

# Enacting Gender Transformative Responses To Women's Substance Use in Ireland

A Discussion Brief

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This discussion brief recognises the significant work undertaken by practitioners, peer workers, organisations and researchers across Ireland to respond to the needs of women who use substances, particularly in recent years. We want to thank all of the practitioners and partner organisations who contributed to this briefing paper with comments, critiques and suggestions. Most importantly, we wish to thank the women from the Brook Recovery Hub Women's Safe Space and the Connections Group, who reminded us how important gender transformative spaces are for them in their daily lives.

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# Introduction

Over the past decade there has been a greater focus on the needs of women who are using substances problematically, with consideration within the policy, research and intervention fields, both in Ireland and internationally (Mutatayi et al., 2022; Morton et al., 2020).

This has included an analysis of gender and Irish drug policy (Morton et al., 2020; Windle & Cronin, 2025), involvement in international projects and publications such as the Pompidou Group Gender and Drug Policies Handbook, (Mutatayi et al., 2025) and showcasing of good practice and innovation in relation to women's pathways into treatment, innovation in intervention, complexity and intersectionality, and trauma and domestic violence (Giacomello, 2022; Mutatayi et al., 2022). The recently published draft new National Drug Strategy includes gender mainstreaming as a core principle in terms of responses and interventions, as well as a key action to address intersectionality issues for women including domestic violence (Department of Health, 2026).

Important gender differences in both patterns of substance use and access to treatment have been highlighted and debated (Greene et al., 2023; Grella & Lovinger, 2011). Historically, substance use has been described as more prevalent among men than women, particularly alcohol and illegal substance use (Thibaut & Jhanwar, 2020).

Recently an array of Irish literature has illustrated gender distinctions with respect to substance use trajectories arguing a clear

connection between childhood trauma, domestic violence, abuse, parental drug use, poverty and bereavement/loss and later substance use initiation pathways (Morton et al., 2023; Ivers et al., 2021) as well as participative methodologies to explore women's experiences (McCullough et al., 2025) and the importance of culturally appropriate responses (Comiskey & O'Neill, 2026). This paper emanates from discussion between community based organisations and service providers about how to proceed in developing and enacting gender transformative responses in the context of community interventions and practices.

The intention was to provide a theoretical basis for a gender transformative approach, together with a practical summary of the recommendations published to date on responding effectively to women using substances in Ireland. We summarise and categorise the key recommendations with a view to providing guidance to services, practitioners, funders and policy makers in regard to women and substance use responses. Additionally, this is undertaken from the position of exploring and clarifying the attributes of any responses that may ensure a transformative impact.

<sup>1</sup>The organisations involved included Ballyfermot Star, Donnycarney Youth Project, Brook Recovery Hub, HSE Social Inclusion and the UCD Community Drugs Programme.

# Search strategy and analysis

A literature search was undertaken to identify relevant studies in the Irish context, adopting a structured search to identify relevant literature on the needs and responses to women who use substances in Ireland, and including trauma, homelessness, and access to services.

The review was guided by the SPiDER framework (Sample, Phenomenon of Interest, Design, Evaluation, Research type), which is well suited to qualitative and mixed methods research examining experiences and service engagement (Cooke et al., 2012).

The sample was defined as women aged 18 and over experiencing intersecting vulnerabilities, while the phenomenon of interest centered on barriers and facilitators to accessing support services. Inclusion criteria were established to ensure relevance and rigor, limiting studies to those published between 2020 and 2026 and prioritising qualitative, mixed methods, observational, and grey literature, while excluding randomized controlled trials to maintain a focus on lived experience and practice based insights.

The literature search was conducted iteratively across multiple academic databases, including UCD OneSearch, UCD Repository, PubMed, EBSCO, and Google Scholar, supplemented by targeted searches of organisational and policy sources such as NGO reports and European frameworks.

