

Module 1: Epidemiology

Duration: 90 minutes

Goal

- ♦ To provide an overview of the prevalence of alcohol and other drug use/abuse among women. This module also examines current trends, substance use/abuse in ethnic minorities, and risk factors for substance abuse in women.

Objectives

Following this module the participant will be able to:

- ♦ Describe the prevalence of AOD use/abuse among women.
- ♦ Discuss substance use/abuse among women as it relates to culture of origin and acculturation.
- ♦ Identify risk factors that predispose women to alcohol use/abuse.
- ♦ Discuss alcohol-related problems among women.
- ♦ Describe social-environmental factors and women's risk for problem drinking.

Teaching Activities

Introduction	5 minutes
Prevalence data	5 minutes
Medical Settings	5 minutes
Substance use/abuse in population cohorts	5 minutes
Substance use/abuse in ethnic minorities	5 minutes
Correlates of substance use in women	5 minutes
Risk factors for substance abuse in younger women	10 minutes
Alcohol-related problems among younger women	10 minutes
Risk factors for substance abuse in middle-aged/older women	15 minutes
Alcohol-related problems among middle-aged/older women	15 minutes
Social-environmental factors	10 minutes

Teaching Format

This module is designed to be delivered primarily in a classroom/didactic lecture format. The design will incorporate a method which presents accepted data for presentation in a medical school environment. Information will be presented by the instructor for facilitated discussion of concepts.

Suggested Readings

American Psychiatric Association. (1994). Diagnostic & statistical manual of mental disorders (4th ed). Washington, DC: Author.

Babor, T. F. (1990). Alcohol and substance abuse in primary care settings. In J. Mayfield & M. Grady (Eds.), Primary care research: An agenda for the 90s (pp. 113-124). Washington, DC: U.S. Department of Health and Human Services.

Center for Substance Abuse Treatment (CSAT). (1994). Practical approaches in the treatment of women who use alcohol and other drugs (DHHS Publication No. SMA 94-3006). Rockville, MD: U.S. Department of Health and Human Services.

Howard, J. M., Martin, S.E., Mail, P. D., Hilton, M. E., & Taylor E. D. (Eds.). (1996). Women & alcohol: Issues for prevention research (National Institute on Alcohol Abuse & Alcoholism Research Monograph 32, DHHS Publication No. 96-3817, pp. 185-214). Washington, DC: U.S. Government Printing Office.

National Institute on Alcohol Abuse & Alcoholism (NIAAA). (1997). Ninth special report to the U.S. Congress on alcohol and health (NIH Publication No. 97-4017). Bethesda, MD: National Institute of Health.

Wilsnack, S. C., & Cheloha, R. (1987). Women's roles and problem drinking across the lifespan. Social Problems, 34, 231-248.

Teaching Outline

Module 1: Epidemiology

Note to Instructors:

Before starting to teach you may want to review the goals and objectives of this module.

I. Prevalence Data

OHD 1.1 on screen.

Refer to HO1.1.

A. Alcohol Abuse/Dependence

1. According to the Epidemiological Catchment Area (ECA) Study, an epidemiological study based on the United States Population:
 - ♦ lifetime prevalence of alcohol abuse and/or dependence is 13.8% ; one out of every seven persons meets the criteria sometime in his/her lifetime
 - ♦ 24% of the lifetime cases report a problem in the past month
2. Lifetime prevalence rates are:
 - ♦ 23.8% for males
 - ♦ 4.6% for females
3. Male to female ratio is 5 to 1.
4. Lifetime prevalence rates are higher among both sexes under 45 years of age.

B. Nicotine/Tobacco Use/Abuse

OHD 1.2 on screen.

1. Sixty-two million Americans are current smokers:
 - ♦ approximately 29% for individuals age 12 and older
2. Approximately seven million Americans are current users of smokeless

C. Psychotherapeutic Drugs/Prescription Drugs

OHD 1.3 on screen.

Refer to HO1.2.

