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Dept. of Applied Social Studies,
University College Cork,
Ireland

An Exploratory Study of the Treatment Needs of Female Drug and Alcohol Mis-users

Sinead O'Mahony Carey, MSocSc (Social Policy)

Abstract

The purpose of this research was to explore and substantiate the empirical anecdotal evidence to date of female drug and alcohol mis-user's accessing treatment and to determine the underlying issues for women seeking treatment. It became evident early in this study that while there are services available for women to access, they are generally male orientated treatment provision, which focuses heavily on individualistic factors and ignores the more social aspect of female drug and alcohol misuse (Fraser, 1997 cited in Klee et al., 2002:26). This research documents the importance of understanding and acknowledging the differences between female and male drug and alcohol mis-users and the impact of those differences. These disparities are especially evident when the development of female gender specific responsive policies, programmes and practices in addiction treatment provision are examined. This study highlights that the social context, social stereotyping and the social construction of gender and addiction are very evident, both on a national and international level. Many of the differences recorded between males and female drug and alcohol user's relates to gender, as opposed to substance use (Davis and Dinnitto, 1996 cited in Klee et al., 2002; 26). This research would also suggest that the effects of drugs are different for women and men and that some approaches to treatment are more successful for women than men. Studies indicate that substance abusing women and men differ on numerous variables, including etiological, physiological,

psychological, sociological and familial factors (National Institute on Drug Abuse. 2000:15). Specific evidence of this can be observed from this specific study as all the females interviewed stated that these factors were very evident in their recovery process. The analysis stage of this research correlates with international research, which suggests that the pathway to drug use and abuse has a later onset and is more complex for females than it is for males.

Introduction

“It’s magnified when a mother is using because they (men) certainly see the children as the mothers issue, the mother should be taking care of the children and if they are drunk she is a really bad person” (Treatment Provider 1).

For women to misuse alcohol or drugs, it seems to plumb an emotional reservoir of distaste and fear in the public (Klee 2002: 4). This may be related to the perceived and normalised role of women as mothers, carers and employees and how this is socially constructed in society. Research shows that women who are drug and alcohol dependent get significantly more social disapproval than men (Klee, Jackson and Lewis (2002) cited in Drugs Scope: 2005).

Within gendered social construction, investigation is required to further understand the prevailing societal view of women with alcohol and substance misuse problems and why it is perceived as being more negative for women to mis-use than their counterparts. The true extent of drug taking in women is largely unknown as reliable figures are hard to obtain. Drug and alcohol dependent women have been unfairly characterised as irresponsible, inadequate, deviant, immoral and unfit for motherhood (Klee, Jackson and Lewis: 2002, cited in Drugs scope: 2005). For those who have been treated or work within treatment provision it has been found that’ social and lifestyle factors often complicate the delivery of care for female drug and alcohol

users. The question remains; are females expected to play a stereotypical role in society as caretakers, employees, partners and mothers or are we type-casting society as we perceive society typecasts women users.

Unequivocally, there are many anecdotal reasons for women misusing alcohol or drugs. However, this has rarely been explored in-depth within international research studies. Proactive treatment approaches were developed in response to male pattern alcohol and substance misuse. A considerable number of women presenting for treatment report histories and experiences of childhood abuse and domestic violence (Ludwig and Anderson 1999; Miller et al., 1989; Nelson – Zulpko et al., 1995; Roth 1991; Russell and Wilsnack, 1991; cited in Klee.2002). Despite this, research that could produce insights into the consequences of such experiences from a female perspective has been comparatively rare. Issues associated with drug use, evoke powerful emotions that encourage a degree of polarisation that appears to be rigid to resolution or compromise. This is especially evident when investigating international reactions to female drug and alcohol mis-users, which are generally sporadic and negative. The discourse surrounding alcohol and drug misuse was and still is densely populated with condemnatory and stigmatising judgements on women's behaviour (Klee 2002: 4).

As this is a relatively new phenomenon, Irish literature available on this topic is episodic and sporadic. Research available on this issue illustrates that there is an increase in women accessing services. An example of this is the fact that over the last five years in South Tipperary, there has been an increase in the number of women accessing treatment services. Figures of women attending the Substance Misuse Service, Health Service Executive in South Tipperary have risen from forty-six women in 2000 (Kidd, 2001:6) to one hundred and forty three women accessing services in 2007 (Kidd, 2007:6). Not only have figures risen for women accessing treatment, but female specific drug and alcohol users have unique issues in relation to treatment. Structures need to be determined that may aide in the provision of specific services to facilitate these specific issues.