Search terms were developed through an initial familiarisation phase and thematic

categorisation of the topic and were combined using Boolean operators. Key terms included "women and substance use," "intersectionality," "domestic violence," and "barriers to service access," alongside related concepts such as trauma, stigma, and motherhood.

References were managed using Zotero and systematically charted in a structured data extraction table capturing bibliographic details, abstracts, and analytical notes. A colour coded system was used to assess relevance and support critical reflection throughout the screening process. Following staged screening against predefined criteria, a total of 21 academic sources and 10 grey literature documents were included.

The final synthesis prioritised literature that illuminated intersectional experiences and structural barriers, with particular emphasis on trauma informed and gender responsive approaches to service delivery.

Hand searches were also completed for academic and grey literature. Nine publications were selected, all of which met the following criteria:

- The study was completed in Ireland.
- The study focuses on the needs and/or experiences of women who were using substances.
- The study included empirical based recommendations for the Irish context.

The remaining literature informed the broader context of this report. All of the selected research reports included recommendations, which were analysed thematically for this discussion paper (Clark & Braun, 2017) with four thematic areas identified; intervention; training; community; and policy.



# Concepts of gender and trauma

In regard to substance use treatment and intervention, there has been some focus on patterns of substance use treatment seeking, treatment access and retention in treatment by men and women.

Gender unequal, gender blind and gender neutral approaches are said to disregard gendered dynamics of substance use and lack consideration of women's substance use trajectories, and the challenges that women face, with respect to opportunities to seek and access treatment and argue that such approaches risk reinforcing inequities and leads to unequal treatment outcomes (Schamp et al., 2025). It has been argued that gender neutral treatment approaches overlook the distinct needs of women (Kandall, 1996). Within the wider landscape, and certainly within the drug and alcohol intervention sector, terms to describe gender specific, gender sensitive and gender transformative approaches to substance use treatment are at times used interchangeably, or without attention to definitions and boundaries.

Broadly speaking, gender sensitive approaches consider the influence of gender norms but do not address resulting inequalities. Gender specific interventions tailor treatment to the specific needs of women, they often remain within existing power structures (Schamp et al., 2025). One of the central debates in gender responsive addiction treatment concerns whether services should be delivered in women only or mixed gender settings as women only services have been envisioned to propose safe places for

women for sharing their experiences (Pederson et al., 2015).

Central to responses is the concept of gender transformative responses and interventions (Greaves et al., 2014) which can be defined as those that not only seek to meet women's needs, but that also seek to transform the structural inequalities that impact on both her life and any attempts to address the harms in her life (Hillenbrand et al., 2015). A gender transformative approach has been identified as key, following on from earlier moves to gender specific and gender sensitive responses, though these can of course be elements of an overarchingly transformative goal.

The concept of gender transformative approaches and interventions is drawn from wider debates on gender inequality, and terminology emerged initially from the field of health and economic policy (Pederson et al. 2015). Awareness of gender differences in substance use trajectories, treatment and recovery processes has allowed for the development of specialized services for women, particularly those who were pregnant or parenting (Grella, 2008; Pederson et al., 2015). An additional aspect is the role of trauma within women's experiences and trajectories, particularly gender based experiences such as domestic and sexual violence.

The terms trauma informed, and trauma sensitive care are also often used interchangeably or with limited attention to ideology, practices and evaluative processes. Trauma sensitive care

refers to a holistic approach that prioritises understanding, empathy, and safety, making it essential for effectively supporting individuals who have experienced trauma (Negrão et al., 2024) while trauma informed care is a conceptual framework and a clinical practice (Classen & Clarke, 2017) that promotes health equity in patient care, organisations and communities (Kimberg & Wheeler, 2019).

In some of the literature, trauma sensitive care has a greater transformational aspect that extends to families, organisations and practitioners, as well as integration of different relevant fields including health and education (Negrão et al., 2024), though it perhaps remains incumbent on those developing interventions to clearly define the scope and expectations of any response that recognises the impact of trauma.

