We are warriors

Women who use drugs reflect on parental drug use, their paths of consumption and access to services

Children and families affected by parental drug use
Volume II

Corina Giacomello

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

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Children and families affected by parental drug use – Volume II

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This study was possible thanks to the informed and voluntary participation of 110 women, who, in nine different countries, participated in individual or collective interviews. Their voice is the pillar and the purpose of this work, which aims at listening to women and fostering their involvement in gender-responsive, drug-related policies.

Our gratitude also goes to those services and people who contributed to this report by facilitating, carrying out, transcribing and translating the interviews with women. Their names appear in Appendix I of this report.

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About the author

Dr Corina Giacomello is a consultant to the Pompidou Group. In this role, she conducted the research for, and is the author of, the 2022 publication *Children whose parents use drugs – Promising practices and recommendations*.

Dr Giacomello is an associate professor at the Autonomous University of Chiapas, Mexico. She is an academic and international consultant with expertise in gender studies, children's rights, criminal justice and prison systems and drug policies. She has more than 15 years of experience in advocacy-oriented research and development of legal, judicial and public policy proposals at the national and international level.

Her lines of research include women deprived of their liberty, adolescents in conflict with the law, children with incarcerated parents and women who use drugs. She has published extensively on these topics.

Preface

The Pompidou Group provides a multidisciplinary forum at the wider European level where it is possible for policy makers, professionals and researchers to exchange experiences and information on drug use and drug trafficking. Formed at the suggestion of French President Georges Pompidou in 1971, it became a Council of Europe enlarged partial agreement in 1980 open to countries outside the Council of Europe.

On 16 June 2021, the Committee of Ministers of the Council of Europe adopted the revised Pompidou Group's statute, which extends the group's mandate to include addictive behaviours related to licit substances (such as alcohol or tobacco) and new forms of addictions (such as internet gambling and gaming). The new mandate focuses on human rights, while reaffirming the need for a multidisciplinary approach to addressing the drug challenge, which can only be tackled effectively if policy, practice and science are linked.

To better reflect both its identity as a Council of Europe entity and its broadened mandate, the group changed its official name from the Co-operation Group to Combat Drug Abuse and Illicit Drug Trafficking to the Council of Europe International Co-operation Group on Drugs and Addiction. In 2023, it encompasses 41 countries out of 46 member states of the Council of Europe, Mexico, Morocco and Israel, as well as the European Commission.

The year 2021 marked the launch of a new project concerning children whose parents use drugs, with a publication in 2022: *Children whose parents use drugs – Promising practices and recommendations*.

This project was proposed in response to the invitation to the Pompidou Group secretariat to contribute to the discussions on the Council of Europe Strategy for the Rights of the Child for the period 2022 to 2027.

This strategy, adopted in 2022, includes in its objective "Equal opportunities and social inclusion for all children": "Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs".

In 2022, the project on children whose parents use drugs continued with threefold research: i. qualitative research based on interviews with children whose parents use drugs and with women who use drugs; ii. collection and analysis of actions and programmes targeted at people who use drugs and their families; and iii. analysis of children growing up in families affected by drug dependence and other conditions of vulnerability.

The results are also included in two other volumes: *Listen to the silence of the child – Children share their experiences and proposals on the impact of drug use in the family*, with interviews from Greece, Malta, Mexico, Romania and Switzerland; and *Children*

and parents affected by drug use – An overview of programmes and actions for comprehensive and non-stigmatising services and care.

This volume is based upon the generous and informed participation of 110 women who agreed to be interviewed and share their personal experiences. It includes their insights and recommendations on the impact of parental drug use during childhood on their life and subsequent drug use. It also explores the barriers and facilitators to accessing services and how to improve services' response both to women who use drugs and to children with parents who use drugs.

It is part of an ongoing effort by the Pompidou Group of the Council of Europe to give visibility to children with parents or other primary caregivers who are affected by drug dependence and to develop proposals that aim at creating or strengthening services that both protect children and support families. It also intertwines with the pioneering and continuous effort of the Pompidou Group to integrate a gender dimension into drug policies in Europe.

Chapter 1

Introduction

> " You think it's hard being in recovery? Try and be a woman in recovery, you're so much more vulnerable.
>
> You are not only powerless over substances, you're powerless over everything in your life. You're powerless over whose bed you wake up in. You're powerless over the company you keep. You're powerless over everything. You've lost your power of choice. It's because the substance has the power. The choice is gone. As a woman, definitely you have more vulnerability. You must have a thick skin and you are playing the actress, so you are trying to be as tough as you possibly can, but it's all just a bit sad.
>
> (Shiv, Ireland)

Shiv lives in Ireland. She is 35 years old and has a daughter who was 6 months old at the time of the interview (June 2022), and who lives with her and her father (who is also in recovery). Shiv is one of the women who generously participated in this study on women who use drugs. *We are warriors* takes its name from the intervention in a focus group of a woman, Leti, who in her early sixties decided to overcome the consequences of growing up in a family affected by severe drinking problems, of repeated sexual abuse and of living for years with an alcoholic former husband, by attending a women-only discussion group at CESAMAC,[1] in the heart of Mexico City centre.

This study is built on the generous and informed participation of 110 women who agreed to be interviewed and share their personal experiences. It includes their insights and recommendations on the impact of parental drug use during childhood on their lives and subsequent drug use (66% of women reported situations of dependent or problematic drug use in the family); the barriers and facilitators to accessing services; and how to improve services' response to women who use drugs, including to children with parents who use drugs.

The term "women" is used to include all those persons who identify themselves with it. It is not necessarily meant to reflect people whose gender identity aligns with the sex they were assigned at birth.

The term "drug use" adopted here does not refer to all forms of drug use, but only to drug use disorders based on the definition provided by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC)'s International

1. Centro de Salud Mental y Adicciones en la Comunidad: Centre for Mental Health and Addictions in the Community.

Standards for the Treatment of Drug Use Disorders (WHO/UNODC 2020: 4).[2] The identification of women as suffering from harmful dependent drug use is based on their own description of their history of taking substances, as something that affects their daily life and relationships, their self-care, their "power of choice", as well as, in the case of those who are mothers (89% of the interviewees), the care and custody of their children.

"Drugs" and "substances" are used interchangeably to comprise the controlled drugs under the three United Nations conventions (UNODC 2013), as well as alcohol, tobacco and prescribed medicines. In the case of one interviewee, the parental addiction problem referred to is gambling.

We are warriors is part of an ongoing effort by the Pompidou Group of the Council of Europe to give visibility to children with parents or other primary caregivers affected by drug dependence and to develop proposals that aim at creating or strengthening services that both protect children and support families. It also intertwines with the pioneering and continuous effort of the Pompidou Group to integrate a gender dimension into drug policies in Europe, which can be reviewed in its last publication on this topic: *Implementing a gender approach in drug policies: prevention, treatment and criminal justice. A handbook for practitioners and decision makers* (Mutatayi et al. 2022).

Since November 2020 the Pompidou Group has been collecting and analysing national and local programmes targeted at children living in families with multiple vulnerabilities, including drug dependence, under the umbrella of the project "Children Whose Parents Use Drugs". This is a human rights-oriented initiative which responds to the Pompidou Group's mission of integrating human rights in drug policy.

Children whose parents use drugs started as a response to the Council of Europe invitation to the Pompidou Group to provide input to the elaboration of the Strategy

2. "According to the 11th revision of the International Classification of Diseases (ICD) (WHO, 2019a) the term 'drug use disorder' comprises two major health conditions: 'harmful pattern of drug use' and 'drug dependence'. The harmful pattern of drug use is defined as a pattern of continuous, recurrent or sporadic use of a drug that has caused clinically significant damage to a person's physical (including bloodborne infection from intravenous self-administration) or mental health (such as substance-induced mood disorder), or has resulted in behaviour leading to harm to the health of others. Substance dependence is defined in ICD-11 as a pattern of repeated or continuous use of a psychoactive drug with evidence of impaired regulation of use of that drug which is manifested by two or more of the following: (a) Impaired control over substance use (including onset, frequency, intensity, duration, termination and context); (b) Increasing precedence of drug use over other aspects of life, including maintenance of health and daily activities and responsibilities, such that drug use continues or escalates despite the occurrence of harm or negative consequences (including repeated relationship disruption, occupational or scholastic consequences and negative impact on health); and (c) Physiological features indicative of neuroadaptation to the substance, including: 1) tolerance to the effects of the substance or a need to use increasing amounts of the substance to achieve the same effect; 2) withdrawal symptoms following cessation of or reduction in the use of that substance; or 3) repeated use of the substance or pharmacologically similar substances to prevent or alleviate withdrawal symptoms. 'Disorders due to drug use' comprise a broader category of health conditions that include drug intoxication, withdrawal syndrome and a range of drug-induced mental disorders. Drug use disorders often go hand-in-hand with a significant urge to use psychoactive drugs, which can persist, or easily be reactivated, even after a long period of abstinence. Very often drug use disorders are associated with hazardous or harmful use of other psychoactive substances such as alcohol or nicotine, or with alcohol and nicotine dependence."

for the Rights of the Child (2022-2027). Due to the collaborative and enthusiastic participation of 16 countries,[3] between November 2020 and December 2021, the Pompidou Group developed a dedicated web page,[4] two reports (Pompidou Group 2021a and 2021b) and an ISBN publication (Giacomello 2022) on the topic of children whose parents use drugs. As a result of the Pompidou Group's work, children whose parents use drugs are explicitly identified in the above-mentioned strategy (Council of Europe 2022), which outlines the action "2.2.6 Mapping, analysing and providing guidance on the situation of children suffering from addictive behaviours and children of parents using drugs".

The publication *Children whose parents use drugs* is based on the contributions of more than a hundred experts from national institutions, national and local non-profit organisations, academia, as well as nine women in Italy living in two residential communities for people who use drugs. It identifies concrete issues and develops operational proposals, which are divided into four thematic areas, each one framed within the report's findings and containing concrete actions.

Thematic topic 1 – Countries need to develop integrated strategies to cover all children at the national and local level.
Thematic topic 2 – Countries could review the treatment demand indicator (TDI)[5] and the current norms and practices of information gathering and sharing.
Thematic topic 3 – Countries and substance treatment services should engage in active practices aimed at including children whose parents use drugs, encourage referral and provide information to social and child protection services.
Thematic topic 4 – Countries should actively engage in analysing their current availability and quality of substance treatment services as well as services targeting women who are victims and survivors of violence and their children.

With regard to women and children, in both thematic areas 1 and 4, the Pompidou Group highlights the need to enable spaces of participation for children whose parents use drugs and for women affected by drug dependence. This is to ensure that women and children's opinions are heard and taken into account and have a direct impact on the services that address their needs directly or indirectly, in fulfilment of human rights standards and their inclusion in drug-related policies. The right of children to be heard and for their opinions to be taken into account is enshrined in Article 12 of the Convention on the Rights of the Child. It is one of the pillars of the

3. Croatia, Cyprus, the Czech Republic, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Mexico, Monaco, Poland, Romania, Spain, Switzerland and Türkiye.
4. www.coe.int/en/web/pompidou/children.
5. The treatment demand indicator (TDI) is one of five key epidemiological indicators which contribute to the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) overall aim of providing objective, reliable and comparable information at a European level concerning drugs, drug addiction and their consequences. This information is intended to provide the European Union and member states with "a better understanding of the drugs problem and the development of an optimal response to it through a measurable and sustainable improvement in the knowledge base and knowledge infrastructure". An overview of the TDI can be found at www.emcdda.europa.eu/topics/treatment-demand_en.

current paradigm of children's rights and is tightly linked to the right of children to protection and provision. As outlined in the Council of Europe's handbook on children's participation entitled "Listen – Act – Change", participation is both a child's human right and an expression of democracy:

> Children's participation brings many benefits to individuals and society. But beyond that, it is important to acknowledge that hearing children's voices and taking their views into account is not optional. It is both a child's human right and an expression of democracy. It is therefore high time to step up the implementation of children's participation rights. (Council of Europe 2020: 7)

Furthermore, according to the handbook, participation does not contradict protection; on the contrary, it is both a right and an obligation, as well as a means and an end.

By listening to women who use drugs, as service users and stakeholders, countries and services can inform themselves on how to reduce stigma and barriers for women to access treatment, thereby widening gender-responsive interventions and better providing care and protection to women and their children. Guidance and policy can be found in the United Nations Sustainable Development Goals, particularly Goal 5 – Gender Equality, Target 3.5 – Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol and Target 16.2 – End abuse, exploitation, trafficking and all forms of violence against and torture of children. The following is also relevant: the UN Commission on Narcotic Drugs (CND) Resolution 61/11 Promoting non-stigmatizing attitudes to ensure the availability of, access to and delivery of health, care and social services for drug users (CND 2018). This resolution echoes CND Resolution 59/5 Mainstreaming a gender perspective in drug-related policies and programmes (CND 2016):

> 3 3. Takes note of the important role that women and girls play in addressing the various aspects of the world drug problem, and encourages their contributions to the development and implementation of national drug-related policies and programmes.

