

IN THIS ISSUE

Words from Minister Catherine Byrne

Botvins Lifeskills Programme

Ballyfermot Community Alcohol Research

Treatment Access for Women

Alcohol, so what?

Contents

Foreword by Minister	1
Introduction by Henry Harding	4
Ballyfermot Community Alcohol Research	6
Botvins Lifeskills	14
Young People - Alcohol and other Substance Use	20
Supporting Women to Access Treatment	24
Jane’s story	32
Alcohol Conference	34
Health Screening	36



Published 2017
**Ballyfermot Local Drug
and Alcohol Task Force**

Ballyfermot Local Drug
and Alcohol Task Force,
Bridge House
Cherry Orchard Hospital.

Foreword

By Minister **Catherine Byrne**



I am delighted, both in my capacity as the local T.D. for Dublin South Central and as Minister of State for Communities and National Drugs Strategy, to contribute to this edition of DTalk magazine which deals with the topic of alcohol.

Local Drug and Alcohol Task Forces (LDATF’s), play a key role in responding to the problem of substance misuse at a local level, and are ideally positioned to involve local communities in tackling the problem of substance misuse from the ground up. I am very aware that DTalk, in turn, plays an important role in keeping the local community in Ballyfermot informed of the activities and services that are underway by the LDATF including, in this edition, its work on alcohol initiatives in the area.

I come from a strong community background myself and I have seen first-hand the impact of the drug problem on the lives of ordinary people. The problem of drug and indeed, alcohol addiction, unfortunately continues to have significant detrimental effects on individuals, their families, in communities all over Ireland.

Research has shown that engagement in the community, volunteering and a positive community spirit act as a buffer against the dangers of problem drug use. It is important that the communities most affected by the drug problem have a strong and coherent voice in the development of drug policies for their areas.

The Government is strongly supportive of strengthening community capacity and set up a Dormant Accounts Fund in 2015 to support a wide range of substance misuse prevention initiatives undertaken by Local and Regional Drug and Alcohol Task Forces. These include the development and rollout of local alcohol strategies, drug and alcohol awareness raising initiatives and research. In Ballyfermot, these include a community research piece, the introduction of a resilience programme for young people as a preventative measure for problem substance misuse and a research and scoping project looking at the participation of women in drug and alcohol treatment services. These initiatives are highlighted separately in this newsletter.

While the rising use of illegal drugs is a major cause of concern in this country, there is a growing acceptance that alcohol, while legal, is a drug like any other drug. The harmful use of alcohol has very serious consequences for a person's health and wellbeing. In fact, alcohol is implicated in over a third of deaths caused by drug poisoning.

That's why the implementation of the National Substance Misuse Strategy and the advancement of the Public Health (Alcohol) Bill remains a priority for this Government.

Our citizens who struggle with addiction issues are often the most marginalised in our society. They may have multiple, complex, interlocking needs such as poverty, housing, poor health and education, which require multiple interventions involving a range of different agencies.

I firmly believe we must adopt a health-oriented approach to dealing with their needs, and do all we can to facilitate their recovery and return to normal life. We need to look at all of the options available to achieve this objective. The question of how best to achieve a health led approach to problem drug use will be addressed in the forthcoming National Drugs Strategy.

As you may be aware, a Steering Committee, with an independent chair, has been established to advise me on a new National Drugs Strategy from 2017 onwards. The Steering Committee has been working solidly on the development of the new Strategy since December 2015. An expert review of the current Strategy has been conducted by a panel of international experts to provide the Committee with advice on drafting the new Strategy. A review of trends in the past 10 years has also been conducted, which will provide an evidence base for the new Strategy.

It is my hope that the new Strategy will build on progress achieved under previous drug strategies. I also hope that it will provide a way of adjusting our approach, to adapt to new and emerging problems in the future.

I understand that the Steering Committee are continuing their deliberations and look forward to receiving their report on the new Strategy this month.

Catherine Byrne TD

Minister of State for Communities and the National Drugs Strategy

Introduction

By **Henry Harding**

Community Representative
on the Ballyfermot Local Drug
and Alcohol Task Force



I WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK MINISTER CATHERINE BYRNE FOR SUPPORTING THE WORK OF THE BALLYFERMOT LOCAL DRUG AND ALCOHOL TASK FORCE (LDATF) AND FOR HER VALUABLE INPUT INTO OUR COMMUNITY MAGAZINE.

The idea behind this newsletter is to communicate to the public about what is happening locally. This edition of dTalk is a follow on to our last edition which focussed on alcohol. In this edition - alongside some additional information about services for young people and health screening - we highlight the 3 main activities which were undertaken using the Dormant Accounts Funding last year – A resilience programme for young people, local research on alcohol and a project which looked at women's alcohol use and how to support women to access treatment.

As a community representative on the Task Force, while I am of course interested in national policy, research and data, my main focus is always how this relates to us in Ballyfermot. What does all this mean for Ballyfermot? And what is Ballyfermot planning on doing to address the issues?

Now as we know, the LDATF receives money to provide a range of services within the community, it also receives funding to support local research. However, the community play the most important role in addressing alcohol and other substance misuse in the community.

We are the key players in any efforts to improve the experience of our community members, the lives of the children we are raising here and to prevent the damaging effects of problematic alcohol and other substance from worsening. Like it or not, alcohol is a drug. It's a mood altering substance. Alcohol affects our behaviour, our community and our health in the same way other substances do. As members of the community we have a duty to reflect on our own drinking behaviour, to take stock of what is happening locally and to take action.

While there are a number of factors associated with hazardous drinking which you will read as we go through this newsletter, one major issue is how easy it is to buy alcohol. The community can take action in this, we can challenge the licences to sell alcohol, we can lobby local TDs to challenge where alcohol is sold – ultimately we have the power to reduce the supply of alcohol within our community. Please keep an eye out for upcoming meetings and events within the community where we can discuss the Public Health Alcohol Bill.