Key components have been identified; staff training and development; minimization of secondary traumatisation; use of evidence based supports; integration of service delivery; and a safe environment (Hanson & Lang, 2016; Morton et al., 2022; Negrão et al., 2024).



# A gender transformative approach

Given the inclusion of a gender mainstreaming principle within the new National Drug Strategy, as well as the consistent findings and recommendations across a breadth of studies on women and substance use within Ireland since 2020, consideration needs to be given as to how best to proceed to ensure women's needs are met.

The overview of recommendations within just a sample of studies completed within the Irish context illustrate both a level of detail on requirements, and also a broad degree of consistency across studies. Whereas a decade ago we may have been able to argue that we didn't understand the complexity, experiences or nuances of women's experiences in regard to substance use initiation, trajectory, harms or recovery, that is no longer the case. In addition, some excellent models of practice for intervention exist (Giamacello, 2022; Mutatayi et al., 2022), and new service delivery innovations and responses continue to be developed. A question remains about how we consistently enact existing and emerging recommendations in a manner that will provide comprehensive and consistent gender transformative responses and interventions.

Considering the basic tenants of gender transformation could be key. De Vries and van Den Brink (2016) propose a bifocal model of gender transformative intervention that may be useful in both assessing current responses, and planning for future development. The bifocal approach for gender transformative action uses four principles on which to commence actions

or responses (De Vries & van Den Brink, 2016: 444-445):

1. Dispense with idealistic views of what is required or could be designed.
2. Work with what is already there, particularly if this is already informed by local gendered knowledges.
3. Build towards change and maintain some form of momentum.
4. Focus on both personal change for individuals as well as wider structural change.

De Vries and van Den Brink (2016) argue that a focus on the individual, the 'small wins' has the capacity to create a ripple effect that influences and links to wider structural change, as long as structural change is within the vision. Key is changing everyday practices so at the very least, practitioners and organisations stop reproducing gender inequality in their routine interventions (de Vries & van Den Brink, 2016; Benschop et al., 2012) and create the conditions for personal agency.

Key themes from the existing research consistently include the importance of creating emotional and practical safety and building trust (Morton et al., 2023; O'Reilly et al., 2024; Schamp et al., 2022) so we could arguably include this as a fifth principle in regard to gender transformative responses to women's substance use that also aligns with trauma transformative care; that prioritising safety (emotional and practical) and trust are core priorities in any intervention.

# What would the bifocal approach look like in practice?

To progress a robust system of responses for women who are experiencing harm from their substance use, it could be argued that we need three elements; a coherent theoretical approach; an understanding of what women need; and an overarching policy framework.

We pertain that an overarching policy framework is imminent with the new NDS (Department of Health, 2026), and that we have some consistent evidence on what women need. The bifocal approach to gender transformative intervention can provide the third requirement; a theoretical approach, in this case, one that urges us towards immediate action, to work with what is available and to seek the 'small wins' in the lives of the women seeking or needing support (De Vries and van Den Brink, 2016).

This gender transformative approach is also ideologically aligned with research studies completed to date, being either inclusive or accommodating to a human rights, feminist and harm reduction approaches. Analysis of the recommendations from the studies within this briefing indicate considerable consistency, with clear points of possible action within the domains of intervention, training, community activism and policy.

Finally, like its European counterpart (European Commission, 2025), the new draft National Drug Strategy (Department of Health, 2026) takes a gender mainstreaming and additionally, a health equity approach..

A health equity recognises the intersecting forms of disadvantage that impact individuals and groups, and seeks to address these in health responses, planning and delivery in order to maximise health outcomes, with gender viewed as a recognised social determinant of health inequity (Sen & Ostlin, 2010). The diagram overleaf shows how the bifocal approach principles could be utilised to build gender transformative interventions and responses for women using substances.

