Women & Substance Misuse in Ireland: Overview

The **Women's** Health Council
Comhairle Shláinte na mBan

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1. Introduction

The WHC Strategic Plan for 2007-2009 identified the area of 'Young Women and Alcohol' as a topic for further investigation by the Council. The aim in the Strategic Plan was "to research the role of alcohol in the life of young women and its effect on their physical and mental health". After an initial examination of the area, however, the topic was expanded to cover drug misuse as well as alcohol, as it became clear that heavy consumption of alcohol is often linked to drug use, and not just among young women. A decision was therefore taken to produce a suite of papers on 'Women and Substance Misuse' to ensure that all the relevant issues would be included.

The purpose of the papers is to explore women's alcohol and drug misuse, focusing on gender differences and highlighting in particular the effects substance misuse has on women's health. The aim of the present paper is to provide an overview of the topics of most concern regarding women and substance misuse. The Women's Health Council envisages that the papers will be of interest to policy and strategy makers, as well as health service providers and those with an interest in women's health.

1.1. Gender differences in substance misuse

At a societal level, substance misuse is a male dominated area. Men are more likely than women to drink heavily and to misuse drugs. Lifetime abstinence is more common among women than men, with 23% of women 'never drinking' alcohol in the previous 12 months, compared to 15% of men (Morgan et al., 2008), whereas 29% of men report lifetime use of any illegal drugs compared to 19% of women (NACD & DAIRU, 2008). The 'typical' problem drug user profiled in the research is young and male (Reynolds et al., 2008).

A detailed look at the issue reveals a more complicated picture, however, in which patterns in the prevalence of substance use and related health and social consequences differ greatly between the sexes. The most recent population survey of alcohol use in Ireland found that women's lifetime use of alcohol increased in three[1] of the ten Regional Drugs Task Forces (RDTF) areas (NACD & PHIRB, 2008). In addition, recent research has shown that while men are more likely to misuse illegal drugs, women predominate in the misuse of prescription drugs such as tranquillisers and anti-depressants (NACD & PHIRB, 2009). Changing patterns among young people also suggest that substance misuse may be becoming a larger problem for women than it has been traditionally.

[1] Midland, North Eastern and North Western RDTFs

1.2. The narrowing gender gap

While it is still the case that more men than women misuse drugs and alcohol in Ireland, concerns have been raised by recent research that shows a narrowing in the traditional gender gap among young people. Recent Irish research carried out for the European School Survey Project on Alcohol and Other Drugs (ESPAD) found that girls are now drinking almost as often as boys, and more girls (29%) than boys (25%) reported being drunk during the previous month (Morgan & Brand, 2009). In addition, slightly more girls (44%) than boys (42%) reported binge drinking during the previous month. Other Irish research has found that an equal proportion of 15-16 year old boys and girls reported ever having used cannabis, a slightly larger ratio of 15-16 year old girls than boys have repeatedly used ecstasy, and male and female teenagers are now equally at risk of opiate misuse (EMCDDA, 2006, Fagan et al., 2008). These figures obviously give rise to concerns about the future health and well-being of the women in these cohorts, and may suggest that drug and alcohol issues will be a greater cause of morbidity and mortality for women in the future.

2. Substance misuse: Significant influencing factors

2.1. Family

Research has shown that a woman's family background is an important influence on substance misuse, in two main ways. In the first instance, the behaviour of other family members can influence a woman's own behaviour, so that research has shown that having a family background of heavy drinking or drug misuse can increase the likelihood of a woman having problems with substance misuse herself (National Institute on Alcohol Abuse and Alcoholism, 1990, Corrigan & Butler, 1991, Institute of Alcohol Studies, 2008, Farrell, 2001). Secondly, lack of cohesive and supportive family life is a significant predisposing factor to substance misuse among women, and it has been suggested that girls are more responsive than boys to parental influences on substance use. American research has found that the worse a girl's relationship with her parents, the earlier she will begin drinking alcohol and the greater her likelihood of misusing drugs (The National Center on Addiction & Substance Abuse at Colombia University, 2006), while Irish research found that parental disapproval and 'bonding' to family, particularly to parents, tend to act as restraining factors in substance use (Grube & Morgan, 1990). The latest ESPAD report for Ireland found that while emotional support and care from parents influences children's substance (mis)use, parental monitoring, where children felt that their parents were 'keeping an eye' on their activities, was more important still (Morgan & Brand, 2009). It is therefore essential that parents are educated and aware about the issues involved and about the particularly important role they can play in influencing their daughters' behaviour in this regard.