Please take the time to read this edition of dTalk. Read it over a few days over your breakfast, your coffee, your lunch. Take it in and take stock of what is happening both within your own home and within our community.

Henry Harding

Ballyfermot Community Alcohol Research



You will remember from the previous dTalk magazine all the national data we provided describing “harmful drinking” and its consequences. A National Alcohol Survey was carried out in 2013 and the responses showed a number of issues about our alcohol consumption nationally. The National Alcohol Survey told us that binge drinking was normal, that alcohol was strongly linked to violence in young men; that alcohol dependence is common amongst young people and that about 7% of our population could be described as alcohol dependant.

We then compared this data to the rest of Europe and painted a picture of where Ireland sits with our closest neighbours. The report showed that Ireland ranks as having one of the highest levels of alcohol consumption in Europe, and that at a time when alcohol consumption was going down within the rest of Europe (1980-2010) in Ireland it was rising.

That information is of course helpful. The information puts Ireland into context and provides us information on our country's relationship with alcohol and how this is affecting our population. However, the Task Force thought it would be useful to see how this picture of Ireland as a whole relates to Ballyfermot as a region. The Dormant Accounts Fund provided us with an excellent opportunity to recruit some help to conduct a local piece of research.

The main aim of the study was to provide a detailed overview and understanding of the current patterns of alcohol use and misuse in the Ballyfermot LDATF. The study - which was done by Archways - covered alcohol use and related harm and people's perception of drinking, whether or not they accessed support services and then looked at the number of alcohol outlets within the community.

So what did we find out?

Well first off, nearly everyone who was asked had tried alcohol before. But $\frac{3}{4}$ of those asked had drunk alcohol in the past 12 months - this means we have regular drinkers out here in Ballyfermot. Binge drinking was shown to be common for both men and women. There were very high rates of hazardous drinking amongst the 18-24 age group - indeed 100% of men in this age group were categorised as hazardous drinkers (92% of females of same age).

We found out that people are still not aware of what a standard drink is, nor what the low risk guidelines are. This means that people are drinking without being clear on what the safe limits are for them and what kind of measures they should stick to. People also spoke about not knowing where to go for help. People spoke about the harm alcohol has caused them. $\frac{1}{3}$ of people said they regretted something they did or said after drinking alcohol. People also spoke about the harm to their health, family, social life and finances as a result of their drinking - respondents also spoke of harm to others and drink driving as a common experience.

Take a look at this chart, you can see how feedback from Ballyfermot compares to national research on the experience of alcohol related problems. You can see that in Ballyfermot people experienced problems with their alcohol use on a larger scale than in the National Survey. What this means is, that although problematic alcohol use of course affects all communities, according to the research, it has a particularly negative impact on Ballyfermot.

Comparing the impact of alcohol on others in the year prior to the survey.



Had family problems or relationship difficulties...



Been a passenger with a driver who had too...



Been pushed or hit or assaulted by someone else's...



Had financial trouble because of someone else's...



Had property vandalised by someone who had...



What did service providers say?

The research highlighted that there is still a perception that the substance misuse services in the community are only for people using heroin – THIS IS NOT THE CASE. Alcohol is a mood altering substance like anything else, if you are having difficulties any of the services listed in this magazine would be happy to support you. Substance misuse services look after people using anything from cannabis, weed, to cocaine, heroin and alcohol, and tablets whatever is causing the problem, the expertise is there to support you.



One of the best recommendations for a service is word-of-mouth. If someone knows someone who went to a service for support, then that makes it easier for the next person going in. This means that people are not seeking help for alcohol use, or those who do are not talking about it. There remains a huge stigma associated with looking for help and for seeking support for substance misuse, and especially with alcohol people continue to keep the problem hidden or fail to see that alcohol is as much of an issue as other substances – this was clear from the research and the feedback from service providers.



Risk and protective factors

When looking at substance misuse (alcohol and any other drug) we refer to what are described as risk and protective factors. Examples of protective factors are strong family support, employment, education – all these can help protect people from the worst effects of problematic alcohol or other drug use. Risk factors are those issues which can make problems worse, for example, underlying mental health problems, isolation from family and friends, being out of school or education for young people, long term unemployment. So where alcohol is of course a problem substance, it does not act alone in its effects, and certainly there are examples of alcohol use where some people experience worse effects than others. This can depend on your family or personal circumstances. So part of the work for the LDATF is to work with services to develop programmes to address risk factors. It's also about people themselves reflecting on their own circumstances and recognising for themselves when might be a good time to address their alcohol use.

The Community

The research highlighted that people in Ballyfermot were three times more likely to have experienced violence as a result of someone else's drinking, twice as likely to have had property vandalized and vastly more likely to have experienced both family and financial distress than their peers nationally.

However, Ballyfermot residents themselves are in a strong position to address these problems. Ballyfermot has a strong vibrant community which can act as a protective factor. Communities can pull together to begin talking about what is happening in the community and support one another where needed.

Public Health Alcohol Bill

The Public Health Alcohol Bill needs community support. A major factor in alcohol consumption is the availability and cost of alcohol; supporting the Public Health Alcohol Bill is one way that communities can address this.

Keep an eye out for upcoming events and meetings.

Where can I go for help?

Ballyfermot Advance: Individual support, drop-in, childcare support.	(01) 6238001
Ballyfermot Star: Individual and family support, childcare service, CE Scheme.	(01) 6238002
BSII: Individual and family support, information and drop-in.	(01) 6267041
Fusion CPL: Individual and group support, employment and education support.	(01) 6231499
Familibase: Child and family support and young persons substance misuse service.	(01) 6546800
JobPlan: Individual and group support, employment guidance.	(01) 6235612
Matt Talbot: CE Scheme - Individual and group support, training and education.	(01) 6264899
Liberty: CE Scheme - Individual and group support, training and education.	(01) 4193999
HSE: Primary health care services, GP, Public Health Nurses.	07669 56000 Ballyfermot Primary Care Centre

Useful websites: www.askaboutalcohol.ie • www.alcoholicsanonymous.ie
www.services.drugs.ie • www.smartrecovery.ie











Do You Drink Alcohol?



