

DRUGS ALCOHOL WOMEN & FAMILIES

23rd & 24th May 2018

Manchester Metropolitan University



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Welcome!

We are delighted to welcome you to Manchester for the first Drugs, Alcohol, Women, and Families (DAWF) conference!

Drugs, Alcohol, Women, & Families (DAWF) 2018 was created by Sharon Greenwood, Sarah Fox and Joyce Nicholson, three PhD students professionally committed to helping improve the lives of women and families affected by their own, or someone else's substance use. The theme for this conference came about after meeting at various substance use related conferences. At more general conferences on addiction and substance use, there tends to be a heteronormative, 'male-centric' focus, where a 'substance user' often refers to a male person. Whilst these studies and discussions at events are typically well orchestrated, interesting and thought-provoking, it is important to note that there is also room for making the 'invisible' groups in these areas - such as women and families - visible.

This conference creates space for researchers and practitioners to share these common interests to come together, and discuss good practice. As all organisers are in the process of completing their PhD, we wanted to ensure that the conference was accessible to everyone - from postgraduate students, to professors; from support workers, to charity CEOs. A special thank you goes to our sponsors, the Society for the Study of Addiction - without their support, this event would have been unable to go ahead.

We have been overwhelmed with the interest from all fields in this conference. We really hope that this is the start of something special - a network of researchers and practitioners, driven by the desire to make things better for women, families, children, and young people affected by their own, or by someone else's substance use. If you are interested in continuing the conversation, or interested in helping us put on events in the future, please sign up to our mailing list at the registration desk or contact us at DAWF2018@gmail.com.

Thank you for your support. We hope you enjoy the event as much as we enjoyed curating it!

The DAWF Team
Sarah, Sharon, and Joyce

Social Media

One of the objectives of creating the DAWF network was to link with others interested in making life better for women, children, and families affected by substance use - we hope that you will join us!

Blog

We have a blog on our website - www.dawfconference.com. We hope to keep this going after the event. If you'd be interested in writing some content for us, please sign up at the conference desk, or email us at dawf2018@gmail.com - we'd love to hear from you!

Twitter

If you are a Tweeter, you can find us at **@DAWF2018**. If you are tweeting during the conference, please use **#DAWF18** - we hope to be able to bring all of these tweets together after the event. Photos are great too!

Facebook

We are delighted to announce the creation of our new **Facebook community**. We hope you will join us there, share your work, thoughts, events, links with other like-minded people. You can find us at: <http://bit.ly/DAWF-facebook> - the link is also on our Twitter page, or scan the QR Code (right).



About the Venue: Accessibility

We have chosen to hold DAWF 2018 in MMUs *Brooks Building* - located in the university's Birley Campus. Brooks Building, 53 Bonsall Street, Manchester, M15 6GX.



The following information has been obtained from MMUs Accessibility Guide for the Brooks Building. This document is also on our own website (dawfconference.com).

Travel Options to Brooks

Brooks building at Birley is situated a short distance from the All Saints site in Manchester city centre on Bonsall Street, just off Stretford Road.

Rail

The closest railway station is **Manchester Oxford Road** (0.9 miles away). **Manchester Piccadilly** is 1.5 miles away and **Manchester Victoria** is 2.5 miles away. Brooks is also 8 miles away from **Manchester Airport**.

Bus

From Piccadilly Gardens, the number 86 bus to Chorlton goes to the Birley site. Frequency, every 10 minutes. From September - June, the 141 runs exclusively to our Birley site (for Brooks Building) every 10 minutes during the day.

Taxis

Taxis can be pre-booked through Radio Cars, who also have wheelchair accessible taxis. Their contact number is **0161 236 8033**. There are taxi ranks outside each railway station and the nearest drop off point at Brooks is on Bonsall Street off Stretford Road. Sat Nav postcode: M15 6GX.s

Car Parking

There is a surface level carpark directly outside the Brooks building with reserved areas for those with access needs. All disabled bays around Brooks are on one level smooth surface on the ground floor.

Building Information

Main entrance

The main entrance to Brooks building has a large swing door that is controlled via intercom system. This entrance can be used at all times during the building opening hours, which are 07:00-22:30 Monday-Thursday and 07:00-20:15 on Fridays. It is wide enough to comfortably accommodate wheelchair users for easy movement and access to the building.

Reception

The Brooks reception is located on the ground floor directly in front of the entrance. The desk is easily accessible for wheelchair users and remains open until the building closes each day.

Meeting rooms and lecture theatres

All of the lecture theatres in Brooks are accessible for wheelchair users and have hearing loop facilities installed. There are large projector screens with additional LCD screens on either side. The tiered lecture theatres contain space at the front for wheelchair users and the lighting in each room can be easily adjusted using the facilities on each desk at the front of the lecture theatres.

Smaller meeting rooms are located on the upper floors of Brooks but are easily accessible by lifts, located nearby the building reception. All the furniture in the meeting rooms can be moved to accommodate delegates with mobility issues. The meeting rooms are situated nearby each other, making it easier for guests with mobility issues to move between rooms. The corridors are wide enough for easy movement throughout the building.

Accessible Toilets

There are accessible toilets on each floor and they are clearly signposted. Each accessible toilet has an emergency pull cord and fold-down rail, with soap dispenser and sink in reach of the toilet.

Lifts

All lifts are wheelchair accessible and the controls are at a usable height. There are four sets of lifts located in each of the Atrium, which means meeting rooms and spaces on higher floors are easy to reach. There is also audio assistance in each lift.

About our Sponsor:

Society for the Study of Addiction (SSA)

We are incredibly grateful for the support from this year's sponsor, the SSA. We have provided some information below, but please look at their website (<https://www.addiction-ssa.org>) for more extensive information about what the Society does, and how to get involved.

About the Society

The Society was founded in 1884. It is a learned society whose key objective is to support the communication of scientific knowledge about dependence on alcohol, nicotine and other drugs. It aims to encourage the systematic study of dependence and to promote policy analysis, and to add to and promote the scientific understanding of addiction and problems related to it.

Membership

Any individual practitioner, researcher or policymaker working in the addiction field is eligible to join the Society. For students, there is a reduced cost membership. For more information about the benefits of joining, please visit: <https://www.addiction-ssa.org/membership>.

Annual Conference

The Society run an annual conference, incorporating a PhD Student and Early Career Researcher Symposium. This year's conference runs from the 7th - 9th of November 2018, and will be held in Newcastle. The confirmed keynote speaker is Dr Antoni Gual (Director at the Addictions Unit at the Clinic Hospital of Barcelona, Spain and Alcohol Consultant at the Health Department of Catalonia, Spain), who will be speaking about '*How the use of new technologies changes the treatment of alcohol use disorders (AUD)*'. The deadline for oral abstract submission is 1st July 2018, and for posters, the deadline is 12th August 2018. More information can be found at: <https://www.addiction-ssa.org/symposium>.



Meet the Keynote Speakers

Wednesday 23rd May: **Dr. Sally Marlow & Ms. Lavinia Black**

Dr. Sally Marlow is a Public Engagement Fellow in the Addictions Department at King's College London (KCL). She is responsible for initiating, developing and delivering public engagement and media initiatives to support the strategic direction of the Addictions Department, and the Institute of Psychiatry, Psychology and Neuroscience. She also has a research portfolio, and her research interests include addiction in women and links to mental health; addiction and parenting; and stigma surrounding addiction.



Sally's PhD in maternal alcohol misuse was funded by Alcohol Research UK, the Society for the Study of Addiction (SSA), and KCL. Whilst working on her PhD in 2013, Sally was selected by the BBC as one of their Expert Women. Since then she has reported and commentated on addiction and other mental health issues for radio and television numerous times, and in 2014 received a King's Award for her work, 'Media Personality of the Year'. Highlights include presenting several documentaries on addiction and other mental health issues for BBC Radio Science; reporting on alcohol for Radio 4's Today programme; and working as a development producer on an addiction story for the BBC's flagship current affairs show, Panorama.

Sally joins us on Wednesday with Ms. Lavinia Black (King's College Addictions Service User Research Group). Lavinia Black is an Expert by Experience, with six years' recovery from alcohol dependence. She is currently studying for her Masters in Addiction Counselling at London South Bank University. She is also a founder member of King's College London Addictions Service User Research Group, and serves on several Advisory Groups for a variety of research and educational projects at King's College London¹. Together, they will deliver our first DAWF keynote, titled *Women and Addiction: Past, Present and Future*, which incorporates a short film, *Stories Behind the Bottle*.

¹ Adapted from ARUKs Annual Conference Programme 2017.

Thursday 24th May: Prof. Elizabeth Ettorre

Prof. Elizabeth Ettorre is an internationally reknowned feminist sociologist in the area of substance misuse, genetics, reproduction and autoethnography. She is Emerita Professor of Sociology, University of Liverpool, Honorary Professor, Aarhus University and University of Plymouth and Docent in Sociology, Helsinki and Åbo Akademi University.

Besides publishing in a number of international journals, her scholarly work includes: [Health, Culture & Society](#); [Autoethnography as Feminist Method](#); [Gendering Addiction: The Politics of Drug Treatment in a Neurochemical World](#) (with Nancy Campbell); [Culture, Bodies and the Sociology of Health: Revisioning Women and drug use: gender, power and the body](#); [Making Lesbians visible in the Substance Use Field](#);

[Reproductive genetics, gender and the body](#); [Before Birth: Understanding Prenatal Screening](#); [Women and Alcohol: From a private pleasure to a public problem?](#); [Society, the Body and Well-Being](#) (with K. Suolinna and E Lahelma); [Gendered Moods: Psychotropics and Society](#) (with Elianne Riska); [Women and Substance Use](#); [Drug Services in England and the Impact of the Central Funding Initiative](#) (with S. MacGregor, R. Coomber and A. Crosier) and [Lesbians, Women and Society](#).



We are delighted to welcome Elizabeth, who delivers her keynote on Thursday morning, titled *Women, substance use and contemporary challenges: putting research into practice*.

Workshop (Day 2)

On Thursday afternoon we have the pleasure of inviting three experienced practitioners to facilitate an interactive workshop, each focusing on a specific aspect of substance use, women, children, and families. We will ask participants to select which workshop team they would like to sign up for during registration - however, with three fantastic women, I'm sure it'll be hard to choose!



Adrienne Hannah will lead a small group discussion on **women and substance use**. Adrienne is currently the National Training and Development Officer (Sexual and Reproductive Health) within Scottish Drugs Forum. Her work is to improve the sexual health of drug users by enhancing sexual and reproductive health interventions. She worked for the NHS for 10 years and has 15 years' experience in the voluntary sector. Her previous posts include working as the training manager of a sexual health charity and as manager of a residential rehabilitation project. Adrienne has also been involved in developing harm-reduction strategies and HIV counselling and testing services for three health board areas. She has a BSc degree and a Post Graduate Certificate in Health Promotion.

Pip Williams will lead a small group discussion on **pregnancy, foetal alcohol spectrum disorders and substance use**. Pip established the Experts by Lived Experience Network (ELEN) and the UK & European Birth Mother Network - Foetal Alcohol Spectrum Disorders. She works as a consultant and trainer and volunteers at a women's residential treatment centre in London. Pip's excellent Huffpost article on women's needs within support services and policy can be found at <http://bit.do/pip-williams>.



Marion Rackard will lead a small group discussion on **children and young people affected by substance use**. Marion is a psychotherapist, an addiction counsellor, and an adult child affected by parental addiction. She has joined with fellow professionals who are adult children in setting up a new advocacy group - *Advocates for Children Affected by Parental Problem Alcohol and other Drug Use*.

