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Why are drug-related deaths  
among women increasing in  
Scotland?



HEALTH AND SOCIAL CARE



Emily Tweed  
Rebekah Miller  
Catriona Matheson

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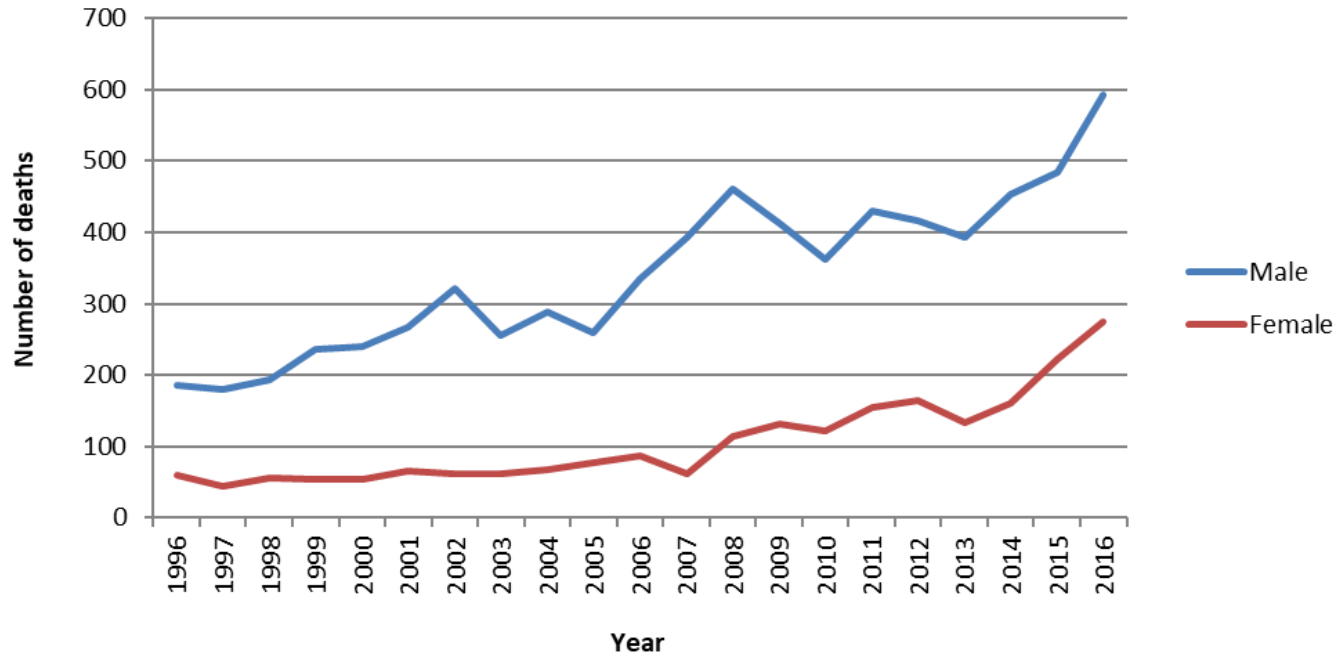
- Sara Davies and Emilia Crighton

# Outline

- Aim and methods of project
- General findings relating to gender, drug use, and drug-related harms
- Examining explanations
- Limitations
- Summary & implications

# Aim

Number of drug-related deaths in Scotland, by gender



Source: NRS

Rapid scoping project to:

- examine potential explanations
- identify implications for policy

Review of existing  
data sources

Engagement with  
professional  
stakeholders

**Methods**

Overview of  
published  
literature

Analysis of  
interviews from  
OPDP project

# **Gender, drug use, and drug-related harms**

## Prevalence, motivations, and antecedents



*“See what’s happened from I was, from I was a young age, I sort of like, take drugs to block all that out, but it doesn’t work, it blocks it out for one day and then when you wake up the next day, it’s still there, so you’re going to have to repeat, and repeat, and repeat myself every single day, trying to block this out.”*

*(Interviewee 303)*

## Physical and mental health



*“My partner, he’s saying to me, I think I’ve got that COPD [chronic obstructive pulmonary disease] or something, at night, it’s all bubbling and he said, he says it’s really scary, but, and I know I am, I get out of breath so easy, and it’s just wheezing...”*