Low Risk Alcohol Guidelines

Weekly low risk guidelines should not be consumed in one sitting. Consuming more than 6 standard drinks in one sitting is defined as binge drinking which can greatly increase your risk of injury, depression, stress and memory loss. These limits do not apply to teenagers or to people who are ill or taking Medication.

THERE ARE NO SAFE ALCOHOL LIMITS DURING PREGNANCY.

Did you know?: 1 standard drink contains 10g of pure alcohol		1 SD =  or  or 				
...and some drinks are more than 1 standard drink						
						
Pint Larger/Stout	Pint Cider	Quarter bottle Wine	Bottle Wine	Alcopop	Pub Measure Spirit	Half Pint Larger
ARE YOU AT RISK FROM ALCOHOL?						
Risk	Men	Women	Common Effects			
LOW RISK	17 standard drinks or fewer per week with two alcohol free days.	11 standard drinks or fewer per week with two alcohol free days.	<ul style="list-style-type: none">• Increased relaxation• Sociability			
INCREASED RISK	18 to 40 standard drinks per week.	12 to 28 standard drinks per week.	<ul style="list-style-type: none">• Less energy• Depression/stress• Insomnia• Impotence• Risk of injury• High blood pressure			
HIGH RISK	41 or more standard drinks per week.	29 or more standard drinks per week.	All of the above and... <ul style="list-style-type: none">• Memory loss• Risk of liver disease• Risk of cancer• Risk of alcohol dependence			

Be Informed

Alcohol can have a negative impact on your mental and physical health. The risks are greater the more you consume.

Stay safe

- Stay within the safe drinking guidelines.
- Be aware of the risks of getting drunk: hangover, injury, embarrassment and un-safe sex.
- Try not to drink when you are angry, sad or confused as it's likely to make matters worse.
- Never drink and drive.

Ask yourself

- Am I drinking more than the safe guidelines?
- What effect has my drinking had on me over the past year? (be honest).
- How is my alcohol use affecting the people around me?

If you need to talk to someone

- Speak with your GP, Practice Nurse or Public Health Nurse.
- Contact one of the services listed in this brochure.

Information provided with thanks
Ruth Armstrong, HSE Project Manager for National Screening and Brief Intervention Project

Botvins Lifeskills Programme

What is **FAMILY MATTERS**?

The Family Matters Area Based Childhood (ABC) programme is a child centred, family well-being initiative, providing a range of support programmes for children and young people while enhancing the capacity of parents/guardians as primary educators. Family Matters is A Prevention and Early Intervention Programme.

What does prevention mean?

This means acting early when issues arise. As a child grows they can overcome many obstacles if they are given the right supports from an early age. Prevention programmes can be used for a whole range of things, but the LDATF works around substance misuse and related problems. For the LDATF, prevention means using what we know about the causes of substance misuse and giving people the tools they need to prevent substance misuse becoming a problem for them. This is known as resilience building – building resilience to what life throws at you. Therefore, we found a programme called Botvins Lifeskills Programme. This programme has been researched and shown to prevent smoking, alcohol and substance use by young people. The LifeSkills Training programme was developed by Dr. Gilbert J. Botvin, who is an internationally known expert on substance use prevention. The programme is delivered to groups of children aged between 8 and 14 in schools or in the community. The programme aims to address the social and psychological factors that can lead to substance misuse and other risky behaviours.

Using the Dormant Accounts Fund, in May 2016 Barnardos Northern Ireland trained 17 Youth Workers and School Completion Staff to become Lifeskills Facilitators.

What does the Programme Involve?

The Lifeskills has 3 main components -



Personal Competence

self management skills, helping students with problem solving, decision making skills, critical thinking and how to regulate their emotions.



Social competence

communication skills, skills in making friends and developing healthy relationships.



Drug resistance training

to help young people develop strategies for resisting peer pressure.

Students are also equipped with information about drug prevalence, the consequences of using psychoactive substances, resisting advertising and other media pressures and ways they can help their peers to resist using tobacco, alcohol and other drugs.

Who can access Lifeskills?

The programme will be delivered to all students in Ballyfermot primary schools during 4th and 5th class.

How long does the programme last?

The programme lasts 30 weeks, broken up into 10 week blocks with a gap of 3-4 months between each block of training.

What has the feedback been like about Lifeskills?

The feedback has been very strong, with great enthusiasm shared by the students, facilitators and teachers.

One teacher stated “I feel each lesson was extremely beneficial to the pupils. They were given the opportunity to discuss and debate important topics in a soft and fun environment. They learned skills to tackle and cope with stress and strategies on how to be assertive. They were given opportunities to put them into practice, which I feel was very beneficial. They were also challenged to examine advertisements with a critical eye and identify how the Ad is trying to influence them.”



When students were asked about what they had learned from their first Lifeskills training, they said

That smoking can make your teeth yellow and your lungs black.



Decision making and saying no.



We learned about friends are important and family.



We learned smoking is bad for your heart and when you get stressed out you have to think of something to do.



That you can die from smoking



How do we know Lifeskills works?

Each of the facilitators conducts a pre and post programme questionnaire. We are looking to see what the attitude changes have been and what the learning or knowledge gain has been.

And the results?

Approximately 240 children have completed the first part of the programme to date.



240



Of that number of children, **69%** showed improvement in overall knowledge.



64% of children showed a marked increase in their Life Skills.

42% of children improved attitudes towards smoking.



