, can mean women are able to engage better as childcare therefore is not an issue (Jeffrey and Nugent, 2024). There has been a growth in online communities for support with alcohol use mostly made up of women who are in employment and well educated (Day 2021, cited in Lamb, 2022).
- The 2022/23 ADP survey indicated that one-third of ADPs had no specific services in place for women (Audit Scotland, 2024). Women-only support and recovery services are provided in some areas, providing trauma informed support and mental health counselling alongside women and children facilities, but these are not widespread (Audit Scotland, 2024).
- Addressing stigma is in the strategic plans for all ADPs, one example of good practice is 'Humanising Healthcare', which is a Community Interest Company that has brought students together with people with lived experience of substance use to help them understand addiction hearing from people with direct lived experience (Audit Scotland, 2024).
- A gender gap exists in SUD treatment with women being less likely to engage and remain in treatment compared with men, and gender-specific treatments may help address this gap (Polat et al. 2023).
- A review of evidence in the US shows that punitive approaches do not work, such as for example the criminalisation of women taking substances who are pregnant and being charged with neglect (Jones and Kaltenbach, 2013). Areas highlighted as being successful include cognitive behavioural therapy, motivational interviewing, screening and women-centred programs (ibid). Jones and Kaltenback (2013) summarise being trauma informed as taking account of the violence and victimisation that has happened in the lives of women with substance use issues; designing a service to accommodate the vulnerabilities; delivering a service that facilitates participation.
- Supporting women with substance use can lead to family reunification, benefits that are not seen to the same extent in men (Jones et al. 2024).

## Services working together to provide holistic support

- Based on qualitative interviews with 19 women in the US, it was found that taking a gender perspective to capital and bringing clinical and non-clinical interventions together, again particularly access to housing, worked best (Jadovich et al. 2024).
- Based on a Canadian study of 125 women, it was found that children services, housing and substance use services working together can be very effective (Hubberstey et al. 2019).
- Having stable housing is key (Patton, 2024; Hubberstey et al. 2019)
- GPs and mental health services could be better informed about recovery services and supporting people to link (Jeffrey and Nugent, 2024).
- There is some good practice identified for women with substance use in the perinatal period in Scotland. Specifically, in Fife the - Vulnerable in Pregnancy (VIP) Project provides additional support to pregnant women involved in illicit substance misuse or who are on treatment programmes for dependence (Perinatal Mental Health Network Scotland, 2021). VIP was developed by the drug liaison midwifery service in partnership with addiction services and social work staff. Barnardo's Children Affected by Parental Substance Misuse (CAPSM) service is a community based intensive family support services funded by Fife Alcohol & Drug Partnership. In Forth Valley when a patient has

been identified as being “hard-to-reach” midwives proactively endeavour to engage the patient. Antenatal checks are carried out in the patient’s own home and team midwives support them at hospital clinic appointments. The ‘Best Start’ programme makes clear recommendations about the care of women with substance use in the perinatal period, asking health boards to provide care constructed around women’s needs. Some areas have specialist midwives and working alongside other agencies to connect women to the support they need and want, such as for example, dealing with domestic abuse, housing etc. In some areas however the specialist help is not there and a lack of integration of maternity and addiction services.

- A US study which reviewed 2559 cases of women with HIV and substance use issues, found that only 42% were engaging in support for the latter, highlighting the need for services to work together to provide more holistic support (Fujita et al. 2024).
- Providing treatment options that can support the whole family helps, such as Aberlour’s mother and child recovery house in Falkirk to support women and children affected by problematic alcohol and drug use (Audit Scotland, 2024).

