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GENDER AND IRISH DRUG POLICY

April 2020

*Report submitted to the working group as part of the
'Implementing a gender approach in different drug policy areas:
from prevention, care and treatment service to law enforcement'
project.*

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Disclaimer: the views expressed in this report are those of the authors and do not necessarily represent the views of the Drugs Policy Unit of the Department of Health.

Introduction

This report outlines initial aspects of gender and Irish drug policy and has been submitted as part of the working group processes of the ‘*Implementing a gender approach in different drug policy areas*’ project. The report has been compiled collaboratively by the authors, who represent and work within different elements of the state and community responses to drug misuse in Ireland. Given the current context of the Covid19 pandemic, consultation with key stakeholders in relation to the content of this report was limited to some extent. The report responds to key questions set by the working group in regard to drug policy in Ireland, including; gender within current drug policy; transgender and/or intersex persons within service delivery; stakeholders at national level; obstacles to the integration of a gender sensitive approach; and benefits to society and health and well-being of target groups of adapting and implementing a gender sensitive approach.

1. Gender and the national drug strategy

Drug policy within Ireland has been mediated through successive national drug or substance misuse strategies, which since 2012, also include alcohol. The current strategy “Reducing Harm, Supporting Recovery: A health led response to drug and alcohol use in Ireland 2017-2025” (Department of Health, 2017) was launched in July 2017, following long standing debates across the consultation infrastructure in regard to key issues such as harm reduction ideology, inclusion of alcohol use, decriminalisation of the possession of illicit drugs and introduction of a pilot safe injecting facility (SIF).

The vision of the strategy is:

To create a healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life. (Department of Health, 2017:16)

To realise this vision, five strategic goals are outlined in the strategy:

- To promote and protect health and wellbeing.
- To minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.
- To address the harms of drug markets and reduce access to drugs for harmful use.
- To support participation of individuals, families and communities.
- To develop sound and comprehensive evidence-informed policies and actions.

(Department of Health, 2017: 17-18)

Previous substance misuse strategies were constructed around four, and then five, pillars of prevention, demand reduction, treatment, research and rehabilitation. Like in many jurisdictions (Babor et al., 2010), Irish drug policy enactment has contained ongoing tensions between criminal justice and health led responses, with previous drug strategies containing a mix of both approaches (Butler & Mayock, 2005). The current strategy emphasises a health led approach, however criminal justice aspects remain in relation to supply reduction measures. Since the publication of the policy, there have been ongoing actions on alternative approaches to possession of drugs for personal use, with publication of a report of a working party on alternatives to criminal sanctions for possession offences (Department of Health, 2019b) and a shadow minority report from the chair (Department of Health, 2019c). Subsequent to this, a health diversion approach was announced by Government in

August 2019 to allow for referrals to health led brief interventions for possession of illicit drugs for personal use as an alternative to criminal sanctions (Department of Health, 2019d).

Against this backdrop, past Irish drug policy has been relatively gender-neutral. The 2009 strategy referred to women on seven occasions in relation to alcohol use, but did not contain gendered recommendations. However, a policy shift took place in 2017 as the current strategy attends extensively to the issue of women and substance use (Devaney 2018). The drug strategy was devised and finalised through a lengthy process of stakeholder involvement and consultation over an 18-month period prior to publication, with degrees of consensus and some tensions remaining in regard to key policy positions (Comiskey, 2020). Of the 50 action points across the five strategic goals, three relate directly to, or specifically name women, while one refers to the LGBTQI community generally. The three action points relate to pregnancy and maternity, harmful drug and/or alcohol use and homelessness and all are within the second strategic goal in relation to minimising the harms caused by the use and misuse of substances and promoting rehabilitation and recovery. There is some discussion of the complex and interrelated issues that may intersect with women substance use, including domestic violence (Department of Health, 2017: 42). Each strategic action points within the strategy identifies further elements that will address the strategic goal, and nine of these directly name women. Within this:

- One activity includes 'disadvantaged women' in relation to responses to address exclusion and poverty (Department of Health, 2019a: 15).
- Six relate to pregnancy and maternity services, with three of these focussed on alcohol misuse where women are pregnant, one on building links between maternity and addiction services, and two on the role of drug liaison midwives.
- Two are in relation to wraparound services for women generally and for women exiting treatment, especially in regard to housing provision.