The third phase of the project (February to December 2022) was designed with the double purpose of continuing to collect and follow up ongoing and new actions developed by the participating countries at the national and local level and, at the same time, to listen to women and children. This complemented the information provided by services and set the basis for more comprehensive proposals that take into account the views of the different stakeholders.

Through three rounds of consultation, Croatia, Cyprus, the Czech Republic, Greece, Ireland, Italy, Malta, Mexico, North Macedonia, Romania and Switzerland shared existing or new practices and programmes in children's services and drug treatment that observed and took into account the double impact of parental drug use and services on these vulnerable children and their families. The results are described in the report *Children and parents affected by drug use – An overview of programmes and actions for comprehensive and non-stigmatising services and care*.

At the same time, members of academia, non-governmental organisations (NGOs) and public institutions carried out semi-structured interviews or focus groups with both women who use drugs and children with parents affected by drug dependence in nine countries, namely Croatia, the Czech Republic, Greece, Ireland, Italy, Malta,

Mexico, Romania and Switzerland. *We are warriors* is based on women's participation, while the experiences and recommendations of children and young adults are included in the volume *Listen to the silence of the child – Children share their experiences and proposals on the impact of drug use in the family*.

1.1. Women and drug use: growing visibility v. unmet needs

The last decade has witnessed a growing visibility in the international arena of the gendered dimension of drug use, both in epidemiological terms, that is how women's drug use is changing and increasing, but also in relation to the intersection of gender-based structures and norms, and women's i. patterns of drug use, ii. barriers to accessing treatment and iii. heightened health risks, including higher vulnerability to HIV and sexually transmissible infections (STIs) compared to boys and men, and frequent experiences of gender-based violence (GBV) (Arpa 2017).

Globally, women and girls who use drugs still make up a small proportion of people who use drugs, representing about a third of the total population: "Men are more likely than women to use most drugs and young people are more likely to use any drug. This holds true for most regions and most drug types" (UNODC 2022: 23). Women's drug use is likely to be undetected and underestimated. Because of shame, stigma, fear of having their children removed from their care, family responsibilities, poor economic means and autonomy, as well as the role that male partners might play in dissuading women from seeking help, women face gender-specific barriers that may prevent them from disclosing, or even acknowledging, their drug use and accessing the health and social care required for them and, sometimes, their children (Arpa 2017). Nonetheless, the gender gap is narrowing, especially among young people, and in some cases, particularly in relation to prescribed medication, is reversing. Furthermore, there is a faster increase in the rate of consumption and possible progression to drug use disorders in women than in men, a phenomenon which is known as telescoping (UNODC 2018: 6).

Women also face additional vulnerabilities related to pregnancy, breastfeeding and motherhood, since drug use during pregnancy is associated with a range of adverse effects on the pregnant woman, the unborn child and the newborn (EMCDDA 2012). Pregnancy can be a strong motivator for women to seek and persist in treatment (EMCDDA 2009). However, lack of information on the available services, social stigma, shame and the fear of losing custody of their child can deter women from seeking help. The loss of child custody is closely linked to loss of motivation for recovery, feelings of hopelessness and increased risk of drug-related death (Tweed et al. 2018). As shared by numerous women for this report, the lack of programmes that follow up women after they have given birth for a consistent amount of time increases their feelings of loneliness and the unmanageability of motherhood, especially when they do not have their partners or family's support.

One of the key messages of this study, which strongly emerges from the interviews, is that the experience of pregnancy is far from being uniform for all women, and their way of addressing it varies. Some women are overwhelmed with joy, others with terror or with both feelings at the same time. Some women manage to stop

drug use during pregnancy but relapse afterwards. Others cannot or do not want to stop. In other cases, the loneliness and difficulties that parenthood entails lead them to start using drugs after they have given birth.

All these different ways of facing pregnancy and motherhood must be acknowledged, understood and supported. The social and often self-inflicted stigma of not being fit for motherhood because of their drug dependence weighs heavily on them and can be reinforced by their surroundings, including services.

The women who participated in this study highlight the ambivalence of pregnancy and motherhood in the relationship with social and health services: on the one hand, they acquire more visibility, they are seen by services, thus opening up the possibility of enhanced stigma but also of access to services and support because of the children. However, the pursuit of the child's best interest, while mandatory and necessary, can also be conducive of stereotyped attitudes and services that mainly attempt to "make the woman fit" for maternity purposes, but leave little if any space for the woman as an individual with her own path, needs and multiple identities, besides her reproductive and caregiving roles. The person is thus forgotten and is transformed and fixed into a role, that of a mother. Her own life story and experience is eclipsed.

As explained by Sharon Arpa (2017), women who use drugs are more likely than men to have experienced traumatic events, such as sexual and physical abuse as children and/or adults as well as intimate partner violence, which can lead to the development of post-traumatic stress disorder or other mental health problems, as well as increase the risk of substance use.

The 2022 study, *In plain sight: a rapid review of the international literature and a national estimate of the prevalence of women who use substances and experience domestic violence in Ireland* (Prakashini Banka et al. 2022) provides a meticulous literature review on the intersection of domestic violence and drug use. Among its numerous findings, one concerns the need for integrated services for women who are victims and survivors of violence and who use drugs. The study also highlights that the attitudes and beliefs of healthcare providers were among the main barriers for women accessing services. The former point has been studied in depth in the Pompidou Group's study "Improving the management of violence experienced by women who use psychoactive substances" (Benoit and Jauffret-Roustide 2016) and also forms part of the findings and proposals of the Pompidou Group's publication *Children whose parents use drugs*.

As explained in the Pompidou Group's 2022 handbook on gender and drug policies, "A woman with drug-use disorders faces a double stigma for using drugs and for being a woman who breaks the social norms of temperance and exemplary behaviour that are traditionally assigned to her gender" (Mutatayi et al. 2022: 25). Stigma can be experienced in the family, the community, drug use circuits and also within services. The study, "An evaluation of the co-design of a citywide pilot anti-stigma training programme", states that "stigma defeats the purpose of service providers, it delays recovery and can lead to relapse" (Comiskey et al. 2021). The women who participated in *We are warriors* echo this statement based on their own experiences and develop proposals accordingly.

A crucial point for this project is the transgenerational dimension of dependent and harmful drug use. As outlined in the UNODC's 2018 report:

> Women with substance use disorders are reported to have high rates of post-traumatic stress disorder and may also have experienced childhood adversity such as physical neglect, abuse or sexual abuse. Women who use drugs may also have responsibilities as caregivers, and their drug use adversely affects their families, in particular children. Such adverse childhood experiences can be transgenerational and impart the risks of substance use to the children of women with drug use disorders. (ibid. 2018: 6)

Alcohol and drug abuse are two of the nine categories identified as adverse childhood experiences (ACEs), which can result in long-term harm for individuals. The current ACEs include i. Child maltreatment: sexual abuse, physical abuse, verbal abuse; and ii. Children's environment: this refers to being witness or affected by domestic violence, parental separation, mental illness, parental or other family members' alcohol abuse, drug abuse and incarceration. A "score" of four issues or more is seen to significantly increase the likelihood of a child engaging in risky future behaviour and of experiencing poor health outcomes (Morton and Curran 2019: 11).

Finally, despite the growing evidence on women's drug use and their specific vulnerabilities, drug policies in general and demand-related drug policies still maintain service patterns which are men-centred in terms of availability, structure and underpinning, leaving women who use drugs much less well served while facing higher social, cultural, personal and economic barriers to accessing services (Mutatayi et al. 2022). This is reflected in the fact that, while one in three drug users is a woman, they continue to account for only one in five or fewer people in treatment (UNODC 2020: 91).

1.2. Methodology

We are warriors intends to contribute to the growing research and advocacy on women who use substances by listening to women who use drugs as experts and advocates. The two main focuses are on how women intertwine their experience of parental drug use during childhood with their life and well-being, as well as with their own drug use. The other fundamental component is what women themselves recognise and recommend as indispensable elements that health and social services and practitioners should be familiar with and committed to, so that women who use drugs do not step away and do not feel judged. Specifically, it is services and people that are prepared and capable of working with individuals who have multiple needs, strengths and, often, vulnerabilities, their relationship with the substance often being only the tip of the iceberg.

The people who carried out the interviews used the same blueprint in the nine participating countries, which was provided at the beginning of the project. The methodology can be consulted in full in the document "Methodological note for the third phase of the project 'Children whose parents use drugs'", which can be obtained from the Pompidou Group Secretariat. The services that facilitated the interviews and the people who participated in carrying them out, translating or transcribing are outlined in Appendix I at the end of this report.

The semi-structured interviews comprise 14 questions (see Appendix II) which aim at understanding and sharing the informants' personal experience of parental drug use during childhood and their subsequent paths of drug use. Also, participants are asked to consider how their needs could be addressed by services (social services, child protection, treatment services, health, etc.). Direct questions on violence and sexual violence are not included and the topic is addressed only if women bring it up spontaneously.

Table 1 below shows the total number of interviews per country with both women and children. It must be clarified that, in the case of Mexico, more interviews were carried out, however only those women who overtly described their drug use as something problematic in their life were included in the report and are reflected in the table. Likewise, in the case of children, only the interviews with children who described parental drug use as having an impact on their lives were included. Those who did not identify any impact due to low or only occasional use of drugs (usually alcohol) by their family members were not included.

Table 1 – Number of interviews with women and children, by country

Country	Interviews with women	Interviews with children
Croatia	18	0
Czech Republic	4	0
Greece	17	3
Ireland	7	0
Italy	14	0
Malta	8	1
Mexico	19	20
Romania	2	5
Switzerland	21	4
Total	110	33

Women's participation, experiences and generosity constitute the backbone and the purpose of this report. All the interviews were transcribed or translated by the participating partners or by the author and systematised according to the four thematic areas which the questions respond to: a. parental or siblings' drug use during childhood; b. paths of drug use; c. response they received from services in relation to stigma v. support and during pregnancy; and d. how they consider that their needs could be addressed by services, as well as recommendations to other women and children whose parents use drugs. The testimonies that are presented in the report were chosen in order to convey what most women thought or shared about a particular topic, as well as the diversity of experiences. The choice also attempts to give visibility to all the countries and services that participated. Some extracts are shorter, conveying very concrete ideas, while others are longer in order to show a larger, more complex picture. In larger extracts some sentences are sewn together

or others are cut off, in order to make the narrative more linear and concrete. While it is not possible to include the voices of 110 women, they all nurture the narrative that threads together the following pages, along with the profound commitment of all the people that made it possible.

1.3. Contents

The outcomes of the 110 interviews are presented as follows. Chapter 2 provides quantitative data on the women interviewed and their children.

The topic of parental drug use is then addressed in Chapter 3 through the testimonies of women who experienced it, and how they relate it to their childhood as well as the present day, particularly in relation to the development of their own drug use.

Chapter 4 "Paths of drug use" focuses on how women describe their own drug use, its onset and development.

Chapter 5 "Risks for women who use drugs" deepens into the gendered implications of drug use for women.

Given that 89% of women in this study are mothers, the following chapter, "Pregnancy and motherhood", attempts to mirror the multiple, diverse experiences of women and the responses that they received during their pregnancies, as well as the strategies they adopted in terms of drug use.

Stigma is a strong component in the lives of women who use drugs in relation to their families, services and society at large, as well as to how they feel about themselves. The issue of stigma v. support is addressed in Chapter 7, where women describe situations of discrimination as well as positive responses from their environment in relation to their drug use.

Since 40 women were living in residential settings at the time of the interviews, Chapter 8 "Fears and expectations after inpatient treatment" explores women's outlooks and expectations once they leave the community.

The last chapter "Conclusions and recommendations" includes women's recommendations to services, as well as to other women who use drugs and children who live in families affected by drug dependence. Finally, there is a review of the main points that stand out in women's testimonies throughout the report, which should be taken into account in order to develop responses that are sensitive to women's experiences and needs.

Chapter 2

Quantitative information on the women who participated in the interviews

This chapter presents the quantitative data available for the women interviewed as well as their children. Of the 110 women who participated in the study 71% were aged between 26 and 45 years, with an average age of 37. The majority of the women (89%) had children. With a total of 193 children, that is an average of two children among the 98 mothers. Most children (74%), are under 18 years of age.

Table 2 – Information on the women who participated in the interviews

	Number	Percentage
Age group[6]		
18-25	13	12
26-35	34	31
36-45	43	40
46 and above	19	17
Women who experienced drug use in the family during childhood	73	66
Women who have reported being victims of violence (any type)	56	51
Parental status		
Women who are mothers	98	89
Women who are pregnant and have no children	4	4
Women with no children	8	7

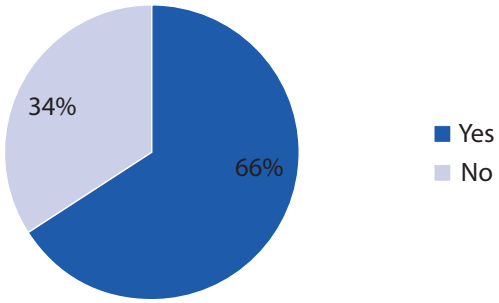
6. The age of one woman was not provided and therefore is not counted.

