

Gender Impact Assessment No. 4



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Women and Drugs

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(Gender Impact Assessment No. 4)

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1 Introduction

Drug use among women appears to be on the rise both in Australia and around the world¹. The number of women in Victoria that misuse drugs is small with 10.35% of women using illicit drugs in the past 12 months² but the health implications for these women and their families are serious and wide ranging.

2 The issue

Women misuse both prescription and illicit drugs for various reasons. These include dealing with past trauma³, relieving stress⁴, and self medicating mental illness. Women and men's drug use differs with men more likely to use drugs for recreational purposes and women more likely to use them to improve mood, reduce tension and cope with problems⁵.

There are many health and social implications associated with women's misuse of drugs. Exposure to significant illness and disease including hepatitis C and human immunodeficiency virus (HIV) which women are biologically more vulnerable to can dramatically reduce quality of life. Falls and other injuries sustained while under the influence of prescription drugs used for illicit purposes is concern for women, many of who are also abusing alcohol³. Maintaining employment can be difficult for women using drugs further exacerbating the lack of financial security women experience compared to men. Women are more likely to be incarcerated for non-violent drug offences than men which can result in separation from dependent children⁶.

In Australia, more young women than young men have used an illicit drug⁷. The use of drugs at a young age exposes women to drug related harm at a challenging time in their lives. Drug use is widespread as almost two in every five Australians aged 14 years or older have used an illicit drug at some time in their lives⁷. The most commonly-reported illicit drugs used in Australia in order of their usage are cannabis, ecstasy, pain killers/analgesics used for non-medical purposes and meth/amphetamine⁷. Illicit drugs also include prescription or over-the-counter pharmaceuticals (such as tranquillisers/sleeping pills) used for illicit purposes. Of Australian women aged 14 years and over, 38.4% had used illicit drugs during their lifetime and 11% of had used illicit drugs in the past 12 months⁷.

Structural issues such as housing, income assistance, transportation, and access to health care are integrally related to women's stress and substance use, and fragmented health and social services are a common barrier to women's efforts to access treatment, obtain stable accommodation and reliable income⁸.

Women experience barriers to accessing treatment through limited social networks and the stigma around women who use drugs. Both women and men are most commonly introduced to drugs by men, and for women, this is often their intimate partner⁶. The social network of women who use drugs, specifically injecting drug users, differs from men with more of their key relationships also being injecting drug users¹. This limits the networks available to women to address their drug problems.

2.1 Prescription drugs

The misuse of prescription drugs is an important consideration when discussing women's use of drugs. The preference for pharmaceuticals over illicit street drugs can be due to cost, standard doses and recognisable formats⁹. Women misusing prescription drugs can deny their drug problem and find a sense of legitimacy from a prescription⁹. Misuse of prescription drugs does not receive the same attention as other illicit drugs. Many in the community do not consider the misuse of prescription drugs to be a form of drug abuse even with 598 000 Australians using prescription drugs for non-medical purposes¹⁰. This can mean that people do not recognize their friend or family member's behaviour as drug abuse and treatment is delayed. A positive development is the substantial decrease in the availability of pain-killers/analgesics (both prescription and over-the-counter) for non-medical purposes from 41.3% in 2004 to 15.4% in 2007⁷.

Women, particularly older women, are more likely than men to be prescribed potentially addictive prescription drugs like pain relievers and sedatives including benzodiazepines and they are significantly less likely to receive or seek treatment³. This leads to more women using prescription drugs for illicit purposes with 4.3% of women using prescription amphetamines compared with 2.6% of men⁷.

2.2 Mental Health

The use of illegal drugs by women has been associated with experiences of trauma, including physical, sexual and psychological traumas^{11,12}. Some of these women will self medicate.

Delays in receiving treatment can occur for women for have mental illness and drug problems. Some drug and alcohol workers ask for clients' mental health issues to be addressed prior to treatment and mental health workers request the reverse^{13,14}. These cross referrals result in women slipping through the health system and ultimately not receive treatment.

For some women, drug use is a way to cope with mental illness¹⁴. These mental health issues impact on their ability to attend and participate in drug treatment. Service providers need to identify women in this situation to give them a better opportunity to address their drug problem and improve their situation.