45% of children improved their attitudes towards drinking.



These first results show an extremely positive increase in knowledge and skills and significant positive attitudinal changes around smoking and drinking.



So what now?

The Lifeskills team – that is all those who were trained up as facilitators - really look forward to continuing the Lifeskills Programme and Family Matters are working with schools to ensure this programme becomes embedded within the school curriculum.



What can I do as a parent?

Throughout the Lifeskills training letters are sent home to parents. If your child is involved in Lifeskills please take the time to read the letter and support your child as they increase their knowledge around communication, self-esteem, decision making, advertising and other aspects of the programme.

What the life skills team would encourage parents to do is to speak with your child about what is going on for them. Children's friends are very important to them, when children are young their school life is important - listen your child talk about school, listen to them talk about what they are doing in school – even just a few minutes each day can make a huge difference. If you show an interest in their school life they will also stay interested in school and will want to stay in school. The longer a young person stays in education, the better able they are to manage the pressure to begin experimenting with drugs and alcohol - early school leaving is a known factor in substance misuse.

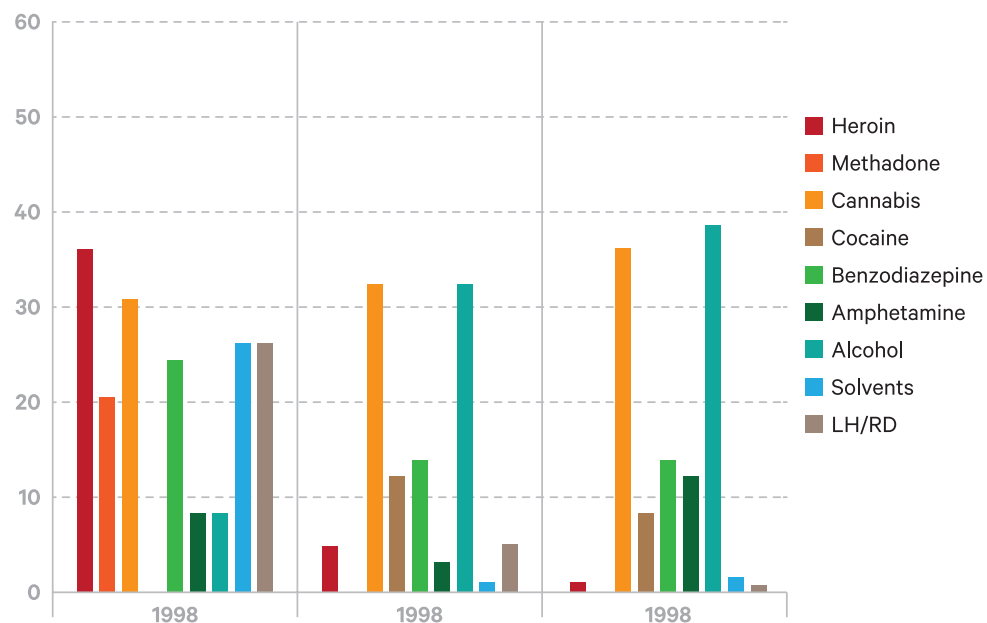
We know all parents love their children – we can't help but love our children! - but it's hard to say it, it's hard to show it when you're caught up in the whirlwind of stress that is everyday life. This isn't just about parents educating their children on drugs and alcohol, this isn't even about warning them of the dangers of drugs and alcohol. This is about talking with your children so that they learn they can come to you for help, for support, for advice; this is about your child knowing that they are someone of value, that they are loved and that they have a future.

The key message for families that we would encourage is to ensure that lines of communication are left open. Once there is communication most problems can be resolved; once a young person knows there is someone to turn to and that there is someone who loves and values them and that they are a person of worth with a whole future ahead of them, this is the best resilience for anyone.

Young People – Alcohol and other Substance Use

What about young people's alcohol use?

The chart below shows some of the drug trends witnessed by the HSE Addiction Services over the past 20 years. You can see that alcohol is becoming more and more common as a problem substance. You might remember Mark from Familibase talked about this in last year's dTalk.



For a young person it's important to remember that their bodies are not fully grown, so any chemicals they take in have a significantly damaging effect on their body. This impacts on both growth and brain development. Substance misuse for young people can impact on their engagement in school, and we know that early school leaving is a known factor in problems later in life, including substance misuse. Substance misuse impacts on a young person's relationship with their family, their parents and guardians. Young people may become more secretive, and wish to engage in less and less communication with the adults around them – whilst a lot of this is normal teenage behaviour, some level of communication with responsible adults is a key component in a young person's growing sense of self and belonging.

Changing patterns of substance use amongst young people.

Alongside alcohol, more and more young people are experiencing problems with a number of other substances such as cannabis, cocaine and benzodiazepines. This is known as polydrug use. The problem with mixing so many substances is that your body is not only dealing with the effects of one drug, it also has to manage the effects of a number of other substances at the same time, which in some cases can be fatal. The combination of substances can be more toxic and much harder for the body to process than any one substance by itself.

What kind of problems are people experiencing?

Alcohol use is causing a lot more violence amongst young people referring to services as well as an increase in anti-social behaviour and crime. As a result of the increase in cocaine use, more and more young people are accumulating drug debts. Drug debts, as we know, can cause a lot of stress for young people, families and communities. Young people are also presenting with problems at home – violence in the home, some children are going into care as a result of the issues at home and many young people engaging in polydrug use are experiencing mental health problems and some have had contact with the Child & Adolescent Mental Health Services (CAMHS). It's important to remember that many young people experiencing their own problems with drugs and alcohol are coming from families where they have grown up around problematic alcohol and drug use.

So what can be done to support a young person when they refer for support for substance misuse?