66% reported that dependent drug use occurred in their families when they were children, with parents – mostly fathers – being the prevailing consumers and alcohol the most harmful and frequent substance.

Parental drug use is associated with situations of neglect, feelings of fear, powerlessness and loneliness, subsequent lack of self-esteem, the feeling of being less important than the substance, as well as being victims or witnesses of violence – including sexual violence.

Women tend to relate their childhood experiences in the family with their own drug use, either as a means to face the adverse consequences of growing up in conditions of vulnerability and instability or as a way to imitate their parents, understand what they feel and, ultimately, make sense of their own abandonment and neglect.

Figure 1 – Women who experienced drug use in their family during childhood and reported it as problematic for their life



Even though the issue of domestic and gender-based violence[7] constitutes a recurrent phenomenon in the lives of women who use drugs, it was not addressed explicitly in the interviews, in order to avoid situations of revictimisation and stress that might have been difficult to prevent or handle given the wide variety of services and people involved in the research. However, 51% of the interviewees spontaneously related episodes or contexts of any type of violence, mainly in their family of origin, in intimate partner relationships and in the drug-use-related circuits.

In relation to their children, the following tables summarise the information collected on their age, gender and situation of care.

7. The Istanbul Convention defines domestic violence as all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim. Gender-based violence against women is defined as violence that is directed against a woman because she is a woman or that affects women disproportionately. Council of Europe (2011), Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention), Council of Europe Treaty Series – No. 210, https://rm.coe.int/168008482e.

Table 3 – Gender and age[8] of the interviewees' children

	Number	Percentage
Gender		
Female	105	54
Male	88	46
Age group		
0-5 years old	54	28
6-11 years old	44	23
12-17 years old	46	24
18 years old and above	46	24

Table 4 – Children under 18 by situation of care[9]

	Number	Percentage
Living with the interviewee	90	60
Not living with the interviewee		
Living with the other parent	10	7
Living with the interviewee's family	21	14
Living with other relatives	4	3
Foster care	16	11
Institution	8	5
Living independently	1	1

The women's children are evenly distributed among the different age groups. The prevailing situation of care is living with the mother, which is also the case for those children whose mother is in a residential drug treatment service, given the criteria with which these services were chosen. The category "living with the interviewee" does not rule out the possibility that children are living with both parents, but the stress is put on whether women who use drugs are separated from their children or are with them. The second predominant situation of care is "living with the interviewee's family", which usually means their grandmother or grandparents. This leads

8. The age of three children was not available and therefore they are not included in this chart..
9. In six cases, children were reported with a double situation of care (for instance, living with the mother and in an institution, or in foster care and institution, or with the mother and, at times, with their mother's family). Therefore, the total number of situations of care reported is 150 (144 for the number of children plus six double situations of care).

to consideration of one of the topics brought up in the interviews and focus groups developed for the Pompidou Group's publication *Children whose parents use drugs*, in which the participants stressed the importance of "caring for the caregivers" and the need to provide them with support and the tools to understand and deal with their role, as well as the situation of dependence of their daughters. It is worth noting that the other parent – usually fathers – only appears as primary caregiver in 7% of cases, less than that of foster families.

Chapter 3

Substance use in the family during childhood

Alcohol and drug abuse in the household are two of the nine categories identified as adverse childhood experiences (ACEs) which can predict negative outcomes for the people who experience them, as well as transgenerational implications. There is the potential risk of the parents' traumas or behaviours being replicated or transmitted to their children. Additional to drug use in the family, "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" (EMCDDA 2009: 6).

This chapter is based on the testimonies of some of the 73 women who reported substance use in their family during childhood and described it as something problematic which has had an impact on their own drug use.

> " I remember always being scared that he would turn up and kick our door in at night-time, and like what form would he be in, and I was scared because my sisters would tell me "he might come" and I remember domestic violence and guards and ambulances and all that, because of drink, you know. And then I would have been taken off my mother a lot when I was really young, because of her drinking, and I just lived in fear my whole childhood. And then my mother did stop drinking but I suppose I'd call her a dry drunk because her behaviours were still there: she's a very, very violent woman. So it resulted in me going into full-time care and I suppose that had a huge impact on my life, then being released from residential care at 16 years of age … released to the world, with no family support. And I kind of would have always gone for relationships with men who were in addiction and violent. Then I had my 16-year-old when I was 17, so yes … it impacted on my whole life.
>
> I took drugs for years to numb it all out. I am a mother of two children with no support, no family support. I suppose, maybe that's why I'm an addict. How is it affecting my life? I'm in treatment.
>
> (Kate, Ireland)

> " I was born into substances. My whole family, both on my father's side and my mother's side use substances. My father died 20 years ago. I started approaching substances to feel closer to that reality. I was born in the middle of drugs, prostitution, violence, so for me nothing else existed outside that reality. I started using drugs when I was a child, when I was 12, 11 years old – that was all there was for me and I felt closer to my family. When I started using heroin, when I was 16, I said to myself "finally I understand what my father felt" and in a

way I also justified to have chosen the substance instead of my two daughters. He definitely did not have the right people and the right way of being helped.

(Luisa, Italy)

" So, I had a childhood … not very good: I had a mother who was … who is still addicted to cocaine. I saw everything very early, very young. I had a lot of problems with my dad, who was violent. I was molested, so … I had a shitty childhood. I started taking drugs quite young, I think it was a bit to medicate myself. After that I stayed a long time, from the age of 15 to 22 I was taking heroin every day. Then I stopped, to open my tattoo parlour. So during all these years and until not so long ago I was clean. And then it was during the Covid that I fell back into it.

(Florence, Switzerland)

" My father was always very drunk and very aggressive. He hit my mum, he hit my sisters. On one occasion he took out a gun and pointed it at all of us. He was very scary. He would run around and beat one of my sisters, he would beat her until he got tired. I received more aggression from my mum. She took it out on me. She would hit me and every day it was humiliation: "You're an asshole, you're good for nothing."

My sisters left little by little. They all left with the first man they saw, when they were 15, 14 years old. As I was the youngest, I said: "I'm not going to go with the first man to beat me."

I went away from home with my younger brother when I finished high school. We both moved into a rented accommodation and I told him that, since he was younger, I was going to work to pay for his schooling.

I had high expectations, but since I no longer had anyone to control me, my alcoholism began. I started drinking, I felt more uninhibited, I felt happy. But I started drinking more. It became daily. My consumption increased because a beer didn't make me feel the same as before and I needed more. What I was looking for, was to feel good.

Then came other drugs. And I still ended up getting together with someone … and now I am a single mother … all my sisters are single mothers, but I am the only one who used substances. So now no one in my family trusts me, my son was taken away from me temporarily, my partner left me for someone else …

(Rebeca, Mexico)

" Everything started inside the family system. I have experienced a lot of violence and maltreatment. My grandmother was mean to me. My father was gone. My grandmother had attempted to murder my mother with a kitchen knife. I saved my mother, as I grabbed my grandma and repulsed her, she cut a tendon from her arm. I recall being 10 years old … I returned from school (I attended school in the morning and in the afternoon back then) … I ate my food; I drank two glasses of wine and went back to school drunk.

(Luna, Greece)

> Only my father took alcohol. He used to drink excessively; he drank a lot of beer. What affected me was that he was never there for me. Since he was always drunk, he was always without a care. Even though he was there [physically] … he was drunk. He would give me the keys to the house when I was younger and he would tell me to come home whatever time I wanted, not a care in the world. From when I was 17, I ended up homeless since he threw me out of the house. I ended up outside alone and I had to depend on myself, and one thing led to another [referring to drug use]. Without help from anyone, not from my mother neither my father. Then there were my friends of course.
>
> (Katya, Malta)

Croatia carried out three focus groups with 18 women in total. All six women interviewed in the Požega Penitentiary stated that at least one family member had alcohol addiction and that they were often exposed to physical, psychological and sexual violence. The following extract is taken from the report of the focus group developed by the Croatian Institute of Public Health:

> Parents with addictions were usually also violent. Subsequently it was mentioned that their family members engaged in criminal activity, and the participants were subjected to physical, psychological and sexual abuse which was also present among their parents:
>
> "He *[her father]* went crazy because of alcohol and started insulting and abusing me, it was very hard for me to deal with and stand up for myself … especially during puberty".
>
> "I suffered immensely as a child, my mother had a severe alcohol problem, my father too, my brothers were all using drugs and spent time in prison."
>
> The participants said that this deeply affected them in a way that they lacked self-confidence and spent time on the streets so that they didn't have to go back home, where all the arguments and violence took place. Subsequently, on the streets they had easier access to addictive substances, in which they found solace.

As can be observed in the testimonies, the women interviewed do not report drug and alcohol abuse as isolated conditions, but as disorders that are part of larger contexts of vulnerability as well as other ACEs, including being witnesses and victims of physical, sexual, verbal and emotional violence and their family's involvement in criminal activities and incarceration.

The next chapter focuses on how the interviewees refer to their paths of drug use and their relationships with drug-using partners. As will be shown, it is mainly in this context that violence is reported (Stoicescu et al. 2020).

Chapter 4

Paths of drug use

> It is an escalation downwards, the relationship with substances is something you go deeper and deeper into.
>
> (Claudia, Italy)

Women describe their own drug use as a coping mechanism, as well as a source of pleasure and fun, a means of adaptation, bonding and a search for a heightened sense of security and self-esteem. Curiosity and boredom are also reasons to start taking drugs. Most of the interviewees start to use drugs when they are adolescents or young adults, with friends or male partners.

> In fact, I started using at the age of 15, because I was abused and in fact afterwards it allowed me to have a sort of Band-Aid for my suffering.
>
> (Eugenie, Switzerland)

> I was very shy. My self-esteem was very low because my mother would always humiliate me, and when I used drugs, now when I think about it, I was always seeking love. I turned to drugs – with drugs I find that I feel good with them. I wouldn't feel shy, I would speak freely. Looking back, nowadays I think who knows how many times I looked like a fool, but in those days, that is what my mind would say. I wouldn't even go to Valletta by myself, I would have to take smack to go to Valletta.
>
> (Eve, Malta)

> It was the only way I could get my emotions out, it was the only way I was taught that I could do it. In my childhood I was told a lot "don't cry, don't scream" and I saw my dad and uncles not being told "don't do this" when they were under the influence of alcohol.
>
> (Carmen, Mexico)

> I started using drugs when I was 15. It happened with a group of friends. It started to get difficult after one year.
>
> (Viviana, Romania)

> I started using addictive substances at the age of 15, mostly out of curiosity and because of a bad group I was part of. It happened on a school trip because my roommates were looking for it and I wanted it too. And yes, I was

in a relationship with a partner who used. We met when I had already been addicted for several years, so I think that it did not directly affect my personal use or relationship with addictive substances. However, it is true that when I had a partner who used, I may have used a little more.

(Diana, Czech Republic)

" I was 11. I smoked with him [her father] for the first time, and we used to also drink alcohol. At 15, I started with alcohol. My partner had gone to prison, and I was already with him at the time. That left an effect on me as I started going out with him at a very young age, when I was 13 years old. I started drinking alcohol after he went to prison. Then after he was released, we started a good relationship together and eventually we got married and had my oldest daughter. Then, I had a miscarriage and he started using drugs and I tried to help him, but he kept saying "you don't know how it feels" [the feeling of heroin], so I tried it for the first time and that was it: I got hooked.

(Mikaela, Malta)

The variety of substances used and the level of consumption tend to increase quickly after onset.

" I was 13 the first time I smoked a joint. From then onwards, the process was fast.

(Josianne, Malta)

" I'm a poly-drug addict. It started at a very young age, when I was about 14, I started drinking alcohol at the weekend with friends, we would go and get alcohol and drink by the lake, it was a weekend thing. And then when I was 16, I started smoking joints at school, it got out of hand, we started smoking joints in the morning, at noon, in the evening, very intensively, excessively, and then when I was 18, we went out, it was the big time, a bit of the techno scene, and then we went to clubs, and then everyone around me started to take ecstasy … We also started snorting cocaine at these parties. And then the cocaine grabbed me a bit too much, that's my biggest problem with cocaine.

And then I had a long relationship, for 13 years, it was not a good relationship, I was very dependent on my partner. He had a heroin problem and I tried to save him a little bit, to get him out of his addiction. I accompanied him to therapy, to meetings and at one point he had a bad phase, he was also using heroin at home and I was using coca, I couldn't sleep, as it is with cocaine, and he was using heroin and could sleep. It happened several times, and then I said: "Come and give me some too." I was in a very bad state, I had addiction and depressive symptoms and then I felt very bad, and that's why I started.

It was the last thing, so for me it's like a staircase, one thing after another.

