

SUPPORTING WOMEN TO ACCESS TREATMENT (2016)

An exploration of women's participation in health and substance misuse services in Ballyfermot

ABSTRACT

This document details the range of activities which have been undertaken within the Ballyfermot LDATF region in 2016 as part of the SWAT (Supporting Women to Access Treatment) project. The project has been supported through the Treatment and Rehabilitation Subgroup of the Ballyfermot LDATF and coordinated through the Treatment and Rehabilitation Coordinator. The aim of this project was to highlight the importance of primary care for all women, to support screening and brief intervention within primary care, and to strengthen referral between primary care settings and community based drug and alcohol treatment services. This project incorporates a literature review, women in treatment data collection and a number of meetings with stakeholders including primary care nursing staff, HSE Addiction Services, D10 drug and alcohol treatment services as well as women in the community. The project has raised the importance of looking at women as a distinct group in terms of drug and alcohol treatment services and the importance of a cross-sectoral approach as well as community engagement to progress the overall health of women in the community.

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“Why has it taken so long to begin looking at the needs of women in Ballyfermot?”

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Executive Summary

This piece of research was undertaken in order to explore the unique needs of women with regard to health and problematic alcohol use. The rationale behind the project was that women are underrepresented within specialist drug and alcohol treatment services, but with recent research highlighting a significant increase in alcohol use amongst women the evidence indicates that women's problematic alcohol use is a hidden phenomenon.

In order to bring hidden substance misuse into view, this project emphasises the important role of non-specialised drug and alcohol treatment services in identifying problematic alcohol use through screening and brief intervention. The project highlights the strong evidence for the effectiveness of brief intervention within non-specialised settings. Very often people do not need referral to a specialised service, but a brief conversation with any community, health or social service professional can support an individual to address any identified risks associated with their alcohol use.

This project helped to strengthen the links between Primary Care settings and the Treatment and Rehabilitation Subgroup of the Ballyfermot LDATF; with the experience bringing to light the shared understanding of both service settings. The key message being to promote the role of the medical profession as well as substance misuse services in the overall support of individuals whose alcohol use falls into a high risk category.

Furthermore, with the evidence showing that the uptake of health screening services is below the national average in more disadvantaged communities, this project sought to promote health screening through all services connected to the Ballyfermot LDATF Treatment and Rehabilitation Subgroup and beyond.

How all of this relates to the actual experience of women in the community was borne out through focus group meetings. The women themselves endorsed the literature which shows that women's substance misuse is hidden; that their alcohol and other substance misuse takes on a different pattern to men's; and that amongst other issues, lack of access to childcare and fear of social work involvement are key inhibitors support seeking by women.

While it is clear from this project that there were some gaps in service provision, and women were underrepresented in some specialised substance misuse treatment services in Ballyfermot, this is no different to other regions and mirrors what is happening both nationally and internationally. This project identified some excellent work that is happening locally and a clear interest from service providers to meet the needs of the women in the community. Furthermore, the women within a treatment services setting were very forthcoming about their praise for the service to them and primary care nursing showed a strong drive to reach out to the women they are working with.

The report asks for caution moving forward on the issue of alcohol use amongst women. It is vital that in taking in the information of this report and moving forward, that we tread carefully. By focusing on women we cannot overlook the significant impact of problematic alcohol use on men. Equally pertinent to this study is the substantial risk of alienating the very women we are trying to reach if messages about alcohol use become very rigid or moralistic.

Key findings of the report

- There has been a significant increase in alcohol use amongst women in the last 20 years.
- However, concern over women's alcohol use is not a new phenomenon.
- There are greater numbers of women with alcohol related liver disease than ever before.
- Women's alcohol use is influenced as much by their successes in employment and education as by any material disadvantages.
- Problematic alcohol use amongst female methadone patients within the HSE Addiction Services is at 30%.
- Ireland has one of the highest rates of alcohol use during pregnancy in the world.
- The key to supporting women around alcohol use during pregnancy is clear information and on-going conversations between women and health care providers.
- Women are underrepresented in specialised substance misuse services.
- Lack of access to childcare and fear of being labelled a bad parent are key barriers to women seeking support.
- For women experiencing alcohol – or any substance - misuse problem, monitoring their health and availing of health screening services is not a priority.
- The uptake of health screening services in disadvantaged communities is low.
- Women from disadvantaged communities are more likely to develop cervical cancer and cardiovascular disease.
- Conversations about health in any service setting can support women to take up health screening.
- Women are not an homogenous group, therefore their needs and circumstances vary enormously.

Introduction

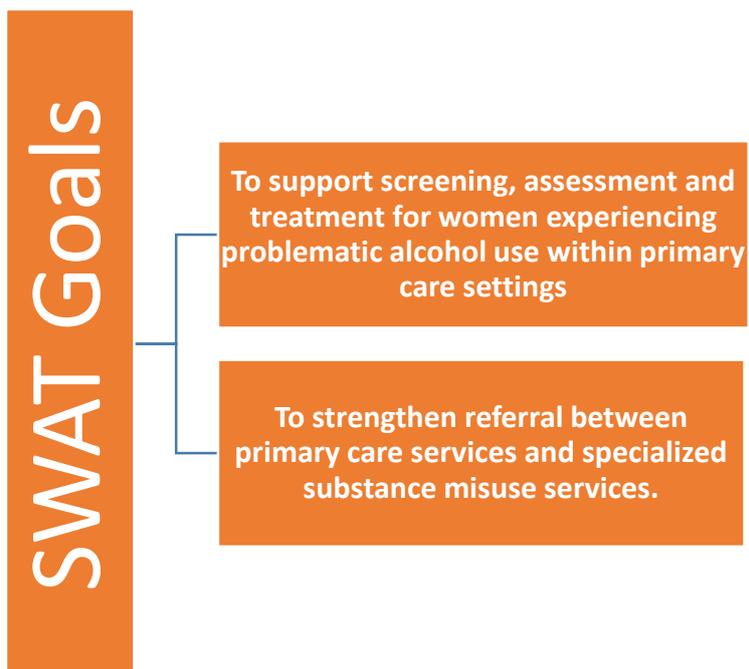
Like many other task force areas across the country, during 2016 Ballyfermot LDATF worked on its own Alcohol Strategy. Through the Dormant Accounts Fund, Ballyfermot split their activities into 3 sections, targeting youth, the community and women. In relation to women and alcohol, Ballyfermot's approach has been to look at the engagement of women in substance misuse services, the barriers to women accessing services, how to identify problematic alcohol use amongst women in the community and strengthening links between primary care settings and community based drug and alcohol treatment services.

This document outlines the different activities from research, data collection, meetings and focus groups which formed the basis of the project. The project conclusion and resulting recommendations are also presented in this document.

As the ultimate aim of this project was to explore and promote the engagement of women in treatment – within both health care and substance misuse settings – the project is entitled Supporting Women to Access Treatment (SWAT).

SWAT Project Goals

Project goals set to account for 2 strands of work being conducted



Literature Review

This literature review will examine the issue of women and alcohol use by examining the policy context; the recorded increase in alcohol use amongst women; the impact of alcohol on women's health; the potential causes of the increase in women's use of alcohol; women's engagement in treatment services; women's health and engagement in services generally; and finally the role of primary care as a means to identifying and supporting women experiencing problematic alcohol use.

Policy context

In recent years there has been increasing attention on problematic alcohol use both as a public health issue and amongst the cohort of individuals already availing of substance misuse treatment and rehabilitation services¹. Indeed it has long been argued that alcohol needs to be included within national substance misuse policy; although it has only been since the National Drugs Strategy 2009-2016 that formal recognition of alcohol alongside the other substances actually occurred². As such, there have been a number of activities associated with this change in policy; namely the development of the Public Health (Alcohol) Bill 2015, which outlines a number of measures to reduce the harms associated with alcohol use³. The Health Service Executive too have been working on a number of public health projects which are geared towards reducing alcohol related harm by providing evidenced and impartial information to the public about alcohol⁴. At a local level, funding has been made available via the Dormant Accounts Fund for each Drug and Alcohol Task Force region to work on its own alcohol strategy.

Alcohol use amongst women

Alcohol consumption increased dramatically over the last number of years, particularly during the Celtic Tiger⁵. Recent research highlights that in Ireland, 3 people in Ireland die every day from alcohol related harms and each night up to 2000 beds are taken up in our hospitals by people experiencing health related issues as a result of their alcohol use⁶. According to recent research by the World Health Organization (WHO), Ireland has one of the highest rates of alcohol consumption in Europe, with the same report revealing that Ireland has the second highest rate of binge drinking

¹National Drugs Strategy (2009) *National Drugs Strategy (Interim) 2009-2016 Department of Community, Rural and Gaeltacht Affairs* Dublin: The Stationary Office

²National Drugs Strategy (2009) *National Drugs Strategy (Interim) 2009-2016 Department of Community, Rural and Gaeltacht Affairs* Dublin: The Stationary Office

³Alcohol Action Ireland (2016) *The Public Health (Alcohol) Bill 2015* available at: <http://alcoholireland.ie/uncategorized/public-health-alcohol-bill/>

⁴Health Service Executive (2016) *HSE Agrees Policy; will not partner with alcohol industry on public health information* available at: <http://hse.ie/eng/services/news/media/pressrel/newsarchive/archive15/apr15/aaw.html>

⁵Butler, Shane (2009) "Obstacles to the Implementation of an Integrated National Alcohol Policy in Ireland: Nannies, Neo-Liberals and Joined-Up Government" *Journal of Social Policy* 38 (2) pp343-359

⁶Hennessey, Michelle (2014) "Ireland has the second rate of binge drinking in the world" available at: <http://www.thejournal.ie/binge-drinking-ireland-1464787-May2014/>

in the world.⁷ According to the WHO, binge-drinking and drunkenness have become normalized within Irish society. Although men are more likely than women to engage in binge drinking patterns⁸, the evidence suggests that there has been a significant upward trend since the early 2000's in women's binge drinking patterns, particularly amongst younger women⁹.

Western Europe has witnessed a steady narrowing of the gap between men and women's drinking patterns, with hazardous drinking patterns across all age groups no longer being the mainstay of men in our society¹⁰. Hazardous alcohol consumption has a non-discriminatory impact on both women and men; it is not confined to areas of socio-economic disadvantage nor to poor educational attainment. Research has shown that problematic alcohol use is the number one public health concern in third level institutions, with hazardous drinking patterns being common place amongst female university students¹¹.

There is further evidence of an increase in alcohol use amongst women in employment – those in managerial, well paid positions – again, demonstrative of a normalization of heavy alcohol use amongst working women to the same extent as men¹².

Impact of alcohol use on women's health

Although women's alcohol use has been shown to be reaching the levels of their male counterparts, women's bodies metabolize alcohol differently and are therefore experiencing a range of health related consequences as a result. The effects of problematic alcohol use for women have been shown to impact more quickly and more severely than for men¹³ and of all the harms caused by their alcohol use, women are most likely to report health related issues¹⁴.

There has been a marked increase amongst younger women (15-34 year olds) developing alcohol related liver disease, a group traditionally in the lower risk category for this illness¹⁵. Women are more likely to develop tissue damage, cancer and alcohol dependence than men with strong evidence linking a range of cancer-related deaths to female alcohol consumption.

⁷The Independent (2014) "Where does Ireland rank? World's Heaviest Drinking Nations Revealed" available at: <http://www.independent.ie/lifestyle/health/where-does-ireland-rank-worlds-heaviest-drinking-nations-revealed-30269937.html>

⁸The Independent (2014) "Where does Ireland rank? World's Heaviest Drinking Nations Revealed" available at: <http://www.independent.ie/lifestyle/health/where-does-ireland-rank-worlds-heaviest-drinking-nations-revealed-30269937.html>

⁹ Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

¹⁰Institute of Alcohol Studies (2013) *Women and Alcohol Factsheet* London: Institute of Alcohol Studies

¹¹Davoren et al (2015) *Hazardous Alcohol Consumption among university students in Ireland; A Cross-sectional study* British Medical Journal available at: <http://bmjopen.bmj.com/content/5/1/e006045.full.pdf+html>

¹²Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

¹³ Institute of Alcohol Studies (2013) *Women and Alcohol Factsheet* London: Institute of Alcohol Studies

¹⁴ Mongan D, Hope A and Nelson M (2009) *Social Consequences of Harmful use of Alcohol in Ireland* HRB Overview Series 9. Dublin: Health Research Board

¹⁵Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

Wine and spirits are the preferred alcoholic beverages for women¹⁶. Although increasing quantities and frequency of alcohol drinking amongst women is of concern, what is also contributing to the detrimental impact on women's health is the nature of the stronger alcoholic beverages consumed by women¹⁷. It's a double edged sword therefore, so even those women who are drinking less than men are doing as much damage on account of what they are drinking

The negative impact of alcohol use upon mental health is well documented, this being no less for women than it is for men. Whatever self-medicating motivations there may be for women using alcohol, alcohol use has been shown to make symptoms reappear much worse once the initial effects of alcohol have worn off¹⁸. Furthermore, drinking alcohol whilst pregnant poses a serious risk to the unborn baby and yet in spite of this alcohol use during pregnancy remains common place in Ireland¹⁹.

What is causing the increase in women's alcohol use?

Why are women drinking more? According to the literature a number of themes emerge as potential causes for the increase in women's alcohol use.

Empty nest syndrome is a phenomenon whereby it is argued that older women in their 50s are resorting to alcohol use to offset the difficult feelings associated with their children leaving the family home²⁰. This is not a new phenomenon, as it was first introduced in the 1970s as an explanation for the heavy alcohol use particularly amongst mainly middle class, middle aged women²¹. Although there has been some recent evidence of an increase in older women presenting for alcohol treatment services in Ireland²², empty nest theory fails to explain the experience of younger women.

The *ladette culture* which emerged in the early 2000s had a major influence on women's drinking patterns²³. From this era on, excessive drinking by women – particularly young women – was normalized in society, a condition which has not abated nearly 2 decades after it first emerged. Although this was a British term, Irish society embraced the ladette culture with gusto.

¹⁶Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

¹⁷Byrne, Derek (2016) "Irish women trapped in an abusive relationship with alcohol" The Irish Times available at: <http://www.irishtimes.com/opinion/irish-women-trapped-in-an-abusive-relationship-with-alcohol-1.2745228>

¹⁸Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

¹⁹Byrne, Derek (2016) "Irish women trapped in an abusive relationship with alcohol" The Irish Times available at: <http://www.irishtimes.com/opinion/irish-women-trapped-in-an-abusive-relationship-with-alcohol-1.2745228>

²⁰O'Regan, Mark (2016) "Secret Drinking of Lonely 'Empty Nest' Mothers" Irish Independent available at: <http://www.independent.ie/irish-news/health/secret-drinking-of-lonely-empty-nest-mothers-34534936.html>

²¹Institute of Alcohol Studies (2016) "Why are women drinking more?" available at: <http://www.ias.org.uk/Alcohol-knowledge-centre/Alcohol-and-women/Factsheets/Why-are-women-drinking-more.aspx>

²²O'Regan, Mark (2016) "Secret Drinking of Lonely 'Empty Nest' Mothers" Irish Independent available at: <http://www.independent.ie/irish-news/health/secret-drinking-of-lonely-empty-nest-mothers-34534936.html>

²³Institute of Alcohol Studies (2016) "Why are women drinking more?" available at: <http://www.ias.org.uk/Alcohol-knowledge-centre/Alcohol-and-women/Factsheets/Why-are-women-drinking-more.aspx>

Alcohol advertising has also seen changes over the years with alcohol companies frequently marketing alcohol products to women²⁴. Younger women were targeted via *alcopops* and other such designer alcohol beverages. At the same time there has been more marketing of alcohol towards women in the workplace – women experiencing success in the workplace were deemed an ideal target for alcohol marketing due to their increased buying power and disposable income²⁵.

Alongside advertising, has been the influence of the media. In particular, the *Wine O'clock* phenomenon has also emerged as a major influence within the mainstream media which is strengthening the normalisation of heavy alcohol use amongst women in western society²⁶. Images of successful women drinking alcohol to excess are prolific in the media and the public discourse, which offers a clear message that wine comes hand in hand with being a working woman.

Another factor has been the *increase in women's participation* in both the workplace and in education. Research has shown that the more successful women are in the workplace, the more likely they are to drink alcohol. Women in recent years have witnessed a marked increase in their employment opportunities, and are now participating in what were traditionally male spheres; as such the normalization of women using alcohol on a daily basis after work with colleagues has occurred. Women with successful careers have been shown to drink more alcohol in part due to the benefits of delaying childbearing and not having the responsibilities which come with children²⁷.

Equally women in education have been shown to drink more alcohol, with some research showing very high levels of alcohol use amongst female third level students in an Irish university²⁸. And due to the greater employment opportunities for women with higher educational attainment, the evidence suggests the better educated the woman is the more likely she is to use alcohol problematically.

Alcohol and Pregnancy

As women are biologically pre-determined to bear children, a full examination of the impact of alcohol use on women would be incomplete without mentioning the effect of alcohol on pregnancy. Alcohol use in pregnancy has been shown to be detrimental to the health of the unborn baby.

Foetal Alcohol Spectrum Disorder (FASD) is an umbrella term which describes the range of problems that can occur in person who has been prenatally exposed to alcohol²⁹. There are 4 categories of disorder which fall within FASD which are: Foetal Alcohol Syndrome (FAS) the rarest but most

²⁴Byrne, Derek (2016) "Irish women trapped in an abusive relationship with alcohol" The Irish Times available at: <http://www.irishtimes.com/opinion/irish-women-trapped-in-an-abusive-relationship-with-alcohol-1.2745228>

²⁵Institute of Alcohol Studies (2016) "Why are women drinking more?" available at: <http://www.ias.org.uk/Alcohol-knowledge-centre/Alcohol-and-women/Factsheets/Why-are-women-drinking-more.aspx>

²⁶ Hunt, Carol (2016) "That daily wine-o'clock bottle is a killer" available at: <http://www.independent.ie/opinion/columnists/carol-hunt/that-daily-wine-oclock-bottle-is-a-killer-34633843.html>

²⁷Institute of Alcohol Studies (2016) "Why are women drinking more?" available at: <http://www.ias.org.uk/Alcohol-knowledge-centre/Alcohol-and-women/Factsheets/Why-are-women-drinking-more.aspx>

²⁸Davoren et al (2015) *Hazardous Alcohol Consumption among university students in Ireland; A Cross-sectional study* British Medical Journal available at: <http://bmjopen.bmj.com/content/5/1/e006045.full.pdf+html>

²⁹Foetal Alcohol Spectrum Disorders Ireland (2016) *Foetal Alcohol Spectrum Disorders* Information Leaflet available at: http://www.fasd.ie/documents/FASD_Ireland_Brochure.pdf

commonly understood condition which can result in – amongst other issues - altered facial features; Partial Foetal Alcohol Syndrome (pFAS); Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD). FASD is caused directly by alcohol consumption during pregnancy as alcohol is regarded as a *teratogen* – that is, a substance which can cause harm to the developing foetus³⁰.

