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An Exploration of the Experiences of Mothers in Addiction Recovery at Coolmine Therapeutic Community

Aisling Morkan

CARL Research Project
in collaboration with
Coolmine Therapeutic Community

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Name and year of course:	Masters of Social Policy 2023
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- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
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Declaration of Originality

This is to declare that this thesis titled "An exploration of Mother's experiences in addiction recovery at Coolmine Therapeutic Community" submitted to the School of Applied Social Studies at University College Cork as part of the Master in Social Policy, is my own work. Any work that is not my own has been acknowledged and referenced properly.

Name; Aisling Morkan

Date: 16th October 2023

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Abstract

Background: This study explores the experiences of mothers in recovery from drug addiction, specifically focusing on their experience with Coolmine Therapeutic Community services for mothers. This study is a CARL project and was proposed in order to explore ways of enhancing the service for women and reducing stigma.

Methodology:

This research was carried out using qualitative methods. Six semi-structured interviews with mothers in recovery took place in Coolmine, Mahon House County Limerick. Four of the interviews were conducted in person while two were conducted over the phone.

Findings:

This study found that the women interviewed had a positive experience with Coolmine Therapeutic Community overall but lacked awareness about the service before initial access. The study also found that mothers presented feelings of guilt associated with unrealistic standards associated with motherhood and the stigma attached to mothers experiencing addiction.

Conclusion:

The study concluded that there were many positive experiences of recovery in Coolmine Therapeutic Community. These included: positive relationships with staff, friendships made with other service users, and the success of the Parents under Pressure programme. The study also exposed some challenges, such as lack of awareness of service provision which could impact on ability to access. The study also concluded that stigma continues to be a key factor that negatively influences mothers' experiences of recovery.

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CHAPTER 1: INTRODUCTION

1.0 Introduction

This opening chapter intends to provide the reader with a brief introduction to the research project. The chapter will include background to the topic, rationale for undertaking research, research aims and research objectives. The chapter will end with an outline of the study.

1.1 Background

The research intends to develop a deeper understanding of the issues and challenges mothers face in substance abuse recovery such as stigma and barriers to attending services. Substance abuse refers to "harmful or hazardous use of psychoactive substances including alcohol and other illicit drugs" (WHO,2021). This research paper will outline work done by Coolmine TC and evaluate its services for mothers who have children.

Coolmine was the first voluntary treatment centre for drug abuse in Ireland, which was set up in Dublin in 1973 (Butler, 2015, p.197). Butler (2015) provides an overview of the first 40 years of Coolmine's actions. In the earlier years, practices for patients are referred to as "aggressive", whereby staff became "creative in their humiliation of residents" as adopted from an American "model of rehabilitation which was taught to be evidently valid and not to be questioned in anyway" (Butler, 2015, p. 199). One of these 'creative' methods include shaving patients hair off, which included women (Butler 2015 p.200). After a new CEO, Paul Conlon started working at Coolmine, in 2004,the service adopted better practice such as "abandoned use of confrontation as a method", training all staff with the "Community Reinforcement Approach" and "motivating clients to engage in their services" (Butler, 2015, p. 201).

Coolmine Therapeutic Community provides the only two residential services for mothers and babies in Ireland. There is one in Dublin, Ashleigh House and one in Limerick, Westbourne House. These services are vital as they remove barriers to access for mothers (Coolmine, 2023). This study intends to explore the experiences of mothers as service users of both the day services and residential services available to them.

In a recent study done on intersectionality of women's substance use in the Irish context by Morton et al. (2023), it was found that "mothers are 6 times more likely" than fathers to have their children removed from their care (Morton et al. 2023, p.4). Other findings of this study include mothers having experienced feelings of guilt in relation to their children and the responsibilities attached to caring for them (Morton et al. 2023, p.18).

The role of motherhood is focused on in this study, examining its effects on mothers who are recovering from addiction. The intensive mothering ideology (Dow, 2016) is explored in this study and is considered in relation to mothers with experiences of addiction. Barriers to addiction recovery are highlighted and the negative effects of stigma are detailed. This study also examines the previous policy developments in relation to Alcohol and Drug policy. These are separate policy issues up until Irelands latest policy document Reducing Harm, Supporting Recovery 2017 -2025. This strategy considers both alcohol and drugs as part of the substance misuse issue in Ireland (Department of Health, 2017).

1.2 Rationale

This research intends to inform readers of the services available to mothers, the barriers they face in going through recovery and the ways mothers engage with the service. The research is motivated by reading previous client testimonials from Coolmine's "Annual Report 2021" (Coolmine TC, 2021). One particular client, Samantha, described the importance of the approach taken to provide clients with suitable recovery methods (Coolmine, 2021, pp.26). The research hopes to further explore the challenges faced by mothers in order to inform the service. A gap in knowledge was outlined through conducting the literature review which provided reason to conduct this research; "to date minimal research has failed to identify women's identities as mothers outside of pregnancy and how motherhood identity impacts access to drug treatment. Furthermore, public policy pertaining to substance use have also neglected to consider women's perspectives as mothers- not just pregnant mothers who use drug. Instead, the work largely focuses on women's substance use and treatment during pregnancy or immediately postpartum"(Adams et al. 2021, p.1).Considering this information, this study will look at experiences of mothers with children receiving substance abuse treatment. The policy review will consider mothers and the developments made that consider other factors that to do with motherhood other than pregnancy in relation to substance abuse and substance abuse treatment.

1.3 Research Aims

The aim of this study is to inform the reader as well as Coolmine TC of specific needs of mother's in recovery and ways their recovery could be enhanced. The study aims to record experiences of mothers and explore different perspectives. The aim of this study also is to provide policy context in this area and hopes to also provide recommendations to the

Coolmine Therapeutic Community drawing on the literature review and analysis of data gathered via interviews with mothers in recovery.

1.4 Research Objectives

In order to achieve the research aim, objectives include:

- To identify the key motivators for mothers in recovery as well as factors that contribute to effective engagement with the service.
- To discover societal attitudes and beliefs about mothers who experience substance abuse, with a specific focus on the construction of 'motherhood'.
- To explore the barriers that specifically affect mothers' recovery.
- To inform the research of policy measures taken in relation to helping mothers who are experiencing addiction and recovery.

1.5 Outline of the study

The following graph captures the outline of the study.

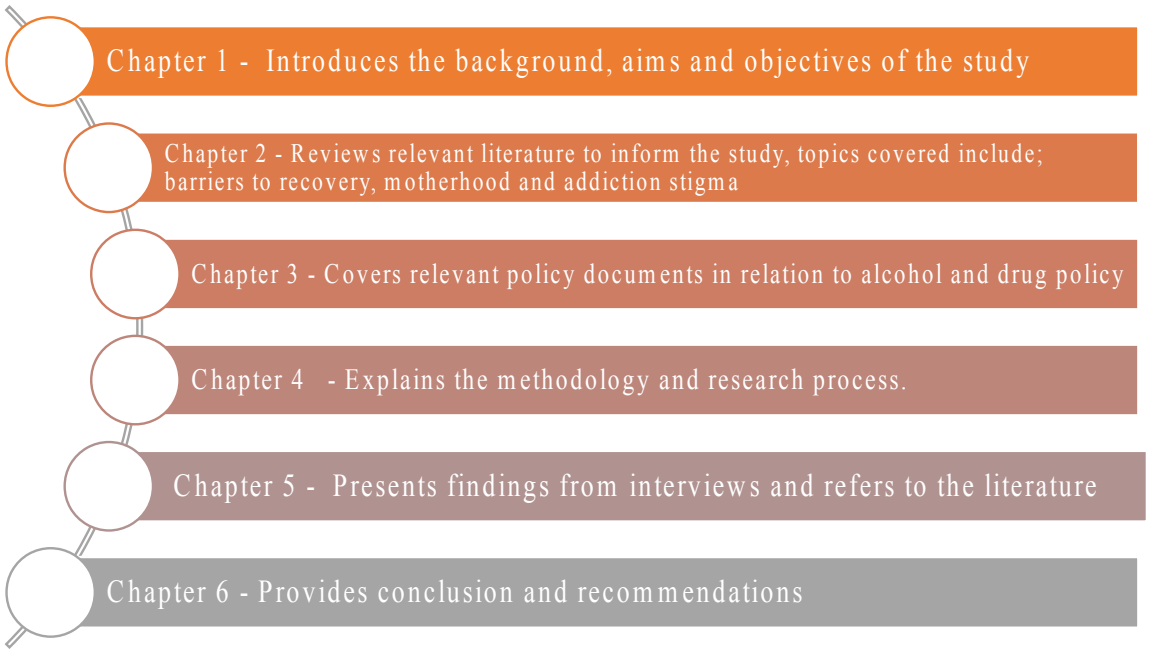


Fig.1

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This literature review aims to outline the available research on the topic of motherhood and addiction. Firstly, this review will refer to relevant literature on addiction and gender. Secondly, the literature will follow with a specific focus on addiction and motherhood. Thirdly, literature on stigma will be reviewed, uncovering media's influence on stigma in relation to addiction.

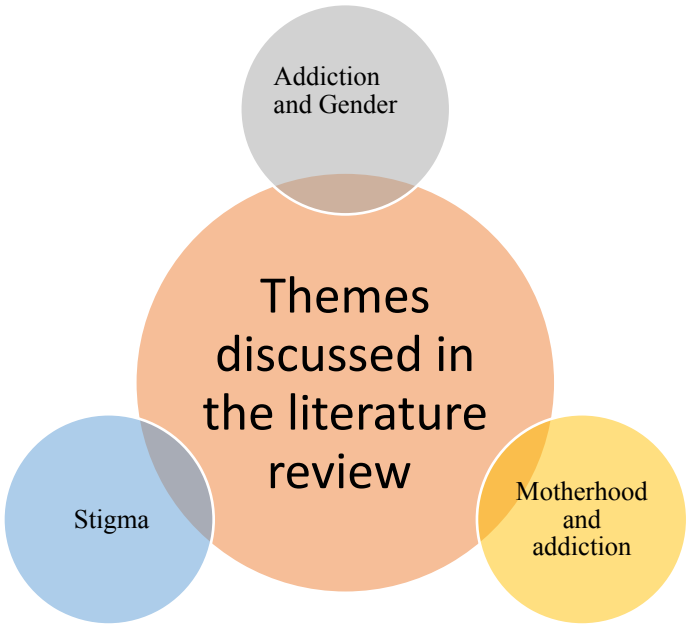


Fig 2.

2.1 Addiction and Gender

The literature shows that women face specific barriers, both in relation to access of recovery services and experiences of recovery, and also in the context of how their addiction is perceived within society. Tuchman's (2010) study states that substance abuse research has largely involved male participants but, in more recent years, "the importance of studying specific issues to women and studying male–female differences" has been established (Tuchman, 2010, p. 1). This recent focus highlights the rationale for completing this study which will look at the experiences of women in recovery and will look at the possible role gender plays in this context, with a specific focus on women who

are mothers. In this section, I will review themes that co-occurred across studies that looked at gender and addiction. The themes include; sexual abuse and gender; employment and gender; relationships and support networks, and finally, comorbidities. These themes help highlight some of the specific barriers and issues that women experience in the context of substance abuse and during the recovery process.

2.2 Sexual abuse and gender

Studies such as Nelson-Zlupko's (1995) and Fernandez's (2014) both provide commonalities in findings; one commonality outlined in these studies was that women present a "more severe substance abuse profile" than men (Fernandez et al. 2014, p.400). These studies show that women are more likely to face sexual abuse and are more "vulnerable" than men in relation to experiencing sexual abuse (Fernandez et al. 2014,p. 399). This vulnerability also relates to the feeling of "helplessness" and inability to improve their circumstances, which could include gaining recovery (Nelson- Zupko et al 1995, p.48).

It is important to note that sexual abuse and trauma are not exclusively faced by females and that males are also victims but Greenfield's (2007) study outlined that "substance-using women have a higher incidence of sexual and physical traumatic victimization than their male counterparts" (Greenfield et al. 2007, p.22). As these studies show, women experience sexual abuse at a higher rate than men, this trauma can thereafter lead to substance abuse. This highlights that sexual abuse is a key factor that must be considered when dealing with women who have abused substances. Ullman et al. (2013) study highlights that women who experience sexual violence induced trauma, use substances to cope and deal with "PTSD symptoms" which can lead to problematic "substance use outcomes" (Ullman et al. 2013, p. 2222).

2.3 Employment and gender

Studies on the topic of addiction have also shown that one of the social barriers women who abuse substances face, is low employment rates (Fernandez et al. 2014, p.401).One of the factors contributing to this lower rate of employment is the "lower educational attainment" in women (Greenfield et al. 2007, p. 6).Tagilianti's (2016) study also shows that that more women who abuse substances than men who abuse substances were in

"lower-income employment"(Tagilianti et al.2016,p.296).The lower levels of employment highlighted in these studies can be outlined as a risk factor associated with addiction for women. The lower levels of employment and education attainment could be related to another finding across the studies, that women are more bound to the responsibilities in the household than men (Nelson- Zlupko et al. 1995, p.45). For women, family care and child care are seen as more of a woman's duty rather than men's (Greenfield et al. 2007, p. 14).

2.4 Relationships with staff, and services and support networks

Another important theme uncovered during the literature review process was the relationships women who abuse substances have with staff; "Relationships are only one aspect of addiction, but they are very important, especially for women, and have largely been ignored in traditional types of treatment" (Zelvin, 1997, p.44). Upon reviewing studies (Nelson-Zlupko et al. 1995) and (Comfort, 2000), findings showcase experiences of women who abuse substances with staff and services they are involved with are more negative than men who are in addiction. The literature outlines the feelings of distrust women have towards services derives from experiences of hostility received by women from staff who are "insensitive" to women's issues (Nelson-Zlupko et al. 1995, p. 48). The issues women experience that particularly relate to the present study, would be motherhood and the responsibilities that come along with this. Comfort's (2000) study refers to the fear women may have about their children being taken away from them. This fear, forms the feeling of distrust some women may have towards service providers (Comfort, 2000 p.67).

The Merchants Quay Ireland report; "Responding to women with complex needs who use substances" (2020) notes that building trust between staff and service users is achieved by having "positive client and practitioner interactions" (Morton et al. 2020, p.13). Trust is also built when the staff members have "values" that "centre on addressing inequality, unconditional positive regard, and relational caring" (Morton et al. 2020, p.13).

At Coolmine TC, the main values highlighted are "Honesty, Consistency and Responsibility". As well as these "core" values, the organisation encompasses values of "dignity, compassion, quality, research, safety, security and respect" (Coolmine TC,

2023). Through encompassing values such as compassion and dignity, a rapport between staff and service users can be achieved and a trusting relationship built.

The struggle women have with their relationships with others such as family members is also evident in the studies as the lack of a support network has been highlighted as a barrier women face. Considering this an important barrier to recovery has been outlined which leads to the need for further investigation into women's support networks that will be investigated through the interview phase of this study.

Nelson-Zlupko (1995) outlines the expressions of hostility a women's family presents upon seeking treatment as it is stated some family members may "discourage" women from seeking help as they are "dependent on her" (Nelson-Zlupko et al. 1995, p. 48). This dependence is outlined as women are often the primary caretakers of their family members in comparison to males, meaning that family members may expect women to continue their caretaking roles. (Nelson- Zlupko et al. 1995, p.48).

2.5 Comorbidities and gender

Women tend to have more issues than men in relation to having mental health problems along with substance abuse issues (Fernandez et al., 2014,p. 403). This is a concern for women trying to access addiction recovery services as they need to be able to avail of services but struggling with mental health problems such as anxiety as well as substance abuse problems may make it "difficult to obtain treatment for both disorders" (Greenfield et al. 2007,p.6). The challenge women may face when "co-occurring use with mental health disorders" is being "excluded" from availing of treatment based on having a "dual diagnosis" (MQI, 2021,p.3). This will be an important point to consider when interviewing participants who attend the service and may have other needs to ensure all their needs are met.

2.6 Motherhood, addiction and access to services

Through reviewing the literature on addiction and gender, the barriers highlighted for women such as familial duty and childcare which influence's the women's recovery highlights the need to focus on women who are in recovery for this thesis. A mother and her role as caregiver impact's on her ability in gaining recovery to a much greater extent than for males.

The traditional views of women staying at home minding children while men go to work, and the influence on how mothers view their role, have been discussed in many studies. These ideals, in turn, place the responsibility of childrearing on the mother (Dow, 2016, p.181). Additional understanding of the differing responsibilities between mothers and fathers is outlined in Adams (2021) study. In this study the participants highlighted, contrast of opinions towards men, labelling them as a "functioning alcoholic" whereby in contrast, women "cannot be perceived as good mothers if they are using substances" (Adams et al. 2021, p.5). This is important to note as this study takes a gendered perspective meaning the research sees gender as "a social construct that impacts all aspects of people's lives" (Saeidzadeh ,2023, p. 186).

Studies reviewed (Greenfield et al., 2007, Nelson Zlupko et al.,1995, and Tagilianti, 2016) have presented findings whereby it is evident women are the parents who must fulfil their duties as mothers while trying to recover (Tagilainti, 2016). Barriers such as fears of child custody issues and the level of commitment mothers must have towards their children are one of the most featured barriers. The role of caring for children is viewed as a challenge for women as they "tend to have greater apprehension about relinquishing the role of caretaking to enter treatment than men"(Nelson Zlupko et al., 1995, p.48). Considering this as a barrier to accessing treatment is vital for the present study as the researcher focuses on a mother's experience in recovery.