*(Interviewee 421)*



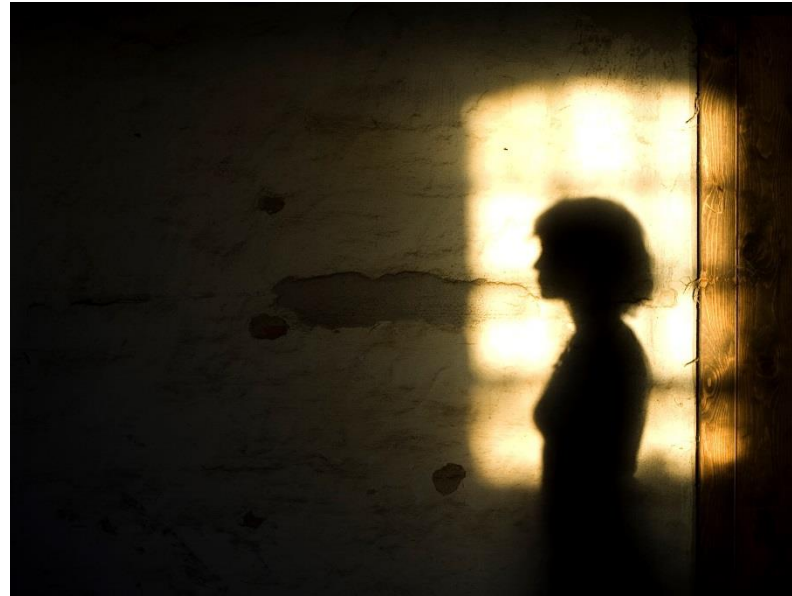
## Engagement with treatment services



*“My mum’s been wanting me to go to the doctor for a while, but na, you see and I was worried what that would, because I had to sign an agreement wi’ the social work, so if I go to my doctor they get to see everything.”*

*(Interviewee 508)*

## Life circumstances and family relationships



*“I mean I think I would have stopped wi’ the methadone if there hadn’t been so many up and downs with the children getting taken off me and such, and there’s been so much, and then, I went through. My kids got taken off me, beatings from the ex, so, Women’s Aid people were involved, come up to talk to me, things like that. So there had been a lot of things that, not made me take drugs but, I chose to take them to help. But then it doesn’t help.”*

*(Interviewee 402)*

# Rates of drug-related death and risk factors

Cohort studies of people who use drugs find that:

- Absolute rates of death - men > women
- Relative rates (i.e. comparing to rest of population) – men < women

Partly but not fully explained by contextual & behavioural factors

- Imprisonment
- Injecting

Effect of known risk factors varies by gender

- Age – greater increase in risk among women
- Time out of treatment – lesser increase in risk among women

# **Examining explanations**

# Measurement issues?

Unlikely to be explained by:

- Changes in recording practices
- Changes in mortality trends among women more generally

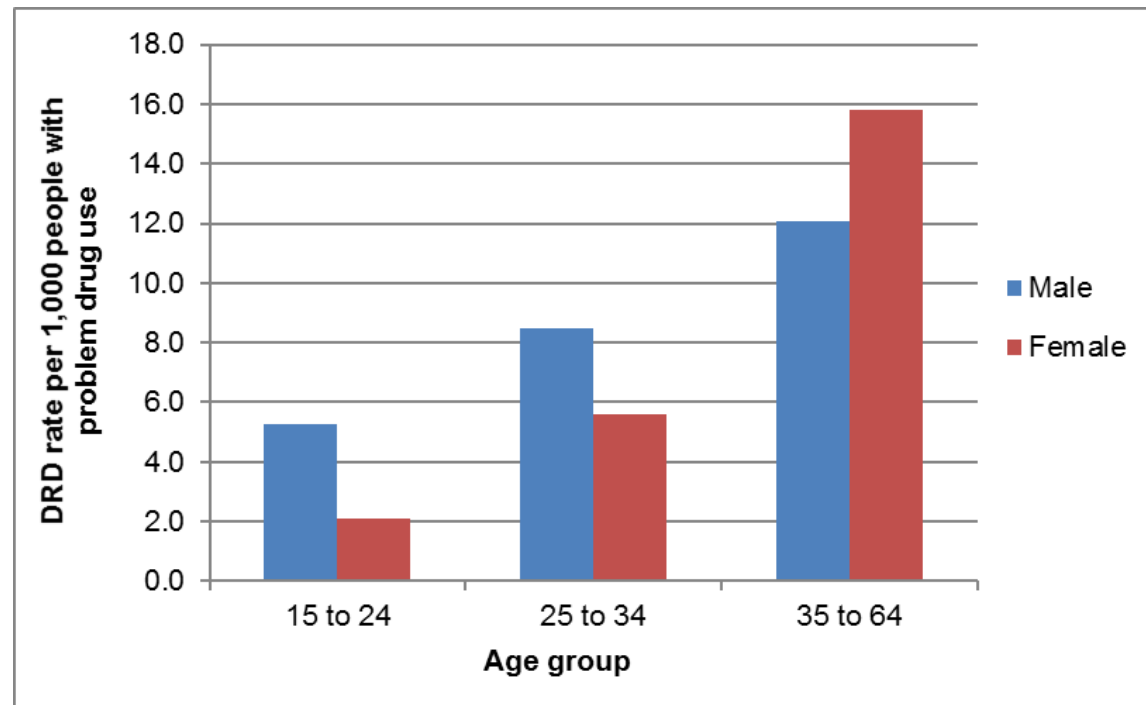
## Changes in number of women at risk?

