Women and Substance Use: An Overview – Part 2

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Health care for women | REVOLUTIONIZED

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. Review the **specific treatment needs** across the continuum of care of substance use disorders for women

Recap of Part 1

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

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

AREAS OF DIFFERENCE

12 areas of difference

1. Initiation of treatment
2. Stress
3. Physiology
4. Health risks
5. Gynecological issues
6. Menopause
7. Seniors/longer life
8. Psychological issues
9. Concurrent disorders
10. Interpersonal trauma
11. Domestic violence
12. Income

1. Initiation of treatment (1)

- Although alcohol still primary substance of abuse, women are more likely than men to be in treatment for drug use
- For women, 37 percent report that **opiates (20 percent) or cocaine (17 percent)** are their primary substances of abuse
- While women often receive other healthcare services prior to identification of substance use disorders, referrals from healthcare providers (other than alcohol and drug use treatment providers) are one of the **lowest referral routes** to treatment for women
- **Self-referral, social service agencies, and the criminal justice system** are the primary sources of referral to treatment for women

(Brady and Ashley 2005; SAMHSA 2004)

1. Initiation of treatment (2)

- In comparison to men, women are more likely to be identified with a substance use disorder through child protective services (Fiorentine et al. 1997)
- Women who enter treatment are more likely to identify stress factors as their primary problem rather than substance use (Green et al. 2002; Thom 1987)

2. Stress

- Women report more **interpersonal** stress in relation to negative affect
- Men report more **legal** and **work-related** stressful life events
  - Reflection of gender role expectations and socialization

(Kendler et al. 2001)

- Greater level of family and social problems in women entering treatment as measured by the Addiction Severity Index (Green et al. 2002; Weiss et al. 1997)
- During the week prior to relapse and on the initial day of relapse, women report interpersonal problems and negative affect as key stressors (McKay et al. 1996)

3. Physiology

- More difficulty **physically managing** consequences of use
- More susceptible to alcohol- and drug-related diseases and organ damage
  - **Liver damage** (e.g., cirrhosis) begins earlier in women consuming less alcohol over a shorter period of time
  - **Menstrual cycle**: Increased cramping and heavier or lighter periods; use of illicit drugs/alcohol as medication for cramping, body aches, and other discomforts associated with menstruation

(Stevens and Estrada 1999)

- **More body fat** and **lower volume of body water** compared with men of similar weight = **higher concentration** of alcohol because there is less volume of water to dilute it (Romach and Sellers 1998)

4. Health risks

- Develop alcohol-related physical health problems at lower doses and over shorter periods of time than men
  - **Cirrhosis** and **heart muscle and nerve damage** with fewer years of heavy drinking in comparison to men
  - Increased risk for **breast and other cancers** (Bagnardi et al. 2001; Key et al. 2006; Tiemersma et al. 2003)
  - **Osteoporosis** in premenopausal women (Sampson 2002)
  - **Peripheral neuropathy and cognitive impairments** (Flannery et al. 2007; Sohrabji 2002)
  - Illicit drug use = greater risk for **liver and kidney diseases**, **bacterial infections**, and **opportunistic diseases**

5. Gynecological issues

- Routine gynecological care is **necessary**
- Role of heavy alcohol use on **infertility** and drug use on **menstrual cycles** (Lynch et al. 2002; Reynolds and Bada 2003; Tolstrup et al. 2003)
- Concerns that many young and low-income women have never had a gynecological examination
- Women over 40 less likely to have received a mammogram than other women of similar age (Carney and Jones 2006)

6. Menopause

- Studies evaluating the impact of hormonal changes on alcohol and drug metabolism and consequences of substance use on development of menopause are **limited**
- Major life transitions = heightened risk for substance use and abuse (Poole and Dell 2005)
- Most noteworthy: Substance abuse and dependence may **exacerbate postmenopausal risks for coronary heart disease, osteoporosis, and breast cancer** in this population (Register et al. 2003)

7. Seniors/longer life (1)

- Recent cross-sectional and longitudinal study of more than **70,000 American women ages 50–79** found that:
  - Widowed women significantly more physically impaired than married women including general health and physical functioning, obesity, hypertension, and pain
  - Widowed women lower in overall mental health and social functioning and significantly higher in depressed mood

  (Wilcox et al. 2003)
- Estimates of the prevalence of heavy drinking or alcohol abuse range from **2 to 20 percent** for the elderly population (Benshoff and Harrawood 2003)

7. Seniors/longer life (2)

- **Baby-boom generation** is more likely to have been exposed to drug and alcohol use and may drink or consume drugs at greater rates after age 65
- Spousal loss is one commonly cited as factor in SUD (Benshoff and Harrawood 2003)
- Significant upward trend in past year alcohol use by those aged 65 years and older from 58.5 percent in 1997 to 73.5 percent in 2007 (Ialomiteanu et al. 2009)

