INQUIRY INTO WOMEN'S PAIN: SUMMARY OF VAADA'S SUBMISSION AND RECOMMENDATIONS

This submission underscores the critical need for sex and gender considerations in pain management and the provision of AOD-related supports and services. Despite a wealth of evidence, gaps persist in understanding gender and sex differences in pain management and AOD service delivery. Clinical research consistently shows that women experience more severe, frequent, and longer-lasting pain compared to men, yet their pain is often dismissed or inadequately treated.[1] This issue is compounded by gender norms and biases, which influence how women's pain is perceived and managed by healthcare providers.

In many cases, women use substances as a coping mechanism for managing their pain, trauma, and psychological distress.

Research indicates that women predominantly use substances as a coping mechanism for psychological pain, navigating negative and/or traumatic experiences, stress, depression, and anxiety, rather than for experimentation or social defiance . Women with chronic pain frequently report histories of abuse, an experience associated with increased psychophysiological symptoms and substance use[2, 3]. Consequently, the management of pain with medications, particularly opioids, has become a major driver of substance dependence and related harms. Estimates suggest that 48% to 60% of individuals misusing prescription opioids suffer from chronic pain.[4] This misuse can lead to dependency, adverse health outcomes, and even criminalisation.[2]

Research identifies a pattern of persistent opioid use following hospital discharge in Australia, with women comprising approximately 50% of patients continuing opioid use post-discharge.[3] Women in Victoria are prescribed opioids at a higher rate than men, and they represented two-thirds of opioid-related hospital admissions between 2006 and 2013. Inadequate healthcare in relation to pain can push many towards dangerous alternatives like heroin and fentanyl due to inadequate pain management[3, 6]. Women in under-serviced communities face additional barriers to accessing timely, appropriate, and responsive support and treatment.[9] Current treatment modalities fail to integrate gender-responsive strategies, which are essential for improving treatment outcomes for women experiencing pain.

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On a global scale, fatal overdose rates involving opioids and methamphetamines among women are climbing.[2]

Although Australian data is limited, US statistics show a dramatic rise in fatal overdoses among women aged 30–64 over the past 20 years. The fatal overdose rate increased significantly from 1999 to 2017, with opioid-related deaths surging by 492%, illustrating the critical link between women's pain and substance use. The increase in specific drugs was even more alarming: synthetic opioids (1,643%), heroin (915%), benzodiazepines (830%), prescription opioids (485%), and antidepressants (176%).[6] These trends highlight the urgent need for pain management and addiction services that are responsive to gender-specific needs.

> According to VAADA's 2019 report on substance use and family violence, 80% of women in AOD treatment have experienced violence at some point in their lifetime

The prevalence of domestic and family violence among women seeking alcohol and drug (AOD) treatment is similarly alarmingly high.[5]

> Internationally, there is a growing recognition of the need for gender-specific AOD services.

According to VAADA's 2019 report on substance use and family violence, 80% of women in AOD treatment have experienced violence at some point in their lifetime. Additionally, 67% of women reported experiencing physical family violence within the last six months.[5] This issue is further compounded for women attending pharmacotherapy, with 90% reporting that they have experienced family violence over their lifetime.[8] These statistics highlight the critical intersection between family violence and substance use (compounded and complex trauma and psychological pain, and pain management), underscoring the need for integrated and responsive support services for women in AOD treatment.

Addressing these issues requires a comprehensive and integrated approach that considers the multifaceted nature of pain, gender, and substance use. Gender-responsive strategies are crucial for developing effective treatment models for pain and substance use, especially when they co-occur.

Internationally, there is a growing recognition of the need for gender-specific AOD services. Countries like the United States and some European nations have begun adopting gender-responsive approaches, recognising the unique barriers women face in accessing AOD treatment.

In Victoria, the limited availability of women-specific AOD services highlights the urgent need for expanding specialised clinics and integrating gender-responsive strategies into existing services. Addressing gaps and biases in the treatment landscape is crucial for providing comprehensive care to women experiencing pain and substance use issues. The recently announced development of a Victorian AOD strategy represents an important opportunity to address these gaps. The strategy must adopt and incorporate a gender-based lens that recognises women's experiences and needs when it comes to pain management, substance use, and the provision of related services.

VAADA, in providing this submission, aims to bring specific attention to the relationship between pain and substance use and supports the responsiveness of health and well-being services for women, including those experiencing pain. The recommendations made highlight the need to apply an intersectional lens to the challenges women face, fostering a cross-sectoral, principled, and evidence informed approach to reducing harms experienced by women who use substances and experience pain.

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RECOMMENDATIONS

1. Enhance Education on Drug Dependence

Enhance resourcing for Addiction Medicine Specialists to provide education and support about drug dependence in the context of women's pain to medical professionals.

2. Invest in Intersectional Research

Invest in research related to the intersections of women's pain and substance use and dependence with a focus on lifting workforce capability.

3. Gender-Specific Actions in AOD Strategy

Incorporate gender-specific actions into the development of Victoria's incoming Alcohol and Other Drugs Strategy (as part of the AOD Statewide Action Plan).

4. Cross-Sector Partnership for Capacity Building

Resource a cross-sector partnership between peak bodies for AOD, women's health, pain and General Practice to collectively lead capacity building in women's pain and AOD across these interrelated areas.

5. Gendered Stigma Audit Tool

Co-design the development of a gendered stigma audit tool that supports healthcare providers in identifying stigmatising policies and practices.

6. SafeScript Implementation Plan

Develop an implementation plan to support the utilisation of SafeScript for safe and responsible use of medication for women with pain, and support medical professionals with guidelines to support women with pain management options when drugs of dependence are contra-indicated.

7. Trauma-Related AOD Services

Resource the AOD sector to enhance capacity for working with trauma including the development of access pathways to trauma-related statewide services.

8. Funding for Gender-Specific AOD Treatment

Enhance funding for the provision of gender-specific AOD treatment pathways in Victoria including culturally specific AOD services for Aboriginal women and those from priority populations.