As suggested earlier, the problems women face economically are greater than men as they are more frequently employed in "low-income" positions (Tagilianti et al 2016, p.296). This, in turn, affects their ability to gain access to childcare or their availability of funds to afford childcare, as the low economic background contributes to "alternative childcare" being "unavailable or unaffordable"(Nelson- Zlupko et al. 1996, p.48). Here there is evidence of the effects of having an unstable financial situation and the barriers this can create for mothers in recovery. These studies highlight the need to consider the effects of having children on a mother's recovery and ways to increase engagement for women with children may be needed.

Motherhood has been described as the "project of womanhood" (Kilty et al. 2012, p.1). The reference to motherhood as being the project of womanhood frames motherhood as being a duty that is necessary for women to be able to perform and illustrates there may not much choice in how the role is undertaken.

Schmidt et al., (2022,p.64) highlight how " social norms of motherhood include the expectation that a mother has a high degree of control over her own body, her mothering performance and her child". Kilty's (2012) study also referred to motherhood as being "attributed as not only a need for women but also a potential risk to be managed if she does not conform to dominant understandings of mothering" (Kilty et al. 2012, p. 10). The language used in these studies that illustrate the role of motherhood and the reference to "risk" highlights how motherhood is socially constructed in society; specifically, some of the risks include stigma and the image of being a "bad mom" if the "rules" are not adhered to.

The study of motherhood, according to Jiao (2019), has three categories; "motherhood as an institution, motherhood as an experience, and motherhood as identity" (Jiao, 2019, p. 542). The identity of motherhood is based on the "females' sense of self" through the lens of their experience and the institution of motherhood (Jiao, 2019, p. 542). The sense of self and identity of mothers is further explored by Laney's (2015) article which highlights the "juxtaposition" between the reality and the framing of motherhood through the "internalized ideas of how they ought to be a mother" (Laney et al., 2015, p. 127). The internalization of ideals such as having control as highlighted in (Schmidt, 2022), or performing correctly as a mother can lead to feelings of "guilt" (Laney et al., 2015,p.127). Feelings of guilt lead to ideas around 'intensive mothering'(Budds, 2021, p.2).The intensive mothering ideology adopts "conservative feminine identities and redefines women, first and foremost, through their relationships to children" (Budds, 2021,p.2). The intensive mothering ideology is considered to be unreasonable and "demands unrealistic and for many, unreachable expectations of mothers" (Budds, 2021, p.2). Intensive mothering ideology is considered one of the "hegemonic mothering ideologies" (Dow,2016, p. 181). These ideologies are thought to constrain women as they hold women "accountable" (Dow 2016,p.181). The accountability associated with this intensive mothering ideology is understood as being persuasive as researchers have found that even when mothers do not comply with the ideologies, they are still influential to mothers. (Dow, 2016, p.181). The intensive mothering ideology is described as being a "cultural model of appropriate mothering" (Verniers et al. 2022, p.2).

Research shows that in the context of the Covid-19 pandemic, mothers held more caring responsibilities than fathers (Zantvoort et al. 2022, p.6). The study was conducted through the lens of the Intensive Mothering Ideology and outlined that "all women feel challenged by the social expectation of constant maternal attention and responsiveness they need to direct

toward their children" (Zantvoort et al. 2022, p.8). The intensive mothering ideology is linked to "notions of guilt" from mothers who feel they are unable to cope fully with the responsibility of working during covid-19 as well as being present at all times for their children. The mothers who participated in the study also showed signs of a "deterioration of maternal self-conception" (Zantrovoort et al. 2022, p. 13).

Vernier's (2022) study also demonstrates the relevance of the intensive mothering model by examining "mommy blogs". These blogs are posted by mothers who express their everyday experiences as mothers "whom parenthood is a key identity component" (Vernier et al. 2022, p. 2).Vernier's (2022) study reports that this model is relevant today and that mothers "remain the primary caregivers" as well as acknowledging that through actions such as being "committed to providing them with an ideal environment," whereby the intensive mothering (IM) model is "reinforced" with a modern twist such as the emphasis on giving their children "organic food" (Vernier et al. 2022, p. 10).The concluding remarks of this study leave a lasting impression on how powerful the intensive mothering model is as "it portrays mothering as the most important and valuable role a woman can occupy while at the same time, imposes such strict requirements that meeting its standards is virtually impossible" (Vernier et al. 2022, p. 11).

Throughout reviewing the definitions of motherhood and the expectations of motherhood on women who are mothers, as well as analysis of the intensive mothering ideology as part of a study, it is clear that the construction of motherhood is restrictive and leads to mothers feel they are to "blame" when they sway from traditional ideals (Laney et al. 2016, p.127). Evans's literature also presents a similar idea, that this type of "idealization of motherhood not only creates compelling but unrealistic standards for most women but immediately labels some women as neglectful and bad mothers" (Evans, 2001, p.163). The present study wishes to examine feelings mothers in recovery may have, considering the pressures mothers are conformed to in society.

This leads us to consider what a 'good mother' is expected to be and look like. The perceptions of what it is to be a "good mother", are outlined in Harding's (2021) study. This study reviewed Instagram posts which included the recent trending hashtag #WineMom. This was undertaken to analyse the significance of "wine mom" culture and how it contributes to the "consumption, reproduction and reconfiguration of the ideologies of good and bad motherhood"(Harding et al.2021,p.1).The study found that this hashtag creates a divide

between women and mothers of different social classes and when it's acceptable to drink as a mother.The hashtag is used as "a cultural term on social media intended to ascribe and promote meanings and practices associated with white middle-class values"(Harding et al. 2021, p.2). According to this research not all mothers can partake in alcohol consumption and still be viewed as good mothers as "the absence of diverse representations of the #winemom advertently or inadvertently reinforce who can consume alcohol responsibly as a coping mechanism while maintaining their role as a mother"(Harding et al 2021 p.4). Evidence of consuming alcohol to cope with stress associated with mothering is relevant in (Reisedorfer et al.,2023); "discourse amplifying the necessity of alcohol consumption to endure the demands of motherhood was viral across social media and in advertising and products well before the emergence of Covid-19 and became more prevalent during" (Reisedorfer et al., 2023, p.688).

On the positive side of motherhood and addiction, there is some evidence that living with addiction and trying to be a good mother is seen as a motivator for mothers in recovery. The benefits of being a mother whilst in recovery are highlighted by Evans (2001) who points out that "women indicated that wanting to be a good mother, not the separation from children, was a motivation to seek treatment and to keep or regain custody of children"(Evans, 2001,p. 170). This suggests the expectation of mothers to be "good mothers" is a clear driver and motivator for recovery. Evans also highlights that the fear of losing access to their children acts as an incentive to engaging in recovery (Evans, 2001,p.170).

Similarly, Greenfield (2007) refers to these motivators and challenges. The event of mothers possibly losing their children is considered. Child protection is considered as a barrier on one hand due to fears associated with losing children which prevents "seeking treatment" (Greenfield et al., 2007, p.8). In contrast, the fear associated with losing children may also act as a motivator to enter treatment as recovery from addiction would factor in a mother's ability to have her children back in her custody (Greenfield et al. 2007,p. 8)

2.7 Stigma

Stigma has the power to isolate individuals from society due to certain attributes they possess which do not conform to societies norms. Stigma involves "shaming a person" and devalues them (Subu et al.,2021,p.1). Stigma is "strongly influenced by cultural and contextual value systems" and involves "labelling" and "stereotyping" individuals (Subu et al., 2021,p.1). Stigma, as described by Tyler (2020) "is used to pit people against each other in struggles

over resources and values. In this way, social solidarities are fractured" (Tyler, 2020, p.267). The effects of stigma are underlined in Tyler's book concerning seeking mental health care "People can't and won't seek help because they are ashamed of what people will think" (Tyler, 2020, pp.241). This shame which is associated with stigma is said to "corrode well-being and damaged sense of self" (Tyler, 2020, p. 9).

Erving Goffman's literature on stigma (1963) was reviewed during this study. The literature describes three types of stigma; "first there are abominations of the body"; next there are blemishes of the individual character perceived as weak will, domineering or unnatural passions, treacherous and rigid beliefs, and dishonesty these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, suicidal attempts, and radical behaviour"; the last category refers to race and "lineage" (Goffman, 1963 p.12). Erving Goffman details that the negative categories in which people are placed such as "bad, dangerous or weak", allow people to "reduce those in our minds from a whole or usual person to a tainted discounted one" (Goffman, 1963, p. 12). Stigma can be especially hard on women; firstly, I will briefly introduce the idea of stigma amongst women and secondly, I will focus on the stigma through the media including the effects of stigma in the media on women. Thirdly, I will outline how mothers who experience addiction experience stigma also.

Stigma can be "especially acute for women; it can limit their marital prospects; constrain their participation in the community, household and family roles" (Jones et al., 2004). Women can be subject to gender stereotyping which is "a generalized view or preconception about attributes or characteristics or roles that are ought to be possessed by or performed by women" (OHCHR, 2023). Gender stereotyping can negatively affect women as it can "limit" a women's "capacity to make choices about their lives" (OHCHR, 2023).It is noted that along with gender stereotypes that women are subject to such as their role as a caretaker in the family may intersect with other stereotypes such as women who are also going through addiction (OHCHR,2023).This can negatively impact the way women are perceived.

Stigma towards substance abuse is damaging for those who are drug users or who are seeking recovery. Stigma towards addiction is highlighted in (UK Drug Policy Commission, 2010) whereby those who abuse substances are "feared" and "subject to exclusion and discrimination in many ways" (UK Drug Policy Commission, 2010, p.1). The lengths of

exclusion are highlighted as through labels such as “junkie” are used, it prevents people from seeking treatment, from gaining employment, and reluctance of landlords to give people tenancies (UK Drug Policy Commission, 2010,p.1). To provide Irish context, the City-wide campaign in 2018 ‘Stop the Stigma’ found that generally attitudes towards drug addiction in Ireland are negative (Drug Crisis Campaign, 2018 p.6). The report also outlined how people feel unsafe around those who use drugs and believe that people who are addicted to drugs must blame themselves. The participants who took part in the survey and who had experienced addiction referred to the negative affect stigma can have on them; “It leads to feelings of low self-worth, helplessness and resignation that there is no point in looking for help” (Drug Crisis Campaign, 2018, p.6). This has highlighted how damaging stigma can be for people experiencing addiction and how perceptions negatively impact their recovery.
The media coverage of addiction provides insight into how media constructs social views of addiction. The focus on stigma through media use was chosen as the influence that media plays on public discourse and its role in influencing social norms can be seen. According to Arias 2018, “media has the power to influence individual beliefs, attitudes and behaviours” which in turn has a role to play in how people may accept new norms or become agreeable with them, following suit as others demonstrate a certain belief in something (Arias, 2018).

Stigma concerning media coverage of addiction is explored in Avery's (2019) book, ‘The Stigma of Addiction’, the chapter on media is focused on a US perspective but is still relevant elsewhere as it is a topic not only conformed to the US. According to Avery (2010) media plays a big role in stigmatizing people as “media depictions of people with a given health issue in this case addiction, can have powerful effects on audiences stigma towards these individuals” (Avery et al. 2010, p.204). Avery explains that media tends to focus on “individual depictions” which can result in the “increase in stigma by leading audiences to blame the affected individual as opposed to societal factors for the problem they are experiencing” (Avery et al. 2010, p. 204).

The media can also have a negative effect on women’s willingness to approach services, as in (Morton et al. 2020),“certain agencies can be presented by the media as drug services with negative connotations, and their other services may not get reported or advertised as prominently” (Morton et al. 2020, p.6). In “Stop the Stigma” a city-wide campaign based in Dublin in 2018 reported that stigma through the media can negatively impact a person’s recovery. The media have been responsible for labelling people with experiences of addiction as “junkie”, “scumbag” and “druggie”(Drug Crisis Campaign, 2018, p.6). It was

also suggested that other groups of people have not been so negatively susceptible to such harsh terms in the media (Drugs Crisis Campaign 2018, p. 6).

The literature states the influence depictions of addiction have on leading to a further increase or decrease in stigma towards addiction. It is illustrated, that factors such as the media "emphasizing negative traits such as weak moral character, or propensity for violence may increase stigma; This can be related to Goffman's (1963) illustration of the characteristics of stigma and its "traits" (Avery et al. 2010 p.204). The media depicting positive traits such as perseverance and determination in the face of adversity and/ or successful recovery, may decrease stigma" (Avery et al. 2010,p.204).With this information, the researcher has considered how Stigma and perceptions affect the mothers in this present study which will be outlined next.

Some negative consequences associated with motherhood and addiction are outlined in Kilty (2012) who highlights how mothers can face stigma due to the characterization of mothers as "mother, addict, and prisoner" (Kilty et al.2012, p.10). Along with the stigmatization, mothers are often expected to reach the expectations of motherhood and are "blamed for their poor decisions" such as substance abuse (Kilty et al., 2012, p.10). These women "are likely to feel solely responsible for any setbacks that might come from their inability to live up to the expectations of ideal motherhood"(Kilty et al. 2012, p 10). The role of motherhood and its impact on stigma for women is outlined in Arpa, 2017; "experiences of stigma are more likely among women who use drugs, who are often perceived as contravening ascribed roles, primarily those of mothers and caregivers" (Arpa,2017,p. 5). As outlined , mothers can often be perceived as bad mothers which is a negative label that stigmatizes them. Stigma can negatively affect mothers who are trying to access care. The fear of discrimination and judgement as a drug user who is pregnant is present in Stone (2015). It was outlined that pregnant women often delay accessing healthcare due to fear of stigma. Women who were pregnant in this study had worries they would be "detected" as substance users while pregnant this fear was apparent at times of prenatal tests or after giving birth whereby they could lose their babies and older children (Stone, 2015,p. 5). This process of avoiding their substance use being detected can have negative knock on affects such as isolating themselves from relations or friends or even "avoiding perinatal care altogether" (Stone,2015, pp.6). When women who are using substances and are using the public health system, Stone (2015) highlighted that this may make women's experiences harder as they may not have a

relationship with their doctor as they may see a different one each time, therefore, building enough trust to disclose substance abuse is not an option (Stone, 2015, p.6).

2.8 Conclusion

This chapter gave an overview of mothers who have experienced substance misuse. By drawing on current studies it details the issue of gender and addiction, it focuses on specific barriers for mothers when parenting is involved such as childcare and responsibilities women feel they are to fulfil which can sometimes negatively affect their recovery process. By looking at the construction of motherhood in society, the researcher has gained a better understanding of the roles and expectations of mothers. This was also highlighted in the section on stigma and stigma through the media which has been shown to depict mothers negatively. The next chapter will revisit some of the themes uncovered here and explore them further while drawing on relevant policy context.

CHAPTER 3: POLICY CONTEXT

3.0 Introduction

This third chapter of the study intends to outline and describe the policy context concerning substance misuse and its treatment in Ireland. The use of illicit drugs and the harms associated with them is considered to be one of the great "social policy challenges" (United Nations Development Programme, 2020, p.3). Looking at how social policy deals with substance abuse will help this study both by providing a social policy context to the programme offered by Coolmine and contextualising the treatment of substance abuse in International and Irish policy context. Firstly, this chapter will focus on providing a broad international context; secondly, it will focus on the Irish social policy context briefly outlining alcohol and drug policies in the past with a focus on the current policy "Reducing Harm, Supporting Recovery 2017 -2025"; thirdly, this chapter will describe Coolmine TC services that have been discussed in this study. Finally, this chapter will discuss the *Parents under Pressure Programme* which is a programme offered by Coolmine that helps parents during their recovery from substance addiction and teaches parents to be able to tackle the challenges that they may be currently facing as mothers to their children. The *Parents under Pressure Programme* is a programme that has been used in various settings such as in *Parenting Monaghan* and *Ballyfermot Star*, for parents in Ireland. This chapter will focus on

its success for mothers in recovery in Coolmine. The programme is also mentioned in the current substance misuse strategy, "Reducing Harm, Supporting Recovery 2017 – 2025" as an example of programmes that support parents.

As this thesis focuses on the experiences of mothers in recovery in Coolmine, the researcher will view the policies through a lens that focuses on women and how policy may or may not include actions that cater to women's needs. This was done by going through the past policies in Ireland that were published to deal with substance misuse to see if gender was a priority.

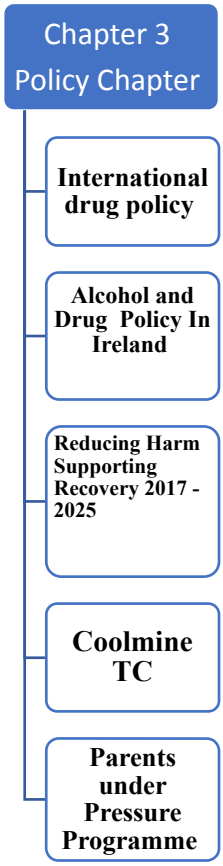


Fig.3

3.1 Broad International Context

To gain some international policy context about substance misuse, and drug policies, the researcher looked at the Sustainable Development Agenda for 2030 which was adopted in 2015 and included 17 SDGs (Sustainable Development Goals). Sustainable Development Goal 3 revolves around Health and is set to ensure that people in the member countries will be healthy. The importance of setting these goals allows for the member countries to "align countries with their global commitments" (UNDP, 2020, p.5). In line with the focus on and promotion of health, part of the targets to achieve this (Target 13) focused on alcohol and drugs whereby "it encouraged action by countries to strengthen the prevention and treatment of substance abuse"(UNDP, 2020, p.5) This call to action to treat substance abuse focuses on "narcotic drug abuse" as well as the "harmful use of alcohol" (UNDP, 2020, p.5).

