



Women and Substance Use

Women misuse prescription and illicit drugs for various reasons including to deal with past trauma, relieve stress, and self-medicate 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 drugs to improve mood, reduce tension and cope with problems.¹

Licit and illicit substance use

Humans have a long history of using substances, both licit and illicit, to influence mood and/or behaviour.* Coffee, tobacco, alcohol, anti-depressants, marijuana and crystal methamphetamine are all examples of such substances.

Licit substance use. The use of licit substances is an accepted part of Australian and most other western societies. The vast majority of Australians use caffeine, for example, through the consumption of tea, coffee, cola drinks and chocolate. The regular use of alcohol and tobacco by adults is acceptable to three out of four and two out of five Australians respectively.² Alcohol remains the most common substance used by young people, with around 76% of secondary students reporting having used it at some time.³

The 2010 Adolescent Community Profile for the Eastern Metropolitan Region (EMR) found that:

- of those aged 15–17 years, 72.7% had consumed alcohol at some point, and 50.6% said they had drunk alcohol in the past 30 days; and
- of those aged 12–14 years, 43.8% said they had at some time used alcohol, and 21.8% reported use in the past 30 days.⁴

Illicit substance use. In 2016, about 8.5 million (43%) people in Australia aged 14 years or older had ever illicitly used drugs, including misuse of pharmaceuticals. Almost 3.1 million (15.6%) had done so in the last 12 months, with men more likely than women to use illicit drugs (18.3% compared with 13%).⁵ Illicit drug use accounts for almost 2% of the burden of disease in Australia, including the impact of overdose, injury, violence, dependence and health issues resulting from sustained regular use.⁶ Illicit drug use is most common among people aged 20–40 years. More females in their 30s used illicit drugs in 2016 than in recent years, with the use of cannabis, ecstasy and cocaine increasing.⁵

In 2011, 14% of 12–17 year old students had at some time used an illicit drug. Cannabis use accounted for more than half of this percentage, with only 6% having ever used an illicit drug other than cannabis. Illicit drug use by students has fallen significantly since 1996. Female teenagers are no more likely than male teenagers to have ever used an illicit drug.³

*Illicit drug use includes the use of illegal drugs, the non-medical use of pharmaceutical drugs (an illicit behaviour), and the inappropriate use of other substances (such as inhalants).

Problematic substance use

Substance use becomes problematic when the user consumes the substance in amounts or with methods that are harmful to themselves or others. Substances can become addictive, leading to dependence and substance use disorder, which is often further accompanied by adverse health and social effects. In 2014–15, of those receiving publicly-funded treatment in Australia for alcohol and/or other drugs, alcohol was the principal drug of concern (38%) followed by cannabis (24%), amphetamines (20%) and heroin (6%). Of the total number of those receiving treatment, one-third were women.⁷

Problematic illicit drug use is a direct cause of death and disability as well as being a risk factor for a number of diseases that affect drug users and the wider community. The relative health and social impact of problematic illicit drug use varies depending on the specific type of drug used and the circumstances of its use.⁵

Women, substance use and incarceration

The link between drug use and incarceration is strong, and the association between drug use and criminal activity is more pronounced in women than in men.^{8,9} A study on women, drug use and crime found that more than 40% of detainees surveyed had used illicit drugs at least once. Almost 60% reported using cannabis and amphetamine/methylamphetamine recently, compared to less than 10% of women in the general community.⁸ Female drug-using prisoners are more likely than male drug-using prisoners to:

- report a connection between their drug and alcohol use and offending behaviour;
- report that they were under the influence of drugs and/or alcohol at the time of the offence;
- be injecting drug users;
- be socially and occupationally disadvantaged; and
- be responsible for the care of dependent children.⁸

Drug misuse has been acknowledged as a contributing factor to family violence, with Crime Statistics Agency data showing that recidivist family violence perpetrators are more likely to be recorded by police as having used drugs.¹⁰

Substance use and violence against women

A number of studies show that women, as a response to trauma, are more likely to self-medicate than men. Women experiencing family violence can begin or increase substance use as a way to cope with the violence being inflicted on them. Of women receiving drug treatment, approximately half are victims of childhood sexual abuse.¹¹

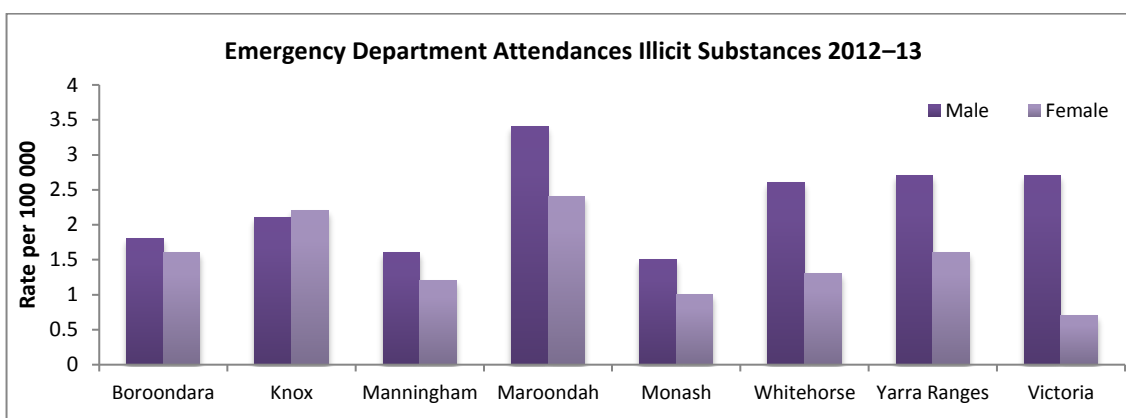
Consuming high levels of alcohol and/or drugs can put women at risk of sexual coercion, unwanted sexual contact, attempted rape and rape.¹² Younger women are particularly vulnerable to such violence. A survey of Australian secondary students found that of Year 10–12 female students who were sexually active, 32% had experienced unwanted sex. One of the main reasons respondents stated was being too drunk or too high at the time.¹³ It must be stressed that women's use of alcohol and/or drugs is *not* the driver of violence perpetrated against them. *Alcohol does not of itself drive violence against women.* Alcohol as factor that contributes to violence against women is significant only in the context of already existing social norms and practices that reinforce masculine conquest and aggression, and women's drinking as a form of victim blaming.¹⁴ For more on violence against women, see Women's Health East's [website](#) (fact sheets series).

Pregnancy, motherhood and substance use

The use of substances in pregnancy can have an adverse effect on unborn babies. Negative outcomes associated with substance use include low birth weight, withdrawal syndrome, cleft palate and behavioural problems that can have consequences throughout adulthood. Mothers experiencing illicit drug-related diagnosis are more likely to be younger, unmarried, Australian-born and Indigenous. Pregnant drug users may attempt to conceal their drug use from health providers to avoid the risk of child protection involvement.¹⁵

Substance use in the EMR

The rate of emergency department attendances by women for illicit substances is higher than the Victorian rate across every LGA in the EMR, with the highest rates recorded in Maroondah and Knox.¹⁶



References

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