The current public health message in relation to alcohol and pregnancy is that there is no safe alcohol limit in pregnancy, although in Ireland, adherence to these guidelines is patchy at best and the public health message has been slow to take a foothold in the public consciousness^{31,32}. Likewise, although the public health message is clear that there are no safe limits of alcohol use during pregnancy and that even low doses of alcohol can harm the unborn baby, even within the medical field there remains much debate and indeed variation about the messages being given to pregnant women³³.

In this jurisdiction, screening around alcohol use during pregnancy is now national policy, but there is evidence to suggest that the full disclosure of alcohol use by pregnant women is not forthcoming. The World Health Organisation have recommended ongoing discussions about alcohol use between midwives and pregnant women throughout pregnancy rather than simply at the initial appointment – the development of a relationship of trust with the healthcare professional may aid honest disclosure and support abstinence. Total abstinence public health messages, however, may serve to prevent honest disclosure by pregnant women so much work is needed in relation to facilitating discussions between pregnant women and health care professionals³⁴.

Women in treatment

Women are underrepresented in drug and alcohol rehabilitation services; and as such, women's drug and alcohol use remains very much hidden in the community³⁵. Identification and support of women requires a concerted effort across primary care settings and addiction based services and non-addiction based services³⁶. When addressing substance misuse issues, women are more likely than men to hold a range of responsibilities from childcare to caring for other family members or friends³⁷. As a result, the barriers to women entering treatment are many, and although not always unique to women, the situations women face form a myriad of obstacles to them entering

³⁰Pierrefisch, Olivier et al (2016) *use of Alcohol During Pregnancy in France: Another French Paradox* Journal of Pregnancy and Child Health 3 (2)

³¹ Cullen, Paul (2015) *Drinking During Pregnancy is Rife, Study Finds* The Irish Times available at: <http://www.irishtimes.com/news/health/drinking-during-pregnancy-is-rife-study-finds-1.2275527>

³²Pierrefisch, Olivier et al (2016) *use of Alcohol During Pregnancy in France: Another French Paradox* Journal of Pregnancy and Child Health 3 (2)

³³Royal College of Obstetrician and Gynaecologists (UK) (2015) *Alcohol use in Pregnancy* available at: <https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-alcohol-and-pregnancy.pdf>

³⁴ Journal of Obstetrics and Gynaecology Canada (2010) *Alcohol Use in Pregnancy - Consensus and Clinical Guidelines* available at: <https://sogc.org/wp-content/uploads/2013/01/gui245CPG1008E.pdf>

³⁵SAOL (2016) *Welcome to Talk Time – Service Users Forum 2016: Let's Talk Health* a leaflet published as part of SAOL/UISCE joint conference on women's health March 2016

³⁶ Woods, Marguerite (2016) *'Keeping Mum': A Qualitative Study of Women Drug Users' Experience of Preserving Motherhood* – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

³⁷ Woods, Marguerite (2016) *'Keeping Mum': A Qualitative Study of Women Drug Users' Experience of Preserving Motherhood* – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

treatment³⁸. According to the United Nations, the barriers to women entering treatment can be broken down into 3 main categories³⁹.

Systemic It is argued that as women are underrepresented in decision making spheres services themselves are not configured to support the needs of women. There is a systematic lack of knowledge amongst service providers about the needs of women and a dearth of evidence based gender-orientated models for substance misuse treatment. The knowledge required to accommodate the needs of women just doesn't exist.

Structural The most obvious structural barrier facing women is their childrearing responsibilities. The social supports or financial resources needed for childcare provision is just not available to women with substance misuse issues. Conversely, even services who can provide childcare supports to women accessing treatment tend to be oversubscribed which means that women can face long waiting lists to get into treatment. Furthermore, rigid programme schedules within treatment services often collide with women's childcare responsibilities. The lack of coordination between primary care providers and community based substance misuse treatment is also regarded as a barrier to women entering treatment.

Social, Cultural and Personal According to the literature, women can face a number of personal barriers to entering treatment. Women face a fear of losing their children if they admit to substance misuse issues. Due to holding reduced power in the home environment, many women do not have access to the means to avail of treatment. Domestic violence is also another barrier to women participating in treatment programmes as women living such situations lack the decision making power in the home. Culturally there is a great stigma placed upon women with substance misuse issues, with such women being seen as more deviant than their male counterparts as they represent a diversion from the traditional "mother/caregiver" role often assigned to women⁴⁰. Women may often experience isolation and a lack of support from significant others which can help them avail of treatment. And finally as much of women's substance misuse goes undetected and is hidden for a long time, their personal motivation to access treatment is limited as they can see the substance as the solution rather than the problem.

Impact of women's alcohol use on the family

Recent government policy is recognizing the direct link between the needs of children and parental substance misuse⁴¹. In brief, the evidence shows that verbal and physical aggression is more likely to feature in the communication within a family where one or more member is a hazardous drinker; disorder and disruption in regular family routines is also a common feature of families with alcohol problems; alcohol dependence places a considerable financial burden on families; and the natural

³⁸US Department of health and Human Services (2009) *Substance Abuse Treatment: Addressing the Specific Needs of Women* available at:

http://www.drugsandalcohol.ie/14176/1/Treatment_Improvement_Protocol__51.pdf

³⁹United Nations (2004) *Substance abuse treatment and care for women: Case studies and lessons learned* available at: http://www.drugsandalcohol.ie/11796/1/UNODC_Treatment_and_care_for_women.pdf

⁴⁰ Woods, Marguerite (2016) 'Keeping Mum': A Qualitative Study of Women Drug Users' Experience of Preserving Motherhood" – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

⁴¹ Department of Children and Youth Affairs (2014) *Better Outcome Better Futures – the National Policy Framework for Children and Young People 2014-2020* Dublin: Stationary Office

bond or connection between parent and child is often interrupted when alcohol use becomes problematic⁴².

The evidence is clear that interventions addressing parental substance misuse will ultimately address the needs of children in a home where substance misuse is an issue⁴³. As women tend to be the primary carers of their children⁴⁴, through early intervention for women who are problematic alcohol users there is going to be a broader positive impact on their children. The social, emotional and economic impact on the children of women experiencing problematic alcohol use is palpable, to explore policies which could support these women to move away from their alcohol use can only be positive for their offspring.

Screening and Brief Intervention

In the context of addressing alcohol related harm, when applied within a primary care setting alcohol screening and brief intervention is seen as holding the most potential to achieve a wide impact across the population⁴⁵. Brief interventions in the context of primary care settings are described as 5-30minute conversations with an individual, the purpose of which is to support someone to reduce the harms associated with their substance use. Screening - by way of an evidence based screening tool such as the AUDIT or AUDIT C, - is used in partnership with brief intervention to help investigate potential problems and to begin the process of change towards either reduction in use or abstinence⁴⁶. Brief intervention works best with people with harmful or hazardous substance misuse issues to guide them towards change⁴⁷. Although not an effective treatment tool for an individual experiencing dependence on a substance, brief intervention can help highlight the issue and support someone through the process of accessing specialist treatment services⁴⁸.

According to the HSE, in order for health care professionals to effectively implement screening and brief intervention, they need training (*role adequacy*), an understanding that their profession is strongly placed to deal with substance misuse issues (*role legitimacy*) and finally the infrastructure to back up the intervention by way of onward referral options, time and other resources and access to on-going training (*role support*)⁴⁹. As such, the implementation of screening and brief intervention for substance misuse – including alcohol – within health care settings could be regarded as a process

⁴²Hutchinson et al (2014) *The Impact of Alcohol Use Disorders on Family Life – A Review of the Empirical Literature* Sydney: National Drug and Alcohol Research Centre

⁴³Horgan, Dr. Justine (2011) *Parental Substance Misuse: Addressing its Impact on Children- Key Messages and Recommendations from a Review of the Literature* Dublin: Stationary Office

⁴⁴SAOL (2016) *Welcome to Talk Time – Service Users Forum 2016: Let's Talk Health* a leaflet published as part of SAOL/UISCE joint conference on women's health March 2016

⁴⁵World Health Organisation (2003) *Brief Intervention for Problematic Substance Use: Guidelines for use in Primary Care* available at:

http://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf

⁴⁶Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

⁴⁷Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

⁴⁸⁴⁸World Health Organisation (2003) *Brief Intervention for Problematic Substance Use: Guidelines for use in Primary Care* available at:

http://www.who.int/substance_abuse/activities/en/Draft_Brief_Intervention_for_Substance_Use.pdf

⁴⁹Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

rather than an event, requiring a concerted effort across health care management and cross-sectoral collaboration.

The role of primary care in the identification and treatment of problematic alcohol use for women

In terms of primary care services, it has been widely argued that there is inequality with regard to women's health needs. There is a strong link between poor health and poverty. For example, women from disadvantaged areas are more likely to develop cervical cancer and cardiovascular problems⁵⁰. As women tend to do the majority of unpaid work in the home and are more likely to be parenting alone, the negative effects this can have on their mental and physical health have been well documented. Policies which increase the participation of women within primary care will result in the overall improvement of health for women now and into the future⁵¹.

As has been stated, there is also strong evidence to suggest that primary care is the optimum centre for the identification and treatment of alcohol problems in the general population⁵². Additionally however, the evidence suggests that increasing the capacity of primary care providers to identify and treat alcohol related problems has the most potential to promote early intervention for women in particular who have been shown to experience the most difficulty accessing specialised substance misuse services⁵³.

Ireland has been making steps towards screening and brief intervention through the SAOR project which is a model being rolled out to all Tier1 and 2 services in this jurisdiction⁵⁴. Notwithstanding, alcohol treatment within primary care has been reported by GPs as placing considerable strain on primary care services⁵⁵.

There is some work being conducted, but as yet to be reviewed, working towards training General Practitioners in screening and brief intervention, but again such initiatives can place additional burdens on an already stretched service⁵⁶. The greatest opportunity for screening and brief intervention in primary care seems to rest with nursing staff, who albeit working at capacity, are already somewhat engaged in the screening process through the public health nursing model⁵⁷.

⁵⁰National Women's Council (2006) *Women's Health in Ireland – Meeting International Standards* Dublin: National Women's Council

⁵¹National Women's Council (2006) *Women's Health in Ireland – Meeting International Standards* Dublin: National Women's Council

⁵²World Health Organisation (2016) *Intimate Partner Violence and Alcohol* available at: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

⁵³United Nations (2004) *Substance abuse treatment and care for women: Case studies and lessons learned* available at: http://www.drugsandalcohol.ie/11796/1/UNODC_Treatment_and_care_for_women.pdf

⁵⁴Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

⁵⁵ Dermody, A. & Banka, P. (2015) *Evaluation of CARE (Community Alcohol Response and Engagement) Pilot Project: Ballymun, Finglas and North Dublin*. Dublin: Ballymun Local Drugs & Alcohol Task Force /Quality Matters

⁵⁶ Dermody, A. & Banka, P. (2015) *Evaluation of CARE (Community Alcohol Response and Engagement) Pilot Project: Ballymun, Finglas and North Dublin*. Dublin: Ballymun Local Drugs & Alcohol Task Force /Quality Matters

⁵⁷Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

In order to address the complex needs of women they need support and access to the right services⁵⁸. Alcohol screening is regarded as the best means of identifying alcohol dependence within non-specialized substance misuse services. Whilst most alcohol related problems can be managed within primary care settings⁵⁹ where more support is required, a concerted effort of coordination and communication between primary care and community based substance misuse services is required. With the right information about onward referral options, referral to a specialist treatment facility is made easier⁶⁰. Therefore, greater collaboration across sectors can expedite referral between Tier 1 and Tiers 2-4 within the 4 Tier Model of Substance Misuse services⁶¹.

A word of caution

Although drawing attention to women's health and highlighting the unique issues associated with women's alcohol use is important in terms of public health, it is important to tread carefully. It has been argued that as women deviate from what is expected of them, that is the traditional role of mother or caregiver, societal response to this is one of shame and stigma for these women rather than compassion and understanding⁶². Women are regarded as *doubly deviant* – they are not only engaging in non-sanctioned behaviour, but they are also a bad mother, a bad daughter, a bad person⁶³.

Likewise, caution is needed around the public health messaging in relation to alcohol and pregnancy. Firstly, disclosure of alcohol use by pregnant women will not be forthcoming if women feel they will be judged and not supported. Secondly, communities need to be supported not to view the public health messaging as a means to turning pregnant women into public property – offering unsolicited advice and judgement on women who are using alcohol and pregnant⁶⁴ - reverting women back to the patriarchal society which has been so bravely fought against. Furthermore, stringent public health messages around alcohol use and pregnancy can also bring into question alcohol use by women of childbearing age even if they are not pregnant⁶⁵ - harking of social control.

The media representation of the issue of women and alcohol likewise hark of the shame laden association between women, alcohol and parenting. One writer went as far as to imply that there

⁵⁸ Woods, Marguerite (2016) *'Keeping Mum': A Qualitative Study of Women Drug Users' Experience of Preserving Motherhood* – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

⁵⁹Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

⁶⁰Babor, Thomas F and Higgins-Biddle, John C (2001) *Brief Intervention for Hazardous and Harmful Drinking* World Health Organisation: Department of Mental Health and Substance Dependence

⁶¹ Doyle J, Ivanovic J (2010) National Drugs Rehabilitation Framework Document. National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive

⁶² Woods, Marguerite (2016) *'Keeping Mum': A Qualitative Study of Women Drug Users' Experience of Preserving Motherhood* – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

⁶³ Woods, Marguerite (2016) *'Keeping Mum': A Qualitative Study of Women Drug Users' Experience of Preserving Motherhood* – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

⁶⁴ Duff, Michelle (2015) *Why should pregnant women become public property?* Available at: <http://www.stuff.co.nz/life-style/parenting/pregnancy/68211999/why-should-pregnant-women-become-public-property>

⁶⁵ Journal of Obstetrics and Gynaecology Canada (2010) *Alcohol Use in Pregnancy - Consensus and Clinical Guidelines* available at: <https://sogc.org/wp-content/uploads/2013/01/gui245CPG1008E.pdf>

was sufficient evidence to support the argument that women under the influence of alcohol will leave children in a dangerous situations which is “considered by some experts as an alcohol related harm”⁶⁶. Whilst there is strong weight to the suggestion that alcohol use impairs decision making and parenting⁶⁷, and that of course problematic alcohol use is a factor in many child welfare cases⁶⁸ this should by no means be seen as a uniquely maternal trait.

By focusing on women’s alcohol use and the impact on the family, are we shifting our focus away from the detrimental effects of men’s drinking? Let’s not forget the strong link between alcohol use and male perpetrated domestic violence⁶⁹ and the equally strong relationship between alcohol use and suicide amongst men⁷⁰. By solely drawing attention to women’s behaviour we run the risk of missing the full picture, particularly in relation to children and families which should not be regarded as the sole responsibility of women. The structural issues such as the ghettoization of poorer families which are often headed by a woman need to be addressed and likewise the complexities of poor youth mental health will not be resolved by simply telling women to drink less.

Conclusion

It is clear from the research that with increased participation in society - as women emerge from the domestic sphere - their alcohol use has increased as a result; thus implying a darker side to equality. As women are earning more and as our drinking is associated with educational and employment achievements, more than it might be with poverty or social exclusion, the argument that women’s limited financial means as a factor in their being unable to access treatment needs to be reconsidered.

In summary, the main conclusion to be drawn is that services (everyone) need to consider all types of women, not just the traditional views of women – women are not an homogenous group, we vary in our circumstances, needs and resources⁷¹. Service providers need to consider how female friendly they are – being mindful and inclusive of the circumstances of all women, not just a narrow view of what they think women are looking for and need.

In conclusion, this author would argue that it is vital that the public health campaign provides balanced information about alcohol use. It needs to highlight some of the unique health issues facing men as well as women, that it supports services to make themselves available to female service users, but that it by no means adds weight to the inevitable media and public scapegoating of women for the ills in society on account of their non-adherence to guidelines as to sanctioned female behaviour.

⁶⁶Byrne, Derek (2016) “Irish women trapped in an abusive relationship with alcohol” The Irish Times available at: <http://www.irishtimes.com/opinion/irish-women-trapped-in-an-abusive-relationship-with-alcohol-1.2745228>

⁶⁷Hutchinson et al (2014) *The Impact of Alcohol Use Disorders on Family Life – A Review of the Empirical Literature* Sydney: National Drug and Alcohol Research Centre

⁶⁸ Hutchinson, Delyse M et al (2014) *The Impact of Alcohol Use Disorders on Family Life: A Review of the Empirical Literature* available at: <http://www.drugs.ie/resourcesfiles/ResearchDocs/Global/TheImpactOfAlcoholUseDisordersOnFamilyLife.pdf>

⁶⁹World Health Organisation (2016) *Intimate Partner Violence and Alcohol* available at: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf

⁷⁰Alcohol Action Ireland (2016) *Alcohol, Suicide and Mental Health* available at: <http://alcoholireland.ie/policy/policy-documents-1/>

⁷¹Woods, Marguerite (2016) ‘Keeping Mum’: A Qualitative Study of Women Drug Users’ Experience of Preserving Motherhood” – Presentation to SAOL Project available at: <http://www.saolproject.ie/userfiles/file/Marguerite%20Woods.pdf>

Methodology

Methodological rationale

A mixed methods approach was used for this project. The project scope was broad, targeting both drug and alcohol treatment services as well as Primary Care services. The goal of the project methodology was to consult with a broad range of service providers and gather service user feedback in relation to women's needs, in order to feed into an overall list of recommendations for progressing women's health in 2017. The diagram on the next page highlights the range of activities.

