

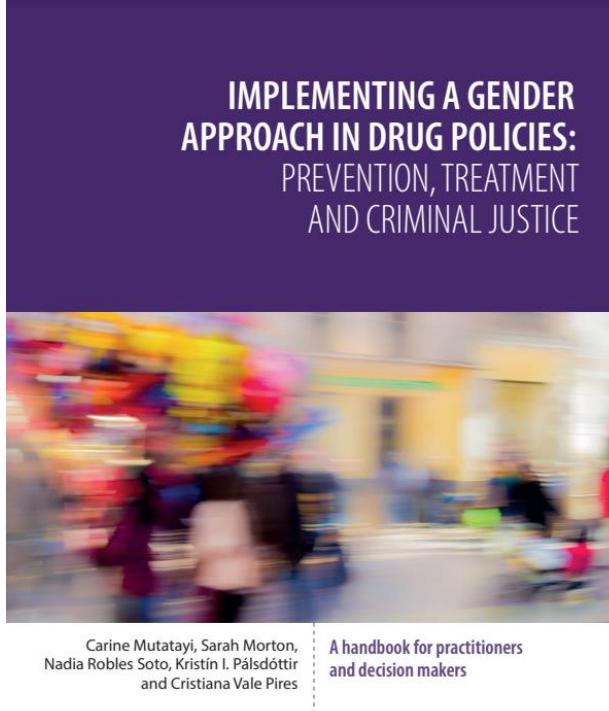
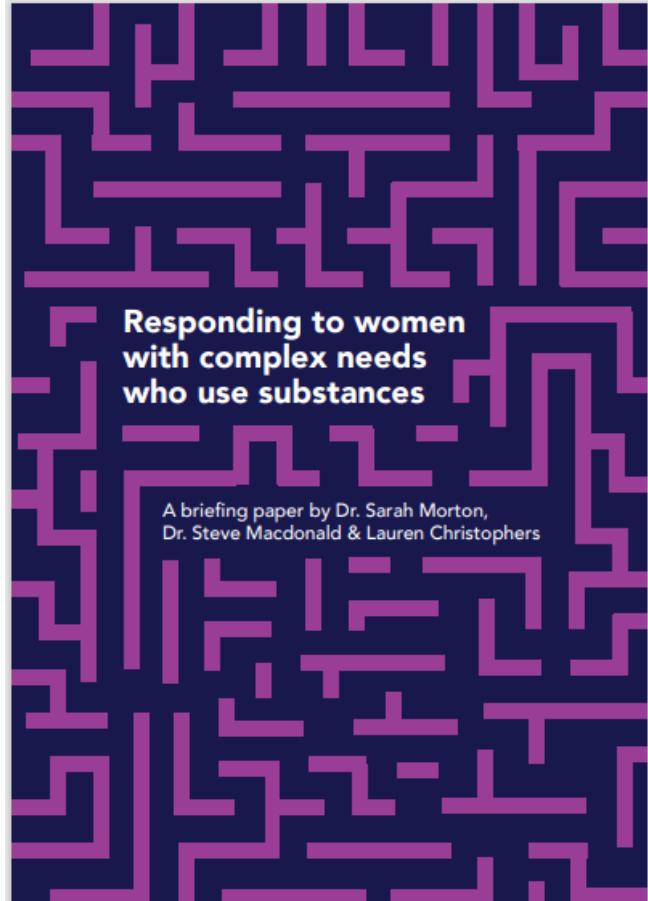
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# ‘You can’t fix this in six months’: Exploring the intersectionality of women’s substance use in the Irish context



Merchants Quay Ireland  
Homeless & Drugs Services





*“Why are we not seeing women before they get to these levels of trauma and trouble? Women are hugely under-represented at the start of their difficulties, they present when something drastic has happened, a hospitalization, an overdose, the loss of children. Why are they not asking for help way before that?”*

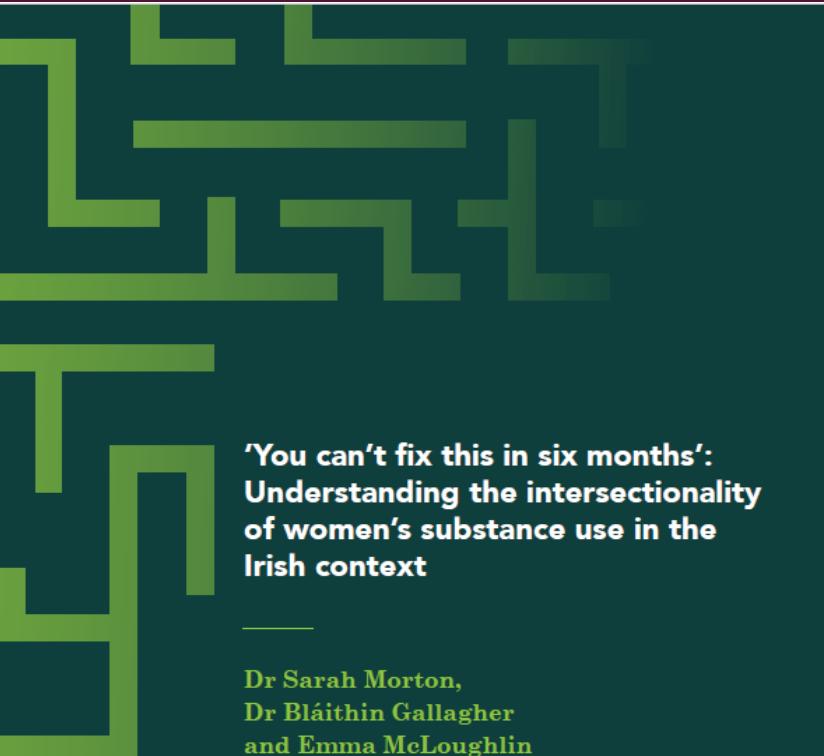
# CONTEXT AND BACKGROUND

- Developments in policy and practice to 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 - 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).
- Prevalence data indicates 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)
- 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).

