



The Gender Dimension of Non-Medical Use of Prescription Drugs (NMUPD) in Europe and the Mediterranean Region

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Conceptual framework

- **Understanding gender** as it relates to drug use and drug use disorders is a critical requirement to developing effective policy and practice responses.
- Core objective in the EU's drug action strategy.
- Intersectionality
- Different addictive career trajectories
- Different reintegration challenges

Increase in attention to NMUPD and to gender

- This study continues to **build on** the corpus of knowledge on the subject and also helps **identify gaps**.



Defining NMUPD

- **‘use of a prescription drug, whether obtained by prescription or otherwise, other than in the manner or for the time period prescribed, or by a person for whom the drug was not prescribed (Lithuanian Presidency of the Council of the EU 2013:14).**
- **psychotropic** drugs.
- According to NIDA the term “nonmedical use,” does not correspond to the definition of **abuse/dependence** listed in DSM-IV or to the category of **substance related disorders** in DSM-V.

Main categories of NMUPD

- Opioids
- CNS depressants
- CNS stimulants



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Systematic Review

The literature review:

- Identifies women as a **high-risk** category for NMUPD.
- Shows how gender is **not predictive** in the same direction across use of **different categories** of prescription drugs.
- Highlights how the **telescoping phenomenon** is evident for women in their NMUPD “career paths”
- Shows that women manifest **different patterns** of prescription-drug use to men.
- highlights how **trauma and interpersonal violence** may be causal factors for NMUPD among women.

Type of Prescription Drug

- Gender variation in prescription drug misuse must be evaluated according to **type of drug**
- Benzodiazepines: twice as likely to be **prescribed** to females than males for non-clinical symptoms such as stress (Dollar & Ray, 2013)
- Benzodiazepines = dependence: women are therefore significantly more likely than men to become chronic users (Women's Health Council, 2009)

Career Path

- In comparison to males, the onset for females is **later** but females come to use them **regularly** more quickly
- This has been seen as evidence for **'accelerated disease progression'** amongst females or the **'telescoping phenomenon'**
- This suggests that 'the window of opportunity for preventing progression is smaller for women' (Back et al., 2011:833)



Patterns of use (NMUPD)

- men are more likely to consume prescription drugs using **alternative methods**, such as crushing and snorting pills.
- women are more likely to report drug taking **early in the morning** while men reported taking drugs in the evening. (Back et al., 2011)
- women are often motivated by **negative reinforcement processes** such as coping with relational stress and negative emotions.
- the misuse of prescription medication by women is closely related to **psychological distress and stressful life experiences** while such medication is misused by men who have social and behavioural problems

Gender, Risk Factors and Consequences of NMUPD

- Physiological differences, such as variation in **metabolism and hormones**, predispose women for increased medical risks associated with NMUPD
- Gender differences in risk factors for NMUPD highlight **emotional issues** for women, as opposed to **behavioural issues** for men
- females are more likely to experience **greater psychiatric severity**, as well as **functional impairment** in multiple social spheres as consequences of NMUPD. (Lo et al 2013)
- **Trauma and interpersonal violence**

Entry into treatment

- females are **less likely** than males to access treatment (Greenfield, Brooks, Gordon, et al., 2007).
- **social and cultural factors** such as gender roles and stigma; **socioeconomic** issues such as not being able to afford child care; **pregnancy**, concerns about losing **custody** of children; and problems associated with **dual diagnosis** (Brady, 1999).
- Women may also seek help from **other settings** than dedicated drug treatment settings.

LGBT (Benotsch et al. 2013)

- Prescription drug misuse relatively common
- robustly associated with emotional distress.



The impact on offspring

- children of parents who abuse substances are exposed to a number of risks that are family related (Ashrafioun, Dambra, & Blondell, 2011).
- **Little research** has been conducted on the impact of the abuse of prescription medication by parents on children.
- Given the noted differences between prescription drug users and illicit drug users (Sigmon, 2006) such as **lower addiction severity, higher family cohesion and lower involvement in crime** (Fisher et al., 2008) the impact of NMUPD on offspring requires specific attention.