2.2. History of abuse

Research has shown that a large proportion of women with substance use problems are victims of domestic violence, incest, rape, sexual assault and child physical abuse (Cormier et al., 2004, Roberts & Vromen, 2005, Woods, 1999, UNODC, 2004, Wilsnack et al., 1997). The National Center on Addiction & Substance Abuse at Colombia University has found that girls who report having experienced physical or sexual abuse are twice as likely to smoke, drink or use drugs as those who were not abused (National Center on Addiction & Substance Abuse, 2006, National Center on Addiction & Substance Abuse, 2003). Physical abuse during adulthood has also been associated with problematic use of alcohol among women (National Institute on Alcohol Abuse and Alcoholism, 1999). One explanation for the higher levels of substance use among women who have been abused is that drugs and alcohol may be used as a way of coping with the pain, both physical and mental, of such experiences (Poole & Dell, 2005, National Center on Addiction & Substance Abuse, 2006, Roberts & Vromen, 2005, TSA Consultancy, 2005). Treatment services for women who misuse drugs or alcohol must be aware of these findings so that services are provided in a sensitive manner, with female staff and integrated care that will take all of the woman's needs into account.

3. Effects on health

3.1. Physical health

Women appear to be more vulnerable than men to the adverse effects of alcohol and drug misuse on physical health. Women have been found to develop alcohol-related health problems earlier in their drinking careers than men (Mongan et al., 2007), and may also progress to problematic drug use and dependency more quickly than men (Cox et al., 2008). Women develop alcohol-related liver disease, such as cirrhosis or hepatitis, after a shorter period of time and after lower levels of drinking than men, and they are more likely to die from these conditions than are men (Institute of Alcohol Studies, 2008, Poole & Dell, 2005, National Institute on Alcohol Abuse and Alcoholism, 1999). Female drug users are more likely than their male counterparts to report a range of physical and mental health complaints, in spite of their shorter histories of drug use and shorter injecting careers (Cox & Lawless, 2000). Women's biological make-up is partly responsible for the negative effects on their health; since women have a proportionally higher ratio of fat to water than men they are less able to dilute alcohol or other substances within the body, and will therefore have a higher concentrations in their blood than men after taking in the same amounts (Institute of Alcohol Studies, 2008). Women's hormones also affect how much and how quickly alcohol or drugs are absorbed. A woman's drinking or drug use may also leave her more vulnerable to violence/attack by others (Poole & Dell, 2005, EMCDDA, 2008, Institute of Alcohol Studies, 2008)[2]. Women should be aware of the increased risks to their health posed by alcohol and drug misuse, and education on the hazards of substance misuse provided to young people should highlight women's vulnerability in this regard.

3.2. Mental health

Strong links have been found between substance misuse and depression, and it has been suggested that depression may be a reason for, as well as a product of, substance misuse (Needham, 2007). Women in the general population are twice as likely as men to suffer from depression (Women's Health Council, 2005), and it may therefore be an important pathway to substance misuse for them, as well as being a significant consequence. High rates of depression have been found among substance misusers, and alcohol and drug use have been linked with higher rates of suicide. Particularly high rates of depression have been found among drug users, who are at greater risk of suicide than those who do not misuse drugs (Lyons et al., 2008). This risk may be heightened among women, as research has shown that women (80%) are more likely than men (65%) to overdose on drugs as a method of deliberate self-harm (National Suicide Research Foundation, 2008). By its very nature, alcohol is a depressant and it can facilitate suicide by increasing impulsivity, changing mood and deepening depression (Hope, 2008). In 2006-2007 there was evidence of alcohol consumption in 38% of female episodes of deliberate self-harm, and the numbers of people

[2] It is crucial to note, however, that while substance misuse can increase a woman's vulnerability, this should not deflect attention or blame from the perpetrator, suggest that the perpetrator's responsibility for the assault is reduced in any way, or suggest that the woman is somehow to blame for the attack.

presenting in hospitals with deliberate self-harm generally peak at times coinciding with the times when people traditionally consume higher amounts of alcohol - in the hours around midnight, with one-third of all presentations occurring on Sundays and Mondays (National Suicide Research Foundation, 2008). Women's mental health may also suffer disproportionately as women often experience more stigma due to substance misuse than their male counterparts. There is still a double standard that judges women's substance misuse more harshly than men's, particularly if the woman has children. This greater stigma can result in greater guilt and shame for women and for their families, and may lead to women being reluctant to seek treatment (Wilsnack & Wilsnack, 2002).

