

Women and Substance Use: An Overview – Part 1

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Objectives

1. Provide an **overview** of the biopsychosocial and developmental issues that create or intensify the differences for women
2. Provide **information** on the specific needs of women in relation to substance use
3. Discuss the specific patterns of use and impacts

Brenda's story

- 57yo woman
- Route of referral: SACC to Gen Psych to SUS
- Point of entry: Recent sexual assault
- Binge drinking (late onset)
- Issues:
 - Unemployed
 - Chronic health issues (ED visits)
 - Precarious housing (unable to pay rent – eventually lost housing)
 - Fractured relationships with sibling and 3 grown children
 - Loss of AA support people (relocated)
 - Anxiety and depression
 - Weight gain from medication
 - Loss of interest in things
 - Shame and guilt regarding use
 - Caring for dying mother
 - Loss of transportation
 - Past abusive marriage
- Strengths:
 - Resourceful, resilient in face of issues

PATTERNS OF USE

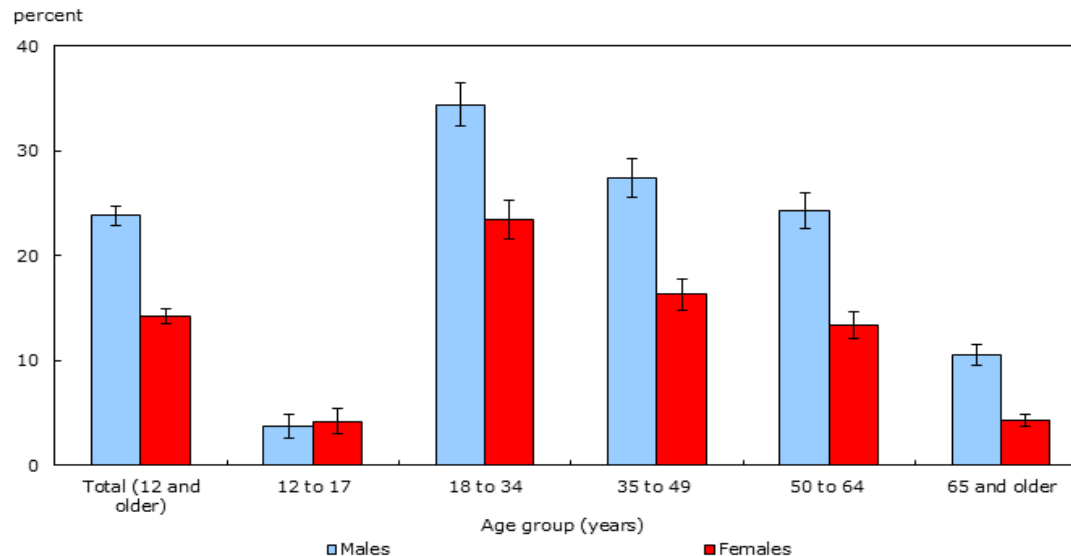
6 patterns of use

1. Narrowing of the gender gap
2. People of introduction and relationship status
3. Drug injection and relationships
4. Earlier patterns reflect later problems
5. Responsibilities and pattern of use: Pregnancy and caring for aging parents
6. Progression and consequences of use

1. Narrowing the gender gap (1)

- Male vs female rates of alcohol use across 10 years:
Significant evidence of the gender gap narrowing noted
across ethnic groups, **especially among younger women**
(Grant et al. 2006)

Chart 1
Heavy drinking, by age group and sex, household population aged 12 and older, Canada, 2016



Note: Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year. 95% confidence intervals are denoted by vertical lines overlaid on the bars in this chart. They indicate the degree of variability in the estimates.

Source: Canadian Community Health Survey, 2016.

1. Narrowing the gender gap (2)

- Statistics (2016):
 - Males were more likely (23.8%) to report heavy drinking than females (14.2%)
 - Heaviest drinking for both sexes was among those aged 18 to 34: 34.4% of males and 23.4% of females were heavy drinkers
 - 27.9% of Canadians aged 12 to 17 reported consuming an alcoholic beverage in the previous year
 - Those who did drink, 41.8% did so at least once a month
 - Overall 4.0% of youth were classified as heavy drinkers
 - 16.6% of Canadians are consuming alcohol at a level that puts their long term health at risk

2. People of introduction and relationship status (1)

- Women are more likely to be introduced to and initiate substance use through significant relationships, including **boyfriends, spouses, partners, and relatives**
- Women are often introduced to substances in a **more private setting**
- Relationship status influences use and potential development of substance use disorders
 - Protective = marriage
 - Greater risk = separated, never married, or divorced women

(CASA research report 2003)

2. People of introduction and relationship status (2)

- Women tend to define themselves in terms of their webs of **social relationships** and **obligations**
- Substance use and the rituals associated with use:
 - Symbol of **intimacy** and **closeness** in relationships
 - May make recovery harder during/after treatment
 - Women may believe that their decision to not use seen as direct threat against their significant relationship/family
- Relationships **significantly influence** treatment engagement, retention, and outcome among women
- Women more likely to relapse due to interpersonal problems and conflicts and in the presence of a significant other

