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Problems facing women drug users and their children

EMCDDA 2000 selected issue

In EMCDDA 2000 Annual report on the state of the drugs problem in the European Union

involved, the sentence can be increased to a maximum of 10 years. In Luxembourg, sentences for selling any type of drug range from one to five years' imprisonment and/or a fine. For recidivists, these sentences can be doubled within the five years following the first offence. Since selling drugs is the most common way addicts finance their addiction, followed by minor thefts or burglaries, addicts are most likely to be recidivists. Yet even though such repeat offences are motivated by physical dependence, the response is more likely to be a heavy custodial sentence than treatment.

In the EU in general, although judicial authorities may see possession of small quantities of a drug for personal consumption as a mitigating circumstance, the line between possession and trafficking appears to be blurred. While distinct sentences for the two offences are applicable, no adequate parameters have yet been established to distinguish clearly between them and the same offence could result in different outcomes. While measures such as treatment as an alternative to prison are available in all Member States, the efficacy of their application has not yet been assessed at EU level.

Problems facing women drug users and their children

Women-specific drug issues have not, to date, been systematically examined by EU drug-information systems. However, most Member States do address the needs of drug-dependent women through specialised programmes, although their extent and focus vary.

Drug use among women

Overall, men use illicit drugs more than women. However, differences in drug use between men and women are complex and depend upon the specific substance used and the user's age, social group, educational level and geographical location. While boys tend to use cannabis more than girls, the difference is small or non-existent between the ages of 15 and 16. By 20 to 24, however, there is more male than female use. Gender differences in last-12-months prevalence and use of specific drugs are even more marked.

Earlier experimental drug use by girls than boys is generally the result of girls having older boyfriends who may encourage them to try drugs. As girls grow older, further gender-related differences in drug-use patterns appear and strengthen.

Although overall, drug use is more common among men than women, legal, cultural, educational and geographical factors account for increased prevalence among

women. Gender variations in use are more marked where strong legal sanctions exist, as well as among early school leavers and rural populations. Differences are less evident where there is widespread acceptance, and use, of drugs such as cannabis. In Greece in 1998, drug (primarily cannabis) use was higher among men than women. Use by women, however, was six times higher than in 1984, whereas use by men increased less than threefold.

In direct contrast to illegal drugs, use of medicines such as benzodiazepines is more common among women than men and the difference increases with age. Compared with illegal drugs, the relatively low social stigma associated with licit and illicit use of medicines is notable, although the health consequences of regular use are considerable.

The number of women prisoners in Europe is steadily rising. In Spain, female prisoners have almost tripled during the past 10 years. Although a smaller proportion of convicted drug offenders are female, data from Ireland and the UK reveal significant levels of problem drug use among women on entry to prison, mainly involving heroin, methadone and benzodiazepines. Treatment facilities in women's prisons vary and guidelines for treating benzodiazepine dependence to prevent the dangers of sudden withdrawal do not appear to be as well developed as guidelines for treating opiate dependence.

Mortality directly related to illicit drug use appears to be lower among women than men, even allowing for gender differences in prevalence (on average, women account for only 20 % of drug-related deaths). Higher mortality in males can only be satisfactorily explained by studying the contextual and qualitative factors surrounding drug-related deaths.

Infectious diseases

Anecdotal reports from Germany, France, Ireland and the UK suggest that there is some concern that HIV and hepatitis B infection are increasing among some female drug users. Although no hard data exist to support this concern, it has been suggested that it is the result of riskier injecting behaviour by women, or of unprotected sex.

Female drug users commit less property crimes than men and more often support their drug habits through the sex industry — sex work is an established source of income for up to 60 % of drug-using women. Rising HIV infection among European women and their new-born babies led to routine screening programmes for HIV and, in some cases, hepatitis B and C, in antenatal services in Germany, France, Ireland and the UK in the 1980s and 1990s. The potential of women to spread infectious

diseases to their clients has always caused concern and the connection between female drug use and sex work has almost certainly contributed to the growth in harm-reduction services for female sex workers and treatment services for female drug users. A number of outreach-work and low-threshold facilities for women have been established providing shelter, information and practical advice on safer sex and safer drug use. Self-help groups, such as Mainline in Amsterdam, offer services for women including hair-dressing, self-defence and drama.

