

Prevention Through Education

Health care providers have unique opportunities for prevention that are not available to other professionals.

Physicians and other health care providers can incorporate an alcohol and drug use history into the patient evaluation; they can educate and counsel patients about their individual risk factors for the development of substance abuse.

It is important to stress to women that they are more sensitive to the effects of alcohol and substance abuse than men in terms of its long-term health consequences.

Inform patients about specific medical complications, including:

Obstetrical and gynecological complications of alcohol and other substances (data from 1985 National Health Interview Survey):

- ◆ 62% of women knew about fetal alcohol syndrome
- ◆ 70% thought the primary problem was that the baby was born addicted to alcohol

“Telescoping” Phenomenon—women suffer more serious medical consequences in a shorter amount of time and with less alcohol and other substance use than men.

The Current State of Services for Substance Abusing Women

Ratios of men to women in treatment programs ranges from 2:1 to 10:1.

- ♦ This is far below even the lowest estimates of the incidence and prevalence of alcohol and substance abuse in which there is approximately a 2:1 male-to-female ratio (although this ratio varies greatly depending on the type of drug used).

Approximately 30% of substance abuse treatment programs have specialized programs for women.

Substance abuse by men is more likely linked to other forms of socially disruptive behaviors

- ♦ violence
- ♦ drunk driving
- ♦ crime
- ♦ work-performance problems

Substance abuse is defined and treatment programs are developed using the “White male” as the standard.

Women who abuse substances are more likely than male substance abusers to use or be referred to other health care settings, particularly mental health treatment services primary care physicians.

Barriers to Accessing Treatment

Internal Barriers

- ✦ denial or minimization of problem
- ✦ guilt and shame
- ✦ fear of stigmatization, perceived sexual promiscuity
- ✦ lack of self-esteem
- ✦ role obligations
- ✦ costs of treatment

Interpersonal Barriers

The role of relationships with men/significant others in initiating and perpetuating addiction:

- ✦ men as supplier/substance use partner
- ✦ violence
- ✦ opposition to treatment
- ✦ fear that partner would leave if woman is treated
- ✦ partner unable to support habit on his/her own—some women resort to prostitution to support habits of both

Opposition to treatment by family and friends.

Denial of substance abuse problem by family and friends.

Barriers to Accessing Treatment

System Level Barriers

Health provider bias

- ✦ lack of understanding/knowledge of addiction which may be influenced by media images and personal beliefs
- ✦ belief that patient's addiction can be "fixed"
- ✦ lack skills needed to determine if woman needs help with substance problem
- ✦ lack knowledge regarding how to make a referral and the available referral resources
- ✦ may make incorrect diagnosis, presuming mental health problems (i.e. anxiety or depression); may give patient medications, including benzodiazepines, causing cross-addictions in some women
- ✦ negative and judgmental attitudes against substance abusing women
- ✦ idea of "double deviance"—women are not viewed as behaving properly if they use alcohol or other drugs and are not seen as properly addicted because their behaviors and psychological profiles do not fit the masculine patterns that are called "alcoholism or addiction"

System barriers specific to women

- ✦ different referral patterns
- ✦ lack of women-sensitive treatment services
- ✦ lack of economic resources
- ✦ inadequate insurance coverage

Treatment Methods

Initiating Treatment

Assess need for detoxification

- ♦ for many, outpatient detoxification may be feasible
- ♦ important to understand what the individual perceives her problems to be; likely to accept help for these problems first

Establish goals acceptable to patient and health provider.

Develop a treatment plan

- ♦ need to address and treat concomitantly comorbid mental health issues, health issues, parenting issues and social issues
- ♦ need to develop plan which is culturally acceptable to patient

Patient's long-term abstinence often depends greatly on family participation in recovery.

Making a Referral

Know your community resources

- ♦ keep information regarding treatment options and programs available to staff
- ♦ know the available 800 numbers, e.g., 1-800-COCAINE, to offer to patients

This often requires team approach, i.e., physicians, physician assistants, nurse practitioners, nurses, social workers, counselors.

Monitor the patient through recovery.

Treatment Methods

Treatment Options

Detoxification

- ♦ facilitate safe physiological withdrawal from alcohol or other drugs; possible use of pharmacologic treatments when necessary

Inpatient treatment

- ♦ intensive, medically supervised inpatient treatment with length of stay generally less than 30 days
- ♦ involves intensive counseling to encourage further treatment and find appropriate continuance of treatment

Intensive outpatient treatment

- ♦ day or evening treatment program where patient attends program daily but returns to own home for night

Outpatient treatment

- ♦ provides from one to several hours of individual, family and/or group counseling weekly

Residential treatment

- ♦ structured program with a length of stay from one month to one year

Methadone maintenance

- ♦ outpatient program which maintains opiate addicts on methadone, a synthetic opiate

Self-help groups

Nontraditional healing

Components of Women-Oriented Treatment Programs

Definition of a Women-Oriented Treatment Program

A program delivered in a setting that is compatible with women's interactional styles.

Women on the staff who can serve as female role models for patients.

The program takes into account gender roles, female socialization, and women's status in society (i.e. patriarchal power structure).

The program does not exploit women..

It addresses women-specific treatment issues.

