‘You can’t fix this in six months’: Understanding the intersectionality of women’s substance use in the Irish context

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Introduction and background

Ireland has a history of drug intervention and drug policy that has not always considered women's substance use initiation, trajectories or intervention, often overlooking women's susceptibilities and gendered needs (Mutatayi et al., 2022; Wincup, 2019). Over the past 15 years, there have been developments in policy and practice to address these challenges, including consideration of gender dimension within the National Drug Strategy (NDS) and related structures (Comiskey, 2020; Department of Health, 2017; Morton et al., 2020) and initiatives to develop gender-specific services and interventions for women and develop resources and responses within relevant ancillary services such as homeless shelters and domestic violence services to attend to the needs of women who are using substances problematically (Banka et al., 2022; Ivers et al., 2021). However, gaps remain in our understanding of the intersectionality of women's substance use with a range of further issues such as domestic violence, homelessness and transactional sex (EMCDDA, 2022; Mutatyi et al., 2022; MacDonald et al., 2020; Morton et al., 2021).

The most recent Irish prevalence study indicated that in the previous month, 62.1% of women had used alcohol, 2.9% had used any illegal drug, 17.6% had used opioid painkillers and 2.7% had used sedatives or tranquillizers (Mongan et al., 2021). In 2021, there were 3015 episodes of drug treatment for women, which was 28% of the total number of episodes in that year (Kelleher et al., 2022). In their review of drug related deaths for the period 2004-2017 in Ireland, Lynn et al., (2021), found that the drugs implicated in poisoning deaths varied by sex, with deaths involving prescription opioids, benzodiazepines and antidepressants increasing and representing the main drugs involved in poisonings for women. This indicates that women may have different substance use patterns and trajectories, with issues such as telescoping (more rapid transition to substance use becoming problematic) and use of different substances compared to men (Mutatayi et al., 2022), potentially leaving them vulnerable to gender-specific harms (O'Reilly & Mac Cionnaith, 2019) It has also been concluded that health-related and social consequences may differ between men and women, particularly in relation to physiological factors, experiences of trauma, mental health status and cultural considerations (Stevens et al., 2009).

Although the theory of intersectionality remains both contested and expanding (Carastathis et al., 2019), within the context of the substance use literature, intersectionality can be defined as how one's life experiences are constituted by reinforcing occurrences relative to different aspects of one's identity, including gender and class (Vu et al., 2021). Women's substance use may intersect with a range of further issues, including but not limited to; life contexts such as poverty and migration status; the impacts of experiences such as trauma histories, childhood legacies or domestic and sexual violence; issues relating to life course such as impacts of prostitution, homelessness or involvement within the criminal justice system (Mutatyi et al., 2022). Motherhood may also be an important inter-related factor for women, with general agreement within the literature that while pregnancy and birth may be a point of intervention

for women who are using substances problematically, this can also enforce stigma and shame as well as reinforce negative beliefs around women's value and identity (Weber et al., 2021). Childhood legacies of violence and abuse have also emerged as a contributing issue to women's substance use initiation and trajectories (Osofsky et al., 2021) with recent research within the Irish context indicating substantially high prevalence of Adverse Childhood Experiences (ACEs) amongst women accessing substance use treatment or domestic violence services than the general population (Morton et al, 2022).

Research indicates that women who misuse drugs experience barriers to accessing treatment, the main one being childcare. Irish studies have found that access to regular childcare arrangements is an important factor for women to actively take steps to address their drug use, however, further research found that many women didn't have this level of support (Moran, 1999; Butler & Woods, 1992; Ivers et al., 2021). The fear of being labelled an 'unfit mother' and the possibility of losing custody of their children as a result of coming forward about their substance misuse and attending treatment has led to many women being reluctant to attend treatment (Hedrich, 2000; UNODC, 2004). Russel et al., (2022) found that there were gender differences in relation to children being removed from parental care where there was substance misuse, with mothers six times more likely to have children removed compared to fathers. Child removal from mothers was associated with a number of additional risk factors including mental health and younger age, there was also an increased risk of suicide attempts subsequent to removal of children into care (Schamp et al., 2022).

Unsurprisingly, women who do seek treatment for substance misuse have may prefer non-residential or GP settings due to their childcare responsibilities, compared to men who avail of residential settings (Mutatyi et al., 2022). Corrigan and O'Gorman (2007) note that residential treatment services in Ireland primarily focused towards men, although Coolmine Therapeutic Community now provides two residential facilities for women with childcare support for children up to pre-school age. MacDonald et al., (2020) have highlighted the risks of homelessness for women who use substances pointing out that structural inequalities can be a key factor for women remaining in cycles of homelessness and poverty, stigma and shame can reinforce these cycles (Thomas & Menih, 2022). Petzold et al., (2022) found that women using methamphetamine were at higher risk of remaining in precarious living conditions post intervention if they were unstably housed prior to intervention. There has been limited focus on the role and impacts of transactional sex and prostitution for women who use substances despite the recognition of the interrelated nature of substance use and sex work (Giacomello, 2022).

Research has found that a woman's partner may have an important influence on her drug use, with women more likely than men to be introduced to drugs by a partner and are more likely to live with a drug-using partner than men (Farrell, 2001, Dorman et al., 1997, Woods, 1994, O'Neill & O'Connor, 1999, Fagan et al., 2008, UNODC, 2004). Intimate relationships may also be site of abuse and domestic violence for women with Banka et al., (2022) estimating there are at least 11,000 women in Ireland currently experiencing domestic violence and substance use within any one year and they call for further development of trauma informed interventions and supports, as well as both health and domestic violence screening in relevant settings. In their explorative review, Harwin and Barlow (2022) highlight the lack of effective integrated interventions where there is a co-existence of substance use, domestic violence and child protection issues, pointing again to the need to break down the silo approach to these interrelated issues. This has been reiterated by Giacomello (2022) in her review of innovative practices and policies for children where parents use drugs, who also recommends greater integration of the needs of children and mothers into substance use interventions, as well as ensuring the presence of trauma- informed and gender responsive substance use treatment and domestic violence refuges for substance using women.

Involvement in the criminal justice system for women may be related to acquisitive crime, or drug related offences and women are more likely than men to be prosecuted than men for minor drug trafficking charges or drug possession (UNODC 2020). A study by Hannon et al., (2000) found that among the prison population in Ireland, 69% of female prisoners reported being under the influence of drugs when they committed the offence for which they were currently serving a sentence, although in regard to drug offences, there are proportionally more men than women at all stages of the law enforcement chain (UNODC 2018). Despite the fact the majority of women in custody are serving short-term sentences, the impact on these women and their families may be considerable, with women often in a repeat offence pattern and experiencing a range of complex issues such as mental health difficulties, a history of domestic violence, family and relationship issues, housing problems and health issues (IPRT, 2023). In addition to this, many women play an important role in the care of their children or dependent family members or both (IPRT, 2013), potentially making any form of incarceration more complicated. However, it has been noted that for some women, prison is a respite from their day-to-day lives (IPRT, 2013; Mayock, and Sheridan, 2010; McHugh, 2013).