The one discussion of transgender people is in the context of risk factors for LGBTQI individuals within the student population, while the action point names a number of at-risk groups, including those from the LGBTQI community. There is no specific consideration of transgender or intersex populations or risks for these populations.

Gender specific interventions within the field of prevention

As noted, there are no gender specific actions within the current drug strategy in regard to prevention, which in the Irish context tends to focus on education and awareness raising of the harms of drug use. Prevention actions are traditionally focussed on young people and initiatives that will sustain young people successfully within secondary education.

Gender integration in care and treatment services

Like in many jurisdictions, Ireland has a history of drug treatment and intervention that originated from an abstinence-based approach, with limited or no focus on the role of gender within substance use initiation, trajectory or intervention. Over the past 15 years there have been changes to 1) include women in substance use treatment and intervention, 2) develop gender specific services and interventions for women and 3) develop resources and responses within relevant ancillary services such as homeless shelters and domestic violence series to attend to the needs of women who are using substances problematically. At present within the Irish context there are a range of gender specific approaches within drug treatment and intervention, with some responding to childcare needs. These are shown in the table overleaf.

Service	Intervention	Host organisation
Ashleigh House	Residential treatment for women and women with children up to pre-school age.	Coolmine Therapeutic Community. ¹
Saol Project	Gender specific harm reduction, education, day programme, childcare provided up to pre-school age.	Saol Project
Aiséirí Céim Eile	Residential secondary treatment programme, gender specific.	Aiséirí
Farnanes	Residential treatment for women, gender specific	Cuan Mhuire
Ocean View	Residential treatment for women, gender specific	Tiglinn
Tabor Renewal & Fellowship House	Residential secondary treatment programme, gender specific.	Tabor Group
Helping Women Recover Programme	This Limerick based project works with women over the age of 23 who are clients of the Probation Service.	PALLS
Specialist drug-liaison midwives	The three maternity hospitals in Dublin have specialist midwives with work with pregnant women who use drugs. ²	Health Service Executive

Figure 1: Gender specific treatment and intervention for women in Ireland.

The remaining drug treatment services are either aimed at men or accept both men and women, but do not provide a gender specific programme for women. However, a number do seek to respond to the needs of women within their drug treatment interventions, and these often focus on parenting supports or family interventions. Of note is a new initiative between two community drug task forces to develop a Department of Health funded initiative entitled 'Supporting Women to Access Appropriate Treatment (SWAAT)'. As part of the project, research is due to commence (pending Covid19 restrictions being lifted) on the needs of women within two West Dublin communities. While paused given the current context, this project will recommence as soon as possible.

A number of programmes have been developed and adopted within addiction and homeless services to address the "hidden harms" of parental substance misuse and higher risk of children's exposure to physical, emotional, psychological and behavioural problems. One such programme is the Parents Under Pressure programme (PuP) which aims to support parents with or whom have a substance abuse issue to be improve child/parent functioning (Ivers & Barry, 2018). Many services are now incorporating principles of trauma-informed care into interventions and a range of services such as homeless hostels, domestic violence services and those responding to women who are sex working/involved in prostitution are recognising and responding to the needs of women who are using substances with key working supports, referral pathways and harm reduction interventions (Morton & Curran, 2019; O'Reilly & Mac Cionnaith, 2019). Of note is also the support of family members, including mothers, where there is problematic use. This work is currently led by the National Family Support Network (NFSN), who have representation on the oversight committee of the national drug strategy (NDS).

¹ Ashleigh House is based near the capital city Dublin, Coolmine have been funded to provide a second women's treatment centre for Limerick and this is currently under development with aim to open in 2021.

