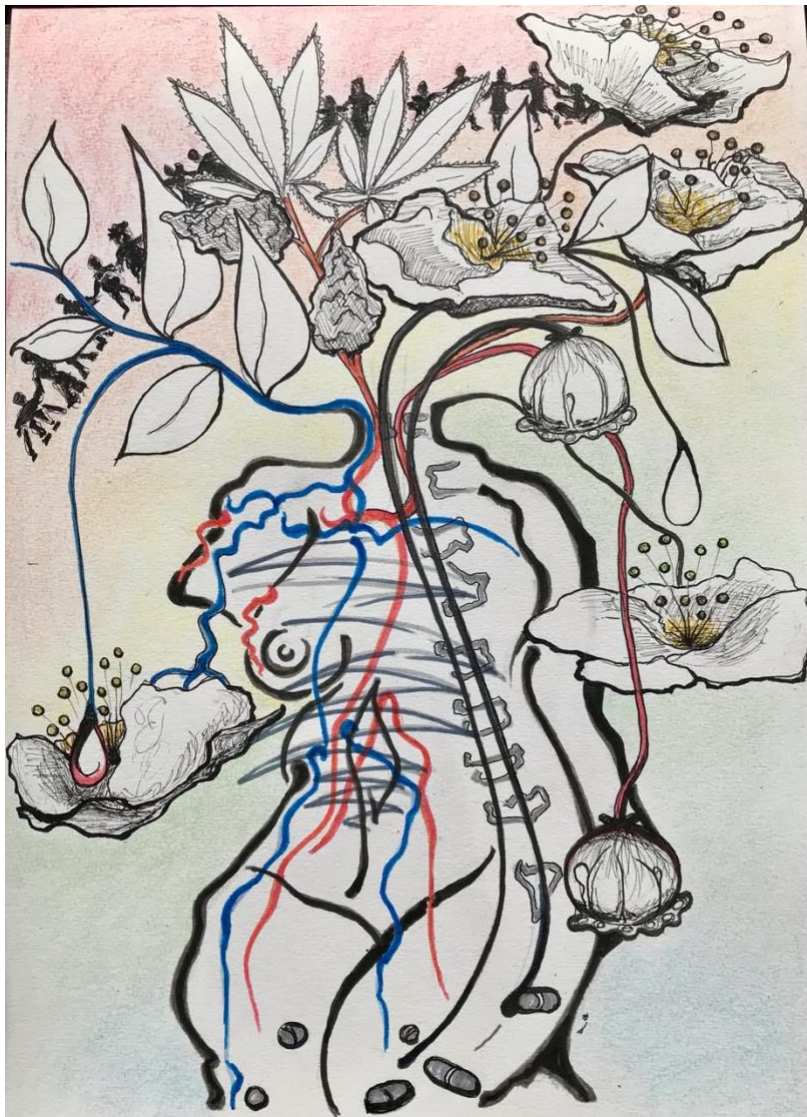


Drug use as we mature



Artwork by Yvonne Samuel

WHRIN have released this position statement on issues facing women and gender diverse people who use drugs as we mature, to coincide with Zero Discrimination Day March 1, which is a day for people to speak up about discrimination and movement for change. Events and initiatives focus on the rights of people living with HIV, the LGBTQ+ community, people who use drugs and more. Notably, the theme for 2023 is “*Save lives: Decriminalise*”, a critical reform imperative echoed in this statement. We add our voices to the cry, highlighting the needs of women and gender diverse people who use drugs as we mature.

Background

To draw attention to some important research, data gaps and core issues relating to aging, women, gender diverse people, and drug use, WHRIN coordinated an inter active dialogue (to watch the recording, click [here](#)). Subsequently, this position paper was developed drawing on the dialogue outputs and speaker feedback, as well as a brief desk review and inputs from the WHRIN strategic advisory body.

WHRIN acknowledge and value the rich diversity in physical bodies and gender performance that are a universal part of the human experience. People of all genders can become pregnant, parent, and feed their children with their bodies. Although all of the research presented here is presumably related to cis women, some themes may be generalizable to all people who experience menopause and others may be applicable to all who present or are perceived as women.

During the coordination of the dialogue and this statement, WHRIN discovered a paucity of research about drug use and aging, very little of which was gender- or sex-specific, and nothing at all about the experiences of mature transgender and nonbinary people who use drugs. WHRIN hope this statement will lead to research initiatives focused on the unique needs and experiences of elder women, transgender, nonbinary, and gender nonconforming people who use drugs.