Drug use related stigma is widely agreed to impact on identity and wellbeing but as highlighted by Mutatyi et al., (2022) there can be gender specific factors that women experience. These may include stigma in regard to identity and motherhood (Morton et al., 2021; Savage, 2016); in regard to disruption of basic needs and ability to care for self being a block to accessing health care services (O'Carrol and Wainright, 2019) or in relation to housing status or engagement in transactional sex (Whitaker et al., 2011). Given all the factors, and the barriers to accessing treatment and support, there have been calls for gender specific supports and interventions for women, and also a response that is not only gender sensitive but gender transformative ie seeks to address and challenge the structural inequalities experienced by women who are using substances and related intersectional issues (Mutatyi et al., 2022; Morton et al., 2021; Schamp et al., 2022). Bäcklin (2002) explores some of the ongoing risks and harms of mixed gender supports and interventions, particularly peer support, where there has been little or no focus on what is termed 'macho' culture with drug intervention. Meanwhile, Schamp et al., (2022) go on to recommend a thorough exploration, critique and establishment of effective gender transformative practices, elements that have been reiterated within the Irish context by Ivers et al., (2022).

Despite these theoretical and practical developments, there remains limited understanding of how women's substance use intersects with the range of further issues that are often present when women seek supports or intervention such as gender-based violence, substance use, homelessness and mental health (EMCDDA, 2022; Morton et al., 2020; Neale et al., 2018; O'Reilly, & Mac Cionnaith, 2019). The study outlined within this report sought to address this gap by exploring the lived experiences of women who had or were currently dealing with such intersectionality and thus builds on existing policy innovation and emerging literature on treatment needs of women (Ivers et al., 2022). The next section outlines the research methodology, which is then followed by a presentation of the research results. The final section discusses the implications of the research findings for both the Irish context, and wider international field.

Methodology

The aim of this research was to explore the experiences and support, and intervention needs of women who are dealing with multiple issues, including problem substance use, with a view to gaining an in-depth understanding of women's life experiences, substance use trajectories and how these relate to factors such as motherhood, poverty, social exclusion, residency status, domestic violence, transactional sex, homelessness and incarceration.

The objectives of the research were to:

- Explore the lived experiences of women with substance use and intersectional aspects, including their engagement with services.
- Define the unique gendered support needs and service pathways for women.
- Inform future Irish drug policy and service pathways.

The study was funded under the Irish Research Council New Foundations programme that supports academic and non-governmental organisations (NGO) partnerships in order to address critical issues emerging within the Irish context.

Research Design

Given the importance of capturing women's lived experience of substance use and related complex issues (O'Brien & Morton, 2020), this research took a qualitative approach, with in-depth interviews with 14 women who have or were experiencing substance use, together with other issues. The sample focused on those already engaged to some degree with support services, given the nature of the study and the importance of having adequate support available to study participants. The study included women who are in contact with the full range of substance misuse services, as well as those who previously engaged in stabilisation, detox and treatment. Women in contact with or engaged with homeless, domestic violence and prostitution support services were also included.

Procedure

Recruitment of participants was through a network of relevant service providers currently providing a range of substance use and related services to women and involved in a previous study considering these issues from an organisational and practitioner perspective (Morton et al., 2020). The research information sheet was distributed to the network for services, with contact details of the researcher provided. Adult women were included in the study if they:

- Had currently or previously engaged in substance use that was experienced as problematic.
- Had currently or previously experienced further intersectional issues such as domestic or sexual violence, housing or homeless issues, poverty or related challenges.
- Had a reasonable level of conversational English.

- Had access to supports such as treatment, aftercare or low-threshold substance misuse services.

Women were excluded from participation in the study if they:

- Were currently significantly affected by their substance use.
- Were currently dealing with significant crisis issues.
- Were currently experiencing severe mental health issues.

Ongoing recruitment of the sample attended to issues of diversity to ensure the sample includes women of varying age ranges and with a diversity of presenting issues and intervention pathway experiences, as well as from different geographical areas of Ireland. No migrant women were recruited to the study, which was reflective of the women accessing the specialist services and means the intersectionality for migrant women was not investigated within this study. Similarly, no transgender women were recruited for the study, which was also reflective of the population accessing substance misuse, domestic violence and homeless services at the time of this research.

Fourteen in-depth interviews were conducted over a two month period, and these lasted between 30 and 70 minutes each and were recorded. All of the interviews took place in a room within a service that the participant felt comfortable to access and where there were specialised, professional support staff will be onsite should any safety concerns or heightened distress emerge during the interview or specific immediate participant support be requested or required. It was explained during the informed consent process that participants had the right to withdraw from the interview without consequence if they felt they cannot continue the interview or wished to withdraw part of or all of their data up until publication. Each interview commenced with a question on the participant's understanding of how her substance use intersected with other issues in her life, and then followed a narrative approach. During the course of the interview, the researcher put participants' emotional needs and wellbeing before data collection. All data was handled and stored in accordance with the Data Protection Act 1998 and the Data Protection (Amendment) Act 2003.

The interviews were anonymised and de-identified and then transcribed. The transcripts were then analysed thematically (Braun and Clarke, 2006) in order to identify patterns and themes within the data that were reflective of the lived experiences of the participants. After initial immersion in the data, initial codes were generated, and then major and sub-themes identified. Strict protocols were maintained throughout the study to ensure secure data protection and the protection of the anonymity of participants is maintained at all times.

Ethical Considerations

The safety and dignity of participants was respected throughout the study by adherence to outlined protocols in relation to recruitment, voluntary inclusion, informed consent, privacy, confidentiality, conduct of interviewer and withdrawal from the study at any point without consequence. Women were informed in writing of the response to any disclosures of child abuse, intent to harm self or another person, and how their data would be protected. Particular attention was paid to ensuring informed and ongoing consent, with further attention to women where there is potential emotional trauma, risk from criminal contexts and/or the woman may be affected by substance use (O'Brien & Morton, 2021). Clear and accessible support structures were in place for women participating in the interviews and this was checked with each participant. The study was granted ethical approval by the University College Dublin Human Research Ethics Committee.