² This midwife based programme is due to be extended beyond Dublin with funding secured and recruitment commenced for six more posts to cover the remaining hospital group areas in the country.

Gender consideration and interpretation within law enforcement agencies and the criminal justice system

As noted, there are no specific actions in regard to women and the criminal justice system within the current drug strategy, however the *'Irish Prison Service and Irish Probation Service Joint Strategic Plan 2018-2020'* (Department of Justice, 2018) make four specific references to women, noting the importance of using community sanctions where possible and naming actions to increase access to education and recovery, to support resettlement and to respond to domestic violence. The *'National Strategy for Women and Girls 2017-2020: creating a better society for all'* (Department of Justice and Equality, 2017) also links to the actions within the national drug strategy (NDS).

Service providers involved in this report named specific ongoing issues arising within the courts and the prison system:

- Women who are using substances tend to come to the attention of the criminal justice system due to drug acquisition related crimes or poverty related crimes, including shoplifting, theft, and non-payment of fines.
- There are two prisons in Ireland which accommodate women, one is a mixed prison with a female wing, the other is a woman-only prison. There are a significant number of women within the prison system who are on methadone maintenance treatment (MMT), although prevalence data on prison-based drug treatment is required.
- There are specific risks for women involved within the criminal justice system, including a lack of housing supports on exit from prison, substance misuse within the prison itself, separation from children, and lack of integration supports on exit from prison. Given the type of crimes women within the prison system have been convicted off, sentences tend to be short, and women may be released at short notice in an unplanned manner*.
- Women within the prison system may experience a range of supports while incarcerated, with access to medical, drug treatment and counselling interventions, as well as safety from abusive partners or ex-partners. Lack of post release support can result in a number of risks, including from overdose.

Drug related intimidation (DRI) is an ongoing issue within some communities and settings within Ireland, with recruitment of younger people into the drugs economy, as well as intimidation in regard to drug related debt. Mothers are targeted in relation to intimidation actions, adding an additional gendered aspect to illicit drug markets within the Irish context (Connolly & Buckley, 2016; Murphy et al., 2017). The NDS contains actions on addressing DRI, with partnership between Gardai (Irish police force) and NFSN.

2. Transgender and/or intersex people and service delivery

Consideration of the needs and specialist supports for those who are transgender and/or intersex is in its relative infancy within the Irish context. Those from the LGBTQI community are named within the strategy as a specialist risk group, and a general action point focuses on liaison with key representative organisations. At present organisations representing those who are transgender and/or intersex are focussed on equality rights and implementation of such, rather than particular needs that may exist within the population. One organisation, *BelongTo*, has a substance use support worker and key worker or project workers within organisations may respond to substance use issues within their general range of supports. The Health Services Executive (HSE) and the Department of Health are seeking to develop and deliver an inclusive health service, and work is currently underway on a new inclusion health policy for the state.

3. Stakeholders at national level

Drug policy coordinating structures

The current drug strategy opens with a statement in regard to a ‘whole of government’ response to the issue of drug and alcohol use in Ireland with the following statement:

It recognises the importance of supporting and strengthening the meaningful participation of communities in key decision-making structures, so that their experience and knowledge informs the development of solutions to solve problems related to substance misuse in their areas. Working in partnership with statutory, community and voluntary sectors, and engaging with stakeholders on a national basis, is a key element in the successful implementation of the NDS (Department of Health, 2017:63)