# CONTEXT AND BACKGROUND

- Motherhood may also be an important inter-related factor for women - 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) - lack of effective integrated interventions where there is a co-existence of substance use, domestic violence and child protection issues (Giacomello, 2022).
- Involvement in the criminal justice system for women may be related to acquisitive crime, or drug related offences (UNODC 2020) – women may be 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).
- 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.
- 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).

# EXPLORING THE INTERSECTIONALITY OF WOMEN'S SUBSTANCE USE



## Aim

To explore the experiences and 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, trauma, domestic violence, transactional sex, homelessness and incarceration.

## Objectives

- 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.

# METHODOLOGY

Qualitative in-depth interviews with women who have or are experiencing substance use issues, together with other needs and currently in contact with relevant services including MQI and other relevant organisations.

Already engaged to some degree with support services, given the potential vulnerability women may be experiencing, the nature of the study and the importance of having adequate emotional supports available to study participants.

Include women who are in contact with services, but not stabilised in their substance use or accessing treatment pathways, as well as those who engaged in stabilisation, detox and treatment.

In-depth interviews 30 – 90 minutes, audio recorded, all undertaken by the lead researcher.

# NEGOTIATING AND ENSURING TRULY INFORMED CONSENT



One researcher completing all interviews



Direct contact and availability of the researcher – ensured and enacted.



Process to ensure open recruitment through agencies



Robust debrief and support structures



Data immediately de-identified and anonymized, only PI aware of identity of participants in relation to data



Participant interview location checked with participants.

- Discussion with each participant re confidentiality and interview transcription, anonymization and de-identification.
- Agreement with each participant re potential quotes.
- For those who wished, quotes and context sent and agreed prior to report finalization.
- Participants informed re quotes to be read out at launch

# QUALITATIVE INTERVIEWS

- Fourteen women.
- Age range 25 to 60 with the majority (n=86%) falling within the 30-35 or 36-40 age range.
- 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.

## FINDINGS :THEMES

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	

## I. SUBSTANCE USE PATTERNS

- 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 or 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 - 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:

*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.*

## 2. RELATIONSHIPS AND FAMILY

### FAMILY OF ORIGIN

- The majority of women reported growing up in households where there was parental substance misuse, compromised parenting and sometimes direct neglect or abuse. 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.
- Family was also an important support

### 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.
- 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.

### INTIMACY AND RELATIONSHIPS

- Domestic violence was a feature of nearly 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.
- For most there was a deep interface between their substance use and their daily experiences of abuse and control.

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.

## 3. STIGMA

- Women spoke about the shame and stigma they experienced, both about their substance use and in relation to children – at times using substances was a way to avoid the feelings of shame that would inevitably arise if she stopped using or reduced her use.
- 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.

*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.*

## 4.

# INTERSECTIONALITIES

### MOTHERING

- Mothers (79%, n=11) focused 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.
- A number of women named grief and devastation regarding experiences of children's deaths, miscarriage and loss of contact with children.
- Forty five percent (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.
- Desire to meet the needs of their children was a motivator for positive change or engagement in treatment – including 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.

### 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.

*... 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.*

## 4. INTERSECTIONALITIES

### TRANSACTIONAL SEX AND PROSTITUTION

- 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.
- Felt 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

- Intersection of domestic violence and substance use and substance use related offences.
- Two women experienced digital or online sexual exploitation and these experiences compounded feelings of shame and stigma for the women as there was a limited response.
- For those involved in the criminal justice system these experiences were overwhelmingly negative, with little or no understanding of trauma, trauma history or current personal risk.

### 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 described their mental health as intersecting with their substance use and linked to previous traumas.
- Many of the women had significant and extreme experiences of violence, including; abuse and trauma; physical, health-related; and sexual and emotional violence and 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.



*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.*

*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.*

*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.*

## **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.

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.

Health concerns were a third possible - a new health issue or implications of chronic issues that were associated with or implicated by ongoing substance use.

## **PATHWAYS THROUGH SERVICES**

Barriers included substance use status, childcare, geographical location, mixed gender nature of the service, as well as the treatment or intervention approach.

Child inclusive residential treatment was welcomed though raises minor issues re mothering and recovery.

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.

## **POLICY AND PRACTICE CHANGE**

Missed opportunities for interventions when they were children or young adults and clearly vulnerable and subject to abuse or exploitation.

Safety and importance of services responding to everything women may disclose or talk about.

Unravelling the effects of what has happened takes time - 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.

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.

*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."*

*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.*

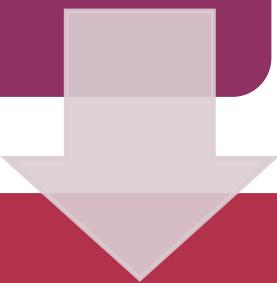
## POLICY AND INTERVENTION IMPLICATIONS

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 - this should be reflected in service responses given that gender-based violence was a consistent factor in women's lives.

The exploitation, abuse and need for safety for women seeking support needs to be recognised and responded to by statutory and voluntary service providers - safety should be a priority. May include female-specific services and interventions, 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.

## POLICY AND INTERVENTION IMPLICATIONS

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).



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.

For the full research report check the UCD repository or  
MQI publications page:

<https://researchrepository.ucd.ie/entities/publication/53edd551-04c1-449c-abf1-fa1121558eb7>

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