



**The impact of stimulants on women in recovery:  
a qualitative review of female clients  
from North Inner City Dublin.**

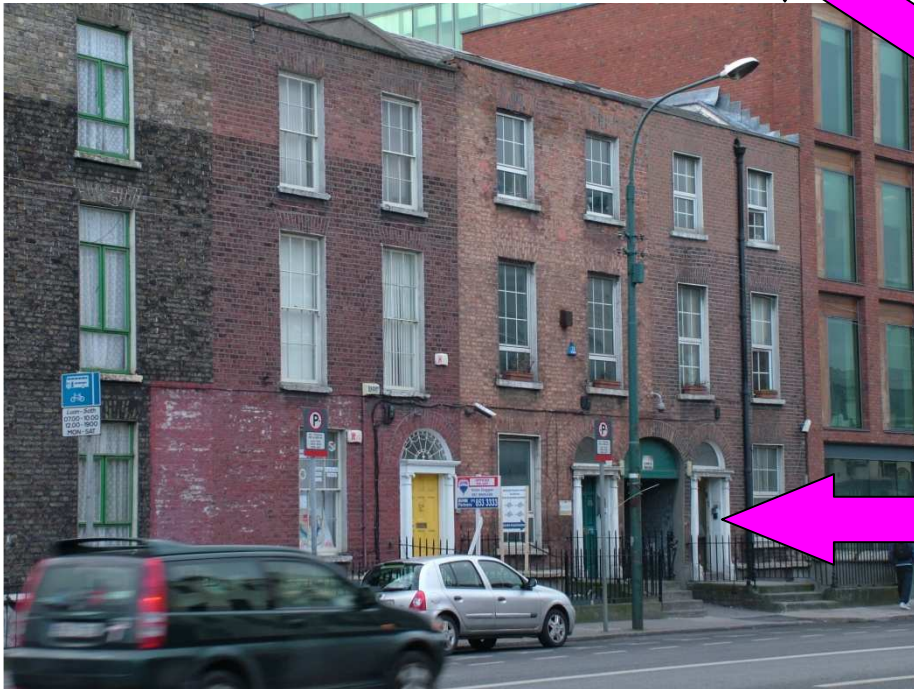
**Gary Broderick and Joan Byrne**  
SAOL Project,  
Dublin, Ireland

# SAOL

- S: Stability
  - A: Ability
  - O: Work (from the Gaelic word Obhair)
  - L: Learning
- 
- SAOL is the Gaelic word for **Life**



***SAOL Project***  
***8 Doors to the left***



***Methadone Clinic***  
***Across the Road***

# Aim of Study

- To examine the impact of stimulants (cocaine, crack cocaine and head-shop substances) on a group of women in opiate-addiction recovery from the north inner city of Dublin.
- Data comes from case studies, in-depth interviews and focus groups with 14 project participants (all women);
- Interviews with project staff and local addiction services were also conducted.

# Client Profile

- Women
- 21 – 50 (18 to 65 welcome)
- Opiate history
- All with poly-drug use – instability with heroin, street methadone, prescribed tablets (and internet tablets), alcohol and stimulants



## **Of the fourteen women who took part in the study:**

- All used Ecstasy socially with most (13) acknowledging its role in leading to future heroin use.
- 11 have used cocaine on a regular basis - with only two not moving on to crack use.
- 9 have used crack cocaine – with all recording a problematic relationship with the drug.
- 3 have acknowledged using Head Shop substances – with all recording severe problems as a result.

# Please Note:

- None of the women claim that stimulants are their primary drug of choice or their main problem.
- All see themselves as being opiate users with the exception of one woman who describes herself as being addicted to Valium but also having a heroin problem
- None of the women reported drinking alcohol with cocaine. This is a common practice among cocaine users – but is absent here. This may be because they do not attend dance clubs where the practice is more common.

# Please Note

- For a brief period, about 18 months ago, Crystal Meth began to emerge in the NIC among the teenagers dealing cocaine and crack cocaine.
- Since the proliferation of the Head Shops in NIC and the rest of Dublin, Crystal Meth has all but disappeared from the streets.