The NDS maintains that partnership has been a major factor in the success of previous strategies, and so continues to be the cornerstone of the current strategy. Local and Regional Drug and Alcohol Task Forces (DATFs) were introduced in 2012, and play a key role in; coordinating interagency action at local level; supporting evidence-based approaches to problem substance use; assessing the extent and nature of substance misuse in their areas, and in supporting community responses; and participating in national structures (Department of Health, 2017). The local DATF’s were originally located in areas with significant drug issues, often coupled with social exclusion and lack of access to services and supports. Since then, regional DATFs have been developed, so a national network exists of community, voluntary and state agencies, that then funnel representation into the national structures. It is stated within the NDS that community-based organisations build the capacity of citizens to ‘organise and participate in decision making around the issues that affect them’ (Department of Health, 2017: 63). Community development, community-based management of health and education services and involvement in cultural activities are vital parts of local life, particularly in areas affected by socioeconomic disadvantage, marginalisation and exclusion within the Irish context. Community-based organisations working in the drugs area are positioned within the NDS to; deliver vital services at the local level; represent the interest and concerns of residents; and provide knowledge essential for the development of effective responses at the national level.

A National Oversight Committee was established to give leadership and direction to support the implementation of the strategy with the following terms of reference:

(a) To give leadership, direction, prioritisation and mobilisation of resources to support the implementation of the strategy;

(b) To measure performance in order to strengthen the delivery of drugs initiatives and to improve the impact on the drug problem;

(c) To monitor the drugs situation and oversee the implementation of a prioritised programme of research to address gaps in knowledge;

(d) To ensure that the lessons drawn from evidence and good practice inform the development of policy and initiatives to address the drug problem; and

(e) To convene Sub-Committees, as required, to support implementation of the strategy.

(Department of Health, 2017: 77)

Operational Procedures

The Committee is chaired by a Minister of State and has a cross-sector membership from the statutory, community and voluntary sectors. The Committee meets every three months and held its most recent meeting on 6th December 2019 and includes the following organisations:

Government Departments	Statutory Organisations	Community and Voluntary Sector	Other
Department of Health	An Garda Síochána	Local Regional Drug and Alcohol Task Force Chairs and Co-ordinators Network representatives (four in total)	Academic expert
Department of Employment and Social Protection	Health Service Executive	Union for Improved Services Communication and Education (UISCE)	Clinical experts
Department of Transport, Tourism and Sport	Revenue Customs Service	National Family Support Network (NRSN)	
Department of Justice and Equality	Irish Prison Service	Community and voluntary sector representatives – Citywide Drug Crisis Campaign and Pavee Point Traveller and Roma Centre.	
Dept. Housing, Planning & Local Government	Tusla (Child Protection and Welfare Agency)		
Dept. Children and Youth Affairs	The Probation Service		
Dept. of the Taoiseach			
Dept. of Rural and Community Development			
Department of Finance			
Department of Education and Skills			

Figure 2: Members of the National Oversight Committee for the NDS

A Standing Sub-Committee was established to drive the implementation of the NDS and promote coordination between national, local and regional levels. It plays a key role in ensuring that the statutory, community and voluntary sectors, Drug and Alcohol Task Forces and other key stakeholders are engaged in supporting the implementation of the strategy. The Sub-Committee is chaired by a Senior Official in the Department of Health. It meets on a bi-monthly basis, and last met on 28 January 2020. There is a balance of representatives drawn from the statutory, community and voluntary sectors, the networks of the Chair and coordinators of the Local and Regional Drug and Alcohol Task Forces, the National Family Support Network and UISCE.

The Standing Sub-Committee has the following terms of reference:

- (a) To drive implementation of Reducing Harm, Supporting Recovery at national, local and regional level;
- (b) To develop, implement and monitor responses to drug-related intimidation as a matter of priority;

(c) To support and monitor the role of Drug and Alcohol Task Forces in coordinating local and regional implementation of the National Drugs Strategy with a view to strengthening the Task Force interagency model;

(d) To improve performance, promote good practice and build capacity to respond to the drug problem in line with the evidence-base;

(e) To ensure good governance and accountability by all partners involved in the delivery of the Strategy; and

(f) To report to the National Oversight Committee on progress in the implementation of its work programme.

