The gender dimension of non-medical use of prescription drugs in Europe and the Mediterranean region

Marilyn Clark
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Marilyn Clark
and the members
of the Pompidou Group
Expert Working Group on
the Gender Dimension of NMUPD
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Contents

LIST OF TABLES AND DIAGRAMS 5
AUTHOR AND CONTRIBUTORS 9
THE POMPIDOU GROUP ROLE IN INTEGRATING A GENDER DIMENSION OF DRUG POLICIES 11
EXECUTIVE SUMMARY 13
INTRODUCTION 17
    Conceptual framework and a systematic review of the literature 17
1. METHODOLOGY 37
    Introduction 37
    Research agenda 37
    Research questions 38
    Data sources 39
    Research design 39
    Instrumentation 39
    Procedure 40
    Geographical scope 41
    Data-analysis strategy 41
    Validation of submitted data and reporting 42
    Limitations 42
2. RESULTS AND DATA ANALYSIS 47
    Introduction 47
    Part 1: Prescription-drug use and non-medical use of prescription drugs (NMUPD) in Europe and the Mediterranean region – A snapshot 49
    Part 2: Data analysis 63
3. CONCLUSIONS AND RECOMMENDATIONS 111
    Conclusions 111
    Limitations 113
    Recommendations 113
    References 115
APPENDICES 125
    Appendix 1: Survey 125
    Appendix 2: Pompidou Group publications 147
List of tables and diagrams

Tables

Tables 1a and 1b: Data submitted by experts, by country ................................................. 47
  Table 1a: Prevalence data from general population surveys (GPSs) ......................... 47
  Table 1b: Other data ........................................................................................................ 48
Table 2: Expert respondents ........................................................................................................ 49
Table 3: Details of surveys in countries reporting existence of GPSs ....................... 52
Table 4: Categories of prescription drugs addressed in GPSs ........................................ 54
Table 5: Reported data availability – countries reporting on prescription-drug use, NMUPD and source .......................................................... 55
Table 6: List of countries reporting they have a survey of young people (with survey details) ........................................................................................................... 56
Table 7: Countries reporting on categories of prescription drugs addressed in surveys of young people ................................................................................................. 58
Table 8: Countries reporting on rates of NMUPD among young people .................. 59
Table 9: Countries reporting on emergency hospital visits/admissions due to NMUPD .................................................................................................................. 60
Table 10: Countries reporting on fatal and non-fatal overdoses and NMUPD .......... 60
Table 11: Countries reporting on treatment data and NMUPD ........................................ 62
Table 12: Issue of NMUPD addressed in country’s national policy documents ...... 63
Table 13: Countries reporting existence of GPSs ................................................................. 64
Table 14: Categories of psychotropic prescription drugs included in the survey questionnaires by country .......................................................... 65
Table 15: Categories of psychotropic prescription drugs included in the survey questionnaire ........................................................................................................... 80
Table 16: Countries with a system in place to register the number of prescriptions for psychotropic drugs .......................................................... 90
Table 17: NMUPD and national policy documents ............................................................. 100
Table 18: Policy document details........................................................................................101
Table 19: Difficulties experts encountered in the completion of the questionnaire..........................105
Table 20: Reported reliability and validity by experts................................................................109