Conference Overview

Day 1: Wednesday 23rd May

9.00 - 10.00am

10.00 - 10.15am

10.20 - 11.20am

11.20 - 11.40am

11.40 - 1.10pm

Registration (Foyer)

Welcome and introductions from Prof. Alison Chambers (Pro-Vice-Chancellor, MMU) and Jennifer Holly (AVA and Day 1 chair) (Room G.78)

Panel Session 1

1A: Women & Agency

Chair: Joyce Nicholson / Room G.78

Laura Adnum (Glasgow Caledonian University)

Exploring female agency among problem drug users in Wales

Julie Schamp (University College Ghent)

A qualitative study of barriers, facilitators and experiences in treating substance (ab)use among female alcohol and drug users in Belgium

Sarah Simonis (Scientific Institute of Public Health, Brussels)

Women's needs as a prerequisite for implementing a gender-sensitive approach in drug/alcohol services in Belgium

1B: Crime and 'Deviance'

Chair: Sharon Greenwood / Room 1.58

Sarah Beresford (Prison Reform Trust)

"What about me?" - the impact on her child when a woman is involved in the criminal justice system

Hannah Carver (University of Stirling)

Missing voices? Views of homeless women regarding problem substance use treatment

Carly Lightowlers (University of Liverpool)

Drunk and Doubly Deviant? Gender, Intoxication and Assault: An Analysis of Crown Court Sentencing Practices in England and Wales

Comfort & Coffee Break (Foyer)

Panel Session 2

2A: Research by Organisations

Chair: Joyce Nicholson / Room G.78

Lisa Jones (Agenda)

Hidden Hurt & Mapping the Maze

Anita Appleton & John Larsen (Drinkaware)

Engaging midlife women to reduce risky everyday drinking: findings from campaign development co-production

Lucy Bryant (Institute of Alcohol Studies)

"Like Sugar for Adults": The effect of non-dependent parental drinking on children and families

Vicki Hollis & Rachel Margolis (NSPCC)

Embedding evaluation design into practice; learning from the evaluations of two NSPCC services for families affected by substance misuse

2B: International Policy Perspectives

Chair: Sharon Greenwood / Room 1.58

Eva Devaney (University of Limerick)

Women's Visibility in Irish Drug Policy 2009-2017: Shifts and Political Implications

Maria Fotopoulou & Margaret Malloch (SCCJR, University of Stirling)

Gendering Recovery: women in research, policy and practice

Emma Wincup (University of Leeds)

Strategic Thinking on Drug Use: Gender-blind, gender-neutral or gender-responsive?

Claire Mawditt (Nottingham City Council)

Public health advocacy for women who use drugs: Reflections from the 61st Session of the United Nations Commission on Narcotic Drugs 2018.

1.10 - 1.50pm	<i>Lunch (Birley Kitchen)</i>				
1.50 - 3.10pm	<p>Keynote (Room G.78) Dr. Sally Marlow with Ms. Lavinia Black (Chair: Jennifer Holly, AVA) <i>Women and Addiction: Past, Present and Future, incorporating a short film, Stories Behind the Bottle, and a discussion with Ms. Lavinia Black</i></p>				
3.10 - 3.25pm	<i>Coffee & Comfort Break (Foyer)</i>				
3.30 - 4.30pm	<p style="text-align: center;">Panel Session 3</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">3A: Pregnancy and Substance Use</th> <th style="text-align: center; padding: 5px;">3B: Research Challenges</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p><i>Chair: Joyce Nicholson / Room G.78</i></p> <p>Emma King (University of Stirling) <i>SKIP-IT: Using a narrative text message intervention to support smoking cessation in pregnant women</i></p> <p>Mary O'Mahony (Department of Public Health, HSE South - Cork & Kerry) <i>Alcohol and pregnancy: Towards a health promoting societal response</i></p> <p>Lisa Schölin (University of Edinburgh) <i>A qualitative study exploring midwives' attitudes and practices of advising pregnant women about alcohol</i></p> </td> <td style="padding: 5px;"> <p><i>Chair: Sharon Greenwood / Room 1.58</i></p> <p>Clare Pettinger (University of Plymouth) <i>Engaging women in participatory evaluation approaches: The Sunflower Recovery Project</i></p> <p>Hannah Carver (SACASR, University of Stirling) <i>Gatekeepers and perceptions of vulnerability: How do we as researchers overcome the challenges with recruitment when working with vulnerable groups?</i></p> <p>Sam Wright (Manchester Metropolitan University) <i>Empathy, Compassion and Vulnerability in Sensitive Interviewing: how might they affect research identity and wellbeing?</i></p> </td> </tr> </tbody> </table> <p style="text-align: center;">Quickfire Papers (Room G.78)</p> <hr/> <p>Michelle Byrne (Trinity College Dublin) <i>The Experiences of Mothers who are in Treatment for Substance Misuse</i></p> <p>Kim Heanue (Manchester Metropolitan University) <i>Parental Substance Use: The challenge for social work</i></p> <p>Jóna Ólafsdóttir (University of Iceland) Communication & Cohesion among Family Members of Substance Use Disorder with a focus on Adult Children of Addicts</p>	3A: Pregnancy and Substance Use	3B: Research Challenges	<p><i>Chair: Joyce Nicholson / Room G.78</i></p> <p>Emma King (University of Stirling) <i>SKIP-IT: Using a narrative text message intervention to support smoking cessation in pregnant women</i></p> <p>Mary O'Mahony (Department of Public Health, HSE South - Cork & Kerry) <i>Alcohol and pregnancy: Towards a health promoting societal response</i></p> <p>Lisa Schölin (University of Edinburgh) <i>A qualitative study exploring midwives' attitudes and practices of advising pregnant women about alcohol</i></p>	<p><i>Chair: Sharon Greenwood / Room 1.58</i></p> <p>Clare Pettinger (University of Plymouth) <i>Engaging women in participatory evaluation approaches: The Sunflower Recovery Project</i></p> <p>Hannah Carver (SACASR, University of Stirling) <i>Gatekeepers and perceptions of vulnerability: How do we as researchers overcome the challenges with recruitment when working with vulnerable groups?</i></p> <p>Sam Wright (Manchester Metropolitan University) <i>Empathy, Compassion and Vulnerability in Sensitive Interviewing: how might they affect research identity and wellbeing?</i></p>
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4.30 - 4.50pm	<i>Closing Remarks</i> from Day 1 Chair, Jennifer Holly (Room G.78)				
5.15 - late	DAWF Evening Social - Join us for food and drinks at Grano (56 Stretford Rd, Manchester M15 5JH). We will leave from the front of the building at 5.15pm.				

Conference Overview

Day 2: Thursday 24th May

9.00 - 9.45am

Registration (Foyer)

9.45 - 10.00am

Welcome and introductions from Sarah Fox and Prof. Sarah Galvani (Day 2 chair) (Room G.78)

10.00 - 10.55am

Keynote (Room G.78)

Prof. Elizabeth Ettorre (Chair: Prof. Sarah Galvani)

Women, substance use and contemporary challenges: putting research into practice

10.55 - 11.10am

Coffee and comfort break (Foyer)

11.10 - 12.40pm

Panel Session 4

4A: Children & Young People

Chair: Sharon Greenwood / Room G.78

Rachel Evans (Liverpool Hope University)
Neutralisation of substance use by young people

Lyndsey Fraser (Circle)
Keeping Families Together Safely and explored services in Washington and Connecticut States for Substance Using Pregnant and Parenting Women

Karen Galligan (Trinity College Dublin)
Developing an evidenced informed local drug strategy: Identifying the risks and protective factors for children of parents who use drugs

Joyce Nicholson (University of Glasgow)
Children, Complexity, and Cockroaches: Home based research with children affected by drug use and their carers

4B: Women & Recovery

Chair: Sarah Fox / Room 1.58

Kristín Pálsdóttir (University of Iceland)
Women's Experiences of Addiction Treatment

Liam Metcalf-White (University of Chester)
Powerlessness and empowerment: Women in the Visible Recovery Advocacy Movement

Kat Jackson (Newcastle University)
A qualitative exploration of non-treatment seeking women's accounts of offering and receiving help around alcohol use in their personal relationships

April Shaw (University of Glasgow)
"Too old to be living that life....fed up being me": Older Women's Relationships in Drugs Recovery

12.40 - 1.15pm

Lunch (Birley Kitchen)

1.20 - 2.20pm

Panel Session 5

5A: Substance Use in the Family <i>Chair: Sarah Galvani / Room G.78</i>	5B: Women, Trauma, & Substance Use <i>Chair: Joyce Nicholson / Room 1.58</i>
Sharon Greenwood (University of Glasgow) <i>"She did what mothers do": Young adults, sense making, and parental substance use</i>	Karen Bailey (Kings College London) <i>"We have to put the fire out first before we start rebuilding the house": practitioner experiences of delivering care to women with post-traumatic stress disorder, substance misuse and interpersonal violence histories</i>
Vivienne Evans (Adfam) <i>Reflections on the BEAD project</i>	Sarah Morton (University College Dublin) <i>Implementing a Harm Reduction Approach to Substance Use in a Domestic Violence Agency: Practice Issues in an Irish Setting</i>
Sam Wright (Manchester Metropolitan University) <i>'Just another addict': Family experiences of end of life care for people using alcohol and drugs</i>	Sarah Fox (Manchester Metropolitan University) <i>"It's just a chicken and an egg": Women's experiences of support when affected by co-occurring substance use and domestic abuse</i>

2.20 - 3.45pm

Workshop Session: Putting Research into Practice (Room G.89)

In this interactive workshop, we will hear from three women (Adrienne Hannah, Marion Rackard, Pip Williams) with extensive practice based experience, who will then lead small group discussion and brainstorming on three key areas. The aim of this session is to generate ideas for future collaborative working through the DAWF network - across academia and service.

Coffee will be served at 3pm.

3.45 - 4.00pm

Closing Remarks and Prize Giving (Room G.89)

Poster Presentations

23rd and 24th May

Posters are displayed on both days of the conference. They are labelled, and conference attendees are asked to vote for their favourite using the voting form in their conference pack. Please hand in all completed forms by 2.30pm on Thursday. The winner will be announced at the end of the conference.

<i>Poster A</i>	Laura Adnum (Glasgow Caledonian University)	<i>Drink Wise Age Well - Addressing ageism and age discrimination in alcohol policy, practice and research</i>
<i>Poster B</i>	Molly Bredin (Health Service Executive, Dublin)	<i>Substance use, family relations and crime in a cohort of female homeless mental health service users</i>
<i>Poster C</i>	Deanne Carlson & Chloe Berry (University of Plymouth)	<i>Exploring the role of food and nutrition for women in recovery from alcohol and substance misuse</i>
<i>Poster D</i>	Emily Lowthian (Cardiff University)	<i>Understanding the secondary harms of parental substance use on children's school outcomes</i>
<i>Poster E</i>	April Shaw (University of Glasgow)	<i>Using Object Elicitation Methods in Qualitative Interviews</i>
<i>Poster F</i>	Lauren Smith (Leeds Beckett University)	<i>A Mixed Methods Exploration of Women's Sexual Consent Practices during Sober, Alcohol and Drug-Involved Sexual Experiences</i>
<i>Poster G</i>	Lucy Walker (Manchester Metropolitan University)	<i>Alcohol Drinking Behaviour in Young People During University Related to Executive Function Performance Under Stress.</i>

Abstracts

Oral and Poster Presentations

(A – Z by author surname)

Oral presentations take place across both days. Conference attendees are asked to vote for their favourite presentation using the voting form in their conference pack. Please hand in all completed forms by 2.30pm on Thursday. The winner will be announced at the end of the conference.

Laura Adnum

Poster A

Glasgow Caledonian University

Drink Wise Age Well - Addressing ageism and age discrimination in alcohol policy, practice and research

When one is asked to think about alcohol-related harm in the UK today, the images likely to be conjured up are those of drunken young adults; the tabloid fascination in publishing pictures of chaotic drunken Saturday night scenes in provincial town centres has become almost depressingly routine. However, this poster, as part of the Drink Wise, Age Well Programme, aims to counter this discourse. Whilst it is important to emphasise that this issue should still be a valid concern for public health strategies, binge drinking in young adults in the UK has been steadily declining. However, levels of alcohol consumption and the prevalence of exceeding the recommended drink limits have remained relatively stable amongst older adults and levels of alcohol-related harm in this group are increasing. Drink Wise Age Well conducted a large-scale questionnaire study of over 50s and found that 20% of the respondents who drink alcohol can be classified as 'increasing risk' or 'higher risk' drinkers, a statistic with potentially significant implications if this group continues to drink in a way that places them at risk of alcohol-related harm as they continue to age. Ensuring that age specific interventions are available and which target the needs of older adults is vital. This poster will highlight:

- Details of the Drink Wise, Age Well programme, including the aims and how they will be delivered.
- An overview of older adults at risk from alcohol-related harm in the UK today, including results from a significant large-scale survey conducted by Drink Wise, Age Well.
- An overview of why older adults may engage in drinking which puts them at risk from alcohol related harm.
- An overview of UK-wide policy detailing why this is relevant to policy makers today.