# Findings and Themes

- The following cases are drawn from our recent files. The key issue in each case emerged within 3 months of the start of stimulant use.
- We will examine cases in relation to key findings from our research

# Issue 1: Speed of Impact

- Interviews, along with case studies from SAOL's work indicates that women went from 'doing well' to being in crisis in a very short period of time.
- This can be as quickly as one weekend; in most cases it is over the course of between two and four months.
- We believe this is not only due to the drugs of choice but also that, as opiate users, they are vulnerable to the severity of a new addiction more than 'new' stimulant users.

# [1] Anna – (Cocaine)

- This 35 year old woman left the SAOL Project on a Friday at lunch-time in good health.
- By Tuesday morning she had:
  - Amassed thousands of euro in debt;
  - Needed immediate medical attention, including several abscesses on her arms and the emergence of fibromyalgia;
  - Undermined access to her 14 year old son
- While she recovered physically and financially, her relationship with her son was permanently harmed. She believes that binge of cocaine caused her final breakdown with her son – particularly as it occurred in her community and was not hidden.

# Issue 2 - Physical Health

- All stimulant use has been accompanied by a return to **opiate** use. This has an immediate impact on physical health for those who have been abstinent for some time.
- While opiate use varies in intensity/duration, it is commonly accompanied by increases in methadone in order to stabilise the person (in response to heroin use). While prescribing increased methadone does not lead to physical problems, it does impact motivation and self-esteem – as women interviewed felt they had failed their earlier stability.
- All participants record an increase in tablet use (prescribed and street-purchase) and use of cannabis and/or alcohol
- Resultant deterioration in health and overall 'sense of well-being' is common

# Physical Health continued

- However, severe reactions have also been recorded:
  - Loss of/damage to limbs
  - Collapse with periods of unconsciousness
  - Damage to veins/arteries
  - Increase in abscesses
  - Risk of STIs and HIV etc.
  - Damage to heart – e.g. tachycardia

## [2]- Beth – (Cocaine)

- Through poor injecting practices, Beth suffered badly, causing major nerve damage to her right leg.
- Her time in intensive care shocked her complacency with cocaine and she has not used it since.
- However, this has led to a complacency about other drugs and she has little desire to adjust her current prescribed drug use.
- The nerve damage caused 10 years ago is only now causing physical distress.



# Issue 3 - Mental Health

- When the clients talk about 'mental health' they mean 'depression' and 'breakdowns' and while these are important (see below), they overshadow the 'on-going' mental health damage that is wrought by stimulants.
- In at least two of the cases, long-term demotivation and low self-worth have been (at least) exacerbated by cocaine and crack use.

# On Crack

- “Crack is another hyper drug, but it’s more addictive. It makes you want more and more.
- “It’s like you’re chasing the same head buzz as ecstasy. It leaves your mind racing to come down off it.
- “I used to use heroin to come down as I found nothing else would help. I wasn’t sure if it was all in my head”.

(Joyce, 42)

## [3] Clare – (Crack Cocaine)

- Beginning in 1995, Clare says she has not used crack cocaine since she lost so much weight. She says:
- “After 3 months of non-stop taking crack I had to come off it – my body couldn’t take any more. I became full of anxiety; every time I went to talk my voice was all shaking. My head was racing and I broke out in a rash all over my body”.
- She claims she is off crack because of her children; staff note that her nervousness and anxiety persist. Her confidence is low and her tendency to ‘hide’ has to be constantly monitored.

# Issue 3 - Mental Health

- More severe mental health issues also emerge through stimulant use.
- Of the fourteen people interviewed, four have been treated for a psychotic episode related to crack cocaine or head shop substance use.
- One person has been treated with medication for bipolar disorder but has never been formally diagnosed.

## [7] Ida - Head Shop Substances

- Serious mental health issues emerge with Ida's story. It has been suggested to her (informally) that she has bipolar disorder – whatever her diagnosis, her mental illness was exacerbated by 'legal' bath salt use.
- She and her partner began using these legal substances believing them to be safe. Within a few months he had left and she had asked her mother to mind her five year old son.
- Her auditory hallucinations and extreme paranoia and persecution complex resulted in her dropping out of further education and leaving our project. We have been unable to maintain contact with her. She believes we are out to 'harm' her and no longer trusts us.