- It's important to support families to work together to resolve any issues within the family – however each young person has their own unique circumstances, so this needs to be assessed before working with families. Either way, it is widely recognised that the involvement of parents, caregivers and significant other people in the lives of young people is central to their health, well-being and stability.
- Services need to have good communication with one another so that referrals, advice and assessment can happen quickly when needed.
- If there are concerns about a young person, it's important that services and families engage in communication with one another to address concerns quickly and effectively.
- Anything which can be done to delay or prevent substance misuse is a key factor in the health and well-being of with young people – remember Botvins Lifeskills programme?
- It's important that young people are encouraged to stay in education or training.

Sport and recreation

Young people may need help engaging in sport and recreational activities. This is all to help the young person try move away from substance misuse – the more you engage with other activities, the less time you have for drug and alcohol use. This isn't just about stopping drug and alcohol use this is about young people developing a life around them which helps keep them away needing substances as a means to pass the time, for somewhere to go, as a means to cope, as a means to express themselves.



It's not all bad!

Parents and guardians play a key role in supporting and encouraging young people to make good choices. It's important to focus on a young person's strengths and gifts. We need to help them feel like they are worth something and have something to give to the world – they aren't just a burden; they are our future! As parents and guardians, it's important to keep communication open. Young people are often simply expressing themselves, and we need to try hear what they are saying. Again this is about the community building on its strengths of supporting young people engage in healthy activities, sport, dance, drama, exercise... and for parents or guardians to recognise their roles as the primary carers of their children, as role models, as supporters, as encouragers and as minders.

When should I consider referring for support?

When thinking about looking for support for a young person engaging in substance use, in addition to the drug or alcohol use itself it is also worth considering the following circumstances:

- Young people for whom there are concerns in relation to self-harm, suicide ideation or depression
- Young people who are not attending school or are out of education altogether
- Young people who are engaging in risky behaviours
- Young people who have a history of emotional, behavioural and psychological issues
- Young people who are robbing/stealing or who are reporting being in debt
- Where the young person is violent/abusive towards parents, siblings or other people
- Where there is a family history of substance use
- Where it is clear that the young person's substance use extends beyond curiosity

Where to now?

Ballyfermot has many services that can help, or will point you in the right direction for support both for families and for young people. These are just some of them...

Ballyfermot Social Intervention Initiative: (01) 626 7041
Ballyfermot Star: (01) 623 5644
Ballyfermot Youth Service: (01) 623 7401
Familibase (01) 654 6800
HSE Adolescent Addiction Services: (01) 620 6400

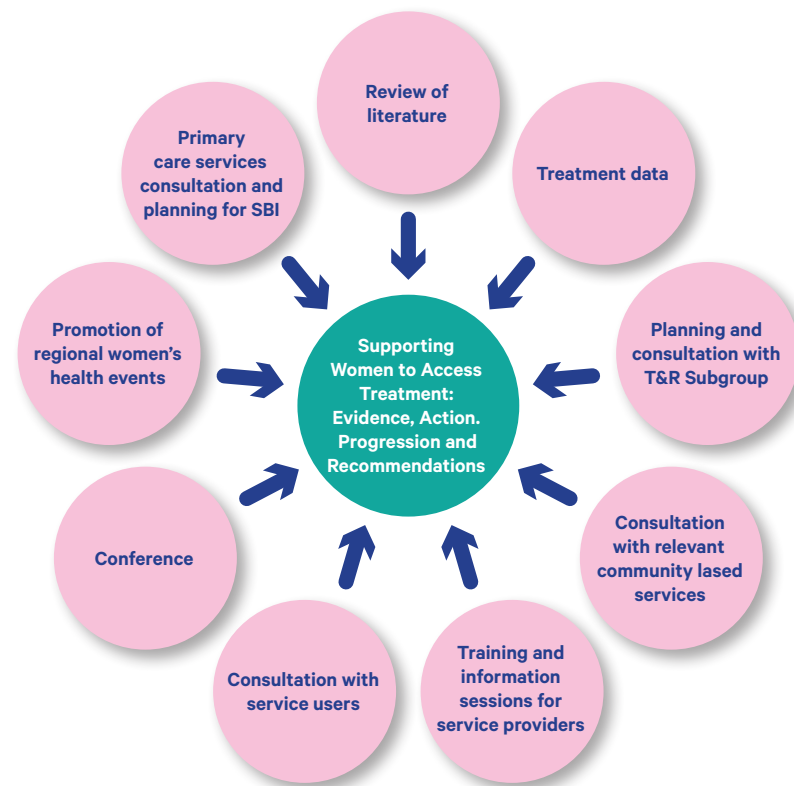
Supporting Women to Access Treatment



What was this all about?

This project looked at the issue of women and alcohol and women's health needs in general. Although we know alcohol has a negative impact on everybody, sometimes it's helpful to explore the unique needs of some groups of people. For this project the Task Force wanted to see how alcohol is affecting women; what are the unique health issues for women who drink? And why has there been an increase in alcohol use amongst women? Why do women not present to support services to address their alcohol use? We also wanted to explore health issues in general; do women in Ballyfermot have good health in general? What is the uptake of health screening like in Ballyfermot? Our final goal was to then of course to encourage services to work together to provide the network of services to support women to access treatment.

What did we do?



Women's health

We know women within substance misuse services have ignored their health and we know the uptake of health screening services in Ballyfermot is low. We spoke to women about their health. When we spoke with the women in the community they all said that that health was not a high priority for them. The women spoke of ignoring their health, putting others first, putting everything else first over their health. The women spoke – especially some of the older women – of coming from a generation of people who didn't address their health, didn't talk about health, didn't prioritise health. The younger women spoke of the lack of time to address their health, of embarrassment talking about smear tests with their GP, or the waiting time to get an appointment for a smear test, by the time the appointment comes through they've lost interest in going for it. The National Screening Service are very supportive in any efforts to increase participation in health screening and have made an excellent contribution to this newsletter, giving clear information on how to go about health screening and its importance.