## Sustaining recovery

- For women, above all else, sustaining recovery is about building new relationships that are positive, feeling a sense of belonging and community, both within and outside of recovery communities (Patton, 2024; Patton et al. 2024; Collinson and Hall, 2021; Gregoire and Snively, 2001). Healthy relationships and building friendships with other women are especially important (Kelner and Gavriel-Fried, 2023). It is posited that that the development of women's identity from childhood to adulthood (as shaped through the relationship with the mother) revolves around trying to maintain a connection rather than separation (Gilligan, 1993 cited in Kelner and Gavriel-Fried, 2023: 660).
- Based on a European wide study of an analysis of 1313 individuals, a multivariate analyses show that recovery for men is linked more to meeting their physical needs, whereas for women it is more relational and particularly to connect with their family and children (Abreu et al. 2022). A further recent US study of 42 women and 22 professionals working in the field found that ORT worked best when it was combined with interventions that focused on family resilience and peer recovery support (Jones et al. 2024).
- Kougiali et al. (2021) meta-synthesis found that recovery involved regaining control, agency and empowerment and a revision of 'the self' within the wider social structure (cited in Lamb 2022: 20). For example, finding a 'sober identity' for women could be a source of pride (Lamb, 2022). Going to college, volunteering, getting into employment all support women to build positive identities (Jeffrey and Nugent, 2024).
- Connecting with other women who have been through similar experiences helps women to overcome shame. Women who have overcome shame are more likely to succeed in recovery (Lamb, 2022).
- Women who engage in women only treatment groups have a more sustained recovery and it is reasoned that this is because women are able to open up and have an increased sense of comfort and safety in a women only setting (Greenfield et al. 2007).
- A review of 377 women's recovery journeys showed that women were especially influenced by their relationships in the promotion of their recovery and had complex relationships, that is those that both could help and hinder recovery, and fewer relationships that were reciprocal (Francis, 2020). Essentially, this points to women having traumatic backgrounds and putting others needs before their own.
- Building self-esteem and confidence is crucial to women sustaining recovery and an area that did not emerge in the interviews with men (Patton, 2024).
- Women having economic autonomy is key (Gregoire and Snively, 2001). A US study of 59 women who attended long-term substance use treatment in a women's only facility that emphasised employment showed the importance of having state support for women to gain control of their lives, and the correlation between reduced substance use and economic autonomy (ibid). The centrality of employment in regaining a positive identity was also found in a US study that included eight women who had substance and mental health issues (Pahwa et al. 2019).

## Key learning and Conclusion

- It is vital services work together to help women address their needs holistically, in particular recovery, housing, sexual, reproductive health, mental and physical health care, advocacy, residential rehabilitation, providing clinical and non-clinical interventions adopting gender specific approaches (Patton, 2024; Jadovich et al. 2024, Harris et al. 2024, Fusco et al. 2024; Logan et al. 2024, Figure 8 Consultancy Services 2022, Best et al. 2021, Jones and Kaltenback, 2013). Siloing does not work (Fujita et al. 2024, Centre for Justice Innovation, 2023).
- Women only spaces are needed (Jeffrey and Nugent, 2024).
- Treatment that provides family support so that women can remain with their children are successful (Stone, 2015).
- Services that provide or support women to access childcare would be helpful (Jeffrey and Nugent, 2024, Centre for Justice Innovation, 2023).
- Support for women who have lost children or have suffered bereavement is an area that needs more attention (Jeffrey and Nugent, 2024).
- Relationship building and trust with workers takes time (Centre for Justice Foundation, 2023).
- Peer support is welcomed and proves very successful (Centre for Justice Innovation, 2023).
- Pregnancy can be a turning point, and women require non-judgemental support that understands their needs and strengths to make the changes they want to make possible.
- More outreach services could help women make the connections they want to make (Jeffrey and Nugent, 2024).
- Services should be trained in recognising or screening for domestic violence. Women need specific support to get out of violence and abusive relationships (Patton, 2024;).
- Women need to build holistic identities in the wider community to sustain recovery (Collison and Hall, 2021).

## Conclusion

The overwhelming evidence is that women's underlying reasons for substance use are predominantly linked to victimisation in childhood and continued violence and abuse in adulthood, against a backdrop of poverty, affecting their mental, physical and sexual health. Reasons for getting into recovery are because of the fear women have about the impact of this abuse on their children – either unborn or born. Their needs are last, if considered at all. Women respond differently to substances and the damaging impact is much quicker for women than men, leading to their isolation, marginalisation and risk of becoming involved in sexual exploitation. Women and especially mothers, those who have lost custody of their children and/or have been in prison feel especially stigmatised, acting as barriers to asking for help that colludes with the abuser. Pregnancy can be a turning point, but the level of stigma women face can mean they hide away from or even avoid completely the care they should have during this time. The more isolated women become, the higher their levels of substance use and victimisation.

Getting into and staying in recovery is about women getting out of harmful relationships, building positive relationships, getting access to support for mental health, self-esteem and becoming financially autonomous, having a sense of self that for many has been denied from them throughout their lives. Women need to have safe women only spaces as part of their



recovery where they can speak openly, to understand and make sense of what they have been through and what they want for their own lives. Services need to work together with compassion and understanding, to help women address their holistic needs, get out and stay out of abusive relationships, reunite with their families and become part of a community.