# Issue 4 - Social Problems

- Debt and violence are the topics most easily discussed by the women in relation to stimulant use.
- All nine of the women who used crack cocaine talk of getting into debt. And although reasonably contained for crack cocaine, they report massive debt in relation to cocaine use – again, over short periods of time.



## [4] Dora – (Crack Cocaine)

- “At the beginning we were able to control it doing it just at the weekends until my thoughts started getting out of control – doing it nearly every night – calling the dealer at all sorts of times.
- “It was mad. I remember one night I called him at 4:03am – it was very cold, so we jumped on the bicycle with me sitting on the bar.
- We rushed to him, scoring €150 worth of crack and after smoking that we went for more – we didn’t care as long as we got what we wanted”

# Issue 4 - Social Problems cont.

- Violence is mentioned by several of the women in relation to emotional, physical and sexual attacks.
- Of the 11 women using cocaine, crack cocaine or head shop substances, 5 have reported serious physical and emotional abuse.
- One tells of serious and prolonged sexual assault.
- All nine who have used cocaine and all eight who have used crack cocaine say that their use was initiated or worsened by their partners.

# Partners

- None of the 14 women are married; all have been in long term relationships
- 8 of the women are in long term relationships; 6 are currently single.
- One woman is living with the father of her second child; all others are living with men who are not the father of their children.
- All have been with partners who use drugs
- Of the eight current relationships, only one man does not use stimulants.

## [4] Dora Continued

- As our habit grew I started to get scared, especially for him because his chest was in bits – mine too but not as much as him!
- ...Naturally, rows between us started getting nearly like a ritual. We were always at it because I wanted him to open up his eyes and start looking at how that stuff was affecting our private lives ... which was slowly falling apart.
- Our relationship wasn't the only thing falling apart – for me there was a lot more. I was losing more weight; my mind was spinning around – I was literally becoming a 'lunatic' over the lack of sleep. After all, I was smoking such a powerful drug.

# Issue 5: Impact on Children

- 13 of the 14 women interviewed are mothers;
- Of these, 4 have children in care;
- 3 of them have children in care because of drugs;
- 2 of them name stimulant drug use as a leading issue in their child/children being put into care.

## [5] Eliza - Crack Cocaine/Head Shop Substances

- An adoptee herself, Eliza's crack cocaine use led to her second child (3 years old) being put into foster care – he has been in care for four months.
- Three short-lived relationships over a six month period resulted in her showing a temporary recovery but at the break-up with each boyfriend she used crack cocaine more fiercely.
- Finally, she has started using head shop substances. She is currently walking on crutches – she has been injecting into her feet.
- Her son, Nathan, attends our crèche. His anger and mood swings are a concern to our team and his foster carer. It is increasingly likely that he will become a permanent ward of the state.



# Issue 6: Teenage Stimulant Use

- Of the 13 women who are mothers, 5 have children over the age of 11.
- One woman has two adult children who do not use drugs;
- Four women have teenage children (13, 13 and 14 and 14 years old) and all are in trouble with the courts or school and all are using head shop substances.
- All four women have relapsed since their children have used Head Shop substances