(McKay et al. 1996; Rubin et al. 1996; Sun 2007)

3. Drug injection and relationships

- Women **accelerate** to injection at a faster rate than men
- **Rituals** and **high-risk behaviours** surrounding drug injection are directly influenced by significant relationships, exposing women to the risk of HIV/AIDS, hepatitis
- They are more likely to be introduced by a **sexual partner** (Frajzyngier et al. 2007)
- More likely to be involved with a sexual partner who **also injects**
- Rituals surrounding drug use are initiated by a male partner

2. Earlier patterns reflect later problems

- Women's **earlier patterns of use** (including age of initiation, amount, and frequency) are positively associated with **higher risks for dependency**
- Drinking low to moderate levels of alcohol in early adulthood is a **predictor** of later heavy drinking and alcohol-related substance use disorders

(Andersen et al. 2003; Morgen et al. 2008)

5. Responsibilities and patterns of use (1)

- Women are more likely to temporarily **alter** their pattern of use in response to **caregiver responsibilities**
- They are likely to curtail or establish abstinence of alcohol and illicit drugs while pregnant - likely to resume use later on
(SAMHSA 2004)

5. Responsibilities and patterns of use (2)

- **Pregnancy** is a significant concern:
 - **May not realize they are pregnant**
 - May mistakenly associate early signs of pregnancy as symptoms related to use or **withdrawal** from substances.
 - Often do not begin prenatal care until well into their pregnancies. most negative effects occur in the first weeks of pregnancy.
 - Use of heroin or methadone can cause **amenorrhea** – may misread their symptoms as withdrawal instead of pregnancy

5. Responsibilities and patterns of use (3)

- **Pregnancy** (cont'd):
 - Adequate prenatal care can define difference between routine and high-risk pregnancy outcomes
 - **Timely initiation** of prenatal care remains a problem nationwide overrepresentation among women with SUD
 - **Obstacle to treatment:** Programs are not always able to admit pregnant women, don't provide the services required, threat of legal consequences
 - Many other caregiver roles, these roles can **interfere** with treatment engagement and **regular attendance** at treatment services

5. Responsibilities and patterns of use (4)

- Caring for **parents** or **partners**:
 - 80 percent of informal care for elders is imparted on family caregivers; these responsibilities can last **10 years or more** (International Longevity Center 2006)
 - Forces women to make **hard choices**: Reduce/stop work, find professional/institutional care, pass up promotions
 - These choices increase risk of living in poverty in the later years (Wakabayashi and Donato 2006)
 - Emotional, physical, and financial stressors are likely to **exacerbate substance use**
 - **Balancing** caregiving and self-care regarding SUD treatment – a unique obstacle

6. Progression and consequences of use

- Women experience an effect called “**telescoping**” (Piazza et al. 1989)
 - Progress faster than men from initial use to alcohol and drug-related consequences even when using a similar or lesser amount of substances

THE GOOD NEWS

- Compared to men, women are...
 - More likely to **seek health/mental health services**
 - More prone to **initiate treatment**
 - At least as likely to **participate and stay in treatment**
(Moos et al. 2006; Weisner et al. 2001)
- Help-seeking behaviour remains consistent across time
- More likely to seek further help for both psychological issues and drug use one year post–discharge from a methadone maintenance program (Chatham et al. 1999)
- More apt to seek help after a relapse (McKay et al. 1996)

Treatment relationship

- Women are more likely to view **relationship building** as an essential treatment ingredient
 - Establish and maintain relationships across the continuum of care
 - More likely women will initiate, engage, and successfully complete treatment
- **Counselor characteristics** that women believe contribute to treatment success:
 - A projection of acceptance and care
 - Trust and warmth
 - A non-authoritarian attitude
 - Sense of confidence in their abilities

(Fiorentine and Anglin 1997; Sun 2006)

Take-aways

- Early screening
- Building a trauma-informed perspective
- Understanding the importance of relationships for women
- Familiarity with gender-based experiences
- Building a therapeutic relationship
- Research on the physiological effects of alcohol and drugs in women is **limited** and **sometimes inconclusive**

<http://store.samhsa.gov/shin/content//SMA14-4426/SMA14-4426.pdf>

Highs & Lows Canadian Perspectives on Women and Substance Use by Nancy Poole and Lorraine Greaves, Editors published 2007 Developed through a partnership between the British Columbia Centre of Excellence for Women's Health and the Centre for Addiction and Mental Health

Treating the Trauma Survivor: An Essential Guide to Trauma-Informed Care. Carrie Clark, Catherine C. Classen, Anne Fourt, Maithili Shetty, 2014

Low-risk drinking guidelines

Low-Risk Guidelines (alcohol):

- Reduce your long-term health risks by drinking no more than:
 - 10 drinks a week for women, with no more than 2 drinks a day most days
 - 15 drinks a week for men, with no more than 3 drinks a day most days
- Plan non-drinking days every week to avoid developing a habit

References

- Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 14-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009
- Statistics Canada - Women in Canada: A Gender-based Statistical Report, Minister of Industry, July 2011, <http://www.statcan.gc.ca/pub/89-503-x/89-503-x2010001-eng.pdf>