Community Health Initiatives

Clinical Technical Assistance: Women

Facts

- 2018 saw a significant decline in alcohol use among female adolescents.
- Marijuana is the most used substance among women ages 12+.
- Significant increase in heroin initiations and use among women 12+ from 2017 to 2018.
- 51.2% of the misused prescription pain relievers by women were given by, bought from, or taken from a friend/relative.
- From 2017 to 2018, there was a significant increase in the use of methamphetamine among women aged 26+.
- Women ages 12-25 had a higher occurrence of major depressive episodes in 2018 than the overall US population in that same age range.
- 89.9% of women aged 12+ with a SUD did not receive treatment in 2018.
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Pregnancy

- Fear of possible legal or social ramifications if they pursue treatment/help.
- Most used substance by women who are pregnant 2017-2018: 1. tobacco products, 2. alcohol, 3. other illicit substances
- Women may mistake early signs of pregnancy as withdrawal symptoms.
- For women who refrained from substance use during pregnancy, it is common for them to return to use after childbirth – significant risk of overdose upon return to use!
- Pregnancy often motivates women to seek treatment, but if pregnancy is the only motivator the women will likely return to using after childbirth.
- Numerous potential triggers for recurrence of use postpartum: pain, discomfort, fatigue, stress, change in family dynamics, etc.

Health

- Alcohol use increases the risk for breast cancer, other cancers, osteoporosis in premenopausal women, cognitive impairment and peripheral neuropathy.
- Increased gynecological health issues.
- Weight loss may have been an embraced effect of substance use, resulting in fear of weight gain upon cessation.
- Bulimia nervosa is the most common eating disorder for women who use substances.

Compared to men, women...

- Can become dependent (addicted) in less time and after using smaller amounts of a substance.
- Experience a quicker progression from initial use to development of health-related issues, particularly for alcohol use/alcohol-related health issues.
- Are more likely to report parents or relatives who were dependent on alcohol.
- Are more likely to initiate substance use after introduction of the substance by a significant relationship.
- Tend to view relationship-building with clinical staff as an essential aspect of treatment.
- Tend to define themselves in terms of their social relationships and roles.
- Are less likely to be able to pay out-of-pocket for treatment.
- Face greater societal stigma for using substances.

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Trauma

- Women with SUD are more likely to have experienced physical and sexual abuse and to have witnessed domestic violence either as a child or adult.
- Reluctance to disclose history of sexual abuse until trust is established with the staff member.
- Both a risk factor for and a consequence of substance use.
- Substance use is often a self-medicating approach to cope with trauma.

Co-Occuring SUD

- Associated with suicidal thoughts, plans and attempts among women aged 18 and older.
- In 2018, 89.3% of women 18+ with co-occurring SUD did not receive treatment.
- Among women, SUD is associated with an increased risk for suicidality.

Suggestions

- Provide psychoeducation on the unique health issues for women with SUD and assist in coordinating appointments with appropriate providers (PCP, OB/GYN, etc.).
- Address the stigma women face when they decide to pursue treatment.
- Provide opportunities to practice difficult conversations with family members about the need for substance use treatment.
- For women who are pregnant or have children, provide clear and direct information about confidentiality, specifically regarding mandatory reporting and what will NOT be disclosed to probation officers, CYF case workers, etc.
- Women who highly identify with the caregiver role may have difficulty putting their needs (I.e., seeking treatment) first. Provide validation of their concerns and psychoeducation on the importance of self-care to be a caregiver to others.
- Openly address the guilt and shame women tend to experience regarding their substance use, trauma history, and decision to pursue treatment.
- When asking questions about trauma, start general and gradual – the client should control the level of disclosure. When a client begins to over-disclose (too much, too soon), it is the staff member's responsibility to limit the disclosures for the emotional safety of the client.
- Routinely screen for depression, eating disorders, anxiety disorders, and PTSD symptoms.
- Utilize a strength-based, trauma-informed and collaborative approach that is challenging, supportive, optimistic and empowering.
- Focus on treatment goals that are important to the client, which may mean addressing basic needs before substance use reduction/elimination.
- Reduce treatment/service locations: retention rates increase when women are able to address multiple needs in one location.

For more information on Women and Substance Use Disorders, visit:

National Institute on Drug Abuse (NIDA) — Substance Use in Women www.drugabuse.gov/node/pdf/18910/substance-use-in-women

SAMHSA Quick Guide for Administrators, Tip 51 https://store.samhsa.gov/system/files/sma13-4788.pdf

SAMHSA Tip 51 https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-442

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