(Ingrid, Switzerland)

" At the age of 11 the problems at home started and I wanted to get my mum's attention. I felt I had lost her attention and I started using drugs. That was when I was 15: some friends left some marihuana at my house and I took it because I saw that they liked it and I wanted to know what it felt like. When I was 20 years old I was already doing it [smoking marihuana] for everything and if I didn't do it, I would get upset. Then I had a relationship with a girl and she was also using and if I didn't use, she got upset, so I did it to keep her happy.

(Jimena, Mexico)

" My mother was an alcoholic. I was fostered with my brothers by my grandmother until we were 14 years old. Then they moved me and my brother to a foster family, we moved around a bit in foster homes until I was 18, then I was able to go back home and my brother was put in foster care with my grandmother. I started when I was 18, with LSD, I used to go to raves with my mum, she worked with those who test substances, so at the beginning I was controlled by my mum, I used LSD, ecstasy … Then when my mum died I started smoking cocaine and I destroyed my life.

My mum died at the age of 50 and my dad committed suicide when I was 3. When my mum died I had just met a boy who later went to prison for rape. Then I met the father of my children, who turned out to be even more of a shit because when I told him I was pregnant he said "you want to set me up for other purposes" and that influenced me because I arrived here [in a residential community] having destroyed my life.

(Chiara, Italy)

" I started at the age of 15 years old. I had a relationship; my friends were older than me. I was very curious, that was the reason. I very quickly ended up losing control and being unable to manage it. I hadn't realised what I was doing and what the consequences were going to be. There were no additional facts that contributed to this. It got more difficult because I was using drugs very often. I had some relationships in which my partners used to do drugs as well. It is not leading anywhere good when both people do drugs. It doesn't lead anywhere.

(Marilou, Greece)

" Most of my family members were in drug use. My uncle, my dad, my stepfather, my two younger male siblings. Only my mother and my sister were not using drugs. Surely it affected me in the sense that I used to see drug use as something valuable, important. I believed that people who were not using were unhappy. I learned to live with drug use, I learned to accept it as something natural and to feel safe. It taught me to undervalue all drug-free people, to mock their lives, to be cruel and to think that I control them and to feel a better person, as if I was on an upper level.

I grew up thinking that it is normal to take drugs and that the irrational thing is to be drug free. So, in order to be normal and to be part of my family, I started using drugs myself.

I was 17 years of age when I tried for the first time with my friends gas, petrol. Just once. Then at the age of 21, I started using heroin, my boyfriend was using and I was familiarised with heroin from a young age. So it wasn't awkward for me. From the first try, I realised how important it was for me, it was what I was waiting for my entire life. For the first time in my life I felt happiness. Through the years I understood how important it was for me on a psychological, spiritual and somatic way. At other times I realised that I could not stand it, I could not work, get out of bed, talk … I could do nothing without using. I thought that I had the control but deep down I knew that it controlled me as a demon!

Since the start of my sexual life I was always with addicts. I have never had a relationship with a drug-free individual, although in my first relationship, I was not using myself. I started using after five months. All my choices were either from the cycle of addicted friends or from therapeutic programmes, and then we were relapsing together. My relationship with drugs is directly related to my relationships with men.

(Georgina, Greece)

The result of the focus groups with women in the Reto Centre Therapeutic Community in Croatia on this point is the following.

Some participants said that their partners had influenced their decision to start and/or continue using drugs. They also said that this made drugs more available to them. We noticed that their decision to start and continue using drugs was influenced by their partners. Two participants said that they experienced violence from their partners:

"My husband used to drink, there were fights, violence and all sorts of things in the family."

"He even tried to hit me once, to physically abuse me, and it was kind of … I tried to hide all this from our child, but it is difficult to live like this for a long time".

The paths of consumption described in the previous interviews show women's attempts to face complex situations – particularly parental drug use and violence – with the help of drugs. They are also marked by the need to escape from a boring life, by curiosity and by the influence of partners and friends and, sometimes, by the belief that the use of drugs is a normal and desirable way of coping with life and becoming part of a peer or family group.

The telescoping effect can be perceived by how fast drug use turns from an experimental, pleasure-related and pain-coping mechanism to dependence and lack of control over the substance.

" From the beginning I understood that I didn't want to be an addict at all, it was a very serious situation for me. I had to prostitute myself, that's obvious. I lost my job, we lost our flat. Prostitution was terrible. And right from the start, I wanted to get out of it, but I couldn't do it alone. I just wanted someone to accompany me. And that person didn't exist, and then it got so bad, I mean so bad that I ended up in prison, for repeated thefts, purse thefts, stolen purses.

And then in prison I met a woman, the woman who was in charge of the women's section. And she said to me: "Why don't you start the other way? You always try withdrawal and therapy, and it doesn't work. So start your life the other way. Try to become stable first."

(Eli, Switzerland)

Chapter 5

Risks for women who use drugs

In relation to the risks and dangers faced by women who use drugs, some of the interviewees state that women are just like any other user and that they do not encounter specific adversities.

However, most interviewees recognise two main risks for women who use drugs: to become involved in sex work and/or be victims of sexual abuse as part of the dynamics of drug users' circuits, and to have their children removed from them by social services. Some women, mainly in Mexico, also refer to "being killed or disappeared" as a gender-specific risk.

> " His name is Martin, he is two years younger than me, he wanted to start hanging out with me. He would tell me everything he wanted to do, trying to impress me. I realised he was using crystal meth. I started going out with him, until he started giving me a taste of crystal meth.
>
> I decided to end the relationship and that's when he started to charge me for the whole bill. He wanted me to pay for it with something else, by sleeping with him.
>
> (Adriana, Mexico)

> " Walking home one night, I got attacked and badly beaten up and it was from behind. I was 19, so like 15 years ago. It was just what happened … I was badly sexually assaulted and beaten and when you don't know who has you, and they're dragging you from behind, and it's a strong man and you're a woman, and you're drunk, and it's about 4 in the morning.
>
> (Kate, Ireland)

> " You devalue yourself as a woman and your dignity is trampled on.
>
> (Fernanda, Mexico)

> " Usually women face difficulties with their families, they do not have somewhere to stay because they are in drug use, so they tend to stay with a drug-using partner or with drug-using friends. They have difficulties finding money, so they engage in all sorts of activities that they don't like (prostitution, dealing, robberies, etc.) and they cannot stand life without the use of drugs. In the case of addicted mothers, things are more complicated and difficult. They have to

find shelter and someone to look after their child, to find more money and psychologically it's more difficult to think and have the responsibility for two persons.

(Georgia, Greece)

" Dependent girls face difficulties in such a way that they do not want to seek any professional help and, on the contrary, they also lose housing with their parents, they live on the street, they have relationships with addicts and that doesn't help them much. It is very difficult for mothers when they are undermined or worse when the authorities take away their children. Of course it is the best for children but not for mothers.

(Paula, Czech Republic)

" There are lots of problems for women. It is more difficult for a woman to find a decent job. For men it's easier to get into a relationship and find partners. Also, there are more jobs available for them.

(Daciana, Romania)

" All addicts face a lot of problems, regardless of gender. The most difficult thing is not having drugs and what everyone is capable of doing in order to get stuff. With any risk, any psychic cost. All these things become irrelevant. For addicted mothers the most difficult thing is that they cannot take their newborns home with them from the hospital after giving birth. This sudden break from the child is unbearable … The ideal thing would be for the pregnant woman to go to an inpatient drug-free programme for treatment. Maybe if I had had this opportunity, now things might have been different.

(Sevi, Greece)

" Women and girls, as well as mothers, can be physically abused or raped or sell their bodies to acquire money during their drug use. They live out in the street, under really difficult circumstances, with the danger of even losing their lives.

(Katerina, Greece)

" The women I have met in rehabilitation centres … they all come for the same reasons: they all come for abuse, for mistreatment, because their father is on drugs. They come for different stories of connection, but I think we all go through rape.

(Elisa, Mexico)

Chapter 6

Pregnancy and motherhood

Pregnancy and motherhood can be strong motivators for women to reduce or stop their drug use. However, far from being a uniform and standardised experience, pregnancy is a complex moment in a woman's life. In the first place, it is not always chosen or planned. At times, it can be the product of unwanted, unconscious or even violent sexual intercourse.

Pregnancy and motherhood are socially mandated as an experience of unconditional love, women's abnegation and immediate sense of self-fulfilment, under the gender axiom of "the good mother". The social expectations around pregnancy and motherhood as two faces of the same inextricable coin made of roles, labels and proscribed and prescribed behaviours weigh heavily on all women, regardless of their social status, educational background, drugs of choice and patterns of use. In the case of women with drug dependence, the array of experiences and reactions is equally complex: overwhelming joy, absolute terror, open rejection, the wish to abort, the emotion of expecting. Simultaneous, multiple and ambivalent feelings usually accompany the physical changes and the ticking of time, as we walk the journey of trying to adapt to "the natural", yet so ungraspable is the culturally shaped change in our life. Partners and families can be close and supportive, as well as indifferent or hostile.

Women who use drugs are not expected to be mothers, as they have walked too far away from the rigid societal standard of motherhood. The label of being unfit is often self-inflicted, internalised through centuries of social representations of what a mother should be and do and what, on the contrary, is forbidden. In the case of women living on the street, for instance, the gap to be breached between structural conditions and societal aspirations is even larger. As explained by Dr Marguerite Woods (2007: 288): "Drug-using mothers have an identity which is ambiguous and precarious, and which is largely determined by their interactions with others, particularly service providers and by efforts to perform, justify, defend and preserve their mothering role."

The next testimonies show the complex, wide and multifaceted spectrum of reactions, feelings, behaviours and strategies adopted by the women who participated in this study. With utter sincerity and unapologetic precision, the underlying message is conveyed unmistakably: pregnancy and motherhood are not linear processes. All the possible ways of approaching this delicate moment in a woman's life should be accompanied respectfully and stigma-free by health and social services, as well as society as a whole, in order to hold the mother and support the newborn.

" When I found out I was pregnant, in June 2018, my partner and I – we used substances together – decided to carry on the pregnancy. We were overjoyed about the pregnancy but we had absolutely no idea how to beat everything else. We were very naïve; we did not want to ask for help because we absolutely did not want to be separated. We wanted to win this fight together. We tried from the very beginning, from the next day we said: "No more substances." We were convinced we could do everything on our own. It lasted a month and a half. After a month I started to have my first flare-ups … every now and then I drank … my partner drank every day and still occasionally got high, and those junkie lies started.

After about two months I started using substances again and unfortunately I didn't give them up again until I gave birth. I gave birth at eight months. I see it a bit like the baby that came out first to give me a jolt. From there began our journey to have her back. She was born with withdrawal. She was in hospital 21 days, I went to see her every day. And then the day arrived and she was given to a foster family. To get my child back, we had to undertake an individual voluntary path, that is me and my partner, placing me in Casa Mimosa [residential community for women with children]. At first, I was angry about this, but then I realised it was the best thing. My daughter had been placed in a foster family since she left the hospital. She was with them for the first 17 months of her life and they were very good, so the child was well and I had to be well too to be able to start a life together.

(Claudia, Italy)

" And then, unfortunately, very soon after, he [her partner] died next to me. He injected himself with Dormicum, and his heart gave out. A month later, or two weeks later, the doctor calls me, he says: "Ah I have great news, you are pregnant." And in fact, it was just horror, because I thought: "I've just lost the person I love, I'm in the middle of consumption, full of debts, and I've got this child here, what am I doing?" And, in fact, my son was wanted, we wanted a child so badly, I said I was going to keep him. So I went to a specialised addiction clinic where I took methadone to manage my son. The problem is that afterwards, I had used so much, the drug had taken so much from me, that I said: "Stop, I won't use anymore." The problem is that I was told that when a woman is pregnant you mustn't stop taking methadone and all that [they told me]: "You'll see that withdrawal will go very well." And unfortunately, it didn't happen like that at all. My son had a three and a half month withdrawal, which was huge … And it was very complicated because when you see your child like that … In fact, what I always say, as I'm part of an addiction support group for women and mothers, what's also missing is when the child is weaning … we take care of the baby, but for example, because we take him to the "premature babies" to do weaning, the journey from the room to downstairs where there are premature babies, there's no one to accompany you.

(Eugenie, Switzerland)

" I found out I was pregnant in my sixth month; I realised very late because I had been living on the street for four years. I was arrested and that's when I realised I was pregnant. Then as soon as I found out I rolled up my sleeves, I went back to the Ser.D. [Italian public service for people with dependence].[10] I decided to come here [residential community], because I don't want to put him in foster care, I want him to be mine immediately, also to avoid any proceedings.

(Giada, Italy)

" My intention was to have an abortion. I always kept smoking [cocaine] in the hope of having an abortion. I didn't give a damn. The separation from the father of my children was a double incentive to increase the dose even more. I gave birth while using substances to the last. My brother made a fuss by putting social workers in the middle, even though he knew what we went through [they both were in foster families during most of their childhood and adolescence]. I had my hands tied: I either came here or they took my children away.