(Department of Health, 2017: 78)

Participation and engagement

As can be seen from the outline of the structures, the voluntary and community sector plays a key role in the implementation of the current strategy and it is in this sector that the few gender-specific projects and initiatives referred to are located; therefore, the sector has extensive knowledge and expertise to contribute. There is recognition within the NDS and more widely of the value of service user participation in the local, regional and national decision-making structures of the strategy (Department of Health, 2017). Within the NDS it is highlighted that service users have an important role to play in ensuring that the design and delivery of drug and alcohol treatment services meet the needs of those with drug or alcohol problems. Service user involvement is about facilitating people to become meaningfully involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating policies and in planning, developing and delivering services, and in taking action to achieve change. Service users have representation at national level through UISCE and organisations, networks and advocates are charged within the NDS with providing a platform for service users to voice their concerns and ensure that there is meaningful engagement at all levels (Department of Health, 2017). However, there is no specific representation *per se* for women who use substances, nor are gender-specific or LGBTQI organisations represented at national level, although the capacity exists for this to be developed under the fourth strategic goal of the NDS which aims to 'Support participation of individuals, families and communities' (Department of Health, 2017;63).

The Women's Health Task Force

The Department of Health established a Women's Health Taskforce in September 2019. Membership includes a range of statutory representatives, the Women's Council of Ireland, the Public Health Institute and the Irish College of General Practitioners. The task force aims to address women's health outcomes and tackle gender-based health inequalities in Ireland. The group has met on three occasions. To date the task force has focussed on reproductive and maternal health, mental health, physical activity, cardiac health, domestic violence and disadvantage, as well as substance use issues. It is hoped that a national Women's Health Plan, similar to the existing Men's Health Plan (Department of Health, 2017).

4. Obstacles to integration of gender sensitive approach

Obstacles to integration of a gender sensitive approach can be considered at societal, policy, community, organisational, practitioner and individual levels. The issues we highlight at each of these levels are key, but do not provide an exhaustive outline of the many factors that may hinder or block a gendered approach to drug use. Within recent research structural inequality for women provided an ongoing **societal** level backdrop to women's substance use (Morton et al., forthcoming). This could include gender inequality that resulted in poverty, social disadvantage, lack of access to education and societal expectations in regard to roles, mothering and parenthood. Ireland is only recently moving overtly to a health led drug **policy** approach, so with significant ideological tensions only beginning to resolve, it is not surprising that the gender focus within the current strategy has tended to be located mostly on pregnancy and motherhood, a common theme within other jurisdictions (Ettore, 2007). Within the Irish context, tensions still exist at a **policy** level in regard to drug use and alcohol use, and the integration of both into the current drug strategy (Butler, 2015). Maternal alcohol use and impact on pregnancy and the foetus is again not a surprising focus for early gendered **policy** responses. For instance, the Hidden Harm National Steering Group established in 2013, led out by Tusla, HSE National Social Inclusion Office and HSE Mental Health and Drug and Alcohol Service developed a ministerial policy submission "*Addressing Hidden Harm: Bridging the gulf between substance misuse and Childcare Systems*" (ref) which has since been included in '*Better Outcomes Brighter Futures : The National Policy Framework for Children and Young People 2014-2020*' (Government of Ireland, 2014)

Within the Irish context, social exclusion and community level social disadvantage remain linked to complex ongoing drug issues within certain **communities**. With issues of unemployment, poverty, criminal gangs and use of children and young people within the drugs economy, the impact of such dynamics on women's use and trajectories of use has received little focus or attention (O'Gorman et al., 2016). Stigma can be an ongoing issue for women within a **community** context, and a major barrier to accessing supports (Neale et al., 2018). Funding streams to **organisations** can block integration of a gender sensitive approach, either by lack of funding for gender specific services within substance misuse agencies, or absence of funding for broader agencies (eg homeless, mental health or domestic violence) to provide specific interventions for women using drugs (O'Carroll & O'Reilly, 2008). Service delivery within Ireland has traditionally been embedded within a 'silo' approach and some **organisations** have no experience of broadening their remit or interventions, which is a further obstacle to change. Referral pathways between services remain an obstacle, with women often not meeting criteria to access key services (eg stability in their drug use) (Carroll et al., 2019). Just to note that migration status can be a major obstacle to service delivery and is a further example of the silo approach which hinders a comprehensive gender sensitive approach.