Routine surveillance – population of women who use drugs ↔ or ↓

Limitations of existing data sources

# An ageing population?

- Average age of women who use drugs is increasing
- May be more pronounced among women than men
- Ageing may be associated with greater DRD risk for women than men



Source: NRS

# An ageing population?

**But...**

- ‘Ageing’ is relative
- Population DRD rates increasing within almost all age groups
- Not just inevitable chronological vulnerability...

*“I think it’s got quite a lot to do with mental health, but sometimes I don’t know, I just, I’ve given up just now, because everybody’s been dying round about me, just giving up.”*

*(Interviewee 303)*

*“...now that I’m 35 I’m thinking “Oh my God, I’m nearly hitting 40, I’m still using gear, I haven’t got a job, a lot of mental illness, I haven’t got any kids, I’m not married. My Mum and Dad wanted more for me than that and I feel, they make me feel guilty about that you know.”*

*(Interviewee 503)*

# Changing patterns of drug use?

## Among those who use drugs:

- SDMD data
- NESI data

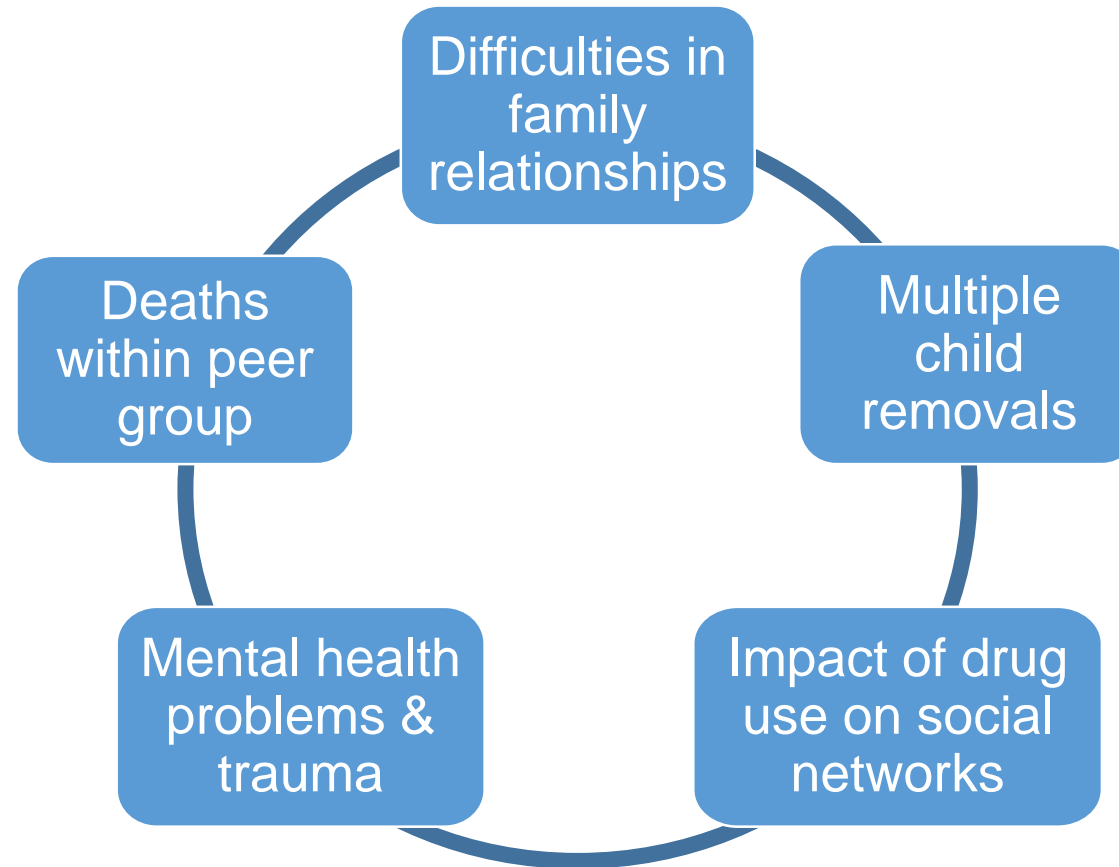
## Among those who have died:

- Opioids still dominate
- Higher % of female deaths involve multiple substances
- Increase in recent years in:
  - Codeine/dihydrocodeine
  - Benzodiazepines
  - Cocaine
  - GABA-ergic drugs
  - Anti-depressants and anti-psychotics
  - Polysubstance combinations

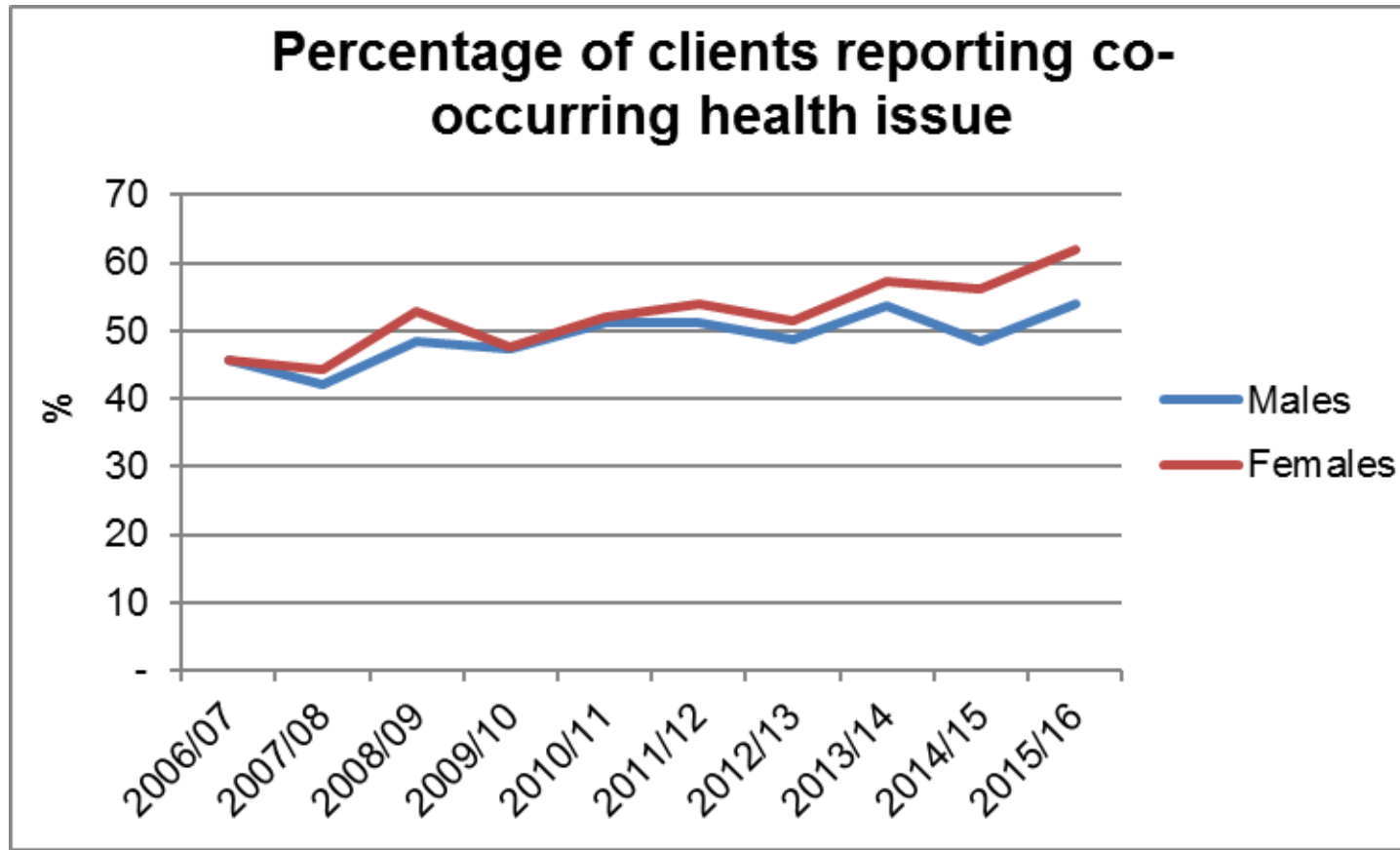


# Changes in relationships?

Increasing social isolation – a recurring theme



# Co-occurring physical and mental health issues?



Consistent with:

- Analysis of DRDs data
- Older People with Drug Problems
- Stakeholder input

Source: Scottish Drugs Misuse Database