This research advanced the argument that not only have figures arisen for women accessing treatment, but that female specific drug and alcohol users have unique issues in relation to treatment. I will undertake a critical examination of these issues and determine structures that may aid in the provision of specific services.

Gendered social constructionism for alcohol and drug mis-users

Over the years, western societies, in general, have bought into the theoretical perspective of the social construction of gender. Social construction of gender is ingrained into our sociological make-up and emphasises the socially created nature of being (Covington: 2003). This research centres on the social processes by which women are treated when they have an alcohol or substance misuse issue, and seeks to understand the ways in which women are considered in treatment. It raises questions for example; does the social construction of gender affect the way female drug and alcohol users are perceived and facilitated in treatment?

In the last fifty years, Irish society has witnessed tremendous socio economic changes especially for women. Educational achievements have become imperative, working outside the home has become a normalised phenomenon and female mortality has increased. However while there have been considerable social changes in many areas and women may live longer- this does not necessarily mean they are living better lives.

Communally, there is a perceived support in promoting equality, although there are some obvious areas of inequality. National and international sporadic female gender specific addiction research and service provision illustrates the unequal nature and treatment of female specific drug and alcohol users (Covington: 2003).

Alcohol and drug misuse and abuse and addiction, are amongst the most pressing health and social issues facing women in Ireland today. Although progress has been made in understanding female gender specific drug and alcohol related issues and in finding ways to prevent and treat these issues, research on drug abuse and addiction

relating to women has been on the whole neglected.

Most drug abuse interventions developed to date have largely been shaped for men's characteristics and needs, because women traditionally have been under-represented in research studies and drug misuse treatment. The effects of drug abuse are far less understood for women than for men. Evidence generated to date suggests that drug abuse and addiction present different challenges to women's health and progress differently in females than in males, and may require different approaches and strategies.

Most substance abuse is a social behaviour and there are strong and interconnecting elements, although female drug and alcohol use has predominantly been facilitated in private. In the social interactions, which precede, accompany and follow alcohol and drug use and problems, gender roles play a prominent part, which has been under researched (Ferrence, R.1994: 20). This research explored this factor within an Irish context. Part of the rationale for conducting this study was to investigate if non-gender discrimination in Irish society is evident, specifically exploring treatment provision.

Over the last number of years the treatment of women for alcohol and drug related issues have steadily increased both at a national and rural echelon (Kidd; 2006). There are a number of perceived causalities for these spiralling trends. Reasons for the increase may include childhood trauma, child sex abuse, relationship break ups, loneliness, fear of being on their own, bereavement of someone close to them, pressures of lone parenting, vulnerability to being intimidated, financial worries, stresses of keeping up with the Celtic Tiger, to name but a few (Covington: 2003).

Research Design

The research evaluated the provision of treatment services available in Ireland for women with alcohol and drug related issues, specifically focusing on a South Tipperary rural populace, to ascertain if they are appropriate to the needs of the

female client group being worked with.

The purpose of this research was to explore and substantiate the anecdotal empirical evidence collated to date and to determine the underlying causes for the upsurge in the number of women seeking treatment. This research also attempted to uncover why there is a rapid rise in female clients attending services, issues for the client group attending services, the needs of a female specific client base attending services and whether these needs are being adequately addressed at a treatment and policy level.

This research centred on the social processes by which female drug and alcohol misusers are understood and seek to recognise the ways in which generic treatment services may not suit the needs or understand the issues arising for women with addiction. In this study, I have illustrated how female specific drug and alcohol users have specific issues in relation to treatment. I have also undertaken a critical examination of what services are available and how they can be altered to facilitate the needs of an ever-growing population of women presenting to addiction treatment services in Ireland.

All of these questions lead to a number of specific research questions. For the purpose of this exploratory study, ten semi structured qualitative interviews will be facilitated with three target groups including:

Key Service Users: -five female specific drug and alcohol users who have accessed services.

Four Service Providers: - including a Community Based Substance Misuse Service, a Residential Treatment Service and a Psychiatric Community Addiction Treatment Service and a Child Psychology Service.

National Level: – Senior Member of the National Drugs Strategy.

Questions that will be asked during the course of this research include

- What issues arise for women when they initially contemplated accessing services?
- What female gender specific issues ensue during the course of their treatment?

- Are there specific issues that arise for female specific drug and alcohol using mothers? If so, what are they?
- Is there adequate childcare provision in Treatment? If so please specify. If not, please outline how this could be addressed.
- Is there a need for a female gender specific service for women in treatment? If yes, specify why.