Laura Adnum

1A

Glasgow Caledonian University

Exploring female agency among problem drug users in Wales

This research explored female agency and problem drug use among 21 women accessing voluntary and criminal justice treatment services in Swansea. The qualitative research design and semi structured interviews allowed for life choices and experiences to be prioritised, placing the women at the heart of the research. Female agency was explored by asking the women to explain their reasons for using drugs, and their motivations for continued use. Grounded theory methods were used to guide and analyse the data. The results revealed that

problem drug use was explained as a consequence of previous 'victimisation' and an 'addiction', denying autonomy over action. However, female agency was demonstrated in a multiplicity of ways. Through exploring the explanations provided by the women, the research was able to highlight the purposeful and meaningful ways in which women used drugs in their lives. In this sense, drug use can be seen as both rational and normal when understood from the perspectives of the women. The women showed an awareness of the various drug affects and explained using them with resolve. Furthermore, the women were knowledgeable on drug policy and accessing drug treatment programmes, highlighting the importance of agency in the treatment process. This study offers an alternative framework for understanding drug using behaviours, by emphasising the role of human agency. This step, though seemingly small, is significant as it orients the field towards a more critical perspective of problem drug use among women and steers away from reductionism and determinism.

Anita Appleton & John Larsen

2A

Drinkaware

Engaging midlife women to reduce risky everyday drinking: findings from campaign development co-production

Background: While, in the last decade, the general trend for drinking in the UK has been downwards, midlife women are one group that is not reducing their drinking. In early 2018, the UK alcohol education charity Drinkaware set out to develop campaign messages that could effectively engage midlife women routinely drinking at risky levels. This was to supplement the campaign 'Have a little less, feel a lot better' which, since 2016, had mainly targeted midlife men.

Method: Co-production research with women aged 45-64 across the UK sought to identify relevant messages and 'calls to action' that could result in a reduction in their harmful drinking. The study involved 60 women in an online community, of which 36 took part in subsequent co-creation workshops. A second phase of research (to be completed) will involve 48 women who in focus groups will refine the campaign messages.

Findings: Interim data analysis suggests that although many of these women spontaneously recognised they were likely drinking more than they thought, they do not see themselves as 'problem drinkers'. Primary motivators to moderate drinking were centred on weight gain and the negative impact on general health. Initial findings also highlighted the importance of using gentle humour and a tone which chimed with these women's own views. The midlife women were not inclined towards abstinence, although many were already attempting to moderate their drinking (notably through a 'week off' or 'days off' strategy). (Further detail and campaign recommendations will be presented based on the full analysis).

Karen Bailey

5B

Kings College London

"We have to put the fire out first before we start rebuilding the house": practitioner experiences of delivering care to women with post-traumatic stress disorder, substance misuse and interpersonal violence histories

Background and aims: The prevalence of women experiencing substance misuse, interpersonal violence and post-traumatic stress disorder (PTSD) has led to international recognition of the

need to address these issues in an integrated way. The aim of this study was to explore how services in England, from a range of specialisms, have developed integrated models of care for women experiencing these co-occurring issues, and describe the key ingredients for effective practice and the challenges faced.

Method: 14 qualitative interviews were conducted with practitioners from substance misuse, domestic/sexual violence (DSV) and other specialist services for women in England. The purposive sample reflected a range of expertise, clinical disciplines and service delivery models. Iterative Categorisation guided the data management and thematic analysis.

Results: Practitioners, from all disciplines, described practice mirroring core elements of early stage trauma treatment and wider TIP: establishing internal/external safety and promoting control and positive self-identity through relational strengths-based approaches. Psychologists based in substance misuse and DSV services also described adapting second stage PTSD treatments involving memory processing, without requiring abstinence from substances. Multi-agency working and ancillary services were deemed imperative however lack of service integration and on-going victimisation posed challenges.

Conclusions: Practitioners with clinical training in PTSD, based within substance misuse, DSV and other specialist women's services appears to provide one alternative model for widening access to PTSD treatment for women experiencing substance misuse. This must be supported through organisational change to drive TIP and integration of substance misuse, DSV and mental health services at the commissioning level.

Sarah Beresford

Prison Reform Trust

1B

"What about me?" - the impact on her child when a woman is involved in the criminal justice system

The aim of Prison Reform Trust's (PRT) Transforming Lives programme is to reduce the number of women sent to prison across the UK. Drugs and alcohol are significant factors in women's offending: in one study, 49% of women reported needing help with drug addiction on entry to prison, and 59% disclosed a problem with alcohol. 48% of women in prison say that their offending is to support someone else's drug use. Over half of women in prison experienced emotional, physical or sexual abuse as a child, and 57% of women report having been victims of domestic violence. Women's imprisonment results in an estimated 17,240 children being separated from their mothers each year, yet very little of research on the effects of parental imprisonment on children distinguishes between the parent as a father or a mother. To this end, PRT has partnered with Families Outside for the "What about me?" project (June 2017 to June 2018), focusing on the impact on children of a mother's involvement in the criminal justice system. This presentation will summarise the findings of the project and will explore:

- the pre-existing disadvantages of many women in prison (e.g. domestic abuse, mental health issues, substance abuse);
- how children are impacted when a mother is in prison and how best they can be supported;

- the barriers to women in prison disclosing that they have children, particularly in cases of substance dependency; and
- alternatives to custody for women with drug / alcohol dependency.

Molly Bredin

Poster B

Health Service Executive, Dublin

Substance use, family relations and crime in a cohort of female homeless mental health service users

Background: The Assertive Community Care Evaluation Services (ACCES) is a mental health team who supports adults with severe and enduring mental illness with or without substance use disorders (SUDs) in South Dublin city. Homelessness and mental illness are associated with higher levels of substance use. The provision of treatment for SUDs and mental illness in the homeless population poses particular challenges and this can contribute to adverse outcomes such as increased rates of crime and family breakdown.

Aims/Objectives: To evaluate the current caseload of homeless female patients in our service in relation to their mental health diagnosis, substance use, forensic history and their involvement with their children.

Methods: A review was carried out of their records since attending the service and relevant data recorded. Discussion with allocated key workers in the team helped to provide additional information.

Results: In total 20% of the patients were female. 36% of the women had used drugs in the last month. 64% had a significant past history of drug use mostly heroin (66%) and cannabis (44%). 64% had a past history of alcohol use disorder with 42% drinking in the previous month. Seven women had children who were under eighteen at the time of the review, average age 13. None of the women were primary carers for their children.

Conclusions: Drug and alcohol use is a significant issue in the homeless women attending the ACCES mental health services. Services require development to best meet the needs of homeless mothers struggling with mental illness and SUDs.

Lucy Bryant

2A

Institute of Alcohol Studies

"Like Sugar for Adults": The effect of non-dependent parental drinking on children and families

This study draws on data from a nationally representative online survey of almost 2,000 parents and their children, focus groups and a public inquiry involving experts and practitioners. Results show that parents do not have to regularly drink large amounts of alcohol for their children to notice changes in their behaviour and experience negative impacts. Having seen a parent tipsy or drunk was associated with children feeling worried as well as experiencing at least one of a range of negative impacts, including feeling less comforted than usual, facing more arguments, unpredictable parental behaviour and disrupted bedtime routines.

The more parents drunk, the more likely children were to experience a range of harms, beginning from relatively low levels of drinking. As a result of their parent's drinking:

- 18% of children had felt embarrassed.
- 11% of children had felt worried.
- 7% of children said their parents had argued with them more than usual.
- 8% of children said their parents had been more unpredictable.
- 12% of children said their parents had paid them less attention.
- 15% of children said their bedtime routine had been disrupted; either by being put to bed earlier or later than usual.

The study found that positive parenting practices can protect against negative impacts experienced by children linked to drinking. A highly accessible and aware parental style reduced the likelihood of a child having asked their parent to drink less, regardless of parental consumption level. Recommendations include that government produce information and advice for parents on their drinking.

Michelle Byrne

Trinity College Dublin

Quickfire Papers

The Experiences of Mothers who are in Treatment for Substance Misuse

Mothers in treatment for Substance Use Disorders (SUDs) face many challenges. The literature emphasises a lack of optimal understanding of how a mother experiences and makes sense of her world while being in treatment. The aim of this qualitative study is to explore the experiences of mothers who are in treatment for substance misuse. As such, the objectives aspire to uncover themes that will help contribute to Psychologists therapeutic practices for this population.

The methodology and method of this study is informed by Interpretative Phenomenological Analysis (IPA). Using purposeful sampling, mothers who are currently in or have, within the last year, been in treatment for substance misuse within a defined treatment region are currently being recruited on the basis that, at one point, they have experienced substance dependency during pregnancy. As a study in progress, it is anticipated that up to 15 mothers will be interviewed using a semi-structured interview protocol. Interviews will be transcribed, and data analysis will draw on IPA procedures. From detailed case by case analysis of individual transcripts and subsequently through cross case analysis, preliminary results will be reported in the form of emerging themes. Considering a review of the literature and preliminary findings, implications for Psychologists will be discussed with reference to therapist's insight/awareness. Furthermore, recommendations regarding further development of psycho-educational support within the defined treatment centres, will be provided. This study has been granted full ethical approval by the School of Psychology in Trinity College, Dublin.

Deanne Carlson & Chloe Berry

University of Plymouth

Poster C

Exploring the role of food and nutrition for women in recovery from alcohol and substance misuse

Background: Alcohol and substance misuse can lead to adverse health conditions such as nutritional deficiencies and malnutrition; with weight gain and poor dietary intake identified as a particular issue for women in recovery. Research indicates that proper nutrition has a positive effect on recovery outcomes; however, nutritional therapy and education delivery by

nutritional professionals is not included in NICE guidelines for alcohol and drug use disorders. Neither is it common practice for individuals entering recovery to have nutritional screening to assess levels of malnutrition, increasing the risk of disordered eating, obesity and relapse.

Aim and methods: This dietetic undergraduate dissertation aims to investigate the role of food and nutrition for women in recovery from alcohol and substance misuse using a multi-centre cross-sectional survey design combined with 24-hour recall, taking a snapshot of their knowledge, attitudes, and behaviours around food. The survey will collect predominantly quantitative data, with a qualitative element involving open-ended questions. Data will be collected from April - June 2018 from approximately n=30 volunteers recruited from three rehabilitation centres in Plymouth.

Outline of poster: This poster presentation will illustrate the methods to be used in the study, alongside presenting some preliminary data. Considerations will also be highlighted on the challenges working with vulnerable women and how to engage them more effectively in research.

Implications: This research will highlight the value of exploring an 'under-researched' yet important topic for women in recovery. It will provide evidence to support future nutritional interventions by expert nutritional professionals, informing service users and support workers of treatment programs that improve health outcomes and facilitate relapse prevention.

Hannah Carver

1B

Salvation Army Centre for Addiction Services and Research, University of Stirling

Missing voices? Views of homeless women regarding problem substance use treatment

There is limited evidence regarding how treatment for problem substance use should be delivered to those experiencing homelessness. Accessing mainstream services can be challenging for those experiencing homelessness. They experience stigma and negative attitudes from staff, are viewed as second class citizens, and encounter inflexible services (Mills et al. 2015; Pauly et al. 2015).

Previous qualitative research has explored the perceptions of effective treatment for problem substance use for people who are homeless. Qualitative synthesis enables a deeper understanding of the topic, generation of new theory, and the ability to discover previously unknown ideas to inform future research (Whittemore et al. 2014). A meta-ethnography was conducted to gain an understanding of what constitutes effective problem substance use treatment from the perspective of people experiencing homelessness. 20 papers were included in the synthesis, three of which specifically targeted women. In the remaining 13 studies involving both men and women, the majority of participants were male, ranging from 50% to 84%. Women were therefore significantly under represented across these papers. As we know from extensive research to date (Poole & Greaves, 2007), women are likely to have different needs when accessing services. For example, the women in all three studies noted above mentioned the need for continued support from services.

This presentation will explore women's experiences of accessing substance use treatment when they are homeless. It will also explore potential reasons for why women's voices are missing from the qualitative literature in this area and what can be done to address this.

Hannah Carver

3B

Salvation Army Centre for Addiction Services and Research, University of Stirling

Gatekeepers and perceptions of vulnerability: How do we as researchers overcome the challenges with recruitment when working with vulnerable groups?

When conducting research with populations who are deemed vulnerable, such as young people, access is often determined by gatekeepers. It is understandable that these gatekeepers wish to protect looked after children and young people, whose past adverse experiences can make them particularly vulnerable. However, this stance can prevent them from participating in an important opportunity to voice their opinions about matters which affect them (Powell & Smith, 2009). In order to overcome these challenges, it is recommended that the research process should be carefully planned, with particular attention paid to potential problems that might arise (Berrick et al. 2000; Munro et al. 2005). Taking time to build good, collaborative relationships with gatekeepers is also key in overcoming barriers to access (Murray, 2005; Thomas & O'Kane, 1998). Munro et al. (2005) also recommend having someone to act as a conduit between the researcher and the agencies involved.