# Treatment & harm reduction services?

Comparing prevalence and treatment data

Among those who have died, women more likely to have had:

- Recent contact with services
- Current OST prescription
- Previous overdoses
- Someone else in room at time of death



Missed opportunities?

Naloxone supply & carriage – trends similar by gender

# Treatment & harm reduction services?

## Changes in services:

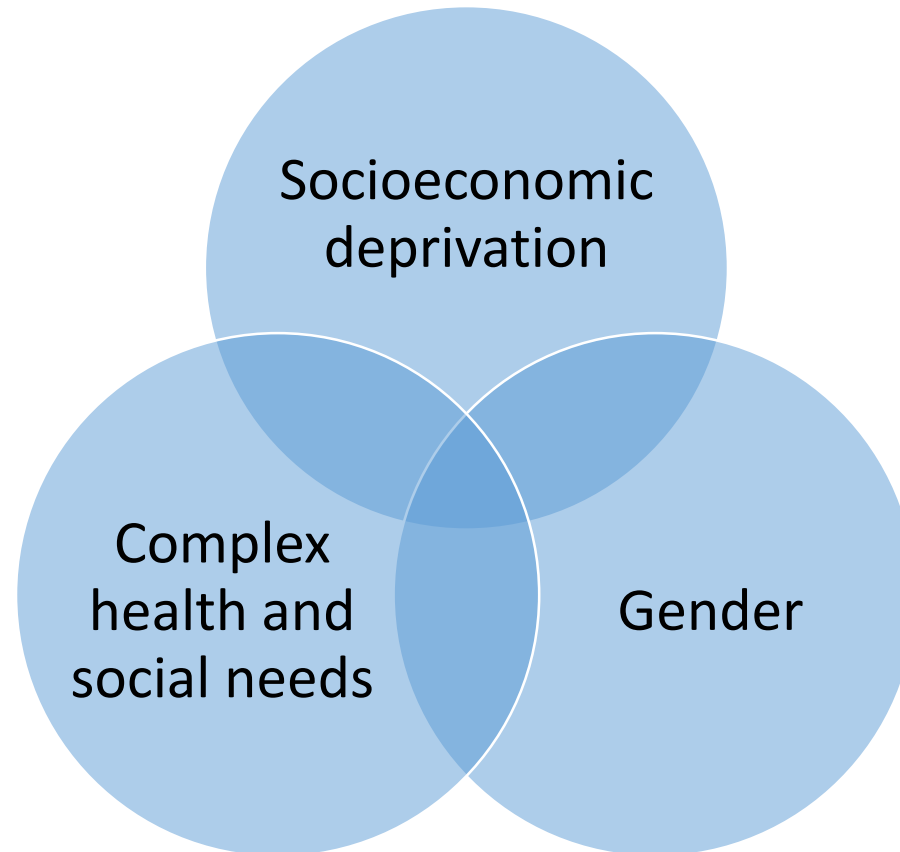
- Treatment services
- Allied health services e.g. mental health
- Broader support e.g. employability