1. Women are more likely to use socially acceptable drugs and to perceive their use as a form of coping.
2. Women still receive more psychoactive drug prescriptions than men.
3. Most common prescription drugs abused by women:
 - ♦ benzodiazepines
 - ♦ Vicodin (hydrocodone bitartrate and acetaminophen)
 - ♦ Fiorinal (butalbital, a rapid-acting barbiturate)
 - ♦ caffeine
 - ♦ aspirin
4. Majority of women who use psychotherapeutic drugs are middle-aged (35–50 years old).
5. At equivalent levels of anxiety, women are more likely than men to be given a benzodiazepine rather than nonpharmacologic therapy—when men seek help, they are only about half as likely as women to be prescribed a drug.
6. Women are more likely to take benzodiazepines on a long-term basis.
7. Women who do not work outside the home may be at higher risk - they take more diet pills, sleeping pills, tranquilizers, and mood elevators than other women
8. Psychological and physiologic stressors of middle-age may be at core of this increased risk.
9. Some women with apparent anxiety disorders, symptoms may be caused by abuse of or withdrawal from alcohol, cocaine, or benzodiazepines.

D. Illicit Drugs

OHD 1.4 on screen.

Refer to HO1.3.

1. According to estimates based on 1996 National Household Survey on Drug Abuse:
 - ♦ 13 million Americans report current use of illicit drugs (in the past month)
 - ♦ in 1996, rates of illicit drug use in the past month among males was 8.1%; 4.2% among females
2. Marijuana is the most commonly used illicit drug among drug users:
 - ♦ 77% reporting usage
 - ♦ 54% report using marijuana only
 - ♦ 23% report using marijuana and another illicit drug
3. An additional 23% report using illicit drugs other than marijuana.
4. There are an estimated 608,000 frequent users of cocaine
 - ♦ 0.5% among females
 - ♦ 1.1% among males
5. Several longitudinal studies of both genders found a strong correlation between increasing marijuana use and use of other illicit drugs
 - ♦ 90% of individuals who used marijuana at least 1000 times in their lives had used other drugs
 - ♦ 16% of those who had used marijuana <10 times had used other drugs

II. Medical Settings

OHD 1.5 on screen.

Refer to HO1.4.

- A. Approximately 20.3% of new patients in ambulatory medical care settings have problems with substance abuse (Babor, 1990).
- B. The relationship of substance abuse and the need for medical services is well documented.
 1. In primary care settings it is estimated that:
 - ♦ between 20-35% of medical-surgical patients in inpatient settings and 10-20% of patients in outpatient settings, have problems with alcohol
 - ♦ alcohol use is involved in cases of medical morbidity and mortality associated with cirrhosis of the liver, pancreatitis, and cancer of upper airway, esophagus, and liver
 2. Alcohol use is involved in:
 - ♦ 44% of fatal crashes
 - ♦ 47% of drownings
 - ♦ 38% of fires
 - ♦ 34% of falls

III. Substance Use/Abuse in Population Cohorts

OHD 1.6 on screen.

Refer to HO1.5.

- A. Approximately 2.5 million women 65 or older have alcohol-related problems.
- B. Pregnancy and alcohol consumption
 1. 20–73% of women consume alcohol during pregnancy.
 2. Alcohol abuse during pregnancy can result in fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE).
 3. In some instances, alcohol consumption may result in low birth weight and/or physical, cognitive, or behavioral disabilities.

C. Women in the criminal justice system

1. One out of every three women in jail, is there for a drug-related offense.
2. Nearly 40% of female inmates committed their offense while under the influence of drugs.
3. Approximately one-fifth of all convicted women report being under the influence of alcohol at the time of offense.

D. Homeless women

1. The lifetime prevalence of alcohol abuse among homeless women is 30% compared to a lifetime prevalence rate of 5% in the general population.
2. The lifetime prevalence of drug problems (non-alcohol related) among homeless women is 9–32% compared to a lifetime rate of 5% in the general population.
3. Homeless women with alcohol/drug abuse problems are more likely to have other co-morbid psychiatric disorders such as depression and anxiety compared to homeless women without alcohol/drug problems.

E. Lesbian women

1. Few studies have been conducted, many are methodologically flawed.
2. Available data suggest an increased risk of alcoholism and substance abuse among lesbians as compared with heterosexual women.
3. Based on available data: 25–30% of lesbian women have problems with alcohol abuse.