Methodology



The main aims of this study are:

- **To explore gender differences in NMUPD in Europe and the Mediterranean region** through a documentation of secondary sources
- **To identify gaps** in the data available in the various regions in Europe and the Mediterranean.
- To make recommendations for **further research.**
- To make recommendations for **policy development and practice**

Data Sources.....

- Prevalence surveys: General populations surveys and youth surveys
- Emergency department visits/emergency hospital admissions
- Fatal and non-fatal overdoses
- Treatment data
- Scientific studies on NMUPD
- National policy documents

Research Design

- A **survey questionnaire** targeted towards **experts**



Geographical scope



Participating countries 17

- The project was based on a geographical representative sample of Pompidou Group member States, former member states and MedNET participating countries:

Cyprus • Czech Republic • Egypt • France • Germany • Greece • Ireland • Israel • Italy • Lebanon • Lithuania • Malta • Morocco • Serbia • The Netherlands • Tunisia • Wales

Results

Monitoring GPSs

- **EU MS** conduct regular GPS addressing prescription-drug use, some of the **Mediterranean region** countries do not.
- Disparity in **type of drug use surveyed** makes comparison of prevalence rates particularly problematic.
- Information on **CNS depressant use** more common
- GPSs do not always enquire about whether use is in accordance with **medical practice**.
- Not all countries reported on **source**

PROBLEM

- ✧ Does not allow for clear documentation of **full extent** of NMUPD
- ✧ Does not allow researchers to highlight the **differing rates of use of various psychotropic drugs by gender**.