4. Effects on society

As the Women's Health Council pointed out in *Promoting women's health; A population investment for Ireland's future,* although more women are now taking part in the paid labour force, women are still primarily responsible for providing care to the members of their families and others in their communities (Women's Health Council, 2002). The implication of this finding is twofold; first, that it is women who assume responsibility for the care and management of substance misusers in the family, and secondly, that where women's own substance misuse is the issue, women may not be present to play this key role in supporting and caring for the family.

When there is a need to find alternative care arrangements or support for a woman drug user or her children, it is other women within the kinship system –mothers, sisters, grandmothers and aunts – who are called upon (Woods, 1999). The same holds true for male drug users; the vast majority of those interviewed for NACD's research on the experiences of families seeking support in coping with heroin use were drug users' mothers (Duggan, 2007). Thus when the Government noted in the National Drugs Strategy 2001-2008 that the families of problem drug users 'have the potential to be key to the rehabilitative effort', and are 'a valuable resource in terms of childcare' (Department of Community Rural and Gaeltacht Affairs, 2007), the gender dimension of these policy statements should be highlighted. In practice, it is usually the drug user's mother, sister, aunt, grandmother, wife or girlfriend who will provide this care and support, in most cases at some cost to her own health and well-being. One of the risks to a woman's health in this situation is the risk of violent and abusive behaviours from substance misusers; research has found, for example, that women have a higher chance of being harmed by others who are drinking (Poole & Dell, 2005). Women may also have to assume sole financial responsibility for the family if their partner is misusing drugs or alcohol. The negative implications for the physical and mental health of women in these situations are clear.

Where a woman's own substance misuse is the issue, those around her, particularly her children and family, will be affected. Children are particularly at risk as female substance misusers are more often responsible for children than their male counterparts (Poole & Dell, 2005, EMCDDA, 2005, EMCDDA, 2006, Painter et al., 2000, Cox et al., 2008, Woods, 1999), and are more likely to be lone parents (Farrell, 2001). Research has found that the children of mothers with substance misuse problems are less likely to remain with their birth mother, more likely to show developmental delay, and are significantly more at risk of abuse and neglect than the general population (Keen et al., 2000). As a group, the children of drug misusing parents perform less well academically and socially (Keen & Alison, 2001). Parental misuse of drugs can also be an important influence on children's behaviour around drugs. As mentioned above, children have been found to be more likely to misuse drugs in situations where their parents misuse drugs, where there is prolonged or traumatic parental absence, failure to communicate on an emotional level, and chaotic or disturbed family members (UNODC, 1995).