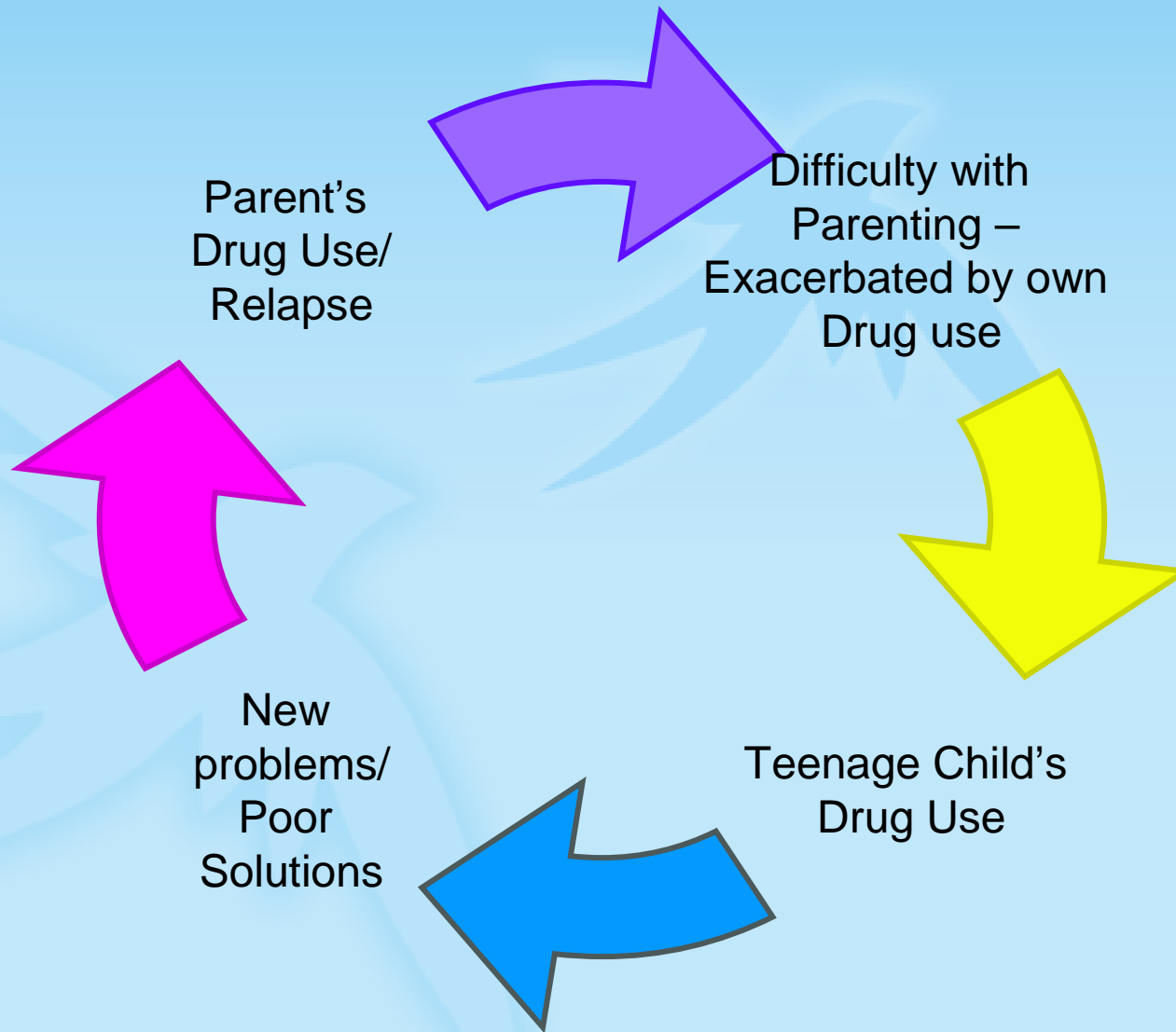
## [6] – Gretta - Head Shop Substances and Crack Cocaine

- After five years of being drug free, Gretta started using head shop drugs. Her substance use was triggered by a personal crises.
- Her drug use has impacted badly on her relationship with her two children, particularly with her 14 year old daughter.
- In an attempt to hide her drug use and protect her daughter from Head Shops, she began using crack cocaine instead.
- However, her 14 year old has since admitted to using Head Shop substances – admitting only because her school discovered her activity.
- She has, in an attempt to control her stimulant use, started taking Valium and recently took heroin again.

# Discussion

- As a drugs project for women we are particularly interested in this phenomenon.
- Why are these women's children using Head Shop substances?
- While availability and social pressure are natural answers, we would also like to include the following for consideration:

# *Stimulant Use and Parenting*



# Lack of Awareness of Impact of Stimulant Drug Use

- Poor awareness of the impact of their drug use on their ability to parent is informed by three responses:

## **1. Inability to recognise impact:**

- I never use drugs in front of him
- I always use the bathroom when I use drugs
- I wait until he goes to school/bed/...

# 'Denial'

## Denial

- He doesn't know about my drug use/
- He's seen what drugs have done to me and he hates them and he'd never use them
- It is incredibly painful, especially for women, to acknowledge that their drug use might negatively impact on their children and ability to parent.