Many organisations, especially within the voluntary and community sector, have been proactive and solution focused in attempting to broaden their own remit by contracting-in or upskilling internal staff members to provide the support needs of women, including childcare, mental health supports, counselling and housing. However, a more long-term solution is required to ensure consistent and collaborative integration of supports by statutory, community and voluntary **organisations**. One example of such an early stage initiative is the North East Inner City (NEIC) project which seeks to enable overarching support, interagency collaboration and cooperation in a case management approach to those using substances. This project offers vulnerable services users that come into contact with the NEIC a chance to receive a whole, wrapped around care experience that caters for all their medical and social needs, while offering a standardised service and clear pathways to overcome their issues. In this process each service user is assigned a case manager who will ensure their total needs are met in a tailored, but consistent way across **organisations**. The case manager assesses their situation, recommends services and liaises with these services to discuss progress and if further care is needed with a view to offering a continuum of care to people who may usually find it difficult to keep track of appointments or to mind their health (Department of Health, 2019f).

While not gender specific, this project could offer a structure for addressing the **organisational** silo approach that remains a block to effective gender sensitive responses.

Practitioners may not have been trained in specialist responses that take account of gender within substance use patterns or trajectories, or in responding to women where there are complex issues and trauma histories (Morton & Curran, 2019). Obstacles remain at an **individual** level for women. These can include internalised stigma, shame, and fear of child protection and welfare implications if they access services (Morton et al., forthcoming). For instance, a longitudinal study carried by Coolmine Therapeutic Community (Babineau & Harris, 2015) found that women entered residential treatment with a distinct set of needs, including higher levels of depression, histories of physical and sexual violence, lower perceived well-being and higher reported feelings of guilt and shame and obligations to family and care responsibilities. The women within the study also reported that while women found completing treatment accompanied by child to be very challenging, the women in study would not have accessed treatment if their child could not accompany them (Babineau & Harris, 2015).

5. Benefits to society and health and well-being of target groups of adapting and implementing a gender approach.

Within the Irish context there is an increasing focus on inclusion health, as well as the need to respond and engage with those who are traditionally marginalised or excluded (O'Carroll, 2019) Patient and public involvement (PPI) approaches to health issues are also gaining traction within Irish policy and research (Ni She et al., 2019). There are also some strong examples of gender sensitive innovation in service delivery, such as Ashleigh House treatment centre (Coolmine Therapeutic Community), the Saol Project women's drug intervention project and Cuan Saor Women's Refuge, who accommodate women with active drug use who are experiencing domestic violence. However, to enact greater equality in health and well-being, the barriers and obstacles to the integration of a fully gender sensitive approach need to be addressed. In her analysis of the current English and Irish drug strategies, Wincup (2019) guards against constructing women as a 'special population' that are inherently vulnerable and instead argues for gender-responsive policy development, based on a gender mainstreaming approach.

Gender mainstreaming as a strategic approach to reducing gender-based health and social inequalities is a promising way forward, which will benefit all genders. This entails that each drug policy proposal is assessed for its potential (unintended) positive and negative impacts across genders. It includes a critical examination of gendered norms and assumptions that underpin proposals. This approach includes the voices of different genders and those who support them in a meaningful, rather than a tokenistic, way in policy making (Wincup, 2019). This also includes an integration of a gender sensitive approach into substance use service planning and delivery. Gender sensitive approaches that recognise the vulnerabilities, opportunities, diversities and inequalities of all genders can have health and wellbeing benefits for everyone and for society at large. Core to gender mainstreaming within policy, is 'the inclusion of the voices of women who use drugs and those who support them', according to Wincup (2019; 6). Key within the Irish context will be the leveraging off the current developments within social inclusion based health, PPI, participative NDS structures and existing innovation in gender responsive intervention and treatments in order to further advance gender mainstreaming within drug policy, which may ultimately address some of the key individual issues such as stigma and shame in regard to gender and substance use.

