

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

Dr Sarah Morton

A research and policy brief

Background and context

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 (Mutayi et al., 2022; Wincup, 2019). Over the past 15 years, there have been 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, there remains a limited understanding of the experiences and needs of women experiencing the intersectionality of issues such as gender-based violence, substance use, homelessness and mental health (Neale et al., 2018; O'Reilly, & Mac Cionnaith, 2019). This briefing paper highlights the results of a research study on women's substance use and intersectionality (Morton et al., 2023), and identifies the policy implications emanating from the findings.

The study

This study built on previous research (MacDonald et al., 2020; Morton et al., 2020) and sought to explore the experiences of women who are dealing with multiple issues 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, trauma, domestic violence, transactional sex, homelessness and involvement in the criminal justice system. The research objectives 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.

Fourteen women participated in in-depth interviews from across four regions in Ireland and ranged in age from 25 to 60 with the majority (86%, n=12) falling within the 30-40 age range. Four of the women were currently using substances, with the remaining defining themselves as abstinent. The substances used

by women included alcohol, cannabis, cocaine, crack cocaine, heroin and medication. The majority of the women were mothers (78%, n=11), and all had been involved with a range of services and state responses.

What we found

“Recovering from substance misuse, from addiction, recovering from all those intersectionalities, domestic violence, sexual abuse, rape, and prostitution. You can't fix that in six months... that's not enough. It's not enough. If there's anything that I could say to critique the systems that are there to support women, I'd say it's not enough. It's not long enough.”

Five major themes emerged from the research; substance use patterns and trajectories; the role of relationships and family; stigma and shame; implications and intersectionality; and engagement with services. The themes were interrelated, demonstrating the complexity of issues that played out in women's lives. Key findings included:

- The majority of women 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.
- For many of the women, there was parental substance use, and experiences of neglect or abuse within their own childhood, although this was not universal and for some immediate family members were a source of support.
- It was very common 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.
- Domestic and gender-based violence was experienced by all the participants and this impacted negatively on their experiences of

pregnancy, motherhood, access to supports and substance use trajectories.

- Two main factors influenced 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.
- Where women had experienced positive change, supportive practitioners that prioritised women's safety and sought to build trust 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.

Policy and intervention implications

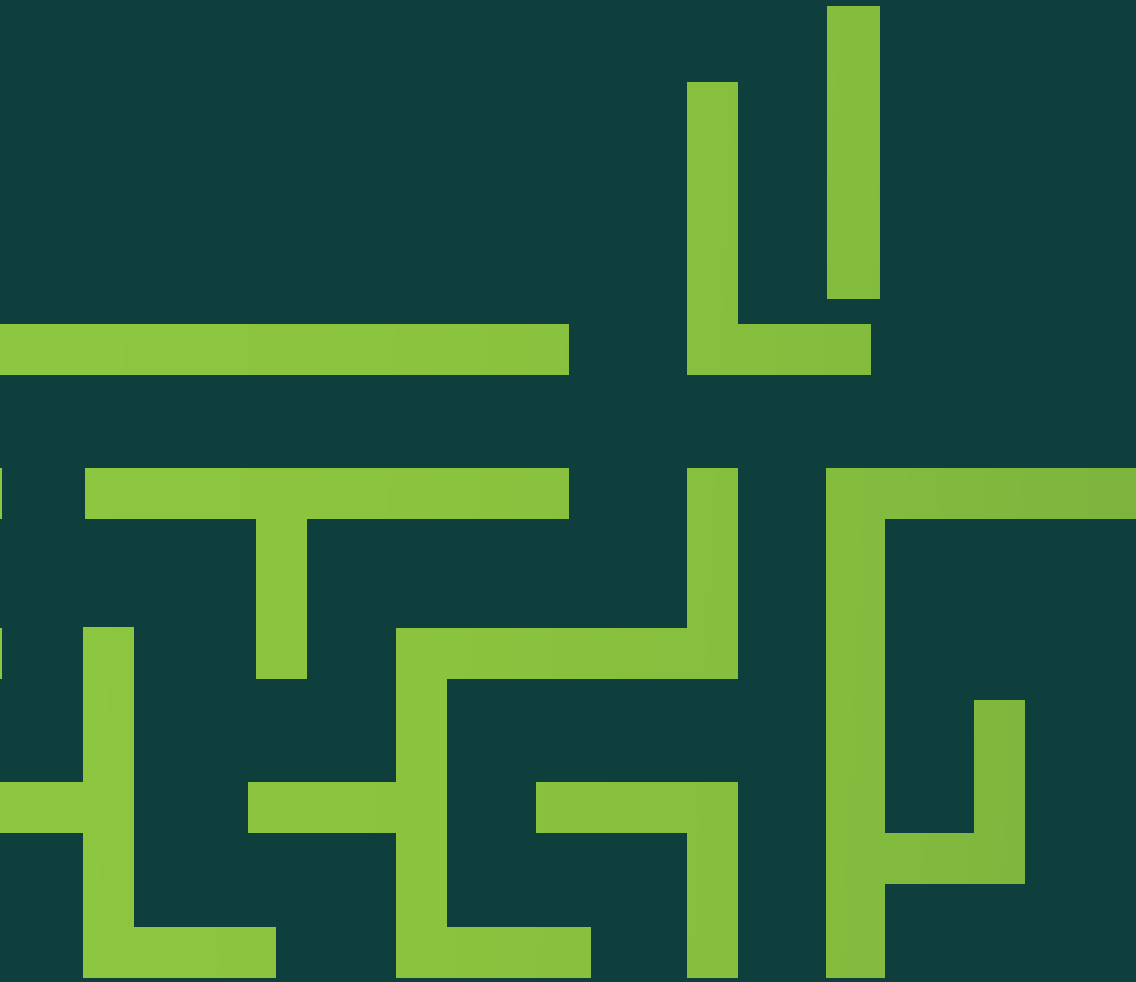
There are a number of implications for policymakers and service providers, including for those who develop and commission services:

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. Gender-based violence was a consistent factor in women's lives.
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.

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.
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.

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