What did we find out about women's alcohol use?

This is where it gets interesting, what did we find out?

Women's drinking patterns

Women tend to drink at home and alone. That goes for all women, those in work, those at home with children, older women. It was clear from both the international research and local meetings that women's alcohol use is hidden.

Women in the community reported secretive drinking – especially an older group of women who are living alone. Even a GP spoke about the needs of these women, about the isolation experienced by older women. For younger women their alcohol use pattern seemed very much connected to their domestic duties – a woman with children, will have her day revolve around keeping the house going, the children fed and watered. It's almost like a reward at the end of the day, to have a drink – these women described it as their only time to themselves.

What has caused an increase in women's alcohol use?

Within the research we identified 5 main causes for the increase in women's alcohol use:



Empty-nest syndrome –

This theory argues that older women in their 50s resort to heavy alcohol use due to the emptiness associated with their children leaving the family home. Although there has been some recent evidence of an increase in older women presenting for alcohol treatment services in Ireland, empty nest theory fails to explain the experience of younger women.



Ladette Culture –

Some of you might remember this! Back in the late 90's women's – for younger women especially – alcohol use increased dramatically as a result of the ladette culture. Back then it became normal for young women to drink as much if not more alcohol than men. This was about women becoming louder, stepping out of traditional female roles, taking centre stage at the party and not caring about the consequences. Although this came about almost 20 years ago, the ladette phenomenon is very much still part of our culture.



Women in work –

Some of the highest risk drinking is amongst working women. Research has shown that the more successful women are in the workplace, the more likely they are to be drinking heavily. As women in recent years have witnessed a marked increase in their employment opportunities, they have also witnessed a marked increase in their alcohol use. According to the literature, the more education a woman has the more they drink too.



Delayed childbearing –

Women in education and employment are also more likely to have children later in life. So women with successful careers have been shown to drink more alcohol in part due to the benefits of delaying childbearing and not having the responsibilities which come with children.



Alcohol advertising –

alcohol companies are out to make money. Alcohol companies know that if women are working more, then they have more money – if they have more money then they are a good target. So alcohol advertising promotes some alcohol products just to women which encourages women to drink alcohol, to spend their disposable income on alcohol and that drinking alcohol is going to help them relax after a long day in work. Believe it or not, advertising works – it's a huge industry.



Please note...

This is not the first time that women's alcohol use has been under the spotlight. There were concerns back in the 1970's about older, middle class women who were drinking a lot when their children left home – empty nest syndrome was first developed back then. Also, alcohol companies targeted women back in the 1950s – Babysham was seen as a female alcohol product. Women stepping out their traditional roles have been a concern for many years, forever in fact – the ladette culture is only one example of many times women have had the spotlight on them for not being feminine enough. So although there is a lot of evidence to show that women are drinking more now than ever before, concerns over women and alcohol are not a new thing.

What impact does alcohol have on women's health?

Although this is about women's participation in society, about women working and women having the freedom to spend money as they wish – women are not men. Women's bodies are different to men's – that is they metabolise alcohol differently to men. Women's livers are not able to process alcohol like men, women have more soft tissue in their bodies than men so the alcohol stays in their system longer. As a result of all of this, there has been an increase in number of women with serious health problems as a result of alcohol use. There has been a considerable increase in alcohol related liver disease amongst young women (15-34-year-olds) who were traditionally a very low risk group for liver disease. A number of female cancers are linked to alcohol. Women tend to drink wine and spirits – these are stronger than beers and lagers which are preferred by men, so the amount women are drinking and the type of alcohol they chose to drink is damaging their health.



In terms of alcohol use in pregnancy, although the guidelines are clear that there are no safe alcohol limits during pregnancy, Ireland continues to have the highest rate of alcohol use amongst pregnant women in Europe. Alcohol, in any amount, can be damaging to the developing foetus, but something is preventing this message from getting across – what is that? From the research and consultations as part of this project it would seem that a lot of alcohol during pregnancy is not disclosed by women – alcohol use in pregnancy therefore is a very hidden issue.

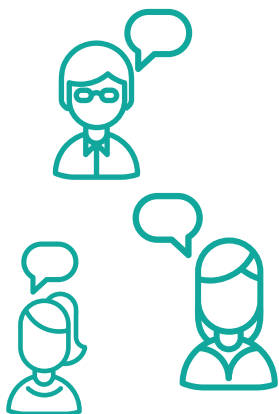
Do women go into treatment services?



The research shows that women do not access treatment services. Women make up about a quarter of people in specialised treatment services. Why do women not access support? The women we spoke with as part of the research said having children was a major barrier – women are worried about what people will think. Women are worried about having the spotlight on them – no woman wants to be classed as a bad mother because they are looking for help. Childcare is a big barrier – women are responsible for their children, and may not have anyone to watch their children whilst they are getting help. The women spoke about the stigma of being labelled an addict – someone who has lost control. For many, they do not realise they have a problem until they are expected to give up alcohol – pregnancy for example. For many women, alcohol is their only means to relax, alcohol is therefore seen as the solution rather than the problem. For some women who are experiencing domestic violence, they lack the power in the home to access support – they can be trapped in their situation. For many women isolation is a problem – they are isolated in the home, trapped within their domestic duties and within the family timetable – the freedom afforded to men just isn't there for some women. There are many different reasons why women do not seek help. Women themselves are not all the same they are different and have different needs. The main concern is to try make services more attractive to women, to encourage women to attend.

Where to now?

So if women's alcohol use is hidden in the community, how do we un-hide it?



1. One way is to communicate to the public about services and supports in the area, who to talk to, where to go – this is why we are doing this magazine to highlight the issues and reach out to the community.

3. We've also been working closely with a range of non-specialised drug and alcohol services to support them with the skills to ask people about their alcohol and other substance use, your GP or PHN for example.