Sample

The sample consisted of 14 women, who ranged in age from 25 to 60 with the majority (n=86%) falling within the 30-35 or 36-40 age range and all were white Irish women. Four of the women were currently using substances, with the remaining defining themselves as abstinent. The substances used by women were alcohol, cannabis, cocaine, crack cocaine, heroin and tablets (medication misuse). Four of the women were currently in substance misuse residential treatment, and the remaining were accessing or had previously accessed treatment, substance misuse, homeless or domestic violence services. Of the participants, 78% (n=11) were mothers, and the majority of these had experienced issues with child protection and welfare of their children. Four of the women had involvement with the criminal justice system. The women were currently living across a number of regions in Ireland.

The next section of this report presents the results from the qualitative interviews, followed by a consideration of the practice and policy implications.

Results

Five major themes emerged from the research in relation to the intersectionality of women's substance use with other issues and experiences; substance use patterns and trajectories; the role of relationships and family; stigma and shame; implications and intersectionality; and engagement with services. These themes are shown in the table below, together with the sub-themes where appropriate.

Substance use patterns and prevalence	Relationships and family	Stigma and shame	Implications and intersectionality	Engagement with support and interventions
	Family of origin		Mothering	Initial engagement and turning points
	Initial relationship		Housing and homelessness	Pathways through services
	Intimacy and relationships		Transactional sex and prostitution	Policy and practice change
			Criminal justice	
			Mental health and trauma	

Figure 1 Major themes and sub-themes.

Substance use patterns and prevalence

Two patterns emerged in relation to women's initiation of substance use. Initiation of use that occurred in teenage years was due to either family use or availability and use within the wider community setting, often as a result of difficulties, tensions or abuse with the home setting. For the remainder of women, their substance use commenced subsequent to experience of violence or abuse within a relationship, often commencing with medication misuse. Availability and access to substances had a strong influence on substance use patterns, particularly where there was use of illicit substances. In such cases, a partner or person in the immediate context was often the supplier, or assisted with supply.

Women's substance use tended to comprise of alcohol only, alcohol and medication misuse, or alcohol and poly use of a variety of substances, depending on the context, availability and circumstances. The participants often described their use as a way of coping, to deal with trauma, or a way to exist or survive:

So I'd say me using substances would've been a way for me to cope with my reality. That would've been my experience of it. I came from a background where there was extreme domestic violence. It wasn't only domestic violence, there was abuse, there was sexual abuse, there was physical abuse, verbal abuse, emotional abuse. Like home wasn't a safe place. (Woman 4)

Another woman explained how alcohol functioned in her life:

Literally, the main part for me, the substance, was just having it there. It was just the comfort, of having it there. If I had three or four cans left, Jesus, it was literally a hug, a comfort. "You're okay. You're all right." Regardless to being drunk, obviously, it would've gave me confidence, that I definitely didn't have. When I think, like, geez, a completely different person, the alcohol made me, honest to God. And I think back now, it's so messy, horrible. It was the person I thought... I used to always say, drink makes me who I want to be, and actually, it really didn't. When I think back of who I was, when I was drunk, like a fool, and idiot. (Woman 14)

Relationships and family

There were a number of aspects of relationships and family that were pertinent to women's experiences of problematic substance use, including the influence and impact of use within their family or origin, experiences of an initial intimate relationship and the dynamics of further relationships.

Family of origin

The majority of women reported growing up in households where there was parental substance misuse, in most cases alcohol. Further to parental substance use, many of the women spoke about what they now considered compromised parenting from their own mother or father or both. In some cases this included direct experiences of neglect or abuse from a parent or an extended family member. Often there was also significant trauma experiences, within the family or wider community, which may have included direct abuse as well as exposure to violence and violent contexts. As one woman described:

Well, there was a lot of trauma in my life. There was, from a young age and all, there was abuse that was very difficult growing up and my father… was an alcoholic so we lived in a house with lots of substance misuse… but there was just a lot, then growing up and been around drink all the time. (Woman 2).

The woman went on to describe a very traumatic family incident she experienced as a young adult saying:

So I got bad from there like drink and tablets, it was prescribed tablets first off the doctor but then I started taking way too many and then buying them, and then that would've been it. (Woman 2)

However, this was not always the case, and some women spoke about the importance of support from a parent or family members. One wanted to be clear that her family upbringing had been supportive and her substance use commenced more because of community factors:

I came from a good family, good background. My mom and dad worked… brothers and sisters… And I think it's just when I started secondary school hanging around, not coming home, drinking down at the park besides the school. And I just really started from there. Nothing actually went on in my childhood. I enjoyed what I was doing. But went into then I started using acid, ecstasy. (Woman 12)

Initial relationship

Many of the women identified particular vulnerabilities they felt they were left with from their childhood experiences, which then potentially left them open to grooming, exploitation or an abusive relationship in their early teenage years. As one woman said '*I would have fallen in love with a teaspoon*' (Woman 11) after experiencing a lack of love and attachment as she grew up. These vulnerabilities were then exploited through a process of grooming by a man who had some involvement in criminal behaviour or drug supply:

> *Anyways, I ended up, one of the men… he used to bring us to his house. But he took a particular interest in me because I was so young. And he started teaching me about drugs and teaching me what's good really… looking back now, he was talking shite, he didn't know what he was talking about. But he got me in on the coke and the MDMA. And slowly his friends… I ended up in the heights of prostitution, sniffing, Es, weed, all of that, everything. I was only 16, 17, 18. 18 I would've been in the height of it. (Woman 5)*

Early experiences of exploitation or an abusive relationship often resulted in ongoing experiences of abusive relationships, and women reported experiences of coercive control, sexual violence, physical violence and stalking. One woman outlined how her early experience linked to further abusive relationships that were characterized by violence and trauma:

> *He was 18 and I was 14, and we lived in the worst places… But anyway, I thought I had my life made. I was with this perfect boy and I could drink, I could have fun at the weekends. I could go to school if I wanted or not. I ended up starting a course. He started beating me. He actually beat me so bad that I was in hospital and I still went back to him. He broke stuff off me, snooker cues, and I loved him. I loved him unconditionally though. And I used to think that was okay, that's normal because he loved me, so it was okay. Sometimes you would like to shake people and go, and I'm sure people want to shake me and say get away from him, but unless you go through that, you don't get it. When I left him, I got in a relationship straightaway and I had my kids, and this fellow was abusive as well. Now I didn't put up with him, but I moved straight into another one with another abusive person. I had five miscarriages and obviously my two kids have passed. I'm not saying he made me lose my kids, but it was all up in that vicious craziness. (Woman 11)*

Intimacy and relationships

Domestic violence was a feature of every woman's experience and if a further or previous relationship was considered non-abusive this was highlighted by the woman. One woman identified a significant relationship as co-dependent but not abusive, and a number of women spoke about later relationships that were supportive, where a partner had been a key factor in their treatment decision or recovery journey.