(Chiara, Italy)

The women interviewed show how the experience of pregnancy is far from being uniform for all women, and how their way of addressing it, varies. Some women do not want to stop using substances and do not want the pregnancy. Others prefer not to self-report for fear of repercussions from health and social services, particularly of separation from their partner or children. Other women describe lack of information or shame as obstacles to reaching out to the relevant services.

While relapse is part and parcel of a path to recovery in the case of long and embedded drug dependence, facing the challenge alone or with partners who do not give up drug use, is much more difficult. In particular, lack of support after pregnancy is described as something problematic that can increase the level of loneliness and "unfitness" for motherhood and, with it, the chances of relapse.

" There is still so much ignorance in the topic of drug addiction, because it is still taboo. This didn't allow me to ask for help right away, partly because I thought I could have done it on my own, partly because I was ashamed.

When I referred to the service, which in that case was the Ser.D., I pointed out that I was a mother and that I would have preferred my daughter to follow me right away on a therapeutic path, because I had heard that there was the possibility of taking the children to the community, but the Ser.D. told me that it wasn't possible, that they [residential communities] would not take in mothers with children of a certain age, but that they would only take in mothers who

10. www.politicheantidroga.gov.it/it/servizi-e-contatti-utili/serd/i-serd-in-italia/.

were still pregnant. So, they suggested from the beginning to put my daughter in temporary foster care and instead I would do a therapeutic journey on my own. But I felt inside that it was not what I wanted and so I did not accept. Thanks to the Ser.D. I started going to a community centre where I attended during the day and we did group therapy and there everyone talked about the communities around Italy and there I heard about San Patrignano and that I could come here with my daughter.

(Katia, Italy)

The next testimony is from Giulia, who was 25 at the time of the interview (2021) and was living in Casa Mimosa, a residential community for women who use drugs and their children in Italy. She has a daughter who was 3 years old at the time. Her voice sums up the difficulties that women can face when they are both dealing with pregnancy and motherhood – which, it is worth repeating, can be challenging for everyone – and drug dependency.

" I am a girl who has been using various substances since I was less than 14 years old. When I found out I was pregnant I stopped using and I was working. Then in the fifth month my contract expired and I stopped working. I had a partner who was far away, so I spent my pregnancy alone and I felt neglected, lonely. I was bored, I was sick, I didn't work, I didn't do anything. Then I gave birth in August, it was all very new to me, I didn't even know what it was like to give birth.

I could very well turn to my parents. I had never been registered with the Ser.D. I was very happy to be pregnant, but I didn't want to tell. I always did everything in secret. I told my mother after three months, I waited, I never told her when I had visits; I went alone. I didn't want help, I was ashamed of being pregnant because I wasn't a person who could be happy about being pregnant: I didn't have a stable life, I didn't have a house, I didn't have a job, I didn't have anything, so I couldn't be happy about being pregnant.

When the baby was born I was delighted and immediately fell in love, but it was a totally different life from the one I had before. It messed everything up for me: the baby was always attached to my breast, I was with her, the baby was crying, I could never do anything. I felt oppressed by it. After three and a half months I decided to do cocaine again. It was early in the morning, the baby woke up and she was hungry, of course, and the first thing I did was give her the breast. Then I saw her looking a bit strange, my partner who was there started to shout at me, so I was agitated, everyone was agitated, the baby was agitated and, in the panic, I called the ambulance and told them that the baby wasn't well because I had used the substance. They took her to hospital and hospitalised her for five days. For three days they cleaned her up, because she was also dirty, then the other two days they kept me there because they had already made an emergency decree that I couldn't go home. So, they first put me in a protected facility in Bologna for two months and then I came here always with my child.

(Giulia, Italy)

Experiences of motherhood differ between women but they also differ for a woman's own children: usually the women interviewed who were attending treatment searched for or were given access to spaces for women with small, preschool age children, but they did not have the same opportunity with their older children.

This can be a consequence of the regulations of the service itself or because women were detected or self-reported during pregnancy. In other circumstances, it is due to the women's life course: the now older children (adults, young adults or adolescents) were born when the mother was a teenager or a young adult herself, with a more erratic lifestyle and less knowledge or interest about stopping or controlling drug use.

The next testimonies are from Kate and Luciana, who both live in a residential community in Italy. Their voices show the differential experiences of drug use and treatment with children of different ages. Kate has a 16-year-old son and a 6-month old daughter, while Luciana has two daughters: one is 11 years old and the other is 7 months old. Both Kate and Luciana's babies live with their mothers in the community.

> " My help came when she [her daughter] arrived, because I wanted to die, the world wasn't there for me anymore. There was nothing to give me satisfaction, not even my son, because with my son I had postnatal depression for two years, so him and I didn't have a mother–son relationship, we had a relationship of hatred. I became a mother with her, too late for him: even now he tells me, "you can't expect to be a mother now with me" but I try to be a mother. I love her, she saved my life.

> " My older daughter lived through my drug addiction: she was always with me, she went around with me … she saw a lot … Her dad was never there, I was out doing damage … it could have turned out really bad for her. She hates people who use drugs because of what she went through. When she was little, I would go to a friend's, she would come with me and stay there and play … Until she was little she didn't understand, then you know … When I would tell her "mummy has to go out," she would go crazy, she was more like mummy to me than me to her … The subject of motherhood never came up during the Ser.D. in Riccione [town in Italy]: the child was fine, I was very mum, I was very present, I had this little defect [laughs].
>
> (Kate, Italy)

Her daughter now lives with her grandparents while Luciana and her youngest child live together in the community:

> " My daughter says: "Mum, they say they work for the good of the children, but they don't do the good of the children. I want to be with you, but I can't go, why is Lucy [her younger sister] with you and I can't?"
>
> (Luciana, Italy)

Finally, some women initiate drug use after they have become mothers, as adults and not during their adolescence. They relate their history of dependence with the multiple stressors of motherhood, loneliness, economic issues, domestic violence or simply the need to reconnect with themselves after years of dedication to the well-being of other people.

> Drinking was kind of the normal when I was growing up. Growing up watching them [her family] drinking, it was kind of like "they enjoy it", so when it started to get tough for me I was like "alright, shall I just have a drink? It will relax me", but it wasn't just the relaxing: it was a case of actually making it disappear and then it became more of a daily thing. Things were just getting harder and then the more I drank it would just block it out.
>
> My partner was very manipulating. He used to get in my head and made me feel, when he was doing wrong, that it was my fault. He was also a gambler. He'll happily go away and throw away 200 euros, while if I went and I asked for something for me or the kids he would say: "No, I'd rather put it into the bookings because I know I have a chance to get my money back, while if I give it to you, it's gone and there is no coming back."
>
> He had hit me a few times but then there was one bad time back in 2020, I think.
>
> I wasn't reliant on drink or drugs when I was pregnant or afterwards. It was two years after I had my youngest. It was the impact of the domestic violence and the loneliness.
>
> I had a very hard wake-up call. I hate the way that things went, but it takes something big to happen for you to wake up. And if I didn't have that wake-up call I might not be sitting here today and I might have had my kids God knows where. I might still be sitting at the bar or somewhere drinking.
>
> (Mary, Ireland)

> I started doing drugs at 30, so late, but even worse because I also knew what I was losing, because I was also a mother by that age. A single mother, who always worked … perhaps I was wanting so much to escape this role of mother that I had not sought … it happened to me, I accepted it with all the love in the world, but I was not ready. Everything I gave up in my youth to devote myself to my daughter, I may have wanted to relive afterwards, also because of two big disappointments that I had, which then led me to feel lonely.
>
> (Sabrina, Italy)

The women interviewed stress the benefits and the need for services where women who use drugs can go with their children so that they do not have to face separation: intensive outpatient or inpatient places where women are treated with dignity and are stigma-free, and where they can be guided into developing a stronger bond with their children as well as develop skills to nurture them. The possibility of living in a residential community with their children or also with their partners definitely represents a turning point.

The Pompidou Group has underlined the necessity that shelters for women victims and survivors of violence also admit women who use drugs and their children. References to this topic can be found in *Children whose parents use drugs* (Giacomello 2022), as well as in the study, *Improving the management of violence experienced by women who use psychoactive substances* (Benoit and Jauffret-Roustide 2016) and in the handbook *Implementing a gender approach in drug policies* (Mutatayi et al. 2022). The Irish women's refuge Cuan Saor participated in the publication *Children whose parents use drugs* and in this study, with the participation of two women, Mary and Michelle, who recognise the importance of relying on places where they and their children can be safe.

> " If I never came across this service, if I never found out about it, I don't think I would be sitting here. These places they do deserve much more credit, there needs to be much more help for women, because, like I said, if it wasn't for you, God knows where I'd be.
>
> (Mary, Ireland)

The women interviewed put a stress on the necessity to provide women with time and space for themselves, to go through their own story, work on their own process and path and not only on their role as mothers. They show the ambivalence of being approached as "a mother" instead of as "a person" by services and social workers and how they find themselves in a position which is slippery. On the one hand, health and social services offer them the possibility of not losing their children by going through a path of recovery, on the other hand this is also experienced as being constantly on trial as a mother and that only by fulfilling social services' expectations will they be able to retain or gain back the custody of their children.

The demands or approaches of health and social services are simply not always compatible with the consequences and behaviours associated with drug dependence.

Pregnancy and motherhood raise ambivalent scenarios for women who use drugs. On the one hand, they acquire more visibility, since they are seen by services, thus opening the possibility of enhanced stigma but also of access to services and support because of the children. This can have positive consequences for a woman's personal journey as well as for the development or consolidation of a stronger relationship with her children. However, the pursuit of the child's best interests, while mandatory and necessary, can also be conducive of stereotyped attitudes and services that mainly attempt to "make the woman fit" for maternity purposes, but leave little if any space for the woman as an individual with her own path, needs and multiple identities, besides her reproductive and caregiving roles.

> " I've always felt that I could be blackmailed, in the sense that it's you who has to prove that you can economically support yourself, that you can manage the children on your own, so sometimes, even if it was wrong, I didn't make

too many demands [of social workers], I tried to mediate … There needs to be more information while the woman is pregnant and more participation of the woman during the process – sometimes we are not even called to the meetings – and more interest during the process on the person, because it's all focused on the baby, on the management of the children, but I … can I be frank? I don't feel that I have changed, that I have done a personal process, even at the psychological level … it's not very focused on the person. And so, for me, the change with regards to substances comes from the children, from the sense of responsibility, but not because I have done who knows what. And instead, since the time we invest is so much, it would be better to focus on us beyond being a mother.

(Mara, Italy)

" Social workers are not bad, there are also good ones, but they must learn to put themselves in the shoes of others. Because they think of the child, but they must also learn to think of the mother.

(Kate, Italy)

" If you bring your kids [to treatment], they [services] say: "You should know better, there are addicts." And if you don't bring them, they ask: "Where did you leave them?" You don't know what to do! I'm so grateful that there are services like this where you can bring your kids.

I don't think I would be in treatment if I wasn't able to bring my little baby.

(Kate, Ireland)

The next testimony is from a woman who is living in the residential service Die Alternative,[11] in Switzerland, with her child and partner.

" They observe very well here that I am not just a mother, but that I am also me as a person and in a couple, and we have couple therapy here which we are starting now and we really make sure that we can live the different roles.

(Ingrid, Switzerland)

11. www.diealternative.ch/ (in German).

Chapter 7

Stigma v. support

As outlined in the introduction, stigma can be a powerful deterrent to seeking treatment in the first place, as well as a barrier to remain in treatment, especially if that stigma stems from the services that are supposed to support women through their drug use and rehabilitation process. This also applies to pregnant women, mothers, women who are victims and survivors of violence, women who live on the street or in other conditions of vulnerability.

The women who participated in the study share experiences of discrimination in the family, in the community and from the wider social context.

> " Many a times I felt like the black sheep with my friends or in my family.
>
> (Michelle, Ireland)

> " I felt discriminated. I've been called names and been rejected by relatives.
>
> (Viviana, Romania)

> " They tell me I'm a drug addict, but they don't ask me: "Why you do it? What you feel?" Or better still: "Have you eaten, kid?"
>
> (Nohemí, Mexico)

> " My older brother tells me: "You're worthless, you're useless, you're a nuisance." Sometimes he says to my son: "Your mum won't change, your mum doesn't love you." Then my son comes and tells me crying: "You're not going to change, you're not going to come for me."
>
> (Sonia, Mexico)

While stigma is mostly associated with society at large, it is also experienced with services.

The following is reported in Croatia's focus group with women who attend the Division for Mental Health and Addiction Prevention of the Teaching Institute for Public Health "Dr. Andrija Štampar", in Zagreb:

> Most participants still believe that the social welfare system is somewhat insensitive to people in need and hinders the realisation of their rights, without having true insight

into specific family situations: "That's what our system is like. They do not have a shred of understanding for people; you come asking for welfare, you are entitled to the city's subsidy when you have three children … they looked at me like I came there to beg or something. It was a very bad experience".