5. We are supporting services to discuss general health with all their service users and are working closely with the National Screening Service to get the information out about health screening to the Ballyfermot community.

2. To encourage people to talk to family, to talk with their friends and neighbours not to isolate themselves.

4. The specialised services themselves are looking at how to increase the number of women in their services – how to make their service more attractive to women.

6. We are providing specialised training on alcohol to project staff.



A final word to women

This isn't about women not drinking, this is about balance. Have a range of activities that you do to help you to de-stress, not just drinking alcohol. This is about taking action early, and figuring out for yourself what works for you. You don't need to be addicted to have a problem - this isn't about addiction - this is about taking stock on your life and ensuring you have your alcohol use in check. If you consistently drink over the low risk amounts on a daily basis, you are running the risk of health problems and dependence. This risk goes for everybody, not just women. The problem is that women are not accessing services, so when it gets bad for a woman it gets bad for a long time and often by then problems are much more difficult to manage. Read Jane's piece – it's a brilliant insight into the experience of some women.

And if you are pregnant, it's so important to talk to your GP, Midwife, PHN about your alcohol use.

Jane's story

We spoke with a woman – Jane -who agreed to speak about her own experience of accessing support services for her alcohol use. Jane speaks openly about her alcohol use, the impact it was having on her, how she found out about support services and what the outcome has been.

When did you realise there was a problem?

About 3 years ago, I had just had a baby and was drinking more and more alcohol; I was becoming withdrawn and isolating myself from my family and friends. I realised I was beginning to lose control of the situation, and was getting more and more depressed. I was drinking alone and after buying food for the kids I would spend my last penny on alcohol – every spare penny went on alcohol. I was agitated, getting mood swings and feeling very low. Both my parents were addicts and my uncle died from alcoholism, I knew it was in my family and I knew I had a problem because it was taking over.

What were your concerns about looking for help?

I was worried about being judged as I had children, I was concerned about social workers getting involved once I admitted to anyone how much I was drinking and how it was impacting my life. I was worried about being judged by people in the community if they knew I was getting help for alcohol problems, and I didn't want my family to know how bad it had got. I was worried about opening up, about being honest with someone as I was so used to keeping things hidden, I was used to hiding my problems. Plus, alcohol was my friend, it was where I turned every time I had a problem, at the end of each day. I was concerned about where I would turn without it. I was also worried about who would look after my children whilst I was getting help, I felt trapped in my situation but very guilty. I reckon a lot of women feel guilty when they are drinking too much, women carry a lot of stigma when they are having problems – we aren't meant to be addicts and we need to mind our children, people view women differently.

What made you think about getting help?

I thought about my children, I thought about the impact it was having on them. My children are my responsibility, I am all those children have and what kind of role model was I drinking all the time? I wanted to break the cycle, I was brought up around alcohol I didn't want my children to experience the same. I was feeling guilty all the time, I knew what I was doing wasn't right and that it had to stop.

How did you find out about services?

I didn't know anything about services, I didn't know where to go or where to start. I spoke with my doctor but it was through a friend who recommended a place in Ballyfermot to go to for help.

What difference has coming for help made?

It's made a huge difference. I've got back into education, I have a regular routine and I have support. I've learned to open up about my problems, I've got support for parenting and I'm not drinking now. It took a while to open up but I got there in the end and I've learned it's best to talk about my problems than to try hide them with drink. My children are doing well and we just do stuff like watching TV and spending time together – I'm no longer waiting for them to go to bed so I can drink alcohol – I've learned other ways of coping with life. I got new friends, I'm not isolated anymore and my children have got their mum back.

What advice would you give to a woman who might be considering going for help?

I would say just do it. The problem will only get worse if you don't get some help. Alcohol doesn't take away problems; it just hides them for a while but they're still there when you sober up. Plus, think of your children – do you really want them to learn that drinking away your problems is the way to go? I've only experienced support and encouragement from services, my key worker supports me and I've learned to open up – I would advise anyone out there to just contact one of the services in Ballyfermot and get some support.

Alcohol Conference



In November last year Ballyfermot LDATF partnered up with Tallaght LDATF and we hosted a conference for workers in both communities. The aim of the conference was to get the information out to workers in the community that alcohol related problems can affect everyone - men, women, young people, people in employment, people out of work.

We also wanted to drive home the message that addressing alcohol related problems and supporting people to get the help they need is not just the responsibility of a few specialised services. People may not want to go straight to a specialised substance misuse service, they may just need a brief chat with their GP, their PHN, their midwife, someone in the Local Employment Service – wherever they are connecting with services.

This isn't just about going into a specialized service. This is about creating spaces to reflect on your alcohol use. A brief conversation is often enough, specialized services are only needed by a minority of people.

Together Ballyfermot & Tallaght Local Drug & Alcohol Task Forces
invite you to their Alcohol Conference

Alcohol—What's the Harm?

**Wednesday 16th November 2016
from 9.30am-3.30pm**

A conference open to all workers in the community

The aim of this event is to provide information on current alcohol policy, women and alcohol, alcohol related health issues and the impact of alcohol on the family.

This conference is open to a broad cross section of professionals and services, so offers an excellent networking opportunity!

The conference was well attended. People from a broad range of services attended from Ballyfermot, Tallaght and from other regions. We had a range of speakers speaking on a number of topics from the impact of alcohol on parenting, the impact of alcohol on pregnancy, on the community and on health. We also had a presentation looking at women's alcohol use, and how it's different to men and how women's experience of accessing services is different to men.

What now?

Ballyfermot LDATF are now supporting a number of training days for staff within non-specialised substance misuse services to ask about people's alcohol and other substance use, to provide brief support if needed and to offer a range of referral options for further support if someone wants it. Please see details in this magazine.

Health Screening



What is health screening and why is it important?