Data collection

In addition to these meetings, some data was collected. Data was drawn from the NDTRS as well as from each individual service represented at the Treatment and Rehabilitation Subgroup of the Ballyfermot LDATF. Data from the DSP was also gathered in order to highlight the statistics relating to the Ring Fenced Community Employment Schemes on a national basis.

Project governance

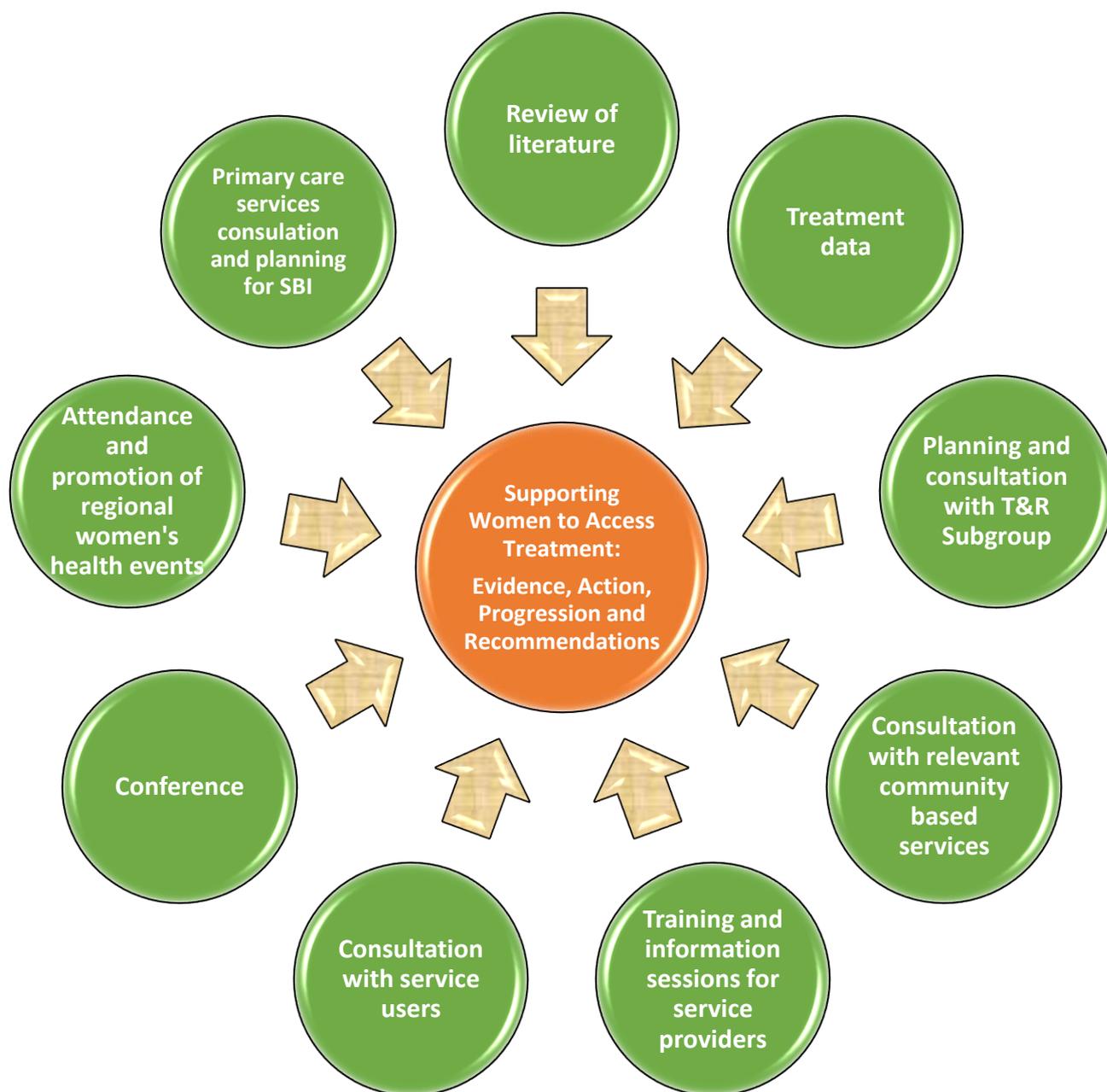
Project was led through the Treatment and Rehabilitation Subgroup, and Coordinated through the T&R Coordinator. There were 2 SWAT project meetings at the beginning of the project and mid-way through to support progression. Consultation with both the Chair of Treatment and Rehabilitation Subgroup and the LDATF Coordinator was on-going as well as discussion with each project represented at T&R as and when needed.

Project methodology limitations

The methodology faced a number of limitations. Firstly, one-to-one meetings, although a rich source of information, would be strengthened with input from other GPs and Midwives. A second limitation has been the data available through the HRB which although a useful resource has some drawbacks. The data collection within each project varies and therefore NDTRS returns are often patchy, and so when drilled down locally cannot be entirely relied upon as an accurate picture of the exact numbers of individuals attending services. Also, as not all projects are submitting NDTRS data via the online system, data available within the public arena is 3 years old. Likewise, in the absence of a unique identifier for each service user, it is impossible to tell whether a service user has been counted multiple times.

Notwithstanding, each meeting conducted was a source of valuable information which can be used to begin the process of moving forward in relation to women's health and likewise the data collected, although not perfect, provides a very clear picture of the low numbers of women attending drug and alcohol treatment services within Ballyfermot.

Project methodology diagram



All activities within the outer ring feed into the overall project whether by providing the **evidence base** through research, **action** by way of completed elements such as training, **progression** through planning with stakeholders for future actions or by highlighting the need for **further action through recommendations**.

Project meetings, events and training schedule

Date	Title	Meeting purpose	Present	Outcome
25/1	<i>Women and alcohol project planning meeting</i>	To clarify project goals	Ciaran Reid, Frank Gilligan	Coordinator to progress project through T&R Subgroup
2/3	<i>Women and alcohol raised at T&R</i>	Project support established	T&R Subgroup	Project specific meeting to be scheduled and logic model planning template to be agreed and signed off.
14/3	<i>DAF reporting requirements</i>	Confirm reporting requirements to Dormant Accounts Fund	Barbara Brennan	DAF updates to be completed by coordinator as required.
21/3	<i>SWAT Subgroup</i>	To discuss project plan and goals and to signoff planning document	T&R members subgroup	Logic model planning document provides project direction. Support through T&R Subgroup and further project specific meetings as needed.
4/4	<i>Key worker meeting</i>	Highlight women's project and role of alcohol screening	Key worker network	Further information about upcoming SAOR training to be distributed to group

14/4	<i>SAOR Training</i>	SAOR Training	Project coordinator and key workers	SAOR Training Completed, 3 project workers from D10 attended training alongside coordinator. SAOR project manager suggested accessing primary care through nursing coordinators.
4/5	<i>T&R Subgroup meeting</i>	Highlight some of the challenges faced in relation to accessing primary care.	T&R Subgroup	Another subgroup meeting to be held, and all T&R members to support project in relation to putting Clara into contact with a GP to advise on the project.
12/5	<i>Meeting with Regional Rehabilitation Coordinator</i>	To seek project support in direction	(HSE Rehabilitation Coordinator)	Coordinator advised to contact practice nurse coordinator.
26/5	<i>SWAT Subgroup meeting</i>	Subgroup meeting to progress items	T&R members subgroup	Leaflet sign off, coordinator permitted access to women's group in Star for focus group.
30/5	<i>Meeting with Practice nurse coordinator</i>	Discuss project and look at alcohol screening in primary care.	(Practice nurse coordinator)	Coordinator to contact public health nursing coordinator about project. Nursing staff would require training and information on referral pathways.
8/6	<i>Meeting with Tallaght Alcohol Development Worker</i>	Make plans for a shared Alcohol Conference	(Tallaght LDATF Alcohol Development Worker)	Planning to begin for shared conference for workers in both Tallaght and Ballyfermot LDATF regions.
16/6	<i>Meeting with</i>	Discuss	Anne Lynott	Project was discussed with assistant coordinator, details to be

	<i>PHN director</i>	project and alcohol screening within Primary Care.	(Public Health Nursing Coordinator)	passed onto PHN coordinator and follow up to be made by project coordinator.
28/6	<i>Focus group with women in treatment</i>	Get feedback around women's health and drug and alcohol use.	Star Women's Group	Focus group feedback to feed into recommendations for womens' health project in 2017.
6/7	<i>T&R Subgroup meeting</i>	Raise project progression and seek permissions	T&R Subgroup	Permission granted for use of additional funds for shared conference. Group advised that leaflet production to be stalled until new alcohol guidelines published by HSE and leaflets need further guidance from graphic designer.
7/7	<i>Meeting GP HSE Addiction Services</i>	Discuss project and get feedback about alcohol screening in HSE Clinic	(GP HSE Addiction Services)	Detailed input from Dr Troy. Dr Troy to provide data on % of SUs with alcohol related problems at the clinic.
18/7	<i>Key worker meeting</i>	Seek input from key workers in relation to conference content.	Key workers network	Key workers advised of upcoming conference and asked for input in relation to speakers/information that would be useful.
19/7	<i>Meeting with Tallaght Alcohol</i>	Planning meeting for shared	Anthea Carry	Planning for conference ongoing. Communication via email and speakers to be sought.

	<i>Development Worker</i>	conference		
28/7	<i>Meeting GP HSE Addiction Services</i>	Get data from clinic, permission for Dr's input to be included within the project document.	<i>GP HSE Addiction Services</i>	Dr to retrieve data from other clinics within region. Permission granted for use of Dr's input into project document.
5/9	<i>Meeting with Tallaght Alcohol Development Worker</i>	Conference planning	Anthea Carry	Ongoing planning for conference, location and budgets agreed and some speakers secured.
15/9	<i>Joint working to establish progression plan with public health and practice nurses</i>	Meeting to discuss alcohol screening in primary care.	PHN Coordinator and PC Coordinator	Exploring possibility that SBI training could be provided to nursing staff but SAOR training is too long. To broaden focus across all substances not only alcohol. Discussion to be had with brief intervention trainer with HSE HPU. Agreement to take part in screening data collection, but not without training first. Meetings and training best conducted at lunchtimes due to time constraints in PC. Support for scheduling meetings to be sought through assistant PHN coordinator.
19/9	<i>Meeting with Tallaght Alcohol Development Worker</i>	Conference Planning	Anthea Carry	Ongoing planning meeting. Agreement to use Eventbrite for registration and promotion for event to begin beginning of October.
3/10	<i>Meeting with</i>	Discuss BI	(HSE training	Can provide lunchtime training in brief intervention, but

	<i>Trainer with HPU</i>	training for PC.	officer brief intervention with HPU)	screening tool to be introduced and explained by coordinator. Brief intervention can be used across variety of health related issues, but can focus on alcohol for purpose of current project. Planning to be completed via email.
4/10	<i>Meeting with Probation Service</i>	Get input from Probation on SWAT project.	Nuula Macken (Probation Service)	Questionnaire provided seeking feedback on a number issues. Nuula to discuss with her team and return in 2 weeks.
6/10	<i>National Alcohol Conference</i>	Networking, researching for regional conference.	Coordinator and 1 member of key worker network	National Alcohol Conference attended.
7/10	<i>Meeting with DLM</i>	Discuss SWAT Project.	Drug Liaison Midwife	DLM to attend Regional Alcohol Conference and deliver piece on alcohol and pregnancy. Ongoing communication between DLM and T&R Projects.
10/10	<i>Focus group with women in non-treatment setting</i>	Seek feedback in relation to women's health needs.	BSII Women's group	Focus group conducted to seek feedback from women in a non-treatment setting.
12/10	<i>FASD Seminar</i>	FASD Seminar	HSE Maternity services	Information on FASD needs to be distributed to T&R services and to wider community.
17/10	<i>Meeting with LES Manager</i>	Discuss SBI	LES Manager	Highlight importance of upcoming conference and future training in supporting LES staff to manage problematic alcohol use amongst SUs.
19/10	<i>Meeting with NSS</i>	Discuss SWAT Project	National Screening Service	NSS to do talk with T&R services and NSS to sit on women's health steering group in 2017. NSS literature to be distributed at alcohol conference. Further information about cervical smear campaign to be discussed in the future.

24/10	<i>Meeting with LES Guidance Team</i>	Discuss conference	LES Guidance team	LES advised of upcoming conference and SAOR model, with dates to be announced.
16/11	<i>Alcohol Conference</i>	Alcohol Conference	Tier 1-4 locally and beyond	Full day conference incorporating speakers from a range of backgrounds exploring alcohol from the community, individual, family and health perspective.
17/11	<i>Phone call with National Rehabilitation Manager</i>	To establish national requirements for SBI	Aoife Davey	Aoife clarified that SAOR is the model which is to be used for screening and brief intervention with substance misuse. SAOR can be tailored to meet the needs of the group being trained, this can be discussed locally.
21/11	<i>Meeting with Primary Care medical staff</i>	Screening and Brief Intervention, referral pathways into T&R services	PC Staff	Meeting explored SBI, 4 Tiers of substance misuse use rehabilitation and treatment services, the role of PC in substance misuse and referral options in Ballyfermot. This was first of 3 sessions. Next session will be SAOR Training and final session, referral pathways.
8/12	<i>Meeting to progress public health services within the community</i>	To provide information about range of public health screening services	NSS and T&R Services	Information relating to public health screening to be distributed around projects. Needs of service users to be identified through discussions within each project (Traveller women for example). Another training session with NSDS for service providers who were not in attendance. Public health information to be provided to the community via health seminar/event.
13/12	<i>Women in Addiction Seminar - Inchicore</i>	2 speakers who specialise in women in addiction presenting	Service providers within Inchicore/Bluebell and Ballyfermot LDATF	Exploration of the different needs of women and how service providers can adapt their service to accommodate those needs. Also journey into addiction is different for men and women as well as journey away from substance misuse, as such treatment models need to be mindful of these differences. Compassion is needed in relation to the childcare needs and responsibilities of

		information to service providers.		women in treatment.
14/12	<i>Meeting with Ballyfermot Youth Service</i>	To explore current work with young women in youth service and issues relating to alcohol and other substance misuse within the youth services	Coordinator and BYS project worker.	Need to strengthen relationship between BYS and T&R process. Inclusion of needs of young women within women's health initiative. Looking at empowerment for young women and how services need to adapt to be inclusive of the needs of women.

Ballyfermot Treatment data – Specialised drug and alcohol treatment services

Statistics on the number of women in treatment and the number for whom alcohol is a problem substance – either as a single substance or with other substances – are available through the National Drug Treatment Reporting System (available through www.drugsandalcohol.ie).

Although the data is helpful by means of providing an overall picture, due to discrepancies between how services complete and submit forms, the data is not entirely indicative of the actual situation being researched. Similarly, there is not 100% coverage across services as some community based treatment services are not registered with the NDTRS, and as such many drug treatment interventions are not being captured. An additional challenge when using the NDTRS data is that the Health Research Board publish data dating back 3 years, so data tends to be a few years out of date. Notwithstanding, the data is reliable enough to form a solid picture from which to base arguments particularly in relation to the underrepresentation of women within treatment services.

Presentations to D10 substance misuse services for clients citing alcohol as their main problem substance⁷²

Year	Alcohol		All drugs (combined)	
	Male	Female	Male	Female
2011	35	10	77	42
2012	33	15	44	41
2013	38	14	54	27
Totals	106	39	175	110

The above data clearly shows a much higher number of men than women are presenting for drug and alcohol treatment and rehabilitation services in Ballyfermot. Although there is a differential between the use of drugs and alcohol between men and women, the differential is not as significant as the treatment data suggests. What can be deduced from this data is that women are underrepresented in drug and alcohol treatment services in Ballyfermot.

In order to provide a more accurate and up-to-date picture of the number of women in specialised drug and alcohol treatment services in Ballyfermot, each of the projects represented at the BLDATF Treatment and Rehabilitation Subgroup and the HSE Addiction Services, were asked for data⁷³. The data requested was for the period 1st January 2016 through to 31st July 2016 inclusive.

⁷² NDTRS Treatment data available at: www.drugsandalcohol.ie

⁷³See appendix v for the data collection form specific to Ballyfermot treatment services.

HSE Addiction Services

	Total number in treatment	Male	Female
Total number in treatment	161	107 (66.5%)	54 (33.5%)
Alcohol	48	33	15

Of the 161 total number of patients accessing the HSE Addiction Services in Ballyfermot, 54 are female, that is 33.5% of total. Of all 161 patients in the clinic, alcohol is a problem for 48 of them, that is 29% of methadone patients at the clinic present with problematic alcohol use. Of the 54 female patients at the clinic, 27% (15 out of 54) of them present with problematic alcohol use. 9% of the total patients at the clinic are women experiencing alcohol related issues.

Any further breakdown of the patient cohort was not provided, that is age range or employment status of the female patients.

Project A

Gender	Total number reporting alcohol only	Total number reporting alcohol with another substance	Total number of service users (all substances combined)
Male	1	11	72
Female	5	7	26

Of the 98 service users who availed of support at Project A within the reporting period 26 were female (that is 36% of total service users in the reporting period were female). Of those females, 12 (46% of all women who presented) reported alcohol as a problem substance.

The age range was 21-52 (mean age 35years old). The majority of women fell into low-risk to harmful alcohol use, although 16% of women were high risk drinkers when using the Audit screening tool.

Project B

Gender	Total number reporting alcohol only	Total number reporting alcohol with another substance	Total number of service users (all substances combined)
Male	3	10	26
Female	3	7	21

Of the 47 service users who availed of support at Project B within the reporting period, 21 (45%) were female. Of those female clients, 10 (47% of all female service users) reported problematic alcohol use, 3 identifying alcohol as the only problem substance.

The 3 women who reported alcohol as their only problem substance at this project were all aged between 48-50years old.

Project C

Gender	Total number reporting alcohol only	Total number reporting alcohol with another substance	Total number of service users (all substances combined)
Male	6	28	38
Female	0	0	0

This project reported no female service users in the reporting period (1st January 2016 to 31st July 2016).