During my PhD I encountered challenges in recruiting young people, with gatekeepers preventing those they deemed vulnerable from participating in my study. This presentation will reflect on my experiences during my PhD, the effect on my research and potential solutions for working with gatekeepers to improve engagement with the research process and enable those deemed vulnerable to participate and not be excluded from research.

Eva Devaney

2B

Coolmine Therapeutic Community

Women's visibility in Irish drug policy 2009-2017: Shifts and political implications

While the 2009 Irish National Drugs Strategy (NDS) is distinguished by its gender-neutral discourse, there is a significant shift in the newly published 2017 NDS, which genders drug use. Inspired by the work of feminist, post-structuralist policy analyst Carol Bacchi, in this paper I seek to critically interrogate this policy shift. The methodology I adopt understands 'problems' to be constituted through policies, rather than policies representing government's best effort to respond to social issues that exist 'out there'. I aim to (1) determine how women are represented as 'problems' in drug policy; (2) explore the founding presuppositions and normative assumptions that underpin the problem representations; and (3) analyse the effects in terms of discursive limitations, women's subjectivities and regulation of women. From being invisible in the 2009 NDS, in the 2017 NDS women who use drugs are represented as a special population, understood as having needs that are more complex and different from the 'normal' drug using population (men). In the context of pregnancy and motherhood, women's drug use is represented as a child protection 'problem' but also as a lack of suitable service provision. Pregnant women's use of alcohol is highlighted as a special concern and represented as 'problems' of services' lack of an effective response to the issue. In my paper I

trace how the shift in representation of women's drug use 'came to be' and I conclude by considering the political implications of this shift for women, families and services.

Rachel Evans

Liverpool Hope University

4A

Neutralisation of substance use by young people

Prevalence of substance use by young people remains consistently high in England and Wales in comparison with other European nations. The majority have some experience with substance use this use is largely licit and unproblematic. However, despite these high levels of substance use young people reject the label of substance user.

Young people negotiate their way around the label of substance user via techniques of neutralisation. These techniques encompass both the substance and the manner in which the substance is used. Young people have a very nuanced approach to substance use.

Young people have to use the right substance in the right way in order to avoid being labelled a substance user. The emphasis on identity management by young people via techniques of neutralisation can provide insight into developing more effective education, harm reduction and prevention activities.

Vivenne Evans

Adfam

5A

Reflections on the BEAD project

The BEAD project (Bereaved through Alcohol and Drugs) was run jointly by Adfam (the national charity working to improve life for families affected by drugs and alcohol) and Cruse Bereavement Care (the national charity working to help those bereaved and change society's attitudes to bereavement) from 2013-17. It explored how those who lose a loved one to drugs or alcohol experience bereavement and look for support. The first year focused on research, with the other three putting the findings into practice by designing and delivering a peer support project for bereaved people.

The research explored the type of bereavement (e.g. differences between drugs and alcohol, how the pre-bereavement relationship influenced the grief, the nature of the death), what type of support worked, and how stigma may impede recovery. The impacts of this kind of bereavement are many and profound, and include guilt, loneliness, stigma (actual or perceived), and very mixed responses from professionals, families, friends and colleagues. Those who are bereaved by substance use seem to have a particular and unique experience of grief, which many feel to be disenfranchised.

Given the intense pain and stigma experienced by many, we found that support needs to be credible as well as effective, yet very little specialist help is available. Help from a peer who has 'been there' brings a special authenticity and can lead to the sense of a 'safe space' where the bereaved feel truly listened to in an empathetic manner.

Gendering Recovery: women in research, policy and practice

This presentation will explore the extent to which research has influenced policy and practice in relation to the experiences of gendered recovery at an international level. We will draw upon material from two countries, Scotland and Greece, in order to explore drug policy and practice. Scotland has experienced a turn from harm reduction towards recovery orientated approaches, at least at policy discourse level. On the other hand, Greece, where harm reduction approaches were not historically prevalent, has seen the number of people on Opiate Substitution Treatment doubling since the beginning of the decade. However, a striking similarity between both countries is the lack of gendered perspectives in relation to recovery. We will consider Scotland, where there has been much attention to gender in the context of the justice system but less so in relation to recovery; and Greece, where there has been limited research in relation to both gender and recovery. Our discussion will consider the extent to which policy and practice is underpinned by evidence from research in these contexts, and the implications of this for the development of services and resources as they impact on the experiences of women affected by substance use.

"It's just a chicken and an egg": Women's experiences of support when affected by co-occurring substance use and domestic violence

Although 30-40 percent of people in England seeking treatment for substance use are women, there is little research that explores how women navigate support when domestic abuse is also present. There is also a gap in service provision for women with complex issues such as problematic substance use and domestic abuse. What women do, how they feel, and the support they receive is a missing conversation in both substance use and domestic abuse literature. As such, this presentation will highlight a section of findings from PhD research that has explored women's experiences of substance use, domestic abuse and support. Using in-depth semi structured interviews, data was collected from twelve women who identified as being a victim of domestic abuse at some point in their adult lives. These women also experienced problematic substance use at the same time. Highlighting the use of Interpretative phenomenological analysis (IPA) as the most effective analytical tool, this presentation will demonstrate the importance of listening to the lived experiences of women affected by co-occurring substance use and domestic abuse. Overall, the presentation will focus on the barriers to support as highlighted by the twelve women who took part in this study. By using verbatim quotations as shared by the women in this research, the identified barriers will highlight to delegates that women accessing support for domestic abuse or substance use do not do so with just one issue but rather, they carry a herstory of experiences including childhood abuse and mental health issues. By using the women's own words, this presentation aims to induce an emotive response from delegates. By invoking this response, this presentation wants delegates to think about the siloed nature of domestic abuse support so that we may change how services respond to women.

Keeping Families Together Safely

In 2017 I was awarded a Travelling Fellowship through the Winston Churchill Memorial Trust in the category of Early Years Intervention and Prevention. My project was entitled 'Keeping Families Together Safely' and I wanted to explore various services in the US for substance using pregnant and parenting women with a focus on residential services. Current community drug treatment services are not designed to provide support to individuals in their role as a parent and are built around the needs of predominantly male opiate users. Family support services are not designed to treat problematic substance use which results in the two issues being treated as separate entities

Evidence would suggest the most effective of interventions take place during pregnancy and childbirth and therefore I found several residential treatment facilities in operation for pregnant and parenting women in the United States. This type of facility does not exist in Scotland, so I wanted to learn more about the residential recovery models and how we might be able to use some of these to provide mothers and children with more choice in their recovery journey, whilst remaining together. Separating children from their primary care giver can be damaging and the effects long lasting to the relationship.

Women as primary care givers who use substances are often vilified and judged as bad mothers. We know however from the generational cycle these women who use substances are more likely to have grown up with parents who used substances in a childhood characterized by abuse, neglect, violence and criminal activity. These mothers go on to have their own children and parent the only way they know, based on how they were parented.

I travelled to Seattle and New Haven visiting a variety of services, both residential and community services. This paper presents the findings from the study.

Developing an evidenced informed local drug strategy: Identifying the risks and protective factors for children of parents who use drugs

Background: Across Europe there are few intergenerational studies on parents who use drugs. The aim of this research was to provide evidence for a strategic plan for services for children of parents who use drugs. The objectives were to obtain from multiple perspectives, (Parent, Grandparent, and Service Provider), the potential risks, protective factors and enablers for these children.

Methods: Risk and protective factors were identified using a semi structured consultation survey of service providers, one to one interviews with parents, and focus groups with grandparents. An inductive thematic content analysis was used to analyse the data. Findings were used to develop the strategy through working directly with participants to identify and implement their key priorities.

Results: Significant risks identified by participants included death, violence, children in care, poverty, and homelessness. Key protective factors included the presence of a significant adult, a supportive educational system and the need for child empowerment. A key enabler related

to how services worked together with other stakeholders. Suggested interventions included peer support, trauma informed interventions, early age awareness raising, and a comprehensive recovery based action plan.

Key Conclusions: Opinions from key stakeholders can highlight important risk, protective factors, and enablers. These perspectives were critical to developing the child strategy by working directly with participants to identify and implement key local priorities. The translation of research findings into strategy actions, offers the opportunity for these findings to have meaningful impact and buy-in within practice. These findings will shape the future of children of parental substance misuse.

Sarah Fox

Manchester Metropolitan University

5B

"It's just a chicken and an egg": Women's experiences of support when affected by co-occurring substance use and domestic violence

Although 30-40 percent of people in England seeking treatment for substance use are women, there is little research that explores how women navigate support when domestic abuse is also present. There is also a gap in service provision for women with complex issues such as problematic substance use and domestic abuse. What women do, how they feel, and the support they receive is a missing conversation in both substance use and domestic abuse literature. As such, this presentation will highlight a section of findings from PhD research that has explored women's experiences of substance use, domestic abuse and support. Using in-depth semi structured interviews, data was collected from twelve women who identified as being a victim of domestic abuse at some point in their adult lives. These women also experienced problematic substance use at the same time. Highlighting the use of Interpretative phenomenological analysis (IPA) as the most effective analytical tool, this presentation will demonstrate the importance of listening to the lived experiences of women affected by co-occurring substance use and domestic abuse. Overall, the presentation will focus on the barriers to support as highlighted by the twelve women who took part in this study. By using verbatim quotations as shared by the women in this research, the identified barriers will highlight to delegates that women accessing support for domestic abuse or substance use do not do so with just one issue but rather, they carry a herstory of experiences including childhood abuse and mental health issues. By using the women's own words, this presentation aims to induce an emotive response from delegates. By invoking this response, this presentation wants delegates to think about the siloed nature of domestic abuse support so that we may change how services respond to women.

Sharon Greenwood

University of Glasgow

5A

"She did what mothers do": Young adults, sense making, and parental substance use

Problematic alcohol and drug use continues to be one of Scotland's biggest social issues. Between 1990 and 2000, a surge of social research presented findings demonstrating the harm caused to children due to problematic parental substance use. In 2003, the publication of a UK government commissioned report, 'Hidden Harm' (ACMD, 2003), placed this issue firmly on the child protection agendas for both Scottish and UK governments. Despite this, research continues to report that young people are being adversely affected by problem substance use within the home. Recent research undertaken by Alcohol Focus Scotland (Hope

et al, 2013) found that 1 in 3 adults surveyed reported having heavy drinkers in their lives. In addition, it is estimated that over 51,000 children in Scotland are currently living with a problem alcohol using parent. What remains unclear is the impact that problem substance use (PSU) has upon young adult children, aged between 16 and 30 years of age.

Building upon research by Bancroft et al (2004) which looked at young adults affected by parental substance use, this doctoral research sought to contribute to the field by deepening our awareness of the issues faced by young people. Using narrative accounts from 24 young people affected by a parent's substance use, this paper will consider how they made sense of the 'problem' - in reference to wider societal understandings of 'problem' substance use, and through considering how this compares to normative expectations of social roles within the family unit.

Kim Heanue

Quickfire Papers

University of Huddersfield

Parental Substance Use: The Challenge for Social Work

This presentation will discuss my PhD research (on-going). The research aims to explore how social workers respond to parental substance use in the context of child protection work. Social workers interact with drug and alcohol users on a daily basis and the need for them to have the skills to identify, assess and provide appropriate interventions for substance users is well documented. In child protection, research has suggested that parental substance misuse is a factor in 40-70% of cases. Yet despite this there is a lack of consistency in pre-qualifying and post-qualifying training, much of which seems to be inadequate given that many social workers report significant gaps in their knowledge and a lack of preparedness to work with these issues.

This presentation will argue that we need qualitative research that enables us to understand how social workers, if they feel inadequately prepared for dealing with substance use, and are not given access to the right information through training and assessment tools, negotiate the process of identifying and assessing the impact that parental substance use has on children and families? In the context of child protection how can practitioners be sure that they are able to assess risk and consider protective factors appropriately in order to make sure that the right information informs decisions for the child(ren)? The research will explore what skills and knowledge practitioners employ to respond to parental substance use and how social workers work in partnership with specialist substance use agencies.

Vicki Hollis & Rachel Margolis

2A

NSPCC

Embedding evaluation design into practice; learning from the evaluations of two NSPCC services for families affected by substance misuse

The evaluations of two NSPCC services for families affected by substance misuse have recently been published: Parents Under Pressure (PUP)- a service for parents who have children up to five years; and Family Environment, Drug Using Parents (FED UP)- a programme involving group work for children (5 - 12 years), individual work for parents, and joint work between the parent and child.

These evaluations have generated learning around the value of different methodological approaches within this research context, regarding: 1) embedding evaluation design in service delivery; 2) ensuring reliability of baseline measures; and 3) creating space for the voice of the child.