References

- Babor, T. (2010;2009;). *Drug policy and the public good*. New York;Oxford;: Oxford University Press.
- Barineau, K. & Harris, A. (2015) Pathways through Treatment: A mixed Methods longitudinal outcomes study of Coolmine therapeutic Community. Dublin, Ireland: Coolmine Therapeutic Community. Retrieved from <https://www.coolmine.ie/wp-content/uploads/2016/08/Pathways-Through-Treatment-Full-Report.pdf>
- Butler, S., & Mayock, P. (2005). 'An Irish solution to an Irish problem': Harm reduction and ambiguity in the drug policy of the republic of Ireland. *International Journal of Drug Policy*, 16(6), 415-422. doi:10.1016/j.drugpo.2005.07.002
- Butler, S. (2015). Ireland's public health bill: Policy window or political sop?(alcohol policy research: Putting together a global evidence base). *Contemporary Drug Problems*, 42(2), 106. doi:10.1177/0091450915579873.
- Connolly J and Buckley L (2016) Demanding money with menace: drug-related intimidation and community violence in Ireland. Dublin, Citywide Drugs Crisis Campaign.
- Comiskey, C. (2020). Reducing harm, supporting recovery: A partnership and evidence-informed approach to developing the new Irish health led, national drug strategy. *Harm Reduction Journal*, 17(1), 1-8. doi:10.1186/s12954-019-0348-9.
- Department of Justice and Equality (2017) National Strategy for Women and Girls 2017-2020: creating a better society for all. Dublin, Ireland: Stationary Office. Retrieved from http://justice.ie/en/JELR/National_Strategy_for_Women_and_Girls_2017_-_2020.pdf/Files/National_Strategy_for_Women_and_Girls_2017_-_2020.pdf
- Department of Justice and Equality (2018) Irish Prison Service and Irish Probation Service: Strategic Plan 2018-2020. Ireland: Stationary Office. Retrieved from https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS-PS-Strategic-Plan-2018-2020.pdf
- Department of Health (2017) National Men's Health Action Plan: Healthy Ireland - Men HI-M 2017-2021. Working with men in Ireland to achieve optimum health and wellbeing. Ireland: Stationary Office. Retrieved from <https://www.lenus.ie/bitstream/handle/10147/621003/HealthyIrelandMen.pdf?sequence=1&isAllowed=y>
- Department of Health (2017) Reducing Harm, Supporting Recovery- A health led response to drug and alcohol use in Ireland 2017-2025. Ireland: Stationary Office. Retrieved from <http://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>.
- Department of Health (2019a). Reducing Harm, Supporting Recovery Progress 2018 and Planned Activity 2019. Ireland: Department of Health. Retrieved from <https://assets.gov.ie/40886/fb7e977afb4a47a4a6acca4c749a42ec.pdf>.
- Department of Health (2019b) Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use. Ireland: Department of Health. Retrieved from <https://assets.gov.ie/40884/292544d9a59b4557b65e39b23aeb4612.pdf>.
- Department of Health (2019c) Minority Report of the Chairperson: Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use. Ireland: Department of Health. Retrieved from <https://assets.gov.ie/40889/98cf3e0f549e448aa6739dbeb449264b.pdf>.

Department of Health (2019d) Ministers Harris, Flanagan, and Byrne announce health-led approach to the possession of drugs for personal use. Press Release 2nd August 2nd, 2019. Available: <https://www.gov.ie/en/press-release/9aaeca-ministers-harris-flanagan-and-byrne-announce-health-led-approach-to-/>

Department of Health (2019f) Transforming the delivery of health services for people who use drugs in Dublin city: the North East Inner City Initiative. Conference paper delivered at the *33rd British-Irish Council Summit: Ministerial Meeting on Health and Social initiatives to combat substance misuse*.