> *Well, I think because when I met his dad, I was the happiest I had ever been, that kind of way. And he told me, stop what I was doing or this would happen to me. And I just wouldn't listen. And he said, he was all of a sudden "you need to look out the window at the view and all", just saying, "You'll never get this again, enough." And I was just wouldn't listen to him until the shit hit the fan. (Woman 7)*

However, for the majority of the women, there was a deep interface between their substance use and their daily experiences of abuse and control.

> *So yeah, I met my ex-partner and… there was alot of coercive control, a lot of domestic violence, a lot of sexual abuse and sometimes exploitation. I didn't have access to my phone, I didn't have access to my keys from my apartment. I didn't have access to any money. I wasn't allowed to speak to family and unless he was standing beside me. (Woman 8)*

Stigma and shame

Some women spoke about the shame and stigma they experienced, both about their substance use and in relation to children. One woman pointed out that she may have continued to use substances to try and avoid the feelings of shame that would inevitably arise if she stopped using or reduced her use:

> *And then I just hit a point where I said, what am I doing? I could never see that. I just thought it's grand. When I had 12 overdoses in less than six months, I woke up in the hospital and I said, what am I doing? There has to be more to life than this. At the time, you don't feel shame. But looking back, you feel the shame when you're not using. You see that. (Woman 11)*

Several women described particular elements of their experience remaining hidden or invisible due to the service approach, for instance a domestic violence service focusing on court-based protection orders regardless of women's substance use or substance use treatment only marginally considering domestic violence. Women also spoke about accessing service for specific needs and often feared bringing up wider issues due to concern about the response from service providers and/or child protection and welfare issues.

One woman encapsulated these issues when reflecting on how shame and stigma functioned for women as they engage with services:

> *The thing is you're already using drugs, you already are... Well for me, in my experience, I'm already ashamed that I'm using the type of drugs that I'm using. I can't give you a reason that's good enough as to in relation to the consequences of me using drugs, they don't match up. And I'm physically dependent on these drugs as well and I've been using them for years… And not to add any more shame to the internal shame, but we already fucking feel, we shouldn't be using drugs. Society tells you shouldn't be using drugs. Then as a woman whose homeless and sleeping… A woman who's engaging in sex work to feed her habit, a woman who's injecting, all of the other stuff… shaming isn't going to get people anywhere. And it's just to meet people where they're at and encourage them to try and meet their goals. (Woman 8)*

Implications and intersectionality

Beyond the thread of domestic, sexual and gender-based violence that runs throughout all aspects of the women's experiences, there were five further subthemes; mothering; housing and homelessness; transactional sex and prostitution; criminal and civil justice involvement; and mental health and trauma. These are explored below.

Mothering

For those who were mothers (79%, n=11), there was a tendency to focus on the outcomes of the impact of their experiences on their children rather than specific dynamics i.e. children placed in care, care or children retained. Women reported being in one significant abusive relationship, or a series of abusive relationships, as they tried to also deal with their substance use and mothering, if they had children:

> *And again, whatever, in and out, in and out. I'd say that was my subconscious plan, nearly. Like Jesus, with the drink, I would be honest, blatantly, brutally honest. I enjoyed the time, they were gone, as in the freedom. I know, for a fact, I only had them children... They were only weapons. I mean Jesus, I was 18. He got me pregnant, he was, "Oh, I don't want anything more in this world, than the child." And, of course, I'd given him that. I'm sure that was just to tie me to the house. Tie me down, do you know? (Woman 14)*

A number of women named grief and devastation regarding experiences of children's deaths, miscarriage and loss of contact with children. Of the women who participated in the research, 45% of the mothers disclosed the death of a child or a miscarriage, which in all cases had a significant impact on their wellbeing, often precipitating increases in substance use. One woman described how the death of her child was linked to her use of benzodiazepines:

> *...and then when my daughter died, it shattered me. It was literally the breaking point for me. And when I found them (benzodiazepines), I can't describe it. I remember being in treatment and saying this, I actually was in love with the feeling it gave me, and that's why I was so addicted to it. Even if you asked me to this day, do I love them? Yeah, I did love the way they made me feel. Would I go back? No. But they helped me deal with it. Well, I thought they did until I got clean and then I had to deal with it all over again in a normal frame of mind. (Woman 11)*

All of the mothers stated that their role as a mother, and their desire to meet the needs of their children was a motivator for positive change or engagement in treatment. This was the case even when there was little or no involvement in the lives of their child/children or if there was little or no possibility of a woman improving their relationship or gaining access to a child or children. One woman described her motivation to change, despite her circumstances:

> *It was the fear I had for the kids seeing it. It was actually the fear for them. I didn't want them seeing what I saw growing up, what I went through growing up. I didn't want that for them. I tried my best to protect them, but I just got myself through by drinking. But in the finish, I just had enough. I couldn't let them see it anymore. I needed him away from it for a good life. And I knew with him gone, I'd slowly get better, they'd get better. (Woman 2)*

Housing and homelessness

Homelessness and lack of security in regard to housing was a common experience for the women, and often considered normative. Women identified staying in abusive relationships, accessing inappropriate accommodation (hostels), utilizing short-term accommodation, and losing accommodation at various stages of attempting to deal with their substance use and related issues. Existing research and service evaluations have highlighted the difficulties of hostel and emergency accommodation and this was reiterated by a number of women, with one explaining the links between her substance use and accessing homeless accommodation:

> *It was the usual spiral and then the coke just took over. And coke what's made me homeless, because I had to steal a lot of money for it, because it's so expensive. I was robbing my dad, and my dad finally kicked me out… and I got a bed in a hostel. I found out what the hostel life was like. Chaotic, drugs everywhere, blind guys everywhere, and no educated people. If you tell them that you've been involved in sex work with no education… Actually, one woman fucking said, "You can't do what you're doing it, we going to have to throw you out. Because I don't know what comes after from here. I said, "Quite right, I'm going to end up in jail, I got a problem." That was the attitude it was. (Woman 5)*

For another woman, beyond the difficulties of being surrounded by substance use in a homeless hostel, she was heartbroken observing some of the other women that were also using the service:

> *And I saw, it was quite harrowing actually, and it was quite trigger as well, because you see in the hostels that there's girls that you love, they're dear to you and everything, but they're like… One girl was on a heroin bender and she was kind of trying to kill herself. And that was really horrible, because she didn't seem to have any supports. And it was hard. That was really, really hard. I don't want to be selfish and say, "Oh, it was triggering for me." But it was awful. (Woman 10)*