- 1) Both studies were experimental or quasi-experimental in design and used qualitative and quantitative research methods. However, the standardised measures for the PUP evaluation were built into service delivery whilst the FED-UP measures were for evaluation purposes only. This difference in design influenced practitioners' attitudes towards the evaluation and the service user consent rate.
- 2) The data from both evaluations raised questions over the extent to which parents felt able to accurately appraise and report on their wellbeing at baseline. As such, the value of measures able to screen out parents giving socially desirable responses was highlighted.
- 3) Finally, the PUP model and evaluation appeared more engaging to parents and had better service user retention rates. However, the focus on parents limited our ability to identify improvements for children. In contrast, the FED-UP service and evaluation were very child-focussed but parental attrition was much higher and influenced the child-outcomes.

Kat Jackson

Newcastle University

4B

A qualitative exploration of non-treatment seeking women's accounts of offering and receiving help around alcohol use in their personal relationships

Working within a relational framework, in this paper I will make a case that the construction and maintenance of gendered identities in: couple relationships, biological families and friendships contribute to difficulties in offering help and asking for help around alcohol use in these relationships. Consequently, despite recognising the value of support from family and friends to modify drinking practices, people are often managing their alcohol use alone.

The paper will draw on qualitative interview data from 26 adult white British women (aged 24-67 years) living in the North-East of England, which was generated through my doctoral work about women's everyday alcohol use and stress. In the interviews many participants discussed concerns about their friends' and families' heavy drinking practices, but mostly the women had not offered help instead they adopted a 'watch and wait approach'. I will also explore how a sub-sample of women spoke about other people's responses to their requests for help to support a reduction in drinking. I will draw on ideas from Feminist Ethics of Care theory and the sociology of personal life to develop my argument.

The conceptual importance and practical implications of understanding help seeking practices for alcohol use in the context of people's relationality and personal relationships will be considered. I will also consider the practical implications these findings have for supporting women around their everyday drinking.

Hidden Hurt & Mapping the Maze

This presentation will outline the links between women's experiences of violence and abuse and substance use as evidenced in Agenda's report Hidden Hurt. It will also set out what existing service provision for women with substance misuse issues looks like, as detailed in Mapping the Maze, research by Agenda and AVA (Against Violence and Abuse). Women and girls often use drugs and alcohol as coping mechanisms after experiencing abuse and trauma. This is emphasised in Hidden Hurt, which uses data from the Adult Psychiatric Morbidity Survey to show how experiences of violence and abuse are linked to substance misuse. In particular, how the more extensive the abuse a woman has faced, the more likely she is to use and misuse drugs and alcohol. However, currently there is not enough appropriate support for women who have substance misuse issues. Women with these experiences often have a range of overlapping and complex needs and can benefit from holistic, trauma-informed and women-centred support. But addiction services tend to be dominated by men, and can be intimidating and even unsafe settings for women. The Mapping the Maze report shows the relative scarcity of substance misuse provision specifically for women, with fewer than half of local authorities in England and a fifth in Wales having any women-specific support, and what does exist is limited in scope.

SKIP-IT: Using a narrative text message intervention to support smoking cessation in pregnant women

Smoking during pregnancy is a major preventable cause of serious risks to mother and infant health. Smoking is strongly related to health inequality, with higher smoking rates in lower socioeconomic groups. In Scotland an average of 17% of women are reported as smoking at their first antenatal appointment, but levels are as high as 38% in women under 20 years of age from deprived areas.

Current interventions have had limited effectiveness and uptake of traditional smoking cessation services by those from deprived backgrounds is low. Self-help interventions can provide good value for money and reflect a changing society, where people are increasingly constrained for time but more technology literate. Self-help interventions for smoking can improve convenience and remove potential feelings of being judged.

We have developed a theoretically and empirically informed narrative intervention delivered via text message. This narrative storyline follows 'Megan', a woman who is pregnant and trying to stop smoking. Along the way Megan encounters barriers to her quit attempts and considers ways to overcome these. Women will also be sent images showing the size of the fetus.

I will discuss this intervention, which is being trialled in two health boards in Scotland. We will be recruiting 70 pregnant women who smoke, at around 14 weeks of pregnancy, and continuing contact with them until 6 weeks post-birth (as evidence suggests there is a high relapse rate post-birth). Half of these women will receive their usual care, and half will receive the intervention in addition to usual care.

Understanding the secondary harms of parental substance use on children's school outcomes

This PhD thesis aims to understand the secondary harms of parental substance use (alcohol and illicit drug use) on their children's school outcomes. Firstly, structural equation path models will be conducted using two leading UK cohort studies. Secondly, qualitative interviews will be conducted with local authority care providers, teachers, parents, and children to provide insight and understanding of the quantitative results.

Parental substance use has become of interest to researchers' and policy-makers due to research finding that it has deleterious effects on children. Namely, children whose parent(s) use substances are at a higher risk of mental health illness, aggressive behaviour and namely, poorer educational outcomes - yet, few studies have examined educational outcomes, particularly in the UK. Alongside this, even fewer of these studies are methodologically robust, many use small sample sizes or particular samples i.e. youth offenders. In addition, the research has focused on the directional relationship, and so far, no studies have tested the mediators, or identified the mechanisms, in this relationship. Theoretical work and empirical evidence suggests that parental substance use changes the behaviours of the parent(s) and disrupts the family environment; the home environment is often compromised of high parental conflict, increased risk of child abuse, ineffective parenting behaviours and lower family routine - all aspects which are crucial for children's educational success. Therefore, this thesis will make a unique contribution in understanding the effects of parental substance use on children's school outcomes and aims to uncover the contribution of family-related mechanisms in this complex relationship

Drunk and Doubly Deviant? Gender, Intoxication and Assault: An Analysis of Crown Court Sentencing Practices in England and Wales

Both norms surrounding gender and intoxication are known to influence judicial decision making. However, little is known about how alcohol intoxication impacts sentence outcomes, or whether it does so equitably for male and female defendants. Given a routine association between alcohol intoxication and violent offending, this study assesses the extent to which intoxication differentially aggravates sentence outcomes for male and female defendants of assault offences. It does so by modelling the probability of custody and sentence severity using pooled data from the Crown Court Sentencing Survey (2012-2014; n=30,861). The respective logistic and ordinal regression models control for all sentencing factors cited as relevant as well as the offence type, age and sex of the defendant. The study also pioneers the inclusion of specific interaction terms to account for the gendered application of sentencing factors; in this case intoxication. The study's main finding is that the 'uplift' in sentence severity when intoxication is cited as aggravation is higher for women than for men controlling for relevant case characteristics (both in terms of the probability of custody and severity of the sentence dispensed). The study thus spotlights how cases of alcohol-related violence are processed through the criminal justice system and raises concerns with how gender equality is interpreted in sentencing practice with reference to alcohol intoxication. In so doing, it

contributes to unpicking answers to broader questions about how alcohol consumption impacts punishment in different contexts and for whom.

Claire Mawditt

Nottingham City Council

4B

Public health advocacy for women who use drugs: Reflections from the 61st Session of the United Nations Commission on Narcotic Drugs 2018

Advocacy is a key role of the public health specialist and no subject is more worthy of attention than the rights of women who use drugs in determining international drug control policy.

Women continue to be disproportionately impacted by repressive drug control strategies. Almost half (48%) of women in UK prisons have committed their offence in order to support the drug use of someone else. Moreover, women who use drugs are more vulnerable to health harms (such as HIV and hepatitis C) and abuse from male partners or law enforcement officers - while their access to lifesaving harm reduction, drug dependence treatment and other basic healthcare services remains severely limited. It is therefore essential that the issue of women remains high on the political agenda.

This presentation will be a reflection on my attendance and advocacy for women who use drugs at the 61st Session of the United Nations Commission on Narcotic Drugs in March 2018. I will identify areas where progress is being made as well as areas currently neglected. I will discuss how, through combining my own professional practice with my colleagues' clinical knowledge and extensive experience of working with women who use drugs, this under-represented group have been given a voice with the aim of influencing future drug policy at an international level. Finally, I will outline why ongoing public health advocacy efforts are instrumental in ensuring better visibility on the issues affecting women involved in the illicit drug market.

Liam Metcalf-White

University of Chester

4B

Powerlessness and empowerment: Women in the Visible Recovery Advocacy Movement

The grassroots Visible Recovery Advocacy Movement (VRAM) is a polythetic social phenomenon comprised of individuals, families, and communities in recovery, primarily from addiction and substance use disorders. The VRAM situates recovery as both a personal and social experience; endeavours for cultural and political change; challenges stigma; and promulgates visibility and social solidarity. Each year in September, known as Recovery Month, activists participate in celebratory Recovery Walks that are influenced by LGBTQ pride marches. Inevitably, the VRAM is influenced by 12-Step recovery programmes such as Alcoholics Anonymous and Narcotics Anonymous. This paper analyses extant feminist critiques of 12-Step programmes; for instance, around their apolitical nature, their instance on powerlessness and disease, and their focus on the individual and spirituality to the exclusion of social conditions. Drawing on qualitative research conducted with Faces and Voices of Recovery UK, the purpose of this analysis is to establish a basis for using the lens of gender to better understand the nature of women's and families' experiences of empowerment within the VRAM. Furthermore, this paper reflects on the visibility of women within the VRAM as a

challenge to the androcentricity of much of the literature in the field of addiction and recovery.

Jóna M. Ólafsdóttir

University of Iceland

Quickfire Papers

Communication and cohesion among family members of SUD with a focus on adult children of addicts

The aim of this research was to examine family cohesion and communication in families where one member has Substance Use Disorder (SUD). The results indicate that the participants experienced low family cohesion and closeness overall, and they were concerned about family relations and the quality of their communication. Participants who had parents with SUD ranked family cohesion and communication lower compared to those who had a spouse/partner, siblings or children with SUD and became the basis for the second phase of the study. The results can be used to improve and promote treatment for the whole family and for individual family members, especially adult children of addicts, and be used to better understand the effects of SUD on families and public health.

Mary T. O'Mahony

Health Service Executive, Ireland

3A

Alcohol and pregnancy: Towards a health promoting societal response

"Of all the substances of abuse including cocaine, heroin, and marijuana, alcohol produces by far the most serious neurobehavioral effects in the foetus resulting in life-long permanent disorders of memory function, impulse control and judgment" IOM, 1996 (U.S.)

Women need to "own" the public health imperative that pregnancy be alcohol free to prevent Foetal Alcohol Spectrum Disorders (FASD). A 2017 meta-analysis concluded that for every 67 women who drink alcohol during pregnancy, one child is born with Foetal Alcohol Syndrome with another 9 or 10 babies born with FASD. Birth mothers suffer from enduring guilt. No race is immune. In the British Isles, we all know someone, child or adult, who has FASD's invisible characteristics. The impact is significant on families, education, social care, health, and society in general, including the criminal justice system. FASD are preventable.

Alcohol in pregnancy is a matter for women. Alcohol is the cause of FASD - not the mother. There is a large element of public and professional denial. A change in societal norm, to prevent prenatal alcohol exposure, is needed. How can society prevent FASD in a way that also supports all those women (our mothers, wives, sisters, friends, colleagues, neighbours) who love their children, who did not set out to harm and who had never anticipated let alone intended any adverse outcome for their child. This paper will use the World Health Organisation STEEP (social, technical & scientific, environmental, economic, ethical, political and policy) approach to assess options.

Sarah Morton

University College Dublin

5A

Implementing a Harm Reduction Approach to Substance Use in a Domestic Violence Agency: Practice Issues in an Irish Setting

There has been growing recognition of the co-occurrence of substance use and domestic violence women's lives, yet many domestic violence providers have not developed an

integrated response to these issues. Fewer still have implemented substance use services from a harm reduction approach. This presentation details the approach, policy changes, outcomes, and learning points for a domestic violence agency in Ireland which implemented a harm reduction response to women living with violence and problematic substance use. Using an action research method of inquiry groups, practitioners discussed the organizational and practice changes, as well as the perceived impact for service users. Organisational data on client presenting issues was also analysed. The research found there were numerous barriers and challenges to implementing a harm reduction approach to substance use within a domestic violence agency including lack staff skills, fear and lack of drug knowledge. This was further compounded by organizational and community barriers to accommodating women actively using substances. The research suggests that building collaborative relationships with women is key to addressing the dual issues. Staff reported the importance of being trained in harm reduction strategies. The value of robust inter-agency relationships in developing a coordinated response is also highlighted.

