

From The Women's Health Contribution Program

Supported by the Bureau of Women's Health and Gender Analysis, Health Canada

W O M E N ' S H E A L T H P O L I C Y B R I E F

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Girls, Women, Substance Use and Addiction

At Issue

Current trends in women's substance use demand a concerted, women-centred response.

Our Analysis

Until recently, less attention has been brought to women's substance use (alcohol, tobacco, mood altering prescription drugs and illicit drugs) than to men's, in part because women's substance use has not been as high as men's. We are now seeing convergence in levels of use among young women and men in some drug categories. We are also becoming increasingly aware of how even lower levels of use are associated with more serious health consequences for women and girls. For example, women are more likely to develop lung cancer than men who smoke the same number of cigarettes and women are also more likely to develop liver disease after shorter histories of alcohol use than men. Both sex and gender differences affect women's and men's use of and response to substance use and their treatment needs are also correspondingly different.

Alcohol – Attention is currently focussed on alcohol use during pregnancy, as exposure to alcohol in utero creates risk of Fetal Alcohol Spectrum Disorder (FASD), especially when pregnant women are burdened by stress, mental illness, intimate partner violence, isolation, and/or experiences of childhood abuse. Often mothers risk losing custody of their children if they identify as needing help with substance use problems. Strategies to prevent FASD need to take into account the complex risks and barriers faced by substance-using mothers. There are but a handful of treatment programs in Canada that specialize in the treatment of pregnant women or have the capacity for mothers to bring their children with them while they access residential treatment.

Aboriginal Women – The effects of violence and colonization have manifested in the lives of Aboriginal women in a multiplicity of ways, including contributing to their substance use and addiction. Aboriginal women who use alcohol in pregnancy are highly scrutinized and stigmatized, while little attention has been paid to providing gender-specific, culturally-competent treatment or policies.

Tobacco – Smoking contributes to long-term health problems for girls and women. While overall smoking rates in Canada are decreasing, young women and Aboriginal women are not following this trend. Women's health researchers associated with the WHCP have identified best practices in tobacco interventions for pregnant women, women living on low incomes, Aboriginal women and adolescents.

Prescription drug use – Women are twice as likely as men to be prescribed tranquilizers (benzodiazepines), sometimes for extended periods of time despite 40 years of research that indicates that these medications should be prescribed for no more than two weeks of continuous use. Appropriate services are needed to assist women to manage the range of serious withdrawal symptoms associated with stopping tranquilizer use, through gradually tapering from the use of this category of drugs. Benzodiazepine use has been implicated in falls, memory impairment and depression, particularly in older women.

Cannabis – Recent national studies show high levels of cannabis use by girls (and boys). The pathways to illicit substance use differ for girls. There is a gap with respect to gender-specific prevention and treatment programming in Canada.

Advancing the health of women

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Other illicit drug use – Methamphetamine (crystal meth) is an example of a new, highly accessible “drug,” with very serious immediate health implications, such as risk of psychosis. Levels of use among girls and young women may be as high, or higher, than for males. Injection drug use accounts for almost half of female HIV cases. British Columbia ranks among world leaders in the development and delivery of harm reduction programming, however we have yet to take the specific risks, barriers and health concerns of vulnerable girls and women fully into account in these innovative initiatives.

International interest in women’s substance use treatment, prevention and policy is high. A recent United Nations report on treatment and care of women with illicit drug use problems makes a strong case for gender-specific prevention, outreach, treatment and harm reduction approaches.

Our Recommendations

There are compelling reasons for considering sex and gender differences in addictions research and service provision, as well as for bringing a gender-based analysis to all alcohol, tobacco and other drug policies. In all these arenas it is also important to account for differences among girls and women, for example in socio-economic status, occupation, family roles, reproduction, child care responsibilities and vulnerability to sexual and intimate partner violence. A number of policy opportunities exist that could accelerate action on recommendations on women’s substance use:

- The five year renewal of the Canada Drug Strategy in May 2003 provides an excellent opportunity for action on women’s needs, particularly through the community-based funding program for initiatives that address prevention, harm reduction and treatment needs, as well as through the biennial conferences of stakeholders to set research and prevention agenda.
- Sex and gender analysis needs to be brought to the actions arising from the *Senate Committee Report on Mental Health, Mental Illness and Addiction* as well as to data collection instruments such as the Canadian Community Health Survey and the Canadian Addiction Survey.
- In prescription drug monitoring initiatives, review of prescribing practices regarding benzodiazepines and anti-depressants to women is strongly recommended.
- National and provincial FASD Strategic Plans need to *balance* work on diagnosis and intervention with those affected, with support to women of child bearing years to prevent FASD. FASD prevention from a women’s health perspective includes brief interventions with all women by physicians and other service providers, as well as withdrawal management and comprehensive, respectful, holistic support for pregnant women with substance use problems.

Additional Resources

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