## Experiences in prison

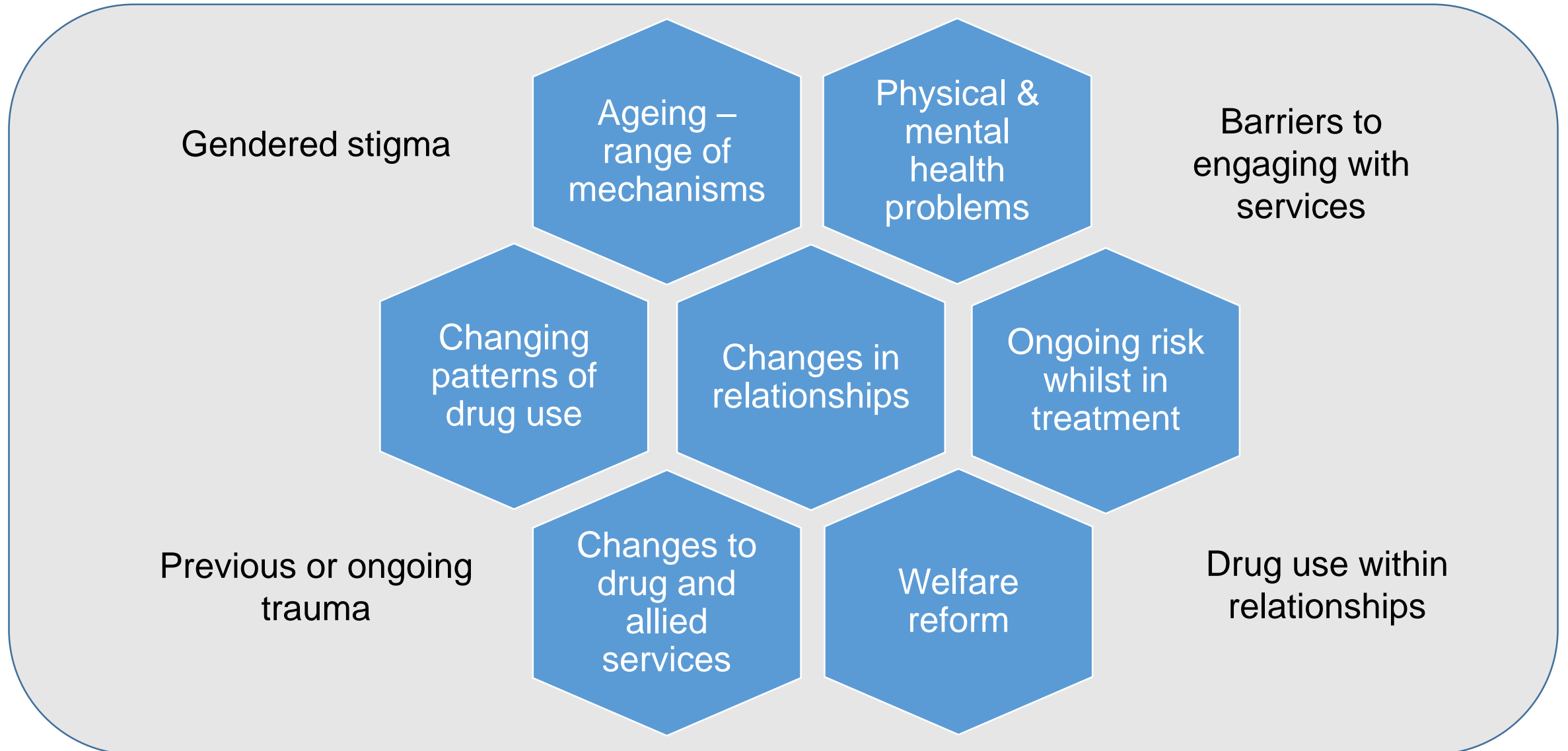
- Less common among women who die than men
- Questions about continuity of treatment & throughcare
- Naloxone uptake - high

# Economic and social trends?

Greater vulnerability to welfare reform and austerity measures?



# Synthesis of explanations



# Limitations

- Overview of literature rather than systematic search
- Purposive and convenience sampling of informants
- Nature of data sources
- Limited descriptive analysis
- Definition of drug-related deaths

# Implications

*“The starting point in developing gender-sensitive drug policy must be to recognise **points of similarity and difference** between the lives of female and male drug users. Intersectional approaches are useful here which do not assume that gender is the most important factor in shaping the experiences of drug users and provide space to consider the role of other factors - individual, social and cultural - which may be related to drug use. The latter involves recognition that drug users’ experiences are shaped, but crucially are not determined by, structured inequalities.”*

Wincup (2016)