2.3 Intimate partner violence

In Australia, as in many other societies, inequalities exist between the genders that disadvantage women. Power imbalances relating to gender are compounded for women misusing drugs. Researchers report high rates of intimate partner violence among women who use substances⁸. Many women identify substance use as a way to cope with gender-based abuse and trauma¹⁵. It is estimated that around half of women undergoing drug treatment are victims of childhood sexual abuse⁶. Linking services for domestic violence and

substance abuse would result in better health outcomes for women, however these links are not commonly made by service providers and policy makers.

Women can be placed in greater danger once they have accessed health services for mental illness or drug misuse due to stigma. The lack of credibility that society imparts to drunk/stoned/mad women along with the effects that medication can have on restricting women's ability to defend themselves and their children can provide the abuser with greater power and control over a woman¹⁶.

Women are often introduced to injecting drugs by men in their lives, who in turn control women's drug using behaviour^{1,6}. This can result in women injecting with used equipment, increasing their chance of contracting disease through contaminated equipment¹. One of the main risks associated with injecting drugs is the transition of blood borne viruses HIV and Hepatitis C.

2.4 Sexual health

Women are more likely to engage in risky sexual behaviours while they are taking drugs. Power imbalances make it difficult for women to insist that their partners use condoms¹. Women who use drugs may be less likely to use contraception with some women believing that their drug use makes them unable to conceive¹. Additionally when women who use drugs become pregnant, they may not recognize their pregnancy until well into the second or even third trimester. The signs of nausea and missed periods are unremarkable to women who regularly misuse drugs¹. Women who use drugs are more likely to undertake sex work to pay for housing, food and drugs for themselves and their partners^{1,14}. This exposes women to a range of dangerous behaviours including rape, violence and sexually transmitted infections.

2.5 Pregnancy, mothering and substance abuse

Intense social stigma of drug use prevents women accessing health services and this is compounded for women who are pregnant. There is mounting evidence of the harmful effects of cannabis, the most commonly used illicit drug used by pregnant women and women of reproductive age¹⁷, and lack of access to accurate advice impacts the health of women drug users and the outcomes of their pregnancies.

As many women are the primary carers of dependent children, their drug use and ability to access drug treatment is influenced by their caring responsibilities. The threat of children being taken from a woman's custody gives them little incentive to admit their drug use or commit to residential treatments. This threat is real with the recent parliamentary inquiry from the House of Representatives recommending young children be taken away from drug-addicted parents permanently and adopted out¹⁸. This would mean that women who had been drug users and since become drug-free would not be able to get their children back once they had been adopted. The government is yet to respond to this report.

2.6 Same sex attracted women

In Australia same sex attracted women use illicit drugs more often than heterosexual women¹⁹. Same sex attracted women aged 22 – 27 years are significantly more likely to report risky alcohol use (7% compared to 3.9%), marijuana use (58.2% compared to 21.5%), other illicit drugs (40.7% compared to 10.2%) and injecting drug use (10.8% compared to 1.2%) than their heterosexual counterparts²⁰. Higher levels of drug use by same-sex attracted women have been attributed to self medication to cope with the stress caused by homophobic discrimination²¹. The illicit drug use patterns of same sex attracted women are at least as common as young men and are not currently considered in Australian drug policy. The inclusion of sexual orientation within the National Drug Household Survey needs to be implemented without delay to ensure that the higher rates of drug use among same sex attracted women is recognised and reflected in health policy.

2.7 Indigenous women

Little data is available on Indigenous women who misuse prescription and illicit drugs. Much of the data that exists is collected from Indigenous women in custody. Of incarcerated women, Indigenous women are less likely than non-Indigenous women to be regular users of drugs other than cannabis, and less likely to be users of more than one drug¹². Indigenous women's drug use is characterized by higher levels of alcohol and cannabis use than non-Indigenous women¹².

3 Policy context and challenges

Victorian Government policy is informed by a number of state and national projects and committees. Men's drug use is more prevalent in Australia and this may have impacted the development of both National and Victorian Government policy. Women's particular needs regarding drug use and abuse are not being comprehensively addressed. Many of these policies do not acknowledge the ways that gender impacts on substance use and treatment services.

The overarching framework for drug policy is *The National Drug Strategy: Australia's integrated framework 2004-2009*²². This is aimed at improving health, social and economic outcomes for Australians by preventing the uptake of harmful drug use of both prescription and illicit drugs in our society. The Strategy addresses women only if they are mothers or smokers; women who do not fit into these categories are ignored. This oversight leads to an imbalanced framework and diminishes its strength, making it incapable of supporting the needs of all Australians.