## References

- Abreu, V., Best, D., Brown, L., Patton, D. and Vanderplasschen, W 2022. Differences in addiction and recovery gains according to gender – gender barriers and specific differences in overall strengths growth. *Substance Abuse Treatment, Prevention, and Policy*. 17 (21), pp. 1-9. <https://doi.org/10.1186/s13011-022-00444-8>
- Audit Scotland (2024) *Alcohol and Drug Services*. Available at: [https://audit.scot/uploads/2024-10/nr\\_241031\\_drugs\\_alcohol.pdf](https://audit.scot/uploads/2024-10/nr_241031_drugs_alcohol.pdf)
- Best, E., Lokuge, B., Dunlop, A., & Dunford, A. (2021). Unmet need for postpartum long-acting reversible contraception in women with substance use disorders and/or socioeconomic disadvantage. *The Australian & New Zealand journal of obstetrics & gynaecology*, 61(2), 304–309. <https://doi.org/10.1111/ajo.13306>
- Centre for Justice Innovation (2023) *Exploring women’s experience of drug and alcohol treatment in the West Midlands*. Available at: <https://justiceinnovation.org/publications/exploring-womens-experience-drug-and-alcohol-treatment-west-midlands>
- Chung, T. Suffoletto, B. and Bhuros, T. (2025) Which intervention works for whom: Identifying pre-treatment characteristics that predict who will benefit from a specific alcohol text message intervention from a randomized trial. *Journal of Substance Use & Addiction Treatment*, Volume 168, 209562. Available online at: <https://www.jsatjournal.com/article/S2949-8759%2824%2900274-1/fulltext>
- Collinson, B. and Hall, L. (2021) The role of social mechanisms of change in women’s addiction recovery trajectories, *Drugs: Education, Prevention and Policy*, 28:5, 426-436, DOI: 10.1080/09687637.2021.1929077
- Cohen, M. (1999) *Counselling Addicted Women: A Practical Guide*. Thousand Oaks: SAGE Publications, Incorporated. Accessed December 16, 2024. ProQuest Ebook Central.
- Figure 8 Consultancy Services (2022) *Time for Kindness, Compassion and Hope: The Need for Action Two Years On. A two year on review report from the Dundee Drugs Commission: PART ONE – THE REPORT*. Dundee: Figure 8 Consultancy Services.
- Francis M. W. (2020). Transitions of Women's Substance Use Recovery Networks and 12-Month Sobriety Outcomes. *Social networks*, 63, 1–10. <https://doi.org/10.1016/j.socnet.2020.04.003>
- Fonseca, F., Robles-Martínez, M., Tirado-Muñoz, J., Alías-Ferri, M., Mestre-Pintó, J. I., Coratu, A. M., & Torrens, M. (2021). A Gender Perspective of Addictive Disorders. Current addiction reports, 8(1), 89–99. <https://doi.org/10.1007/s40429-021-00357-9>
- Fujita, A. W., Ramakrishnan, A., Mehta, C. C., Yusuf, O. B., Thompson, A. B., Shoptaw, S., Carrico, A. W., Adimora, A. A., Eaton, E., Cohen, M. H., Jain, J. P., Adedimeji, A., Plankey, M., Jones, D. L., Chandran, A., Colasanti, J. A., & Sheth, A. N. (2024). Co-Utilization of HIV, Substance Use, Mental Health Services Among Women With Current Substance Use: Opportunities for Integrated Care? *Journal of primary care & community health*, 15, 21501319241285531. <https://doi.org/10.1177/21501319241285531>