The creation of substance abuse policy by member states should consider the rights-based measures approach. A rights-based approach is "based on legal or moral obligations to carry out a duty that will actualize one's right" (Gatenio, 2016, p.5). This rights-based approach has the ability to change over time as more knowledge surrounding rights is acquired and "evolves"(Gatenio, 2016, p.6).Gatenio (2016) notes that a rights-based approach towards policy has been somewhat "limited" to comply with UN standards which had focused more on areas such as "standard setting and monitoring" (Gatenio, 2016, p.6). This focus led to a less concentration "rights- based solutions" while emphasizing more on "rights-based violations"(Gatenio, 2016, p.6).The UN Geneva Conference in 2022 outlined the "War on Drugs" and highlighted the need for member states to "supersede their current drug policies" as policies affect the "most vulnerable" population which includes those who uphold "intersectional identities"(OHCHR, 1996 -2023). The Conference referred to the negative effect current international drug policies have on people, especially women; international policies are described as being "gender blind" and holding "discriminatory gender stereotypes on women's moral conduct" (OHCHR, 2023). The conference outlined the negative effects gender- blind policy can have on women such as "criminalisation of people using drugs, including pregnant women" (OCHCR,2023). This not only refers to the Sustainable Development Goal 3 but also Goal 5 which focuses on Gender Equality (United Nations, 2023).

Without policies that tackle problems with drugs, the SDGs cannot be reached. The Health, Poverty, Action Drug Policy and Sustainable Goals Report 2015 was critical of the "dominant

prohibitionist approach to drug policy" which is said to impede efforts to achieve goals. (International Drug Policy Consortium, 2015, p. 11). The prohibitionist approach places a ban on drugs and "criminalises the production and sale of cannabis, cocaine and opiates"(Levine, 2002, p.145). It can be seen as dominant as Levine (2002) details that "global drug prohibition is a worldwide system" (Levine, 2002, p.145).The prohibitionist system is considered to be dangerous and comes with many risks such as; uncontrollable and "illegal drug markets" and failure to uphold a health-led approach to "protect people" (Cseste et al. 2016, p.1429).

The Global Drugs Policy Index is a tool that is used to indicate the country's efforts to align their policy with the "UN Recommendations on Human Rights" (Dillon, 2022, p.6). This GDPI was established in 2021 and results from 2022 show that Norway is the "highest ranking" while Mexico is considered "lowest ranking" (Dillon, 2022, p.6). As this has been newly introduced, only 30 countries have been chosen based on the having enough data available, relevant drug policy in place and having a "civil society organisation that could use the Index for drug policy advocacy without fear of reappraisal" (The Global Drug Policy Index, 2023). Ireland is currently not a country that has been ranked but the Index hopes to add more countries to the ranking system in the future. In order to rank countries, the criteria used included:

- "Absence of extreme sentencing" which includes; the death penalty and heavy criminalisation for some countries for example; "compulsory detention connected to treatment" (The Global Drug Policy Index, 2023).
- "Criminal Justice response" this focuses on possible violations of human rights in the criminal justice system of a country
- Prioritisation of harm reduction in policy
- "Availability of controlled medicines"
- Focus on development – "existence of alternative development policies" (The Global Drug Policy Index, 2023)

The results from the GDPI notes that there are many changes to be made across all countries, including Norway which ranked first but only scored "74/100"; this is because Norway "still criminalises drug use and possession for personal use, with serious health and human rights consequences for people who use drugs in the country" (The Global Drug Policy Index,

2023). Dillon (2022) referred to the ranking from 2021 and concluded that there is an imbalance between what is written in policies and what is implemented. The areas most affected by this imbalance are "health" as well as "alternatives to prison and punishment" (Dillon, 2022, p.7). The imbalance in health confirms the need for a more health-led approach into member states. This focus on health could combat the issue of finding alternatives to punishment, as through a health-led approach, the focus will not be on punishment.

3.2 The Irish Policy Context

Concerning policy context in Ireland, developments in policy in relation to alcohol consumption had been separate from the misuse of other drugs up until the most recent policy document 'Reducing Harm, Supporting Recovery 2017 -2025'. Firstly, I will outline policy changes in relation to alcohol policy and will then refer to policy developments that focus on drug use. After this I intend to focus on the Reducing Harm, Supporting Recovery 2017 - 2025 the Irish Governments latest policy document which focuses on substance use, including both drugs and alcohol.

3.3 Alcohol Policy in Ireland

This section of the chapter aims to provide a synopsis of the policy developments made in Ireland in relation to the misuse of alcohol. The term alcohol policy is defined in (Mongan et al. 2016, p.63) as "any purposeful effort or authoritative decision on the part of Governments or non-government groups to minimise or prevent alcohol-related consequences". This section of the chapter will look at previous policy developments in Ireland, the following list provides a chronology of Alcohol Policy developments in Ireland from 1984 up until 2018, which will go into further detail throughout the section.

1984	***The Psychiatric Services Planning for the Future***
1988	***The Intoxicating Liquor Act 1988***
1996	***National Alcohol Policy 1996***
2000	***Updated The Intoxicating Liquors Act 1988***
2002	***Strategic Task Alcohol Force***
2003	***The Intoxicating Liquor Act 2003***
2004	***STFA report***

2005	***STFA report recommendations not taken on board by the Government***
2006	***Parliamentary Committee – public health harms***
2007	***Health Research Board, first report***
2008	***Public Health Advocates mobilised groups concerned with public health harm and the Intoxicating Liquor Act 2008***
2009	***National Substance Misuse Steering group established***
2010	***Alcohol became more affordable due to reduced tax***
2012	***NSMS "urged Government to adopt stricter policies"***
2015	***The Public Health bill introduced to Government***
2018	***Public Health Alcohol Bill (2015)***

(Doyle, 2021, p.16) **Table 1**

To provide context, the Catholic Church in Ireland had some influence over societies consumption of alcohol with the 'Pioneer Total Abstinence Association" which was set up in 1889 by father James Cullen; it encouraged members not to consume alcohol (UCD Archives, 2009).This association is still running today but became less attractive throughout the 1960's and thereafter as there were "cultural changes" (UCD Archives, 2009, p.V). The Pioneer Total Abstinence Association was not seen as a "Catholic lobby for a drier alcohol policy" but was more of a voluntary opportunity for those who were religious to abstain for religious reasons as opposed to health reasons (Butler, 2009, p.351). Considering this, Butler, (2009) suggests it was "no surprise that successive Irish Governments did not implement highly interventionist alcohol policies" (Butler, 2009, p.351). Concern toward alcohol as a public health problem were highlighted when two Irish researcher bodies; "the Medico- Social Research Board and the Economic and Social Research Institute" collaborated on research which reported on "changing alcohol consumption patterns and state control systems in seven countries" (Butler, 2009,p.364). This study was described as having "little impact" in Ireland, however, the involvement of Irish researchers led to the gradual introduction of health policy in Ireland (Butler, 2009,p.364). In 1984, one of the researchers involved in the study on alcohol consumption patterns contributed to Ireland's mental health policy document titled "Psychiatry services planning for the future" which was developed in which a "public health approach to alcohol" was suggested. (Lesch et al. 2021,p.135). This public health approach was suggested as the consumption of alcohol was expected to grow and mental health services did not want to have to "stem the tide of related problems that would inevitably

result in such increased consumption; The authors of this report recommended the creation of a public health approach to alcohol" (Butler, 2015, p.5). A public health approach involves "treating substance abuse and drug addiction as a public health issue, rather than as a criminal justice issue" (Keane et al. 2018, p.6). In 1988, the Intoxicating Liquors Act, involved the extension of opening hours in pubs and also licenses for restaurants to serve alcohol (House of the Oireachtas, 2023). This made liquor more accessible to adults but also stricter measures were put in place for young people under 18 who had to have proof of ID (House of the Oireachtas, 2004, p.9). Following this Intoxicating Liquors Act 1988, in 1991 a working group was established to work on a National Alcohol Policy (House of the Oireachtas, 2004, p.9).

In 1996, the first Alcohol Policy document was published. This document's main aims were to "encourage moderation for those who choose to drink, and reducing the prevalence of alcohol related problems in Ireland" (Department of Health, 1996,p. 26). This policy document had one initiative that related to women which focused on abstinence from drinking during pregnancy as it outlined it would "encourage pregnant women or women planning on becoming pregnant to avoid alcohol consumption" (Department of Health, 1996p. 62). This policy document did not place much emphasis on the needs of women other than an aim to raise awareness about drinking during pregnancy. The national Alcohol Policy 1996, according to Butler (2015) "had little or no practical effect as it remained essentially a health initiative", this initiative failed to move past it's "aspirations in securing full cooperation of all other sectors of Irish Government" (Butler, 2015, p.8).Although the emphasis on a public health approach was made it was not evident in the national policy for alcohol in Ireland in 1996 as "no major policy changes were pursued by the Government" (Lesch et al. 2021, p.135).

The legislation that followed the National Alcohol Policy 1996 was the Intoxicating Liquors Act 2000. This Legislation enabled longer hours in settings such as bars and allowed for an extra half an hour at the end of the night on weekends to stay open, which began on Thursday and ended on Sundays and was called "drinking up time" which led to pubs staying open till 1 am (Butler, 2003, p.2). In 2002 there was a committee put in charge of looking at aspects such as health-related issues associated with changes in Ireland. Such issues were detailed by the committee, the STFA (Strategic Task Force on Alcohol), with recommendations to change aspects in relation to an "increase in alcohol-related harms over these years" (Butler, 2003 p.2). The Intoxicating Liquors Act 2003 (Irish Statue Book 2003), amended the extra hour

permitted on Thursdays as the allowance of the extra hour on Thursday was seen as “getting the weekend off to a premature start, with adverse effects on workplaces and educational establishments”(Butler, 2003 p.2).

The Strategic Task Force on Alcohol report in 2004 made public health recommendations included recommendations towards alcohol marketing, these recommendations were shut down by the Drinks Industry Group of Ireland who suggested advertising had “little overall effect on alcohol consumption” (Hope, 2006, p.474).Following such recommendations, in 2005, the Government ignored recommendations made by the SFTA and, “ instead announced several self- regulatory measures with the alcohol industry” (Doyle, 2021,p, 16). The report also found that “85% of women attending maternity wards continued to drink during pregnancy”(Department of Health and Children, 2004, p16). The 2004 STFA report “encourage pregnant women and women planning to become pregnant to avoid alcohol consumption”(Department of Health and Children , 2004, p.39).

In 2007, the Health Research Board released findings that showed the harm to health that is associated with the consumption of alcohol. This report led to a second publication in 2009 which detailed the “social harms” that are affiliated with the consumption of alcohol. These reports led to a “20% reduction in alcohol duty”, a Public Health Alcohol bill in 2015, and thereafter, the “2018 Public Health Alcohol Act”(Lesch, et al. 2021, p. 138).

The Public Health Alcohol Act 2018 was the first Act whereby “Legislation around alcohol was treated as a public health issue”(Alcohol Action Ireland, 2022, p.5) The main aims of this act included; “ reduction of alcohol consumption per person per annum to 9.1 litres; “delay the initiation of alcohol consumption by children and young people”; “reduce harms caused by alcohol misuse” and to “regulate the supply and price of alcohol” (Department of Health, 2019 p.3).

Alcohol Action Ireland’s reviewed the 2018 Act and it’s progress with regard to implementation; the evaluation report detailed that “there is a lack of urgency in reducing alcohol use and comprehensively addressing alcohol harm”(Alcohol Action Ireland, 2022 p. 17). An example of this lack of urgency highlighted is the absence of labels with health warnings on alcohol products; this is seen as a factor that could contribute to alcohol related harm. Other factors which could cause alcohol related health harm that were discussed in the report was the possibility that the longer opening hours in clubs would cause harm; the sale of alcohol bill would allow nightclubs to open until 6 am could lead to “increasing chronic health harms”(Alcohol Action Ireland, 2022, p. 17). This could lead to negative consequences

for public health as research has shown that later opening hours have led to "increased consumption and related harms"(Stockwell, et al. 2009). Issues such as chronic health harms would have negative effects in relation to public health and would possibly suggest that perhaps there is not a full commitment to tackling the public health harms associated with alcohol and taking a health-led approach towards policy. The report did not focus on women specifically however it did highlight that increased awareness on the health risks associated with alcohol is needed as it was found that only "19% of Irish women are aware of the direct link between alcohol and breast cancer"(Alcohol Action Ireland, 2022,p.9).

The Alcohol Action Ireland 2022 report considered some positive steps in relation to public health, the regulation on the sale and price of alcohol is evaluated as being a "significant step in reinforcing the principle that alcohol is not an ordinary commodity" (Alcohol Action Ireland, 2022, p.17). These regulations allow for alcohol to be seen as a product that perhaps holds more responsibility than other items that could be purchased.

The focus on promotion of alcohol laws point detailed that there has been a failure to comply with these regulations with the example of "bottomless brunch" which is advertised and uses the selling point of only having to pay a set price but getting as much alcohol for a certain amount of time. It is also advertised during times that brunch would be consumed so it promotes day drinking (Alcohol Action Ireland, 2022, p.17). This type of advertising is harmful and creates the impression that a person can drink harmfully in the duration of their reservation which may contradict the best interests of public health.

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3.4 Drug Policy in Ireland

In the 1960's and 1970's illicit drug use became an issue, research conducted found that there was evidence of "amphetamine, cannabis and LSD use" (Gorman, 1998,p.1). This research did not find that there was extensive use and therefore it was not a concern. By 1979, a trend around the use of opiates in Dublin began and was issued as a concern by "welfare workers in Dublin" (Gorman,1998,p.2). This issue was Dublin based but soon spread as highlighted below. In response to drug misuse in Ireland, the 1977 Misuse of Drugs Act followed by the 1984 Misuse of Drugs Act, were launched to regulate and take control around areas such as "possession", "prescriptions-writing" and "supply" (Health Research Board, 2023). The spread of HIV in the 1990s, this through using heroin and unclean needles became a problem. The use of opioids became an issue, where it was estimated in a 1996 study that there were

"13,460 users aged 15-54 in Dublin city alone" (EMCDDA, 2014, p.16). A study completed five years later stated there were around "14,452 users in the country" which suggests the scope of the problem of drug use in Ireland at this time and the need for developments in relation to policy.

After growing concern relating to public health problems, became apparent, the Government set up a Task Force that produced the "First Report of the Ministerial Task Force on Measures to Reduce The Demand for Drugs" in October 1996 (Butler, 2005,p.419).

In 1996 the 'Delivering Better Government' report focusing on heroin use was published linking "economic deprivation" and use of the drug as well as the effects of injecting such as the spread of HIV (EMCDAA, 2014,p.17).In 1997 policy coordination structures were established; this involved the 'Cabinet Drugs Committee' becoming the Cabinet Committee on Social Inclusion, as well as the Department of Health, becoming the responsible department for drugs policy rather than the Department of Sports and Tourism which alludes to a more health-centred aim for future policy and acknowledgement drug misuse is a significant health problem (EMCDAA, 2014, p.18).

With the introduction of more research into drug use and drug policy by the Health Research Board, the 'Building on Experience National Drugs Strategy 2001 -2008 was published. The overall aim was to "significantly reduce harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention and treatment and research" (Department of Tourism Sport and Recreation, 2001 p.1). The strategy involved four pillars "supply reduction", "prevention" "treatment" and "research" (EMCDAA, 2014, p.21).The inclusion of the research pillar is considered by Randall (2011) to be representative of a "policy shift indicating that from this point forward there would be an attempt to underpin drug policy making in Ireland with evidence and good quality information" (Randall, 2011,p.286). When focusing on gender, this policy document did not offer much in relation to women and the issues specific to them. The only issue highlighted was the drug use among women who were in prostitution "there is a serious problem of poly-drug use, including heroin among men and women involved in prostitution" (Department of Sport and Tourism, 2001, p.2). This was just in the overview of drug use in Ireland section and the strategy itself did not provide detail on how it would combat this issue or consider or issues related to women.

The 2001 – 2008 Strategy led to the enactment of 20 new laws involving the laws aimed at drug trafficking. (EMCDAA, 2014,p. 27). It is detailed that a change to drug laws in 2006, "with the misuse of drugs Act 1977 order" led to the focus on "head shops" and "legal highs following an incident leading to a death in Dublin (EMCDAA, 2014,p. 27).

Head Shops are what were used to sell substances which were intended to produce items that resulted in similar side effects to drugs that were illegal. This was achieved by selling products labelled "not for human consumption" and was sold as items such as "bath salts", by slightly modifying an illegal substance to something suitably legal and for sale, it was difficult for policymakers and the attempt to apply "legal control" as the products were legal (Ryall, et al. 2011, p. 303). These "Head Shops" made substances more widely available, resulting in more harm instead of reducing harm. By May 2010, there were over 100 Head Shops across the country and they became popular. At this time, however, there was an increase in the number of "adverse health impacts including psychosis" (Symth, 2021).

The end and closure of the head shops were influenced by legislation put in place that banned "over 100 substances in the Misuse of Drugs Act 2010" which "criminalised the possession, sale, and supply of the added NPS" (Symth, 2021). This legislation was seen as being "weak" but was "effective" as it achieved aims of closing Head Shops it led to the final closure of Head Shops by 2011 (Symth, 2021).

In 2009 a new National Drugs Strategy was published and is described as repeating the "approach adopted in 1996 and 2001" (EMCDAA, 2014,p.27). This Policy Interim was reviewed by the EMCDAA Review Team. There were concerns around "top-level issues", issues that had risen from the review of each of the separate pillars. Barriers to access to programs available were highlighted as geographical location or communities people were from needed to be considered. (EMCDAA, 2016, p. 31). The review team highlighted the need for "gender-sensitive services" to meet the needs of everyone as well as providing a voice to all (EMCDAA, 2016, p.31). As outlined both alcohol and drug policy developments were considered to be "gender neutral" policy documents with little emphasis on gender, this was evident in the 2001- 2008 national drugs strategy which only referred to women in prostitution and in "the 2009 strategy referred to women on seven occasions but did not contain gendered recommendations" (Morton et al. 2020, p.3).