Diagrams

Diagram 1: Map of countries covered by the survey................................................................. 41
Diagram 2: Percentage of countries reporting having a GPS including prescription drugs.......................................................... 64
Diagram 3: Reported rates of lifetime use of psychotropic prescription drugs in the population by gender ........................................................................ 66
Diagram 4: Reported rates of use of psychotropic prescription drugs in the last 12 months by gender........................................................................ 67
Diagram 5: Reported use of psychotropic prescription drugs in the last 30 days by gender ........................................................................ 68
Diagram 6: Reported age of users for “lifetime use” category, Malta and Lithuania........................................................................ 68
Diagram 7: Reported age of users for “last 12 months” category ............................................. 70
Diagram 8: Reported age of users for “last 30 days” category................................................. 70
Diagram 9: Median age of first use of any psychotropic prescription drug by gender........................................................................ 71
Diagram 10: Type of drug used by gender............................................................................... 71
Diagram 10a: Among men who report using psychotropic prescription drugs in the last 30 days, percentage reporting using categories of drugs .............. 71
Diagram 10b: Among females who report using psychotropic prescription drugs in the last 30 days, percentage reporting using categories of drugs ....... 72
Diagram 11: Rates of lifetime NMUPD (psychotropic drugs) by gender ......................... 74
Diagram 12: Rates of NMUPD (psychotropic drugs) in the last 12 months by gender.......................... 75
Diagram 13: Rates of NMUPD (psychotropic drugs) in the last 30 days by gender.......................... 75
Diagram 14: Median age of first NMUPD (psychotropic drugs) by gender ....................... 76
Diagram 15: Type of drug reported among men for NMUPD (psychotropic drugs)........................................................................ 76
Diagram 16: Type of drug reported among females for NMUPD (psychotropic drugs)........................................................................ 77
Diagram 17: Reported source of psychotropic prescription drugs by men at last occasion of use................................................................. 79
Diagram 18: Reported source of psychotropic prescription drugs by women at last occasion of use.............................................................. 80
Diagram 19: Rates of lifetime use of prescription drugs (psychotropic drugs) among young people, by gender................................................................. 81
Diagram 20: Lifetime rates of NMUPD (psychotropic drugs) among young people, by gender................................................................. 83
Diagram 21: Rates of NMUPD (psychotropic drugs) in the last 12 months among young people by gender ................................................................. 84
Diagram 22: Age of first NMUPD (psychotropics)................................................................................................................................. 84
Diagram 23: Use of prescription (psychotropic drugs) drugs with alcohol by young people........................................................................... 85
Diagram 24: Percentage of emergency hospital visits / admissions recorded as being related to the use of a prescription drug (psychotropic drugs) in the last 12 months ................................................................. 86
Diagram 25: Median age of patients in emergency hospital admissions related to the use of psychotropic prescription drugs in the last year ............... 86
Diagram 26: Gender of patient at emergency hospital visit / admission related to the use of psychotropic prescription drugs in the last 12 months ....... 87
Diagram 27: Number of fatal overdoses (per million population) from the use of prescription drugs (psychotropic drugs) in the last year (by ICD-10 codes X41 and X61 – primary cause of death), by gender...... 87
Diagram 28: Mean age of fatal overdoses by NMUPD................................................................. 88
Diagram 29: Number of non-fatal overdoses (per million population) from the use of psychotropic prescription drugs in the last year by gender ........... 88
Diagram 30: At assessment, percentage of clients presenting for treatment with NMUPD by age........................................................................... 89
Diagram 31: At assessment, percentage of clients presenting for treatment with psychotropic prescription drugs as a primary drug by gender................................................................. 89
Diagram 32: At assessment, percentage of clients presenting for treatment with psychotropic prescription drugs in conjunction with the use of other substances, including alcohol, by gender................................................................. 90

Country focus boxes

Country focus box 1: France........................................................................... 66
Country focus box 2: Serbia........................................................................... 67
Country focus box 3: Ireland ........................................................................ 69
Country focus box 4: Ireland ................................................................. 69
Country focus box 5: Czech Republic ............................................. 70
Country focus box 6: Israel ................................................................. 75
Country focus box 7: France ............................................................... 82
Country focus box 8: Israel ................................................................. 82
Country focus box 9: Lebanon ............................................................. 82
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Invited international organisation in the project
EMCDDA European Monitoring Center on Drugs and Drug Addiction
The Pompidou Group role in integrating a gender dimension of drug policies

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group) is an intergovernmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe. Thirty-seven countries are now members of this European multidisciplinary forum which allows policy makers, professionals and experts to exchange information and ideas on a wide range of drug misuse and trafficking problems. Its mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its member states. It seeks to link policy, practice and science.

The Pompidou Group, perceived as a pioneer in Europe regarding the integration of the gender dimension into drug policies, has always called for a better understanding of gender specific differences.¹

The permanents correspondents – appointed by their governments to represent them within the Pompidou Group – at their meeting in Athens in November 2013, welcomed the initiative by the Italian Department for Anti-Drug Policies Presidency of the Council of Ministers to set up a gender-specific project to be funded on an Italian voluntary contribution.

The Pompidou Group decided to launch a gender-specific project analysing problems of addiction among Pompidou Group member states, former Pompidou Group member states and MedNET (PG network of co-operation in the Mediterranean Region) countries, covering Europe and the Mediterranean Region.