Project D

Gender	Total number reporting alcohol only	Total number reporting alcohol with another substance	Total number of service users (all substances combined)
Male	2	3	5
Female	3	4	7

DSP Data

The following data provides information relating to the numbers of people who availed of Ring-fenced Drug Rehabilitation Places within the Community Employment scheme. The data relates to total figures as of June 2016. What is clear from the DSP data is that firstly women make up a smaller number of the DRP participants nationally (39% of total) and that the women who do avail of DRPs are over 10x more likely to be in receipt of Lone Parents Allowance than men.

Table 1: Ring-fenced Drug Rehabilitation Places by age and gender

Age Band	Gender		Total	%
	Male	Female		
Under 20	28	9	37	3.7
20-24	190	62	252	25.1
25-34	182	78	260	25.9
35-44	196	69	265	26.4
45-54	86	41	127	12.7
55 and over	40	22	62	6.2
Total	722	281	1,003	100.0

Table 2: Ring-fenced Drug Rehabilitation Places by Benefit Type and Gender

Benefit Type	Gender		Total	%
	Male	Female		
Jobseekers Allowance (JA)	558	145	703	70.1
Jobseekers Benefit (JB)	17	11	28	2.8
Lone Parents (incl. widow(er)s)	5	53	58	5.8
Disability Payments	63	25	88	8.8
Other	79	47	126	12.6
Total	722	281	1,003	100.0

General Feedback from projects

Dependent children

All projects reported dependent children living with their female service users.

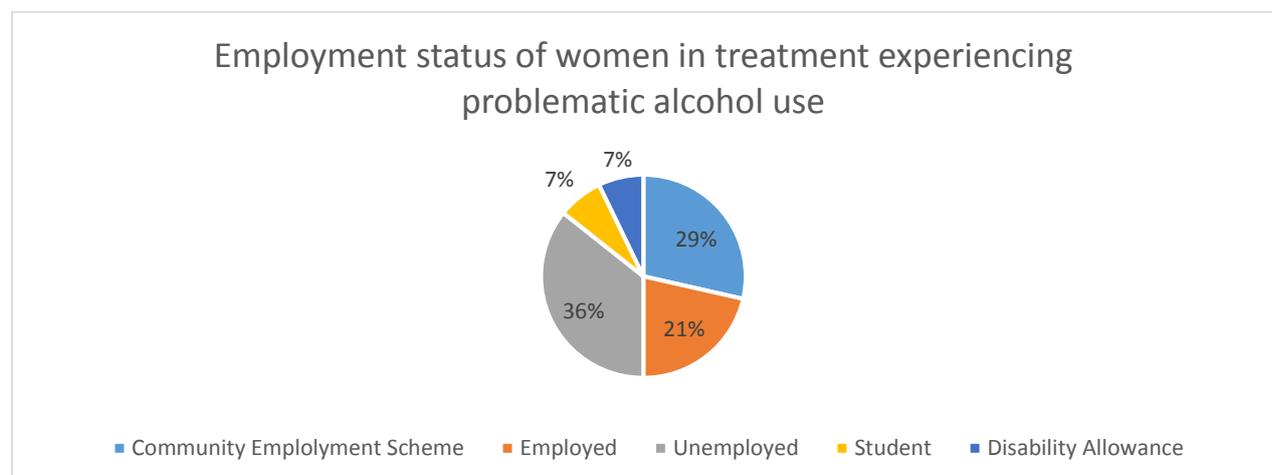
Additional substance reported alongside alcohol

Opiates; Cocaine; Benzodiazepine; Cannabis; Lyrica

General comments from service providers about alcohol use amongst women

- Some service users have reported liver problems due to their alcohol use
- Stroke and pancreatic disorders also reported
- Increase in beer drinking due to buying beer by the box
- Broad range of alcohol products being consumed (spirits, wine and beer)
- Using alcohol to relax in the evening
- Using alcohol for the full day
- Social Service involvement with children due to alcohol use in the home

Employment status



Meeting with HSE Addiction Services GP

The clinic doctor, was asked about a number of issues pertaining to alcohol use amongst women on methadone treatment, their health needs, and how services can respond. The following outlines the Dr.'s comments on these issues under a number of headings.

Health

The health of anyone coming from a long history of heroin addiction and other substance use is poor. The range of health issues faced by patients at the clinic is broad, and according to the doctor, these would be no different for men than for women.

- 80% of patients at the clinic are Hep C positive.
- Ulcers and abscesses are commonplace
- Blood clots are a frequent health issue for patients
- Many patients have had limbs amputated due to blood clots, and so are managing the effects of reduced mobility
- Issues associated with smoking, such as emphysema and asthma are a consistent theme
- Liver disease and poor liver function on account of alcohol use
- HIV infection is common

In addition to the substance misuse itself, poor diet, lack of exercise and smoking are major contributory factors to the poor health of people attending the HSE Addiction Services. Poor diet and an unhealthy lifestyle reduces the patients' resilience to infection and therefore even where treatment is provided, treatment outcomes are compromised.

Issues specific to women

In addition to the above health related issues, female patients experience additional complications. Sexually transmitted infections are high amongst women. This is due to women using sex as a means to access to drugs. Many women at the clinic then experience unplanned pregnancies. In terms of contraception, many patients are resistant to the use of contraception for a number of reasons.

Alcohol use amongst methadone patients

- The Dr said that once new patients are stabilised on methadone, there is a tendency for them to regress in terms of their substance use, and many return to using alcohol.
- Dr regards the low cost of alcohol in Ballyfermot as a major contributing factor to the alcohol use of patients, for the same price as a small quantity of illicit substances, someone can purchase large quantities of alcohol.
- The doctor stated that boredom and lack of meaningful activities is a factor leading to increased alcohol use amongst patients.
- The clinic use the AUDIT Alcohol screening tool.
- Alcohol testing is done through breathalysing patients.

Probation Services Questionnaire

The Probation Service team for Ballyfermot covers both Ballyfermot and Clondalkin; as such, responses to questions below pertain to both regions.

1. What percentage of case load is female?

About 3%

2. Has there been any change in relation to the number of women on probation in recent years (increase/decrease)

There has been an increase in the number of women on probation recently

3. For how many of those women is substance misuse an issue?

Not all of the women have substance abuse as an issue but most of them at a guess 2.5%

4. And alcohol specifically?

Alcohol specifically is a problem substance for about 50% of women with substance misuse issues.

5. Are the women's offences connected to their alcohol use?

Yes. Shoplifting and theft to get money for alcohol.

6. Do you use alcohol screening tools?

Yes we use screening tools and currently exploring SAOR model training.

7. What are the patterns of alcohol use amongst the female service users on Probation?

There is a pattern of binge drinking followed by abstinence for short periods and then relapse back to binge drinking.

8. What treatment does probation offer? (brief intervention?)

The Probation Service is currently piloting SAOR training for probation staff to roll out screening and brief intervention. We also refer our clients to services within the community.

9. To what kind of services do you refer the women?

HSE addiction services, Star, Matt Talbot, Fusion and other community based projects.

10. How would you describe the general health of the women who are using the Probation Service?

The women are in poor health.

11. What interventions do you provide in relation to health related issues?

None, we rely on the key working supports of the projects we refer to.

12. Are there any services you feel are missing for the women?

A women's group in the area would be great to build confidence etc.

Supporting pregnant women

Maternity Services screen for alcohol and other substance use in their first antenatal appointment and throughout pregnancy, which is then recorded in their file – all midwives received training under the guidance of the National Programme for Screening and Brief Intervention⁷⁴. The World Health Organisation recommend on-going communication around alcohol use for pregnant women, throughout pregnancy and not just on booking visit – as women may not fully disclose their alcohol use at first appointments, but as the pregnancy progresses they may be more inclined to as their relationship with the health care provider develops. Information leaflets are provided to women explaining the risks of alcohol use during pregnancy and midwives themselves will educate women around how to keep themselves and their baby healthy during pregnancy.

The Maternity Services will admit women who present to their appointments under the influence of alcohol and will provide supports to these women and with their consent will offer onward referral as required.

The key message in relation to alcohol and pregnancy is that there are no safe alcohol limits during pregnancy. As such, pregnant women need to be discussing their alcohol use with their health care provider, either GP or mid-wife. Alcohol detox which is a very complex procedure at any time but particularly during pregnancy, the health of the woman and her unborn baby needs to be monitored closely by the health care professional and not attempted in the absence of medical support and guidance.

A key step in supporting pregnant women is ensuring that the lines of communication are kept open and that women are encouraged to openly discuss any alcohol use before or during their pregnancy with their midwife and/or GP.

Another message which can help prevent problems around alcohol use during pregnancy is to provide women with the information they need before they get pregnant. This is in order that women have an understanding about the no safe alcohol limit guidelines and are therefore clearer about the steps they need to take should they discover they are pregnant.

The referral pathway for a women experiencing problematic alcohol use who discovers she is pregnant is the same as for any other pregnant woman, and that is to present to her GP for initial pregnancy assessment and onward referral to maternity services. As it stands there are no unique services for pregnant women with alcohol related problems and as such GP referral is a key component in the care of this woman and her baby.

⁷⁴ HSE (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use – For Nurses and Midwives in Acute, Primary and Community Care Setting* Dublin: Office of the Nursing and Midwifery Director

Conference

A joint conference was planned between Ballyfermot LDATF and Tallaght LDTAF. The goal of the conference was to highlight the issue of problematic alcohol use from a personal, health, social and community perspective. The conference was targeted at all workers in the community who may come into contact with people who might be experiencing problematic alcohol use.

The goal was to highlight that addressing alcohol related harm is best done through a public health approach – that is, targeting all members of the community, through whatever services they present at.

As such, the conference delegates included representatives from a range of community based services from LES, Youth Services, Community Development, Task Force representatives, traveller specific services, education and mental health services.

The conference agenda can be found in Appendix viii. A range of speakers were invited to talk about alcohol from a number of perspectives; alcohol use and pregnancy, alcohol and offending; alcohol and its impact on the family. A presentation was also done on Women and Alcohol which incorporated aspects of the literature within this project and an overview of the SWAT project as a whole. The goal of presenting at the conference on women and alcohol specifically was to highlight the recent research; to make known to service providers the importance of making their services adaptable to the needs of women and the whole community approach to progressing women's health particularly by way of supporting access to primary care and/or screening services.

The role of screening and brief intervention within non-specialised substance misuse service was emphasised, with the overall view being that screening and brief intervention is the best means of tackling alcohol related harm using a public health approach. Local referral pathways were then distributed to delegates by way of leaflet (following pages).

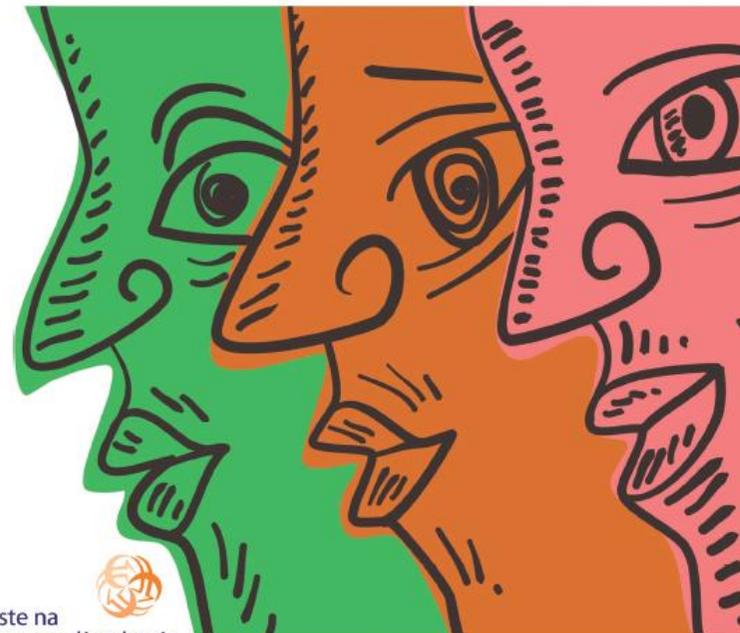
The conference was viewed as a means to get as much information as possible out to as many workers as possible, but that it was only the first step in what should be regarded as an on-going relationship across sectors for the purpose of addressing alcohol related harm in general and creating greater awareness of the needs of women specifically.

Where can I go for help?

Ballyfermot Advance: Individual support, drop-in, childcare support.	(01) 6238001
Ballyfermot Star: Individual and family support, childcare service, CE Scheme.	(01) 6238002
BSII: Individual and family support, information and drop-in.	(01) 6267041
Fusion CPL: Individual and group support, employment and education support.	(01) 6231499
Familibase: Child and family support and young persons substance misuse service.	(01) 6546800
JobPlan: Individual and group support, employment guidance.	(01) 6235612
Matt Talbot: CE Scheme - Individual and group support, training and education.	(01) 6264899
Liberty: CE Scheme - Individual and group support, training and education.	(01) 4193999
HSE: Primary health care services, GP, Public Health Nurses.	07669 56000 Ballyfermot Primary Care Centre

Useful websites: www.askaboutalcohol.ie • www.alcoholicsanonymous.ie
www.services.drugs.ie • www.smartrecovery.ie

Do You Drink Alcohol?



ciste na
gcuntas díomhaoin
the dormant
accounts fund

Low Risk Alcohol Guidelines

Weekly low risk guidelines should not be consumed in one sitting. Consuming more than 6 standard drinks in one sitting is defined as binge drinking which can greatly increase your risk of injury, depression, stress and memory loss. These limits do not apply to teenagers or to people who are ill, or taking Medication.

THERE ARE NO SAFE ALCOHOL LIMITS DURING PREGNANCY.

Did you know?:
1 standard drink contains 10g of pure alcohol

1 SD =  or  or 

Half Pint Larger Pub Measure Spirit Small Glass Wine

...and some drinks are more than 1 standard drink

 **2 SD**  **2.3 SD**  **2 SD**  **8 SD**  **1.2 SD**  **1.1 SD**  **1 SD**

Pint Larger/Stout Pint Cider Quarter Bottle Wine Bottle Wine Alcopop Pub Measure Spirit Half Pint Larger

ARE YOU AT RISK FROM ALCOHOL?

Risk	Men	Women	Common Effects
LOW RISK	17 standard drinks or fewer per week with two alcohol free days.	11 standard drinks or fewer per week with two alcohol free days.	<ul style="list-style-type: none"> • Increased relaxation • Sociability
INCREASED RISK	18 to 40 standard drinks per week.	12 to 28 standard drinks per week.	<ul style="list-style-type: none"> • Less energy • Depression/stress • Insomnia • Impotence • Risk of injury • High blood pressure
HIGH RISK	41 or more standard drinks per week.	29 or more standard drinks per week.	All of the above and... <ul style="list-style-type: none"> • Memory loss • Risk of liver disease • Risk of cancer • Risk of alcohol dependence

Be Informed

Alcohol can have a negative impact on your mental and physical health. The risks are greater the more you consume.

Stay safe

- Stay within the safe drinking guidelines.
- Be aware of the risks of getting drunk: hangover, injury, embarrassment and un-safe sex.
- Try not to drink when you are angry, sad or confused as it's likely to make matters worse.
- Never drink and drive.

Ask yourself

- Am I drinking more than the safe guidelines?
- What effect has my drinking had on me over the past year? (be honest).
- How is my alcohol use affecting the people around me?

If you need to talk to someone

- Speak with your GP, Practice Nurse or Public Health Nurse.
- Contact one of the services listed in this brochure.

Information provided with thanks
Ruth Armstrong, HSE Project Manager for National Screening and Brief Intervention Project

Focus Group In-treatment Women's Group

Women's Group profile

Age range 27 to 43 (mean age: 34 years old). All group members describe themselves as white Irish. Of the group, 2 are in paid employment, 1 is on a FAS training course, 1 is in mainstream education and 4 women are unemployed. 5 of the women have completed their Leaving Certificate and 3 completed their Junior Certificate. All women disclosed a personal history of substance misuse and experience of accessing drug treatment services, both statutory and voluntary. All women also disclosed having their own children living with them, one women also identified herself as a single parent.

The group were advised of the confidentiality and consent (Appendix vii) for taking part in the focus group and normal group ground rules as usually adhered to by the group were agreed for this session. The following is a summary of the answers the women gave to a number of questions.

1. Women's drug and alcohol use is hidden in the community – do you agree this is the case?

The women all agreed that women's drug and alcohol use is hidden in the community. They said this is the case because women feel embarrassed about their drug use and they fear being judged by both services, their family and the community, so they keep it hidden. They also said that women have more responsibility in the home and therefore have less time than men to access the support they might need.

2. What are the barriers to women accessing drug and alcohol treatment services?

- Lack of childcare was highlighted as a major factor preventing women from accessing treatment. The women said that they didn't want their child attending clinics/treatment centres with them because of the kind of behaviour they might witness.
- Women are concerned about being judged as bad parents by services, so will avoid accessing support for substance misuse.
- Women are also concerned about the judgement of others in the community if they are seen to access substance misuse services.
- The women also stated that there was a lack of information about supports available for people in the community, so even where someone was looking for support it was hard to find out where to go.
- The women said that hosting the HSE Addiction Services within the Primary Care Centre in Ballyfermot means that women accessing methadone treatment feel they are exposed to the general community and will be less likely to attend.

- The women also said that the lack of information in general community settings about substance misuse services available to them was frustrating and caused a delay in accessing support.

3. What could services do to encourage women to access support for drug and alcohol misuse?

- Drug and alcohol treatment services should be ambiguous to the general public, so that people can go into them without fear of being identified as a drug user. Confidentiality was key for these women due to what they called the *stigma of addiction*.
- Access to childcare on an adhoc basis for the few hours the woman is attending for support, the woman may not always need full crèche facilities, just somewhere safe to leave their child whilst they are accessing key working/holistics/counselling.
- Separate HSE Addiction Services from Primary Care setting.
- The women recommended the use of social media to promote services and events happening within projects which would encourage women to make contact with projects for support.
- An awareness campaign to promote all the drug and alcohol treatment services within the community.
- Information about drug and alcohol treatment services needs to be available within all community services (library, civic centre, health centres).