- Fusco, R. A., Kulkarni, S. J., & Pless, J. (2024). "He gets mad that I'm sober": Experiences of substance use coercion among postpartum women in recovery. *Journal of substance use and addiction treatment*, 164, 209407. <https://doi.org/10.1016/j.josat.2024.209407>
- Gartner, K., Elliott, K., Smith, M., Pearson, H., Hunt, G., & Martin, R. E. (2018). "People in regular society don't think you can be a good mother and have a substance use problem": Participatory action research with women with substance use in pregnancy. *Canadian family physician Medecin de famille canadien*, 64(7), e309–e316.
- Gesser N. (2024). "I was already there once": Cumulative attempt capital of marginalized women exiting substance use and street prostitution contributes to their recovery capital. *American journal of community psychology*, 73(3-4), 554–567. <https://doi.org/10.1002/ajcp.12736>
- Goodrum, N. Bernard, D. and Moreland, A. (2022) Interpersonal Violence, PTSD, and Substance Use Types among Women Receiving Substance Use Treatment, *Journal of Dual Diagnosis*, 18:3, 123-134, DOI: 10.1080/15504263.2022.2090649
- Greenfield, S. F., Trucco, E. M., McHugh, R. K., Lincoln, M., & Gallop, R. J. (2007). The Women's Recovery Group Study: a Stage I trial of women-focused group therapy for substance use disorders versus mixed-gender group drug counseling. *Drug and alcohol dependence*, 90(1), 39–47. <https://doi.org/10.1016/j.drugalcdep.2007>
- Gregoire, T. K., & Snively, C. A. (2001). The relationship of social support and economic self-sufficiency to substance abuse outcomes in a long-term recovery program for women. *Journal of drug education*, 31(3), 221–237. <https://doi.org/10.2190/3T8L-AGY5-KBV6-3TRQ>
- Gunn, A. J., Sacks, T. K., & Jemal, A. (2018). "That's not me anymore": Resistance strategies for managing intersectional stigmas for women with substance use and incarceration histories. *Qualitative social work : QSW : research and practice*, 17(4), 490–508. <https://doi.org/10.1177/1473325016680282>
- Harris, M. T. H., Laks, J., Hurstak, E., Jain, J. P., Lambert, A. M., Maschke, A. D., Bagley, S. M., Farley, J., Coffin, P. O., McMahan, V. M., Barrett, C., Walley, A. Y., & Gunn, C. M. (2024). "If you're strung out and female, they will take advantage of you": A qualitative study exploring drug use and substance use service experiences among women in Boston and San Francisco. *Journal of substance use and addiction treatment*, 157, 209190. <https://doi.org/10.1016/j.josat.2023.209190>
- Hilliard, F., Goldstein, E., Nervik, K., Croes, K., Ossorio, P. N., & Zgierska, A. E. (2023). Voices of Women With Lived Experience of Substance Use During Pregnancy: A Qualitative Study of Motivators and Barriers to Recruitment and Retention in Research. *Family & community health*, 46(1), 1–12. <https://doi.org/10.1097/FCH.0000000000000349>
- Hubberstey, C., Rutman, D., Schmidt, R. A., Van Bibber, M., & Poole, N. (2019). Multi-Service Programs for Pregnant and Parenting Women with Substance Use Concerns: Women's Perspectives on Why They Seek Help and Their Significant Changes. *International journal of environmental research and public health*, 16(18), 3299. <https://doi.org/10.3390/ijerph16183299>

Hunter, B. A., Jason, L. A., & Keys, C. B. (2013). Factors of empowerment for women in recovery from substance use. *American journal of community psychology*, 51(1-2), 91–102.  
<https://doi.org/10.1007/s10464-012-9499-5>

Jadovich, E. Viera, A. Edelman, J. Muilenburg, J. and Kershaw, T. (2024). “Recovery is about change, so you have to change everything”: Exploring the evolution of recovery capital among women in substance use disorder treatment. *SSM - Qualitative Research in Health*. 5. 100422. 10.1016/j.ssmqr.2024.100422.

Jeffrey, H. and Nugent, B. (2024) *South Ayrshire ADP Research and Scoping Study: Support for Women*. Glasgow: Horizons Research.

Jones, Hendree E., and Kaltenbach, K. (2013) *Treating Women with Substance Use Disorders During Pregnancy: A Comprehensive Approach to Caring for Mother and Child*. Oxford: Oxford University Press, Incorporated. Accessed December 16, 2024. ProQuest Ebook Central.

Jones, L. V., Hopson, L., Warner, L., Hardiman, E. R., & James, T. (2015). A Qualitative Study of Black Women’s Experiences in Drug Abuse and Mental Health Services. *Affilia*, 30(1), 68-82. <https://doi.org/10.1177/0886109914531957>

Jones, A. A., Strong-Jones, S., Bishop, R. E., Brant, K., Owczarzak, J., Ngigi, K. W., & Latkin, C. (2024). The impact of family systems and social networks on substance use initiation and recovery among women with substance use disorders. *Psychology of addictive behaviors. Journal of the Society of Psychologists in Addictive Behaviors*, 38(8), 850–859.  
<https://doi.org/10.1037/adb0001007>

Kelner, J., & Gavriel-Fried, B. (2023). “The relationship changed because I had changed”: Experiences and perceptions of friendships between women treated for substance use disorder in women-only residential programs. *Feminism & Psychology*, 33(4), 647-667  
<https://doi.org/10.1177/09593535231176349>