Already in 2001, the Pompidou Group made a contribution on the subject with a study on the sensible use of benzodiazepines and the subsequent CND Resolution 44/13 “Contribution to the appropriate use of benzodiazepines” in 2001.²

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¹ The gender dimension of drug policies was first discussed at the 1984 Ministerial Conference of the Pompidou Group.
In January 2014, Ms Elisabetta Simeoni, Permanent Correspondent for Italy and Gender Equality Rapporteur for the Pompidou Group within the framework of the Council of Europe's Gender Equality Strategy – which aims at moving from legal equality to real equality – agreed to focus first on the following topic: the gender dimension of non-medical use of prescription drugs.

The nomination of experts took place within a few weeks. They were then given a few months to reply to the survey. Marilyn Clark presented the draft report at a conference in Rome in September 2014 opened by Counsellor Attorney Patrizia de Rose, General Manager, Department for Anti-Drug Policies, Presidency of the Council of Ministers, and attended by the researchers from the countries participating in the study and from UNICRI and EMCDDA.

During the 16th Pompidou Group Ministerial Conference in November 2014, the media expressed a strong interest in this first study on the gender dimension of the non-medical use of prescription drugs in the Mediterranean region and in Europe.
Executive summary

Background

Understanding gender as it relates to drug use and drug-use disorders is a critical requirement for developing effective policy and practice responses. This study aims to explore the gender dimension of the non-medical use of prescription drugs (NMUPD) in Europe and the Mediterranean region, to build on the corpus of knowledge on the subject, and to help identify gaps in this knowledge.

Working definitions

This study uses the definition of NMUPD developed by the Lithuanian Presidency of the Council of the EU in 2013: “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”. This study is concerned specifically with the use of psychotropic drugs. The term “non-medical use” does not correspond to the definition of substance-related disorders in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V, American Psychiatric Association, 2013). For the purpose of this study’s research tool, the “use of prescription drugs” was defined as “consumption with doctor’s prescription and/or consumption as prescribed by a medical practitioner”.

Project purpose and design

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 for Europe and the Mediterranean region;
- to make recommendations for further research;
- to make recommendations for policy development and practice.

The research tool used in this study was a questionnaire sent to experts nominated by the permanent correspondents of the Pompidou Group (PG) member states and former member states, and experts nominated through the PG’s Mediterranean Network (MedNET) correspondents for the Mediterranean region countries.
Geographical scope

This study is based on a geographically representative sample of PG member states, MedNET participating countries and some former PG member states. Seventeen countries participated: Cyprus, Czech Republic, Egypt, France, Germany, Greece, Ireland, Israel, Italy, Lebanon, Lithuania, Malta, Morocco, Serbia, the Netherlands, Tunisia and the United Kingdom (Wales only).\(^1\)

Results

The literature review identifies women as a high-risk category for NMUPD and shows how gender is not predictive in the same direction across different drug categories. It highlights how the telescoping phenomenon is evident for women in their NMUPD “career path” and that they manifest different patterns of use to men. It highlights how trauma and interpersonal violence may be causal factors for NMUPD among women.

The submitted data indicates that, in the general population, the use of prescription drugs is higher among women than men. Prescription-drug use increases with age, with the thirties constituting the highest risk period. No conclusions about gender influences on the use of a specific class of prescription drug were reached.

While rates for prescription-drug use have been shown to be clearly higher for women, the picture for NMUPD is less clear. Few countries were able to report on NMUPD: Greece and Lithuania registered higher levels for women while the opposite was true for Lebanon and Israel. The initiation into NMUPD is marginally later for women than men. The most common source of prescription drugs for both sexes is a legal one (from a doctor), followed by “from a friend or a relative” indicating the relative ease of diversion. Data from surveys of young people indicate that lifetime rates of NMUPD are higher for women in a number of countries and that the age of first NMUPD coincides with middle adolescence.

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 are too limited to make any reliable conclusions according to gender.

Disparity in the type of drug use surveyed in relation to prescription-drug use and NMUPD makes comparison of prevalence rates particularly problematic, and there is no clear documentation of the full extent of NMUPD which would allow researchers to highlight gender differences. Data-collection instruments, such as general population drug prevalence surveys, do not always distinguish between “medical use” and “non-medical use”. The national data on the use and misuse of prescription drugs among general populations should, therefore, be interpreted very cautiously. Not all the countries which participated in this study reported on the source of the prescription drugs. While the monitoring of prescribing practices among young people is an important area of research, surveys of young people in Europe mainly explored NMUPD.

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\(^1\) Wales is not a sovereign state but rather a semi-autonomous region of the UK.