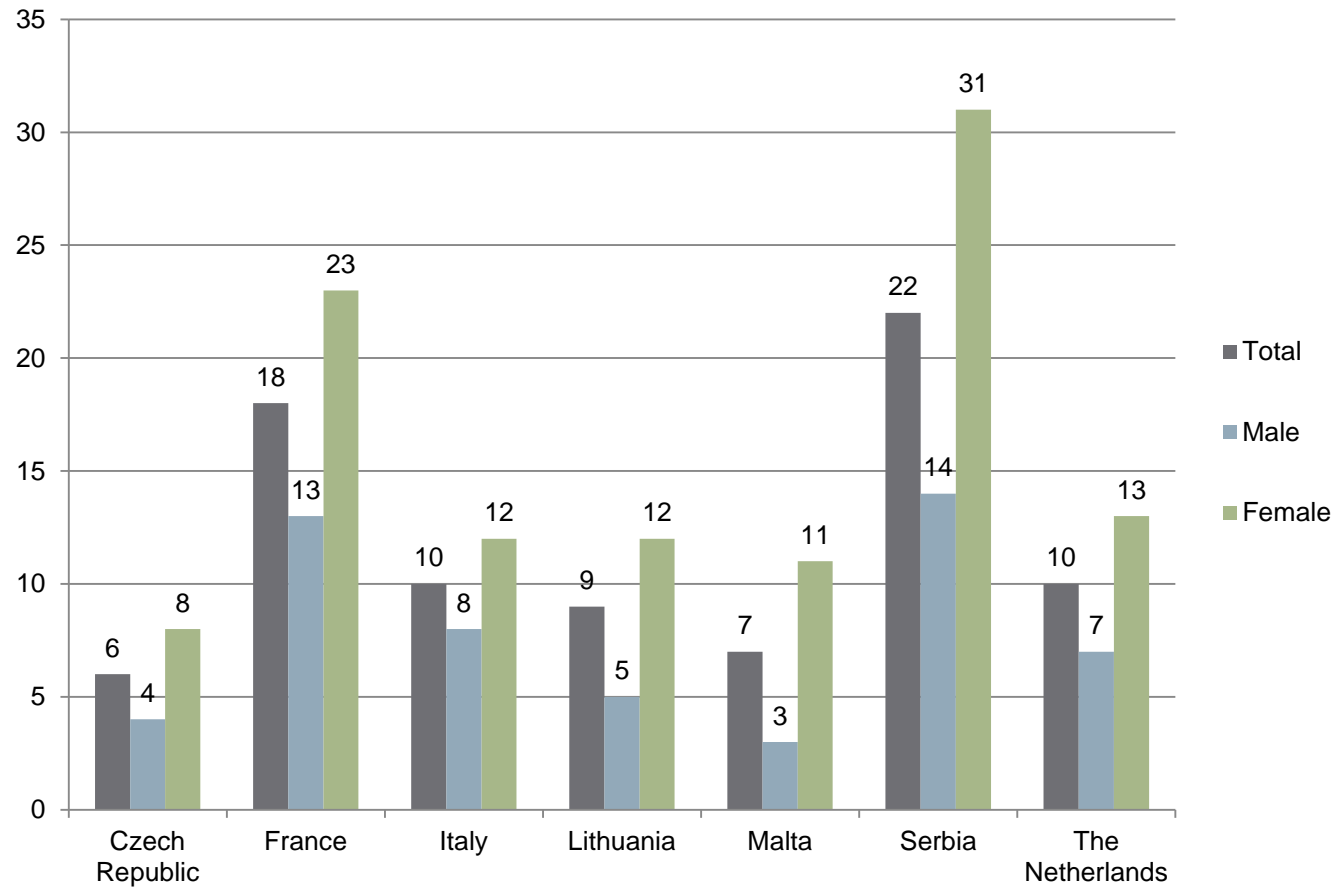
Monitoring – youth surveys

- Surveys of young people, including questions on NMUPD, are widespread Conclusions:
 - The monitoring of the use of **CNS depressants** is more common than the monitoring of any other category of prescription drugs.
 - Mainly explore NMUPD BUT the monitoring of **prescribing practices** to young people is an important area of research - prescription practices are influenced by gender

The submitted data indicates that:

- In the general population, **the use** of prescription drugs in lifetime, in the last 12 months and in the last 30 days is higher among women than men.
- **Prescription-drug use increases with age.** People are most likely to be prescribed psychotropic prescription drugs in their **thirties**, and there is no significant difference between men and women in this regard.
- This study is unable to come to any conclusions about gender influences on the use of a specific category of prescription drugs.

Reported rates of use of prescription drugs (psychotropics) *in the last 12 months* in the population by gender



COUNTRY FOCUS: The National Survey on Lifestyles of citizens in Serbia (2014)

Sedatives and hypnotics used by **22.4%** of the respondents in the last year

- **13.9%** = men
- **21.2%** = women

Opioids (mostly analgesics) used by **5.1%** of the respondents in the last year

- **4.1%** = men
- **6.1%** = women

Prevalence of **intensive and problematic** forms of use:

- Males = **2.2%**
- Females: **6.6%**

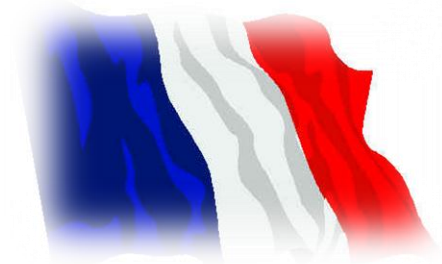
In the **Czech Republic**

- use of both opioid analgesics/painkillers and sedatives **is much more prevalent among females**, across all age groups.



France: data of Baromètre Santé in 2010

- In France, women use more psychotropics than men:
- **42.8%** versus **26.9 %** in lifetime,
- **21.4 %** versus **13.3 %** on the last 12 months,
- irrespective of the age group



Netherlands

- use of tranquillizers and sedatives **decreased** between 2001 and 2005.



Tranquillisers and sedatives

	Males %	Females %
2001 (last month)	5.2	7.4
2005 (last month)	3.7	6.3
2009 (new users)	2.4	3.3

Van Rooij, A. J., Schoenmakers, T. M., & Van de Mheen, D. (2011).
Nationaal Prevalentie Onderzoek Middelengebruik 2009:
kerncijfers 2009 [National Prevalence Study Substance Use 2009:
Core Statistics 2009]. IVO: Rotterdam

Germany 2012 Epidemiological Survey of Substance Abuse (ESA)

- Amongst all age groups women show higher prevalence rates than males.
- Women have higher prevalence of **polypharmaceutic use**, except in the oldest age group.
- Men and women who drink alcohol are more likely to use prescription drugs.