" When they [at the hospital] found out I was a drug addict I was treated like a number, not a person, I felt the difference to another mother who was there with me. Those who don't know, those who are ignorant, unfortunately have prejudices and don't know that they burden the person. They do it not because there is malice, but out of ignorance.

(Luisa, Italy)

" I felt discriminated in the maternity hospital from the midwives. The social worker recommended the programme for mothers at 18ANO. I never felt discriminated from my family, on the contrary, they made room for my drug use, maybe because they had the fear I would leave the house.

(Sevi, Greece)

" It was the tone, it was the way she stood there and looked at me: before that I was just another person in addiction – as soon as I said I was a parent and I had kids, that was it, I was looked at in a totally different way. I was a dirty junkie and that was how they made me feel. And then all the questions like about your kids: "Where are they living? Does your family know about it? Is there anyone else in addiction?" I was already panicked and you've someone telling you all that … and the whole while I kept using because I was afraid, I was buying methadone on the street and I couldn't get it anymore and then they make you feel you don't deserve to have kids.

(Sarah, Ireland)

" I tried many times to go to a therapeutic programme, but I didn't like it because I wanted something different, more tailor-made to me. I tried many times to quit, I tried to find a motive. I feel stigmatised, even in hospitals. When a woman is in use, she needs to be very careful, to set boundaries, to toughen up. Society has different standards: when a drug addict is married and the child goes to school people gossip: "Here comes the drug addict's son." If the mother is single, people gossip about the son without a father. Social services need to be more co-operative. There has to be a less strict rule for drug-using mothers. Whatever the parent does for his or her drug use has nothing to do with the child. The connection the mother has with her child is beyond and above drug use.

(Koynelaki, Greece)

Stigma can also be experienced transgenerationally by children whose parents use drugs.

The following extract from the focus group carried out at the Reto Centre Therapeutic Community in Croatia elaborates on this point:

> Their children are generally accepted at school. However, there are isolated incidents of stigmatisation by other pupils, especially in small communities. The participants also said that their children are hiding information about their parents out of fear of being stigmatised. They believe that their children miss their parents and their continuous presence:
>
> "I believe that deep down she misses parental care. I think she misses her father, one family, mum, dad and her together. I believe that she misses this."
>
> "He would say to me: 'Mum, do you know what my friends told me? It's that kid whose mum is a drug addict and lives in a commune'. And it hurt his feelings."

> When you carry that brand it's very difficult also that other parents let their children play with your child. You are treated as, let's say, a degraded, a second- if not third-class person. And one thing that's very unfortunate that you don't understand is that it's a disease – drug addiction is a disease and it has to be treated like a disease. If someone breaks one's leg, it's not like she automatically becomes branded for the rest of her life. And the same thing applies to a person who is addicted to drugs, she can recover. But it is also difficult when you carry the brand. Because this is something that goes on afterwards. And especially my daughter suffered so much from this, because she could not make friends like other children, because she was always the daughter of the junkie.
>
> (Malena, Switzerland)

This generalised experience of stigma is complemented by experiences of support and non-judgmental attitudes, often occurring in the same settings: the family, drug treatment services, hospitals, maternity clinics and social workers. The next extracts show such examples and this opposition between stigma and support is taken up again in the conclusions and recommendations.

While it is not possible to generalise, given the number of women, countries and services participating in the study, there seem to be three main tendencies that impact on women's differential experiences of stigma v. support: i. negative beliefs around drugs and people who use drugs, which are often influenced by lack of knowledge about substances, the reasons for taking them, dependence and relapse; ii. services are made by actual persons with individual as well as professional traits and these differences between practitioners can shape the clients' experience in ways that can be decisive; iii. gender-related beliefs, particularly around the archetype of the good mother, weigh heavily on the services' response and should be tackled.

When support is available and stigma-free for women, these three aspects seem to be nuanced or reversed by more informed, gender-sensitive professionals and services.

> I have received help at all levels. I am also someone who wants to ask for help. I don't see it as supervision or anything like that, but rather as help. I also had a curator for my daughter, she was a great woman. I've always had good support so far.
>
> (Hanna, Switzerland)

” I have people around me that I got to know during the treatment, especially the therapists, whom I know I can call when I'm at my worst. And I have a few good friends who I can also trust. And then, the most important person who is the biggest support for me is my mum. It was very hard for me to admit to myself that I need help and that I have a problem with addiction. My sister and my mother helped me find a medical centre for mothers with children on the website.

(Paula, Czech Republic)

” When a woman has this type of problem it is for a reason, she always suffers from self-esteem, insecurities, so all these problems lead you to drugs. So, first you have to deal with these problems to know how to deal with the next one. Here they give me therapies, they talk to me, they call my parents. What has helped me the most is that they talk to my family, because they are not as bad off as you are and they are the only ones who can help you. I feel that if there is an alliance between the child's caregivers/parents and the centre, the patient will have double support.

(Adriana, Mexico)

” During my first pregnancy I did not take any drugs, but during my second and my last one, I sometimes used to take drugs. I received support from Sedqa. I had a social worker helping me and we used to have sessions together and she used to help me overcome drug use. Before I became pregnant, I had already been going to these sessions at Sedqa and I continued going even during the pregnancy. Sedqa does everything it can to help you, however, you have to do your part as well. I felt that the service I received was very positive and supportive, even the way that they used to speak to me.

(Jane, Malta)

” With my first child I wasn't using, I didn't have withdrawal symptoms then, so I decided to stop using while pregnant. I even helped his father to cut down on the use. With my baby girl, yes, I was using, which I think is horrible. And with my third child, partly. I started here [in the OKANA parental programme] very early in my pregnancy, thank God, I used for approximately three months. My husband, he helped me start over in OKANA. I thought OKANA could not help me in any way, because I was the one that was hurting myself. So, in February we started here and very soon after that, I delivered. For the first time in my life, I found the will to move on.

(Melenia, Greece)

” I used to be a lazy person; I was only interested in going out with friends and taking drugs. Now my treatment has helped me a lot because I feel that I am a normal person, as far as that word goes. My lifestyle has changed a lot: I get up, I make breakfast, I do the household chores, the food, I take care

of my son, the youngest one, whom I neglected a lot. I think he's a bit upset but he's slowly getting a bit of confidence. I wasn't what I am now. I spend more time with my children, with my sisters, I like spending time with them. The way I'm living now is very nice, it's the best stage of my life because I feel I'm happy.

(Rosa Elena, Mexico)

Chapter 8

Fears and expectations after inpatient treatment

At the time of the interview, 38 women were living in inpatient units in Croatia, Greece, Ireland, Italy and Switzerland, while two others were in a shelter for women victims and survivors of violence in Ireland. This chapter outlines some of their thoughts, fears and expectations for their life once their process of recovery is concluded.

Life after the community often represents the first time in these women's lives in which they will lead a regular life, with routine and stability. This change is desired and it is something they are working towards and looking forward to. However, it also gives rise to a lot of fear: the fear of being rejected by society, the terror of loneliness or of going back to the same environment, especially to the family, which has not necessarily changed as they have. All these multiple dreads are inextricably linked with the fear of falling again into drugs as a coping mechanism.

The next testimonies are from women in Switzerland, Italy and Greece who were living in a residential unit at the time of the interview. They show that their main worries are essentially related to reconnecting to society and their family, the practical needs of housing and employment, as well as of being, possibly for the first time in their life, a full-time mother on their own. They also share hopes, projects and expectations. The residential communities provide women with professional training, and support them after they leave the community through accommodation as well as social and therapeutic programmes that ease the journey of building an autonomous, stable life with their children.

> " I'm a bit apprehensive. But I hope it will go well. Everything is changing now. My daughter was 3 months old when we came here, she doesn't know anything else but here. Yes, I know it will be a big change. But I want it to go well. I want something stable, something constant, something that holds together. Yes, those are my fears, the social network, the connection, that it sticks. It's not so easy to be accepted when you have such a background. Small country, small village, everybody knows everything about everybody. So if they didn't know I was an alcoholic, I'd be surprised. And it's a small mentality there. Right now, I just hope for the best.
>
> (Adelaide, Switzerland)

" It's living that takes courage, not getting a fix. The sense of family that I have in here, the sense of being listened to, of being wanted for who I am, does not exist outside. This is the first home for me. Here I became a woman, here I became a mother first.

Quitting substance is not that difficult. It's more about coming to terms with yourself, with your past, with the present and many times with the future. I'm happy that my journey is coming to an end, for a personal revenge, because I too can live, but inside I feel like I'm dying because outside you don't find what we have here.

(Luisa, Italy)

" I fear the relationship with my family and especially with my mother. I dread the moment I will have to put boundaries to the father of my child, I'm afraid that at some point of great difficulty I will return to him because it will be easier. It's really difficult for me to assume responsibility of myself and my child or to find work.

(Katerina, Greece)

" I would like to go to the conservatory and have a second chance with school in order to have the opportunity to go to the university. I want to study. My goal is to fix my teeth, to lose weight and to raise my kid with true values. I want to help him gain self-confidence and learn that he can surpass any obstacle, once he wants to. I dread the relationship with my boyfriend and my family. I fear living a drug-free life, although I want to, I don't know how.

(Georgia, Greece)

" At the beginning of a community path, you feel terrible and the first thing you think of when you feel bad is the substance. There is a very strong pull the first days, the first weeks, the first months. The substance unfortunately has an enormous force, so you have to be just as strong because otherwise it catches you and takes you back. It is really dangerous, you have to be careful with it because you forget yourself. Now I've found myself again, I'm finding myself again.

I still fight with myself sometimes, because I am a person who comes from a great insecurity. I have been working on this insecurity since my first day in the community. I feel stronger on some points but sometimes this insecurity comes back: in the relationship with people, in the relationship with myself and in the relationship with my child. And so I'm trying through talks, one brick at a time, to fix this. If I look back, I've worked really hard, because with myself now I feel good, especially when I see that my life can be substance-free and free from those mechanisms that the substance gave me. That gives me an incredible strength.

Now I'm at a point in my journey where I'm going out [from the community] on my own and now I'm slowly starting to go out with the child; in a few months I'll

also start looking for a job. These are all things that before I couldn't do unless I had my friend the substance with me.

Unfortunately drugs will knock on my door, it's inevitable; it's me who has to work on maintaining the ability to be able to give different answers. Now I give myself the space to live these insecurities, and to acknowledge them, while before I didn't even want to feel them, I didn't want them near me. Now they are there, I have to recognise them and I can find strategies to move forward. My recovery path is giving me this, and these are great satisfactions.

One thing I want to do in the future is to volunteer in the first community where I was; I would like to be an example for the people who come. Because when you arrive at the community stage you're lost, you don't know what to do, you don't know how to do it, you don't know if you'll be able to do it. A voice from a person who has been there gives you a hand. I am convinced that if you have in front of you a person who has been in your condition and can tell you about their experience and their growth and rebirth, it is a very powerful thing.

(Claudia, Italy)

The following extract reflects the opinions of the women living in the Reto Centre residential community in Croatia:

> All participants were afraid of returning to society. They indicated problems such as finding work, an apartment and being able to provide for their children. They also expressed separation anxiety because they viewed their therapeutic community as a family that gives them love, security, stability and a safe environment. They indicated that the system was slow in problem solving, pointing out the lack of help from state institutions regarding financial support during their resocialisation in the community and outside of it, as well as financial and legal support in resolving disputes regarding debts to business subjects, such as enabling payments in instalments and cancelling interest rates.

The next testimonies are from women who have left the residential community and are now living in the aftercare facility. Sonia lives independently, after completing the process at the residential community and the aftercare centre.

" I'm already in "normal life". I have a 2-year-old daughter and an 8-year-old son. After leaving the community, where I was for almost nine months, I was in the aftercare centre for 12 months and then I went to individual and group therapies for another seven months. I've been working on myself and I know I did a good job. I would like to use my experience and help in working with addicts, but it is still too early. I have it as a long-term plan. Nothing scares me.

(Sonia, Czech Republic)

" I found a stable job, I try to avoid risky places and people. I regularly attend individual interviews with a therapist and groups with people with the same problem. The support of my family is also important to me. My dreams and expectations? I would like to pay off my debts in the next three years. Otherwise, I have no expectations. A big challenge for me is long-term abstinence.

(Diana, Czech Republic)

” I'm still on parental leave, so I'm not looking for a job yet, but I'm in a recuperation centre for addicts, where I continue from the community with therapies. I plan to participate in the activities to pay attention to myself rather than just to the children, by starting to go to the gym. The only thing for which I have concerns and great respect is drugs, I don't want to go back to them.

(Paula, Czech Republic)

Chapter 9

Conclusions and recommendations

> Drug addiction is a disease of separation.
>
> (Shiv, Ireland)

We are warriors is the product of the participation of 110 women who have experienced problematic or dependent drug use, that is a relationship with substances that is often a consequence of multiple traumas since childhood, such as being victims of violence, including sexual violence, parental drug use, and domestic violence. Such drug use can be triggered by multiple situations and for a variety of reasons, which often coexist, such as partying, boredom, curiosity, pleasure, insecurities, low self-esteem, intimate partner violence, imitation of parental or family behaviours, and so on.