# Implications for policy & practice

## Gender mainstreaming

Involvement of those with lived experience

Co-ordination across services

Child & family-sensitive provision

Trauma-informed practice

Low-threshold & crisis provision

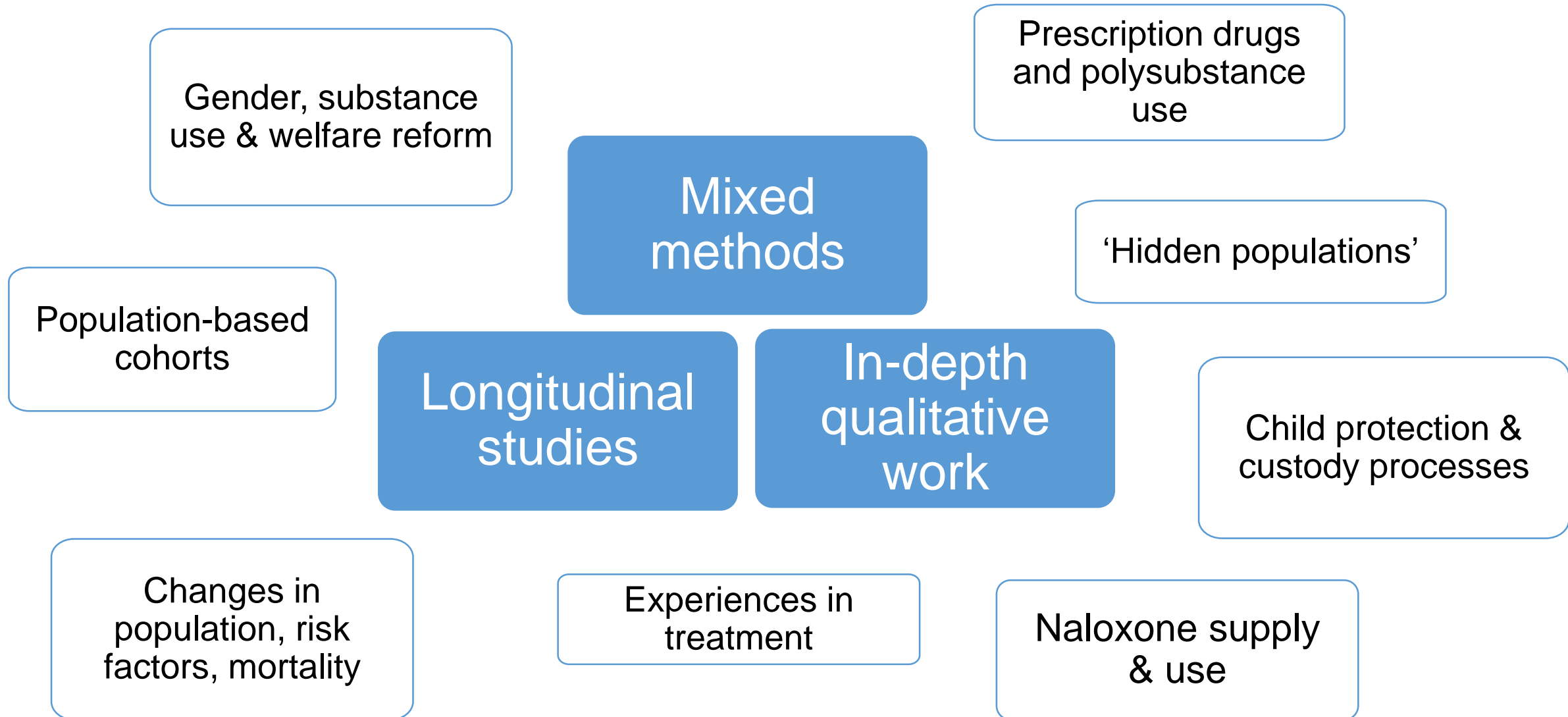
Family-sensitive services & support

Mitigating social & financial disadvantage

Enhanced support at vulnerable times

Access to wider opportunities

# Implications for future analysis & research

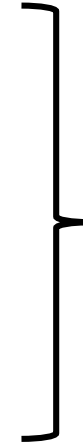


Thanks for listening.

Comments and questions welcome!

# Changes in the number of women at risk?

- Self-reported drug use
- Needle Exchange Surveillance Initiative
- Initial assessments for treatment
- Drug-related hospital stays



Suggest population of women who use drugs stable or decreasing

## Limitations to these data

- Potential hidden population(s) – esp. for prescription drugs?