Screening is a means of detecting disease before symptoms appear. If disease is detected at an early stage there are usually more treatment options available, as well as improved survival rates. Early diagnosis and treatment can help maintain a person's quality of life. The National Screening Service provides four screening programmes: BowelScreen, BreastCheck, CervicalCheck, and Diabetic RetinaScreen.

If a person feels well, should they still get screened?



Yes, they should. The aim of screening is to detect disease before symptoms appear, so the National Screening Service invites people who do not have any symptoms to take part in screening programmes when they are eligible. If a person has symptoms and is not feeling well, they should consult with their GP (family doctor) immediately.

Do you need to have a GP to get screened?



It depends on the screening programme. For participation in some screening programmes, a person will have to give details of their GP (family doctor) who will receive results of their screening test. Women who want to make an appointment for a cervical screen (smear test) do not need to have a GP as there is a list of GPs or practice nurses who are registered to provide free cervical screening on the CervicalCheck website.



How long does screening take?

The length of time it takes to complete a screening test can vary. Some tests can last anything from a minute to 30 minutes. For example, BowelScreen provides a simple home test kit so screening can take just a few minutes in the privacy of your own home. Results of the BowelScreen home test are sent to the person and their GP within 4 weeks.



How often should a person get screened?

The frequency of screening can vary depending on the screening programme. Recommended screening intervals can be anything from annually to every five years. Some cancers or conditions can take a long time to develop and often have no symptoms, which is why regular screening is so important. Going for regular screening means that any unusual changes will be found as early as possible, when treatment is more likely to be successful.



How much does screening cost?

It's free! The National Screening Service operates four national, government funded screening programmes. This means that screening is free of charge. So when you receive an invitation to participate in any of these screening programmes, make sure that you sign up.



Who can I contact for more information?

Freephone 1800 45 45 55 or visit www.screeningservice.ie

BowelScreen

For more information
Freephone
1800 45 45 55
or visit
www.bowelscreen.ie

BowelScreen – The National Bowel Screening Programme offers free bowel screening for men and women aged 60 to 69 every two years. Screening is by invitation and a test kit is sent directly to the person's home. Anyone aged 60 to 69 who has not been invited to participate in the programme can register online at www.bowelscreen.ie or by calling 1800 45 45 55.



The BowelScreen
Home Test Kit
for Men and Women.

BowelScreen
An tAil Mheánaire Searbháilíochta Ailíde
The National Bowel Screening Programme

**Home Test Kit
Instructions**

Freephone 1800 45 45 55
www.bowelscreen.ie

BowelScreen – The National Bowel Screening Programme
is part of the Health Service Executive

BowelScreen is a Government-funded programme that offers regular home bowel screening to people aged 60-69 living in Ireland every two years.

When it's your turn you will receive a letter inviting you to participate.

It's free, easy and you can do it yourself at home.
visit www.bowelscreen.ie to find out more.


hi **BowelScreen**
An tAil Mheánaire Searbháilíochta Ailíde
The National Bowel Screening Programme

BowelScreen is part of the Health Service Executive

BreastCheck

For more information
Freephone
1800 45 45 55
or visit
www.breastcheck.ie

BreastCheck – The National Breast Screening Programme offers free breast x-rays (mammograms) to women aged 50 to 64 every two years. The aim is to reduce deaths from breast cancer by finding and treating the disease at an early stage. For more information Freephone 1800 45 45 55 or visit www.breastcheck.ie



Join the many women
who are already part
of BreastCheck.

It's quick, it's easy, and it's free.

- Attend a free mammogram every two years
- The appointment takes about half an hour
- The mammogram only takes minutes

If you experience any changes before
your next appointment contact your GP.

For further information, to register or to check you're on the register:
Freephone 1800 45 45 55 | www.breastcheck.ie

BreastCheck
An tAil Mheánaire Searbháilíochta Ailíde
The National Breast Screening Programme

Part of the Health Service Executive

hi

CervicalCheck


For more information
Freephone

1800 45 45 55

or visit

www.cervicalcheck.ie

CervicalCheck – the National Cervical Screening Programme offers free smear tests to women aged 25 to 60. Women aged 25 to 44 should have a smear test every three years and women aged 45 to 60 should have one every five years. An appointment can be made with any doctor or nurse registered with CervicalCheck from the list on the CervicalCheck website. For information or details on where to have a smear test Freephone 1800 45 45 55 or visit www.cervicalcheck.ie



**DON'T PUT OFF
HAVING A SMEAR TEST**

It's important to have regular
smear tests from the age of 25 to 60.
It only takes a few minutes and it's free.

www.CervicalCheck.ie or Freephone 1800 45 45 55

CervicalCheck
THE NATIONAL CERVICAL SCREENING PROGRAMME

CervicalCheck is part of the Health Service Executive

Diabetic Retina Screen

For more information
Freephone

1800 45 45 55

Diabetic RetinaScreen – The National Diabetic Retinal Screening Programme offers free, regular diabetic retinopathy screening to people with Type 1 or Type 2 diabetes aged 12 years and older. Diabetic retinopathy is a common complication of diabetes which affects the small blood vessels in the lining at the back of the eye and can lead to deterioration in vision. Diabetic retinopathy may not have any symptoms or may not affect sight in the early stages. Diabetic RetinaScreen uses specialised digital photography to look for changes that could affect sight. If you have diabetes and would like to check you are on our register, please call Freephone 1800 45 45 55.



Diabetic RetinaScreen
An Clár Náisiúnta Scagthástála Reitíní do Dhlábéitigh
The National Diabetic Retinal Screening Programme

**If you have diabetes
find out more about free
local retinal screening**

Freephone 1800 45 45 55 www.diabeticretinascreen.ie
Part of the Health Service Executive



**Ballyfermot Local Drug
and Alcohol Task Force**
Bridge House
Cherry Orchard Hospital.