The experimental, occasional, pleasure-oriented and pain-easing initial contact with substances turns around at some point, quite rapidly and unexpectedly: the person is no longer in charge of the substance, rather the substance has taken over. This is what Shiv, whose testimony opens the report, defines as "losing the power of choice".

The life stories of the women who generously agreed to be interviewed are certainly complex and painful. They tend to have a long history of dependent drug use, which has led them to experience being homeless, sexually assaulted and exploited, socially discriminated against and sometimes explicitly or implicitly pushed away by health, social services and their families.

Male partners are, in general terms and with exceptions, complicated figures in the lives of these women, especially when they also use drugs. They are not necessarily present in the upbringing of their children and perpetrate multiple forms of violence against the women interviewed. The fact that only 7% of the women's children were in the care of the other parent is indicative of their father's absence. Men can represent a sexual threat, a vector into sexual work or sexual abuse, as well as providers of substances or an obstacle to recovery. Of course, parallel to recurring, negative experiences with men, some of the women also have supportive partners who help them go through recovery or who are in the process of recovery with them.

Most of the women interviewed are mothers and have been pregnant. Women who use drugs and are mothers or are pregnant are often stigmatised by society, and by themselves. Women express how they are not expected to be happy about their pregnancy and how they are treated as though they do not deserve to have kids.

With regards to access to services, pregnancy and motherhood raise ambivalent scenarios for women who use drugs: on the one hand, they acquire more visibility; they are seen by services, thus opening the possibility of enhanced stigma but also of access to services and support because of the children. This can have positive consequences for a woman's personal journey as well as for the development or consolidation of a stronger relationship with her children. However, the pursuit of the child's best interests, while mandatory and necessary, can also be conducive of stereotyped attitudes. Thus, services that mainly attempt to "make the woman fit" for maternity purposes leave little if any space for the woman as an individual with her own path, needs and multiple identities, besides her reproductive and caregiving roles.

The women interviewed express dreams and expectations as well as fears about the future, and their main concern is falling back into drug addiction or for their children to repeat their own story. They are the second or third generation of families living in drug dependence, and they harbour the preoccupation that, if they do not maintain a post-recovery stable life, their children might fall back into the same pattern.

Some of the women went through exactly what their children are experiencing: they grew up in public institutions and foster families, only to be sent back to the family of origin and start the cycle all over again. The next testimony reflects the transgenerational, painful repeating of a family history which goes back at least two generations.

> " I didn't have an easy childhood because of my mother. She became a heroin addict when I was 4 years old. When I was 5, I was on my own, I did the housework, I took on all the roles. After that, we went to a canton in the south of Switzerland. I spent five years in an institution and I had everything there, yes: I had my friends, I had an environment, I did well in school … and then I was taken away. She [her mother] just pulled me out of there when I was 13, which was not so easy. In fact, I only came back for my grandmother. But she died six months later. She was the most important person in my life, she was my mum when my mum couldn't be there for me. Although she [her grandmother] was an alcoholic, I never saw her drunk.
>
> That's how I got into drugs: I ended up drifting because my mother wanted to send me back to an institution. I went back to another institution and I just felt rejected, didn't I? My mother gave birth to my sister in a canton in the south of Switzerland, while I was in the first institution. She lived with my mother. She's a methadone kid. And yes, she had to be placed in a home for mothers and children.
>
> You feel like you're being replaced. Then there is something decisive, finally you are not supported either. You get expelled again … that's when I fell.
>
> (Eli, Switzerland)

The experiences of young women and mothers who in the past have been children with parents who use drugs lead us to ask the following question.

Is transgenerational drug use a path of individuals, the outcome of which depends on personal skills and "will" or is it also the result of the fact that adult individuals might have been themselves children who did not receive the parental or services' support that they needed in order to break the cycle of traumas and vulnerability?

The women interviewed seem to describe a reality in which children and adults are slipping through services, which are often segmented and focused on "managing" situations rather than comprehensively supporting people. On the one hand, this creates conditions in which professional commitment can be undermined by lack of comprehensive, multidisciplinary knowledge, lack of continuity in the professional–person relationship, unbuilt trust and, finally, the unsuccessful accomplishment of social and health-related objectives. On the other, it leads people to potentially repeat a cycle of drug use, neglect and family separation.

Recommendations to services

The relationship with services tends to be ambivalent. Generally speaking, the interviewees report a less stigmatising attitude in drug-related services, albeit with some negative episodes, and ill-treatment or lack of appropriate and sufficient information. Conversely, health services that are related to pregnancy and social and child protection services are perceived as less understanding, more judgmental and a source of tension, mainly due to ignorance and stigma around drugs and drug use and a child-centred rather than dyad-centred approach.

It must be recalled that, usually, the interaction with social services does not occur when difficulties are still manageable, but when there is a crisis situation, for instance when a child is born with abstinence symptoms or where situations of neglect are reported. This leads us again to the question of how situations develop and become crises. Is it only the personal responsibility of the person who uses drugs and does not ask for help or the product of social and structural conditions that leave some people at the margins and catch them only when they become "a problem"?

This "contact through emergency" also partly explains the gap that exists between social workers and women who use drugs and that it takes time to build mutual confidence.

Women who are mothers also refer to how the intervention of social services has been positive by prompting them to enter treatment as a condition to retaining their children's custody. While this can be experienced as, and actually can be, quasi-coercive, threatening and disempowering, it can also generate positive alliances between the women, the treatment service, social workers and, if present, the foster family as long as it is based on co-operative working in which women feel that their story is respected – particularly their trauma – and that it acknowledges their autonomy and voice.

Women stress the importance of intensive outpatient or inpatient services which they can attend with their children and, if present, with their partners. They also emphasise the importance of working with the woman as a person and not only as a mother.

They also highlight the importance of establishing a relationship of trust with health and social workers and of maintaining continuity in the client–professional relationship, because rotation of personnel can undermine the progress achieved.

9.1. Women's recommendations to services

The following extracts reflect some of the women's recommendations to services.

> So, why would people come away from the services? The complete unmanageability. You have an appointment time and you wake up and you have an absolute obsession and the only thing that will get rid of that obsession is by putting that substance inside your body. You've lost the power of choice. I went to services and it had nothing to do with the people that tried to help me, it was the powerlessness over the substances.
>
> The first thing I think should be asked to a woman or a mother who was attending the services is: "What do you feel you need to help you manage?" Having realistic expectations of the people who are attending the service. Asking: "Is this manageable for you?" Leaving the door open and the possibility to say yes or no and if they say no, being able to accommodate.
>
> (Shiv, Ireland)

> They [services] have to learn what it means and how it feels to be an addicted mother. Social services must be more linear and not so strict with women in drug use and not take their children from them. More specialised programmes for addicted mothers must be made and have the opportunity to take older children with them as well, not up to 5 years of age. The media must organise more campaigns for the people in drug use, give more information about the available programmes and how they work. In addition, street work efforts from all programmes must increase in order to make clear to addicts that they have a choice, that they can change their lives if they want to.
>
> (Georgia, Greece)

> People still believe too much that mothers who have drug dependence do not want to take care of their children … I would dream of a house where everything [services] is together for these mothers, for the fathers too. Sometimes you can't have all these meetings at the same time, you know. And I know that now they are trying to place the children less in foster families, but there is a lack of knowledge about the services and even today, in 2022, it is still like that. But I think that if there were people who looked after these parents at home, they would manage. I think there are outpatient ways of dealing with these parents.

And that would do much less harm. Because there is no drug-addicted mother who wants to harm her child.

And if the professional manages to have a relationship of trust with this mother, at some point she will say what she needs, because she loves her children so much that she will say "I can' go on".

(Eugenie, Switzerland)

" I think the information. Information is something very important. Because I too had no contact until I took the first step.

(Peke, Greece)

" More spaces where women can also come with their children and where afterwards one can also talk and discuss problems. I mean, in my opinion in the end it's not that it takes so much, it takes a place, people who are welcoming. Because maybe we really need that, the welcoming.

(Tiziana, Switzerland)

" I would just like to add that addiction is a big problem with a difficult solution. I am very glad that there are places, organisations and services that help addicts and do this work willingly. I too am indebted to these organisations for their great help. And I would like to thank them very much. I would also like to add that although these organisations can help in the beginning, the addict has to see it through to the end, and it is not an easy and short path. It is a long-distance race that requires a lot of strength, determination and will.

(Diana, Czech Republic)

" They [services] should do a needle exchange, harm reduction, so everybody can have access, to have a place for safe drug use.

(Gkabi, Greece)

" At school, children should be educated about drug use. They need to know. Substitution programmes need to support drug users psychologically, and not only physically.

(Myrto, Greece)

" When you have a person who has gone through what you have gone through you feel hope to say "I can do it too"; you feel able to open up.

(Lisa, Italy)

" In order for a person to help you, they have to go through your problems. I really believe that. They [professionals] can help you with their education and

certificates but in order to understand you, especially when you hit rock bottom, experience is important.

(Eve, Malta)

" A voice from a person who has been there gives you a hand. I am convinced that if you have in front of you a person who has been in your condition and can tell you about their experience and their growth and rebirth, it is a very powerful thing.

(Claudia, Italy)

9.2. Recommendations to women who use drugs

When asked about recommendations for other women in a similar situation, most of the messages conveyed are about: not using drugs or stopping drug use; looking for help and not being afraid or ashamed; forgiving and believing in oneself; and undertaking a path of recovery because they want to, not because of their children or to fulfil other people's or services' expectations.

" Speaking is your best friend: not drinks, not drugs, using your voice. There is nothing to be ashamed about, women should be able to say: "I need help." You are only trying to help yourself and that's who you need to help. Go to a doctor, your local resource, not your family or friends – they get judgmental – someone, a sort of place that can refer you on to a place where they can help you. There's not enough recognition given to places like here, they are not spoken of enough. My own town is only 20 minutes away from here, I didn't even know where it was.

(Mary, Ireland)

" It's easier said than done. It's easier to spark up a joint or two than to walk away from one, but sometimes you have to put in your mindset: "I'm better than this, I don't want to feel that I've hit more bottom" after the next day, after having smoked my joint, or after having drink, you don't want to feel that you've hit more bottom because that's how you feel after you've misused substances. I would recommend for them to sit down on their own for a night without anything around them and have a good time to themselves to think, "Is this the life that I want?" And then to think: "Would it be easier for me to actually not feel so judged and misunderstood?"

(Michelle, Ireland)

" Sometimes women aren't here for the right reason. They're here because their children have been taken and you have to want recovery for yourself before your kids and do it for yourself before social workers.

(Sarah, Ireland)

" You need to look for help. I managed to do it, I know what it means, I've passed through these things: you need to look for help and find a good social worker. In reality that's what we really want, to be able to speak up. If you relapse, you can go [to your social worker] and tell them "listen I relapsed" rather than having to keep your mouth shut because you're scared that they'll take your children away from you again. They don't understand; for them it's black or white, grey doesn't exist. You're scared to speak out [to them].

(Katya, Malta)

" The only thing I can say even today is that it's a fight that is never won, and never will be, until the last day of our existence. But in the end, well it's not in the end because I'm not at all out of anything, but actually accepting to be helped. There's a sentence that I could just say, I think it's really this: we are not responsible for our illness, but we are really responsible for our recovery. That's for me, there's nothing else to say. And by recovery, I mean, there are phases, of course there will be relapses, of course, but we are responsible for our recovery, there is nothing else. And then, to forgive yourself.

(Magali, Switzerland)

" Take it day by day, that's what my doctor told me once. She had told me live one day at a time and learn how to live. At the time I used to say: "What is she talking about?" So, if for instance, I don't know, your daughter wants to go somewhere, go with her yourself. Don't go asking your mother, for example telling her to take her instead because you are not feeling well because I have done this, um … Create your own day, understand, try to live it. Tomorrow will be better than today … that's what I always say.

(Sharon, Malta)

9.3. Messages for children with parents who use drugs

Women's messages to children also emphasise the recommendation of not becoming engaged with drug use. With regard to the drug use of the children's parents, the women encourage children to speak up, to not be afraid of looking for help through adults or services that they can trust. They also underscore how children should be supported in understanding that they are not unloved, but that their parents are coping with dependence, which is stronger than them.

" Find that person that you can trust, whether it's a teacher or if you are in a youth club, someone … there is someone there to listen.

I had many chances to do it and I regret not doing it. They are there and they know there is something going on and they can't do nothing unless you use your voice which I never did. My thing will be "use your voice".