F. Women with disabilities

1. The limited body of research on disability and substance abuse suggests that rates of substance use among women with disabilities are

similar to or higher than those of women without disabilities.

IV. Substance Use/Abuse in Ethnic Minorities

Note: Alcohol use varies by culture of origin, acculturation status, and by the length of time in the United States.

OHD 1.7 on screen.

Refer to HO1.6

A. African-American women

1. African-American women have the highest rates of abstention from alcohol.
2. Onset of heavy drinking appears to be later among African-American women (45 to 59) compared to Caucasian women (25 to 44).
3. African-American women who do drink are more likely to drink heavily and have alcohol-related problems.
4. Although African-American women have a later age of onset for alcohol use than Caucasian women, the age of onset for alcohol-related problems is earlier among African-American women.

B. Native-American women

1. Alcohol abuse and its consequences cited as the foremost health problem affecting Native Americans, especially those living on reservations.
2. Alcoholism is the fifth leading cause of death among Native-American women.
3. Native-American women of all ages have higher rates of mortality due to alcohol use compared to other women.

C. Asian/Pacific-Islander women

1. The limited information on Asian-American populations suggests a lower prevalence rate for alcoholism among this group.

D. Hispanic/Latina women

1. According to estimates based on the National Household Survey on Drug Abuse, Hispanic women were more likely to report using illicit drugs in

the prior month compared to Caucasian women.

2. Rate of cocaine use among Hispanic women is higher than Caucasian women.
- E. Possibly the most important factor is the role of acculturation: Studies suggest that immigrant women begin to adopt alcohol and substance using behaviors of the dominant culture in which they live.

V. Correlates of Substance Use in Women

OHD 1.8 on screen.

Refer to HO1.7.

A. Age

1. Rates of heavy alcohol consumption and alcohol-related problems are highest in the youngest age group (ages 21–34).
2. Younger women's greater tendency to engage in episodes of heavy drinking increases the likelihood of negative social and behavioral consequences.

B. Employment

1. Women employed outside the home have higher rates of drinking and/or greater frequency of drinking compared to homemakers.
2. Recent studies have found that the higher frequency of drinking among employed may be related to the greater accessibility of alcohol.
3. The social acceptability of drinking among women employed outside the home (versus homemakers) is also a factor.

C. Role deprivation

1. Recent studies suggest that having too few social roles may have more adverse consequences for women's drinking than having too many
 - ◆ data gathered by several researchers suggest that lack of social roles (e.g., being unmarried or without full-time employment), or who loss of social roles (e.g. separation, divorce), are associated with higher rates of

problem drinking in several age groups of women

2. Recent survey data are consistent with the hypothesis that multiple roles can be beneficial for women, reducing their risks of both mental health and drinking problems.
3. Reasons for this beneficial effect include: increased self-esteem and social support, more responsibilities and performance demands, and increased social monitoring.

D. Marital status

1. Rates of heavy drinking are highest among persons never married or divorced, with widowed persons having the lowest rates. Rates among married persons are in between these groups.
2. According to a 1981 national survey, cohabiting women (i.e., living with an unmarried partner in a marriage-like relationship) exceed all other marital status groups in rates of drinking and heavy drinking.

VI. Risk Factors for Substance Abuse Among Younger Women

OHD 1.9 on screen.

Refer to HO1.8.

A. Role-related issues

1. College-age women drink more often and more heavily during college than after they graduate or enter the labor force, or when they marry.
2. The correlates of problem drinking for women in the work force are non-traditional occupations, low-status jobs, part-time employment, recent layoff and unemployment.
3. Marital status is also associated with drinking among younger women: Women who are single, divorced, or separated from their spouses are at increased risk for both quantity and frequency of problem drinking .
4. A husband's drinking may influence a wife's drinking: Studies have consistently found a strong relationship between women's drinking and their partner's drinking.

B. Health-related issues

1. Women who are unable to become mothers due to reproductive disorders may be at increased risk for heavy or frequent drinking.
2. Women tend to use health care services more often than men between the ages of 15 and 75: Although women typically do not identify themselves to physicians as problem drinkers they present various symptoms that may be indicative of problem drinking such as gastric difficulties, insomnia, and depression.