4. Are there differences between drug and alcohol use amongst men and women? What are those differences?

- The women argued that women's drug use varies, but that they do not necessarily use less than men.
- The women felt that stress is a very likely trigger for women.
- Women have more domestic responsibility and therefore their drug use has to fit around their responsibilities in the home.
- The group agreed that women can feel suffocated by the duties within the home and as a result when they get around to using they use a lot in a short space of time.
- Women are more likely to use at home alone as they can't get out to use with friends due to childcare responsibilities in the home.

5. What are the unique issues/consequences for women who are misusing drugs and alcohol?

- There is more stigma and judgement placed on women who use drugs than men. The group said that they feel judged by society and their family.
- The group agreed however that women are also very judgemental of each other.
- Women are likely to have less time to recover from using the night before as they will still have responsibility of school run, childcare whereas men are more likely to be able to sleep longer or score other drugs to help come down.

- Women can carry enormous guilt over their drug use.
- Women's substance misuse has a more direct consequence on children as they have direct contact with their children on a daily basis whether they have been using or not.
- The women reported being snappy with their children and tired and withdrawn after episodes of using.

6. Do women who have a history of substance misuse look after their general health?

The women agreed that this depends on the drugs being used and the quantities. Some women who use cocaine a couple of times a week, for example are more likely to look after their health than a woman who is using heroin on a daily basis. One woman gave an example of her sister who is hiding her health issues because she just "isn't in the head space to sort it out".

7. How aware are women of primary health services and what they are entitled to?

This again the women felt depended on the level of drug use. They felt that women in heavy drug use are not likely to care much about their general health and will not go looking for information or help unless there is a crisis.

8. What are the barriers to women accessing their GP/Public Health Nurse?

- General feeling that GP services can be antiquated and out of touch with women's needs such as contraception, gynaecological issues.
- The women said they avoided Public Health Nurses through fear of being identified as a drug user and facing judgement as a parent.
- Length of time waiting for an appointment can also be a barrier.
- The women also said that they did not like going to a family GP who they have known for years about personal women's health issues, due to feeling embarrassed.

9. What needs to happen to encourage women back to primary care services?

- Walk in clinics where women can get cervical smears etc on a walk in basis.
- A specialised women's health clinic in the community.
- Adhoc childcare facilities for women who want to access their GP, primary care services.
- Access to a young woman's health clinic also as the women said young women are not looking after their health.
- More information in the community about what is available for women.

Any other comments?

- **Women's Network:** the group argued that the community should provide more opportunities for women to get together such as small courses in holistic therapy, crafts which are scheduled to be sensitive to women's timetables due to childcare commitments but can be a good way of getting women to network with each other and learn more about support services.
- **Parenting support:** the group also suggested more information and support about parenting would be helpful, not just women in addiction but all women.
- **Different women's groups** the group suggested more women's groups in the community and ones which target different women, such as young women as not every women's needs are the same.
- **Poverty trap** the group argued that women can get caught in the poverty trap due to social welfare policies. Women are set to lose welfare entitlements when they try to return to work and therefore tend to be trapped within welfare system because they can't afford to return to work.
- **Childcare:** was a consistent theme in the group. The women argued that access to high quality, low cost and ad hoc childcare would be a great support to women who could then avail of training, health care and other supports and have their children looked after for them during that time.
- **Homelessness:** the women spoke about the specific paths to homelessness for women. Such as falling out with family and not being able to stay in the family home and lack of money to pay for private rented accommodation. The women then spoke about the frustration with being rehoused in other suburbs and the disruption this can cause to children who have to change crèche/schools.
- **What's taken so long? :** one of the women asked why has it taken so long to begin looking at the specific needs of women in Ballyfermot.

Focus group- women in non-treatment community based setting

Women's group profile

The women were in the 60+ age category. Each was unemployed and was living within the Cherry Orchard area. Each woman was a widow now living alone at home as children had grown and left the family home.

The group were advised of the confidentiality and other parameters of the meeting (Appendix viii). The following is a summary of the answers the women provided to the questions asked of the group.

1. How aware are women in the community of the primary health services and what they are entitled to?

The women said that they were not that aware of their entitlements in terms of public health. The women said they felt a younger generation may know more, but as older people they felt isolated.

2. Is their own health a priority for women in the community?

The women said that women are aware of their health needs and recognise it as a priority, but not all women take action on their health concerns. Many women will brush their health needs under the carpet, but are secretly very aware of the need to address it. Some women, though, are more proactive than others. The women described a range of life events which can either positively or negatively influence how they manage their health, they agreed that each woman is individual in this regard.

The women said that sometimes they don't care enough about themselves to take action. The women felt they did not want to be a burden.

3. Do women talk about their health? What prevents women talking about their health?

The women agreed that this varies; one woman said she is quite vocal about her health issues whereas other said they keep their help to themselves. The women said that they were of a generation where no one talked about their health or their bodies, in this way they didn't speak with their parents about health and didn't learn to talk about health. The women also said that they were not taught to look after their health in school and feel that education has come a long way. The women said embarrassment and not wanting to cause a fuss were major factors for them which prevented them from talking more openly about their health concerns.

4. How are women managing their health?

One woman said she has been trying to change her diet as she has been diagnosed with high cholesterol. One woman said she has been keeping up with her doctor appointments. The other woman said that they have not been doing much to manage their health. The women said that they will often leave pain until the last minute so will manage for as long as they can before going to the GP.

5. What information/training/support could women use to help manage their health?

The women all stated that more information about that they are entitled to would help. The women valued the support of the project they were in, and felt that encouraging one another can help. The women welcomed the idea of a public information event where the full range of services available to them was explained – the women felt that leaflets through the door often get thrown out and that word of mouth is a far better motivator.

When asked how we could get women to go to the event, one woman said “I will get them to go! Just tell me where and when and I’ll get them there”.

6. What are the barriers to women accessing their GP/Public Health Nurse?

- Embarrassment
- Fear of finding out that the problem is worse than they thought
- Male GPs can be off-putting
- Waiting for an appointment can be a deterrent
- The women spoke about not wanting to call an ambulance through fear of drawing attention to themselves. They also did not want to be seen going off in an ambulance in case people knew their house was empty and then women would be concerned about their home being burgled.
- A sense of community support has been negatively impacted because the women say that people don’t want to get involved in other’s business and in this way these women feel isolated.

7. What needs to happen to encourage women back to primary care services?

The women feel that information leaflets are not effective as they often just get thrown out. A public event for the whole community detailing all the information would be helpful for the women. The women also felt that “word-of-mouth” works best and that they would support one another to avail of supports if they were sure what was available for them.

8. Women's drug and alcohol use is hidden in the community – do you agree this is the case?

The women agreed that women's drug and alcohol use is hidden in the community. They said they know women in the community who are having problems with alcohol but the problem is never talked about, even though neighbours know what is going on.

The women then discussed whether people would know they had problems with alcohol, and the women agreed that due to the cost and the frequency of the drinking they must know it's a problem.

The women said that the problematic use of drugs is very visible amongst the young people in the community, as it is clear out on the streets but women using alcohol and/or other drugs are not so visible although they know it's going on.

9. What are the barriers to women accessing drug and alcohol treatment services?

- The women said that the women in the community feel embarrassed to admit they have a problem.
- They also said that many older women in the community can feel isolated and so alcohol and other substance use is a way of coping and so may not want to address their substance misuse.
- Lack of knowledge about services and what support they can avail of was also seen as a barrier.

10. What could services do to encourage women to access support for drug and alcohol misuse?

- Public information about the range of support services in the community would help.
- Information about the impact of alcohol on health would be useful.
- No leaflets as literacy may be an issue and a lot of leaflets get discarded, word of mouth and public meetings are best.

11. Any other comments?

- The women spoke in general terms about methadone treatment in the community and how they felt that access to detox appears to be limited.
- The women also spoke about the community they are living in and some of the crime and anti-social behaviour they are witnessing.

Progression of Screening and Brief Intervention within Primary Care

There were a number of stages to meeting with primary care and exploring the possibility of screening and brief intervention within primary care settings.

The initial stages were based on attempting to make contact with GPs. This proved to be difficult, and even though the GP within HSE Addiction Services provided a solid input into the project, no community based GPs responded to requests to meet. The National Lead for Screening and Brief Intervention, Ruth Armstrong, suggested to attempt to gain access to primary care via practice nurses instead.

The Practice Nurse Coordinator was open to the project and recognised the relevance of the project for nursing in primary care. However, the practice nurse coordinator suggested input from Public Health Nursing as this is likely to cover a broader cross section of the community as there are many more PHNs than practice nurses.

Another meeting was held with the PHN Coordinator, who again saw great relevance to their work in relation to women in the community who may be hiding problematic alcohol use and alcohol and pregnancy and breastfeeding.

A three-way planning meeting was held to look at a shared action plan in relation to progressing screening and brief intervention within Primary Care settings through Practice Nursing and Public Health Nursing. It was agreed to firstly have a general meeting with all practice nurses, PHNs and whatever GPs were available to attend to discuss screening, brief intervention, the role of primary care and referral pathways within the region and beyond. There was also some initial exploration of developing a brief intervention package through the Brief Intervention Trainer within the the Health Promotion Unit – medical practitioners often receive training in brief intervention for diet, smoking and exercise and as such training is offered regularly. However, through some conversation with the National Rehabilitation Manager, it was understood that in order to stick to best practice guidelines the model which needs to be followed in relation screening and brief intervention with substance misuse is SAOR (Appendix xi), but which can be tailored to suit the needs of the group.

A general meeting was held with primary care (appendix x) at which there were 20 attendees including PHNs, GPs and Practice Nurses and the PHN Assistant Coordinator and Practice Nurse Coordinator. From this meeting it has been agreed that next SAOR Training will be rolled out for primary car in 2017 followed by input from the Treatment and Rehabilitation Coordinator in relation to referral pathways.

Conclusion

This project document is a summary of a range of activities which were undertaken to progress the initial brief of exploring women's alcohol use and how to support women to avail of services. As with any project of this type, supporting women to access treatment is a process rather than an event. Many of the activities simply lead into more activities, and as such many of the recommendations suggested in the next chapter stem from the project activities.

What is most telling when discussing women's issues is how relevant it all seems to be. The women in the focus groups bought wholeheartedly into the discussion about their health and the provision of services to support them. Many of these women admitted to firstly not looking after their health as they could but also said that services were not set up in a way that suited them. In order to increase female participation in services, there has to be some recognition that services need to be appealing to women – opening hours, flexibility in service times, childcare, quick access to supports.

Likewise, when discussing women's health with service providers, there is equal enthusiasm. Ballyfermot has some great work being conducted to support the needs of women, but it appears to lack the coordinated effort that may be required to promote these services, as is demonstrated by the low numbers of women presenting to treatment services. As such, more discussion through the Treatment and Rehabilitation Subgroup of the LDATF would support this – this is about sharing resources, ideas and experience not who has more women in their service.

The challenge of permeating primary care was overcome through the development of support through public health nursing and the practice nurse coordinators. This can be worked on going forward with an agreement having already been made that training in SAOR for nursing within primary care will form part of the working activities for 2017. Again, discussions about women's health and women's alcohol use were so relevant to the nursing staff that they were very open to supporting the process.

A strong theme which emerged from the project has been the needs of older women – women whose children have left the family home and who may be isolated within the community. These women are presenting to their GP but appear to have nowhere to turn – these women are at risk of problematic alcohol use and subsequent mental health issues. It appears that Ballyfermot needs to explore how to reach out to isolated older women in the community.

Likewise, there are younger women and their needs. What supports do younger women need to remain in education? What about their alcohol use and their relationships with other substances? Women from the traveling community, how can they be supported? Women from new communities as well. All this reminds us again that women are not an homogenous group, there will be a variation in need. There's also how to support working women, the women who are likely to be experiencing problematic alcohol use – how can services reach out to them? How can the information about the risks associated with their alcohol use be communicated in such a way as to not alienate these women? And women of childbearing age – how can the information be got to them about the risks associated with alcohol and pregnancy in a balanced and fair way? And how do we increase women's participation in public health screening?

As is clear a project of this sort raises as many questions as it answers, but at the very least it begins the process of change and discussion. The issue of supporting women to access treatment need to remain on the agenda as in doing so we are more likely to be in a position actually make some positive changes.

Recommendations

The following is a list of recommendations to support the progression of women's health and substance misuse services within Ballyfermot going forward.

Training

1. Provide training for community based workers in pregnancy and alcohol – how to recognise the signs of FASD, how to support someone who may have FASD and how to support women who may be using alcohol whilst pregnant.
2. Draw together all local and national research to host a Women's Health Conference for professionals in the community.

Screening and brief intervention

3. Support the embedding of Screening and Brief Intervention into Primary Care settings.
4. Support the embedding of Screening and Brief Intervention within all Tier 1 services within D10.

Health Promotion

5. Develop a multi-disciplinary Women's Health Committee (NSS, T&R, HPU) to explore progression of women's health services within the region.
6. Explore the possibility of a women's health clinic within the Primary Care Centre.
7. Look at healthy/wellbeing initiatives for the community to include walking clubs, leisure/sport activities and relaxation/mindfulness seminars
8. Employ a community development model to drive women's health locally.
9. Continue to work closely with the National Screening Service to support the increase in the number of women availing of public health screening in Ballyfermot.
10. Request political support for Women's Health strategy.

Services

11. Ensure clarity around referral pathways for pregnant women who may present to T&R Services with problematic alcohol use.
12. Support substance misuse services to explore how to increase female participation in their programmes.
13. Treatment and Rehabilitation Subgroup to look at the provision of substance misuse specific services for women in the region and explore how to coordinate and collaborate with one another to increase female participation and how to reach women *hidden* in the community.
14. Develop links with the National Women's Council of Ireland for the purpose of support with creating a network of womens' groups for the region.
15. Strengthen relationships between community based youth services and substance misuse treatment services.
16. Build on links between HSE Addiction Services and T&R Subgroup.

Community and Public information

17. Conduct a Women' s Health event in 2017 to encourage women to avail of services in the community.
18. Distribute alcohol information leaflets to community based services.
19. Provide a balanced public message to women about alcohol use in pregnancy, one which does not alienate the women we are trying to reach.

Research

20. Conduct more research in women's health needs within Ballyfermot.
21. Explore the needs of young women and older women, working women and women who are stay at home parents.

Appendix i

Project Plan for Women and Alcohol Project – February 2016		
Problem statement	Women’s drug and alcohol use remains hidden in the community.	
Project Title	Early intervention and treatment for women in primary care settings.	
Project Goal	To improve links between primary care settings and women experiencing problematic alcohol use – with or without the use of other substances.	
Project Timescale	Until end 2016	
Project governance/structure	<ol style="list-style-type: none"> 1. Project lead through Treatment and Rehabilitation Sub-Group – a working group to be developed from T&R Subgroup. 2. Project coordinated through T&R Coordinator. 	
Inputs What is needed	<ol style="list-style-type: none"> 1. Dormant Account Fund 2. Alcohol mapping document 3. Screening and Brief Intervention information documents (HSE and WHO) 4. Engagement of Primary Care services 5. Engagement of other relevant services (The Bungalow, other women’s groups) 6. Engagement of participants 7. Engagement of community based addiction services (onward referral options) 	
Activities	What will be done	<ol style="list-style-type: none"> 1. Meetings to be conducted with relevant stakeholders advising them of SBI and referral pathways. 2. Development of information materials for GPs, CBAS and other community based projects. 3. Introduction of AUDIT screening tools to GPs, CBAS and other community based projects.
	Who we will reach	<ol style="list-style-type: none"> 4. Research to be conducted with GPs, CBAS and other community based projects, to collect AUDIT scores of clients/patients, their age and number of children under 18 in their care. 1. Women experiencing problematic alcohol use, with or without the use of other substances. 2. Primary care providers (GPs). 3. Community based services (The Bungalow, other women’s group in D10). 4. Community based addiction services (Star, Advance, Fusion, Familibase).

Outcomes	Short term	<ol style="list-style-type: none"> 1. Greater clarity around referral options/pathways between primary care settings and CBAS. 2. Speedier identification, support and referral for women experiencing problematic alcohol use. 3. Dissemination of information about SBI (Screening and Brief Interventions) as a response to alcohol misuse to GPs, community based addiction services (CBAS) and other projects working within the community. 4. CBAS and non-addiction specific services referring service users to their GPs as part of routine practice.
	Medium term	<ol style="list-style-type: none"> 1. Greater referrals from GPs/primary care settings to community based addiction services. 2. Greater referrals from CBAS to GPs/Primary Care. 3. Better coordination across services with regard to responses to alcohol related harm. 4. Early identification of at risk children and appropriate supports/referrals provided. 5. GPs conducting AUDIT screenings as part of routine practice.
	Long term	<ol style="list-style-type: none"> 1. Reduce time between onset of alcohol related problems and intervention. 2. Systematic cooperation between GPs and community based addiction services. 3. Embedding of SBI within primary care settings. 4. Embedding referral to GP/Primary Care as standard practice for all women accessing CBAS and other locally based services.
How will progress be measured/KPIs		<ol style="list-style-type: none"> 1. Tracking of the number of referrals from CBAS to primary care. 2. AUDIT screening at beginning and end of project. 3. Qualitative feedback from participating GPs. 4. Service user feedback forms.
Assumptions		<ol style="list-style-type: none"> 1. Reluctance of GPs to implement new practices which may add to their workload. 2. Early identification of problems and intervention reduces incubation time thus improves outcomes for women. 3. Women's reluctance to engage with services is largely due to their concerns about social work involvement with their dependent children. 4. Alcohol use can be a singular problem or form part of a poly-substance use pattern. 5. There is a strong link between alcohol misuse and mental health problems.