Research Findings

As the purpose of this research was to explore and substantiate the empirical anecdotal evidence to date of female drug and alcohol misuser's accessing treatment, and to determine the underlying issues for women seeking treatment. It became evident early in this study that while there are services available for women, they are generally male orientated treatment provision, which focuses heavily on individualistic factors and ignores the more social aspect of female drug and alcohol misuse (Fraser, 1997 cited in Klee et al., 2002:26).

This research documents the importance of understanding and acknowledging the differences between female and male drug and alcohol mis-users and the impact of those differences. These disparities are especially evident when the development of female gender specific responsive policies, programmes and practices in addiction treatment provision, are examined.

This study highlights that the social context, social stereotyping and the social construction of gender and addiction are very evident, both on a national and an international level. Many of the differences recorded between male and female drug and alcohol user's relates to gender, as opposed to substance use (Davis and Dinnitto, 1996 cited in Klee et al., 2002: 26). International research indicates that gender differences play a role from an individual's earliest opportunity to use drugs. This research would also suggest that the effects of drugs are different for women and men and that some approaches, to treatment are more successful for women than men. Studies indicate that substance abusing women and men differ on numerous variables,

including etiological, physiological, psychological, sociological and familial factors (National Institute on Drug Abuse. 2000:15). Evidence of this can be observed from this specific study as all the females interviewed stated that these factors were very evident in their recovery process.

During the course of this research, an historical and literary account of services and research available on and for women drug and alcohol users was documented, with particular focus on the sporadic nature of both. The analysis stage of this research correlates with international research, which suggests that the pathway to drug use and abuse has a later onset and is more complex for females than it is for males. For females, there is typically a breakdown of individual, familial and environmental protective factors and an increase in childhood fears, anxieties, phobias and failed relationships (Covington.2003: 42).

As contemporary Ireland has shown a recent increase in female drug and alcohol mis-user's presenting to services nationally, this research set out to investigate whether treatment services available are sufficient and adequate when dealing with female gender specific drug and alcohol misuse issues. The data illustrates that services are not adequate and that changes need to be incorporated into existing structures to provide strengthened treatment options for females attending services. Evidence drawn from a variety of disciplines and effective practices suggests that addressing the realities of women's lives through gendered responsive policy and programmes is fundamental to improved outcomes at all addiction recovery stages.

Research Recommendations

Arising from this research, the following recommendations are laid out to address concerns about the issues, structures and treatment of female gender specific drug and alcohol mis-users when they access treatment. These guiding recommendations may provide a blueprint for a gender responsive approach to the development of a female gender specific treatment to deal with issues pertinent to women and mothers.

Childhood Trauma and Abuse

Research has shown that many women who are addicted to alcohol and drugs, have a history of abuse in their lives. There is a need to put forward the concept of self-regulation, to focus on the women's own 'why's' and 'how's' of their alcohol or drug use and treatment. Recognised for her pioneering work in the area of women's issues Dr. Stephanie Covington believes women will never maintain recovery unless they get help in dealing with the underlying trauma of their abuse (McDonagh. M. Irish Times. 2008:16).

There is a need to acknowledge gender differences and it is essential for treatment services to forge links with relevant agencies such as *Comhar*- an Adult Child Sex Abuse Agency to compliment services available when specifically working with women in treatment. There is a need for Addiction Counsellors to understand the effect of childhood trauma in order to avoid further trauma. Counsellors need to up skill to enhance their expertise when working in treatment services in dealing with child sex abuse issues.

Dysfunctional Relationships

According to Stephanie Covington in 2003, partners in particular are an integral part of women's initiation into substance abuse, continuing drug use and relapse. Partners can also influence the retention of women in treatment programmes (Covington.2003: 79). There is a need to understand the role of relationships in women's lives. This is paramount in addressing women's addiction issues.

“Safety is identified as a key factor in effectively addressing the needs of domestic violence and assault victims” (Covington.2003: 89).

Substance abuse professionals and literature report that women require a treatment environment that is safe and nurturing. This concept reiterates the implications of cognitively orientated approaches, which compliments Abraham Maslow's concept of the hierarchy of need. Looking at outcomes such as self actualisation, self efficacy

and reduced cognitive dissonance and conflict (Zimmermann.1990 cited in Punch 2000). Women also require a therapeutic relationship that reflects mutual respect, empathy and compassion. A physically and psychologically positive environment produces positive outcomes for women (Covington.2003: 79).Therefore, services must be monitored to ensure the emotional and physical safety of the women in treatment.