Joyce Nicholson

4A

University of Glasgow

Children, Complexity, and Cockroaches: Home based research with children affected by drug use and their carers

In the UK around 1 in 10 children are affected by parental substance misuse. The majority of referrals to child protection services are for children affected by substance use, mainly centred around concerns around maternal drug use, and often intersecting issues including domestic abuse. Drug using mothers are assessed in binary positions acting for, or against, their children. Women are positioned as adversaries of their children and as unfit, undeserving, and 'out of control'. This stance marginalises, stigmatises, and isolates drug using mothers and their children, and shapes the experiences of children and agency responses to them. The policy focus on early intervention necessitates consideration of universal services responses to children affected by drug use. Education services can offer a range of opportunities for children to flourish despite the myriad of difficulties they may be experiencing. Experiences of education can be transformational, though little research has been conducted around relationships, engagement, and support in school for children and their mothers/carers. School can act as a haven, a normalising, highly structured and supportive space, or can be a 'nightmare'. This paper will consider issues around constructions of vulnerability, consent, gatekeeping, and some practice dilemmas in conducting home based fieldwork with drug using mothers and their children. These are drawn from ongoing doctoral research with drug using mothers and their children, and their children's experiences of school. Issues arising in conducting home based semi structured interviews with children and their mothers will be explored. Constructions of vulnerability and risk, and issues of consent in research with children and their mothers, may act to compound their marginalisation. The importance of home-based research and the need to be critically reflective and reflexive when conducting fieldwork is highlighted, including responding to other children, adults and animals (big and small) in the house.

Women's experience of addiction treatment

RIKK - Institute for Gender, Equality and Difference, University of Iceland - and The Root - Association on Women, Addiction and Mental Health - are leading a research on women's experience of addiction treatment among the members of the Root, which is a women-only association, based in Iceland.

Treatment for addiction in Iceland is mostly offered by NGOs and is based on the Minnesota model and the 12-step ideology. Limited attention has been granted to gender differences but only one previous research exists on women in addiction in Iceland and their emotional life. The lack of research in this field is not only prevailing in Iceland. Existing knowledge on gender differences in relation to addiction treatment worldwide is scarce and the addiction treatment itself is frequently offered in an apparent 'gender vacuum'.

The aim of the research is to study women's experience of treatment for addiction in Iceland. Well-being, safety during treatment, results and resources offered are of special focus, as well as trauma history and women's experience of gendered violence. Mixed methods were applied in the research. A quantitative survey was sent to 307 members of the Root and in-depth interviews were conducted with women who have undergone addiction treatment. The research is informed by a feminist perspective for trauma-informed treatment and explores the lived experiences of users of the prevailing treatment system in Iceland, offering a valuable addition to this field of study.

Engaging women in participatory evaluation approaches: The Sunflower Recovery Project

Project Sunflower is a holistic model for supporting women accessing residential drug and alcohol services in Plymouth, UK. At the heart of the project is the strong belief that women who are recovering from dependency should be empowered to achieve their full potential. The project includes a peer mentor support scheme, involving women who were previously in recovery supporting those currently in recovery.

An evaluation of Project Sunflower is currently underway to determine the effectiveness of the project as a model to empower women in recovery. The key objectives of the evaluation are: i) mapping project activity ii) stakeholder consultations and iii) creative case studies

The evaluation will foster participatory and co-creative approaches, whereby participants (the women) will be at the centre of the process. Some of the Sunflower women (n=25) were involved in a participatory evaluation event (run in July 2017) which permitted crucial consultations around early evaluation design aspects. The women continue to be involved, with some peer mentors being trained to facilitate parts of the data collection.

This presentation will share data from the participatory evaluation event. It will critique design aspects of participatory approaches, including the challenges of engaging women in research consultations. Finally, consideration will be given to inherent ethical issues when involving

(vulnerable) peer mentors in research. It is hoped that two Sunflower peer mentors will be present to share their experiences.

This innovative project highlights the importance of creative participatory approaches to research and evaluation, aiming to empower women in recovery to enhance their wellbeing and life skills.

Julie Schamp

1A

University College Ghent

A qualitative study of barriers, facilitators and experiences in treating substance (ab)use among female alcohol and drug users in Belgium

Background: Significant gender differences have been reported worldwide regarding substance (ab)use. Despite the benefits and availability of drug treatment in Western countries, low utilization rates among women and a gender gap is observed, especially among women in the childbearing age.

Objective: The purpose of this study was to obtain a better understanding of the barriers and facilitators for treatment among substance (ab)using women. Women's personal accounts of critical life events were explored, as well as experiences with services along the continuum of care, leading to practical implications for treatment services.

Method: In-depth interviews were conducted with 60 Belgian female substance (ab)users known to outpatient and residential treatment services. A critical feminist theoretical perspective was adopted to examine the barriers to and facilitators of their enrolment in drug treatment, as well as their experience with services.

Results: Thematic analysis on the heterogeneous sample resembling diversity regarding age, socio-economic background, primary substance of abuse and previous treatment experiences, revealed several themes in meeting treatment needs and treatment utilization. First, the threat of losing custody is an essential barrier for treatment. Second, women report social stigma in private as well as professional contexts as a barrier to treatment. Last, the participants suggest changes that would encourage treatment utilization.

Conclusions: The findings indicate various barriers and facilitators to treatment as well as suggestions for good practices. Focusing on inequalities and gender in policies and research on women's drug treatment, the findings may inform the development of strategies to overcome those treatment barriers.

Lisa Schölin

3A

University of Edinburgh

A qualitative study exploring midwives' attitudes and practices of advising pregnant women about alcohol

The harm caused by alcohol exposure during pregnancy are well-known, but a 'safe' threshold for alcohol consumption has not been established. Until 2016, the recommendation for pregnant women in England was to avoid alcohol and only consume small amounts if they chose to drink, whilst in many other countries abstinence has featured as the key recommendation for some time. The current study aimed to explore midwives' views on alcohol use in pregnancy and advising pregnant women about alcohol in England and Sweden, within the context of differing guidelines on drinking during pregnancy. Sixteen qualitative semi-structured interviews were conducted with midwives working in Liverpool, England (n=7)

and Örebro County, Sweden (n=9) in 2014. Data were analysed inductively, using thematic analysis with thematic networks. The findings show that all midwives believed pregnant women should be advised to not consume any alcohol during pregnancy, but highlighted the need to tailor their approach to the individual. A recognised key issue in both countries was exposure before the pregnancy is known to the woman. English midwives acknowledged that drinking small amounts may not cause harm, whereas Swedish midwives believed any amount of alcohol was associated with risk. Midwives believed discussing alcohol is part of their role as a health professional, but clear protocols with routine questions for all women was perceived to aid asking about alcohol consumption. Further work should expand on the current study to understand the implications of prevention of alcohol exposure during pregnancy within different cultural contexts with differing views on risks.

April Shaw

4B

University of Glasgow

"Too old to be living that life...fed up being me": Older Women's Relationships in Drugs Recovery

The oral presentation will present findings from an in-depth qualitative study with eight older women who self-identified as in recovery from drug use. The interviews explored the influence of social relationships on the women's identity, drug use and recovery.

The main themes to be discussed will be

- Self-acceptance as key to the women's successful recovery
- Developing healthy relationships and distancing from previous identities as drug users.
- The importance of recovery communities in developing the social learning tools that help former drug users' integration back into 'conventional' social spheres
- How older women's changing roles and responsibilities contribute to changing relationships within the family, particularly in terms of their relationships with their mothers, adult children and intimate partners.

The findings provide a unique contribution to UK recovery research by pointing to further areas of interests that are currently unexplored in the literature.

April Shaw

Poster E

University of Glasgow

Using Object Elicitation Methods in Qualitative Interviews

The poster presentation will highlight the efficacy of utilising object elicitation methods as part of a qualitative interview process. The poster will present the findings from an in-depth qualitative study with eight older women who self-identified as in recovery from drug use.

Object-elicitation methods have been used in a number of health-related studies with adults and I wanted to explore the meanings the women might give to their objects, anticipating perhaps a richer and deeper understanding of the values they embraced as recovering drug users. The women were asked to identify and bring along an object that was meaningful to them to test whether this would be an appropriate method for further research.

Rather than being an add-on or novelty to the main interviews, the objects facilitated discussion, helped build rapport and produced a rich source of data that explored the women's

perceptions of their past, current and future identities. The objects provided meaning in terms of the past, present and future and represented a source of spiritual strength that helps them maintain their recovery; inspiration and ideas for the present and future; normative feminine identities; and positive self-concepts such as self-awareness and self-acceptance.

The poster presentation will outline the method used and illustrate the objects and meanings ascribed to them by the women.

Sarah Simonis

Scientific Institute of Public Health

1A

Women's needs as a prerequisite for implementing a gender-sensitive approach in drug/alcohol services in Belgium

Background: Despite our knowledge of crucial differences between men and women with regards to substance abuse, insights on gender-issues in relation to treatment entry and trajectories were not analysed in-depth so far. To this end, this research aims to determine the needs concerning a gender-sensitive approach in drug/alcohol services.

Methods: Based on specific issues that were identified through comprehensive interviews with female substance users, the needs and prerequisites for implementing gender-sensitive services were explored in several focus groups. Within this setup, various stakeholders that are familiar with the challenges and obstacles encountered by women to enter into treatment were involved. As a structural tool, the GPS Brainstorm kit was used to support these sessions in order to formulate concrete recommendations for development and implementation of more gender-sensitive approaches in treatment settings for substance abuse.

Results: Preliminary results indicate that the clear lack of child-friendly settings in the different services for female (ab)users seems to be a recurrent issue. These women would not only benefit from an elaborate professional network with integrated services such as childcare and housing, but also from further exchange of good practices between professionals with emphasis on the gender-sensitive approach. Finally, education programs which include both men and women and put a focus on sexist behaviour must be elaborated to address themes like domestic violence, parenthood, and familial responsibilities.

Our results reflect the need for a gender-sensitive approach in the field of drug demand reduction and will be translated into final policy recommendations.

Lauren Smith

Leeds Beckett University

Poster F

A Mixed Methods Exploration of Women's Sexual Consent Practices during Sober, Alcohol and Drug-Involved Sexual Experiences

Sexual consent is highly topical and currently sits at the forefront of media, educational and government campaigns; education regarding sexual consent communication is considered to be one of the key ways that we can reduce instances of sexual violence in the general population. Despite intoxication being one barrier to giving/gaining sexual consent, there is a lack of research which examines how the voluntary use of drugs aside from alcohol affect sexual consent communication compared to when sober or when alcohol has been used (on

its own). For example, how do individuals indicate to their sexual partner(s) that they are willing to have a sexual experience or how do they interpret the willingness of their sexual partner(s) after taking drugs? Additionally, there is a lack of information on how feelings of sexual wantedness (i.e. desire) and willingness are influenced by drug use. The findings could inform drug-users about how their substance use impacts their sexual experiences, notably, their ability to freely give (or not give) sexual consent. Preliminary data from an online cross-sectional survey of 18- to 40-year-old, sexually active, UK women's and men's sexual experiences when sober, under the influence of alcohol, drugs, or the combined effects of alcohol and drugs, will be presented. This poster explores how women's sexual consent practises are different or similar across sober, alcohol-involved and drug-involved sexual experiences and feelings of sexual wantedness and willingness during sober, alcohol-involved and drug-involved sexual experiences. Implications for sexual consent policies and sexual violence prevention will be discussed.

Lucy Walker

Poster G

Manchester Metropolitan University

Alcohol Drinking Behaviour in Young People During University Related to Executive Function Performance Under Stress

Executive Function (EF) is a mental process which involves the ability to plan and control behaviour; an important function, especially for young people as it is linked to academic outcomes. Stress and alcohol drinking behaviour have previously been found to impact negatively upon EF yet the combined effects has not been widely investigated. The present study aimed to investigate the relationship between alcohol drinking behaviour in young people during their first year of undergraduate study and EF (specifically, working memory and cognitive fluidity) after acute psychological stress. Thirty participants were recruited using opportunity sampling. Information about an average month of alcohol drinking was collected and stress was induced through a task with time and performance elements provoking a stress response, after which EF was directly measured using the Trail Making Task. Stress was measured subjectively and physiologically using electro-dermal activity and heart rate at rest and during the stress procedure. Though no significant relationship was found in the whole sample, a positive correlation emerged in the male participants ($r_s(8) = .71, p=.047$) suggesting the more alcohol they consumed in an average month the worse they performed under stress on a test of EF. The present study highlights that young people may be of risk to the adverse impacts of alcohol and stress, suggesting focus needs to be placed on preventative measures. Future research needs to consider how results might vary dependant on duration of alcohol use.