		6. Women over 50 are at increased risk of alcohol related problems due to phenomenon of “empty nest syndrome”. The escalating use of alcohol amongst this cohort of women is largely hidden and remains undetected within the family home.
External factors		<ol style="list-style-type: none"> 1. A culture of a lack of a coordinated relationship between GPs/Primary care and community based addiction services. 2. Alcohol has yet to be formally included within the National Substance Misuse Strategy. 3. Limited capacity of community based addiction services and primary care to respond to a potential increase in service users.
The evidence	What the research says	<p>Women are underrepresented in drug/alcohol rehabilitation services (see NDTRS data below); women’s drug and alcohol use remains very much hidden in the community⁷⁵. Identification and support of women requires a concerted effort across primary care settings and addiction based services and non-addiction based services.</p> <p>In order to support the complex needs of women they need support and access to the right services. Where alcohol use is concerned, screening and brief interventions (SBI) is regarded as the optimum means of addressing alcohol related harm across a range of health care settings, including primary care⁷⁶. It is also argued that SBI is the best means of identifying potential alcohol dependence and therefore is a helpful tool to facilitate referral to a specialist treatment facility⁷⁷ - that is, can expedite referral between Tier 1 and Tiers 2-4 within the National Framework⁷⁸</p> <p>The evidence suggests that there has been a significant upward trend in women’s alcohol use with the development of binge drinking patterns by younger women throughout the early 2000’s⁷⁹. And the phenomenon of empty nest syndrome, whereby women in their 50s are resorting to alcohol use as a means to offset the difficult feelings associated with the void left</p>

⁷⁵SAOL (2016) *Welcome to Talk Time – Service Users Forum 2016: Let’s Talk Health* a leaflet published as part of SAOL/UISCE joint conference on women’s health March 2016

⁷⁶Health Service Executive (2012) *A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use* Dublin: Office of Nursing and Midwifery Services Director

⁷⁷Babor, Thomas F and Higgins-Biddle, John C (2001) *Brief Intervention for Hazardous and Harmful Drinking* World Health Organisation: Department of Mental Health and Substance Dependence

⁷⁸ Doyle J, Ivanovic J (2010) National Drugs Rehabilitation Framework Document. National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive

⁷⁹ Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

		<p>when children grow up and leave the family home⁸⁰. The effects of problematic alcohol use for women have been shown to impact more quickly and more severely than for men⁸¹. Of all the harms caused by their alcohol use, women are most likely to report health related issues⁸². Recent government policy is recognizing the direct link between the needs of children and parental substance misuse⁸³. The evidence is clear that interventions addressing parental substance misuse will ultimately address the needs of children in a home where substance misuse is an issue⁸⁴. As women tend to be the primary carers of their children⁸⁵, through early intervention for women who are problematic alcohol users there is going to a broader positive impact beyond the individual.</p> <p>There is also strong evidence to suggest that primary care is the optimum centre for the identification and treatment of alcohol problems in the general population; although alcohol treatment within primary care has been reported by GPs as placing considerable strain on primary care services⁸⁶. There is also some work being conducted, but as yet to be reviewed, which explores the potential for training GPs in brief intervention for alcohol users within primary care, but again such initiatives place additional burdens on an already stretched service⁸⁷.</p> <p>In terms of primary care services, it has been widely argued that there is inequality with regard to addressing women's health needs⁸⁸. There is a strong link between poor health and poverty. Women from disadvantaged areas are more likely to develop cervical cancer and cardiovascular problems. As women tend to do the majority of unpaid work in the home and are more likely to be parenting alone, the negative effects this can have on their mental and physical health have been well documented (NWCI, 2006). Activities which increase the participation of women with alcohol problems in primary care will result in a better overall improvement of health for women now and into the future.</p>
<p>⁸⁰O'Regan, Mark (2016) "Secret Drinking of Lonely 'Empty Nest' Mothers" <i>Irish Independent</i> available at: http://www.independent.ie/irish-news/health/secret-drinking-of-lonely-empty-nest-mothers-34534936.html</p>	<p>⁸¹Institute of Alcohol Studies (2013) <i>Women and Alcohol</i> Factsheet London: Institute of Alcohol Studies</p>	<p>⁸²Mongan D, Hope A and Nelson M (2009) <i>Social Consequences of Harmful Use of Alcohol in Ireland</i> HRP Overview Series 9, Dublin: Health Research Board</p> <p>⁸³Department of Children and Youth Affairs (2014) <i>Better Outcome Better Futures – the National Policy Framework for Children and Young People 2014-2020</i></p>

Dublin: Stationary Office

⁸⁴Horgan, Dr. Justine (2011) *Parental Substance Misuse: Addressing its Impact on Children- Key Messages and Recommendations from a Review of the Literature* Dublin: Stationary Office

⁸⁵SAOL (2016) *Welcome to Talk Time – Service Users Forum 2016: Let's Talk Health* a leaflet published as part of SAOL/UISCE joint conference on women's health March 2016

⁸⁶Dermoddy, A. & Banka, P. (2015) *Evaluation of CARE (Community Alcohol Response and Engagement) Pilot Project: Ballymun, Finglas and North Dublin*. Dublin: Ballymun Local Drugs & Alcohol Task Force /Quality Matters

⁸⁷Dermoddy, A. & Banka, P. (2015) *Evaluation of CARE (Community Alcohol Response and Engagement) Pilot Project: Ballymun, Finglas and North Dublin*. Dublin: Ballymun Local Drugs & Alcohol Task Force /Quality Matters

Presentations to D10 addiction services for clients citing alcohol as their main problem substance

Year	Alcohol		All drugs (cOmbined)	
	Male	Female	Male	Female
2011	35	10	77	42
2012	33	15	44	41
2013	38	14	54	27
Totals	106	39	175	110

NDTRS Data⁸⁹

Above data clearly shows a much higher number of men than women are presenting to mainstream drug/alcohol rehabilitation services. Although there is a differential between the use of drugs and alcohol between men and women, the differential is not as significant as the treatment data suggests. What can be deduced from this data is that women are not presenting to services for support.

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⁸⁸National Women's Council (2006) *Women's Health in Ireland – Meeting International Standards* Dublin: National Women's Council

⁸⁹ NDTRS Treatment data available at: www.drugsandalcohol.ie

Appendix ii

	Project update May 2016	Update/Comments
Problem statement	Women's drug and alcohol use remains hidden in the community.	
Project Title	Early intervention and treatment for women in primary care settings.	Does project title capture what we are doing? Is it snappy enough?
Project Goal	To improve links between primary care settings and women experiencing problematic alcohol use – with or without the use of other substances.	<ol style="list-style-type: none"> 1. To improve links between female service users of community based projects and primary care services 2. To strengthen referral from primary care services to community based substance misuse projects.
Project Timescale	Until end 2016	
Project governance/ structure	<ol style="list-style-type: none"> 3. Project lead through Treatment and Rehabilitation Sub-Group – a working group to be developed from T&R Subgroup. 4. Project coordinated through T&R Coordinator. 	<ol style="list-style-type: none"> 1. Subgroup established 2. Additional support accessed through T&R Subgroup 3. 2x Subgroup meetings held (21st March 2016 and 26th May 2016)
Inputs What is needed	Dormant Account Fund 	Monies secured through DAF. Relevant documents submitted to Advance.
	Alcohol mapping document 	Alcohol mapping document distributed to T&R Subgroup.
	Screening and Brief Intervention information documents (HSE and WHO) 	<ol style="list-style-type: none"> 1. Some D10 staff completed SAOR Training – awaiting further dates to support training of all Tier 1 and 2 services in D10. 2. Looking to drive SAOR training local, to make available across D10 services, including medical staff, but awaiting further communication on this. 3. GPs already have their own screening and brief intervention training package rolled out through ICGP.

	<p>Engagement of Primary Care services</p> 	<ol style="list-style-type: none"> 1. General Practice will be targeted via practice nurses; a meeting has been arranged with National Coordinator for Practice Nurses next week. 2. HSE Addiction Services to be targeted via clinical team meeting – nurses already completing Audit-C as part of initial assessment. 3. HSE Rehabilitation Manager has met with T&R Coordinator and is supportive of project.
	<p>Engagement of other relevant services (The Bungalow, other women's groups)</p> 	<ol style="list-style-type: none"> 1. Engagement of women specific services and gathering numbers of individuals using alcohol within Tier 1 services is being explored via Community Action research. 2. Once SAOR dates released then contact will be made as all services within Tier 1 will be targeted and supported to avail of SAOR. 3. It is the ongoing responsibility of the T&R Coordinator to target all services within D10 informing them of referral options/pathways into addiction services – supports for alcohol and women as well as men and other drug use.
	<p>Engagement of participants</p> 	<ol style="list-style-type: none"> 1. Coordinators role is not to work with participants directly, but to support projects/services to do that. 2. Women's group to be explored as a focus group option to look at potential barriers for women engaging in primary care or addressing their alcohol/drug use.
	<p>Engagement of community based addiction services (onward referral options)</p> 	<ol style="list-style-type: none"> 1. Community based addiction services are involved in the support of referrals coming in from General Practice. 2. Community based addiction services to provide numbers of women service users and presenting substances.

		<ol style="list-style-type: none">3. Community based services to include referral to public health/general practice as standard procedure for all service users.4. Public health literature to be displayed/distributed across addiction services.
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<p>Activities</p>	<p>Meetings to be conducted with relevant stakeholders advising them of SBI and referral pathways. </p>	<ol style="list-style-type: none"> 1. Direct contact with GPs has not yielded results. 2. GPs to be targeted via addiction service. 3. General practice to be targeted via practice nurses.
<p>What will be done</p>	<p>Development of information materials for General Practice and the community. </p> <p>Introduction of AUDIT screening tools to GPs, CBAS and other community based projects. </p> <p>Research to be conducted with GPs, CBAS and other community based projects, to collect AUDIT scores of clients/patients, their age and number of children under 18 in their care. </p>	<ol style="list-style-type: none"> 4. Materials developed incorporating feedback from HSE Rehabilitation manager, service managers and HSE rep on T&R. 5. Sign off on leaflets to be completed in May 2016. 6. Materials re: public health services to be sought through HSE. 7. General Practice and all Tier 1 services to be informed of SAOR model. 8. AUDIT-C being used in the addictions service. 9. CBAS using audit/screenings as part of initial assessment or key working process 10. Do we need to gather information on the number of dependent children? 11. Once practice nurses have been incorporated this research can be explored further. 12. HSE Addiction services and CBAS will both have data for project, need to secure a research period. 13. Scope of this research is not wide enough to be generalized. 14. Coordinator contributing to the Community Action research from which generalizable data will be sought.
<p>Who will we reach?</p>	<ol style="list-style-type: none"> 1. Women experiencing problematic alcohol use, with or without the use of other substances. 2. Primary care providers (GPs). 3. Community based services (The Bungalow, other women's group in D10). 4. Community based addiction services (Star, Advance, Fusion, Familibase). 	

Outcomes	Short term	<ul style="list-style-type: none"> 5. Greater clarity around referral options/pathways between primary care settings and CBAS. 6. Speedier identification, support and referral for women experiencing problematic alcohol use. 7. Dissemination of information about SBI (Screening and Brief Interventions) as a response to alcohol misuse to GPs, community based addiction services (CBAS) and other projects working within the community. 8. CBAS and non-addiction specific services referring service users to their GPs as part of routine practice. 	
	Medium Term	<ul style="list-style-type: none"> 9. Greater referrals from GPs/primary care settings to community based addiction services. 10. Greater referrals from CBAS to GPs/Primary Care. 11. Better coordination across services with regard to responses to alcohol related harm. 12. Early identification of at risk children and appropriate supports/referrals provided. 13. GPs conducting AUDIT screenings as part of routine practice. 	
	Long term	<ul style="list-style-type: none"> 14. Reduce time between onset of alcohol related problems and intervention. 15. Systematic cooperation between GPs and community based addiction services. 16. Embedding of SBI within primary care settings. 17. Embedding referral to GP/Primary Care as standard practice for all women accessing CBAS and other locally based services. 	
How will progress be measured/KPIs		Tracking of the number of referrals from CBAS to primary care.	One project manager asked the question how could we assess whether someone has attended their GP?
		AUDIT screening at beginning and end of project.	Are we looking at measuring a reduction in alcohol use or due to tight time frame, can we simply identify that support has been provided? bearing in mind that

		support and intervention is shown to be better than no intervention.
	Qualitative feedback from participating general practice.	We can measure number of women presenting with alcohol related problems and intervention provided (brief intervention or referral) within a given time frame.
	Service user feedback forms.	A sample of known service users who have been referred via GP to CBAS we can ask them of their experience.
Assumptions	<ol style="list-style-type: none"> 1. Reluctance of GPs to implement new practices which may add to their workload. 2. Early identification of problems and intervention reduces incubation time thus improves outcomes for women. 3. Women's reluctance to engage with services is largely due to their concerns about social work involvement with their dependent children. 4. Alcohol use can be a singular problem or form part of a poly-substance use pattern. 5. There is a strong link between alcohol misuse and mental health problems. 6. Women over 50 are at increased risk of alcohol related problems due to phenomenon of "empty nest syndrome". The escalating use of alcohol amongst this cohort of women is largely hidden and remains undetected outside of the family home. 	In relation to "empty nest syndrome" one project manager pointed out that with their service users many of the women have their adult children returning to the home regularly- that their grown up children are not leaving the nest at all, so this phenomenon may not be relevant across all women. However, "empty nest syndrome" may be more relevant within General Practice.
External factors	<ol style="list-style-type: none"> 1. A culture of a lack of a coordinated relationship between GPs/Primary care and community based addiction services. 2. Alcohol has yet to be formally included within the National Substance Misuse Strategy. 3. Limited capacity of CBAS and primary care to respond to a potential increase in service users. 	HSE rep on T&R subgroup has a role in supporting greater communication/collaboration across HSE addiction services and CBAS.

Appendix iii

Project update June 2016		
Problem statement	Women's drug and alcohol use remains hidden in the community.	
		Updates/Comments
Project Title	Supporting Women to Access Treatment (SWAT)	Project name was changed with agreement of Subgroup in May 2016. Supporting Women to Access Treatment (SWAT)
Project Goal		Project goals set to account for 2 strands of work being conducted. 1. To improve links between female service users of community based projects and primary care services 2. To strengthen referral from primary care services to community based substance misuse projects.
Project Timescale	Until end 2016	
Project governance/ structure	5. Project lead through Treatment and Rehabilitation Sub-Group – a working group to be developed from T&R Subgroup. 6. Project coordinated through T&R Coordinator.	1. Subgroup established 2. Additional support accessed through T&R Subgroup 3. 2x Subgroup meetings held (21 st March 2016 and 26 th May 2016)
Inputs	Dormant Account Fund	Monies secured through DAF. Relevant documents submitted to Advance.

	Alcohol mapping document	Alcohol mapping document distributed to T&R Subgroup.
	Screening and Brief Intervention information documents (HSE and WHO)	<ol style="list-style-type: none"> 1. Some D10 staff completed SAOR Training – awaiting further dates to support training of all Tier 1 and 2 services in D10. 2. Meeting with National SAOR lead in July to explore further SAOR training and to roll this out locally. T&R Coordinator to go forward for SAOR train the trainer. <p>OUTSTANDING Awaiting further SAOR dates to support training of all Tier 1 and 2 services in D10</p>
	Engagement of Primary Care services	<ol style="list-style-type: none"> 1. General Practice will be targeted via practice nurses. 2. Primary Care to be targeted via Community/Public Health Nurses. 3. HSE Addiction services within Primary Care Services.
	Engagement of other relevant services (The Bungalow, other women's groups)	<ol style="list-style-type: none"> 1. The Bungalow being explored as a possible women's group for focus group on looking at barriers to accessing treatment for women. <p>OUTSTANDING Awaiting confirmation from "The Bungalow"</p>
	Engagement of participants	<ol style="list-style-type: none"> 1. Women's Group in Ballyfermot Star will inform needs analysis of what barriers there are facing women within D10 to access drug and alcohol treatment and primary care services.
	Engagement of community based addiction services (onward referral)	<ol style="list-style-type: none"> 1. All members of the T&R Subgroup are engaging with process via T&R Subgroup meetings and SWAT meetings. 2. Onward referral options developed through the Alcohol Mapping document. 3. Information about services on offer compiled in agreement with service providers.

	options)	
Who will we reach?		<ol style="list-style-type: none"> 1. Primary care providers 2. Community based drug and alcohol rehabilitation and treatment services (Star) 3. Women's group – 1 within treatment service, and 1 in general community (The Bungalow)

Activities	
<p>Meetings conducted with relevant stakeholders advising them of SBI and referral pathways.</p>	<ol style="list-style-type: none"> 1. 30th May – meeting held with HSE Regional Practice Nurse Coordinator -Rita Lawlor. Discussion around the incorporation of alcohol screening within primary care settings. Practice nurses would be interested in supporting project once they had adequate resources to do so – that is, clear guidelines as to what is being asked and onward referral options. Rita Lawlor also suggested contacting Community and Public Health Nurses as likely to get a larger number of nurses on board (currently 4 practice nurses within Ballyfermot region). As of June 2016, it was agreed that Practice Nurse would take part in data collection which identifies the AUDIT-C score for all women attending for clinical appointment and whether patient was referred to specialized service. Practice nurses would attend meeting with PHNs if larger scale project goes ahead. GPs will need to be informed of the project. Rita agreed that once nurses had onward referral options for their patients, they would be happy to contribute to project, but wider meeting with nurses would still need to be held. 2. 16th June – meeting with Assistant Regional Coordinator for Public Health Nurses/Community Nurses. Alcohol screening, brief intervention and onward referral highly relevant to nurses, but difficulty of change in practice and stretching nursing staff. Assistant director to liaise with director, Anne Lynott, and Rita Lawlor. Public Health Nurses more likely to come on board if SAOR training made available to them. OUTSTANDING <ul style="list-style-type: none"> ➤ Coordinator to follow up with nursing coordinators week of 27th June. ➤ Plan for roll out of SAOR Model to be discussed with National SAOR Coordinator first week of June

Activities	
Development of information materials for General Practice and the community.	<ol style="list-style-type: none"> 1. Information leaflets for the community have been developed leaflet due for final sign off in July 2016. 2. Leaflets incorporate aspects of “a quick question” with permissions sought from National lead Ruth Armstrong. 3. Primary care information specific to alcohol use to be cancelled and information about projects within T&R to be distributed as part of wider distribution of information on T&R Continuum. 4. D10 DARTS have agreed to display HSE Public Health literature in reception. <p>OUTSTANDING</p> <ul style="list-style-type: none"> ➤ Materials re: public health services to be sought through HSE public health unit. ➤ Follow up with Nursing coordinators.
Introduction of AUDIT screening tools to GPs, D10 DARTS and other community based projects.	<ol style="list-style-type: none"> 1. Primary Care nursing have been offered SAOR training in July, with full information on range of onward referral options and contact with T&R Coordinator. <p>OUTSTANDING</p> <ul style="list-style-type: none"> ➤ Review of screening tools used across D10 DARTS. ➤ AUDIT-C to be introduced for the purpose of this research where no formal screening tools is being used.
Research to be conducted with Primary Care and D10 DARTS to gather all women’s AUDIT-C score, their age and number of children under 18 in their care.	<ol style="list-style-type: none"> 1. Community Action research will provide data on women’s alcohol use within D10. 2. Agreement from D10 DARTS about contributing to research. <p>OUTSTANDING</p> <p>Confirm with nurses whether this is all women, or all women presenting for a clinical appointment for themselves.</p> <p>Date for data collection</p> <p>Assimilation of women’s alcohol use data from Community Research</p> <p>Data collection form to be developed</p>
Public meetings	<ol style="list-style-type: none"> 1. Cross Task Force Seminar with Tallaght LDTF looking at Hidden Harm, alcohol harms and interventions for professionals with in Tallaght and Ballyfermot. 2. D10 Community Conference drawing together all 3 aspects of D10 Alcohol activities for the region, presenting information to the community. 3. Explore plans for Women’s Health event for Ballyfermot, drawing together primary care and D10 DARTS in a drive to increase awareness of women’s health needs and support services available. Also use event to survey women on what they want in the community by way of health supports.