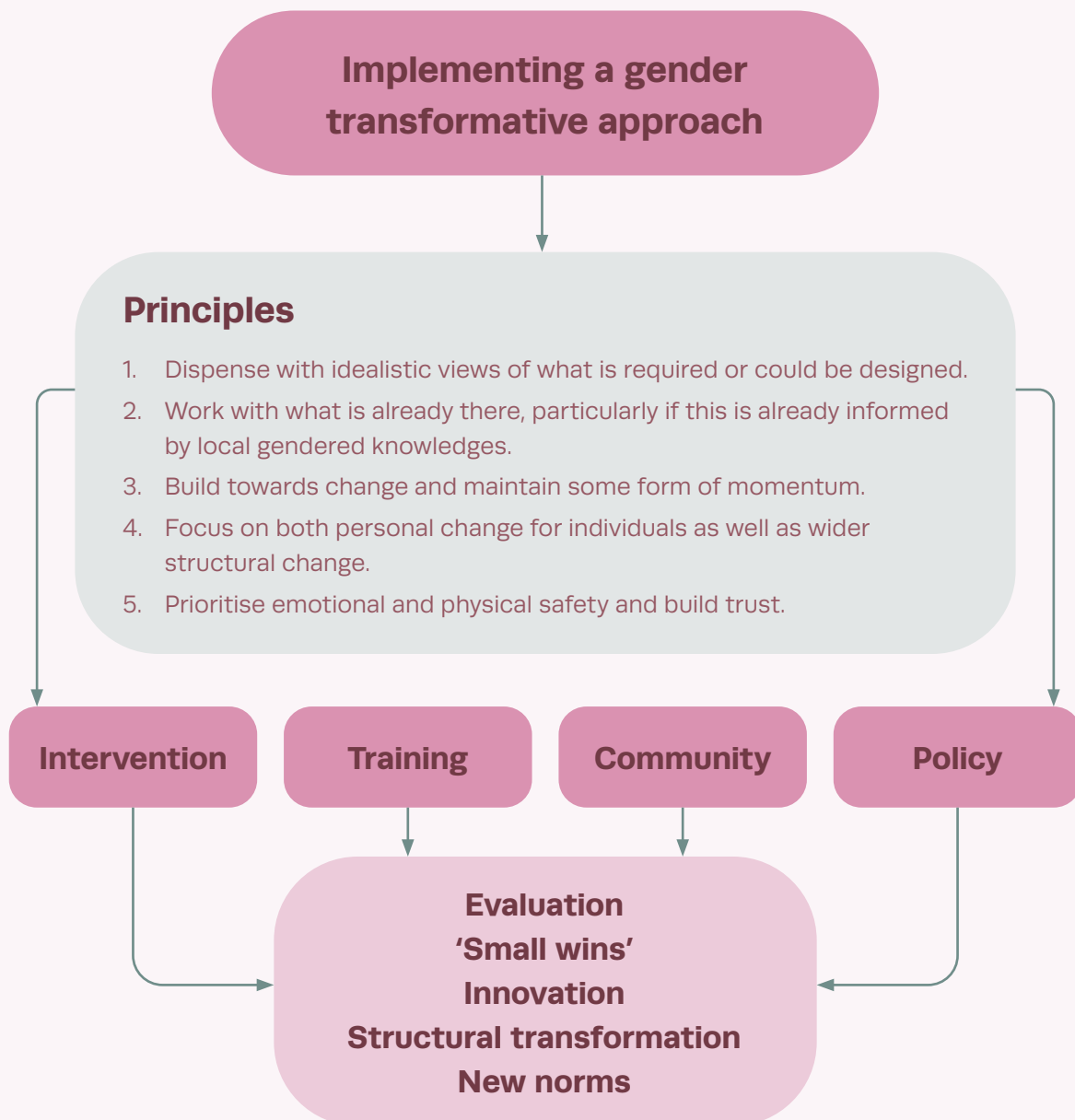


Figure 1: Implementing a gender transformative response (derived from de Vries and van Den Brink, 2016).