Children & Childcare Provision

It is critical to address the importance of children in the lives of women attending treatment services. There is a need to develop policies, practices and programmes that are relational and promote healthy connections to children, families, significant others and the wider community. Treatment services need to consider family dynamics and issues relating to female gender specific treatment when facilitating family interventions, family support groups and family counselling. There is a call for the provision of holistic treatments for the whole family and not just with the person in recovery.

Social stigma, accessibility and issues relating to childcare provision, or lack of, are concerns high on the agenda for women seeking treatment. The foremost principle in responding appropriately to women and addiction is to acknowledge the implications of gender in treatment. Traditionally treatment services in Ireland state that equal treatment is provided by everyone. However, this does not necessarily mean that the exact same treatment is appropriate for both women and men.

The data is very clear concerning the differentiating aspects of female and male drug and alcohol mis-users. They come into addiction treatment services via different pathways; respond to interventions differently; exhibit differences in terms of substance abuse, trauma, mental illness, and parenting responsibilities and represent different levels of risk within both treatment services and the community.

Acknowledging Gender Differences

To successfully develop and deliver addiction recovery and treatment services for women drug and alcohol mis-users, we, as a society must first acknowledge these gender differences. There is a national and international need to discuss, examine and debate female roles in contemporary society and the nature of addiction within the media and at a national and international level. There is a need to create an environment based on safety and respect promoting accessibility to all. There is also a call to address substance abuse, trauma and mental health issues through comprehensive, integrated and culturally relevant services and appropriate supervision (Covington. 2003:76).

Mothers are very afraid that “*negative judgement*” or “*hostile reactions*” will be reflected on them because of their addiction issues (Simpson. M & McNulty J 2007). The coordination of services across systems may be impeded when women fear they may jeopardise custody of their children if they enter substance abuse treatment (Grella et al., 2006: 57). There is a requirement to develop self-esteem programmes and parenting skills programme to deal with issues before treatment and recovery and to provide a facility where positive life coaching parenting and confidence building are promoted. There may be a need to provide regular access for mothers to a phone facility to allow for greater contact with their children. This could prove beneficial, not only to deplete the feelings of guilt and shame for leaving their children, but it may also alleviate concerns and anxieties the child may have due to attachment issues.

Suggestions for improving treatment services may include a provision of a family focused substance abuse programme to meet the intertwined needs of substance abusing women and their children. There is a need to address and incorporate the following factors: Children need integrated diagnostic and treatment services, mothers need parenting support, children are clients too, children need long-term supportive services in a stable setting and children’s programming requires non-traditional funding support (Conners et al., 2004: 244)..

Studies in child psychology demonstrate that the optimal context for childhood development consists of a safe, nurturing and consistent environment. Such an environment is also necessary for changes in adult behaviour (Covington, 2003: 78). With this in mind there may be a need to provide adequate childcare provision for mothers who are accessing community-based treatment.

Simpson and McNulty suggest in their article “*Different Needs: Women and Drug Use and Treatment in the UK*” that there is a need to improve the extent and quality of care orientated towards women in treatment, especially in relation to childcare (Simpson, M & McNulty, J. 2007). Therefore there is also an urgent need for the present government to follow through with Action 54 of the National Drugs Strategy in providing and facilitating a national childcare strategy for clients attending community based and/or residential treatment. A suggested low cost plan may be for treatment service providers to buy child care places in relevant local areas where mothers can access treatment. There may be a necessity to provide youth worker /paediatric addiction counsellor and/or play therapists for young people attending family days. There should also be a requirement to provide toys, baby changing facilities and areas for children to play and interact with the mother when they are in residential treatment.

It is important to recognise that the needs of women are different from those of men, and it is necessary to tailor service provision accordingly (Simpson and McNulty, 2007). Substance abuse treatment is orientated towards the process of recovery from addiction. Recovery from addiction may not ensue from a single treatment episode but may require long term and sometimes life long interventions (McLellan 2002 cited in Grella et al., 2006: 57).

Given the predominant focus upon abstinence and recovery within substance abuse treatment, the parenting or family-related treatment needs of clients have not been salient with the treatment process particularly in programmes that have not focused specifically on the treatment of women (Metch et al., 1995 cited in Grella et al., 2006:

58). There may have to be a shift in the treatment interventions provided by services.

