**Editorial for special issue: Vulnerable Groups: Addiction Research, Policy and Practice**

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Alcohol, drug and tobacco problems are common across the globe. While the nature of consumption and harms vary by cultures and individuals, one unifying feature is the role that vulnerability can play in exacerbating substance use problems. We defined vulnerable groups here as communities who are marginalised or excluded from mainstream healthcare and other services due to geographical and demographic factors and/or socioeconomic status. Arguably anyone experiencing problems with addiction is vulnerable. However, we know that addictive behaviours are more prevalent amongst certain groups whose needs might be less well understood – in terms of prevalence rates, effective policy, interventions or prevention practices. But it is the intersectionality of substance use with a large variety of additional vulnerability factors – at both the individual and community level – that motivates this special issue. The consequence of this intersectionality is that characteristics which might not otherwise be considered as markers of vulnerability might lead to increased vulnerability in the context of addiction. For example, it has been long established that the use of alcohol and other drugs amongst women is far more taboo than use by men, which creates a point of vulnerability for women with addiction problems, in that they may be more inclined to conceal their problems and not seek support, for fear of stigmatisation or judgement (anticipated and actual) (Taylor, 1993).

To provide an opportunity to gather together current evidence on addiction amongst a range of vulnerable groups, we led a call for submissions for this special issue on *Vulnerable Groups: Addiction Research, Policy and Practice*. The primary aim of this call was to highlight contemporary issues about vulnerability across the addictive behaviours field. We were overwhelmed by the number of submissions; clearly the topic of vulnerability has strong resonance in the addictive behaviours field.

Many areas of vulnerability are covered across the papers in this special issue: ethnic minorities are covered in papers from across the globe, including the contributions from Hall et al. (2019); Carroll et al. (2019); Gould et al. (2019); Brown et al. (2019); Bramley et al. (2019); Frazier et al. (2019); Truong et al. (2019); and Field et al. (2019). Women and pregnancy as a time of vulnerability are covered in work presented by Tyler et al. (2019); Brown et al. (2019); Bar Zeev et al. (2019); Wincup et al. (2019); and Mburu et al. (2019). Child welfare vulnerabilities appear in papers from Quast et al. (2019); Boreham et al. (2019); and Sellers et al. (2019). Minority sexual identities, a known vulnerable population with heightened rates of alcohol and other drug use, is covered in contributions from Benz et al. (2019); Clayton et al. (2019); Lamb et al. (2019); and DeBeck et al. (2019). Likewise, co-occurring mental health problems represent another vulnerable group (Jutras-Aswad et al., 2019); Richardson et al., 2019). A number of papers address homelessness (Moxley et al., 2019; Dawkins et al., 2019; Moore et al., 2019). Papers covering other aspects of vulnerability include youth (Miech et al., 2019), policy (Stevens, 2019), and prisoners (Stevens-Watkins et al., 2019). It is also clear that vulnerabilities co-exist and many papers touch on multiple vulnerabilities.

Studies relating to tobacco and nicotine are well represented in this issue. While smoking prevalence rates have steadily declined across the developed world, within these territories rates remain disproportionally higher amongst those with social disadvantage and/or a mental illness. The first population-level study of smoking, quitting and mental health within the UK is featured in this issue (Richardson, McNeill & Brose, 2019). This paper examines a nationally-representative Adult Psychiatric [Morbidity](https://www.sciencedirect.com/topics/medicine-and-dentistry/morbidity) Survey, and characterised trends in smoking [prevalence](https://www.sciencedirect.com/topics/medicine-and-dentistry/prevalence) in the general population in Great Britain and among those with and without mental [health](https://www.sciencedirect.com/topics/psychology/health) conditions between 1993–2014. In this time frame smoking prevalence rates fell for both groups but a mental health condition was associated with current smoking, heavy smoking, difficulty remaining abstinent, desire to quit and perceived difficulty remaining abstinent. The paper by Dawkins et al. (2019) echoes the findings of Richardson’s, finding that their sample of adults experiencing homelessness in Great Britain report high desire to quit cigarette smoking, but low success. The excess burden of tobacco-related disease amongst those facing multiple disadvantages and new opportunities for harm reduction is also discussed by Thirlway et al. (2019). A number of papers highlight the role of professionals in supporting cessation amongst vulnerable groups. Gould et al., (2019), Brown et al., (2019) and Bar (2019), all building the consensus that professionals have a major role to play in supporting cessation and maximising the opportunities within health and social care environments to engage with those adults who are traditionally under-represented in cessation services.