The issue of resourcing is key, and dualistic in nature; initiating, developing and delivering gender transformative interventions requires adequate multi year funding as outlined in the NDS; however as De Vries and van Den Brink (2016) point out, action can be immediate and other innovators have changed and developed practices with little or no resourcing (Morton et al., 2015).

This is most relevant for existing services, where no more than there can be a focus on 'small wins', there can also be a focus on 'small changes' that start a process where full and appropriate resources follow.

# What do Irish studies on women and substance use recommend?

## OVERVIEW OF THE RESEARCH STUDIES

Nine studies met the inclusion criteria . They were undertaken within a six year range from 2020 to 2026 across a selection of sites, including within specific communities or geographical areas (Ivers et al., 2021; Morton et al., 2020) with specific drug using populations and within specific communities (O'Reilly et al., 2019; O'Reilly et al., 2024; Woods & Kearney, 2026), within specific organisations (Kennedy et al., 2024; Windle & Cronin, 2026), across a range of services and geographical areas in Ireland (Morton et al., 2023) and at a national population level (Banka et al., 2022). All of the studies drew on international literature and used a variety of theoretical groundings and concepts including feminist theory, harm reduction and human rights.

One study had a quantitative study design combined with a defined rapid review (Banka et al., 2022), while the remainder took qualitative approaches. Of the eight qualitative studies, two focused on women who had experienced substance use within the sample (O'Reilly et al., 2024; Windle & Cronin, 2026), one focused on practitioners supporting women (Morton et al., 2020), and the remaining five included both women and practitioners within the sample. Two of the studies (Morton et al., 2023; Woods & Kearney, 2026) also considered the broader context of intersectional issues, and in the

case of Woods & Kearney, (2026), women's involvement in the drugs economy, a particularly complex and important consideration.

## RECOMMENDATIONS: INTERVENTION

The largest range of recommendations fall within the domain of interventions and cover a multitude of aspects, from the integration of services through to service user involvement. There are a number of recommendations across the body of literature that focus on specificity of treatment and intervention including; the prioritisation of safety for women including safety planning, risk assessment and systems that create the possibility of physical and emotional safety (Morton et al., 2023; Windle & Cronin, 2026; Woods & Kearney, 2026); the need for gender specific services, as well as safety orientated policy and operational guidelines for mixed gender interventions (Morton et al., 2023); multi level approaches to addressing stigma (O'Reilly et al., 2024; Windle & Cronin, 2026) for women, particularly in relation to motherhood; and integration of screening and supports in regard to sexual and reproductive health (Banka et al., 2022).

Domestic violence as a risk factor has been identified across numerous studies, with recommendations for domestic violence screening (Banka et al., 2022), specific service

<sup>2</sup>See Appendix for table of studies.

provision for women experiencing domestic violence and substance use (Kennedy et al., 2024) including transitional housing (Banka et al., 2022), and the need for integration and collaboration between agencies, institutions and sectors in relation to experiences of domestic and sexual violence (Banka et al., 2022; Ivers et al., 2021; Morton et al., 2023; Windle & Cronin, 2026; Woods & Kearney, 2026). In addition, Woods & Kearney, (2026) highlighted the pervasive nature of violence for women involved with the drug economy, calling for recognition of the embeddedness of crime and violence in women's lives, and the requirement for supports within wider domestic violence services, homeless and step down facilities that accept this reality.

Recognition of trauma as a key feature in women's experiences, as well trauma sensitive interventions is the most consistent recommendation (O'Reilly et al., 2024; Banka et al., 2022; Ivers et al., 2021; Windle & Cronin, 2026). Broader family based support was also called for to address intergenerational patterns and effects of trauma, domestic violence and substance use (Ivers et al., 2021; Morton et al., 2023; O'Reilly et al., 2024) and Windle & Cronin (2026) highlighted the importance of interventions and day treatment that is scheduled within school times to allow participants to maintain child care responsibilities.

