

WOMEN, PAIN AND SUBSTANCE USE

**when the 'pain killers'
stop working...**

PRESENTED BY

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ACKNOWLEDGEMENT

We acknowledge the Ngunnawal people, the Traditional Custodians of the extraordinary country on which Canberra stands. We also acknowledge the Wurundjeri people of the Kulin Nation and the Dja Dja Wurrung people.

We recognise the ongoing systemic oppression experienced by First Nations women, whose pain is compounded by the impacts of colonisation, discrimination, and the stigmatisation associated with substance use policies.

We stand in solidarity with their resilience and ongoing connection to land, culture, and community, as these harmful legacies continue to affect their lives and wellbeing.



Photo: Hugh Sando

Disclosures

Nothing to disclose



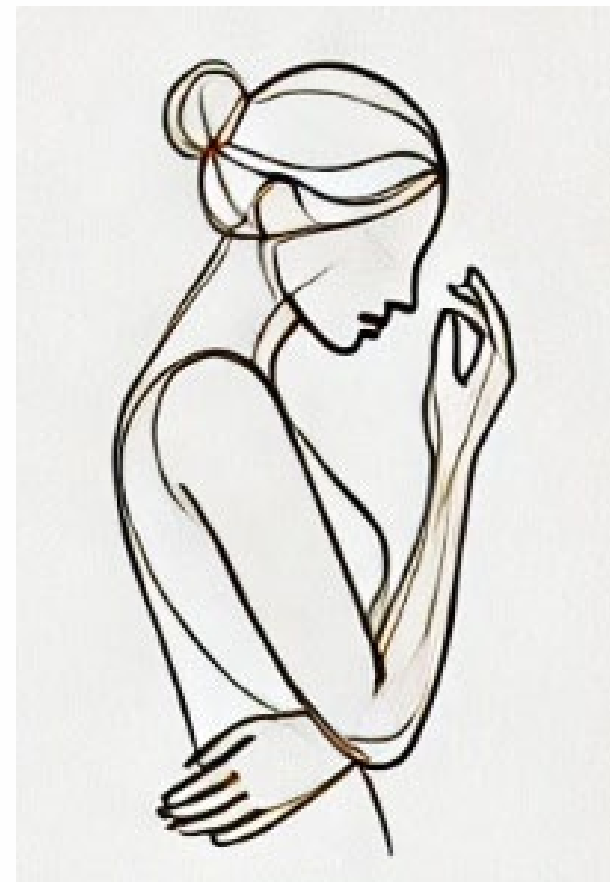
RESEARCH APPROACH

- **Literature review** on gender, pain, and substance use, focusing on Australian studies
- **Consultations** with **32** women with **lived and living experiences of pain** and **substance use** via one on one interviews and open survey
- Input from **AOD professionals** and **cross-sector peak bodies**



KEY FINDINGS FROM THE LITERATURE

- **Pain and Substance Use:** Pain is complex, highly subjective, and managed through medications that carry dependence risks. **Chronic pain is a key driver of substance use**, particularly opioids, which can lead to significant health harms
- Types of Pain:
 - **physical, psychological, and psychophysiological** - each of which can drive substance use
- **Gender Differences:** Women experience higher rates of chronic pain and often face barriers in having their pain taken seriously



Inadequate pain management increases the risk of substance dependency and related harms.

KEY FINDINGS FROM THE LITERATURE



1. Clinical evidence:

- Women experience more frequent, severe, and longer-lasting pain than men



2. Connection:

- Pain and substance use are deeply linked as women use substances to cope with both psychological and physical pain



3. Disproportionate opioid use:

- Women make up two-thirds of opioid-related hospital admissions in Victoria

WHAT WE HEARD

Systemic Barriers and Gaps

Patterns of Substance Use and Experiences of Pain

"They all told me that the pain was in my head..."

A Bi-Directional Relationship

"Pain drove my substance use and my substance use drove my pain"

Patterns of Substance Use and Experiences of Pain

"When I started using, the guy refused to teach me how to use"

WHAT WE HEARD

Systemic Barriers and Gaps

Stigma

"I got called a doctor shopper, [and there was] nothing they could do"

Prescription Drug Use and Abuse Among Women with Pain

"no one ever told me how addictive codeine is..."

Trauma, Pain and Substance Use

"I feel like a prisoner of war, especially when I wake from my nightmares"

RECOMMENDATIONS BASED THE INQUIRY

Recommendation 1

Enhance Education
on Drug Dependence

Recommendation 2

Invest in Intersectional
Research

Recommendation 3

Gender-Specified Actions in
Victoria's AOD Strategy

Recommendation 4

Fund Cross-Sector
Partnerships to Build Capacity

RECOMMENDATIONS BASED THE INQUIRY

Recommendation 5

Gendered Stigma Audit Tool to
Support Healthcare

Recommendation 6

SafeScript
Implementation Plan

Recommendation 7

Trauma-Related AOD
Services


Recommendation 8

Enhance Gender-Specific, Culturally
Appropriate AOD Treatment


WHERE TO FROM HERE...

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Our Inquiry
underscores the
need for **gender-
responsive
healthcare** for
women
experiencing pain.

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**VAADA's
commitment:**
Advocating for
system reforms
based on research
and Lived and
Living Expertise.

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We all have a
responsibility to
reduce the harms
women face due to
inadequate pain
and AOD
treatment.

FULL SUBMISSION CAN BE FOUND ON THE VAADA WEBSITE

www.vaada.org.au/submission-to-inquiry-into-womens-pain/



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