VII. Alcohol-Related Problems Among Younger Women

OHD 1.10 on screen.

Refer to HO1.9.

A. Impulse control problems

1. Younger women who develop early alcohol problems evidence more impulse control problems than women who have problems with alcohol later in life.
2. Compared to non-alcoholic women in the same age group, those who develop alcohol problems earlier report having more childhood temper tantrums, more running away from home and more problems at school.

B. Drinking and driving

1. Women in their twenties who have alcohol problems are more likely to be involved in drinking-related automobile accidents than middle-age women with alcohol-problems.
2. Recent studies indicate that while rates of drinking and driving among men are declining, these rates are increasing for young women.

C. Use of other drugs

1. Women in their twenties who have alcohol problems are more likely to be smokers and to report using stimulants, sedatives, marijuana, and other illegal drugs, in comparison to middle-aged women who have alcohol problems.

2. Although both younger and older female alcoholics are more likely to report using minor tranquilizers, younger female alcoholics are more likely to report using non-prescribed medication.

D. Potential fetal damage

1. Pregnant female alcoholics between ages 20–40 are at increased risk for potential fetal damage.
2. In one study, 19% of women in their thirties who were problem-drinkers reported having a child with a birth-defect in comparison to only 6% of non-problem-drinking women in the same age-range.

E. Problems in the workplace

1. Professional and managerial women are less likely to exhibit problems with alcohol dependence in comparison to women who are laborers or service workers.
2. Women in low-status occupations are more likely to receive warnings at work about their drinking in comparison to other women in the workplace.

F. Assaults and other violent experiences

1. Younger women with alcohol problems are more likely to report assaults and robberies in the past two years in comparison to older women.
2. When compared to older women with drinking problems, younger women with drinking problems are more likely to report violent events such as crashes, home injuries, suicide attempts, and unexplained bruises.
3. The greater number of violent experiences reported by younger women with drinking problems may be due to a greater potential for violence in their homes or due to their greater tendency to drink in public places, which increases their susceptibility to assaults.

G. Suicide attempts

1. Younger female alcoholics have nearly twice the rate of suicide attempts in comparison to female alcoholics in their forties.

2. 40% of female alcoholics in all age-ranges report attempting suicide in comparison to 8% of nonalcoholic females.
3. Suicide attempts among female alcoholics may be indicative of problems with depression, hostility and impulsivity.

VIII. Risk Factors for Substance Abuse Among Middle-Aged/Older Women

OHD 1.11 on screen.

Refer to HO1.10.

A. Alcohol-related risk factors among middle-aged women include:

- ◆ “empty-nest” syndrome
- ◆ feelings of abandonment
- ◆ break-up of a marriage or a long-term relationship
- ◆ not acquiring new roles, a new job or new interests (failure to adapt to aging)
- ◆ heavy spousal drinking
- ◆ solitary “at-home” drinking patterns
- ◆ presence of a co-morbid psychiatric disorder such as depression, phobia, an eating disorder, or an anxiety disorder

OHD 1.12 on screen.

B. Older women and drinking

1. Older people, of both sexes evidence problem-drinking behavior.
2. Older women may abuse prescription drugs more often than middle-aged women.
3. Older women are more likely to fall under “late onset” classification (after age 40): In one study, older women reported more recent onset of problem drinking and a greater use of prescribed medication.

4. Some risk factors for drinking among older women include:
 - ♦ depression
 - ♦ widowhood
 - ♦ retirement
 - ♦ moving to retirement communities
 - ♦ spousal drinking
 - ♦ use of psychoactive drugs

IX. Alcohol-Related Problems Among Middle Aged/Older Women

OHD 1.13 on screen.

Refer to HO1.11.

- A. Problem drinking among middle-aged women is associated with loss of parenting and spousal roles (Wilsnack & Cheloha, 1987).
 1. Most women adapt to roles as they approach their forties and fifties, i.e., they acquire new roles or expand old ones. However, among problem drinking middle-aged women in treatment, role change and/or loss appears to have disastrous consequences.
 2. More middle-aged problem drinking women report the breakup of marriages, departure of children from the home, and remaining at home than middle-aged non-problem-drinking women.
- B. The precipitants for problem drinking among middle-aged women also includes loneliness, general unhappiness, long-term marital conflict, and stressful life events.
- C. According to the Michigan Elderly Study, a higher proportion of women in comparison to men, reported a family history of alcoholism, more heavy drinking and drinking problems among their present or former spouses, feeling more depressed and miserable when drinking, and a heavier use of psychoactive medications.