Devaney, E. (2018) 'Women's visibility in Irish drug policy 2009-2017: Shifts and Political Implications', at the *Drugs, Alcohol, Women and Families Conference*, Manchester, UK, 23-24 May.

Ettorre, E. (2007). *Revisioning women and drug use: Gender, power and the body*. Basingstoke: Palgrave Macmillan.

Government of Ireland (2014) Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014 – 2020. Dublin, Ireland: The Stationary Office. Retrieved from <http://www.kkccc.ie/wp-content/uploads/2018/01/BetterOutcomesBetterFutureReport.pdf>

Hidden Harm National Advisory Group (2013) Addressing Hidden Harm: Bridging the gulf between substance misuse and childcare systems, Submission for the attention of Minister of State with responsibility for Drugs, Alex White, TD (unpublished).

Ivers, J. & Barry, J (2018) An Evaluation of the Parents Under Pressure Programme. Dublin, Ireland: Coolmine Therapeutic Community.

MacDonald., Christophers, L. & Morton, S (2020) Issues and Service Access Barriers for Homeless Women with Complex Issues: A Scoping Review. Merchants Quay Ireland: Dublin. <https://researchrepository.ucd.ie/handle/10197/11291>.

Morton, S., MacDonald, S. & Christophers, L. (forthcoming) Substance use, homelessness and violence: policy and practice in regard to women with complex needs. Merchants Quay Ireland: Dublin.

Morton, S., & Curran, M. (2019) Fostering Understanding, Empowering Change: Practice responses to Adverse Childhood Experiences (ACEs) and Intergenerational Patterns of Domestic Violence. Cuan Saor Women's Refuge: Clonmel, Co Tipperary. <https://researchrepository.ucd.ie/handle/10197/11213>

Murphy L, Farragher L, Keane M, Galvin B and Long J (2017) Drug-related intimidation. The Irish situation and international responses: an evidence review. HRB Drug and Alcohol Evidence Review 4. Dublin: Health Research Board.

Neale, J., Tompkins, C. N. E., Marshall, A. D., Treloar, C., & Strang, J. (2018). Do women with complex alcohol and other drug use histories want women-only residential treatment? *Addiction*, 113(6), 989-997. doi:10.1111/add.14131

Ni She, E., Morton, S., Lambert, V., Ni Cheallaigh, C., Lacey, V., Dunn, E., Loughnane, C., O'Connor, J., McCann, A., Adshead, M. & Kroll, T. (2019) Clarifying the mechanisms and resources that enable the reciprocal involvement of seldom heard groups in health and social care research: a collaborative rapid realist review process. Health Expectations. <https://onlinelibrary.wiley.com/doi/full/10.1111/hex.12865>

O'Carroll, A., & O'Reilly, F. (2008). Health of the homeless in Dublin: Has anything changed in the context of Ireland's economic boom? *European Journal of Public Health, 18*(5), 448-453. doi:10.1093/eurpub/ckn038.

O'Carroll, A., O'Brien, S., Harrington, D., & Cheallaigh, C. N. (2019). The unmet rehabilitation needs in an inclusion health integrated care programme for homeless adults in Dublin, Ireland. *International Journal of Integrated Care, 19*(4), 13. doi:10.5334/ijic.s3013

O'Gorman, A., Driscoll, A., Moore, K., & Roantree, D. (2016). *Outcomes: Drug harms, policy harms, poverty and inequality: Final report to the Clondalkin Drug and Alcohol Task Force*. Dublin: Clondalkin Drugs & Alcohol Task Force.

O'Reilly, Laura & Mac Cionnaith, Criostóir (2019). Crack cocaine use in Ballymun: An evidence base for interventions. Dublin: Ballymun Youth Action Project.

Wincup, E., (2019) Women as vulnerable subjects: A gendered reading of the English and Irish drug strategies. *Addictive Behaviors, 98*, 105995. doi. 1016/j.addbeh.2018.05.019.