3.5 Reducing Harm Supporting Recovery 2017 – 2025

The current policy which has focused on alcohol as well as other substances in combatting the issue of substance misuse is the Reducing Harm Supporting Recovery 2017- 2025 strategy. The policy paper suggests that, following on from previous drug strategies, it will "place a greater emphasis on supporting a health-led response to drug and alcohol use in Ireland" (Department of Health, 2017,p.7).This methodology is taken in order approach substance misuse and provide the supports that are necessary to help people recover their health, wellbeing and quality of life" (Department of Health, 2017, p.16).This policy is divided into five goals which include objectives to reach them. These goals are presented in the graph below:

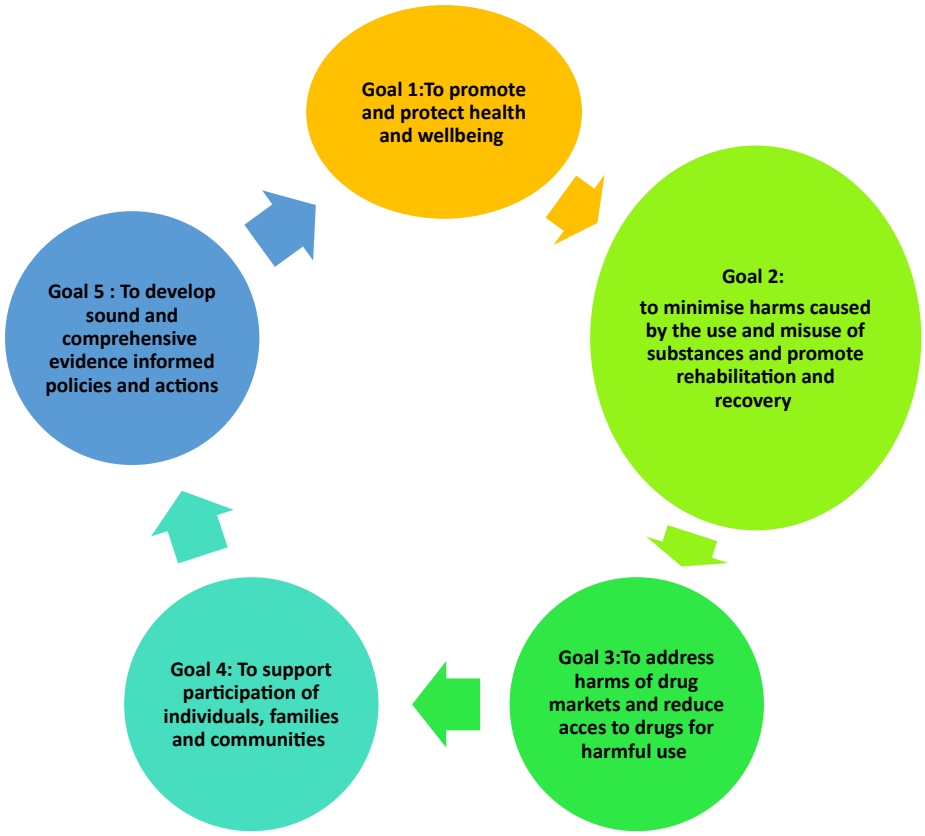


Fig. 4 (Department of Health 2017).

The Reducing Harm, Supporting Recovery strategy 2017 -2025 had its mid- term review in 2021.The review made suggestions that the policy should include actions that are more "gender-sensitive" and "gender transformative" (Department of Health 2021,p. 20). The term gender-sensitive relates to an approach which can respond to needs that both women and men have while also removing barriers to women from "fulfilling their potential"(OECD, 2023).

In this instance, this can relate to women's barriers to recovery. The gender transformative approach focuses more on eliminating or overcoming "power structures" that can "serve to reinforce social and gendered inequalities" (MacArthur et al. 2022, p.6). This transformative approach would for example aim to overcome social norms such as "patriarchal norms" in society (MacArthur et al. 2022, p.6).

After the mid- term review in 2021, the strategic action plan for the national drugs strategy 2023 – 2024 was published. This strategy developed 6 priorities that had risen from the mid - term review that included 34 actions. The priorities included were to:

1. Strengthen the prevention of drug and alcohol use and associated harms with young people and children.
2. Enhance access to and delivery of drug and alcohol services in the community.
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
4. Address social determinants and consequences of drug use in disadvantaged communities.
5. Promote alternatives to coercive sanctions for drug related sanctions.
6. Strengthen evidence informed and outcomes- focused practice, services, policies and strategy implementation. (Department of Health, 2023,p. 2).

These priorities listed all have actions that are produced in order to achieve the goals set out. Gender is not a prominent theme across any of the actions for the 6 key priorities noted. In order to achieve the last priority listed action 6.2 is to "design a system for reviewing recommendations" (Department of Health, 2023, p.9). One of the key delivery aims of achieving this action is to "Review recommendations of the Council of Europe Gender and Drug Policy Handbook in the context of existing approaches and interventions within Irish context and prioritise key actions accordingly" (Department of Health, 2023, p.9).

The Reducing Harm, Supporting Recovery Strategy 2017 – 2025 has outlined some actions in order to address specific issues for women. Women are first referred to in Goal two. Strategic action 2.1.2.0 outlines that it aims to "expand addiction services for pregnant and postnatal women" (Department of Health, 2017, p.43). This involves seven sections;

1. Strengthening links between maternity services and addiction services
2. Quantifying the need for additional residential placements for pregnant and postnatal women in need of treatment for addiction

3. Develop services to meet needs that develop mother and baby relationships
4. Providing dedicated support for pregnant women with alcohol dependency - this will lead to needing more midwives specifically drug liaison midwives.
5. Resourcing the National Women and Infants Health Programme
6. Support maternity Hospital units in detecting alcohol abuse
7. Engaging the NWIHP to educate women on substance misuse and risks associated during pregnancy

   (Department of Health, 2017, pp. 43).

Action 2.1.2.1 of the strategy highlights the need for supporting women and to provide a range of services to address needs of women with children. It also addresses the need to "gender and cultural specific risk factors for not taking up treatment" (Department of Health, 2017, p.43).The inclusion of women in the strategy involves the use of "gender mainstreaming" in policy. Gender mainstreaming is known as "a strategic approach that integrates a gender lens in policy making" (OECD,2023). This approach "can help boost public trust in governments, reinforce democratic institutions, and combat gender stereotypes" (OECD, 2023).

The actions in the Reducing Harm Supporting Recovery 2017 – 2025 policy document that are specific for women are categorised as "on track" in the mid- term review 2021. The action to "respond to the needs of women who are using drugs and alcohol in a harmful manner" is categorised as being "on track" (Department of Health, 2021, p.63). It is on track as Coolmine Treatment Centre Residential Service is mentioned as being a service that addresses women's needs. The recruitment of "drug and alcohol liaison midwives is underway" and "supported research by Dr Sarah Morton on responding to women with complex needs who use substances" contribute to research needs in addressing gender specific requirements (Department of Health, 2021, p. 68).

Actions have also been taken to support prenatal and postanal women through the expansion of services and removal of some barriers by employing a Parents under Pressure Therapist as well as childcare workers to remove the barrier of access to the Limerick, Coolmine Mid-West Service. (Department Of Health 2021, p. 68).

Earlier in this study, the researcher referred to literature and barriers for women such as "low levels of education" being a contributory factor leading to addiction among women

(Tagilianti et al. 2016). The current Reducing Harm and Supporting Recovery 2017 – 2025 Government Policy outlines strategies to prevent early school leaving and promote well-being among young people as early school leavers are at risk of substance abuse (Department of Health, 2017, p.25). The mid-term review (2021) shows that the action "1.25 (d) "prioritise initiatives under the new DEIS program address early school leaving is underway and is categorised as "broadly on track" (Department of Health, 2021). Considering the health and well-being of citizens, one action that is "delayed" is the goal to "deliver an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is a key priority"(Department of Health, 2021,p. 2). This goal would be beneficial to anyone who misuses substances as well as mothers.

Although some positive steps are taken by this policy as noticed by the Pompidou Group publication "Implementing a Gender Approach in Drug Policies 2020" (Morton et al. 2020) it is important to take note of the recommendation towards more gender-transformative approaches to policy as well as considering the geographical barriers some women who need to enter residential services may face as currently the only services are in Limerick and Dublin. It was also highlighted that the current Reducing Harm, Supporting Recovery strategy has no "gender–specific" aims in relation to the prevention pillar. This section is mainly focused on younger people (Morton et al. 2020, p.3). Providing education to young people with the aim of prevention is helpful in achieving the policies aims but being gender sensitive in this area of the policy would allow for a more inclusive response. To eliminate barriers, the effects of stigma should be examined, as it "can be an ongoing issue for women within a community context and a major barrier to accessing support" (Morton et al. 2020, p.9). Stigma is only mentioned twice in the Governments strategy; firstly, stigma was acknowledged as a barrier to treatment in general (Department of Health, 2017, p.13); secondly it is mentioned as the Drug Liaison Midwives have the ability to reduce stigma through treatment they give to mothers in need of "detoxification" in relation to substance use. The policy does not go into any greater detail regarding this and notes it can reduce stigma and reduce harm (Department of Health, 2017, p. 44). It is noted by Morton (2020) that further gender mainstreaming in drug policy may address issues such as stigma. This would involve "each drug policy proposal assessed for its potential positive and negative across genders" (Morton et al. 2020, p.9).

3.6 Coolmine Therapeutic Community (TC):

Coolmine TC offers day and residential services for women. The services it offers are outlined in this section. It offers the only two residential houses for women and children in Ireland (Ashleigh house in Dublin and Westbourne House in Limerick) In Limerick there is also a day service (Mahon House).

Mahon House is free for clients and offers services such as the Parents under Pressure programme, case management and other services to support their clients through the recovery process. Westbourne house offers services to women and mothers. The cost of this service is based on contributions and ability to pay. Clients who are on social welfare "are provided with a weekly allowance to spend out of this payment and the rest is used towards the client contribution"(Coolmine TC, 2023). It offers women who have no alternative childcare the opportunity to have their children stay with them during the recovery process. This is supported by facilities such as the in house creche. In this study one participant (Jessica) stayed in Westbourne house for five months and was able to see her son on weekends as he stayed with family during the week. The residential setting offers a "family- like setting" for clients to feel supported. The service provides facilities for women such as counselling, parents under pressure programme and support to name a few. Rooms are single occupancy for women and mothers this children are given "separate apartments" (Coolmine TC, 2023).

A key worker works with each client and follows a case management model, working with the clients on their care plan which is standardised but can be adapted for each individual case. Care plans cover areas such as drug and alcohol use, health, finance, housing and childcare and offer individuals to achieve goals in these areas and set deadlines. (Coolmine TC, 2023).
Waiting times to access Coolmine vary, clients may wait for as little as one day or up to two or three weeks depending on time of the call (Coolmine TC, 2023).

3.7 Parents under Pressure (PuP)

The Parents under Pressure programme is considered to be a useful component that will help reach the Reducing Harm Supporting Recovery2017 -2025 goals, this is one out of three programmes which the strategy suggests has been "supported in Ireland to build the resilience of families" (Department of Health, 2017, p.29). The Parents under Pressure Programme was co-developed by two researchers, Professor Sharon Dawe and Professor Paul Hartnett from Griffith University in Australia (Griffith University, 2023). The Parents under Pressure programme is a programme that "aims to improve family functioning and child outcomes by supporting parents who are or have been drug or alcohol dependent"(Ivers et al. 2021, p. 230).The Parents under Pressure programme has 12 modules which all have separate learning outcomes; "view as self as a parent", "How to manage your emotions under pressure" and "managing substance use problems " are just a few examples (PuP programme, 2023). According to Coolmines Strategic Report 2023- 2026 , there are currently only two trainers

for this programme in Ireland along with four “community therapists” (Coolmine, 2023, p.6). In their Pre- Budget submission for the Budget 2023, Coolmine has requested 330K to fund the PuP Programme. This money would be used to “fund the provision of 6 PuP therapists and a team leader which research shows can make a real difference in breaking the cycle of addiction” (Coolmine Therapeutic Community, 2022, p.2).This suggests that factors such as reaching everyone in need of the programme and having enough staff members to deliver it is an obstacle due to the lack of funding received.

An evaluation of the PuP by the NSCC suggested that the “profile” of parents accessing the programme was “misusing drugs and 55 percent were receiving opiate replacement therapy”(Hollis et al. 2018, p.50). The parents that were doing the PuP in this particular evaluation were said to have “experienced multiple adversities alongside their substance misuse, including domestic violence, financial difficulties, relationship difficulties, criminal activity, and mental ill health” (Hollis et al., 2018, p. 50). This evaluation was also on both mothers and fathers so it did not focus on gendered differences that may occur as its main focus of study. The study did, however, highlight that its results and feedback were “more representative of mothers than fathers” (Hollis, et al.2018, p.8).

Ivers's (2021) literature evaluating the PuP informs the researcher that the Parents under Pressure programme is “supported by an asset-based model” which is said to be a model which does not focus on “problems specific to the families” but it rather focuses on the “strengths of parent-child relationship”(Ivers et al. 2021, p. 230). The programme’s main principles are outlined as it is highlighted that the programme is “a combination of psychological principles relating to parenting, child behaviour, and parental emotional regulation within a case management model”(Ivers et al. 2021, p.230). The programme was evaluated by Ivers in 2021. It is considered to the first global evaluation on “residential settings” and concluded that the PuP was effective. Having said that, it also acknowledged that the “importance of having children reside during the treatment process had a mixed response” (Ivers et al. 2021, p.235). The study found that “the gender role expectations for women to be mothers, daughters, sisters, and caregivers can make the experience of drug dependence particularly shameful as it directly contradicts these expectations”(Ivers et al. 2021,p. 230).

This section has provided insight into what the PuP is and the advantages it has upon completion. This study hopes to investigate further into how Mothers who are being interviewed have found the programme and seeks to outline their own experiences.

3.8 Conclusion

In concluding this chapter, it is clear firstly from a broad international perspective, that policies to deal with drug use are not completely health-led and sometimes penalize those who misuse substances. It was shown also that policies must be more gender-focused to ensure a human rights-based approach is achieved. In Ireland, there has not been an emphasis on gender in drug or alcohol policy, this may be linked with the issues highlighted in the international context section of the chapter whereby evidence suggests many countries have not placed emphasis on taking a gendered approach towards their policies which in turn, have negatively affected women (OHCHR, 2023). However, there has been a positive shift towards a drugs and alcohol policy that meets the needs and requirements of women in the latest "Reducing Harm, Supporting Recovery 2017 -2025 policy document. Although this is a step in the right direction the mid-term review recommendations that this chapter has outlined would improve the current policy context in Ireland about Gender and Substance Misuse. The chapter has briefly outlined services provided by Coolmine to provide context. This chapter outlined the PuP that is currently running in Coolmine Mid-West in Limerick its objectives and the success of the programme so far. The researcher hopes to learn more about this programme through interviews with mothers who have completed it in Coolmine Mid-West in Limerick.

CHAPTER 4: METHODOLOGY

4.0 Introduction

This research has been carried out as a Community Academic Research Links **(CARL)** research project. This chapter will explain what this is meant for the study in question both in terms of its research aims and methods of research applied. This chapter includes a number of key sections: first of all the type of research undertaken will be explained; secondly it will provide details into the research methods used, which in the context of this study involved six semi-structured interviews; thirdly ,the research process will be outlined; fourthly, the method of data analysis; fifth, the epistemological approach taken throughout this research will be outlined; finally, I will go through the ethical considerations that were involved in the

study as well as concluding this chapter with some limitations and challenges that have arisen throughout the research.

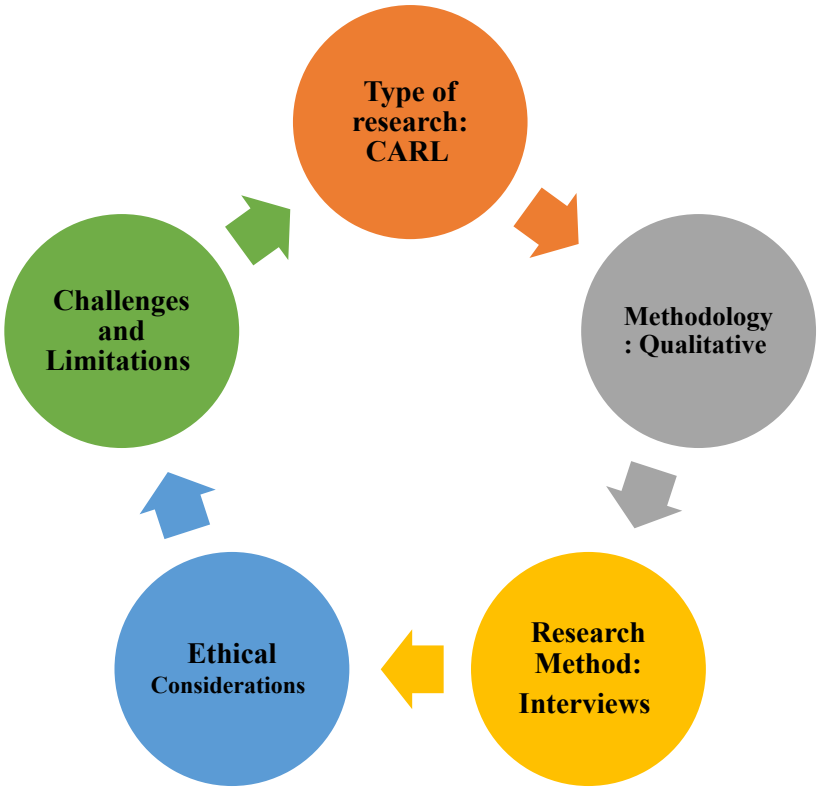


Fig 5.