The *National Drug Strategy Household Survey* is the ninth survey in a series that began in 1985. It is the most comprehensive study of licit and illicit drug use in Australia with almost 25 000 people aged 12 years and over responding to the survey. The limitations of this survey are that it does not capture the main illicit drug using populations including homeless and institutionalized people.

DrugInfo Clearinghouse²³ is funded by the Victorian Government. This Clearinghouse has no specific information category for women unless they are pregnant or breast-feeding. Additionally, the Australian Drug Foundation has not produced any gender specific articles on drugs since 2001. These resources are not primarily concerned with improving a woman's own health, rather defining women primarily child bearers. Much of this information is focused on the impact of the drug on the fetus²³.

As the primary drug strategy for Victorians, the Victorian Government Department of Human Services, *Victorian Drug Strategy 2006-09 'Improving health, reducing harm'*²⁴ is limited in that it does not contain specific data for men and women or address the needs of women. The section on increasing treatment take-up by under-represented groups does not include women even though men access more treatment services than women²⁵. Nor is there discussion of the higher number of young women who have used illicit drugs within the 'Discouraging experimentation with drugs by young people' priority.

The Victorian Drug Treatment Program provides a range of services to women and men experiencing substance abuse issues. Of people who have used drugs in Australia, 46% are women and 54% are men⁷. This is not represented in drug treatment services with male clients accounting for 66% of all closed treatment episodes in 2005-2006 and this has been the case since 2001-2002²⁶. A closed treatment episode is a period of contact between a client and a treatment agency with clear start and end dates. Men access more drug treatment services than women across the main forms of treatment including counselling, withdrawal management, assessment, information and education, support and case management and rehabilitation²⁷. Women make up only 31% of rehabilitation treatment for clients²⁶. One barrier for women, particularly those with dependent children can be the length of stay required for rehabilitation varying from 4-6 weeks for short term or 2 or more months for long term.

3.1 Women in prisons

Drug policy resulting in better outcomes for women in prison is especially important when at least 80% of women inmates are serving a sentence for drug related offences¹¹. There are unique treatment opportunities to assist women who misuse drugs while they are in correctional facilities. Corrections Victoria established the *Victorian Prison Drug Strategy* in 2002 which recognizes the use of alcohol and other drugs by offenders is one of the biggest issues facing Victoria's criminal justice system. The *Bridging the Gap Initiative* includes women as a target group to receive assistance in transitioning back into the community. While a positive step, this misses the opportunity to connect women with treatment services while in prison.

Traditional drug treatment programs have been found to be inadequate in addressing gender-specific needs for women prisoners¹¹. In order to address this among other issues, *Better Pathways: An Integrated Response to Women's Offending and Re-offending* was developed³⁰. This strategy aims to enhance mental health and drug treatment services for women offenders, women prisoners and women exiting prison and includes opioid substitution therapies³⁰. Offering this treatment to women while in prison is a positive

initiative in light of barriers to accessing treatment that women encounter once they have been released from custody.

The more recent *Victorian Prisoner Health Survey* recommends that there be further exploration of the relationship between early life experience of abuse and subsequent difficulties in life management among women who are imprisoned²⁹. This is a positive step in recognizing the reasons behind women's drug use and subsequent imprisonment.

Needle exchange programs have been successful in reducing the rates of infectious disease in injecting drug users²⁸. Needle and syringe exchange programs should remain a high priority for government policy and should be available to women in high risk populations, especially those in corrective services. The prevalence of Hepatitis C is high among prisoners in general with slightly higher rates recorded for women (60%) as opposed to men (52%)²⁹.

4 Recommendations

1. Effective and coordinated strategies are required to ensure that the number of women abusing drugs is reduced and the treatment options are appropriate and accessible. Drug treatment needs to be accessible to women, especially those who are mothers. Children need to be cared for so women are able to complete drug treatment programs.
2. Collaboration across organisations involved in domestic violence, drug treatment and mental health are necessary to offer faster treatment to women and minimise opportunity for women who need assistance to be overlooked.
3. Cross government collaboration between the Department of Human Services and the Department of Justice is vital to access improved treatment services available for women in prisons.
4. Improved monitoring systems for prescription drugs will have a range of benefits for women who use drugs and result in reduced cost of drugs on the Pharmaceutical Benefits Scheme. A fully integrated network of electronic prescribing across Australia is required to identify women who obtain large quantities of drugs and enable their referral to drug treatment.

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