Lithuania (2012 GPS)

- use of sedatives/tranquillizers with doctor prescription in 2012 **increased significantly among females** and did not change among males.



Cyprus

	2009	2012
Males	3.2%	1.9%
Females	5.5%	4.3%



Malta

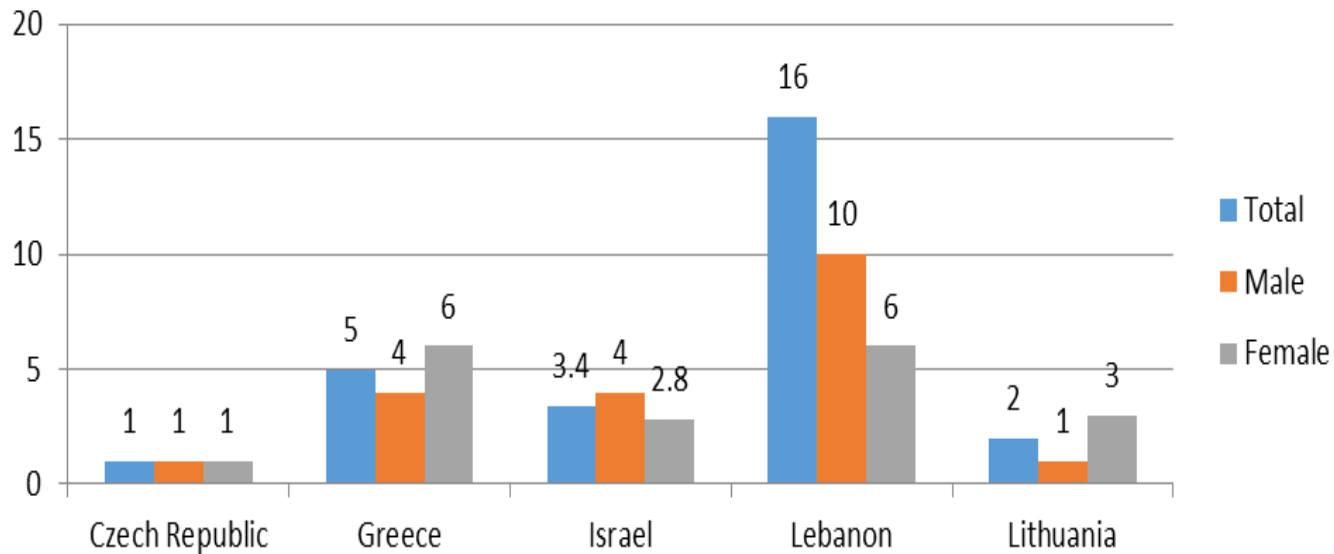
- A total of **7%** of the male cohort interviewed reported ever use of sedatives and tranquillisers,
- female respondents reporting ever use of such substances stood at **18.7%**



NMUPD

- the picture for NMUPD is somewhat less clear.
- Greece and Lithuania recorded higher levels of NMUPD for women than men, while the opposite is true for Lebanon and Israel.
- The **age of first NMUPD** is marginally later for women than men.
- The most common **source** of prescription drugs for both men and women is a legal medical source (on prescription from a doctor), followed by “from a friend or a relative”, indicating the **relative ease of diversion** of prescription drugs.

Rates of non-medical use of prescription drugs (psychotropics) in the last 12 months in the population by gender