Transactional sex and prostitution

A number of women spoke about coercion into sexual exploitation and prostitution and how this related to their substance use, with one woman explaining:

> *And then that cycle started off where the shame and the things that were happening to me out on the streets, meeting men and what they were doing to me, always being abused. Raped, I'd say. Because I didn't want to have sex. I wanted money. I needed money for drugs. But then I needed to be out of my head to do what I was doing. So I was left in this cycle of I can't do one without the other. (Woman 4)*

A number of women spoke openly about transactional sex and prostitution, highlighting the invisibility of this issue, particularly in connection to women's substance use. It was pointed out that sexual exploitation, transactional sex and prostitution needed to be normalised within interventions and supports so that women could talk more openly about the risks and their experiences. One setting where the risk of not talking about the issue was particularly poignant, was that of mixed-gender substance use treatment. A number of women spoke about how uncomfortable it was to hear how women who engaged in prostitution, were talked about, often in a way that was derogatory and never challenged by practitioners. This resulted in further stigma, shame, and a need to hide their own experiences of prostitution or sexual exploitation.

Criminal and civil justice involvement

Two main aspects emerged for women; the first was the intersection of domestic violence and substance use, particularly in relation to obtaining civil protection orders, but then also if orders were breached. For instance, women's substance use was brought into hearings for orders, often to the woman's detriment. One woman had a lengthy ongoing criminal case ongoing due to breaches of an order. Two women experienced digital or online sexual exploitation, with one reporting this experience to the Gardai, and these experiences compounded feelings of shame and stigma for the women as there was a limited response.

Three of the women had or were involved in the criminal justice system, two for their substance use and one in regard to associated issues and behaviours (connected to an abusive relationship). For two of the women, these experiences were overwhelmingly negative, with little or no understanding of trauma, trauma history or current personal risk.

> *The court just re-traumatizes you. Every time I go back to…, I have to have a good session, a good old drink the night before. I just have to. I can't cope with it otherwise, because I don't sleep. Can't cope. So, I have to. Every time I go back… I drink when I know it's coming. Because it's just the way the judges talk to you and they're so awful. One judge basically implied I was a liar, that I was deliberately dragging it out to cause him distress. (Woman 10)*

Mental health and trauma

The majority of women had experienced some form of mental health issue, with two identifying significant mental health diagnosis and intervention. All of the women described their mental health as intersecting with their substance use and linked to previous traumas. Two of the women spoke in-depth about the difficulties in negotiating mental health in relation to other issues and making choices about where to access substance use or mental health services:

> *And you're not thinking clearly either because, well my mental health was destroyed. So it's like, which is killing me quicker? Do you know what I mean? It is the mental health aspect of your mind is absolutely tortured? Or is it the drugs that are affecting your mental health?… What took me so long was because my mental health was so bad and you're telling me to*

stop using some drugs when the drugs are the one thing… It might not be a healthy coping mechanism, but it's the only one that I've got. And you're telling me to stop that. You're telling me that you're going to need to stop using drugs in order to access services. But my mind is tortured by the abuse… it's a difficult one. (Woman 8).

Many of the women had significant and extreme experiences of violence, including; abuse and trauma; physical, health-related; and sexual and emotional violence. Women clearly connected their childhood and adult experiences of trauma to their substance use and related issues and experiences, often without having experienced specific interventions or supports to explore this.

It was terrible. Even when the youngest, was born, we came out in the hospital, he (partner) knocked over the Moses basket, the newborn child in it, and then picked up (child), grabbed me, he locked us into the bedroom for three days when we went out of the hospital, told (other children), "Oh, they're really sick. They can't come out."… It was hard, but I kept taking him back for years. It's all I knew. I was afraid to not be there without him, terrified by it. And the poor kids used to be balling going, "Please don't even come home. Please don't even come home." And I'd say, "It's your father. He's after changing. He's not going to do that again. He's sorry," and sure, he didn't even care about his own kids. Did not care. Would have no problem hitting them. Anyone around him. (Woman 2)

Engagement with support and interventions

There were three subthemes in relation to engagement with supports and interventions; turning points and initial contact with services; pathways through services, and policy and practice change.

Turning points and initial contact with services

There were three circumstances that precipitated women into seeking support: involvement in the criminal justice system; the needs of their children; and personal health issues. For some women, coming into contact with the criminal justice system, being arrested or receiving a conviction precipitated them into seeking help:

I remember the day when the guards did come and… I thought, "I can't keep this." And I was glad it happened because I was tired of going around, I was skin and bone and I was just drained going out and just the age. For months, I was always like, "I'd love my family back, my mam, my dad, my brothers and sisters." That's all I ever wanted. And going in then and going for the help to the drug counsellor, always was going looking for them, every week. I'd always show up because it was just like that light bulb went on and the penny dropped and just thought, "I can't keep doing this." (Woman 12)

There were a variety of issues in relation to children that also had the potential to trigger positive change, including children being temporarily or permanently taken into care; pregnancy; a new baby; or advancing needs of children. As one woman explained when her children were removed into care following an incident the previous evening related to her substance use:

Well I nearly died. I woke up the next day, screamed out at the kids, bawling, crying. I couldn't even say anything to them, I was just standing there bawling. (Woman 2)

Health concerns were a third possible circumstance that triggered a desire to seek support and change. These could be a new health issue or implications of chronic issues that were associated with or implicated by ongoing substance use. A number of women spoke about their first contact when they were seeking help or support and how important the response of the practitioner could be:

When someone just keeps giving out to you and you know you're wrong. You don't have to keep being told you're wrong. I know I'm wrong, you don't have to keep going on about it. Whereas (name of practitioner) was like okay. And even when I told her that I was on coke and stuff, she's like, "We understand that women in those situations, they don't just sit there." And I was like okay, actually it's nice for someone to understand it from my point for a change. And I think when you have someone that understands where you're coming from, it does make it a lot easier. (Woman 1)

Pathways through services

Barriers to accessing services were identified as requirements in regard to substance use status, childcare, geographical location, mixed gender nature of the service, as well as the treatment or intervention approach. One woman highlighted the silo nature of supports and that she was always being told that she must seek support 'somewhere else' for some aspect of her experience:

I said, "Where do I turn for help?" And she's like, "Not here." That was when I started going, "Can somebody give me the directions to somewhere else?" Or what was the other thing I used to get somewhere else here. Or there's people over there. Or I don't know. There's a term I heard a lot, and I was like, "Can you tell me how to get to this somewhere else place? Do I go down the road and do I turn left and then take a right?"… I literally was like, "Where is this somewhere else? Can you send me a pin to it on Google? Can you Google pin me this somewhere else place, please." (Woman 9)