4.1 Type of Research: Community Academic Research Links; CARL

Community Academic Research Links (CARL) is participatory research, this means that it is a "research-to-action approach that emphasizes the direct engagement of local priorities and perspectives" (Vaughn et al. 2020, p.2).The community based research process model is divided into four phases; phase one involves the identification of the research question; phase two involves the "Advisory Committee" and planning as well as looking at "ethical considerations"; Phase three; involves a meeting between the student, supervisor and CSO (Civil Society Organisation) where a plan is put in place as well as relevant documents signed, ethical considerations are evaluated as well as considering the use of "consent forms" or "Garda Vetting". The research is then conducted by the student and corrected by their supervisor ahead of phase four which is the submission of the thesis (UCC, 2023).

CARL highlights the importance of involving members of the community being researched in the study undertaken. CARL promotes work that involves voluntary or community groups

which may not have resources to carry out their own research. The CARL initiative works to promote "working in an ethical and scientific way to promote knowledge in a society" (UCC, 2023). In this particular study, the research idea originated from Coolmine Therapeutic Community. Coolmine Therapeutic Community is an organisation whereby people can come to recover from drug or alcohol misuse. Coolmine TC facilitates recovery by providing day services and residential services that are "committed to a vision of recovery which strives for an enhanced quality of life rather than mere abstinence from drugs and alcohol" (Coolmine Therapeutic Community,2023). Coolmine TC sought to investigate and evaluate a specific drug recovery programme for women that is offered in Mahon House in Limerick. Their overall aim was to find out information about how they might enhance engagement with women in recovery. This research idea was posted on the CARL website for students in UCC to show their interest in working collaboratively on the research project.

After I expressed interest in taking part in this research study, and went through the relevant procedures such as filling out an application form and getting a reference from a past supervisor, a meeting was scheduled where the CSO were invited to talk about research ideas. After this, I travelled to Coolmine TC in Limerick to see the service in- person and met with a few of the staff members to discuss my research interests and if they were happy to go ahead with my proposed ideas. This meeting was important as Coolmine's involvement in the project encompasses the concept of participatory research. A research proposal was sent to the CSO and a meeting that included my supervisor, CSO and CARL representative was scheduled and after more consideration on details of the project, another short research proposal was sent to the CSO to ensure key details about research questions and methodology could be decided. Coolmine also sent information about the service through email to help me gain more insight into how the service is run as well as some programmes I could focus on.

4.2 Research Methodology – Qualitative Research

The research focuses on the experience of mothers and their recovery from addiction. This focus hopes to add to the knowledge from previous studies and seek information that may lead to further enhancement of the service for a specific group. In conjunction with Coolmine, it was decided that this research would take a qualitative approach consisting of interviews. It is necessary here to clarify exactly what is meant by qualitative research; it is defined as "research that uses words as data"(Braun et al. 2013, p.3).The main attribute of this type of research is "about capturing some aspect of the social or psychological world. It records the messiness of real life, puts an organising framework around it, and interprets it in

some way"(Braun et al. 2013, p.20).The use of qualitative methods in contrast to performing quantitative research for this study is based on the idea that qualitative research is "verbal rather than statistical" (Hammersly,2013, p.14). The interpretation of data obtained from qualitative research is vital for this study as it aims to learn about the personal experiences of mothers in recovery using Coolmine's services. Completing a small number of in-depth interviews allows for observation of the lived experience of mothers in recovery which may not be possible if the research took a quantitative approach.

The rationale for adopting a qualitative approach is that it allows for the researcher to "address the how and why research questions and enables deeper understanding of experiences, phenomena and context"(Clealand, 2017, p. 61).

Qualitative research methods were evaluated and it was decided than conducting interviews as opposed to other qualitative approaches such as utilizing surveys, is that; "interviews have the advantage of being interactive and allowing for unexpected topics to emerge"(Busetto et al. 2020,p.3). This choice aligns with the study aims to enhance the service by engaging with service users to understand their needs.

During my first visit to Coolmine Mid- West in Limerick, it was decided that interviews would be the best method to take. This was decided as staff members and the researcher considered both focus groups and interviews as viable methods. It was decided that interviewing women who are currently using the day service rather than the residential service would be better as the women in the residential setting have already been involved in other studies. It was decided that interviews would be most suitable to conduct with women at the day service by the staff at Coolmine as they suggested some service users work better in a one- to one setting. This meeting also demonstrates the collaborative work that is done while participating in a CARL project.

This study takes a relativist, interpretivist approach. This means that the research upholds the opinion that people's experiences are unique and there are "multiple realities" due to the participants' own experiences (Ryan, 2018, p.9). This approach is suitable as, through the in-depth understanding of the phenomenon which in this study is an addiction with a focus on recovery, knowledge produced will hope to add to the knowledge that will enhance services for mothers in recovery.

By taking an interpretivist approach it is important to avoid bias towards findings when collecting data, it is noted, that researchers should "try to understand the diverse ways of

seeing the world through different contexts"(Pham, 2018,p. 3). This research endeavours to highlight the experiences of mothers in recovery and coincides with the interpretivist approach as highlighted by Creswell (2006) which "involves using approaches that empower participants"(Creswell et al. 2006, p.5). For the present study, this is achieved by ensuring participants are comfortable with questions they are asked and are given the opportunity to reply with the details they consider most important.

4.3 Research Methods- Interviews

Braun and Clarke define interviewing as a "professional conversation with the goal of getting a participant to talk about their experiences and perspectives, and to capture their language and concepts in relation to the topic that you have determined"(Braun et al. 2013, p. 77). For example, in relation to this particular project the topic is motherhood and recovery from addiction. Brinkmann outlines qualitative interviewing as a "key method in the human and social sciences"(Brinkmann, 2013, p.1).

Brinkmann describes three forms of interviews, structured, semi-structured, and unstructured. Structured interviews are described as being "employed in surveys and typically based on the same research logic as questionnaires: standardized ways of asking questions are thought to lead to answers that can be compared across participants" (Brinkmann, 2013, p. 18).

Semi-structured interviews allow for more spontaneity as it involves the researcher having a prepared set of questions but "there is scope for participants to raise issues that the researcher has not anticipated" (Braun et al. 2013, p.78).

The unstructured interview is "strongly participant-led" (Braun et al. 2013, p.78). For this research, a semi-structured approach was used as it is still structured with a plan in place and questions ready but allows the interviewee more involvement and participation in the process and could provide valuable expertise through the lived experience. To provide an example, some participants mentioned some areas that had not been previously thought about in relation to developing research questions. In these instances, they were prompted to elaborate which adds more knowledge to the study.

To be adequately prepared, preliminary research on how to conduct effective interviews was done. Practice interviews were conducted with a trusted family member to ensure the interviewer was adequately prepared and confident. The financial cost of the interview was considered including train tickets to Coolmine centres in the Midwest in Limerick. The cost

of equipment such as a Dictaphone used to record interviews was been considered also. Time for transcription of the interviews considered a factor in the research process.

Before the interviews took place, the set of questions were sent to the Midwest service manager after they were approved by the supervisor of this project. This step was taken to ensure the questions were appropriate and eliminate the event of causing a participant to feel triggered. By taking the step to send questions as well as consent forms before conducting the interviews, this allowed for further collaboration with Coolmine and the researcher which aligns with the features of conducting a CARL project. I was advised to add "prompts" at the beginning of the sections of interview questions. This advice was taken on board and helped to ease participants into each section allowing them to elaborate themselves before further questions were asked. By taking on this advice, it allowed for considerations to be made towards the interview process including wording, sequencing, and prompts. This also ensured earlier questions were "less probing, sensitive and direct than later questions"(Braun et al. 2013, p,84).

The wording is particularly vital and it was ensured that the researcher was sensitive towards participants to ensure they are comfortable but also can easily understand what they are being asked with simply worded questions to avoid the risk of confusing a participant or causing insult. (Braun et al. 2013, p.86). "Non-assumptive"(Braun et al. 2013, p.86) questions are also something that were avoided as that would contradict the aim of the research which looks at the topic of stigma and perceptions. Braun's research also refers to power relations and ensuring the interviewee is not put off by the interviewer as they hold "a position of power as the researcher"(Braun et al. 2013, p.89).

To fully prepare participants a copy of the questions as well as the consent form which also gives a brief outline of the purpose of the study was sent ahead of time. This was done to ensure they were involved in the process and were happy to take part in interviews. This is important as it prepares the interviewee and keeps them informed of the type of interview they are doing.

The interviews were first scheduled for the 21st of July. The interviews were scheduled to take place in Mahon House in Limerick at the Coolmine day service. The researcher had access to participants as the key workers had worked with the service users and prepared them for the interview process as the questions and consent forms had been sent in advance to adequately prepare participants. Unfortunately, due to other commitments participants had, they could

not take place on the first date. A second date the 1st of August was scheduled with five participants scheduled. Upon arrival, one interview unexpectedly had to take place over the phone. The researcher had to make sure consent was received verbally over the phone with the participant with the confirmation a signature would be retrieved from the participant the next time they attended the service. A further two interviews took place in person and ranged from 20 – 30 minutes in length. Due to unforeseen circumstances, two further participants could not attend. This, in turn, led to a third date organised to interview four more participants scheduled for the 11th of August. Three more interviews took place on the 11th, two were in person and one was over the phone. In total six interviews were conducted and the transcription process began. This involved the use of an online transcription service in order to be able to start the analysis process as soon as possible. Once the scripts were converted from audio to written data, reviewed each transcribed recording while listening to the audio to remove any mistakes that may have been picked up due to different accents or issues with sound quality.

4.4 Data Analysis: Thematic Analysis

Thematic analysis is referred to as a method for analysing qualitative data that entails searching across a data set to identify, analyse and report repeated patterns"(Varpio, et al. 2020, p.2). This method was undertaken by producing themes from the research questions and reading through transcripts after the interview process which allowed for more themes to be extracted as well as using original themes laid out in preparation for the analysis process. This form of analysis can be useful in identifying specific themes and recurring themes that present from interviewing mothers on their experience with the service and in society. The themes highlighted across interviews were accessibility of the service, experience with staff at Coolmine, societal views of addiction and motherhood during recovery. These themes were extracted as they were prominent between interviewees. As the experiences of participants are unique and relate to their perspectives and circumstances there were other themes that emerged across individual interviews such as familial view of addiction, and changes they would make to the service.

4.5 Coding

Coding in qualitative research involves using a "word or short phrase that symbolically assigns a summative salient, essence-capturing and or evocative attribute for a portion of language-based or visual data"(Saldena, 2016, p. 3). There are selective coding and complete coding methods. For this research complete coding was performed first to ensure everything

was accounted for. Complete coding aims to "identify anything and everything of interest or relevance to answering your research question"(Braun et al. 2013, p.207). The second round of coding consisted of selective coding which reduces the amount of codes, allowing more focus on the most relevant themes. This allows for "further refinement, selecting the main thematic category, and then in a systematic manner aligning the main theme to other categories that have been selectively coded"(Willaims et al. 2019, p.52). To achieve cohesion with all codes, they were "collated" which means they will group together if they are similar. Codes were "clearly titled and excerpts of data should be identified to indicate which data item they came from"(Braun et al. 2013, p. 2216). The "codes" extracted were differentiated by colour on the transcripts to ensure they were categorised correctly and to group all themes successfully. The codes included: motherhood, stigma, education and access, to name a few.

4.6 Ethical Considerations

There are many ethical considerations about this study and conducting interviews for the project. As highlighted by Sanjari (2014 p.1), "researchers face ethical challenges in all stages of the study from designing to reporting. These involve anonymity, confidentiality, informed consent, researchers potential impact on the participant, and vice versa". In UCC, the ethics review process is done at school level which in this case is the School of Applied Social Science. The School reviews research proposed by students and considers ethical issues that may be involved with the study. The School uses the SREC forms and UCC ethics form as guidelines. By using these guidelines "researchers and supervisors are sufficiently supported to undertake research to the highest possible standards and with due regard to the welfare of all concerned" (UCC, 2023). The UCC ethics form that was completed for this study looked at issues such as vulnerable groups and those at high risk. First and foremost, the study participants and their welfare was considered and addressed. Coolmine TC were contacted to ensure participants would be supported throughout the interview process, the researcher was reassured all participants would be able to avail of any support they needed following the interview. Upon completion of this form, it is evident that this research meets the criteria under the ethical considerations and the research was undertaken in line with the ethical issues outlined.

The research acknowledges these women are on the road to recovery and does not aim to trigger them in any way by talking about topics that may be uncomfortable or insensitive. The aim of the project is to inform the service of ways that would enhance and benefit the service users, meaning it is crucial to avoid any possible negative impact the interview process may

have on the mothers involved. There was no pressure to take part and women could withdraw if needed.

Data collected from interviews is confidential and provides anonymity, which is a form of confidentiality that "keeps participants' identities secret"(Saunders et al. 2015, p. 616). Along with this, the participants were provided with the opportunity to withdraw from the study any time in the subsequent two weeks after their interview took place. This is outlined in the consent form signed by participants and allows them to avail of the opportunity to reflect what they have said and choose to withdraw if needed. In line with the UCC Code of Research Conduct (2021), participants are given anonymity and data is stored safely; the data is backed up and stored in a zipped file for a minimum of ten years post project (UCC, 2021,p.17).

As anonymity is a core part of performing an ethical research study the participants have been given fictious names or pseudonyms which will protect their identity. The list below introduces the pseudonyms. Although providing a brief description of the participants was considered, to eliminate risk of recognition this was not included.

- **Participant 1: Lisa**
- **Participant 2: Kate**
- **Participant 3: Lucy**
- **Participant 4: Danielle**
- **Participant 5: Sarah**
- **Participant 6: Jessica**

4.7 Challenges and Limitations

This research was challenged by the limited word count as well as the time frame in which to conduct the study. Considering the interviews needed to take place over three separate dates it became a challenge to get them conducted with enough time to write up a transcript as well as analyse the findings to meet the deadline set for the thesis to be completed. One other challenge was the retrieval of written consent. Two participants who did the over-the-phone interview were not present to provide a signature at the time and this had to be followed up. The over- the phone interviews were both shorter than in person interviews and this limited the amount of data that could be used for analysis. My location, living and working in Cork meant interview dates had to be organised in advance which perhaps may have been easier if I had been closer to the day service in Limerick and could attend the service more often on

days when service users were present to avoid cancellations and the need for organizing more interview dates. However I was flexible and made myself available on dates that suited participants. One last challenge was that I had not any previous experience performing interviews and found it difficult at the beginning to listen attentively to the participant's responses while also trying to focus on what questions to ask next and what questions were already answered. This challenge allowed me to quickly organise a system whereby I made sure to listen carefully as well as tick off whatever questions participants answered to avoid repeating myself. As a researcher, I learned to go with what the participant wanted to talk about before prompting them toward another separate section of questions. The use of both over-the-phone interviews and in-person interviews in this study led to a larger sample size as it catered for those who could not attend the day service in Limerick where the interviews were held. Although the number of interviews in this study are low, interviews were in-depth and learning from mothers with experience of addiction could contribute to the generalizability of the study.

The study was also limited to three participants who have completed the Parents under Pressure programme, working with a smaller sample than anticipated limited the ability to evaluate the effectiveness of the programme.

4.8 Conclusion

To conclude, this chapter has provided a detailed account of the type of research that was undertaken to investigate the experiences of mothers in recovery who access Coolmine services as well as explaining what it meant to carry out a CARL project. This chapter also outlined the methodology undertaken especially in relation to the methods used and the rational for doing so. The ethical considerations were highlighted. This chapter ended by outlining some of the challenges and limitations of this study and how these challenges were overcome.

CHAPTER 5: FINDINGS

5.0 Introduction:

As outlined in chapter one, the focus of this study is to record the experiences of mother's in recovery who are involved with Coolmine Therapeutic Community. This study has focused on the recovery journey that women have had in Coolmine Mid-West Day service, together

with some interviewees experiences in Coolmine's Residential services in both Dublin and Limerick which added to the richness of the data.

This study is a CARL project as outlined earlier in the methodology chapter. Meaning that Coolmine Mid-West worked collaboratively with a UCC student in design of the research study, with the aim of enhancing recovery programmes and engagement with their services users, through findings and learning from the study.

Findings have been obtained through; the analysis of interviews which were then contextualised by drawing on the literature reviewed. There were six semi-structured interviews completed in Coolmine Mid-West in Limerick, four in person and two telephone interviews. After the interviews were transcribed, a process of thematic analysis was performed. Key issues that emerged from the literature review were used as prompts for the interviews. The key themes were identified are:

- **Theme 1: Accessibility and awareness of Coolmine Therapeutic Community**
- **Theme 2: The importance of having a community**
- **Theme 3: Stigma and societal attitudes**
- **Theme 4: Motherhood and the recovery process**

Throughout this chapter, I will discuss the findings from the interviews under each of these key themes. I will discuss the findings in relation to the literature also. Chapter six will follow on from the findings and analysis of findings with a conclusion and some recommendations in relation to policy context and Coolmine Therapeutic Community services.

5.1 Theme 1:Accessibility and Awareness of Coolmine Treatment Centre

This theme was the first theme coded during the analysis process. The theme of accessibility and women's initial experiences with the service was visited first in the interview process as it was a helpful prompt to ensure participants could tell their story from the beginning of their journey at Coolmine. This section will explore how accessible the service was for mothers seeking recovery, including how the participants found out about the service **(sub-theme1**) and feelings upon their initial contact with the service (**sub-theme 2**).

5.1.1: Initial contact- forms of accessing the service

Each participant had accessed the service differently, one was advised by her solicitor, one was referred by her parole officers, there were also two who were asked to access the service by family members and two who had self-referred.