Emma Wincup

2B

University of Leeds

Strategic thinking on drug use: gender-blind, gender-neutral or gender-responsive?

The paper extends the analysis offered in a paper I published in 2016 which explored the implications of the abstinence-focused recovery paradigm for female drug users through a gendered reading of the 2010 UK drug strategy. In the paper I argued that the strategy was largely gender blind with little recognition of the distinctive needs of female and male drug users or the potential for policies to impact differentially on women and men. Through an

analysis of the core themes of the strategy - freedom from dependence, well-being and citizenship - I argued that the strategy was far from gender-neutral in its implications.

The 2017 drug strategy appears to make some advances in recognising the link between gender and drug use, and was received positively by many organisations working with women. Through the lens of vulnerability women are specifically mentioned as sex workers or victims of intimate partner violence. Moreover, the rise in drug-related deaths among female drug users is acknowledged. The paper offers a gendered reading of the 2017 strategy, focusing on two of its key themes: reducing demand and building recovery. It considers the gendered implications of the strategy and assesses whether it has made headway in term of developing a gender-responsive strategy to tackle drug use.

Sam Wright

2B

Manchester Metropolitan University

'Just another addict': Family experiences of end of life care for people using alcohol and drugs

Families often play a significant role in supporting people with alcohol/other drug problems, commonly experiencing substantial levels of strain over many years. Such strain intensifies as their relative's physical and emotional health declines - sometimes accompanied by attempts to seek formal help, but often with families relatively isolated from potential sources of support due to feelings of stigma and shame.

The aim of our research was to explore family members' perspectives of end of life care for relatives with substance problems; the extent to which their own needs were met, and how these needs changed as their relative approached the end of their life. Using both secondary thematic analysis of 102 qualitative interviews with adults bereaved through substance use, as well as primary qualitative research with 18 family and close friends, our research provides new insight into this under-researched topic.

The challenges posed by problematic alcohol/drug use meant that opportunities for identifying end of life were often missed. Consequently, conversations about this difficult time were delayed or even completely absent, resulting in inadequate intervention and support by care professionals. This added to the trauma and emotional distress endured by families, both when their loved one died and subsequently.

This research highlights the critical need for support for those intimately involved with people with alcohol/other drug problems, particularly when facing the end of their life. Pockets of good practice do exist, but there is a substantial need to improve the response of both substance use and palliative care services in this regard.

Sam Wright

2B

Manchester Metropolitan University

Empathy, compassion and vulnerability in sensitive interviewing: how might they affect researcher identity and wellbeing?

The importance of interviewer empathy and compassion in sensitive qualitative research is well recognised. But interviewer experiences of vulnerability are less frequently explored.

Using recent research on end of life care for people with alcohol and other drug problems, I wish to reflect on the challenges that may arise and consider whether ethical principles provide a sufficient steer for researchers.

Our work entails delving into highly personal experiences and potentially causing emotional turmoil for participants. We therefore chose a research design that sought to minimise potential emotional harm for participants. We wanted to create a relaxed, empathic interview experience that was adaptable to each person's preferences: passing as much control over the process to the participant as possible, and staying alert to the impact that the interview had upon us (and any unconscious messages that we might communicate to participants).

The whole ethos of our interviewing was to prioritise participants' emotional wellbeing over data collection: framing interviews as an opportunity for reflection and sharing of personal experiences - with explicit permission to express emotions. We also shared insights from the research, responded directly to questions and provided information about sources of support. In seeking to minimise researcher / participant power differentials, we relaxed the professional identities that sometimes protect us from really feeling the impact of our research. As part of this symposium, we would like to reflect on the impact of that approach upon us - not least the gendered aspects of our experiences as researchers with dual identities.

Conference Delegates

Name	Organisation
Adrienne Hannah	Scottish Drugs Forum
Aki Shima	University of York
Alison Andrews	WMDC
Alix Aitken-Arbuckle	Edinburgh Napier University
Angela Faulkner	Hamoaze House
Anita Appleton	Drinkaware
Anita Harris	Coolmine TC
April Shaw	University of Glasgow
Becky Saunders	Trevi House
Beth Collinson	Sheffield Hallam University
Carly Lightowlers	University of Liverpool
Chloe Berry	University of Plymouth
Claire Mawditt	Nottingham City Council / UCL
Clare Pettinger	University of Plymouth
Craig Buckingham	Inclusion
Deanne Carlson	University of Plymouth
Elizabeth Ettorre	University of Liverpool
Emily Lowthian	Cardiff University
Emma King	NMAHP-RU, University of Stirling
Emma Timmins	Coolmine TC
Emma Wincup	University of Leeds
Ena Lynn	RCSI / HRB
Eric Carlin	SHAAP
Eva Devaney	Coolmine TC
Gemma Pearson	Royal Holloway, University of London
Hannah Carver	SACASR, University of Stirling
Hannah Todman	Manchester Metropolitan University
Jennifer Holly	AVA
Jóna Ólafsdóttir	University of Iceland
Joyce Nicholson	University of Glasgow
Julie Schamp	Hogeschool Gent
Karen Bailey	Kings College London
Karen Galligan	Trinity College Dublin
Karen Whitehead	Student Nurse
Kat Jackson	Newcastle University
Kathryn Fradley	Manchester Metropolitan University
Katy Harrison	CGL Tameside

Kim Heanue	University of Huddersfield
Kristín Pálsdóttir	University of Iceland
Laura Adnum	Glasgow Caledonian University
Laura Fenton	University of Manchester
Laura Jones	University of Dundee
Lauren Smith	Leeds Beckett University
Lavinia Black	Kings College London
Liam Metcalf-White	University of Chester
Lisa Jones	Agenda
Lisa Schölin	University of Edinburgh
Lucy Bryant	Institute of Alcohol Studies
Lucy Walker	Manchester Metropolitan University
Lyndsay Fraser Robertson	Circle
Margaret Malloch	University of Stirling
Maria Cordero	Manchester Metropolitan University
Maria Fotopoulou	University of Stirling
Marion Rackard	Health Services Executive
Martina Rich	Hunter New England Health District KTS-WFT
Mary O'Mahony	Health Services Executive
Mel Poritzch	Trevi House
Michelle Byrne	Trinity College Dublin
Molly Bredin	ACCES Mental Health Team, HSE, Ireland
Morgan Green	University of Manchester
Nichola Major	CGL
Paulina Romani Lopez	Kings College London
Pauline McKeown	Coolmine TC
Pip Williams	ELEN
Rachel Evans	Liverpool Hope University
Rachel Margolis	NSPCC
Rebecca Hamer	Sheffield Hallam University
Rosario Pozo Gorgaliza	University of Balearic Islands
Sally Marlow	Kings College London
Sam Wright	Manchester Metropolitan University
Sarah Beresford	Prison Reform Trust
Sarah Fox	Manchester Metropolitan University
Sarah Galvani	Manchester Metropolitan University
Sarah Morton	University College Dublin
Sarah Rowley	Inclusion
Sarah Simonis	Scientific Institute of Public Health
Sharon Greenwood	University of Glasgow
Simon Barrett	University of Glasgow
Sue Ashford	SWIFT Specialist Family Service
Vicki Hollis	NSPCC
Vicky Smith	Blackpool and Flyde College
Virginia Musto	University of Sheffield / Public Health England

Vivenne Evans
Yaz Davies
Yvonne Whelan
Zoe Clarke

Adfam
Manchester Metropolitan University
CGL Tameside
Health Opportunities Team



Professional Certificate in Women and Substance Use

(Online, 4 months part time)

This postgraduate online course, developed by UCD in partnership with Urrus, Ballymun Youth Action Project, seeks to provide key workers, social care workers, addiction counsellors and those in related policy and health fields with the knowledge and expertise to respond to the complexity of women and substance use. Given the emerging debates in relation to women's substance use, this course provides an educational response to the complex issues of substance use, trauma histories, domestic violence, sex working, maternal roles and impact on family and children, with a focus on both the national and international contexts.

Women's problematic substance use is explored in the context of the inter-related and sometimes unique factors that may impact on women's substance use trajectories, with a particular focus on effective intervention, and innovation in practice and policy responses. Utilising a range of digital technology, this course is delivered online over a 10 week period allowing you to fit your study alongside work, family or other life commitments.

The Community Drugs Programme

The Community Drugs Programme within the School of Social Policy, Social Work and Social Justice, has a long standing history of delivering undergraduate and graduate education to a range of students in partnership with key community agencies. The UCD Community Drugs Programme and Urrus, Ballymun Youth Action Project, have worked in partnership to design and deliver this course, with the aim of combining practice and policy development expertise to provide a highly accessible online learning experience on a critical societal issue.

Why study at UCD?



Tradition

Established 1854, with 160 years of teaching & research excellence



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UCD is ranked in the top 1% of higher education institutions worldwide



Global community

Over 6,000 international students from over 120 countries study at UCD



Global careers

Degrees with high employability; dedicated careers support; 1 year stay-back visa for Non-EU students



Safety

Modern parkland campus with 24 hour security, minutes from Dublin city centre

Course Content and Structure

This Professional Certificate comprises of one 10 credit module SPOL 40850 Women and Substance Use which is delivered online to promote accessibility and flexibility within the learning environment. Online tutorials are combined with recorded lectures and tailored tasks and exercises to engage students and develop in-depth critical analysis. Students are encouraged to utilise their own lived and work experience, as well as collaborate with others in generating ideas and discussing concepts, theory and intervention.

The programme draws on a range of expertise in relation to policy, theory and intervention and seeks to include and integrate lessons and understanding from relevant community agencies, as well as emerging research and evidence. This approach aims to both ensure content relevance to a range of professional fields and utilize this breadth of expertise within the learning environment through tasks that allow for collaboration and discussion between students.





A new innovative online programme in Ireland

This new programme enhances the School's existing portfolio of postgraduate taught offers, including our MSc in Equality Studies, MSocSc in Social Work and MA in Gender Studies that are widely recognised in Ireland and internationally. Our School also contributes to the Master of Public Policy, which is hosted by the College of Social Sciences and Law, and also to the MSc in Child Protection and Welfare shared with the Schools of Medicine and Nursing and Midwifery.



Course Director Profile

Sarah Morton, Course Director

Dr Sarah Morton is Director of the Community Partnership Drugs Programme in the School of Social Policy, Social Work and Social Justice in University College Dublin. She holds a Ph.D from the Centre for Action Research in Professional Practice, University of Bath.



Career Opportunities

Graduates typically work in social care, nursing, social work, substance use, and related health fields as well as in social policy and research. This qualification should enhance the skills and expertise of existing or potential key workers, care workers, team leaders and social and health care managers.

Fees Fee information at www.ucd.ie/fees

Entry Requirements

- Applicants should have a minimum of an honours degree or international equivalent at bachelors level. Relevant professional or voluntary experience may be considered as part of the application process.
- Applicants whose first language is not English must also demonstrate English language proficiency of IELTS 6.5 (no band less than 6.0 in each element), or equivalent.

Dr Morton has extensive experience in policy, practice and outcome evaluation in relation to addressing complex social issues including drug and alcohol use. In recent years, she has focused on the interplay of violence and substance use and on innovation in substance use interventions for individuals, families and communities. She has published widely on these topics and currently teaches at undergraduate and postgraduate level on substance use policy and practice, counselling and intervention skills and domestic and sexual violence.

Contact Us

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MA in Gender Studies
MSc in Child Protection and Welfare
Diploma in Community Drug and Alcohol Work
Professional Certificate in Social Justice

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For more information please contact Dr Sarah Morton (sarah.morton@ucd.ie, tel +353 1 7168582) or Martina Reidy (martina.reidy@ucd.ie, tel. +353 1 7168502).



Alcohol & Recovery

42nd Annual NDSAG Conference

Thursday 7th June 2018 – The University of Sheffield

An all-day conference that offers a mixture of research, agency and personal presentations. A specific exploration of what recovery discourses have to say about experiences of alcohol use and service provision.

Only £150

A limited number of reduced places are available for individuals/recovery groups.

This conference will be preceded by PhD and Early Career Researcher Workshop on Wednesday 6th June 2018. This event is an interactive workshop format (rather than just presentations) and is designed to a) enable informed participant discussion and b) develop peer networks.

Places are limited and cost £25 each, including lunch. For those early career peer researchers booking into this workshop can also book into the main conference day for just an additional £25.

Accommodation can be booked at Halifax Hall for the night of the 6th June – please book this directly through the University.