While residential treatment where women could bring pre-school children was welcomed by the women who had accessed this, although one woman highlighted the challenges in parenting and supervising her child while also engaging in the recovery processes. However, the importance and value of keeping children with them was highlighted by the women with children of this age, with a number stating they have had more successful previous treatment outcomes if this had been available to them previously. For the women who had accessed a domestic violence service that supported women with substance use issues, this was felt to have been essential in their recovery. One woman highlighted how important it was that the service kept ensuring her safety and kept supporting her, regardless of her current substance use:

There was no talking to me but I'd still come in because everybody still welcomed you… I used to just make mockery of a place like this (the service)… but they never said 'go away, you're not doing that and we're asking you to go away', they never once said that. They were always there… even when I rang the day when I found out I was pregnant, nobody said, here's your one again. They probably did in their own heads but they never made me feel bad. (Woman 11)

Policy and practice change

A number of the women spoke about what they felt needed to change within the system, and their reflections centred more on difficulties and challenges when they were seeking help and support. However, it must be noted that many of the women highlighted missed opportunities for interventions when they were children or young adults and clearly vulnerable and subject to abuse or exploitation. One of the key points was in regard to service response and both safety and importance of services responding to everything women may disclose or talk about:

So women need safe spaces, people need safe spaces to talk about their experiences… when I disclosed that in the addiction services I was in, I wasn't referred anywhere… I want to say this, that I really wish services, that addiction services, would allow and welcome women to speak about their experiences of selling sex. That's very important. Ask the question, have you ever sold sex for drugs? Have you ever sold sex for a roof over your head? Why are we not asking that question? (Woman 4)

The amount of time that it may take women to unravel the effects of what has happened to them was also highlighted. Many women presented repeatedly to services at various stages of their life, and were often engaged concurrently in criminal justice, court, and child protection and welfare systems. In many instances, having one highly supportive practitioner or agency was key in helping them successfully achieve positive change, especially where there were child protection and welfare issues:

> *So when my old social worker, when all this stuff happened like oh my god, I used to dread the phone ringing… I'd literally look at the phone and leave it ringing. Then I text her what you want?… So then we got transferred down here and our new social worker… But the one down here, she's so nice, she's so fair. She doesn't hide what she has to say. And if she has a problem she will come and she'll look you straight in the face and she won't beat around the bush. She'll tell you how it is. And what I really like about her is when she comes to see me, I don't feel like I'm speaking to a social worker. (Woman 1)*

Time and resources, as well as an understanding of the complexities of what women had experienced, was highlighted by women. This was summed up by one woman:

> *I mean, I just think that care plans, this idea of care plan for any service that a woman is involved in, they're not long enough. They're not long enough. Recovering from substance misuse, addiction, whatever you want to call it, recovering from all those intersectionalities, domestic violence, sexual abuse, rape, prostitution. You can't fix that in six months. Any transitional house, I know that's it's six months and you're out. That's not enough. It's not enough. If there's anything that I could say to critique the systems that are put into support women, I'd say it's not enough. It's not long enough. (Woman 4)*

Discussion and implications

The women who participated in this study used a range of substances, depending on the effect of the substance, availability, process of initiation into use, and reaction to other challenges and life events. Misuse of medication was a common experience, often in response to traumatic experiences. Benzodiazepines and pregabalin were the two medications that women reported as causing the most harm, which reflects findings from Lynn (2022) in regard to women's drug related deaths where anti-depressants, benzodiazepines and opioid painkillers were the primary three drugs responsibility for poisoning deaths in women. For many of the women, there was parental substance misuse, and experiences of neglect or abuse within their own childhood, the impact of which has been explored more widely in the literature on childhood adversity (Osofsky et al., 2021; Morton et al., 2022). The women in this study made clear connections with childhood trauma and abuse, and later use of substances.

It is important to note that for some of the women, immediate and wider family members and networks were a source of support, with involvement in temporary and longer standing care arrangements for children, support to access treatment, and ongoing support to ensure positive change in women's lives (Giacomello, 2022). Domestic and gender-based violence was experienced by all the participants at various life stages and this was found to impact negatively on their experiences of pregnancy, motherhood, access to supports and substance use trajectories. Women reported longstanding and severe experiences of domestic violence, including coercive control, sexual violence and financial abuse. They explained in detail the intersection of their substance use with these experiences of violence and abuse, which reflects existing literature on the interlinked nature of domestic violence and substance use (Banka et al., 2022; Galvani, 2004). Of note within this study, was nearly a universal experience for women to be initiated or groomed into substance use and an intimate relationship by an older male when they were in their teens or early adulthood. The resulting intimate relationship was often abusive or involved sexual or other forms of exploitation. This illustrates an ongoing lack of acknowledgment within substance use and related services of the fundamental impact and role of differing forms of gendered violence and abuse as a trigger to problematic substance use (Giacomello, 2022).

This study found there were two main factors influencing positive change processes for women; the needs of children for those who were mothers; and involvement with any aspect of the criminal justice system. This was despite the fact these were often negative life events. All of the women who were mothers discussed in detail the difficulties, guilt and shame they experienced in relation to their responsibilities to their children, as well as the importance of their connection and relationship/s with their child/children. This was the case regardless of whether they had been able to regain care of their children. Within the context of existing literature on the importance of child and family supports for women, and the risks in relation to removal of care of children from mothers (Giacomello, 2022; Russell et al., 2022 this finding reinforces the importance of not only supporting mothers effectively who are using substances,

but also the opportunity to intervene and enhance intrinsic motivation for positive change. Where women had experienced positive change, supportive practitioners that prioritised women's safety and sought to build trust (Morton & O'Reilly, 2019) regardless of the challenging nature of the situation, were highlighted repeatedly as key to starting a recovery process.

The need for female only services, for treatment options that supported motherhood and interventions that recognised the wide range of women's experiences of exploitation, trauma and abuse were strongly highlighted. This must be contextualized though in existing research that suggests women only substance use treatment has challenges and benefits (Neale et al., 2018), and that gender transformative and trauma-informed interventions need to be explored and evaluated (EMCDDA, 2022; Schamp et al. 2022). As highlighted by Mutatayi et al., (2022) robust gender transformative policy and practice are challenging to structure and to deliver and we remain at the early stages of this type of innovation.