5. Areas of particular concern for women

5.1. Pregnancy

Use of alcohol or drugs during pregnancy has been linked with a range of serious health and developmental consequences for the foetus. High intakes of alcohol have been strongly associated with an increased risk of miscarriage, particularly in the first trimester, congenital birth defects (teratogenesis), and a range of Foetal Alcohol Spectrum Disorders (FASD), (Poole & Dell, 2005, Homan et al., 2007, Whittaker, 2003, Royal College of Obstetricians & Gynaecologists, 2006, Guerrini et al., 2009). Misuse of drugs in pregnancy has been associated with increased rates of low birth weight, pre-term delivery, Sudden Infant Death Syndrome (SIDS), intrauterine growth restriction (IUGR), underdevelopment of organs and/or limbs, miscarriage and stillbirth, and Neonatal Abstinence Syndrome (NAS) (Whittaker, 2003). The chaotic lifestyle associated with substance misuse can also mean that women do not access maternity care as soon as is recommended, and that they do not attend antenatal care as often as non-drug using women. It is therefore essential to ensure that when pregnant substance users do come into contact with services, they can access specialised, integrated care that will take all of their needs into account. This is also important as many of the obstetric problems associated with substance misuse, including low birth weight and increased perinatal mortality, are also associated with social deprivation, poor antenatal care, and poor maternal health and nutrition (Mounteney, 1999). The Drug Liaison Midwife service was found to help lessen the stigma for drug-misusing women, and improved the relationships between the women and the obstetric and drug services (Scully et al., 2004, Scully et al., 2001). However, the services provided to pregnant drug misusers often do not continue beyond the birth, effectively leaving such women, who may be in a heightened state of vulnerability after the birth, and their babies without specialist support (Keen & Alison, 2001). Services to drug misusing mothers need to be continued beyond birth to ensure the best possible outcome for both the mother and her child(ren). Pregnancy is often a time of new beginnings for women with alcohol and/or drug misuse issues, and a prompt that encourages them to tackle their substance use (Guerrini et al., 2009). Harm reduction approaches, which do not judge women but educate them about the effects of drug and alcohol use during pregnancy, and offer supportive encouragement to reduce their use of drugs and/or alcohol, may therefore present the best method for securing a healthy outcome for both the woman and her baby.

5.2. Binge drinking

Ireland has the highest level of binge drinking, defined as having six or more standard drinks[3] in one sitting, in Europe (HSE, 2008). Responding to the SLAN study, 17% of women and 38% of men reported consuming six or more drinks on one occasion at least once a week (Morgan et al., 2008), and European research found that only 7% of men and 16% of women

[3] One standard drink is the equivalent of half a pint of beer, a small glass of wine or a single measure of spirits. It contains 10g of pure alcohol (HSE, 2008b).

said they had never drunk five or more drinks on one occasion (European Commission, 2007). The Health Research Board has expressed particular concern about the consequences of alcohol use among young women (aged under 17 years), as alcohol-related hospital discharge figures for this group are proportionally much higher than for other groups of women (Mongan et al., 2007). Certainly, research has shown that binge drinking appears to be most common among young people. For women, the SLÁN study found that those in the youngest age group (18-29 years) were the most likely to consume six or more drinks on one occasion at least once a week (Morgan et al., 2008), and the most recent ESPAD report commented on the narrowing gender gap in binge drinking among Irish school age children, with 42% of boys and 44% of girls reporting binge-drinking during the previous month (Morgan & Brand, 2009). Such findings may be indicative of a trend for increased alcohol-related morbidity among middle-aged women in the future (Mongan et al., 2007).

5.3. Prescription drug misuse

Although men outnumber women where the misuse of most illicit drugs are concerned, women have been found to predominate in the misuse of prescription drugs. Research carried out by the Women's Health Council found that women were more likely than men to be taking prescription medicine, and that women in least well off socio-economic groups were the most likely to be taking prescription medication (Women's Health Council, 2008). Confirming these findings, the National Advisory Committee on Drugs has found that women in Ireland report higher prevalence rates for lifetime use of sedatives or tranquillisers than men (13% compared to 8%), and also anti-depressants (13% compared to 6%) (NACD & DAIRU, 2008, NACD & PHIRB, 2009). The higher rate at which women are prescribed tranquillisers, sedatives and anti-depressants when compared to men is a serious cause for concern. Women's higher use of benzodiazepines has already been highlighted by Irish research. The Department of Health & Children's Benzodiazepine Committee found higher usage amongst females of all age groups (Department of Health & Children, 2002), and research has further shown that women are twice as likely as men to have benzodiazepines prescribed to them for 'non-clinical' symptoms such as stress, grief, acute or chronic illness, physical pain or adjustment to a major life change and to have them prescribed for longer periods (Cormier et al., 2004, Ballymun Youth Action Project, 2004, Poole & Dell, 2005). Although only small numbers of individuals currently present for treatment for problem benzodiazepine or other prescription drug use, the HRB has recommended that the impact of these drugs be addressed within treatment and prevention services (Lyons et al., 2008). Given the higher prevalence rates among women, it is essential that such treatment services pay particular attention to women's needs and that women are targeted by any health promotion or prevention campaigns undertaken in this regard. In addition, in order to fully address the circumstances of drug misuse among women, it is essential that the misuse of prescription drugs is included in policy/strategy, and that prescribing patterns are also examined.