(Mary, Ireland)

> We should help children understand that it is not that their parents do not love them, but that the substance is too strong. The mother loves her child, but she does not love herself.
>
> (Sabrina, Italy)

> I would explain to them that their parents could not deal with their experiences from their childhood, that they had an abrupt growing under difficult circumstances. That it is time to ask for help and that there is still hope.
>
> (Katerina, Greece)

> I would tell them: "Don't make the same mistake. Addiction is not a life. It is hell." I think that children should understand and help their parents.
>
> (Viviana, Romania)

> To look for the help of other adults that they can trust and who can help them. Whatever happens, it is not their fault.
>
> (Carmen, Mexico)

> To not hate your parents. One day you grow up and they'll end up telling you the reasons of why they used to use, and you might understand why they did what they did, just to not hate your parents, it can be hard, some parents want to block things out, they don't want to be a parent like that … it's kind of hard to actually word it.
>
> (Michelle, Ireland)

Final remarks

Women's perspectives provide numerous insights and ways forward for services. They echo some of the recommendations already developed in the publication *Children whose parents use drugs* and those of other studies preoccupied with the ongoing lack of gender-responsive, comprehensive care for women who use drugs and their families.

The next points do not have the ambition to outline all the needs and routes, but merely to highlight some salient issues that are crystalised so eloquently in the testimonies.

1. Trauma needs to be acknowledged

> When a woman has this type of problem it is for a reason, she always suffers from low self-esteem, insecurities, so all these problems lead you to drugs. So, first you have to deal with these problems to know how to deal with the next one.
>
> (Adriana, Mexico)

Women who develop dependency from substances tend to share a life story of multiple and cyclical traumas, often gender-based. This must be acknowledged and addressed by health, treatment-related and social services and be part of the recovery work.

In this sense, drug dependency is the symptom and has to be treated according to the type of use, substance and woman's choice (maintenance v. abstinence, for instance, or vice versa). However, the depths of drug use lie with personal experiences, family circumstances as well as structural and gender-based inequalities and forms of violence.

The relationship with substances is so entrenched with a sense of self-security and physical dependence on them that relapse is a likely event. This should be understood by services working with women who use drugs and not be considered as a sign of irresponsibility, lack of commitment or a failure, but rather as a sign that she needs ongoing support and confidence building.

Women who use drugs have experienced multiple forms of violence, deceits and neglect and tend to distrust everyone around them. Therefore, it is of utmost importance to maintain a long-term and stable relationship with people inside services, in order to build trust and guarantee that the woman and her children do not become "a file" to be handled by changing practitioners.

2. Health, social and drug-related services should co-operate and provide integrated, stigma-free attention to women and their families

> " There is still so much ignorance in the topic of drug addiction, because it is still taboo. This didn't allow me to ask for help right away, partly because I thought I could have done it on my own, partly because I was ashamed.
>
> (Katia, Italy)

Social discourses around drugs and people who use drugs are generally based on morally skewed and not always accurate information. Alcohol, for instance, is usually not considered a drug, while the illicit dimension of other substances increases social fears and beliefs around people who use drugs – especially mothers – as unfit for parenting.

Stigma keeps people who use drugs distrustful and away from services, while it can also foster condescending attitudes (unconscious or active), disempowerment and a self-fulfilled perception of failure from services towards women who use drugs.

Objective information on drugs and drug dependence should be provided to health, social and child protection services, so that they can develop informed and empathic relationships with women and work collaboratively with treatment-related services.

Additionally, drug-related services should work in co-operation with professionals, organisations for women victims or survivors of gender-based violence and services that target families and children, in order to build multidisciplinary alliances that address the different components related to drug dependency, such as trauma, other health conditions, homelessness, child-caring responsibilities, etc.

Evidence-based information and practices, together with collaborative work, can help to strengthen the prevention dimension of services, thereby reducing the "emergency situation" that usually triggers the intervention with women who use drugs.

3. Services for women and their children

> " More specialised programmes for addicted mothers must be made and have the opportunity to take older children with them as well, not up to 5 years of age.
>
> (Georgia, Greece)

The women interviewed clearly state that inpatient and outpatient services must be available for women with their children on a large scale.

Information on these facilities should be widely disseminated and provided to women by the other services they attend.

Older children should also be considered and included in the treatment process, while being given the opportunity to also spend time with their mothers.

However, while services for women who use drugs and who are pregnant or mothers allow them to retain their children, women should be given the time and space to undergo their own process as persons, and not only in their role as caregivers.

The experience of the refuge Cuan Saor, in Ireland, highlights the importance of shelters that accept women who use substances.

Parenthood as a wider concept, which involves mothers, fathers and other caregivers, should be part of the therapeutic process.

4. Acknowledge women's role and voice while giving support

> " There needs to be more information while the woman is pregnant and more participation of the woman during the process and more interest during the process on the person, because it's all focused on the baby.
>
> (Mara, Italy)

The women interviewed demand more flexibility from services, to adapt to the "non-manageability" caused by drug dependency, which makes routine and stability difficult to accomplish.

At the same time, they recognise the need for support, particularly when they return home with their child after giving birth.

They call for participative mechanisms and for information, against traditional top-down approaches in which services design agreements and strategies, without taking into consideration, involving or informing the person. This particularly applies to decisions that concern their children's situation of care.

Women who have lived through dependency and undergone a path of recovery are considered key persons to speak to other women, since they are able to generate trust and credibility and give a sense of hope. In this regard, closer contact between social services and women who use drugs during or after recovery could help close the gap between services and women who use drugs, accelerate the process of trust building and develop responses that, while centred on the child, are also aware of and responsive to women.

Additional to the previous points, the recommendations presented in the study carried out by Professor Comiskey, SAOL and colleagues (Prakashini Banka et al. 2022), mentioned in the introduction, are also pertinent for the experiences outlined by the interviewees. While the full recommendations can be consulted in the study, five of them are taken up here (ibid. 2022: 30-32):

> It is recommended that past adverse childhood or early sexual experiences, plus current sexual health, be an ongoing facet of monitoring and evaluation of client wellbeing in addiction services. This includes the emphasis on training, as required, in terms of ongoing treatment adherence for infectious diseases …
>
> It is recommended that ongoing professional development in the signs and symptoms of domestic violence, as well as in offering empathetic, non-stigmatising care, be provided to front line health and social services …
>
> It is recommended that increased transitional housing be specifically allocated for women with children, who use substances and whose homes are unsafe as a result of domestic violence or the threat of it …
>
> It is recommended that a policy review be undertaken to ensure that health, social, drug and other relevant policies, including strategies for children, are fit for purpose in terms of integrated services and the upholding of the human rights of women who use substances and endure violence in their homes …
>
> It is also recommended that any reviews or pilots be co-created with women and that qualitative work is conducted in parallel to the qualitative measurement, monitoring, and evaluation.

Integrated services, which are non-stigmatising and trauma informed, as well as services for women survivors of violence who use drugs are key interventions which are called for by women themselves. Involving women and generating policies that incorporate their participation and monitoring is also one of the aims of this Pompidou Group project.

Another key message is to see the woman before, or as well as, the mother, making sure that while the best interests of the child are upheld, this is not done in detriment

to the woman's individuality and personal story and needs. Protecting and caring for the dyad is not only a human right's obligation, but also a more effective way of taking care of parents and children.

Finally, fathers should be approached as well and responsible parenthood should be addressed by both health and social services, including the possibility for both parents to be together with their children in residential treatment services.

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Appendix I

People and services that participated in the research

1. People who facilitated, carried out, transcribed or translated the interviews, by country

Croatia
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Greece
Minors Protection Association of Athens, Greek Ministry of Justice Athina Manouka **Organisation Against Drugs (OKANA); Support and protection programme for parents-users of psychoactive substances, Athens, Patras and Thessaloniki** Elli Drakaki; Marina Alexopoulou; Peny Antoniadou; Sofia Dogka; Maria Georgiou; Anastasia Leontaraki; Iliana Tsoutsa; Panagiota Tzovara; Despoina Xirogianni **Kethea Exelixis, Harm Reduction Programme for People Who Use Drugs** Kyriaki Dimitrakopoulou; Eleni Marini; Apostolia Patsi; Despoina Xiotini **Maternity Hospital** Athina Charalampous **Specialised unit for addicted mothers and their children, 18ANO, Psychiatric Hospital of Attica, Athens** Maria Sfikaki

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Czech Republic
Therapeutic Community Karlov, SANANIM Day Care Centre, SANANIM
Greece
Specialised unit for addicted mothers and their children, 18ANO, Psychiatric Hospital of Attica, Athens Kethea Exelixis, Harm Reduction Programme for People Who Use Drugs Maternity Hospital Alexandra Organisation Against Drugs (OKANA); Support and protection programme for parents–users of psychoactive substances, Athens, Patras and Thessaloniki Minors Protection Association of Athens, Greek Ministry of Justice
Ireland
Preparing for Life Cuan Saor Women's Refuge Coolmine, Ashleigh House, Women's Residential Programme
Italy
University of Padua, LabRIEF – Laboratorio di Ricerca e Intervento in Educazione Familiare Open Group, "Rupe Femminile" Casa Mimosa, CEIS A.R.T.E. Cooperativa Sociale Onlus San Patrignano
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Centros de Integración Juvenil (CIJ):
CIJ Miguel Hidalgo (Mexico City)
CIJ Iztapalapa Oriente (outpatient and inpatient Unit), Mexico City
CIJ Tlalnepantla, state of Mexico
CIJ Nogales, state of Sonora
CIJ Tuxtla Gutiérrez, state of Chiapas

Romania

National Anti-Drug Agency
Outpatient Programme "Integrated Assistance Programme for Addictions"
Day Centre "SERENITY II"

Switzerland

Addiction Suisse
Die Alternative, Ulmenhof
Paradiesgässli, Luzern
Rel'aids – Fondation Le Relais
Antenna Icaro, Bellinzona
Addi-Vie CHUV, Lausanne
FVA, Morges
Ingrado Ticino
Fondation Le Torry, Fribourg
Addiction Valais

Appendix II

Questions asked in the interviews with women who use drugs

The research aims at deepening the transgenerational dimension of drug dependence in the family, gender-specific paths of drug use and drug dependence, and women's experience and proposals on gender-responsive services. The questions endeavour to understand and share the informants' personal experience of: a. parental or siblings' drug use during childhood; b. substances and partners' drug-use paths; c. the response received from services; and d. how they consider that their needs could be addressed by services (social services, child protection, treatment services, health, etc.).

Please take into account that the terms drugs and substances include legal and illegal substances, as well as alcohol.

The following list of questions can be complemented by other points of discussion raised during the interaction or that are brought forward by women themselves.

1. Can you tell me if someone in your family used drugs or alcohol when you were a child and if it affected you?
2. Do you think that what you experienced in your childhood had an impact on your drug use and how?
3. When did you start taking drugs and how did it happen? How did substances become something important and, perhaps, difficult to handle?
4. Could you talk to anyone about your drug use? Did you know where to go if you wanted to stop?
5. Sometimes women become involved with men who use drugs themselves and the relationship starts revolving around drugs. Have you been in relationships with men who also used drugs? How did that impact your life and your relationship with substances?
6. Can you tell me a bit about when you have been pregnant (if applicable)? How did you manage drug use during pregnancy? Did you receive any support from your family, partner or from services (public services, private or NGOs)? Did you know what services to go to? How did it go?
7. Have you ever felt discriminated against or stigmatised because of your drug use? In your community, in your family or in public services? Can you tell me a bit about your experience as a woman who uses/used drugs?

8. Have you been in treatment? Can you share with me what your experiences have been? What do you think works for a woman who uses drugs? On the contrary, what makes women go back to drug use and away from services?
9. (*This question applies to women in residential treatment services*) How are you preparing for when you will be back in the community (working or educational skills, psychosocial support, activities in the community, etc.)? What are your dreams and expectations? Is there something that scares you or that you find challenging?
10. What difficulties face women and girls who use drugs? And women who use drugs and are mothers?
11. What recommendations would you give to women who use drugs?
12. What do you think that public services or NGOs should do to be accessible (easy to reach, available, non-discriminatory, gender-responsive) for women who use drugs?
13. What would you say to children whose parents use drugs?
14. Is there anything else that you would like to add?

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After an initial publication on children whose parents use drugs in 2022, the Pompidou Group has continued research on this topic as part of an ongoing effort to give visibility to these children and to develop proposals for creating or strengthening services that both protect children and support families. It also intertwines with the effort of the Pompidou Group to integrate a gender dimension into drug policies in Europe.

This volume contains testimonies from 110 women who use drugs, in 11 different countries: Croatia, Cyprus, the Czech Republic, Greece, Ireland, Italy, Malta, Mexico, North Macedonia, Romania and Switzerland, and who participated in individual or collective interviews about their parental drug use, their paths of consumption and how they access services, including the barriers and facilitators encountered. Their involvement through providing valuable information on gender-responsive, drug-related policies is appreciated and their contribution is recognised.

The *Children and families affected by parental drug use* series comprises four volumes:

Volume I *Children whose parents use drugs – Promising practices and recommendations*

Volume II *We are warriors – Women who use drugs reflect on parental drug use, their paths of consumption and access to services*

Volume III *Listen to the silence of the child – Children share their experiences and proposals on the impact of drug use in the family*

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