Policy and intervention implications

The findings from this study raise a number of implications for policymakers and service providers, including for those who develop and commission services:

1. Women's substance use needs to be viewed through the lens of potentially multiple experiences of abuse, trauma and exploitation, rather than as a singular trajectory of problematic use and this should be reflected in service responses given that gender-based violence was a consistent factor in women's lives. An effective response requires an integration of expertise and ongoing support to develop and maintain realistic and appropriate coping strategies. Such services should be available in rural and other underserved areas. Collaboration among all service providers in particular community partner organisations should be encouraged and there should be a focus on family supports where appropriate.

2. The exploitation, abuse and need for safety for women seeking support needs to be recognised and responded to by statutory and voluntary service providers, with safety prioritised for all women accessing supports. This may include female-specific services and interventions, as well as safety planning, risk assessment, exploration with women about the current risks in their lives and clear policy and operational guidelines for mixed-gender interventions. Achieving emotional and physical safety and improved wellbeing are key outcomes. Trauma informed approaches can help women address the root causes of their substance use and help them to develop coping strategies appropriate to the individual needs of the woman. Such care should be compassionate, effective and holistic.

3. There should be ongoing attention to prescribing, availability, misuse and overdose risk of medication, particularly benzodiazepines and pregabalin, both of which were highlighted by women in this study as high risk for dependency and for overdose which correlates with emerging evidence in relation to drug related poisoning deaths (Lynn et al., 2021).

4. Policy and intervention approaches should consider how to strengthen opportunities for positive change for women engaging in statutory systems and other services, particularly where there is an initial episode of criminal justice or child protection and welfare involvement.

References

Arpa, S. (2017). Women who use drugs: Issues, needs, responses, challenges and implications for policy and practice. *Background paper commissioned by the European Monitoring Centre for Drugs and Drug Addiction for Health and social responses to drug problems: A European guide.*

Bäcklin, E. (2022) Me too! A case study of gendered victimization and feminist development in a Swedish peer support organization for people with experiences of criminalization and substance abuse.Front. Psychiatry 13:937228.doi: 10.3389/fpsyt.2022.937228

Banka, S. P., Cafferkey, S. L., McDonagh, D. & Walsh, R. & Comiskey, C. (2022) 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. Trinity College Dublin: Dublin, Ireland.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77– 101. https://doi-org.ucd.idm.oclc.org/10.1191/1478088706qp063oa

Comiskey, C. (2020). Reducing Harm, Supporting Recovery: a partnership and evidence-informed approach to developing the new Irish health led, National Drug Strategy. *Harm reduction journal*, *17*, 1-8.

Carastathis, A. (2019). Intersectionality: Origins, contestations, horizons. University of Nebraska Press. https://doi.org/10.2307/j.ctt1fzhfz8

Comiskey, C. M. (2020). *Addiction debates: Hot topics from policy to practice*. London: SAGE Publications.

Comiskey, C. M., O'Sullivan, K. & Cronly, J. (2006). *Hazardous journeys to better places; Positive outcomes and negative risks associated with the care pathway before, during and after an admittance to the Dochas Centre, Mountjoy Prison, Dublin, Ireland*. Dublin: Health Service Executive.

Corrigan, D and O'Gorman, A. (2007) Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Users). Dublin: Health Service Executive.

Cox, G., Kelly, P. and Comiskey, C. (2008). *ROSIE findings 5: Gender similarities and differences in outcomes at 1-year*. Dublin: National Advisory Committee on Drugs.

Department of Health (2017) Reducing Harm, Supporting Recovery- A health led response to drug and alcohol use in Ireland 2017-2025. Ireland: Stationery Office. Retrieved from http://health.gov.ie/wp-content/uploads/2017/ 07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf.

Dorman, A., Keenan, E., Schuttler, C., Merry, J. and O'Connor, J. J. (1997). 'HIV risk behaviour in Irish intravenous drug users'. Irish Journal of Medical Science, 166, 235-238. http://hrb.imaxan.ie/attached/358-0299.pdf.

European Monitoring Centre for Drugs and Drug Addiction (2022), *Women and drugs: health and social responses*. Women and drugs: health and social responses | www.emcdda.europa.eu.

European Monitoring Centre for Drugs and Drug Addiction (2019), European Drug Report 2019: Trends and Developments, Publications Office of the European Union, Luxembourg.

Fagan, J., Naughton, L. and Smyth, B. (2008). Opiate-dependent adolescents in Ireland: A descriptive study at treatment entry. *Irish Journal of Psychiatric Medicine,* 25, 46-51.

Farrell, E. (2001). 'Women, children & drug use'. In Moran, R., Dillion, L., O'Brien, M., Mayock, P., Farrell, E. and Pike, B. (Eds) A collection of papers on drug issues in Ireland. Dublin: Drug Misuse Research Division, The Health Research Board.

Galvani, S. (2004). Responsible disinhibition: Alcohol, men and violence to women. *Addiction Research & Theory*, *12*(4), 357-371.

Giacomello, C., (2022) Children whose parents use drugs: Promising practices and recommendations. Council of Europe: Strasbourg. 1680a602ae (coe.int)

Hannon, F., Kelleher, C. and Friel, S. (2000). *General healthcare study of the Irish prison population.* Dublin: The Stationery Office.

Harwin, J. and Barlow, C. (2022) The co-occurrence of substance misuse,domestic abuse, and child maltreatment: Can Family Drug and Alcohol Courts play a part?. Front. Psychiatry 13:989813.doi: 10.3389/fpsyt.2022.989813

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2017) *Focal Point Ireland: national report for 2016 – drugs.* Dublin: Health Research Board.

Kellerher, C., Condron, I. & Lyons, S., (2022) *2015-2017 Drug Treatment Data.* Health Research Board: Dublin, Ireland.

IPRT (2023) Facts and Figures. Retrieved 10th February 2023, from https://www.iprt.ie/prison-facts-2/.

Irish Penal Reform Trust (2013). *Women in the Criminal Justice System: Towards a non-custodial approach.* Dublin: Irish Penal Reform Trust.

Ivers, J. H., Giulini, M. F., & Paul, G. (2021). Supporting women to access appropriate treatment (SWAAT) study. Trinity College Dublin: Dublin, Ireland.

Lynn, E., Cousins, G., Lyons, S., & Bennett, K. E. (2021). Trends in drug poisoning deaths, by sex, in ireland: A repeated cross-sectional study from 2004 to 2017. BMJ Open, 11(9), e048000-e048000. https://doi.org/10.1136/bmjopen-2020-048000

Mayock, P. and Sheridan, S. (2010), 'Homeless women and incarceration: Preliminary findings from a biographical ethnography of homeless women in Ireland', presented at the ACJRD 13th Annual Conference 2010, Women in the Criminal Justice System Justice System, 15 October 2010, pp.40-42, at p. 42 available at http://www.acjrd.ie/files/Women_in_the_Criminal_Justice_System%282010%29.pdf 38

McHugh, R. (2013), Tracking the needs and service provision for women ex-prisoners, ACJRD, Dublin.