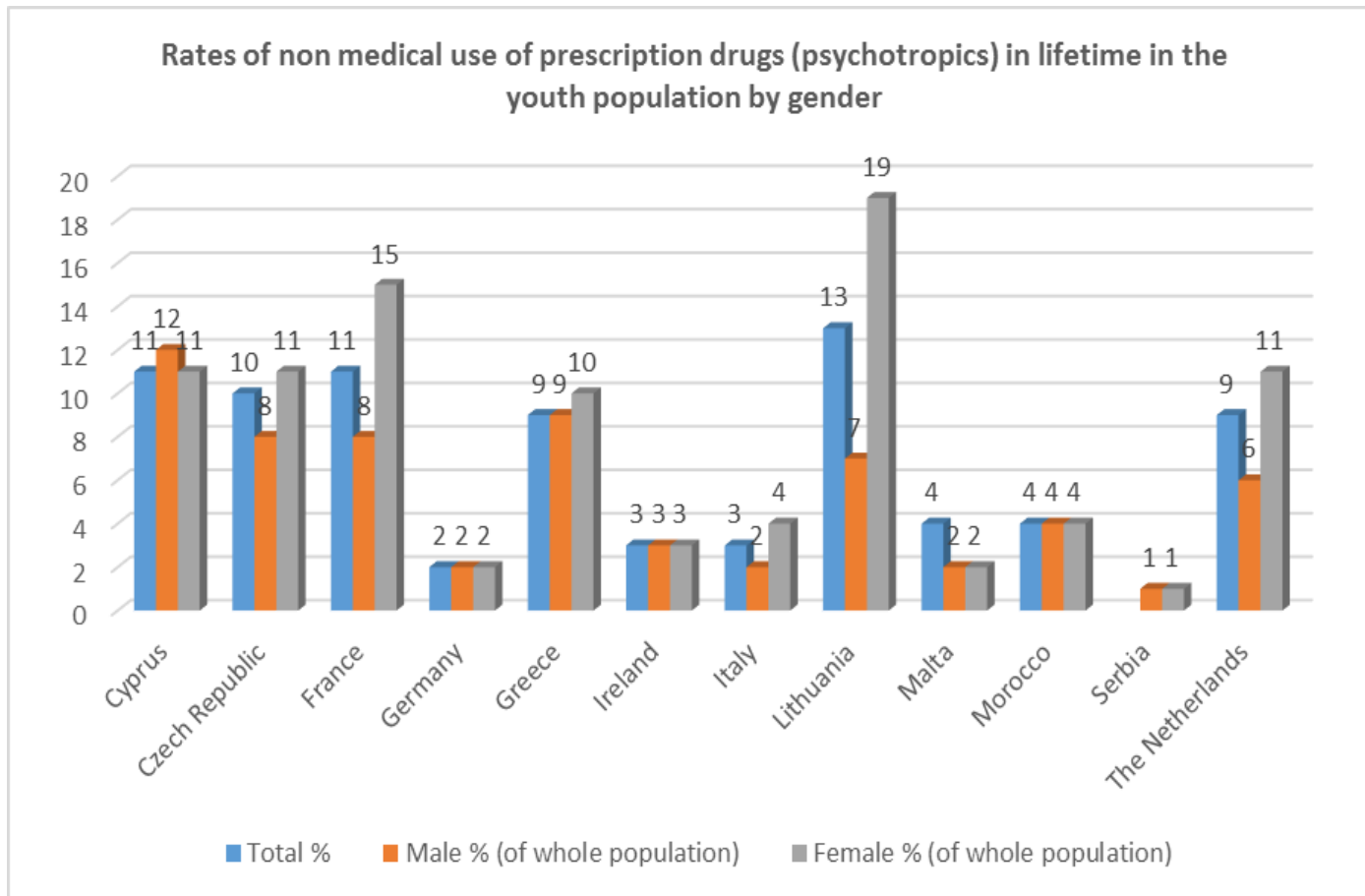


Lithuania

- **Sedatives/tranquillizers** without doctor's prescription are inclined to be used more by:
- **older women** (aged 45-64), persons with high education, divorced/widowed people, unemployed