5.4. Polysubstance use

Polysubstance use is an issue of growing concern in Ireland. Figures collected in the 2002/3 population survey by the NACD showed that the phenomenon, which most commonly involves combining the use of alcohol, tobacco and any illegal drug, appears to be rising. At that point polysubstance use was more common among men (2.65%) than women (1.2%); results have not yet been published for the 2006/7 survey (NACD & DAIRU, 2007). The majority of deaths directly due to drugs on the HRB's National Drug Related Deaths Index (NDRDI) showed polysubstance use, and the majority of people entering treatment for the first time between 2001 and 2006 reported problem use of more than one drug (Reynolds et al., 2008, Lyons et al., 2008). Overall, of the new treatment cases between 2001 and 2006, 31% reported use of two substances, 23% reported using three substances simultaneously and 18% reported problem use of four or more substances (Reynolds et al., 2008). Of those treated for problem alcohol use between 2004 and 2006, 21% reported polysubstance use, the most commonly misused drugs being cannabis (16%), cocaine (7%), ecstasy (7%) and amphetamines (2%) (Fanagan et al., 2008).

Polysubstance use makes treatment more complex and is often associated with poorer outcomes. Commentators have therefore emphasised the need for treatment services that work in an integrated and flexible manner to manage all of the substance user's needs, addressing both alcohol and drug use at the same time. The importance of services integrating treatment for polysubstance use has been illustrated by the results of the ROSIE study. The researchers highlighted the fact that alcohol increases the risk of overdose when used with sedative drugs including methadone, and that the threshold for fatal methadone overdose is lowered by alcohol, especially for women. As the study found that women had higher levels of alcohol use than men at one-year follow up, and that they were also more likely than men to be in methadone treatment, the researchers concluded that their results demonstrated the need for treatment services, especially those providing methadone, to continuously assess and actively target drinking behaviour (Cox et al., 2008). These findings also suggest that the integration of drug and alcohol treatment services, as well as that of policy and strategy, may be especially important for women. In this regard, the WHC supports the recent decision by Government to integrate alcohol and drug misuse in a single policy/strategy on substance misuse.

6. Treatment

6.1. Services in Ireland

For the most part, services in Ireland providing treatment for substance use deal with both alcohol and drug misuse (Health Promotion Unit, 2006). This is particularly the case in areas outside Dublin (Carew et al., 2009) where services are more likely to be integrated; within Dublin services are slightly more fragmented with a small proportion of services offering treatment for alcohol alone, drug misuse alone or a few organisations offering treatment services for alcohol and prescription drug misuse. Services are available in a range of private and public settings, including general and psychiatric hospitals, community-based services and residential centres. Public clinics usually have no charge and are based in community health centres or local health offices, with addiction counselling offered in many day hospitals. Community care services offer therapy for families, couples and groups, as well as the individuals affected. Private treatment services, run by charities and private limited companies, generally have their own premises and charge for their services, but costs for some are covered by the GMS, social welfare payments or private health insurance. Referrals to most programmes can come from a doctor, social worker, the courts and probation services, community nurses or workplaces, although some are open access and some offer places conditional on an initial assessment or interview.

There is wide variation in the numbers and types of treatment services across the country. A directory of drug and alcohol services published by the Health Promotion Unit in 2006 showed that Dublin has the greatest concentration of services, as might be expected given its greater population density, with forty-two services listed not including HSE satellite clinics. In comparison, there were no dedicated services available in Leitrim (clients had to travel to Sligo town), Offaly (travel to Port Laoise) or Cavan (travel to Monaghan or Sligo) (Health Promotion Unit, 2006).

For the future, the HSE Working Group on Residential Treatment & Rehabilitation (Corrigan & O'Gorman, 2007) has endorsed a four tier model of care for alcohol and drug treatment services. The model envisages a range of services at varying levels of intensity from drug information and education services provided in general health care settings, to intensive interventions for people with severe problems provided through day or inpatient hospitals and including residential specialised drug treatment in dedicated inpatient or residential units.