An Overlooked Population

“It’s just this whole area of misinformation and mystification and shame and misogyny and ... unfortunate intersections.”

(Nancy Poole, WHRIN dialogue)¹

Opioid-related overdose deaths for cis women in their middle years are increasing at a faster rate than for other groups.^{2,3}

Despite estimates that by 2030, there will be 1.2 billion menopausal women in the world⁴, there is little research on substance use and people assigned female at birth as they age. There are many different and intersecting barriers to health and happiness that must be overcome simultaneously by drug-using women and gender diverse people. For example, if gender-specific services exist, they may be too costly, too far away, or geared toward pregnant people. These difficulties are only compounded as we age and accrue increased risk of disability, financial hardship, and social erasure.

“I like to use the words mature, wise, and experienced woman, instead of older or aged.”

(Patricia Zuniga, WHRIN dialogue)⁵

There is scant published research on this population. Much of what does exist is focused on “risk of menopause” as if menopause were an undesirable condition to be prevented, rather than a normal and expected phase of life.^{6,7,8,9,10}

Intersecting Morbidities

This section will focus on information about intersecting issues which can complicate the lives of mature women and gender diverse people who use substances.

Overdose death in the general population is increasing rapidly, and the rate for cis women is growing faster than that of cis men.^{11,12} Increased rates of chronic pain and prescription opioid use are contributing

factors.^{13,14} Menopause is associated with an increased incidence of prescription opioid use¹⁵, and it is probable that menopausal body changes interact with overdose risk, but more research is needed.

Disability can compound the risks associated with drug use. For example, disability can be a barrier to acquiring or using drugs safely, increase risk of circulatory problems, and contribute to un- or under-employment. Cis women are at greater risk of disability than cis men as we age^{16,17} Not only are they at greater risk, but the particular risks faced by cis women differ from those of cis men. Compared to cis men, cis women in one Iranian study were at higher risk for diabetes, hypertension, anxiety, depression, and lack of social supports.¹⁸ In cis women with HIV, menopause has been identified as an independent predictor of frailty, which can contribute to a decrease in function.¹⁹ Practical interventions start with education/awareness campaigns, hiring people with lived and living experience, and creating gender and age-specific programs.

Stigma

"We have to care about ourselves, because nobody is coming to save us."
(Louise Vincent, WHRIN dialogue)²⁰

Experienced women who use substances have reported stigma and discrimination around themes of reproduction, youth, and gender roles. These stigmas permeate every part of life, from access to services not designed for us to lack of research into our needs as described above.

"Once we are no longer seen as a vessel for pregnancy, we are discarded and pushed aside."
(Joelle Puccio, WHRIN dialogue)²¹

Expected gender roles for people who are perceived as women are often focused on the relationship to others. We are supposed to be sexually desirable objects and simultaneously, caretakers in the role of mother, daughter, or wife. These roles do not acknowledge our own needs for health, diversity, happiness, or pleasure. When we seek our own pleasure or happiness, we are considered to be selfish, unnatural, and immoral.

*"Pleasure is really frowned upon when you're an older woman. It's considered indecent.
... It makes you not a real woman."*
(Daphne Chronopoulou, WHRIN dialogue)²²

We are expected to access healthcare and other services which were designed for cis men or young women. Most gender-specific services are designed for heterosexual cis women in their reproductive years, and are poorly equipped to serve the rest of us. We often turn to our own wisdom and knowledge of our bodies to care for ourselves and each other.

"I hear people say every day: 'I would rather die than go to the doctor.'"
(Louise Vincent, WHRIN dialogue)²³

"The only way to be accepted in harm reduction or in a clinic is to be young, and to be a victim."
(Daphne Chronopoulou, WHRIN dialogue)²⁴

Ways forward

The decriminalisation of drug use will create an environment where human rights, health, gender equality and dignity are no longer corrupted by punitive drug policy.

Access to services can be improved for this population by designing gender and age specific programs for women and gender diverse people. These services and programs must be informed, designed, executed, and evaluated by people with lived and living experience. Overdose and disability prevention initiatives must account for differing needs and risk factors experienced by mature women and gender diverse people. Practical interventions start with education/awareness campaigns and hiring people with lived and living experience.

Research into the needs of elder women and gender diverse people who use drugs should focus on the intersections of aging and menopause with overdose risk, injection and/or smoking related communicable disease susceptibility, disability, economic insecurity, and discrimination. Researchers should aim for both targeted data collection and stratification of existing data by age, sex, and gender.

<https://whrin.site/>

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