

# WOMEN AND OPIOID DEPENDENCE



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# Introduction

In Europe, women account for approximately 25% of the population with illicit substance use and about 20% of entrants to treatment programmes. Women are particularly likely to face social stigma, be economically disadvantaged and have less social support, come from families with substance use issues, experience physical and sexual abuse and have co-existing mental health issues.<sup>1</sup> Specific groups of women with substance dependence, including pregnant women and mothers, those involved in sex work, women in prison and ethnic minorities, have special needs.<sup>1</sup>

The issue of illicit substance use, particularly opioid dependence, among women is a major public health issue. Examining the issues that particularly relate to women with opioid dependence makes it possible to focus on both the prevention and management of dependence and research into effective treatments. With this aim in mind, Camurus has brought together in this booklet information about some of the issues pertaining to women with substance dependence that could help to improve their care.<sup>1</sup>

**If you want to learn more  
about opioid dependence, visit  
[www.opioiddependeceandme.com](http://www.opioiddependeceandme.com)**



# How prevalent is illegal substance use and opioid dependence?

According to figures published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), an estimated 83 million or 28.9% of adults aged 15–64 in the European Union (EU) have tried an illicit substance at some time in their life.<sup>2</sup> However, this figure should be considered to be a minimum estimate due to reporting bias. For all substances, use is generally more widespread among men than women (50.6 versus 32.8 million)<sup>2</sup> and this becomes more pronounced among regular or frequent users. However, more and more women are using illicit substances.

In Europe in 2019, opioid use was the main reason for entering specialised drug treatment for 84 000 people or 27% of all those entering drug treatment. Of these, almost 20 000 were first-time entrants. Heroin was the primary substance for 13 600 (79%) of the 17 300 first-time entrants for whom the opioid was reported.

## Some figures

# 32.8 million women

aged 15–64 in the EU have tried an illicit substance<sup>2</sup>

## Opioid Dependence

# 1 million

high-risk opioid users in the EU in 2019<sup>2</sup>

# 510 000

people received opioid dependence treatment in the EU in 2019<sup>2</sup>

# 27%

of substance treatment requests in the EU in 2019 were from opioid users<sup>2</sup>