The importance of both consultation with and co-creation with women with lived experience in terms of service design, piloting, evaluation and policy (Kennedy et al., 2024, & Banka et al., 2022; Woods & Kearney, 2026) are also highlighted. The need for ongoing consistent resourcing of women's recovery that is not time limited (Morton et al., 2023; Windle & Cronin, 2026) and incorporates pathways to education and training has also been recommended (Ivers et al., 2021).

The need for integration and collaboration between agencies, institutions and sectors is also highlighted particularly in relation to experiences of domestic and sexual violence (Banka et al., 2022; Ivers et al., 2021; Morton et al., 2023). Finally, a number of recommendations were made in relation to proactive out- and in-reach initiatives to connect with women with complex needs who may be deemed 'hard to reach' or experience multi layered barriers to support and treatment (O'Reilly et al., 2024; Ivers et al., 2021). Finally, it has also been recommended that interventions are piloted and evaluated (Banka et al., 2022) which would help address the dearth of literature on effectiveness for gender sensitive and gender transformative interventions.

## **RECOMMENDATIONS: TRAINING**

Several studies put forward recommendations related to training. Training recommendations identified the need for training at several levels and within different contexts including training of health and social care professionals (Ivers et al., 2021; O'Reilly & MacCionnaith, 2019) and the delivery of training within community and school settings (Banka et al. 2022; O'Reilly & MacCionnaith, 2019). Training recommendations call for not only substance use intervention specific training but also recognise the need for dual training in the complexities associated with addiction and domestic violence (Banka et al., 2022). This is consistent with research that evidences the intersection of substance use and domestic violence (Morton et al., 2023) and how the duality of these issues present to practitioners in substance use services (Kennedy et al., 2024, Morton et al, 2020).

Recommendations related to the domain of training health and social care professional specifically set out to achieve several service

delivery and practitioner related outcomes including enhanced service delivery (Ivers et al., 2021; O'Reilly & MacCionnaith, 2019); improved quality and consistency of service delivery (Ivers et al., 2021; O'Reilly & MacCionnaith, 2019); integrated competency based professional development; and improved delivery of non stigmatising empathic care for mothers in recovery (Morton et al., 2023).

Training recommendations within community and school settings targeting both educators and young people highlighted the need for the introduction of community substance use awareness and non judgmental domestic violence education (Banka et al., 2020). It is important to note that recommendations to deliver training, targeting professionals, community and school environments involve the need for ongoing assessment and auditing of training needs across these contexts (Windle & Cronin, 2026) and screening within statutory systems that women often end interacting with due to their substance use; health services, the criminal justice system and child protection and welfare services (Morton et al., 2023). In terms of prescribed medication, there have been calls to develop a policy response to women medication misuse (particularly benzodiazepines and pregabalin), one that considers prescribing practices, harms and access to illicit medication markets (Morton et al., 2023).

Given the ongoing evidence on the intersection of domestic violence and substance use for women, a number of recommendations have focussed on aspects of this issue, including incorporation of domestic violence indicators within substance use service data collection (Banka et al., 2022) as well as adoption and rollout of evidence based models that address multiple levels of women's needs and requirements (Kennedy et al., 2024; Ivers et al., 2021; O'Reilly et al., 2024).

## **RECOMMENDATIONS: COMMUNITY**

Several recommendations identified the need to raise community awareness of substance use and other related issues including trauma, mental health, and domestic violence (Morton et al., 2023; Banka et al., 2022, and Ivers et al., 2021), community intimidation and local drug markets (O'Reilly & Mac Cionnaith, 2019). Implementing community awareness initiatives aims to broaden service visibility (Ivers et al., 2021); increase public understanding of these issues; and reduces stigma and misunderstanding at community level (Kennedy et al., 2024; Windle & Cronin, 2026).

Recommendations within a community focus domain highlighted the importance of interagency work through the establishment of local working groups to respond to specific community issues (Ivers et al., 2021; O'Reilly & MacCionnaith, 2019), and enhanced relationship building with An Garda Síochána Domestic Abuse Co-ordinators and Community Gardai (Kennedy et al., 2024). These recommendations aim to enhance co-operation at local level, between and across agencies, and to strengthen service accessibility and user trust (Morton et al., 2023).