		<p>OUTSTANDING</p> <ul style="list-style-type: none"> ➤ Follow up meeting with Tallaght Alcohol Development worker in July ➤ Clarification for go-ahead from T&R Subgroup re: Alcohol conference for professionals ➤ Regional community conference to be planned via the LDTF. ➤ Look at Women's Health event as a cross-sector project for 2017. 	
Outcomes	Short term	<ol style="list-style-type: none"> 1. Greater clarity around referral options/pathways between primary care settings and D10 DARTS. 2. Speedier identification, support and referral for women experiencing problematic alcohol use. 3. Dissemination of information about SBI (Screening and Brief Interventions) as a response to alcohol misuse to GPs, community based addiction services (D10 DARTS) and other projects working within the community. 4. D10 DARTS and non-addiction specific services referring service users to their GPs as part of routine practice. 	<ol style="list-style-type: none"> 1. →No change 2. →No change 3. →SAOR to be rolled for nursing staff only as part of project. Service information to be passed onto Tier 1 services as party of rehab coordinators general role. 4. →No change
	Medium Term	<ol style="list-style-type: none"> 5. Greater referrals from GPs/primary care settings to community based addiction services. 6. Greater referrals from D10 DARTS to GPs/Primary Care. 7. Better coordination across services with regard to responses to alcohol related harm. 8. Early identification of at risk children and appropriate supports/referrals provided. 9. GPs conducting AUDIT screenings as part of routine practice. 	<ol style="list-style-type: none"> 5. →No change 6. →No change 7. →No change 8. →No change 9. Primary care targeted through nursing staff, GPs support for screening through nurses will be sufficient.
	Long term	<ol style="list-style-type: none"> 10. Reduce time between onset of alcohol related problems and intervention. 11. Systematic cooperation between GPs and community based addiction services. 12. Embedding of SBI within primary care settings. 13. Embedding referral to GP/Primary Care as standard practice for all women accessing D10 DARTS and other locally based services. 	<ol style="list-style-type: none"> 10. →No change 11. Systematic cooperation between Primary Care and D10 DARTS. 12. →No change 13. Embedding referral to Primary Care as standard practice for all service users availing of support within D10 DARTS.

KPIs – How will progress be measured?

Tracking of the number of referrals from D10 DARTS to primary care.	Referrals to Primary Care seen as a process of conversation with service user. Can only record that recommendation to attend GP has been made and that health care is part of ongoing key working support
AUDIT screening at beginning and end of project.	Data will be collected on AUDIT-C scores for all women in Primary Care settings. In D10 DARTS number of women presenting with alcohol related issues, with or without the use of other substances. Project is looking to roll out intervention of screening, support and onward referral, outcome measurement tool not necessary.
Qualitative feedback from participating general practice.	We can measure number of women presenting with alcohol related problems and intervention provided (brief intervention or referral) within a given time frame.
Service user feedback forms.	A random sample of women who were referred to Primary care from D10 DARTS and women who were referred from Primary Care will be selected (consent to contact will be sought via data collection form.)

Appendix iv

October Update as submitted to the Dormant Accounts Fund

Target

Problem statement	Women’s drug and alcohol use remains hidden in the community.
Project Title	Supporting Women to Access Treatment (SWAT)
Project Goal	<p>Project goals set to account for 2 strands of work being conducted.</p> <ol style="list-style-type: none"> 1. To support screening, assessment and treatment for women experiencing problematic alcohol use within primary care settings 2. To strengthen referral between primary care services and specialized substance misuse services.
Outcomes	<ol style="list-style-type: none"> 1. Greater clarity around referral options/pathways between primary care settings and D10 DARTS. 2. Speedier identification, support and referral for women experiencing problematic alcohol use. 3. Dissemination of information about SBI (Screening and Brief Interventions) as a response to alcohol misuse to GPs, community based addiction services (D10 DARTS) and other projects working within the community. 4. D10 DARTS and non-addiction specific services referring service users to their GPs as part of routine practice. 5. Greater referrals from GPs/primary care settings to community based addiction services. 6. Greater referrals from D10 DARTS to GPs/Primary Care. 7. Better coordination across services with regard to responses to alcohol related harm. 8. Early identification of at risk children and appropriate supports/referrals provided. 9. GPs conducting AUDIT screenings as part of routine practice. 10. Reduce time between onset of alcohol related problems and intervention. 11. Systematic cooperation between GPs and community based addiction services. 12. Embedding of SBI within primary care settings. 13. Embedding referral to GP/Primary Care as standard practice for all women accessing D10 DARTS and other locally based services.

Outputs

- Engagement of Primary Care services
- Engagement of community based services
- Engagement of participants
- Engagement of community based addiction services (onward referral options)
- Engagement of community based drug and alcohol rehabilitation and treatment services
- Information materials
- Public meetings
- Evidence base

Achievements by 30th September 2016.

Output	Update
Engagement of Primary Care services	<ul style="list-style-type: none"> • Ongoing communication with National Lead for SAOR awaiting further training dates for Tier 1 services in D10. • Meetings conducted with primary care nursing coordinators to explore screening and BI in primary care. • Agreement to release PHNs and Practice Nurses for training in SBI – training set for January 2017. • Meeting held with HPU BI trainer for nurses with agreement to provide training in BI for nursing/primary care services. • Meeting set for 24th October 2016 for PHNs and Practice Nurses to advice of (Coordinator providing information): <p><i>4 Tier model of substance misuse treatment and rehabilitations services</i></p> <p><i>Role of Primary Care within substance misuse treatments and rehabilitation</i></p> <p><i>Treatment and rehabilitation options (community and residential)</i></p> <p><i>Alcohol screening</i></p> <p><i>Referral options within Ballyfermot</i></p> <ul style="list-style-type: none"> • HSE Addiction Service doctor has provided service data and invaluable information about alcohol use amongst women on methadone treatment in Ballyfermot. • Meeting arranged with National Manager for Cervical Screening set for October 2016 – to explore increasing

	<p>women's participation in cervical screening.</p> <ul style="list-style-type: none"> • Meeting set with DLM for Ballyfermot in October 2016 to explore alcohol use amongst pregnant women and gaps in services.
Engagement of community based services	<ul style="list-style-type: none"> • Focus group with women in BSII set for 10th October. • Probation Service in Ballyfermot providing feedback on the women on Probation within the community and gaps in services, alcohol related offending and health issues.
Engagement of participants	<ul style="list-style-type: none"> • Women's Group in Ballyfermot Star Focus Group conducted in June 2016. • Focus group planned for 10th October 2016 with women availing of community development project. • Plan for focus group with women availing of HSE Addiction Services in process.
Engagement of community based drug and alcohol rehabilitation and treatment services	<ul style="list-style-type: none"> • All members of the T&R Subgroup are engaging with process via T&R Subgroup meetings and SWAT meetings. • Onward referral options developed through the Alcohol Mapping document. • Information about services on offer compiled in agreement with service providers. • Recommendation that Women's Health Strategy be implemented as part of T&R Workplan for 2017 provisionally accepted. • Data collected from projects in relation to women in treatment, their profile and presenting issues in relation to alcohol.
Information materials	<ol style="list-style-type: none"> 5. Information leaflets for the community have been developed in agreement with T&R Services and HSE. Awaiting support re: layout and new alcohol guidelines due from HSE end of 2016. 6. D10 DARTS have agreed to display HSE Public Health literature in reception – public health literature to be distributed to T&R services in November 2016. Information on how to order public health literature to be given to project managers.
Public meetings	<ul style="list-style-type: none"> • Cross Task Force Conference with Tallaght LDTF looking at: national alcohol policy, alcohol related harm, alcohol and women, alcohol and offending and alcohol interventions, set for 16th November 2016. • Conference is targeting all services within the community – Tier 1-4. • Speakers secured, promotion of event to begin 2nd week of October. <p>• Brief workshop (1.5hours) being developed which is targeting Primary Care providers to give information on:</p> <p><i>4 Tier model of substance misuse treatment and rehabilitations services</i></p>

	<p><i>Role of Primary Care within substance misuse treatments and rehabilitation</i></p> <p><i>Treatment and rehabilitation options (community and residential)</i></p> <p><i>Alcohol screening</i></p> <p><i>Referral options within Ballyfermot</i></p> <ul style="list-style-type: none"> • Above workshop to complement BI training. • SAOR model being promoted and dates circulated when made available.
Evidence base	<ul style="list-style-type: none"> • Literature review developed exploring current research on women and alcohol, health related issues, causes of increased alcohol use and treatment accessibility. • Presentation being developed form literature review for presentation at alcohol conference. • Project components being compiled into single document which puts together the literature review, feedback from stakeholders, data collection and recommendations • Recommendations stemming from the project to inform activities in women’s health going forward.

Appendix v

Women in Treatment Data Collection (Community Based Treatment Services)

Preamble:

Ballyfermot Local Drug and Alcohol Task Force is working on a project which is exploring how to increase the engagement of women within both communities based substance misuse services and primary care settings. The goals of this project are twofold:

3. To support primary care services with the identification and intervention of women experiencing problematic alcohol use
4. To strengthen referral between primary care services and community based substance misuse projects.

For the purpose of this particular project funding stream (Dormant Accounts Fund) and as part of Ballyfermot LDTAF Alcohol Strategy for 2016, this project will focus on alcohol use amongst women.

There is strong evidence to suggest that women are underrepresented in drug/alcohol rehabilitation services (see NDTRS on next page). The low number of women in services is not an indicator of women's drug and alcohol use compared to men's, but is more demonstrative of the argument that women's drug and alcohol use is hidden in the community⁹⁰. Research has shown that there has been a significant upward trend in women's alcohol use in recent years, with the development of binge drinking patterns by younger women throughout the early 2000's⁹¹. Likewise, recent research has identified the phenomenon of *empty nest syndrome*, with research showing that women in their 50s are at risk of problematic alcohol use as a result of the difficult feelings associated with their children growing up and leaving the family home⁹². The effects of problematic alcohol use for women have been shown to impact more quickly and more severely than for men⁹³ and data from the HSE has shown an increase in the number of people being diagnosed with alcohol related liver disease with the highest proportion of new diagnoses being amongst young women.⁹⁴

⁹⁰SAOL (2016) *Welcome to Talk Time – Service Users Forum 2016: Let's Talk Health* leaflet published as part of SAOL/UISCE joint conference on women's health March 2016

⁹¹ Alcohol Action Ireland (2016) *Women and Alcohol* available at: <http://alcoholireland.ie/women-and-alcohol/>

⁹²O'Regan, Mark (2016) "Secret Drinking of Lonely 'Empty Nest' Mothers" Irish Independent available at:<http://www.independent.ie/irish-news/health/secret-drinking-of-lonely-empty-nest-mothers-34534936.html>

⁹³ Institute of Alcohol Studies (2013) *Women and Alcohol Factsheet* London: Institute of Alcohol Studies

⁹⁴Alcohol Action Ireland (2016) available at: <http://alcoholireland.ie/newsletter/alcoholic-liver-disease-rates-and-deaths-almost-treble/>

Presentations to D10 addiction services for clients citing alcohol as their main problem substance (NDTRS Data 2016)

Year	Alcohol		All drugs (combined)	
	Male	Female	Male	Female
2011	35	10	77	42
2012	33	15	44	41
2013	38	14	54	27
Totals	106	39	175	110

The Supporting Women to Access Treatment project has a range of tasks, one being to identify the number of women who have presented to Ballyfermot Drug and Alcohol Rehabilitation and Treatment Services with **alcohol as a problem substance, with or without the use of other substances**; and to get a picture of the profile of the women attending services. As with the NDTRS data above, it is important to gather data on the number of women compared with men. A profile of the women attending is also needed and - as the project is also looking at the overall impact of parental substance misuse - the numbers of dependent children living with the women attending your service is also needed.

Please could you complete the following information and return to me by Monday 29th August. I shall touch base with everyone in July anyway.

If you have any questions, please feel free to contact me on:

Email: cgeaney@ballyfermotpartnership.ie

Mob: 087 1486080

Thanks

Clara

- Please supply data pertaining to all people who accessed your service between **1st January 2016 to 31st July 2016** - this includes all new referrals as well as those who were carried over from 2015.
- Please supply information about all individuals who accessed your service, whether this was a once off appointment, assessment only or longer term support.
- All data to be based upon service user details upon treatment entry.
- The data is about the numbers of individuals using your service across the full range of supports within your project.

1.

Gender	Total number reporting alcohol only	Total number reporting alcohol with another substance	Total number of service users (all substances combined)
Male			
Female			

2. Please indicate the other substances female service users are reporting alongside alcohol (circle all that apply).

Opiates

Cocaine

Cannabis

Benzodiazepines

Other prescription medication (please specify) _____

Amphetamines

Hallucinogenics

Other (please specify) _____

3. Please describe any particular patterns of alcohol use amongst your female service users

4. Of the female service users with alcohol as a problem substance (alcohol only or alcohol with another substance) please provide a breakdown of the group according to the following criteria (questions based on NDTRS Form, see image below)

a) Age range for group and mean age

b) Living circumstances (7a and 7b)– and, if known, please provide the details of the number of children (under age 18) living with the service user

c) Employment status

d) Age left primary or secondary school

e) Highest educational attainment

B. Demographic details

5. Age (years)

7a. Living with whom (circle)

- 1. Alone
- 2. Parents/family
- 3. Friends
- 4. Partner (alone)
- 5. Partner & child(ren)
- 6. Alone with child(ren)
- 8. Foster care
- 7. Other
- 9. Not known

7b. Living where (circle)

- 1. Stable accommodation
- 2. Institution (prison/residential care/halfway house)
- 3. Homeless
- 4. Other unstable accommodation
- 9. Not known

11. Employment status (circle)

- 1. In paid employment
- 2. Unemployed
- 3. FAS/training course
- 4. Student
- 5. Housewife/husband
- 6. Retired/unable to work
- 8. Other (specify) _____
- 9. Not known

12a. Age left primary or secondary school (not third level)
(years, or circle code below)

- 01. Never went to school
- 88. Still at school
- 99. Not known

Years

12b. Education: highest level completed (circle)

- 0. Primary level incomplete
- 1. Primary level
- 2. Junior cert
- 3. Leaving cert
- 4. Third level
- 5. Never went to school
- 6. Special needs education
- 8. Still in education
- 9. Not known

5. If you use the AUDIT screening tool in your service, could you please indicate the categories of problematic alcohol use your female service users fall into

- a) Low risk (0-7) _____
- b) Risk or hazardous (8-15) _____
- c) Harmful (16-19) _____
- d) High risk (20+) _____

Appendix vi

Women's Group Focus Group preamble (in-treatment)

Background to research

Clara Geaney, the Treatment and Rehabilitation Coordinator for Ballyfermot Local Drug and Alcohol Task Force, is working on a project which is exploring how to support women to access drug and alcohol treatment services and to urge women already in drug and alcohol treatment services to look after their general health needs (health screening, cervical smears, breast checks, contraception, sexual health) by accessing primary care services.

The project has 2 strands. Firstly, to look at identifying women within primary health care settings (GPs, Community Nurses) who may need support with substance misuse and secondly, to look at referral to GPs and public health screening services as routine practice within drug and alcohol treatment.

It is important to get some context for a project like this, and this is why I have asked to meet with the Women's Group in Ballyfermot Star. **The purpose of the focus group will be to explore what might be barriers to women accessing drug and alcohol treatment services, and what support women need (if any) to access support with their primary health care needs.**

Confidentiality statement

For those attending the Focus Group, this is a confidential meeting and your identity will not be disclosed to any third parties. Your responses will be kept anonymous and will not be fed back to Ballyfermot Star staff or any other agency. However, under ethical principles, for the purpose of this project, I am obliged to breach confidentiality should you disclose any intention to harm yourself or others, in which case I shall refer back to your keyworker.

Consent

This is a one off Focus Group looking at the issues mentioned above. You have the right to withdraw at any time.

Finally

If you have any particular concerns about your health, I would recommend you speak with the staff in Ballyfermot Star or indeed your GP.

Thank you so much for contributing to this project, your responses and input will add invaluable weight to the project and any plans made going forward.

Clara

Appendix vii

Women's Group Focus Group Preamble (non-treatment setting)

Background to research

Clara Geaney, the Treatment and Rehabilitation Coordinator for Ballyfermot Local Drug and Alcohol Task Force, is working on a project which is exploring how to support women to access drug and alcohol treatment services and primary health care services – in particular cervical and breast screening services (free under the public health system).

There is evidence to suggest that women in Ballyfermot are not participating in public health screening services and also that women are not seeking support for their drug or alcohol use. One of the tasks associated with this project is to look at what are the potential; barriers to women accessing services and how women in the community feel about their health and/or alcohol use.

It is important to get input from women in the community and this is why I asked to meet with the women accessing BSII.