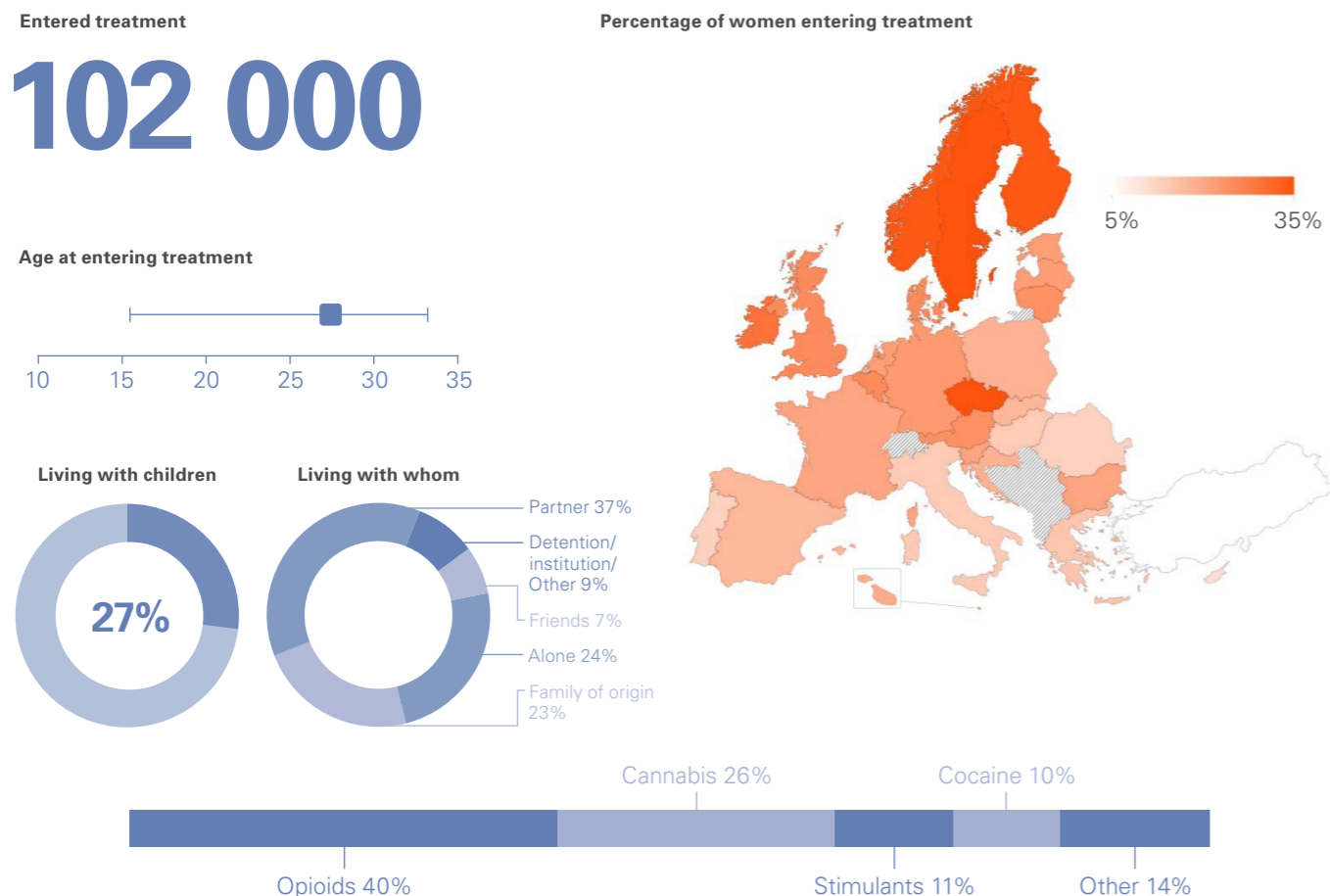
# 4:1

the ratio of male to female entrants to opioid treatment programmes in the EU in 2016<sup>3</sup>

# 19%

of heroin users entering treatment are women<sup>2</sup>

## Profile of women entering treatment in the EU in 2016<sup>3</sup>



# Mortality associated with substance use

Most deaths directly linked to substance use involve the use of illicit opioids and misuse of prescription opioids, mainly heroin in conjunction with other substances.<sup>2,4</sup> Increases in deaths among different age groups, including teenagers and those aged over 50 in some countries, highlight some of the challenges facing service providers.<sup>2</sup> It is estimated that at least 5 141 overdose deaths occurred in the EU in 2019, an increase of 3% compared with 2018.<sup>2</sup>

## Some figures

**76%**

of fatal overdoses reported in the EU in 2019 involved opioids<sup>2</sup>

**23%**

of overdose deaths are in women<sup>2</sup>



# Crime and prison

In Europe, women represent around 4% of the prison population, a proportion that has remained stable over the last few years.<sup>5,6</sup> Although approximately 4% of prisoners are women, about 50% of all self-harm incidents in prison involve women and death rates on discharge are significantly higher for women than for men.<sup>6</sup> Women are mainly sentenced for non-violent crimes, including substance offences.<sup>5</sup> In Europe, the proportion of women in prison incarcerated for substance-related offences varies considerably, from 5% in Bulgaria to approximately 40% in Spain.<sup>5</sup>

Women in prison have complex social and health profiles, have often received scarce or inadequate healthcare before imprisonment and have high rates of mental health problems compared with men.<sup>5</sup> They are reported to be particularly vulnerable and at risk of problematic substance use.<sup>5</sup>

In Europe, the prevalence of any illicit substance use prior to entry into prison is higher in women than in men, with an estimated prevalence of 62% versus 41%, respectively.<sup>6</sup> The reasons for the higher prevalence of illicit substance use among women in prison are likely to be related to the high proportion of women imprisoned for substance-related offences and the high level of vulnerability of women who commit crimes and are sentenced to prison.<sup>5</sup>