Accessibility of a service is considered as a factor that would enhance engagement for women who are currently attending the service or women who might want to engage with the service in the future. The data gathered throughout the interviews suggest there was a lack of awareness of the service amongst the participants. The women had been informed of the service from various sources; through family, word of mouth, solicitors recommendations, parole officer referral and through searching online.

Lisa phoned Coolmine herself after her solicitor recommended the service. She was not given any information about what the service entailed until she reached out. In relation to waiting for an appointment, she was happy as she only had to wait a few weeks for her first visit to the service. It was not specified how many weeks she had to wait. Lucy was referred by her parole officer and expressed feelings of apprehension and "*felt nervous but settled in*" (Lucy, 2023). Kate and Danielle had heard about Coolmine through word of mouth from others who had attended the service. It is important to note that Kate had previous experiences with recovery and detox centres in the past but had not heard about Coolmine until it was recommended by a peer from an AA meeting in Limerick. Danielle had been looking online for recovery services. Upon her initial search she was under the impression that the service was only available in Dublin; it was not until a friend told her that a service existed in Limerick that she made contact with them. The location of the service would have been a barrier for Danielle if she had not been made aware of the service in Limerick. The barrier uncovered, could be due to the website being unclear or that the Limerick services were not advertised at the time, this lack of advertising could be due to the fact that the services in Limerick only opened in 2021. Another point to consider, is that the building itself is not sign-posted very well. During my visits to the day service, I noticed this, and Lucy who lives nearby mentioned she had passed on the bus many times and was unaware it was there (Lucy, 2023).

Sarah heard from a friend who had previously been at Ashleigh House in Dublin but highlighted she had not heard much about the service until she went herself. In the first instance, Sarah went to Beaumont detox centre[1] before going to Ashleigh house in Dublin. Sarah was able to access Ashleigh house through help from her key worker in Limerick who

[1] Beaumont Detox Centre is an in-patient unit for males and females who are detoxing from addiction: http://www.beaumont.ie/index.jsp?p=272&n=376

facilitated her move to Dublin, who had also stayed in contact in the beginning to make sure she was happy. As [2]Sarah needed to move home from Dublin back to Limerick to be with family (as she had just had a new baby), her move from Dublin to Coolmine in Limerick was once again facilitated removing the distance barrier. Jessica found out about Coolmine from her sister who had researched services that would suit Jessica and allow her to still be in contact with her child during treatment. Jessica had not heard of Coolmine before her sister brought it to her attention but she did not imply her sister had difficulty finding out about Coolmine Mid- west and Westbourne House.

Overall, findings about awareness of Coolmine suggests that the women did not have much information about the day service or residential service before entry and that online searches were not always fully clear. This may be a barrier for other women with children who are looking for recovery services as findings suggest a lack of advertising and awareness among participants. As there are a lack of options for mothers in recovery in Ireland, it is important that the few options available are promoted effectively. However, it is important to note that once the women made contact with the service, access to appropriate services are facilitated as shown in relation to Sarah's experience of accessing services in both Dublin and Limerick.

The literature reviewed for this study found that the main barriers to accessing services tend to be childcare, comorbidities and gender. Lack of awareness of the service as a barrier is not something that has been previously explored. In relation to the literature and barriers mentioned, Coolmine has removed barrier such as childcare. In Mahon House (Limerick) there is a creche at the day service. This creche is available for mothers who need to attend meetings but have no one to look after their child. However, the fact that this service is by appointment only and can prevent women from using the service at short notice. The Residential service in Limerick, Ashleigh House also facilitates mothers with children as children can visit on weekends to stay with their mothers who are in recovery. Without these services, Jessica mentioned she would have found it very difficult to be without her child as she was completing a 5-month treatment plan. Gendered aspects are considered at Coolmine as the programme for women does not involve any integration with men, therefore this is not an apparent barrier at Coolmine. The prevalence of comorbidities was not an issue that any of the women highlighted in their interviews but it is still important to consider as it may be a barrier for women who decided against accessing this service.

[2]

5.1.2: Initial experience with staff

Each of the women interviewed expressed feelings of nervousness upon their initial appointments with the service. Some of the women went into more detail than others as to why they felt this way. There were a variety of reasons. Danielle had previous unpleasant experiences with other services she had been to before Coolmine throughout the years. One of the services in particular had led to her having a negative perception of addiction treatment services. As a result, Danielle "*didn't know what to expect*" (Danielle, 2023). Sarah also expressed feeling nervous due to fear of the unknown but she also had the additional worry of living so far away from her family in Limerick as she was going to the residential service, Ashleigh house in Dublin. Another area of concern was highlighted by Lisa who feared being judged as a mother who was going into recovery, this echoes back to Schmidt et al.(2022), reflection on the social norms of motherhood and how there are certain that a mother has "a high degree of control over her own body" (Schmidt et al.,2022, p.64). This fear of being judged draws on Budds (2021) feelings of guilt leading to ideals around "intensive mothering" (Budds, 2021, p.2). Lisa also had worries about not being able to "*connect with her counsellor"* (Lisa,2023). According to Nelson-Zlupko(1995) the distrust in services some women feel derives from experiences of hostility received by women from staff who are "insensitive to women's issues" (Nelson-Zlupko, 1995, p48). This was borne out by Lisa when she recalled her past experiences with counselling had been unsuccessful, as she had struggled to confide in her previous counsellor, which led her to feel apprehensive about participating in Coolmine day service, in case she would have a similar experience. Kate, Lucy and Jessica also expressed that they felt nervous upon initially accessing the service, their reasoning being that they *"did not know much about it"(Kate,2023).*

Even though all of the women interviewed said they felt nervous, they all agreed that the worries they had were quickly deflated as the staff in Coolmine were all very friendly. Danielle commented on the positive atmosphere that was apparent from "*day one*" and that she immediately felt "*comfortable*" (Danielle, 2023). Lucy commented that she settled in quickly and praised the staff and how welcoming they were. Lisa also noted that her concerns were relieved as she was welcomed and "reassured she would get the help she needed" (Lisa, 2023). Lisa recalled her initial thoughts " *meeting people going in the door, everyone just seemed so kind and friendly*"(Lisa, 2023). Sarah felt that staff in both Dublin and Limerick were very welcoming and helpful, supporting her through her move from the service in Dublin back to the service in Limerick. Although the women experienced feelings of

apprehension, worry and nerves for a variety of reasons before initial contact, each of the women said that they instantly felt welcome and worries were eased.

5. 2 Theme 2: The importance of having a community

This section reflects on the networks women who were interviewed have and how they can both positively and negatively affect them. The relationships discussed are, firstly, relationships between staff and service users, secondly, friendships made at Coolmine TC and finally, how relationships are affected by addiction and recovery.

5.2.1: Relationship with staff at Coolmine

Throughout the interviews, one theme that recurred was the relationship between the women and staff at Coolmine Therapeutic Community. The findings from this theme suggest that all women had positive relationships with their key workers at the centre and other staff members. The women expressed having an attachment to the staff and a trusting relationship with staff is demonstrated. For example Lucy stated "*The staff just treat us like equals"(Lucy, 2023).* The respect staff have for service users and vice versa is demonstrated further as Danielle detailed "*the day one I came in here, I was made feel part of it, it wasn't like there was staff over here and us over there*" (Danielle, 2023). This suggests that the staff value and respect the service users, treating them as equals and working collaboratively to enhance the recovery process for the women.

Having someone the women could connect with and turn to, is an important enabling factor in reaching the goals they have set for themselves to positively impact their recovery journey. Jessica noted that her key worker would "*push (her) to reach her goals*" (Jesssica, 2023) and Kate also commented on how important her key worker was to her, "*she's my rock*"(Kate, 2023). The level of comfortability with staff at Coolmine is further demonstrated by Lucy who expressed a strong sense of belonging, popping into the service even on days when she didn't have any scheduled appointments or group work; "*I'm here on days when I shouldn't be, but I'm always made feel welcome to make a sandwich or cup of tea*"(Lucy, 2023). Kate also commented that they have all been "*amazing*" (Kate, 2023). Similarly, Sarah referred to how "*supportive*" they all are (Sarah,2023).

The participants only had positive things to say about members of staff at Coolmine with no complaints or issues mentioned. This study suggests that the relationship between staff and service users at Coolmine is beneficial to the women's recovery as it is somewhere they are treated with respect and support.

The findings from **theme 1 sub-theme 2** (Initial contact with staff) and **theme 2 sub-theme 1** (relationship with staff) have presented similar findings and therefore the literature reviewed has been helpful in analysis of both themes.

Unlike the literature findings, each of the interviewees felt they had a positive and trusting relationship with staff at Coolmine. This contradicts studies (Nelson-Zlupko et al. 1995) which found women have more negative experiences than men when evaluating the relationship, they have with staff. In this study, the women felt supported as mothers in contrast to the literature findings where women tend to distrust service providers and fear losing their children (Comfort, 2000, pp.67). It is important to note that there may still be women who have not accessed the Coolmine TC service due to distrust in service providers. It is clear this is not a problem for the women who were interviewed as they all felt supported throughout their recovery journey. This can positively impact the service users experience as staff provide an environment where positive relationships can grow between service users and staff as noted by Morton, (2020).

This study shows that positive relationships can have an impact on service users whether it is in relation to pursuing goals or needing someone to talk to in difficult situations. This was demonstrated by Jessica who felt comfortable enough to ring her key worker when trying to find an effective way to communicate with her son. This suggests that the service is committed to supporting service users even when they are not physically in the day centre or residential setting. As part of the *Parents under Pressure Programme*, working on managing emotions is one of the modules (PuP, 2023). By contacting her key worker, Jessica was able to apply what she had done in the programme to a real-life situation. Kate acknowledged that she felt it was easier to talk to staff members as many of them have experienced addiction themselves before and have gone through recovery. This eliminates a potential block that could appear between staff and service users when staff have no personal connection to addiction and recovery. This could also avoid situations highlighted in Nelson-Zlupko, (1995) where staff can be "insensitive" towards service user's needs. This may be due to lack of knowledge around substance abuse.

5.2.2: Friends made through Coolmine

The interviews conducted led to a focus on the role of friendship during recovery and how it has positively impacted some of the women's recovery process. The friends that were made at

Coolmine helped the women as they were able to form relationships with people who had similar experiences to them and could talk openly. This was highlighted by Kate who made the point that it was helpful to talk to "*like-minded people*" (Kate, 2023). This friendship has continued outside of Coolmine for Kate who stays in regular contact with women who are either still attending Coolmine or have finished their time in the service. Kate highlighted the importance of being able to socialise with others who want to be drug free, and wish to do things such as meet for a coffee.

Jessica spent 5 months in the residential service at Westbourne House, where she stayed with other women in recovery. She highlighted how her friendship with another mother at Westbourne house benefitted her child who also became friendly with the other mothers children. It was highlighted also by Jessica that her son would look forward to visiting her at the weekend and that meeting the friends he had made was something he enjoyed. This was something that comforted Jessica as she had initial concerns about whether *"this was the right place to be bringing him."*(Jessica, 2023). Now that she has left Westbourne house, Jessica reported that she misses the friends she made while she was there; "*I miss the girls up there (Westbourne house) I really do like yeah you always kind of have someone, do you know like if you're having a bad day they'll understand*" (Jessica,2023). This shows how important friendship is to Jessica in her recovery as she had support from people who were having similar experiences as her. The continuation of friendship outside of Westbourne residential service and how it positively impacts her reintegration into her homelife is also reflected ; "*I'm going to meet some of the girls that are already about a year or two clean on Monday and go down with them (to a TRX exercise class) and go for a coffee or something"(Jessica, 2023).* This allows Jessica to have structure that she was used to having in Westbourne house and gives her the opportunity to meet up with people who positively impact her recovery.

Some participants had talked about friendship more than others which does not suggest they do not value friendships, but it perhaps may not have been as easy for everyone to have friendships in this setting which is something to consider. This theme did not appear in literature obtained. As demonstrated by the women who were interviewed, friendship is an effective way to support recovery. The friends that are made at this time have an understanding of what each other are going through. It is still important to have support from people outside of the Coolmine community, but the women interviewed demonstrated how it has helped them to meet up with "like- minded" people. This has helped the women as they

are able to plan to meet with friends and talk about any difficulties they may have. It also allows them to have some structure if regular meetings are organised like the TRX exercise club that Jessica had mentioned joining at the time of the interview.

Friendships are important as this study found that some of the women have lost relationships with those who may still be drug users. Recovery can negatively affect relationships with others in the community. This is outlined in more detail in the next section.

5.2.3: Relationships affected by addiction and recovery

The interviews with women highlighted how important friendships with other women who have similar experiences is for recovery but it has also highlighted how friendships with those in their own community as well as familial relations, has been affected during their recovery journey. The findings show that people who are still "using", do not have enough understanding of or respect for the recovery process. This was highlighted by Kate; when she highlighted that *" I was going to the shop; the bookies is where loads of people used to gather and smoke a joint. I often took a pull off myself there. And someone was like ah, here do you want to pull off this? I said no, I told you I'm off and I don't do it anymore" they were "waving it in my face. Take a pull off, go on, you're pure boring now who do you think you are?" (Kate, 2023).* She also highlighted an experience with more members of the community; "*I turned up well dressed, jeans, blazer to collect my child from school, and I heard three people whispering, who does she think she is? Oh, she's gone pure fat. They can't be happy for what they don't understand", "they can't understand until they've been in it*."(Kate, 2023). These people would have been in her social environment before her recovery journey but it is evident that there is a lack of understanding of recovery from addiction and there is evidence of some stigma attached to it when Kate stated that they referred to her as being "*boring"*. The "*who does she think she is"* comment also insinuates that people do not always support recovery journeys.

Lucy has had similar experiences with people in her life, particularly her children who she explained do not speak to her at the moment. Lucy felt that this was because "*they don't understand, they don't talk to me. They won't give me a chat. They probably know I'm doing this but they're just too upset with me and angry at the moment*" (Lucy, 2023). This demonstrates how familial relationships can breakdown due to addiction and may still be apparent even when the person is going through the recovery process. Although Nelson-Zlupko (1995) highlighted hostility from family members as being a barrier for women, this

was in the context of family members who depended on the mother to stay home and continue their caring roles. In this study a different example of how familial relations, is discussed Lucy's children are adults so they should not require this level of care implied. The reason her relationship with her children is frayed was not discussed in this study but it has highlighted that familial tensions can certainly arise during recovery. Other mothers may experience similar difficulties which may arise from a "cultural model of appropriate mothering"(Verniers et al. 2022, p.2). This may negatively affect their ability to gain recovery.

Despite some negative attitudes towards recovery by people in participants lives such as Kate's, there is also evidence of how recovery is viewed positively. For example, Jessica had fallen out with a friend due to her addiction but she explained that when she had heard she would be attending the residential service in Westbourne, her friend made contact again wishing her well. She had said; *"like well done, fair play to you. I'm delighted I finally might get you back" (Jessica, 2023*). Jessica explained that she and her friend had recently reunited.

The findings suggest that recovery may lead to the loss of connections with some people who are still in a drug using environment. This break from a woman's previous social environment is an effort to maintain sobriety for themselves. It may also lead to the breakdown in relationships with family members who are presently facing difficult emotions and may not be ready to reconnect. However, some people may decide to reconnect with their friends or relations when they hear that the person is trying to recover.

5.3 Theme 3 : Stigma and Societal attitudes

This section presents findings that discuss the views of addiction in society through themes uncovered that focus on traditional views of roles of women and addiction, media portrayal of addiction, attitudes towards substances and education on substance use.

5.3.1: Traditional views of roles of women and addiction

Findings show that attitudes towards addiction are influenced by traditional views. These views focus on the roles mothers have in society as carers with responsibilities such as childcare. In comparison, men were given more liberty and less frowned upon if they did not abide to societal norms. Jessica recalled that in her own family, they had traditional views

towards roles of women and drug usage; "*my mother would always say oh you're a girl you shouldn't be smoking but my brother smokes and it was okay for him to smoke so I think it's an older generation thing"(Jessica, 2023).*Jessica went into further detail on how her family views drug usage and how their attitudes towards males using drugs would be more relaxed; "*I'm a girl I should have more cop on, this is in my own family my sister, my mother, my father would have always said that to me but you're a girl, I don't know is it because maybe from long ago it was mothers that looked after the children and they did all the jobs*" (Jessica,2023). Findings from this study suggest similarly to Laney,(2016) that the "construction of motherhood is unrealistic" (Laney, et al.2016, pp. 127). This is experienced by Jessica who outlined how she was treated differently to her brothers.

Similarly, Sarah outlined how people would judge mothers with children while they are experiencing addiction "*When you have kids and everything, the mother always has to be there like, so if they're in addiction it's kind of like Jesus and she has her kids and everything"* (Sarah, 2023). Findings echo other studies (Dow, 2016), (Laney 2016) in relation to traditional ideals of motherhood in times of addiction. In this study and as highlighted by other studies, Dow, (2016), mothers continue to be responsible for their children (Dow, 2016, pp.181).Findings from the study confirm what other studies have already said; "women cannot be perceived as good mothers if they use substances" (Adams et al. 2021, p.5).

Lisa highlighted that there is a lack of understanding around addiction. This was demonstrated when she explained how she thinks people have a certain view about how long addiction should "last"; "*I think when people think of an addict, they think they're an addict for years"; "for me it wasn't even 12 months*" (Lisa, 2023).This shows that in society people have a lack of awareness towards addiction and may have a set view on how it should look. Similarly, Jessica also referred to her parents' lack of knowledge around the recovery process and how she would not talk to them about it; *It's kind of hard to talk to family because they're like oh you're fixed now you've done the treatment" (*Jessica, 2023).