6.2. Needs of women

At present, women are more likely to receive treatment for substance misuse in non-residential or GP settings in Ireland (O'Brien & Dillon, 2001), whereas more men avail of residential or low-threshold services. Women may have a preference for treatment in non-residential settings due to their childcare responsibilities, discussed above. Residential treatment services in Ireland are generally more focused towards men (Corrigan & O'Gorman, 2007) however; currently there is only one residential treatment centre in Ireland that incorporates childcare facilities, Ashleigh House, run by the Coolmine Therapeutic Community.

6.2.1. Childcare

Being responsible for children can mean that it is difficult for women to attend for treatment (UNODC, 2004). Studies in Ireland have found that while parents (mostly women) often wanted to take active steps to address their drug use, they were unable to do so as they did not have access to regular childminding arrangements (Moran, 1999, Butler & Woods, 1992). Women may also be reluctant to attend for treatment as they fear that their substance misuse may cause them to be labelled 'unfit mothers' and that their children will be taken into care as a result (Butler & Woods, 1992, Farrell, 2001, Bell & Harvey-Dodds, 2008, Painter et al., 2000, Hedrich, 2000, UNODC, 2004). It is therefore extremely important that treatment services are made accessible to women by taking their childcare needs into account. Crèche facilities encourage women to attend for treatment by providing for women's practical childcare needs, but also by signalling the service's acceptance of women's situations (Moran, 1999). Both drop-in and full-day crèches are needed so that women can participate in all types of treatment (including more intensive treatment and rehabilitation) and to facilitate access to training and employment opportunities (Moran, 1999, Woods, 1999).

Action 54 of the National Drugs Strategy called on the Health Service Executive to consider, as a matter of priority, how best to integrate childcare facilities with treatment and rehabilitation centres and how childcare can best be provided in a residential treatment setting (Department of Tourism Sport & Recreation, 2001). In addition, the Working Group on Drugs Rehabilitation identified the lack of childcare services as a significant barrier to accessing treatment for women and reported that drugs-related services, including residential services, should have access to an appropriate level of childcare services and facilities. It therefore recommended that the HSE, in conjunction with the Office of the Minister for Children, should decide on how best to integrate childcare facilities with treatment and rehabilitation services and subsequently progress the matter (Department of Community Rural and Gaeltacht Affairs, 2007). The report of the HSE Working Group on Residential Treatment & Rehabilitation did not refer to providing childcare as part of rehabilitation services; it recommended the investigation of "innovative approaches such as providing the necessary supports so that family members can act as short-term foster parents" (Corrigan & O'Gorman, 2007).

6.2.2. Gendered approach to treatment

Since women and men can have quite different experiences and issues around substance misuse, a gendered approach to treatment and service provision must be adopted so that women's and men's needs are dealt with in the most appropriate manner possible. As emotional and relational reasons are often at the crux of women's misuse of drugs and/or alcohol, services for women may require an increased emphasis on care and support (Poole & Dell, 2005, National Center on Addiction & Substance Abuse, 2003). In this regard, support groups and one-to-one counselling have been suggested as methods of encouraging women to attend treatment services (Farrell, 2001, EMCDDA, 2006). It is also essential that staff are aware of the particular pathways and background factors that lead to women misusing drugs and/or alcohol so that their needs can be fully addressed.

6.2.3. Integrated, holistic treatment services

An important issue that has been identified regarding treatment services for women is the fragmented nature of service provision. The need for integrated services during pregnancy has been mentioned above, but this holds true for all substance-misusing women. Research on the needs of women in prison concluded that, in order to prevent women being lost through loopholes in the system, there is a need for greater co-operation, collaboration and communication between agencies providing services (Comiskey et al., 2006). Treatment programmes often do not provide women who misuse drugs and/or alcohol with the full array of services they may need, including prenatal and gynecological care, contraceptive counselling, childcare, job training, advice and support around housing, and counselling for sexual and physical abuse. Given the chaotic nature of the lives of those with substance misuse issues, and the problems this creates around connecting with services, it is important that services are co-ordinated to avoid presenting women with a confusing array of appointments and services and losing them from the system entirely (Keen & Alison, 2001).