Mothers entering treatment are more likely than fathers to be concerned with losing custody of their children (Grella 1999 *ibid* 2006). Therefore there is a need to adopt a programme that adequately addresses the needs of both mothers and children this is a primary task for all treatment providers.

Gender Responsive Treatment Provision

As one size does not fit all in treatment, different variables should be put in place to aide the process of recovery. There is a need for treatment providers to explore the whole area of gender related differences and experiences of women in recovery. Different approaches are necessary in treatment, including women's own assessment of the problems in their lives. There are challenges associated with offering comprehensive services to women who enter treatment but it will best serve families affected by alcohol and other substance abuses in the long term.

A specialised programme and service substance abusing mothers would be of benefit. This programme should include interventions that aim to improve parenting ability and to increase coordination of treatment services. There is a need for a gender specific policy for females with addiction issues by providing effective interventions that address the intertwined issues of substance abuse, trauma, mental health, isolation and economic disadvantage.

Overall there is an urgent need for treatment providers to be more gender responsive in dealing with females and addiction. Bloom and Covington define being gender responsive as;

“Creating an environment through site selection, staff selection, programme development, content, and material that reflect an understanding of the realities of women's lives and addresses the issues of the participants”(Covington & Bloom:2000).

Gender responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women's different pathways into addiction. Covington and Bloom suggest that these approaches should address social for example, poverty, race, class and gender inequality and cultural factors as well as therapeutic interventions. These interventions should address issues such as abuse, violence and family relationships. The emphasis is on self-efficacy (Bloom and Covington 2000; 11). There is a need for treatment providers to explore the factors of concern for women accessing treatment, treatment responses and the lower levels of retention of women in treatment. There is a need to provide parenting skills programme, for mothers attending treatment services. There is a need to provide a links worker for support and advocacy, after residential treatment for family support. There is a need for women to acknowledge the challenges involved in re-entering the community when they come out of residential treatment. There is a need for facilitated female AA meetings in provincial towns. There is a need for women only support groups to be made available for female specific drug and alcohol mis-users after residential treatment.

Medical Interventions

There is a need to promote and request invitations for female gender specific drug and alcohol misuse to attend local GP's for a full medical checklist when they present for treatment services. This service may be subsidised to allow for a greater up-take from female clients. There is a requirement to promote a partnership link between all medical services; GP's, Sexually Transmitted Infections Units, Breast Check, etc. Therefore the client will receive a holistic medical check up which will aide the recovery process.

Female Specific Educational Information

There ought to be appropriate female gender specific educational material for female clients entering treatment. educational material for families of female gender specific drug and alcohol mis-users also need to be provided. Finally there needs to be a provision of literacy appropriate material available for children of mothers attending

treatment providing an understanding of addiction and its nature and the impact on the whole family. There is a need to examine the gender specific prevalence of psychiatric disorders in relation to substance abuse and a need to explore the association between substance use and anxiety, depressive orders and postnatal depression in terms of the influence one has on the development of others.

A number of recommendations have been made for improved practice in treatment provision, some of which were discussed by participants during the interview process. At present it seems that there is no coherent strategy to attract women into services, with services for women being developed on 'ad hoc' basis.

“For services to meet the needs of female drug and alcohol users, they need to acknowledge gender explicitly in the design of treatment programmes (Rubin et al., 1996 cited in Klee et al., 2002:27).

Analysis of available data indicates, that addressing the realities of women's lives through responding to female gender specific drug and alcohol addiction issues, policies and practices, is fundamental to improving the outcomes at all phases, of women in treatment and recovery.

Conclusion

This research set out to examine issues arising for women specifically when they access treatment services. Through a methodological analysis of specific areas , findings in this research maintain that consideration of women's and men's different routes into addiction, the disparity of issues that arise for specific genders and the availability of treatment options, could potentially result in treatment services that are better equipped to respond to both male and female drug and alcohol users.

The guiding recommendations outlined in this research are intended to be a suggestion for the development of gender responsive treatment, policies and practice. These recommendations may work as a bouncing board for improving the ways in



which drug and alcohol treatment services facilitate and provide counselling, in both residential and community based treatment services.

Commitment and willingness on the part of treatment providers and policy makers will be required to implement recommendations recorded. Reducing women's involvement in addiction will benefit the women themselves, their children and families, their communities and society in general. Amending current treatment services and acknowledging definite issues arising for female specific drug and alcohol mis-users, will aid in the development of more effective treatment services. It will also provide holistic services for an ever-increasing population of women accessing treatment, especially in a rural setting.

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