Further enquiries about the conference programme or PhD/Early Career Researcher content please contact either Dr Jamie Irving (J.Irving@shu.ac.uk) or Dr Wulf Livingston (w.livingston@glyndwr.ac.uk)

To register your interest in attending either event please contact Jenni Turnbull on (01382 224846) or at Jenni@f8c.co.uk

Booking forms will be available on NDSAG website from January 2018

New Directions in the Study of Alcohol Group: Charity No: 281393
“Providing a safe environment for original thinkers and speakers since 1976”

THE 10TH UK RECOVERY WALK

8th September 2018 – Shrewsbury

Attend the Walk

Join thousands of people in recovery, their families and friends for the biggest gathering of recovering people in Europe as we walk through Shrewsbury Quarry Town Park celebrating and advocating for recovery.

Celebrate Recovery Month

Each September in the UK, thousands of people in recovery as well as projects and services celebrate their successes, and recovery itself, by organising and taking part in events throughout the country. See the website for our official UK Recovery Month Events Calendar for more.

Get Involved, Celebrate and Wear Some Purple

Anyone can get involved. You can join the Walk, attend the many events around the country, speak to us, your local recovery organisation or just wear something purple to show your affinity!

To find out more about the UK Recovery Walk, to register for it, to see what's on during Recovery Month, or simply find out more about how to get involved, please visit:
www.facesandvoicesofrecoveryuk.org

UK Recovery Walk

UKRW 

The UK Recovery Declaration of Rights



FACES AND VOICES OF RECOVERY UK spent a year travelling through England, Northern Ireland, Scotland and Wales, holding consultations with many varied groups. Those in treatment, Harm Reduction and Mutual Aid communities, professionals and families, people who currently and formerly used substances; together we created this Declaration of Rights.

In response to funding restrictions and increasing drug related deaths we feel a need to step forward and to make our voices heard. Our collective hope is that this Declaration of Rights will galvanise all concerned, and contribute to improving the lives and health of those with Substance Use Disorder.

To add your organisation or name to the Declaration of Rights please email: annemarie@facesandvoicesofrecoveryuk.org

FREE FROM STIGMA

We have the right to be **free from the social stigma** imposed upon us, which we experience within the healthcare system and wider community, fuelled by media stereotypes and a lack of understanding of the root causes of addiction.

Stigma attached to substance use disorder makes it harder to seek help and to recover. We call for a **public awareness campaign** on stigma reduction for those of us with substance use disorder, as has been successfully seen with mental health.

ACCESS TO CARE

We have the right to fully resourced, **easily accessible effective and specialist care**; entry into which is non-punitive and non-discriminatory.

Assertive outreach, out-of-hours support and provision of family-friendly and culturally appropriate services, will increase engagement and outcomes.

INFORMED CHOICE

We have the right to be given clear, objective and up to date information on all evidence-based pathways; their advantages and disadvantages and suitability for us as autonomous competent individuals at different stages of our recovery and with differing lifestyles and needs. The **principle of informed choice and consent** empowers us to participate fully in our own health and care.

QUALITY OF CARE

We have the right to investment in the **highest standards of effective, and specialist care**, delivered by a fully trained and competent workforce. We have the right to individualised, patient-centred care. We call for collaborative and integrated physical, mental and social healthcare pathways which are associated with better cost effectiveness and improved outcomes. Best practice treatment, consistency of care, a non-punitive approach and to be treated with respect are vital to our recovery.

PRISON

We have the right to **health and recovery within the criminal justice system**; to have the same access to quality specialist care and informed choice of pathways as in the community. Continuity of care prior to and on leaving the criminal justice system is an essential part of our recovery.

Endorsed by: • Abbeycare • Adfam • Alcohol Concern • Alcohol Research UK • APPG • Blenheim • Bridge • Camurus • CGL • CSARS Group • Disc • Discovering Health • DrugFAM, • DrugWise • Federation of Drug & Alcohol Practitioners • Get into Recovery • The Hepatitis Trust • Indivior • Lancashire User Forum • The National Association for Children of Alcoholics • National Needle Exchange Forum • Reach Advocacy • Recovery Cymru • Recovery Connections • Red Rose Recovery • Scottish Families Affected by Alcohol & Drugs • Scottish Recovery Consortium • SMMGP.
Visit our website www.facesandvoicesofrecovery.org and see who else has endorsed the UK Recovery Declaration of Rights.

With thanks to Indivior who provided sponsorship, enabling this project to go ahead. Content and editorial control remains with FAVOR.

POLITICAL REPRESENTATION

We have a right to **meaningful political representation**. People with Substance Use Disorder and their families are a constituency of consequence, deserving of support, commitment to positive change and accountability from our elected representatives. We invite policy-makers to work together with us to actively promote the removal of all barriers to treatment, educational, housing and employment opportunities.

FAMILIES

We have the right for our families to be recognised as stakeholders in our recovery journey, and to be involved in our path where appropriate.

Families, including children, also need independent professional support in their own right.

AFTERCARE

We have the right to access a comprehensive range of aftercare options so that we may nurture our recovery, lessen the chance of relapse and maintain a healthy and fulfilling life. The ongoing building of connections and recovery capital are important to our survival and wellbeing, and enable us to transition from **dependence to independence**.

SERVICE USER INVOLVEMENT

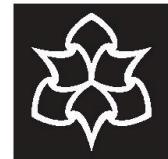
We have the right as individuals with lived experience to inform the development, delivery and review of policies and services that affect us. Barriers to effective service user involvement must be addressed. Putting the **service user perspective** at the heart of the decision-making process has been shown to enhance the quality of healthcare, improve patient satisfaction, working relationships and outcomes.

HUMAN RIGHT TO HEALTH

We have the right to health. 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. When people are marginalised or face stigma or discrimination, their physical and mental health suffers. **Discrimination in healthcare is unacceptable** and is a major barrier to development.'

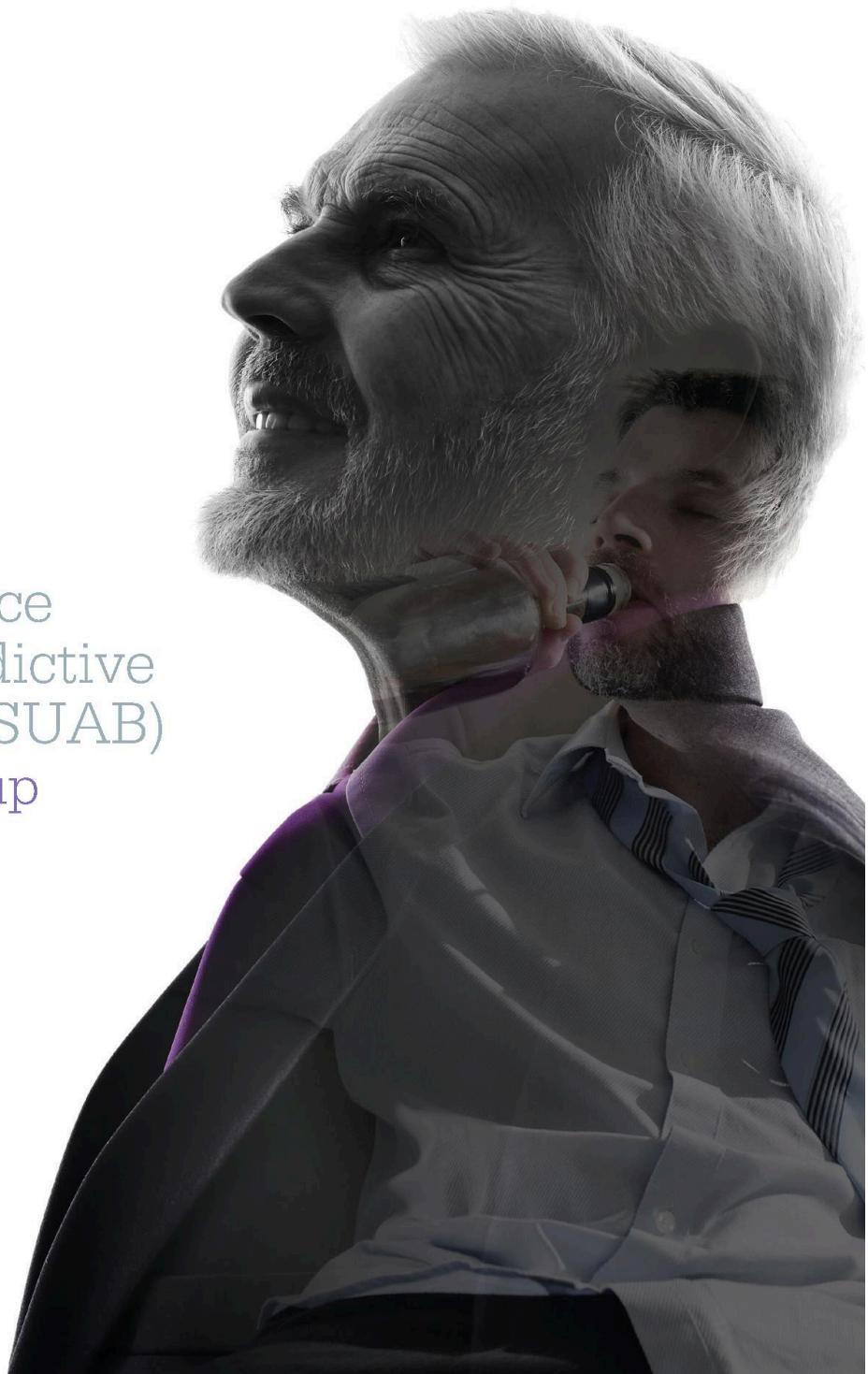
World Health Organisation

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**Manchester
Metropolitan
University**

The Substance
Use and Addictive
Behaviours (SUAB)
Research Group



The Substance Use and Addictive Behaviours (SUAB) Research Group

The Substance Use and Addictive Behaviours (SUAB) research group was established in November 2014. It is an exciting and creative group comprising MMU academics from a range of disciplines, as well as community partners and associates from policy and practice around the UK and internationally.

Its overall purpose is to develop and conduct research and related activities that ultimately result in a better service for people who experience problematic substance use. This is achieved through the production of high quality research and ensuring this is disseminated and applied to policy and practice. The group's focus is on:

- Building a regional, national and international network of colleagues researching and practising in the area of a range of legal and illegal substances including alcohol, prescription drugs, new psychoactive substances and performance enhancing substances and addictive behaviours for example, gambling, eating, disorders
- Delivering high quality research which is responsive to the needs of individuals and driven by, policy and practice needs and community voices
- Acting as a conduit for knowledge exchange between policy, practice and research
- Providing education, training and continuing professional development (CPD) in response to the needs of our regional, national and international partners from policy and practice

Contact

If you would like to know more about SUAB research group and its activities or talk to us about research collaboration please contact us on:

Email: SUAB@mmu.ac.uk

Tel: 07775 680418

Group members have a huge breadth of expertise including:

- Substance use and social care education and practice
- User-led and involved research
- The use and misuse of New Psychoactive Substances (aka 'legal highs') including laboratory and in-field chemical, biological and forensic analysis of illicit drugs and New Psychoactive Substances
- Substance use and co-existing health and social issues, including mental health, domestic abuse, physical health and social inclusion
- Substance use and criminal justice interventions and also 'drug markets'
- Evaluation of substance use provider initiatives including mutual aid and recovery oriented provision
- Substance use across the life course including addictive behaviours in older age
- Substance use and acute hospital care (managing pain after surgery/trauma etc)
- Substance use in sport and exercise

Methodologically the group has expertise in a wide range of approaches. In particular it excels in:

- Secondary dataset analysis
- Exploratory and ethnographic studies
- Process and programme evaluation
- Survey administration and data analysis
- Qualitative data collection
- Peer led and peer involved research approaches

Disciplines

- Social Care and Social Work
- Nursing
- Criminology
- Community development and empowerment
- Chemistry and forensic science
- Sociology
- Psychology
- Community voices and partners
- Exercise and Sport Science
- Applied Social Science
- Economics
- Public Health
- Physiotherapy
- Education

Underpinning principles

1. Applied research – policy and practice
2. Interdisciplinary
3. Partnership – breadth of voluntary sector and national health service

The Substance Use and Addictive Behaviours (SUAB) Research Group

Further information

To find out more on the work of the Substance Use and Addictive Behaviours Research Group, please email **SUAB@mmu.ac.uk**

For further information about study opportunities in the Faculty of Health, Psychology & Social Care, please visit our website at **mmu.ac.uk/hpsc**



Are you worried about someone's substance use?

Contact our helpline for
information and support

08080 10 10 11

helpline@sfad.org.uk

webchat online www.sfad.org.uk

 @ScotFamADrugs

 @ScottishFamiliesAffectedByDrugs

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