7. Conclusions

In putting together the papers on substance misuse, the Women's Health Council aimed to explore women's alcohol and drug misuse, focusing on gender differences and highlighting the effects substance misuse has on women's health. It is clear from the research that substance misuse is an issue for women, albeit in different ways compared to men. Although more men than women misuse drugs and alcohol in Ireland, the gender gap may be closing for younger women. Recent research has shown that girls are now drinking almost as often as boys, with binge drinking being slightly more common among girls, and that girls and boys are now equally likely to misuse opiates and cannabis. Overall, however, women have different patterns of substance misuse than men - of particular note here is the concentration of women among misusers of prescription drugs. Women's pathways into substance misuse are also distinct from those of men, and their social circumstances appear to be particularly disadvantaged when compared to those of their male counterparts.

7.1. Increased risk to women's health

Substance misuse causes both health and social problems, including chronic ill health, mental health difficulties, and relationship problems, as well as indirect effects on those close to the user. Although women are generally less likely than men to misuse drugs, women have been found to be particularly vulnerable to the negative health effects of substance drug use, even at the generally lower levels which they engage in compared to their male counterparts. Women have been found to develop alcohol-related health problems earlier in their drinking careers than men, and to progress to problematic drug use and dependency more quickly than men. Women's biological make-up is partly responsible, particularly their proportionally higher ratio of fat to water than men, and their hormones, both of which affect how much and how quickly alcohol and drugs are absorbed. It is essential that women are aware of the increased risks to their health posed by alcohol and drug misuse, and education initiatives should highlight women's vulnerability in this regard.

7.2. Taking gender into account

7.2.1. Policy/Strategy

It is clear that substance misuse affects women and men in distinct ways. In order to provide the most effective response possible, a gender analysis must be built into any new drug and/or alcohol policy in order to address the differences in patterns, types and pathways into substance misuse.

7.2.2. Services

This gender analysis must be carried through to substance misuse service development and delivery. Services for women may require an increased emphasis on care and support, and it is essential that staff are aware of the influences and background factors that can lead to substance misuse among women. In order to prevent women being lost through loopholes in the system, there is a need for greater co-operation, collaboration and communication between agencies providing services.

Caring for children is a central issue for women who wish to access substance misuse treatment services. The provision of childcare facilities in conjunction with treatment services can encourage women to attend by signalling acceptance of women's situations, as well as responding to childcare needs in a practical way. It is extremely important that substance misuse services, including residential services, should also provide childcare services and facilities.

7.3. Women & Substance misuse: Areas for further research

In conducting the present work on women and substance misuse, the Women's Health Council has identified a number of areas of particular concern that warrant further attention.

7.3.1. Polysubstance use

Polysubstance use, most commonly combining the use of alcohol, tobacco and any illegal drug, is an issue of growing concern in Ireland. It can make treatment more complex and is often associated with poorer outcomes. For these reasons, it is important that treatment services work in an integrated and flexible manner to manage all of the substance user's needs, addressing both alcohol and drug use at the same time. The Women's Health Council therefore supports the recent decision by Government to integrate alcohol and drug misuse in a single policy/strategy on substance misuse.

7.3.2. Binge drinking

Ireland has been found to have the highest level of binge drinking in Europe. Patterns of drinking and Ireland's alcohol culture must be altered if the problems we experience in the area are to be resolved. In this regard, it would be useful to examine the reasons for over-consumption as well as the consequences of binge drinking on the physical, mental and social well-being of women. Alcohol-related hospital discharge figures for women aged under 17 are proportionally much higher than for other groups of women, and women in the 18-29 year age group are the most likely to binge drink. Such figures represent a departure from the traditional model of drinking which should be investigated.

7.3.2. Prescription drug misuse

Given the higher rate at which women both use and are prescribed tranquillisers or sedatives and anti-depressants, it is essential that women are fully informed about the properties of the drugs and their potential negative effects. It would be useful to carry out more research on the misuse of prescription drugs; although the NACD has recently published data on the prevalence of tranquilliser/sedative/anti-depressant use in Ireland, such figures should be set in the context of women's lives. Prescribing patterns for these drugs should also be examined in more detail.

Taken together, the Women's Health Council hopes that these papers will provide a picture of women's drug and alcohol misuse which will be of use to policy and strategy makers, as well as health service providers and those with an interest in women's health. Although not as significant for women in the past as it has been for men, substance misuse is now a growing area of health risk for women, and one that may be a significant cause of mortality and morbidity among women in the future.

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