Another traditional view that was talked about in the interviews but was absent from the literature, was people's views on addiction. Lisa explained that people tend to believe that addiction is something that happens over a long period of time and people do not realise it can occur over a few months like it did for her (Lisa, 2023). Jessica also referred to a statement her mother had made in relation to recovery "oh you're fixed now" this could suggest she lacks an understanding on how recovery works (Jessica,2023)

5.3.2: Media portrayal of addiction and recovery according to participants

The portrayal of addiction and recovery in the media received mixed responses from interviewees in this study. The women have come across both positive and negative portrayals of addiction and recovery across media sources. According to Kate, addiction is portrayed negatively as she highlighted how the media often focuses on the bad or negative images associated with drug use as stories showing extremities can gain more traction; "*they'd highlight if someone was found with a needle in their arm but are they going to highlight the same page for the person that just done five years recovery and maybe just got an honour as someone went back to school?" (Kate, 2023).* This suggests that in Kate's experience, media can negatively portray addiction instead of highlighting someone's achievements through recovery. According to the literature from the Stop the Stigma campaign, negative connotations associated with substance abuse are apparent; junkie and scumbag are used to describe drug users in the media (Dublin Drug Crisis Campaign, 2018, pp. 6). This diverts from examples provided by Kate (2023) such as educational achievements.

Lisa also drew attention to the fact that media may only focus on extreme cases as it does not spread awareness around different areas of addiction; *"social media doesn't show that some people are functioning addicts" (Lisa, 2023).* When asked what this meant to Lisa, she highlighted that; *"I had a partner that was a weed addict and he could go about his day, high as a kite and no one could tell*." (Lisa, 2023). This point further illustrates how media may only portray addiction using images such as having a needle in a person's arm, but addiction does not always appear in this way. Each case or story is different. If the media only portray one image of addiction, people will automatically associate addiction with this image. Arias (2018) highlights, that the media has the power to skew people's opinions and create a certain narrative around areas such as addiction and recovery.

The literature also refers to the negative effect media can have in that it stigmatises drug use, and drug services, thus can affect a woman's ability to go through the recovery process or approach as service due to "negative connotations" that may be attached to drug services (Morton et al. 2020, pp.6).

In contrast to some negative portrayals of addiction some positive illustrations of recovery were highlighted amongst some of the women interviewed who found pages online which promote recovery and act as motivators for recovery. The women follow accounts on social

media platforms such as Facebook and findings suggest they play a part in their recovery. Danielle, Sarah and Jessica highlighted the pages on platforms such as Facebook and TikTok where motivational quotes are shared as well as transformations of people who have been through addiction and have recovered and experienced sobriety;

"*I've joined this page on TikTok it's like sobriety and they highlight the badness of it (addiction), they show people before they were in addiction or before when they were in addiction and then after during recovery so it's good stuff" (Jessica, 2023).*

Similarly, Sarah and Danielle have come across motivational pages*; "on Facebook and everything you get these pages and they're like quotes about addiction and everything so it's not all looked down on" (Sarah, 2023).* Here Sarah has highlighted the positive associations with social media's portrayal but also acknowledges that there are still negative pages as she detailed that "it's not all looked down on"(Sarah, 2023). Lucy voiced that addiction is being highlighted in the media; "*I see stuff in the news now and yeah I think they're opening their eyes, just in the seriousness of it*." (Lucy, 2023). This was not discussed in more detail in the interview process, but it could be suggested that this was a positive step that Lucy had come across and that she was of the opinion that society is becoming more aware of the issue. Although literature would suggest that the media can indirectly harm women due to the stigma it attaches to those who abuse substances, findings suggest platforms such as TikTok and Facebook have pages and accounts that act as motivational pages to attract those going through recovery. Although this is a positive step, these pages are more than likely run by small account or advocacy campaigners and these examples of positive imagery would need to be broadcast across major media sources also in order to decrease stigma towards addiction.

5.3.3: Societal attitudes towards different substances

Findings suggest that alcohol consumption is more widely acceptable, and overconsumption is not viewed as having an addiction in comparison to other substances. Lisa and Kate reflected on the Irish drinking culture "*it's just for Irish people, we celebrate with alcohol for everything*" (Lisa, 2023). Kate highlighted how as Irish people, alcohol is not seen as being harmful "*They don't see it, they just think, the Irish, we drink, you drink, I drink, it's so accepted like"* (Kate, 2023). Jessica also questioned why alcohol is so easily accessible as she insinuated it was harmful *"I find now alcohol is very out there and it's legal and it's one of*

the worst drugs going" (Jessica, 2023). Jessica highlighted how dangerous alcohol can be given that there is evidence and awareness of the harmful effects of alcohol. Findings from the two other participants however suggest these harmful effects may be ignored as it is commonly used to enjoy social occasions or celebrations (Kate, 2023) (Lisa, 2023).This casual attitude to alcohol can be related to policy in Ireland as it has taken many years for it to become considered as a public health problem and action taken to face this problem only began in 2018 with the Public Health alcohol bill 2018, the first legislative document in Ireland to consider alcohol as a public health problem (Alcohol Action Ireland, 2022).

Along with alcohol, the women suggested that in their environments cocaine and weed are seen as drugs which are normalised and are not seen as something that is bad or should not be taken. Kate referred to weed being seen as acceptable as a cigarette; *it's accepted like a cigarette" (Kate, 2023).* Her point was further backed as she highlighted how society would accept people who use drugs such as weed in comparison to heroin; *"a non-using person, a person that does not use, they see someone smoking a joint or if they see someone injecting heroin who are they going to doubt more?"*(Kate, 2023).Jessica also made a similar comparison with weed and heroin use "*I think weed is more acceptable than if you're on heroin it'd be like oh God he's on heroin"*(Jessica, 2023). This was highlighted as Jessica also referred to people using heroin being referred to as "*junkies*" where people who smoke weed do not seem to get this same title.

Sarah had similar thoughts on weed as well as cocaine, "*people wouldn't look down much on weed or coke or anything but they'd look down on heavier drugs like everyone does that* (cocaine and marijuana) *do you know like it's not looked at as like an addiction"* (Sarah, 2023). This highlights how in her environment, cocaine and weed are commonly used substances and are not viewed negatively.

The findings suggest that using heroin holds more stigma than consumption of drugs such as cocaine which in some instances is seen as something you take because it is "*cool*" or even has an image associated with it is such as being something that you "*get more confidence, more chatty off of this you have a good time."*(Jessica, 2023). This "good time" associated with consumption of cocaine can be related to the consumption of alcohol to "celebrate" also. (Jessica, 2023). Lucy did not seem to think any particular substances were more accepted in society or her environment as she highlighted "*they're all bad news*" (Lucy 2023). In Danielle's own experience she detailed that she has been addicted to codeine, she discussed how there was a certain element of shock among other people she had met in a detox centre

in Dublin at one stage as they were in disbelief that codeine would be something you would need to detox from "*they couldn't get their heads around it saying oh it's only tablets*" (Danielle, 2023). Even though this seemed to be uncommon among others she had met at the detox centre, Danielle suggested that "*it's a huge problem in this Country*" (Danielle, 2023). This gives insight into what drugs people expect would cause addiction and how codeine addiction may not be viewed as a problem amongst people who experience addiction when compared to other substances such as heroin.

This theme did not appear among the literature but this study has outlined how widely accepted some substances are in the women's environment or their community. The findings suggest that substances such as cocaine and weed are widely accepted in the women's environments also as "everyone does it" (Sarah, 2023). This may not be as widespread across all communities but the women surveyed have experienced acceptance of drugs such as cocaine and weed. Interestingly codeine was highlighted as an issue by one of the participants, Danielle who stated it is a big problem in Ireland. This may be due to the ease of access as it can be purchased over the counter at pharmacies. As this study does not concentrate on codeine regulations in Ireland it will not be discussed further. However the ease of access of a particular drug or combination of drugs in a woman's environment influences the choice of drug taken by a woman.

5.3.4: Substance use and education

This section has uncovered many different perspectives on education awareness about addiction. A commonality between all participants was that they did not have previous education on substances or harms associated with them. Each of the women also felt that people should be educated when they are young, either in primary or secondary school. Below are some suggestions made by the research participants in relation to how we might educate young people about substance use and the harms associated with it.

Lisa suggested that students need to be informed as to the reasons why addiction can happen and outlined the effects that trauma can have in relation to addiction and perhaps could lead to lessons on coping with trauma; "*they should be teaching a lot of the time people with addictions have trauma from something, and they're using their addiction to cope with something*"(Lisa, 2023). This would provide a different perspective and would allow young people to learn about different coping mechanisms to use throughout life. It would highlight that for many who have experienced addiction have experiences of past traumas. Trauma was

also referred to in the literature as Greenfield et al, (2007, pp.22), found that women experienced sexual abuse more than men. It was also highlighted by Ullman et al, (2013) that women who experience sexual violence-induced trauma, use substances to cope and deal with "PTSD symptoms" which can lead to problematic "substance use outcomes" (Ullman et al. 2013, p. 2222)

Kate had detailed that during their time of sobriety before her relapse, she wanted to set up a programme that would educate parents in her community. This programme was going to be called "*No Shame, No Blame*" and it was going to be "*a safe space to speak*" for parents who felt they may "*smoked too much or drank too much"* (Kate, 2023). This programme was initiated by Kate with the help of the principal of the school in her local community. Unfortunately, due to Covid and unforeseen circumstances it could not go ahead. The importance of being able to speak about experiences and parents involvement in educating their children is highlighted by Kate; "*Once the parents are educated, they can educate the children*" (Kate, 2023). This could considered under the 'Reducing Harm, Supporting Recovery 2017-2025 Strategy', as part of the preventative aims include education. Although the Strategy focuses on educating young people in schools programmes for parents in communities needs to be considered.

Both Jessica and Lucy highlighted how their own lack of education on topics such as addiction and harms associated with substances affected them. Lucy detailed that she didn't even think she was "an addict"; *"I was like I'm fine. I had a job for 22 years there's nothing wrong with me. You probably don't want to see that either"* (Lucy, 2023). This can be related back to Lisa's earlier point about being a functioning addict and people's lack of awareness of how this is something that can happen. Therefore, what this study highlights is that is a lack of awareness that some people who use substances, or are even going through addiction can still go about their day to day lives. Jessica had discussed how she didn't know anything about drugs and did not receive any education to inform her which later affected her decisions as she explained; "*I didn't even know what a joint was back then. I was 15 at the time and he passed it over to me. I thought it was a cigarette*" and *"I didn't even know what coke was to tell you the truth back then, but I was absolutely hooked on it*" (Jessica, 2023).

Another finding that was obtained that can be considered under the theme of education is leaving education due to drug use. Although this was not considered before interviews, Jessica shared details of her drug use which led to leaving College. During the time when

head shops were popular in Ireland, Jessica discussed how she and friends of hers would have easily been able to access a substance called "*red eye*" which she informed the researcher was like weed. This easy access led to what she described as her "*downfall*" as it led to her leaving her two-year college course. This highlights how substance use can negatively affect the ability to complete education.

The findings presented suggest that students might benefit from lessons /talks with those in recovery or perhaps a visit to a treatment centre. Danielle, Sarah and Jessica explained that it would be effective to have people who are in recovery to provide education to young people. Sarah suggested it should not be compulsory lesson, but could involve group work, this would allow students to have a choice in whether they wanted to learn about the issue or not. Danielle and Jessica both thought that visiting treatment centres or meeting people with experience of addiction would be most effective.

Amongst the interviews it is evident each of them believe this is a topic that should be taught in schools. The data also shows that each of the women did not receive any drug awareness education in school. This data also touched on the negative effects of head shops in relation to education. Although the women did not receive education on drugs when they were in school, the current SPHE programme allows secondary school students to learn about substance. As outlined in the latest substance use policy in Ireland Supporting Recovery, Reducing Harm 2017- 2025 education is highlighted as a preventative measure. If these women had education on topics such as addiction and the harms associated with drug use, this could possibly have acted as a preventative measure in relation to their own addiction. This does not suggest the women would not have still experienced addiction as there are many factors that lead to addiction.

5.4 theme 4 :Motherhood and the recovery process

This section discusses the construction of motherhood and how it impacts mothers in recovery. This is present in both the study findings as well as the literature. This section also discusses the Parents under Pressure programme and its success for the participants in this study.

5.4.1:The construction of motherhood

The challenges mothers face during addiction and recovery were visited during the interview process. Lisa, Kate and Danielle expressed they felt guilty as mothers who had gone through addiction. Danielle highlighted that she felt like "a bad mother" at times while Kate

highlighted that her feelings of guilt was something she was struggling with at the time of her interview. *"I think it's a lot harder to parent in a sense, because you've had so much guilt"* (Kate, 2023). She also expressed how hard it was for her to be a parent after relapsing; *"when you're first getting back after a relapse it's so hard. The emotions are everywhere, the weight is everywhere. The sleeping's everywhere, the eating's everywhere and you have to think of all this, and then these little humans that I have to look after as well" (Kate, 2023).* The sense of guilt can also be linked to the intensive mothering ideology visited in the literature review. The studies reviewed have shown that mothers are expected to meet unrealistic standards. Zantvoort 2022, outlined how in their study; "all women feel challenged by the social expectation of constant maternal attention and responsiveness they need to direct toward their children" (Zantvoort et al 2022 p.8). Being unable to meet these high expectations can result in feelings of guilt as demonstrated by the women in this study and also the literature reviewed (Zantrovoort, 2022).

Sarah highlighted that during addiction she wasn't a mother yet, but could see how hard it was for mothers she knew. As she said, "*I wasn't in addiction when I became a mother, but I've seen people that was in addiction when they have become a mother and they're looked down on"(Sarah,2023).* Her reflections suggest how mothers can be viewed negatively.

Another challenge as a mother is not having a good relationship with your children. This was highlighted by Lucy when she explained her children do not speak to her. As a result, there is also the challenge of having to rebuild a relationship and trust between mothers and their children. Lisa explained that at the time of interviews she was working to regain their trust. As she stated; "a *lot of my thing at the moment is the guilt of everything that happened, the guilt of losing my kids"; "I was a very hands-on mother, never spent much time away from them. I was always up and ready in time and the house was clean. And I did a lot of things to hurt them" ;"they have to be back up there trusting me and I know that's very hard"* (Lisa, 2023). This is highlighted as a challenge to recovery that is specific to motherhood as she considers her relationship between her and her children something that is hard to do. One of the factors associated with the intensive mothering ideology is the relationship a mother has with her child. As suggested in the literature by Budds, it adopts "conservative feminine identities and redefines women first and foremost, through their relationships to children"(Budds, 2021,p.2). This concentration on the relationship a mother has with her

child further intensifies the feelings of guilt when they lose that relationship or there are factors which threaten their relationship such as substance misuse.

Being a mother during recovery is challenging, Jessica highlighted the added pressure of coming home after being in the residential service (Westbourne House in Limerick) for 5 months and how she now needed to get back into the routine of being a full-time mom. This is a challenge for Jessica as she was used to just seeing her child at the weekends; *"having to come back straight back into the routine back to the full time being a mother when I was so used to just being by myself Monday to Friday" "it's a bit of a challenge but it's not anything serious"* (Jessica, 2023). As suggested here, it does not pose as something that is a "serious" problem for Jessica, but she still highlighted there is a shift in her routine which is something she has to get used to. Another challenge related to this was that she has moved back to her parents' home and suggested that parenting is *" more pressure"* as she does not have her own space.

The women interviewed expressed a strong sense of guilt that was attached to perceptions of self as a "bad mother" (Danielle, 2023). The literature focusing on labels that women are subject to such as "bad mother" are highlighted by Evans 2001, pp.163). This label was highlighted by Danielle and this may be due to the internalization of "ideas of how they ought to be a mother" (Laney et al., 2015, p. 127). Although each mother had different challenges there was evidence of participants awareness of challenges that they may have not faced themselves such as losing their children, but acknowledge that it was something that may have happened them also; "I was lucky" (Jessica, 2023).

5.4.2:Parents under Pressure Programme (PuP)

The participants that had completed this programme reported that they were positively impacted. Kate had completed the programme twice in services elsewhere, but did not find it as effective as when she completed it in Coolmine. This suggests that Coolmine has been a service that has worked well for this participant and the way PuP is run here has helped her progress in her recovery; "*I think it is the way the staff explained it, personally for me it's because they've been through it*"(Kate, 2023). The participants stated that they benefitted from the staff having personal experiences of addiction and recovery as they ensured that the participants were comfortable with the process.

The focus on parenting style was something that stuck with Jessica who learned that parenting can be affected by how you were parented as a child and felt it was important for her to have her own parenting style. Jessica provided an example how the programme has helped her at home as she detailed a recent experience where her son became angry and emotions were high; *"it gets into stuff like the tough nitty gritty stuff like of what way you'd feel*" (Jessica, 2023). She had learned from her experience doing the programme, not to shout or become angry. Jessica felt comfortable enough to ring her support worker at Coolmine to detail her experience and followed the advice to calmy speak to her son at "his level". This worked well for her and the security of having support from her key worker in times of stress to reiterate the programmes principles helped her achieve compromise with her son. Jessica also outlined that she plays more with her son, and she is gaining her relationship back not only with her son but, with nieces and nephews also.

Kate and Danielle noted that they enjoyed the group work aspect of the programme as they were able to talk to each other about experiences and could be open and honest. Sarah had not done the programme yet as "*they only roll it out so often*" (Sarah, 2023). This may be due to the lack of PuP trainers available.

Although it was successful for participants and group work was well received by all who felt it was beneficial to learn from others, one participant highlighted that more "one-on one" sessions would have benefitted her as she felt in a group sometimes *"you can't go fully in depth like what's going on with you"* (Jessica, 2023). This is something to be considered for the programme and it's presentation in the future. It is important to note, this participant voiced this to her key worker in Coolmine and they have organised for the woman that presented the programme to go to her house to delve into further personal details. This suggest the Coolmine service will try to accommodate everyone's needs.