# **‘Denial’ through Local Cultural Influences**

## **Local cultural influences:**

“If I provide for him, then I am a good parent”

- ‘He wants for nothing’
- He gets the best of everything (designer clothes/shoes/equipment)
- I give him plenty of money every day for his lunch/phone... (Buying off – resolving the need for appropriate parenting)

# ‘You’re not my dad!’

- All four women talked about how they were having to deal with current issues ‘on their own’ as
  - The child’s biological father was no longer around and
  - Their new partner was given no credence by the child and often used as a way to undermine the woman in her parenting role.



# Parenting and Relapse

- The social expectation around parenting teenagers is unclear in Ireland and the NIC.
- There is a type of response that says: 'Nobody's handling their teenagers correctly because teenagers are a different breed.'
- And anyway, it's all the head-shops' fault'.
- 'Opting out' is (almost) an acceptable response.
- And the women in this study approach the issue believing that they have done all they can; have given the children all they need; and still they use drugs.
- At which point they have relapsed.

# Stimulants and Parenting

- Throughout the interviews and case reviews, we wondered if stimulant use has a more direct impact on parenting?
- The patience and composure that parenting difficult teenagers' demands/needs is in short supply when one is using crack cocaine.

# Gretta and Parenting

- When using crack or head shop substances, Gretta is short tempered, prone to aggression and paranoia.
- When her daughter is using head shop substances, there are two people coming down from different stimulants at the one time.
- It seems logical to argue that the younger sibling is caught in the cross fire.
- Yet awareness of this proved to be very limited.

# Our interventions

- To date we have adapted some of our practices and, in the light of this study, have re-focused some services while adding new ones:
1. Parenting Sessions: Without using the word 'parenting' we have introduced several small group activities for women and children along with adult educational sessions to aid communication:
    - e.g. 'communicating with children about sex';
    - 'your voice in the community';
    - 'music appreciation'

# Service Response continued:

1. Key working: All women are expected to attend one to one support that follows a Care Plan approach. We 'nudge' family relationships onto the agenda if they are not being introduced by the woman herself.
1. Reduce the Use: Is our CBT based programme assisting the individual in formally addressing their stimulant use and reducing the amounts used. Find the programme for download on our website.



# Service Response continued:

1. Community Development: This has always been part of our programme but has been reinvigorated as a result of our participants' stimulant use. We encourage the women to find their role in and connections to their community. By studying community development, joining groups and activities, we facilitate the women in viewing themselves in a different way to before coming to SAOL. Gender analysis is also a part of this process, supporting women in gaining a broader perspective on gender issues affecting their lives.

## Service Response continued:

- **Addiction Group:** A weekly addiction class has been introduced to the programme so that the women can study addiction. This gives them tools for understanding their addiction but runs using adult education techniques that encourages them to share their wisdom and experience, adding to the overall knowledge of the group.

# Service Response continued:

- Levels of Stability: While we are quite strict about a person being 'affected' (unable to partake in the group activity), we have lowered our expectations for overall stability.
- This does not mean that we do not strive for stability and even a drug free lifestyle; rather it reflects the changing nature of the drug use of our client group and the need for us to adjust with them or lose contact with them.
- In practice this means that we will work with lapses and relapses for longer than we did previously and are finding that we are able to assist them better in negotiating a path back to stability.



# In Summary

- Stimulant use among this group of women from the NIC of Dublin is significant.
- Onset of difficulties is rapid
- Physical health and mental health consequences are realised quickly.
- Hard shop substances seem to guarantee mental health difficulties
- Crack cocaine and cocaine guarantee social problems including debt.

# In Summary

- Stimulant use among this group tends to lead to relapse with previous drugs of choice and/or increase in opiate/opiate replacements.
- Partners are often involved in the emergence of stimulant use

# In Summary

- Teenage children are using Head Shop substances and, it can be argued, mimicking their mother's drug use behaviour.
- Parenting skills are in short supply and when the mother is challenged, the challenge either seems to be avoided altogether or is seen as justifying a return to further drug use.
- The father is absent for this group and the woman's current partner is not a help in coping with the parenting issues
- Social responses from the area to parenting teenagers seem to exacerbate the feeling that nothing can be done.