Mongan D., Millar, S. R and Galvin, B. (2021) The 2019-20 Irish National Drug and Alcohol Survey: Main Findings. Dublin: Health Research Board.

Moran, R. (1999). The availability, use and evaluation of the provision of creche facilities in association with drug treatment. Dublin: The Health Research Board.

Morton S, Curran M and Barry O'Gorman M (2022) Adverse Childhood Experiences, Domestic Violence and Substance Misuse: An Action Research Study on Routine Enquiry and Practice Responses. Frontiers Psychiatry 13:892849. doi: 10.3389/fpsyt.2022.892849

Morton, S., Devaney, E., O'Connor, K & McKeown, P. (2020) Gender and Irish Drug Policy: Report submitted to the working group as part of the 'Implementing a gender approach in different drug policy areas: from prevention, care and treatment service to law enforcement' project. University College Dublin; Dublin Ireland.

Morton, S., Gallagher, B. and McLoughlin, E (2023) 'You Can't Fix this in Six Months: Exploring the Intersectionality of Women's Substance Use in the Irish Context. University College Dublin and Merchants Quay Ireland; Dublin Ireland.

Morton, S., MacDonald, S. & Christophers, L (2020). Responding to Women with Complex Needs Who Use Substances: A Briefing Paper. University College Dublin: Dublin, Ireland.

Morton, S., O'Gorman, M. B., Curran, M., Bell, B., Dundon, L., Killoran, M., Mullane, G., & Ward, E. (2021). Adverse childhood experiences (ACEs) routine enquiry as a way of working with women's trauma: Narratives of practitioner and organisational change. Reflections: Narratives of Professional Helping, 27(2), 46-62.

Morton, S., & O'Reilly, L. (2019). Challenges, relationship and outcomes in low-threshold drug services. Drugs and Alcohol Today, 19(2), 113-122.

Murphy-Lawless, J. (2002). *Fighting back: Women and the impact of drug abuse on families and communities*. Dublin: The Liffey Press.

Mutatayi, C., Morton, S., Robles Soto, N., Pálsdóttir, K & Vale Pires, C. (2022) Implementing a Gender Approach in Drug Policies: Prevention, Treatment and Criminal Justice A handbook for practitioners and decision makers. Council of Europe: Strasbourg. 1680a66835 (coe.int)

Neale, J., Tompkins, C. N., Marshall, A. D., Treloar, C., & Strang, J. (2018). Do women with complex alcohol and other drug use histories want women-only residential treatment?. *Addiction*, *113*(6), 989-997.

O'Brien Green, S. & Morton, S. (2021) Listening to less-heard voices: Methodological approaches, considerations and challenges when researching domestic violence and abuse with vulnerable and marginalised women. In Devaney, J., Bradbury-Jones, C., Macy, R., Øverlien, C. and Holt, S. (Eds) *The Routledge Handbook of Domestic Violence and Abuse*. London, Routledge.

O'Neill, M. and O'Connor, A. M. (1999). Drug using women working in prostitution: Outreach work with a 'hard to reach group'. Dublin: Eastern Health Board.

O'Reilly, L., & Mac Cionnaith, C. (2019). Crack cocaine use in Ballymun: An evidence base for interventions. Dublin: Ballymun Youth Action Project.

Osofsky, J. D., Osofsky, H. J., Frazer, A. L., Fields-Olivieri, M. A., Many, M., Selby, M., Holman, S., & Conrad, E. (2021). The importance of adverse childhood experiences during the perinatal period. The American Psychologist, 76 (2), 350-363. https://doi.org/10.1037/amp0000770

Petzold, J., Rehmet, L., Weber, B., Spreer, M., Krüger ,M., Zimmermann, U.S. and Pilhatsch, M. (2022) Housing Correlates in Pregnant and Parenting Women Using Methamphetamine and Accessing Psychiatric Care. Front. Psychiatry 13:890635.doi: 10.3389/fpsyt.2022.890635

Russell, L., Gajwani, R., Turner, F. and Minnis, H. (2022) Gender, Addiction, and Removal of Children Into Care. Front. Psychiatry 13:887660.doi: 10.3389/fpsyt.2022.887660

Rooney, L. (2021). Substance misuse and supervision: An examination of drug and alcohol misuse among probation service clients. *Irish Probation*, 137.

Schamp, J., Vanderplasschen, W. and Meulewaeter, F. (2022) Treatment providers' perspectives on a gender-responsive approach in alcohol and drug treatment for women in Belgium. Front. Psychiatry 13:941384.doi: 10.3389/fpsyt.2022.941384

Stevens, S. J., Andrade, R. A. C., & Ruiz, B. S. (2009). Women and substance abuse: Gender, age, and cultural considerations. Journal of Ethnicity in Substance Abuse, 8(3), 341-358. https://doi.org/10.1080/15332640903110542

Thomas, N., & Menih, H. (2022). Negotiating multiple stigmas: Substance use in the lives of women experiencing homelessness. International Journal of Mental Health and Addiction, 20(5), 2973-2992. https://doi.org/10.1007/s11469-021-00560-9

UNODC (2018). *World Drug Report 2018 – Women and drugs. Drug use, drug supply and their consequences*. Vienna: United Nations Office on Drugs and Crime.

UNODC (2020). *World Drug Report 2020 – Socioeconomic characteristics and drug use disorders*. Vienna: United Nations Office on Drugs and Crime.

Vu, M., Li, J., Haardörfer, R., Windle, M., & Berg, C. J. (2019). Mental health and substance use among women and men at the intersections of identities and experiences of discrimination: Insights from the intersectionality framework. BMC Public Health, 19(1), 108-108. https://doi.org/10.1186/s12889-019-6430-0

Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. (2021). Substance use in pregnancy: Identifying stigma and improving care. Substance Abuse and Rehabilitation, 12, 105-121. https://doi.org/10.2147/SAR.S319180

Wincup, E. (2019). Women as vulnerable subjects: A gendered reading of the English and Irish drug strategies. *Addictive Behaviors*, *98*, 105995.

Women's Health Council. (2009) Women & substance misuse in Ireland: overview. Dublin: Women's Health Council.

Woods, M. (1994). 'Drug using parents and their children: The experience of a voluntary/ non-statutory project'. Irish Social Worker, 12, 10.