OHD 1.14 on screen.

- D. A large proportion of older women report recent onset (within past 10 years) of problem drinking then older men. A finding supported by both the Michigan Elderly Study and the National Institute of Mental Health ECA teams.
- E. Larger numbers of older women were also living alone in these studies, indicating that recently widowed elderly women were at greater risk for problem-drinking.

X. Social-Environmental Factors and Women's Risk for Problem-Drinking

OHD 1.15 on screen.

Refer to HO1.12.

A. Influence of partner's drinking

1. Women are frequently introduced to alcohol and drug use by men.
2. The results of several studies indicate that women's drinking is associated with the drinking of their husbands
 - ♦ men's drinking is less influenced by their perception of their wife's drinking, while a woman's drinking is more likely to be affected by the frequency of their partner's drinking
 - ♦ may relate to women having generally less power in relationships than men, thus their tendency to comply with male behavior
3. Discrepant drinking patterns between a husband and wife have been linked to more adverse consequences for women, including marital distress
 - ♦ discrepant drinking patterns may be indicative of problems or conflict in the marital relationship
 - ♦ women with discrepant drinking patterns may merit special attention from health care personnel
4. Female alcoholics more likely to be married to an alcoholic spouse.

5. Female alcoholics more likely to have been left by their spouses more frequently than are male alcoholics; one study has reported that only 1 out of 10 men will stay with an alcoholic woman, whereas 9 out of 10 women will stay with an alcoholic man.

B. Depression

1. There is considerable comorbidity of alcohol abuse or dependence with other psychiatric disorders.
2. Women are more likely to have a co-morbid diagnosis of depression.
3. Some women may drink in response to their higher levels of depressive symptoms, while drinking among other women may lead to later depression.

C. Alcohol and sexual behavior

1. Alcohol expectancies and reported effects of drinking on sexual behavior:
 - ♦ both women and men report drinking to have beneficial effects on their sexual experience
 - ♦ in two surveys, sixty percent of women have reported that drinking reduced their sexual inhibitions
 - ♦ despite the high positive expectancies surrounding drinking and sexuality among women, drinking may not have strong effects on their sexual behavior

Refer to HO1.13.

2. Sexual orientation

- ♦ effects of homophobia and discrimination among lesbian women and gay men may place them at increased risk for developing addiction problems
- ♦ other risk factors for heavy drinking among lesbian women
 - physical and sexual abuse
 - having a heavy drinking partner
 - relationship violence

3. Childhood physical and sexual abuse and women's drinking

- ♦ childhood physical and sexual abuse increase women's risk for problem drinking in adulthood
- ♦ research has linked childhood physical and sexual abuse with alcohol and other drug abuse - finding that holds, even after controlling for demographic variables and positive family histories of alcoholism
- ♦ study of female alcoholics in treatment found that 40% to 74% of patients had a history of rape, incest, or both
- ♦ Epidemiologic Catchment Area Study (population-based survey of more than 20,000 respondents from five community sites from 1980 to 1984):
 - alcoholism about 3 times more common in those with history of childhood sexual abuse
 - other substance abuse about 4 1/2 times more common in those with history of childhood sexual abuse

D. Relationship violence and women's drinking

1. Women who drink are at increased risk for relationship violence if they drink or involved with partner's who drink.
2. Women's risk for sexual assault and violent assault increases when the perpetrator has been drinking or the woman has been drinking.
3. Increased risk may arise due to several reasons:
 - ♦ women who drink may be perceived by men as being more sexually accessible or vulnerable to dominance
 - ♦ women who drink may be less apt to heed to interpersonal cues that may enable them to deflect or avoid conflict
 - ♦ women who drink may be perceived by men as deviating from traditional norms of femininity, thereby placing them at increased risk for aggression from men