Findings suggest that this programme is not for everyone. It may have parts that are unsuitable to those who may be sensitive to some topics and some accommodations may need to be made to serve everyone's needs. As Lucy stated; "*I did it for two weeks but I pulled out of it" "it was very good and interesting but I was just too hurt" "I just didn't think it was for me"* (Lucy,2023).

Among the three women interviewed, they felt the programme was effective. This is shown as Jessica has felt her relationship with her child as well as her nieces and nephews had improved. One way the programme may have needed more focus would be managing emotions under pressure as she had mentioned a difficult situation she had with her son after

moving back into her family home. Jessica felt she couldn't control her emotions and had to phone her key worker for advice. This is not to suggest she did not learn from the programme or benefit from it as she clearly has, but, it suggests she may have needed more time with this module to adequately prepare her.

Kate had also praised the programme and detailed this was her third time doing the programme. This may suggest that Coolmine's rollout of the programme is more effective than in the other services she attended or it could also suggest some mothers may need to spend extra time on the programme before they really benefit from it.

The mothers appreciated the group work sessions during the programme as they felt it allowed them to share similar experiences. However, Jessica stated she would like more one - to one work which is something that may need to be considered for other mothers doing the programme in the future.

Even though this study had a small amount of data to work with in evaluating the programme, it has still received positive results. This is similar in the literature in that the PuP programme is "effective" (Ivers et al. 2021, p.235).

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

To conclude this study, it is clear that the mothers interviewed have had positive experiences with Coolmine. The problem that arose in each interview was the lack of awareness of the service. Even though these mothers gained access to the service, this lack of awareness may be a potential barrier for other mothers who are trying to access recovery but may be unaware of the childcare facilities Coolmine has to offer as well as programmes such as the PuP programme which may further convince mothers to contact the service. The women interviewed demonstrated a positive relationship with staff and felt they were in a comfortable environment where they were treated with respect. They felt their roles as mothers were positively supported and could ask for help in areas they required. Although the PuP programme is successful here, one of the women suggested she hadn't done it yet because it is only rolled out every so often. This highlights the need for more PuP practitioners as suggest in the Coolmine pre-budget report. Lack of funding is present also in the area of childcare in the day service facility as it is only available by appointment. The childcare facility is vital as otherwise this would negatively affect mother's ability to attend the service for meetings such as their weekly check ins with key workers which are important

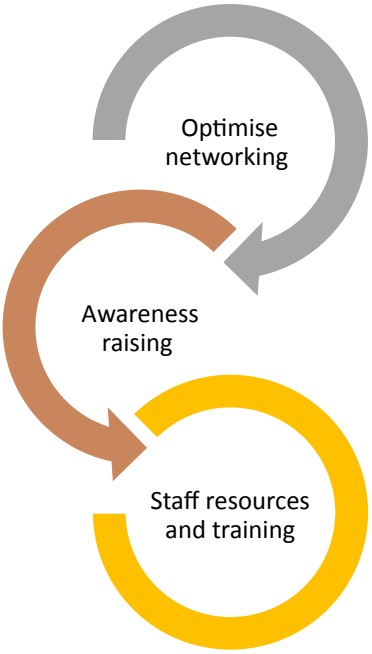
components to their recovery. Stigma and the negative effects it has on mothers is also present in this study and a possible recommendation could be to spread positive media posts that the women have come across on various platforms. The reduction of stigma would break a barrier that is present and perhaps has put many mothers off from making contact with the service. One point to consider also would be making the service more open to different cultures as the women interviewed were all of white ethnicity, this may allude to the point women of other cultures may not present to this service.

Policy recommendations would include the need for more actions towards helping women and the challenges that are specific to them. Although the current policy includes some actions specific to women, they are more specific to pregnant women and considerations should be made towards women with older children also. As already suggested, the plans for education cannot be fully evaluated but learning from people with experience of addiction may be helpful. Findings presented in relation to education suggest there could be more research done to consider college students in relation to the prevention of substance abuse and harms associated with it for further policy developments.

Overall, mothers who were interviewed who have used the Coolmine Therapeutic Community services have had positive experiences. For enhancing future engagement of mothers, it may be suitable to reach out to mothers with different cultural backgrounds as well as increasing awareness of the service as this was the main issue highlighted throughout the interview process.

The overall recommendations are summarised as:

- To optimise opportunities for positive networking among women while using both day and residential services, while being cognisant of the value of a healthy balance between networking and one's needs for personal space.
- To build awareness raising of Coolmine's services to strengthen its profile among the public and women in need of its services.
- To match staff resources with service needs and programme delivery plan and provide relevant training.



6.1 Implications for research

This research provides key insights into the recovery journey of the participants involved. The study has prompted the researcher to suggest that female centred research is required at a National level to examine the issue of women (as well as mothers) and substance misuse. This research should include case studies and interviews with women both in recovery and using. There is a need to consider research into treatment centres and alternatives in Ireland and internationally to investigate best practice.

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Appendix 1: Consent Form:

CARL Project UCC and Coolmine Treatment Centre (interviews)

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the work is about and what your participation would involve, to enable you to make an informed choice.

The purpose of this study is to examine the experience of Mothers who attend Coolmine Treatment Centre and their experience of addiction and recovery. Should you choose to participate, you will be asked to take part in a one-to-one interview with a member of the research team. This interview will be audio/video recorded and is expected to take 30-40 minutes to complete.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so, you can refuse to answer specific questions, or decide to withdraw from the interview. Once the interview has been concluded, you can choose to withdraw at any time in the subsequent two weeks after the interview takes place.

All of the information you provide will be kept confidential and anonymous and will be available only to the researcher and supervisor. The only exception is where information is disclosed which indicates that there is a serious risk to you or to others. In the event of a serious risk identified, the Coolmine Treatment Centre will need to be notified. Once the interview is completed, the recording will immediately be transferred to a safe UCC data storage platform and wiped from the recording device. The interview will then be transcribed by the researcher, and all identifying information will be removed. Once this is done, the recording will also be deleted and only the anonymized transcript will remain. This will be stored on a University College Cork-supported cloud storage platform .The data will be stored for minimum of ten years. **[UNLESS THERE IS ANOTHER REQUIREMENT FOR YOUR RESEARCH DATA].**

The information you provide may contribute to research publications and/or conference presentations. **The data will contribute to a Master thesis as well as being published on the CARL website.**

We do not anticipate any negative outcomes from participating in this study. At the end of the interview, I will discuss with you how you found the experience and how you are feeling. Should you experience distress arising from the interview, the contact details for support services provided below may be of assistance. **[PLEASE PROVIDE CONTACT DETAILS BELOW].**

This study has obtained ethical supervision from the thesis supervisor in the School of Applied Social Studies UCC.

If you have any queries about this research, you can contact me at email

If you agree to take part in this study, please sign the consent form overleaf.

Sample Research Consent Form

I……agree to participate in **[YOUR NAME]**'s research study.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with [**YOUR NAME**] to be [**video / audio**]-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview (e.g., my name / location won't be used) may be quoted in presentations and publications (e.g., article, book chapter, student thesis, social media publicity of the study's findings, etc.), if I give permission below (please tick one box):

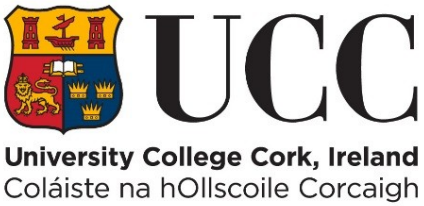
I agree to participate in this study ☐

I do not agree to participate in this study ☐

Signed: …….. Date: ……..

PRINT NAME: ……..

Appendix 2
Ethical approval form



School of Applied Social Studies

RESEARCH ETHICS FORM

Introduction

In UCC, research ethics is the remit of the University Ethics Committee (UEC). There are three ethics subcommittees under the remit of UEC, one of which is the Social Research Ethics Committee (SREC). This committee (SREC) reviews research proposals submitted by university staff and research-based postgraduate students seeking ethical approval for social research (as distinct from clinical research or research involving animal experimentation). The work of SREC is strongly informed by the UCC Code of Research Conduct (2021).

See: UCC Code of Research Conduct

UEC and SREC seek to ensure that supervisors and researchers are sufficiently supported to undertake research (which may involve human participants) to the highest possible standards and with due regard to the welfare of all concerned.

PLEASE NOTE:

All undergraduate and taught postgraduate students (i.e. BSocSc, BSW, BYCW, MSocSc, MSW, HDip) should discuss the ethical implications of what research they are proposing to do with their supervisors and complete this research ethics form for their supervisor prior to any research being conducted involving human subjects. This form should be included as an appendix in the submitted research report, in addition to copies of information sheets, consent forms used, and the research instruments (e.g. questionnaire, interview schedule). It is strongly advised that all students adhere to the guidance on ethical issues provided by their supervisors and consult with supervisors should unanticipated ethical issues arise. Students should ensure that all forms being used to recruit, inform, and gain the consent of research subjects as well as the research instruments (e.g. focus group interview schedule/ questionnaire) being used have been reviewed by supervisors prior to conducting any primary research/ fieldwork. Students should carefully abide by any ethical guidelines for their research provided by their course teams or in their course handbooks, as well as the UCC Code of Research Conduct in their research. See: UCC Code of Research Conduct

Should disagreements or difficulties arise in relation to ethical issues that cannot be resolved between supervisor and student or course team and student, the assistance of members of the School of Applied Social Studies Research and Ethics Committees can be sought (e.g. Elizabeth Kiely at e.kiely@ucc.ie and Orla O'Donovan at o.odonovan@ucc.ie).

PART A: Complete this check list and discuss *with* your supervisor

If your answer falls into any of the shaded boxes, please address each point later on in the form.

		YES	NO	N/A
1	Have you discussed your proposed research and your ethical review with your supervisor?			
2	Do you consider that this project has significant ethical implications?			
3	Will the main research procedures be outlined to potential research participants in advance, so that they are informed about what to expect?			
4	Will research participation be voluntary?			
5	Will informed consent be obtained in writing from research participants?			
6	Will you tell research participants that they may withdraw from the research at any time and for any reason, and (where relevant) omit questionnaire items/ questions to which they do not wish to respond?			
7	Will data be treated with full confidentiality/ anonymity (as appropriate)[3]?			
8	Will data be securely held for a minimum period of ten years after the completion of a research project, in line with the University's *Code of Research Conduct* (2018)?			
9	If results are published, will anonymity be maintained and participants not identified?			
10	Will participants be debriefed at the end of their participation (i.e. will you give them a brief explanation of the study and address any concerns they may have after research participation)?			
11	Will your project involve deliberately misleading participants in any way?			
12	Will research participants include children/ young persons (under 18 years of age)?			
13	If yes to question 12, is your research informed by the UCC *Child Safeguarding Statement*, which sets out the legal requirements under the *Children First Act 2018*: UCC Child Protection Policy 2018			
14	Will your project require you to carry out "relevant work" as defined in the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016?[4]			
15	Do you require official Garda Vetting through UCC before collecting data from children or vulnerable adults? Having Garda Vetting through another body is not sufficient; UCC Garda Vetting is required.			
16	Will research participants include people with learning or communication difficulties?			

[3] Researchers must ensure the confidentiality of data gathered in the course of the research (i.e. where that data is not already in the public domain). Where appropriate they must ensure privacy or anonymity of human participants. Researchers should not intrude into persons' lives beyond what is required for the purpose of the research.

[4] Relevant work constitutes any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable adults.

17	Will research participants include patients/ service users/ clients?			
18	Will research participants include people in custody?			
19	Will research participants include people engaged in illegal activities (e.g. drug taking, illegal Internet behaviour, crime, etc.)?			
20a	Is there a realistic risk of participants experiencing either physical or psychological distress due to research participation?			
20b	Is there a realistic risk of you, as the researcher, experiencing either physical or psychological distress?			
21	If yes to question 20a, has a proposed procedure for linking the participants to an appropriate support, including the name of a contact person, been given?			
22	If yes to question 20b, has a proposed procedure/support structure been identified?			
23	Are the research participants also students with whom you have some current/previous connection (class members, friends, tutor, etc.)?			
24	Will research participants receive payment/ gifts/ vouchers/ etc. for participating in this study?			
25	Are you accessing, collecting or analysing confidential agency documents or case files? If yes, please give details of compliance with the agency's policy on data protection and confidentiality below in your review.			
26	If your research is conducted on the internet, does it involve human participants (e.g. through web surveys, social media, accessing or utilising data (information) generated by or about the participant/s; or involve observing human participants in their online interactions/behaviour)? If yes, please review and utilise the UCC policy for conducting Internet Research.			

If you did not tick any shaded boxes proceed to Part B and complete the relevant form. If you did tick shaded boxes please proceed directly to Part C and complete the relevant form.

PART B: DESCRIPTION OF THE PROJECT

*Ethical review requires that you **reflect** and seek to **anticipate** ethical issues that may arise, rather than reproduce copious text from existing research proposals into these boxes. Entries should be **concise** and relevant to the point/ question.*

A. Very brief description of your study (15-25 words max.)
[e.g. This is a narrative literature review (desk-based) examining group work interventions with young people on the theme of sexual health]

Text here

B. What is your study about? (Aim and Objectives / Key Research Questions) (100-150 words max.)

Text here

C. Concise statement of *anticipated* ethical issues raised by your project. How do you intend to deal with them? For example, your research could be desk-based but may still involve sensitive/ controversial material (100-150 words max.). In relation to any kind of research with human subjects you need to address the issue of **informed consent** and how that will be addressed, **safe data storage** (see page 8 of this document) for the duration of the project and beyond and how you will safeguard the **rights and welfare of research subjects.** If research is being conducted with **any** human subjects, information leaflets, consent forms etc., which have supervisor oversight, should be routinely used.

Text here

D. Have you discussed ethical issues pertaining to your research and has your supervisor approved what you are proposing?

Text here

PART C: DESCRIPTION OF THE PROJECT

*Ethical review requires that you **reflect** and seek to **anticipate** ethical issues that may arise, rather than reproduce copious text from existing research proposals into these boxes. Entries should be **concise** and relevant to the point/ question.*

A. Very brief description of your study (15-25 words max.) [i.e. This is a qualitative study of primary school teachers' attitudes towards religious teaching using focus groups to collect original data]
Text here

B. What is your study about? (Please include your research objectives and research questions here. 200 words max.)
Text here

C. Brief description and justification of methods and measures to be used (attach questionnaire/ interview protocol/ focus group discussion guide etc.)
Text here

D. Participants (recruitment methods, number, age, gender, exclusion/ inclusion criteria, detail permissions to be sought/ secured already). Please ensure that your supervisor sees any relevant information sheets and consent forms, confidentiality agreements etc. that you intend to use with research participants. How will you ensure that research participants' rights and needs are looked after in the research process?
Text here

E. Concise statement of *anticipated* ethical issues raised by your project. How do you intend to deal with them? Please address *all* items where your answers fell into a shaded box in the self-evaluation above. (200 words max.)
Text here

F. Where will you store your data (paper and electronic files) over the duration of the project and after it has ended? How will you anonymise the data? How will you ensure no unauthorised person will be able to access confidential research materials? (150 words max.) **See Safe Data Storage on page 8 and read it prior to answering this question.**
Text here

G. Have you discussed the ethics of your proposed research with your supervisor and has your supervisor approved what you are proposing?
Text here

What do I show my supervisor with this form?

1. A copy of your *draft* data collection instrument(s) (interview guide, questionnaire, survey, focus group schedule, etc.).
2. A copy of your information guide for the study.
3. A copy of your information sheet, informed consent form and any other forms used in the research process.

Appendix 3:

Interview Questions

Interview Questions

1. Access

Can you tell me a little about your experience of accessing treatment?

- How did you find out about Coolmine?
- What sources of information did you have to access information about Coolmine?
- When did you start accessing services here?
- How did you feel when you first contacted the service?
- How did you feel if you were referred to this service by another organisation?
- Was there anything that worried you when you first contacted them?
- Was it the first time you contacted them or were referred, or had you done so before?
- Upon your initial contact with the service, did you feel welcome? In which way?

2. Experience with Coolmine

Can you tell me a little how Coolmine supported you?

- What has your experience with the service been like?
- Do you feel you are supported at Coolmine? And your emotional needs are met?
- Do you feel you are supported to reach all of your goals?
- Is there anything you feel should be changed about the Coolmine day service?
- Do you have a positive and trusting relationship with the staff at Coolmine?

3. Community

Can you tell me about your support network outside of Coolmine?

- Do you have a support network you have access to besides Coolmine?
- Do you feel supported in your community as a Mother in recovery?
- What do you think are the main challenges to recovery for a mother with children?
- How do you feel about how Irish society views and deals with addiction and drug usage?
- Do you feel gender plays a role in how addiction is viewed in society?
- Are there any substances that have an image as being more acceptable than others in society? Why do you think that may be?
- How do you feel about how Irish society views and deals with addiction and drug usage?
- How do you feel about how the media portrays addiction?
- How could attitudes towards addiction change?
- Do you think views towards recovery are different to views towards addiction?

4. Education

Can you tell me if you have ever learned anything about substance abuse or the harms associated with it in school or elsewhere?

- Do you think there is enough education on substance abuse?
- How, when and where would you think it should be taught?

5. Motherhood and Home Life

Can you tell me a little about being a mother in recovery?

- How do you think being a mother impacts someone's process of recovery?
- Do you think the service here takes your role as a mother into account? How does it do that?
- How do you think services could better support mothers in recovery?
- What are the main challenges for mothers in recovery?
- What specific needs do you think these services need to take into account?

6. Parents under Pressure

Can you tell me anything about your participation in the Parents under Pressure programme?

- How did you find out about the Parents under Pressure Programme?
- Can you tell me your view about the programme? How have you found the programme?

- What are the advantages of this programme?
- What are the disadvantages of this programme?
- From your participation in this programme, would you change any aspect?