Pregnancy and women with children

Pregnant opiate users are increasingly seen as requiring a particularly high level of intervention and support. Most EU countries recognise that children born to these women may also need specific medical care. In all States, pregnant women are offered a 'fast track' into drug-treatment services, and in Belgium, Denmark, France, Ireland, Austria, Portugal and Sweden specialist services have been developed specifically for them. Detoxification is not generally recommended for pregnant women and substitution treatment options are under scientific review. For many of these women, however, regular maternity care is incompatible with their lifestyle or they fear stigmatisation if they attend.

The growing number of children born to drug users run a high risk of developing drug problems themselves and how children are affected by parental drug use and dependence is an emerging concern. Studies vary in both

their methods and results. Some imply that the problems facing children of drug-using mothers are both inevitable and multiple, while others reveal no differences in the emotional, behavioural and learning problems of children of drug-using mothers and children of non-drug users in similar social settings. Other research points to similarities between children of drug-using and alcohol-dependent women. Mediating effects have been identified, such as modifying living arrangements, increasing social support and providing treatment facilities.

The extent to which children remain living with drug-using mothers varies widely in the EU and clear policies on removing children from drug-dependent mothers are either not yet developed or not standardised in practice. In Denmark and Sweden, which operate foster schemes, there appears to be a shift towards providing support to enable drug-dependent mothers to remain with their children, or at least to stabilise the relationship between children and parents. The more southern European countries — such as Greece, Spain, Italy and Portugal — tend to rely instead on traditional extended family structures to arrange appropriate childcare.

Drug treatment

The ratio of female to male drug users in treatment tends to be less than 1:3. Women entering treatment tend to be younger than men and the proportion of women to men in treatment decreases with age. This may reflect age-related differences between men and women seeking

Table 3

	Programmes addressing the needs of female drug users				
	Pregnant women	Sex workers	Drug-using mothers and their children	Female prisoners	Schoolgirls and adolescents
Belgium	++	–	++	–	–
Denmark	++	+	+	–	–
Germany	–	+	++	+	+
Greece	+	+	+	–	–
Spain	–	++	+	+	–
France	+	+	–	–	–
Ireland	+	++	+	+	–
Italy	–	+	++	–	+
Luxembourg	–	+	–	–	–
Netherlands	–	+	+	–	–
Austria	++	+	++	–	+
Portugal	++	+	+	+	–
Finland	–	–	+	–	–
Sweden	++	–	+	–	++
UK	++	++	++	++	++

Notes: – No information available or no programme reported
 + At least one programme reported
 ++ More than one programme reported

Sources: Reitox national reports 1999; Dagmar Hedrich, 'Community-based services for female drug users in Europe', Pompidou Group of the Council of Europe, unpublished report, December 1999.

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treatment, or it may reflect changing patterns of drug use among women or both. Figures are generally thought to under-represent women with drug problems. In Belgium, a snowball survey revealed a higher ratio of female to male problem drug users than official treatment figures. A major reason for the low representation of women in drug treatment relates to motherhood: between 18 and 75 % of female clients have at least one child and are often too occupied with childcare to follow a treatment programme, or fear being labelled 'unfit' as a mother and having their children removed if they do enrol.

Only a few countries, such as Germany and Portugal, provide specific services in women's prisons, even though a high percentage of female prisoners use drugs. In Portugal, two prisons provide kindergarten services

enabling children to remain with their mothers.

Women-specific drug prevention

In Germany, Austria and Sweden, drug-prevention activities are oriented specifically towards very young women and schoolgirls. These initiatives often focus on female identity and how to refuse offers of drugs from boyfriends or other male peers.

The limited information presented here demonstrates how, in contrast to responses to male drug use which tend to focus on the crime-related impact of such use, responses to female drug use appear to be motivated more by concerns about the impact of the drug use on others: on children where the users are mothers; and on men where the users are sex workers.