The purpose of the focus group is to explore how women in the community feel about their health, whether their own health needs are a priority, how women feel about alcohol (or other substance use) and what might be barriers to women accessing health and substance misuse.

Confidentiality statement

For those attending the Focus Group, this is a confidential meeting and your identity will not be disclosed to any third parties. Your responses will be kept anonymous and will not be fed back to BSII staff or any other agency. However, under ethical principles, for the purpose of this project, I am obliged to breach confidentiality should you disclose any intention to harm yourself or others, in which case I shall refer back to the staff in BSII.

Consent

This is a one off Focus Group looking at the issues mentioned above. You have the right to withdraw at any time.

Finally

If you have any particular concerns about your health, I would recommend you speak with the staff in BSII or your GP.

Thank you so much for contributing to this project, your responses and input will add invaluable weight to the project and any plans made going forward.

If you have any comments, questions or anything further you would like to contribute, please feel to contact me on 087 148 6080 or cgeaney@ballyfermotpartnership.ie.

Thanks,

Clara

Appendix viii



The aim of this conference is to provide information on alcohol and related harms to a broad cross section of professionals and services working in the communities of Tallaght & Ballyfermot.

9.30am-10.00am	Registration
10-00am – 10.15am	Welcome & Opening Address by Conference Chairperson Professor Joe Barry, Chair of Population Health Medicine, Trinity College Dublin
10:15am-10:40am	Community Action on Alcohol Plan Kieran Doherty, CEO, Alcohol Forum
10:40am-11:05am	Problem Alcohol Use in the Irish Population – A Review of the Current Data Dr Suzi Lyons, Senior Researcher, NHIS, Health Research Board
11.05am-11.20am	Morning Tea Break
11.20am-11.40am	Alcohol & Women Clara Geaney, Rehabilitation Coordinator Ballyfermot LDATF
11.40am-12.15pm	Alcohol and Pregnancy Deirdre Carmody, Drug Liaison Midwife, Clinical Midwifery Specialist
12.15pm-12.40pm	Hidden Harm – The Impact on Children Living with Parental Substance Misuse Robert Dunne, Project Manager, Barnardos Lorien Project
12.40pm-1.00pm	Panel Q&A with morning speakers
1.00pm-2.00pm	Lunch provided in LJs Restaurant
2.00pm-2.15pm	Afternoon Welcome & Summary of the HSE National Alcohol Programme Marion Rackard, Project Manager, HSE National Alcohol Programme
2.15pm-2.40pm	SAOR – A local experience Grainne O Kane, Rehabilitation Coordinator, Tallaght DATF
2.40pm-3.00pm	Alcohol & Offending Marie Finan, Restorative Justice Services, Tallaght
3.00-3.30	Panel Q&A with afternoon speakers Evaluations and Certificate of Attendance



Women and Alcohol

What we know, what we don't know and what we need to consider

Clara Geaney
Treatment and Rehabilitation Coordinator

Presentation Outline



- Introduction
- Overview of Ballyfermot LDATF Project SWAT (Supporting Women to Access Treatment)
 - Policy context
 - Goals
 - Activities
- Women and alcohol
 - Consumption increase – the evidence
 - Consumption increase – the causes
 - Women in treatment
 - Impact on health
 - Wider consequences of women's alcohol use
 - The role of Primary Care
- Conclusion
 - Consider how your service responds to women

Introduction



- Clara Geaney -Treatment and Rehabilitation Coordinator with Ballyfermot LDATF
- Part of role is to coordinate the Supporting Women to Access Treatment Project – under Dormant Accounts Fund

Project SWAT Policy Context

- Alcohol is being increasingly recognised as a public health concern
- Recognition of many consequences of problematic alcohol use
- Inclusion of alcohol within the new National Drugs Strategy
- Dormant Accounts Fund
- Like many other Local Drug and Alcohol Task Forces across the country, Ballyfermot LDTF has been working on its own Alcohol Strategy.
- Ballyfermot is an area which has been defined as one of the most deprived regions of Dublin, and deprivation is a known factor in poor health outcomes
- Ballyfermot chose to focus on 3 areas – Young people, the community and women specifically.
- Ballyfermot wanted to explore alcohol use amongst women; how to increase participation of women within drug and alcohol treatment and rehabilitation services through early identification and treatment within primary care and onward referral to specialised services, as needed

Project SWAT Goals

- Goal 1: To support screening, assessment and treatment for women experiencing problematic alcohol use within primary care settings
- Goal 2: To strengthen referral between primary care services and specialized substance misuse services.



Activities

- Focus groups with women in treatment services and those within a community development service.
- Meetings with various other stakeholders including the Probation Services and HSE Addiction Services.
- Strong support through Treatment and Rehabilitation subgroup of Ballyfermot LDTF.
- Collaboration with clinical staff within primary care centre - working together to forge greater links between primary care services and community based drug and alcohol treatment services.
- Women's health promotion in collaboration with the National Screening Service.
- Conduct a literature review and present the literature at this conference!

So why focus on women?



Consumption increase – the evidence

Everyone

- Alcohol consumption has increased in Ireland, particularly during Celtic Tiger
- WHO – Ireland has one of highest rates of alcohol consumption in Europe.
- Ireland has second highest rate of *binge drinking* in the world – normalization of drunkenness within society

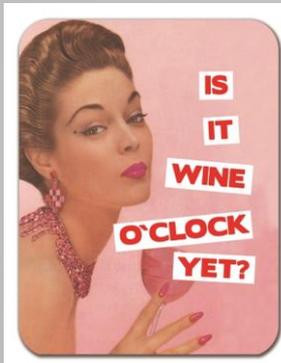
Women

- Rate of binge drinking amongst women have increased
- Steady narrowing of gap between men and women's alcohol use
- Not confined to areas of socio-economic disadvantage – women in employment have high rates of hazardous alcohol use
- Hazardous alcohol use amongst female university students is the norm

Consumption increase – the causes

- *Empty nest syndrome* – first introduced in the 1970's to explain heavy alcohol use amongst mainly middle class, middle aged women. Theory has witnessed a resurgence in recent years
- *Alcohol advertising* – Marketing products to women. 'Babysham' in the 1950's. Younger women continue to be targeted by alcopops and other designer beverages. Older, working women targeted as have increased buying power and disposable income
- *Participation in society* – as we have emerged from the domestic sphere our alcohol use has increased. Women in employment and with high educational attainment; delaying childbearing; more disposable income; normalization of alcohol use as a means to 'de-stress' after a working day.
- *Ladette Culture* – emerged early 2000's. Was a major influence on alcohol use particularly amongst young women. Has shown little sign of abating; binge drinking amongst women is normalized
- *Television/media* – 'Can't Cope – Won't Cope' television show. Wine O'clock phenomenon represents the normalization of excessive alcohol use amongst successful working women.

Can you see the relationship between women and alcohol here?



Women in treatment – the data

Women are under represented in drug and alcohol treatment services
Data for Ballyfermot 2016:

- 29% of service users in 2016 were female (HSE and others) (up to July 2016)
- But the population of Ballyfermot is 22,000 and just under half are female.
- DSP data indicates that nationally 28% of Ring-Fenced Drug Rehabilitation Places were taken by women up June 2016.

Steady narrowing of the gap between men and women's alcohol use
Women's substance misuse is hidden within the community



Why are women under-represented in treatment?

Barriers to entering treatment not always unique to women but form a myriad of obstacles for women entering treatment

- *Systemic* – services not equipped to support needs of women
- *Structural* – structures not in place to support women whilst they avail of services (childcare provision)
- *Social, personal and cultural* – fear of losing children; no access to means to avail of treatment; limited decision making power; stigma; substance misuse regarded as solution rather than the problem; hiding behind cultural phenomenon causing increase.
- *Data* – the data itself may be misleading, the professional women being referred to may be availing of services who are not contributing to national data collection systems (private counseling, private treatment centres, accessing GP)

What impact does alcohol use have on women's health?

- Women most likely to report health consequences as a result of their alcohol use
- Different metabolism than men, even though shown to be drinking the same
- Health consequences impact more quickly and severely than for men
- Type of alcohol preferred by women - spirits
- Increase in liver disease amongst young women (previously regarded as a low risk group)
- Greater likelihood to develop tissue damage
- Many female cancer related deaths have been linked to female alcohol use
- Women more likely to develop dependence than men
- Alcohol is a known teratogen – the impact of alcohol on the developing foetus is well documented

Wider consequences of women's alcohol use

- Detrimental effects of alcohol on mental health/well-being
- Underlying stressors not being addressed
- Limited use of range of coping mechanisms
- As with any problematic substance misuse withdrawal from non-drinking activities ensues
- Alcohol use can increase the risk of self-harming
- Strong link between alcohol use and domestic violence
- Problematic alcohol use can impact negatively on ability to parent
- Alcohol affects our decision making

The role of Primary Care

- Health inequality
- Health screening services
- Identification and treatment of alcohol related problems within general population - screening and brief intervention
- Coordination and collaboration across sectors – referral pathways, supporting screening and brief intervention alongside health screening in partnership with primary care and the National Screenign Service.

Conclusion

Consider how your service responds to women:

- Opening hours
- Childcare
- Flexibility in appointment times
- Get feedback from women within your service. Service user feedback is a key component in any service.
- Make services attractive to working people – opening hours (evenings/weekends), quick access to key worker
- Coordination with primary care services to address health inequalities

But proceed with caution

- Female “high fliers” and limited means to avail of treatment?
- Media scapegoating of women
- Parenting not sole responsibility of women
- Do not lose sight of the impact of alcohol use amongst men - male perpetrated domestic violence, male suicide
- Public health approach with added awareness of unique needs of women whilst paying attention to the research
- Health screening – The great equaliser
- CONSULT, CONSULT, CONSULT!

Appendix x

Substance misuse treatment and rehabilitation services in Ballyfermot

Clara Geaney

Treatment and rehabilitation coordinator

Treatment and rehabilitation coordinator

- Employed by Ballyfermot/Chapilizod Partnership
- Help coordinate the activities of the treatment and rehabilitation subgroup of the LDATF
- Support interagency working
- Promote range of services within the community
- Supporting Women to Access Treatment (SWAT)Project

SWAT Policy context

- Alcohol is being increasingly recognised as a public health concern
- Recognition of many consequences of problematic alcohol use
- Inclusion of alcohol within the new National Drugs Strategy
- Dormant Accounts Fund
- Like many other Local Drug and Alcohol Task Forces across the country, Ballyfermot LDATF has been working on its own Alcohol Strategy.
- Ballyfermot is an area which has been defined as one of the most deprived regions of Dublin, and deprivation is a known factor in poor health outcomes
- Ballyfermot chose to focus on 3 areas – Young people, the community and women specifically.
- Ballyfermot wanted to explore alcohol use amongst women; how to increase participation of women within drug and alcohol treatment and rehabilitation services through early identification and treatment within primary care and onward referral to specialised services, as needed

Supporting Women to Access Treatment Project

- Goal 1: To support screening, assessment and treatment for women experiencing problematic alcohol use within primary care settings
- Goal 2: To strengthen referral between primary care services and specialized substance misuse services.

Going forward will include all substances not just alcohol

Activities

- Focus groups with women in treatment services and those within a community development service.
- Meetings with various other stakeholders including the Probation Services and HSE Addiction Services.
- Strong support through Treatment and Rehabilitation subgroup of Ballyfermot LDATF.
- Collaboration with clinical staff within primary care centre - working together to forge greater links between primary care services and community based drug and alcohol treatment services.
- Women's health promotion in collaboration with the National Screening Service.
- Conduct a literature review on women and alcohol

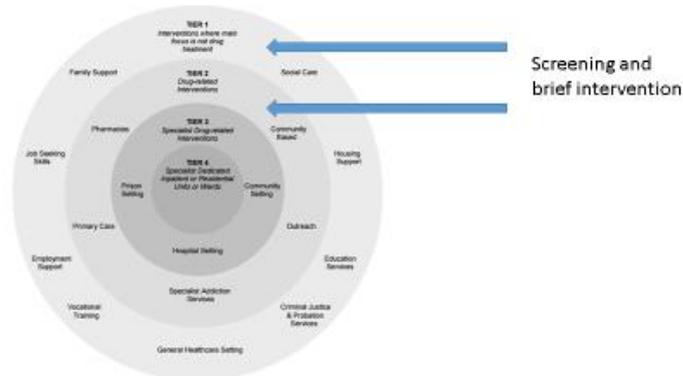
The role of Primary Care in substance misuse treatment

Apart from medical interventions from nurse/GP looking at psychosocial intervention

Screening and brief intervention



4 Tier Model of Substance Misuse Treatment and Rehabilitation Services



Brief Intervention

- National Programme for Screening and Brief Intervention
- World Health Organisation

“There is strong evidence for the effectiveness of brief interventions in primary care settings for alcohol and tobacco, and growing evidence of effectiveness for other substances. Brief interventions are low in cost and are effective across all levels of hazardous and harmful substance use and so are ideally suited for use as a method of health promotion and disease prevention with primary care patients”

- Targeting general population within primary care
- Using opportunity to support individuals (patients) around substance misuse (also diet, exercise and smoking)
- On-going relationships with patients in primary care

World Health Organisation Guidelines on Brief Intervention

- Brief interventions in primary care can range from 5 minutes of brief advice to 15-30 minutes of brief counselling.
- Brief interventions are not intended to treat people with serious substance dependence, however, they are a valuable tool for treatment for problematic or risky substance use.
- Brief Interventions can also be used to encourage those with more serious dependence to accept more intensive treatment within the primary care setting, or referral to a specialised alcohol and drug treatment agency.
- The aim of the intervention is to help the patient understand that their substance use is putting them at risk and to encourage them to reduce or give up their substance use.
- Brief interventions should be personalised and offered in a supportive, non judgemental manner.

Ballyfermot Drug and Alcohol Rehabilitation and Treatment Services (D10 -DARTS) 2016

Service Agency	Altenage	Brief intervention	CE Rehabilitation scheme	CE Work based	Childcare	Counselling	Drop-in ¹	Family involvement in treatment	Family Support	Individual therapy	Key working	Men's group	Methadone	Needle exchange	Non CE Training	Parental Substance Misuse Intervention	Prison In-reach	Prison Links Service (PLS)	SMART Recovery	Social group	Stabilisation	Substance misuse reduction and prevention	Residential treatment fund	Under 18s Bar	Urinalysis	Women's group
	Ballyfermot Star	✓	✓	✓	✓	✓ ²	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ballyfermot Advance	✓	✓	✓	✓	✓ ³	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
BSH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Familybase	YPSMS ⁴	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CWP ⁵	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fusion CPL	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
HSC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
JobPlan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Liberty Recycling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Matt Talbot	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

¹ Refers to a formalized drop-in facility whereby service users can access project staff, refreshments and support services on specific days/times. This is distinct from a walk-in whereby people can walk into a service to make enquiries, arrange an appointment and/or speak with an available staff member which all other projects will provide as far as where possible.

² Offer mainstream and specialised childcare services for children of parents experiencing problematic substance misuse

³ Childcare fund available for mainstream childcare services

⁴ Young persons' substance misuse service (10-25 years)

⁵ Child Welfare Programme for children of parents who are affected by substance misuse

Next steps

- Collaboration around women's health project
- National Screening Service meeting 8th December
- SAOR (2) – Tailor to meet needs
- MECC – Making Every Contact Count 2018
 - Alcohol/other substances
 - Smoking
 - Diet
 - Exercise
- Thoughts? Questions? Comments?

Appendix xi

SAOR: A Guide to Brief Advice for Hazardous and Harmful Alcohol Use

S	SUPPORT	<p>Objective</p> <ul style="list-style-type: none"> To develop rapport and a good working relationship with the patient <p>Action</p> <ul style="list-style-type: none"> Communicate with the patient in an open and friendly non-judgemental manner. <p>Sample question/comment</p> <ul style="list-style-type: none"> "As part of our routine questions, would you mind if I asked you about your alcohol intake?"
A	ASK & ASSESS	<p>Objective</p> <ul style="list-style-type: none"> To screen and assess for hazardous/harmful drinking <p>Action</p> <ul style="list-style-type: none"> Screen for alcohol use using an agreed evidence-based screening tool <p>Sample question/comment</p> <ul style="list-style-type: none"> "Do you mind if I ask you a few more questions about your drinking?"
O	OFFER ASSISTANCE	<p>Objective</p> <ul style="list-style-type: none"> To offer brief advice and information to the patient regarding their drinking <p>Action</p> <ul style="list-style-type: none"> Provide the patient with information on the consequences of hazardous/ harmful alcohol use. <p>Sample question/comment</p> <ul style="list-style-type: none"> "This is a short information leaflet on the effects of excessive alcohol use. Perhaps you would like to have a read of it?"
R	REFER	<p>Objective</p> <ul style="list-style-type: none"> To refer those patients requiring further assistance to specialist services <p>Action</p> <ul style="list-style-type: none"> Provide patient with a list of appropriate treatment services A direct referral may be made to hospital alcohol liaison specialist and/or local treatment services if this is supported by local policy. <p>Sample question/comment</p> <ul style="list-style-type: none"> "From our conversation I'm concerned that your drinking may be causing significant harm to your physical and/or mental health. I would like to recommend that you seek help from the local alcohol services". "This is a list of local alcohol services; can we take a few minutes to discuss the options?"

Referral to Specialist Services – Alcohol Liaison Nurse/Mental Health Services

Referral is based on **Clinical Judgement** and/or where there is a history of:

<ul style="list-style-type: none"> Alcohol Dependence Syndrome Alcohol withdrawal syndrome Physiological complications of use including; Liver disease(including raised LFTs) Repeated alcohol related accident or injury 	<ul style="list-style-type: none"> Psychosocial complications of use including; Family problems Repeated legal consequences of use e.g. Drink Driving Alcohol related violence Self neglect 	<ul style="list-style-type: none"> Mental health problems including; Self harm/Suicidal Depression Psychiatric illness Anxiety and panic disorders 	<ul style="list-style-type: none"> Repeat alcohol related presentations to the ED or acute hospital setting Difficulty in maintaining a 'drinking goal' despite previous brief counselling Continued problem alcohol use despite receiving Tier 1 and 2 services If referral to specialist services is requested by the patient.
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