Levi, M. M., Webster, J. M., Tillson, M., Annett, J., Oser, C. B., Fanucchi, L. C., & Staton, M. (2024). An Exploratory Study of Overlapping Stigmas and Substance Use Stigma Among Women With Substance Use Histories Who are Incarcerated. *Journal of Drug Issues*, 0(0). <https://doi.org/10.1177/00220426241269992>  
 Bottom of Form

Logan, T., & Cole, J. (2024). Mental Health and Recovery Needs Among Women Substance Use Disorder Treatment Clients With Stalking Victimization Experiences. *Journal of Drug Issues*, 54(2), 218-237. <https://doi.org/10.1177/00220426231159307>

McHugh, R. K., Votaw, V. R., Sugarman, D. E., & Greenfield, S. F. (2018). Sex and gender differences in substance use disorders. *Clinical psychology review*, 66, 12–23.  
<https://doi.org/10.1016/j.cpr.2017.10.012>

Muzik, M. Rosenblum.K. (2018) *Motherhood in the Face of Trauma: Pathways Towards Healing and Growth*. Springer International Publishing

National Records of Scotland (2024) *Alcohol-specific deaths 2023*. Available at:  
<https://www.nrscotland.gov.uk/publications/alcohol-specific-deaths-2023/>

National Records of Scotland (2024b) *Drug-related deaths 2023*. Available at:  
<https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/>

Pahwa, R., Smith, M. E., Yuan, Y., & Padgett, D. (2019). The Ties That Bind and Unbound Ties: Experiences of Formerly Homeless Individuals in Recovery From Serious Mental Illness and Substance Use. *Qualitative health research*, 29(9), 1313–1323.  
<https://doi.org/10.1177/1049732318814250>

Pallatino C, Chang JC, Krans EE. (2021) The Intersection of Intimate Partner Violence and Substance use among Women with Opioid use Disorder. *Substance Abuse*. 42(2):197-204.  
doi:10.1080/08897077.2019.1671296

Patton, D. (2024) The Power, Capacity, and Resiliency of Women in Substance Use Disorder Recovery to Overcome Multiple and Complex Housing Transitions. *Social Sciences* 13: 206.  
<https://doi.org/10.3390/socsci13040206>

Patton, R., Chou, J., Kestner, T., & Feeney, E. (2024b). Exploring social connectedness, isolation, support, and recovery factors among women seeking substance use treatment. *Women & Health*, 64(3), 202–215. <https://doi.org/10.1080/03630242.2024.2308518>

Perinatal Mental Health Network Scotland, National Managed Clinical Network (2021) *Supporting Women, Reducing Harm: Review of services for substance-using women and their infants in pregnancy and the post-natal period*. Available at:  
<https://www.nn.nhs.scot/pmhn/wp-content/uploads/sites/11/2021/09/SUPPORTING-WOMEN-REDUCING-HARM-Report-V1.pdf>

Polak, K. Haug, N. Dillon, P. Svikis, D. (2023) Substance Use Disorders in Women, *Psychiatric Clinics of North America* 46(3): 487-503, ISSN 0193-953X,  
<https://doi.org/10.1016/j.psc.2023.04.006>.

Robinson, L. D., Kelly, P. J., Larance, B. K., Griffiths, S., & Deane, F. P. (2022). Eating disorder behaviours and substance use in women attending treatment for substance use disorders: A latent class analysis. *International Journal of Mental Health and Addiction*, 20(4), 2006–2023. <https://doi.org/10.1007/s11469-021-00497-z>

Stone, R. (2015) Pregnant women and substance use: fear, stigma, and barriers to care. *Health Justice* 3, 2 <https://doi.org/10.1186/s40352-015-0015-5>

Tweed, E. Miller, R. Schofield, J. Barnsdale, L. & Matheson, C. (2022) Why are drug-related deaths among women increasing in Scotland? A mixed- methods analysis of possible explanations, *Drugs: Education, Prevention and Policy*, 29:1, 62-75, DOI: 10.1080/09687637.2020.1856786

Young, A. S., Reboussin, B. A., Riehm, K., Mojtabai, R., Green, K. M., O'Gorman, E. T., Susukida, R., Amin-Esmaeili, M., & Crum, R. M. (2024). Associations between mental health & substance use treatment and alcohol use progression and recovery among US women drinkers. *PloS one*, 19(7), e0306820. <https://doi.org/10.1371/journal.pone.0306820>