8. Psychological issues

- **Low levels of self-esteem and self-efficacy**, and often are **devalued** by other women and men
  - Make it difficult for women to seek help or feel that they deserve to be helped
- Internalized feelings of **guilt and shame** concerning failure in maternal roles (Ehrmin 2001)
- **Fear negative consequences** (CAS involvement, loss of child custody, etc.) if their substance abuse becomes known
- Gender role expectations in many cultures result in further **stigmatization** of substance use - additional challenges for women of colour, disabled, older, lesbians, and poor
- **Social stigma** as primary reason to not seek treatment (SAMHSA 2003)

9. Concurrent disorders

- Women more likely to meet diagnostic criteria for **mood disorders** specific to depressive symptoms, agoraphobia with or without panic attacks, posttraumatic stress, and eating disorders (Hudson et al. 2007; Piran and Robinson 2006; Tolin and Foa 2006)
- **Onset** of psychiatric disorders is apt to precede substance use disorders
  - Depression: Prone to develop alcohol problems after first depressive episode (Caldwell et al. 2002; Wang and Patten 2002)
- RAAM clinic sees high proportion of women with anxiety
- Developing a group to meet the needs of these women

10. Interpersonal trauma (1)

- A high proportion of women who have histories of trauma, may have experienced **sexual or physical abuse**, **domestic violence**, or **witnessed violence as a child**
- Studies have consistently found that rates of sexual abuse in both childhood and adulthood are higher for women than for men, and that a lifetime history of sexual abuse ranges from **15 to 25 percent** (Leserman 2005; Tjaden and Thoennes 1998)
- Women who were **abused as children** more likely to report SUDs as adults (Kendler et al. 2000)

10. Interpersonal trauma (2)

- Among women seeking treatment for crack/cocaine abuse/dependence a history of sexual trauma was associated with a greater number of health issues related to:
  - Substance use
  - Dependence on a greater number of substances
  - Greater number of substance abuse treatment episodes

  (Young and Boyd 2000)
- History of childhood trauma among women created a greater susceptibility to relapse on cocaine and escalation in use after relapse (Hyman et al. 2008)

11. Domestic violence

- Physical and sexual dating violence were found to be “significant independent predictors of substance use” in other research (Silverman et al. 2001)
- Reciprocal relationship between substance abuse and domestic violence (Kilpatrick et al. 1997; Swan et al. 2000;Tjaden and Thoennes 1998, 2000, 2006)
- Rates of partner abuse appear highest for women who use cocaine/crack or methamphetamine (Swan et al. 2000; Cohen et al. 2003)
- History of physical abuse and SUD - more likely to enter treatment than women with substance use disorders who don’t have such a history (Walton-Moss and McCaul 2006)

12. Income (1)

- Because women frequently earn less than men for doing the same job, they face more economic barriers to entering and staying in treatment than do men. Women…
  - Are **less likely** than men to be able to **pay** for treatment
  - Have less **access to private health insurance**
  - Less likely to **have savings or other financial resources** to support themselves while in treatment
  - Often **cannot afford a car** to take them to treatment.
- NSDUH: 34 percent of women who reported receiving SUD treatment said they could not cover treatment costs due to lack of health insurance (SAMHSA 2003)

12. Income (2)

- Women with co-occurring serious mental illness and substance use disorders were less likely to be employed full-time than women with only a substance use disorder (SAMHSA 2003)
- Many female clients need assistance with transportation; affordable, safe housing; and onsite child care and other services for their children
- Disparity in employment opportunities, income, healthcare insurance, and/or childcare support presents unique challenges for all women, but significantly impacts women with SUD and women seeking SUD treatment

Questions for reflection

1. How does this information assist you in your RAAM work with women?
2. If we consider the case study at the beginning of this presentation – how does this information assist you in assessing Brenda's needs and providing her with the most appropriate services?
3. How would being trauma-informed help you in building an empowering and safe therapeutic relationship with Brenda?

Help-seeking

- 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)

RICH relationships

- “An empowering relationship is shaped by the views of the provider.”

R	I	C	H
Respect	Information	Connection	Hope

- The qualities that are necessary to developing growth-promoting relationships (Saakvitne et al. 2000)
- Focusing on the survivor’s strengths and resilience empowers them, promotes a sense of competence, and is more likely to lead to change (Freeman 2001)

Take-aways

- Developing referral pathways for women, i.e., social services
- Building a trauma-informed perspective
- Understanding the importance of relationships for women, i.e., personal relationships and service providers
- Familiarity with gender-based experiences
- Building a RICH relationship
- Consider developing research on the physiological effects of alcohol and drugs in women
  - Research in this area tends to be **limited and sometimes inconclusive due to an exclusive focus on men's experiences**

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

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

Resources

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