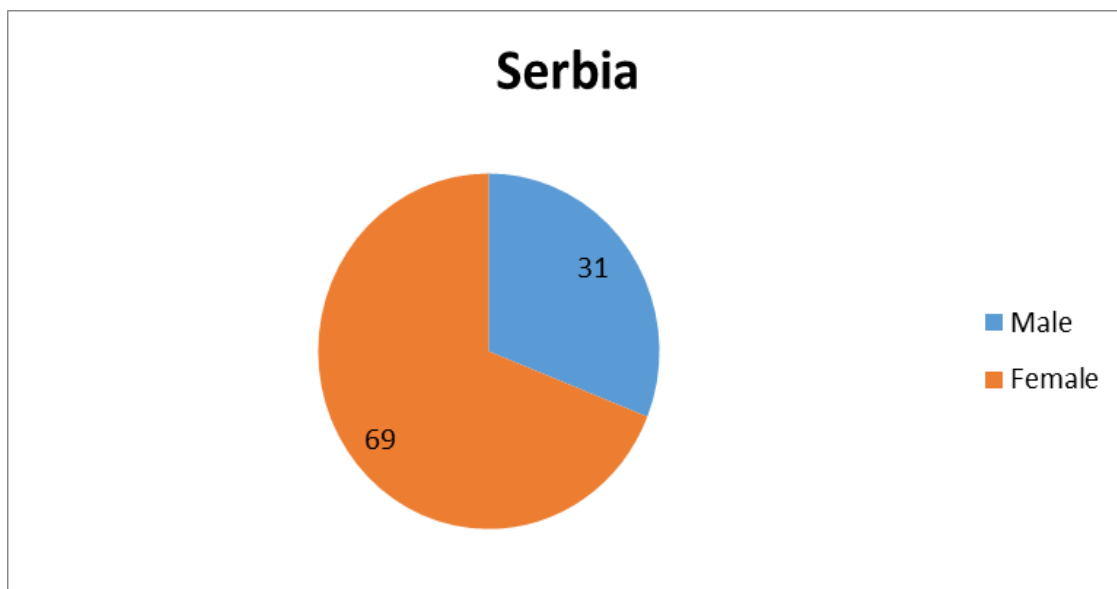
- Data from surveys of young people indicate that lifetime rates of NMUPD are higher for women than men in a number of countries
- first NMUPD appears to coincide with the period of middle adolescence.

Rates of NMUPD in lifetime in the youth population by gender



- In Germany and Serbia, the number of **fatal overdoses** related to the use of psychotropic prescription drugs is higher for women than men.
- The data on **treatment** is too limited to make any reliable conclusions according to gender.

Gender of patient at emergency department visit related to NMUPD



- All the countries which participated in this study have **legislation** in place to control psychotropic prescription drugs.
- Not all the participating countries have systems in place to **register the number of prescriptions** for psychotropic prescription drugs
- The participating countries reported on a number of **scientific studies** on NMUPD, which provide a resource for researchers and policy-makers.
- Most participating countries reported that the issue of NMUPD was addressed in their **national drugs policies**.

Recommendations

For monitoring and research:

- develop GPSs where they do not exist
- in addition to the use of “sedatives and tranquillisers”, **other categories of prescription drugs to be included**
- Include item on source
- Improve the emergency department indicator
- Develop a clear method of distinguishing between prescription drug use and NMUPD

For practice (prevention and treatment):

- member states need to offer **differentiated responses for women** in relation to prevention, harm-reduction and treatment.
- develop guidelines for prescription practices that, ensure that individuals who need psychotropic prescription drugs have access to them, but avoiding unnecessary prescriptions
- develop public education programmes on how to safely use, store and dispose of, prescription drugs.
- train medical practitioners to be able to screen and identify those individuals who are at risk of NMUPD.

For policy:

- develop coherent policies that address the use and misuse of prescription drugs, **with specific reference to gender differences.**
- commission studies of NMUPD which address specific issues, such as the initiation, escalation, physical and psycho-social consequences **for women as an “at risk” category.**
- to develop national prescription-drug monitoring programmes.
- .

After having been consulted by the PG secretariat, the Gender Equality Commission Secretariat suggests:

- to further explore the relationship between experiences of physical, sexual and psychological violence and NMPUD
- to hold a round-table meeting of international organisations active in the field to present examples of best practice on NMUPD.
- to commission studies of NMPUD and addressing specific issues, such as the initiation, escalation, physical and psychosocial consequences in relation to women as an “at risk category”.

Thank you for
your
attention!