Research on alcohol and the role this substance plays in both maintaining and worsening inequalities is represented in a number of papers. One highlight of this special issue is work by Brown et al., (2019), which examined whether race/ethnic variation in [discrimination](https://www.sciencedirect.com/topics/psychology/discrimination) is differentially associated with economic adversity during the period of the [Great Recession](https://www.sciencedirect.com/topics/psychology/great-recession) for Blacks and Latinos compared to non-Hispanic Whites, thereby contributing to higher rates of [alcohol use](https://www.sciencedirect.com/topics/medicine-and-dentistry/alcohol-consumption) and problematic drinking among these groups. They report an association between post 9/11-related discrimination and economic adversity, showing a greater relationship for Blacks and Latinos compared to non-Hispanic Whites, which is linked with problem-related drinking for both groups in contrast to non-Hispanic Whites. The authors conclude vulnerabilities caused by inequity are exacerbated during times of instability.

Policies that support people in a vulnerable time, or the lack of them, are a key feature in a qualitative paper by Boreham et al. (2019). From a small sample of women dependent on alcohol, the interview findings offer insight into the contradictory and difficult position that the UK care system places women within, as having to present themselves as both in recovery and being recovered at the same time in order to sustain relationships with their children. Women stand out as a group with particular vulnerabilities in this series, distinctly because being a woman who uses drugs or alcohol remains a social taboo. In a similar tone to Boreham, the stigma and shame of being a woman who drinks alcohol in public is highlighted in another qualitative study on street drinking by Tyler et al., (2019); they present the negotiating trade-off between personal safety and public drinking against the danger associated with women’s private drinking. Mburu et al., (2019) shine a light on females who inject drugs in Kenya, an important article given that women are underrepresented in injecting drug use literature, especially outside of the US and the UK. Intimate partner relationships are explored in this paper, providing some evidence that women of lower economic status and in relationships with men who also use drugs have less control over their drug use and trajectories. There is no surprise with this finding. However, for those women who inject drugs in relationships with men who do not, these men are more likely to offer some type of harm reduction intervention (i.e., smoke instead of inject); however this had little impact on women’s drug use. The authors discuss the need for couples-based interventions.

A common thread across all of the papers in this special issue is that the status quo of drug and alcohol policy and practice is not working across the globe. From the policy perspective, we need to tackle vulnerabilities at both an individual practice level as well as at a systems level. It needs to become integral to alcohol and other drug policy and practice, with prioritisation of intersectionally-relevant interventions and policies. This means stepping outside of alcohol and other drug policy thinking, and working with the policy domains of homelessness, poverty, women’s health and wellbeing, child welfare, and mental health, amongst others. This would represent a significant change in how we think about and coordinate alcohol and other drug policies, shifting from coordinating amongst ourselves to working in partnership with these key social and health policy areas. In addition, we need policy makers in these domains to embrace alcohol and other drugs as central to their own concerns. In giving up any of our own isolationist tendencies, this would represent a massive shift in policy thinking. Inevitably, this would also create the environment for practice changes. There is a need to support the wider workforce who work individuals with drug and alcohol problems including tobacco dependence, to ensure that there is adequate understanding and awareness of the needs of these diverse groups, and the factors which may from time to time make them more or less vulnerable. The nature of vulnerability which is brought into relief through the collection of papers in this special issue make clear that vulnerability is itself a complex and intersecting concept, which can emerge from inter-, intra-, and extra-personal factors. Efforts aimed at preventing and treating problems of addiction would be improved through a greater engagement with these issues.

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