After leaving prison, women who used illicit substances are at a high risk of substance-related death and, compared with men, women with substance-related problems may suffer more serious long-term social consequences of their prison experiences.<sup>5</sup> Compared with men, women are likely to receive less support than men when they return to their family or the community and they may be more socially and economically disadvantaged.<sup>5</sup>

## Some figures

**5%**

of the prison population in Europe as of 31 January 2019 were women<sup>5</sup>

**62%**

of women Europe had a history of illicit substance use prior to prison entry<sup>7</sup>

**80%**

of women in prison in Europe have a diagnosable mental health problem, often coupled with substance use<sup>6</sup>

## Suicide and psychiatric issues

In addition to overdose-related deaths, the use of opioids in suicide attempts occurs frequently in people with opioid dependence.<sup>4</sup> In a US study, opioid dependence more than doubles the risk of suicide in women and increases the risk by almost one third in men.<sup>8</sup> Risk factors for suicide include previous suicide attempts, substance misuse, impulsivity and a history of sexual abuse.<sup>4</sup>

Psychiatric conditions such as anxiety, sleep and substance-related disorders are associated with an increased risk of developing opioid dependence and a high proportion of people with opioid dependence have one or more comorbid psychiatric conditions.<sup>8</sup> Psychiatric comorbidity is associated with greatly reduced quality of life and can contribute to reduced treatment compliance.<sup>4</sup>

**Opioid dependence  
more than doubles  
the risk of suicide in  
women<sup>8</sup>**

## Female sex workers and substance use

Social, physical and psychological deprivation make women more vulnerable to exploitation by male partners and substance use can lead women into sex work to provide a source of income and to pay for their substance use.<sup>6,7</sup> Women who inject substances are more likely to trade sex for money or substances and have difficulties negotiating condom use with sexual partners.<sup>9</sup> Women in prison are more likely to participate in sex work than men in prison and the general female population.<sup>5</sup>



## Maternity risks

The latest available data (up to 2010) for people entering treatment programmes in Europe show that about 10% of people (range 3–17%) lived with children, either alone or with a partner.<sup>10</sup> Overall, 5% of all treatment entrants, or 40% of those who reported living with children, were single parents.<sup>10</sup> Women were on average four times more likely than men to be single parents.<sup>10</sup>

Data on the prevalence of illicit substance use among pregnant women are not available for most European countries so the true prevalence is unknown.<sup>10</sup> It is estimated that there may be as many as 30,000 pregnant women in Europe using opioids every year, many of whom are reluctant to seek care for fear of negative judgement or a hostile reaction from service providers.<sup>6</sup> Stigma is the main reason that women are reluctant to seek help but this can be fatal in the event of a medical emergency.<sup>6</sup>

However, pregnancy and motherhood can be strong motivating factors to help women recognise and seek treatment for their substance use.<sup>6</sup> Research indicates that there is a need for specialised, supportive and anonymous services for mothers with substance use.<sup>6</sup>

### Some figures

**30 000**

women with opioid dependence become pregnant in Europe each year<sup>6</sup>

**1 in 10**

people entering treatment in Europe in 2010 were women living with children<sup>9</sup>

## Gaps in knowledge, response options and what needs to improve

Currently, there are significant gaps in knowledge about women's substance use due to a number of reasons. Studies do not always include women and those that do may not report results separately for women and men or address gender issues. Most research on women of child-bearing age only deals with opioid use and research on other substances is limited.<sup>1</sup>

Women require specific services that are tailored to their needs. These should be welcoming, non-judgmental, supportive and physically and emotionally safe in order to address stigma and trauma. In addition, opioid dependence treatment centres and psychosocial support services should be linked to deal with co-occurring substance use and mental health issues. Services should promote healthy connections to partners, children and family members.<sup>1</sup>

When planning treatment services, consideration needs to be given to women with special needs, such as pregnant women and mothers, sex workers, women in prison and ethnic minorities.<sup>1</sup> Research is needed into the requirements for and the benefit of specific interventions for women with substance use.<sup>1</sup>



**Camurus** is a Swedish science-led biopharmaceutical company committed to developing innovative, long-acting medicines for the treatment of serious and chronic diseases, including opioid dependence, pain, cancer and endocrine disorders.

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