

Drug-related Deaths among Women



Summary of a knowledge-exchange event held on 10th September 2018

Background

Drug-related deaths (DRD) have increased significantly in Scotland in recent years. Although men still account for the majority of cases, over the last 10 years the percentage increase in deaths has been much greater among women than among men. In June 2018, Scottish Government published a report which examined the potential explanations for this phenomenon and identified priority areas for future work:

<http://www.gov.scot/Resource/0053/00537548.pdf> (pdf of main report)

<http://www.gov.scot/Resource/0053/00537476.pdf> (pdf of summary report)

To support this report and associated work, the [Drugs Research Network Scotland](#) (DRNS) organised a seminar on DRD among women held at the University of Stirling on Monday 10th September, 2018. The seminar was chaired by [Dr Aileen O’Gorman](#) (University of the West of Scotland) and speakers included [Lee Barnsdale](#) (Information Services Division Scotland), [Dr Emily Tweed](#) (University of Glasgow), and Maggie Page (Scottish Government). The event was attended by approximately 50 delegates including academics from universities across Scotland, third sector service providers, Alcohol and Drug Partnerships, and people with lived / living experience of drug use.

This report provides an overview of the topics covered during the presentations and discussion groups.

Introduction by Dr Aileen O’Gorman

The seminar was introduced by Dr Aileen O’Gorman who is the academic lead for the Harms research theme for the DRNS. Aileen outlined the context and burden of DRD among women, and the need to generate and share learning to inform appropriate responses across Scotland.

Gender, drug use and death.

The first presentation was delivered by Lee Barnsdale who is a Principal Analyst at ISD Scotland. Lee opened his presentation with findings from analysis of data from the National Records of Scotland who track DRD trends. Lee then proceeded to discuss the data in more detail, focussing on the following four questions:

1. To what extent are DRDs among females increasing?
2. Does this reflect demographic changes in the population using drugs?
3. What are the other protective/risk factors for DRD and how do these differ between the sexes?
4. What are the implications for research/policy/practice?

Slides from Lee’s presentation can be accessed [here](#).

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

The second presentation was delivered by Dr Emily Tweed who was lead author on the Scottish Government report. Emily gave a detailed summary of the report aims, methodology, and general findings which included a discussion of:

- Prevalence, motivations, and antecedents
- Physical and mental health
- Engagement with treatment services
- Life circumstances and family relationships
- Rates of drug-related death and risk factors

Emily also examined explanations for the findings which included:

- Measurement issues
- Changes in number of women at risk
- An ageing population
- Changing patterns of drug use
- Changes in relationships
- Co-occurring physical and mental health issues
- Treatment & harm reduction services
- Economic and social trends

Emily's presentation concluded with a synthesis of explanations, a discussion of limitations, and implications for future policy, practice, and research. Slides from Emily's presentation can be accessed [here](#).

General discussion

Following the two presentations, delegates were invited to ask questions to the speakers during a discussion facilitated by Dr Aileen O'Gorman. The speakers were joined by Maggie Page who is a Senior Research Officer at Scottish Government. Maggie discussed her role in the Scottish Government report and outlined the Scottish Government's draft Alcohol and Drugs Strategy which had recently been released for feedback. Many thoughtful questions were asked, and discussion points included:

- How Scotland's increase in DRD among women compares to other countries.
- The available data of drugs being prescribed prior to death.
- The definition of older drug users (35 years of age and older) and whether this definition is helpful.
- The impact of children being taken into care. The group asked whether it is always necessary to move a child into foster care and how care-package removal affects parents.
- The research available on how people with lived experience can have a positive impact on recovery communities.
- Whether there needs to be an increase in awareness and understanding of family use of naloxone. How can we increase knowledge in society?
- The link between drug-use and antidepressants. The group discussed polydrug use and the impact of gender differences in metabolism.
- The impact of welfare on health and how each DRD is a consequence of a failing at many different levels.

Group discussions

The speakers and delegates then formed four smaller groups to build upon the general discussion and work through topics in more detail. The discussion was framed around two key questions:

1. What are the issues and needs facing women who use substances?
2. What research / information do we need to develop policy and treatment practices that are sensitive to gender (and gender non-conformity)?

The following themes and issues were raised:

Services

- The impact of children being taken into care, or fear of same, on women's well-being, health behaviour and access to services. Alternative family support packages where the family are taken into care required.
- Difficulties for women with child care responsibilities accessing services e.g. unable to attend an appointment due to the times available and lack of child care. Need for more flexibility to provide female-centred care.
- Need for women only services or supports which are responsive to intersectionality.
- Need for information on the availability for women only services in Scotland and the rest of the UK and the type of services they provide.
- Geographical difference in treatment type and availability. People may be isolated from high-quality services.

- Waiting times for people to access treatment. Difference between waiting times for men and women.
- Need for further understanding of and access to recovery communities.
- Role of pharmacists in identifying problems.
- Concerns about responsible prescribing. Women may be more likely to receive a prescription.

Stigma

- Attitude of healthcare workers and its effect on the uptake and experience of treatment.
- Experience of stigma, for women and all people who use drugs PWUDs. Can we learn from responses to other examples of stigma e.g. HIV stigma?
- Different experiences of stigma among people who use drugs: people on methadone treatment compared to those in abstinence; use of alcohol compared to drugs.

Trauma-informed approach to services

- The potential of taking a psychosocial approach to gain a more comprehensive understanding of trauma and the initial causes of problem drug use.
- Clarity required on what is meant by a trauma-informed approach.
- Need to equip service providers, police, and ADPs to understand and respond to people affected by trauma.
- The utility of a 'whole family approach' to address trauma.
- Importance of supporting people to deal with the (re)emergence of prior / suppressed trauma when they engage in treatment and when they complete OST.
- The impact of annual budgets for ADP funding on long-term planning for services such as those to address trauma.

Needs

- Impact of austerity on individuals, communities and problem drug use. e.g. cuts in services, lack of ongoing support, lack of funds for research and projects.
- Lack of support available to keeps families together.
- Concern about the effects of domestic violence on women and their pattern of drug use
- Concern that the same (small number) of women are being asked to share their lived experience and it can feel or even be exploitative.
- Need to understand women who use drugs and benefit from this e.g. status elevation among peer group, making money from sales?

Evidence for policy and practice

- Concern that previous drug strategies have not worked and next strategy may be equally ineffective.
- Services are not recording gender or providing a gender analysis of service uptake, outcomes, barriers etc.
- Need for knowledge and understanding of the different experiences of women by demographic e.g. age, class, ethnicity?
- Need for research to reflect women's experience. Research has historically/typically focused on male drug users, so research findings often skewed towards male perspective and experiences.
- Concern that the same (small number of) women are being asked to share their lived experience and it can feel or even be exploitative.
- Learn from the evidence from other countries on these issues e.g. good practice elsewhere on gender mainstreaming. Conduct a comparative review of other areas e.g. UK/Scottish or Western communities?
- Knowledge gaps about people who use drugs but do not identifying themselves i.e. hidden use.
- Models and evidence for successful interventions do not always translate into national policy.

Next steps

This report and slides from the seminar will be forwarded to the Scottish Government's Substance Misuse Unit to inform ongoing development of policy and practice. DRNS will discuss the potential for further data analysis with presenters to answer some of the queries raised today.

Points raised at the seminar will inform the ongoing development of the DRNS research agenda. People interested in taking a lead on specific topics arising from this event are welcome to contact [Aileen O'Gorman](#) (DRNS Harms Theme Lead) or [Joe Schofield](#) (DRNS Co-ordinator) so we can ensure a coordinated approach and avoid duplication moving forward.