## **RECOMMENDATIONS: POLICY**

Policy related recommendations to date have tended to be broad and encapsulating a wide berth of policy related aspects of women's substance use, including a call for a policy review to consider and ensure alignment between the fields of health, drug and social services (Banka et al., 2022).

There has been a call to incorporate gender mainstreaming into the National Drug Strategy (Woods & Kearney, 2026), reinforcing the inclusion of the gender mainstreaming principle in the new draft NDS (Department of Health, 2026). Woods and Kearney (2026) raise further specific policy recommendations in relation to women and the drugs economy, calling for specific oversight of gender related actions at local, city and national levels, as well as policy recognition of the genderspecific nature of both poverty and criminalisation of women who are implicated and involved in the drugs economy.

Key in findings and recommendations of Wood et al., (2026) is the pervasive nature of coercive control that permeates the lives of women, a coercive control that extends into their interactions and involvement with the drugs economy and that requires a different understanding and response within the criminal justice system.

More specifically there have been recommendations to implement intervention and screening within statutory systems that women often end interacting with due to their substance use; health services, the criminal justice system and child protection and welfare services (Morton et al., 2023). In terms of prescribed medication, there have been calls to develop a policy response to women medication misuse (particularly benzodiazepines and pregabalin), one that considers prescribing practices, harms and access to illicit medication markets (Morton et al., 2023).

Given the ongoing evidence on the intersection of domestic violence and substance use for women, a number of recommendations have focussed on aspects of this issue, including incorporation of domestic violence indicators within substance use service data collection (Banka et al., 2022) and adoption and rollout of evidence based models that address multiple levels of women's needs and requirements (Kennedy et al., 2024; Ivers et al., 2021; O'Reilly et al., 2024).



# Concluding thoughts

Ireland has a robust history of community engaged research, particularly within the drug and alcohol field, combined with innovations in practice and intervention, and valuing of engaged and participative methodologies.

In addition, innovation in practice responses to women has been showcased nationally (Grant Thornton, 2025) and internationally (Giacomello, 2022; Mutatayi et al., 2022), with the incoming National Drug Strategy taking a gender mainstreaming approach (Department of Health, 2026).

This context has resulted in a rich body of research on the needs of women using substances, as well as evidence of barriers to treatment, intersectionality, community challenges, the drug economy and the gendered impacts of specific substances.

We have proposed a three element approach to developing and embedding gender transformative responses and interventions for women; a policy framework; an evidence based theoretical approach; and key action areas indicated consistently within the research. A central aspect of what we have proposed is immediate action, based on the ideas of 'work with what is there' and start with the 'small wins' (de Vries & van den Brink, 2016; Morton et al., 2015).

De Vries and van den Brink (2016) urge abandonment of total 'blue sky' thinking, instead inviting us to start with local gendered knowledges, the women we already work with and the responses and interventions that have already developed from this knowledge.

This they argue, is the basis for gender transformative change, and we could posit that the research and practice developed in recent years has already contributed to inclusion of gender mainstreaming within national policy in Ireland. The summaries of the recommendations contained in this briefing reflect the thoughts, feelings and experiences of women from across services, stages of substance use, communities and contexts, telling us exactly what is required next.



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# Appendix:

## Table of studies

AUTHORS	YEAR	TITLE/PUBLISHER	STUDY SCOPE/AIM	METHOD
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. 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. Drugs and Alcohol	To understand the unique needs, internationally, of women who experience both substance use and domestic violence and to provide the first estimate of the hidden prevalence nationally in Ireland, based on figures from 2020.	A defined rapid review and for the national prevalence estimation, indirect estimation techniques using benchmarks and multipliers, as recommended by the European Monitoring Centre for Drugs and Drug Addiction, were used.
Kennedy, M., Murtagh, G., Lucey, H., Broderick, G., Fayne, R. & Dunne, R. Ivers, J. H., Giuliani, M. F., & Paul, G	2024	"They said they couldn't take me because I was on drugs." A report examining whether human rights are negated for women in addiction when accessing domestic violence support and refuge in Ireland. Dublin: SAOL Project. "They said they couldn't take me because I was on drugs."	Examine what the experiences of accessing domestic violence support and refuge were for women in addiction. Ascertain what services and professionals women in addiction identify to seek domestic violence support and refuge from. Establish if women in addiction are afforded the same basic rights and freedoms as women who are not in addiction to domestic violence support and refuge. Identify what barriers, if any, women in addiction encounter when accessing domestic violence support and refuge.	Qualitative, single site, separate focus groups of service users and practitioners.

AUTHORS	YEAR	TITLE/PUBLISHER	STUDY SCOPE/AIM	METHOD
Ivers, J. H., Giuliani, M. F., & Paul, G	2021	Supporting women to access appropriate treatment (SWAAT) study. Trinity College Dublin: Dublin, Ireland. Supporting women to access appropriate treatment study.	To gain insight into the experience of women with drug and alcohol treatment needs in two regions in greater Dublin, Ballyfermot and Tallaght.	A combination of qualitative methods including indepth qualitative interviews with women attending drug treatment services and key stakeholders, and a live online community consultation and an online submission forum.
O'Reilly, L., & Mac Cionnaith, C.	2019	Crack cocaine use in Ballymun: An evidence base for interventions. Dublin: Ballymun Youth Action Project. Ballymundtf Report Book online.pdf	The aim of the research was to explore crack cocaine use experiences in the Ballymun community with a view to informing the establishment of a local policy and practice/intervention evidence base for crack cocaine in Ballymun	Qualitative, community based with indepth interviews.
O'Reilly, L., Mac Cionnaith, C. & Lawless, M.	2024	An exploration of women and crack cocaine use in Ballymun: trajectories, experiences, and interventions. Dublin: Ballymun Local Drugs and Alcohol Task Force in partnership with Urrús/Ballymun Youth Action Project. Women and Crack Cocaine Use in Ballymun pdf.pdf	To explore the experiences of women using crack cocaine including their substance use and crack cocaine use trajectories; health and social experiences and intervention and supports needs.	Qualitative, community based with indepth interviews.
Morton, S., MacDonald, S. & Christophers, L	2020	Responding to Women with Complex Needs Who Use Substances: A Briefing Paper. University College Dublin: Dublin, Ireland. content (ucd.ie)	To create and implement responses that will improve access, and ultimately outcomes, for women experiencing multiple levels of disadvantage or exclusion.	Scoping review and action learning sets with practitioners in South Inner City, Dublin.

AUTHORS	YEAR	TITLE/PUBLISHER	STUDY SCOPE/AIM	METHOD
Morton, S., Gallagher, B. & 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/ Merchants Quay Ireland: Dublin, Ireland. 'You can't fix this in six months': The intersectionality of women's substance use in the Irish context	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.	Qualitative, indepth interviews with women across a range of locations and service types in Ireland.
Windle, J., & Cronin, J.	2025	How women experience addiction services in Cork. University College Cork Windle_and_Cronin_Womens_Experience_of_Addiction_Services.pdf	The key objective of the research was to support addiction services to uncover what is different and unique about the needs of women service users and, to gain an understanding of how women experiences services.	Qualitative, in-depth interviews with women in a service in Cork.
Woods, M. with Kearney, P.	2026	'Out of the Shadows': Women and the Dublin Drug Economy–Poverty, Context, Trauma & Survival–A summary of key findings. Dublin: CityWide Drug Crisis Campaign. Layout 1	To explore the experiences of women within the drug economy and those impacted by the drug economy, as women directly involved in or in-directly affected by drug use in their families and community in Dublin	Qualitative, in-depth interviews, focus groups and fieldwork involving women and practitioners in the Dublin region.





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