Treatment is offered in a safe, supportive environment that also maintains limits and boundaries.

Coordinated Treatment Components

- ♦ broad and comprehensive services
- ♦ treatment for other problems
- ♦ health services
- ♦ family services
- ♦ services for children
- ♦ development of parenting skills and daily living skills
- ♦ development of social roles, positive relationships, and social support
- ♦ development of self-esteem and adaptive coping mechanisms
- ♦ employment/vocational counseling
- ♦ legal assistance
- ♦ women's support groups as aftercare
- ♦ advocacy

Special Groups

Pregnant Women

Incidence of alcohol and substance abuse in pregnancy has ranged from 0.5% to 25% in various studies: Largest population-based survey of 29,000 urine samples at delivery estimated the prevalence of perinatal drug use at 5.2% and alcohol use at 6.7% (Vega, et al., 1993).

About 80–85% of female heroin and cocaine addicts are of child-bearing age.

Alcohol and most psychoactive drugs cross the placenta easily.

Effects of alcohol on fetus are variable

- ♦ depends on degree and timing of exposure, maternal metabolism, interaction with other drugs, as well as the nutritional and smoking status of the mother

Special Treatment Considerations

Early intervention highly desirable for health of mother and fetus

- golden opportunity for intervention
- late and limited utilization of prenatal care may be an indication of a substance abuse problem
- many women experience fear, guilt, and shame
- some women have poor nutrition and lack access to prenatal care
- physical, sexual, and emotional abuse that has gone untreated
- many experience increase in physical abuse once pregnant
- many are victims of poor parenting
- many addicted women feel ambivalent about their pregnancy

Special Groups

Pregnant Women

Special Treatment Considerations

Significant deterrents to treatment include:

- no wide-scale provisions for children while mothers go into treatment
- mothers on public assistance may lose income if they go into residential/inpatient treatment and may risk losing their children

Emphasis on a continuum of care

- long-term provision of services in support of woman and her family
- women who are appropriately linked can be effectively supported to recover and to manage their multiple roles

Pharmacotherapies

Assess pregnancy status and counsel about the detrimental effects of the drug on fetal development.

Assess withdrawal effects on pregnancy and balance with the potential side effects of pharmacotherapies.

Criminalization During Pregnancy

Several states consider substance use during pregnancy a form of child abuse punishable by imprisonment or removal of the child after birth.

New level of legal interference with women's rights over their bodies, an infringement which has no male equivalent.

In many states, if an infant tests positive for substances at birth, the health care provider must report this to the state child protection agency

Criminal charges and child protection interventions more often directed at women of color

Important to offer continued, nonjudgmental advocacy for female patients.

Special Groups

Elderly Women

“Hidden” addictions

- ♦ outreach, access, treatment may be more difficult
- ♦ the elderly woman may be isolated because she may no longer drive, may be retired, may live alone due to separation or death of partner
- ♦ many older women may have a more moralistic attitude about drinking and substance use, believing you do “not air your dirty laundry in public”
- ♦ health professionals often miss the diagnosis; estimates suggest that physicians identify the problem in approximately 22–37% of elderly alcoholics

Special Treatment Considerations

Health professionals need to maintain an awareness that alcohol and substance abuse problems exist in the elderly .

When considering substance abuse among this population, the use of alcohol, prescription drugs and over-the-counter medications needs to be examined.

Use open-ended questions to create a positive rapport.

Successful treatment often requires participation of family members for support through treatment.

Consultation with a psychiatrist if there are concomitant psychiatric problems.

There is evidence that Alcoholics Anonymous is helpful for elderly women.

“One-on-one” counseling may be better for some elderly women.

When considering treatment options, need to consider distance from home, means of transportation, and financial accessibility.

Special Groups

African-American Women

More likely to abstain from alcohol than Caucasians, but if they drink they are more likely to drink heavily and have alcohol-related problems

Prevalence of use of other drugs is similar among African-American, Caucasians, and Hispanics.

IVDU is a prominent factor in the prevalence of HIV infection in African-American women and children; black female IVDUs report more sex partners and more frequent involvement in exchange of sex for money or drugs.

Treatment needs to involve consideration of cultural factors

Native-American Women

Approximately 450 tribes with different customs and about 250 languages.

Urban, rural, on- and off-reservation Native Americans have different treatment needs.

Many barriers to treatment

- high unemployment rate hinders early detection
- do not view certain substances as addictive
- geographic isolation limits access to treatment
- lack of funding in the Indian Health Service
- high rate of poverty
- lack of trust of the majority treatment system
- may require culturally specific models of treatment

Special Groups

Asian /Pacific Islander Women

It is important to consider the specific ethnic group, place of birth, generational status, and degree of acculturation.

- ◆ difficulty in openly acknowledging personal problems
- ◆ substance abuse is felt to be a serious breach of behavior and, when acknowledged, can lead to loss of self-respect for individual and her family
- ◆ few studies of alcohol and other drug use, but the prevalence is believed to be low compared to white women
- ◆ treatment programs should have bilingual staff and be sensitive to the diverse cultures

Hispanic/Latina Women

It is important to recognize “Hispanic” as a widely heterogeneous group, representing different cultures and ethnic groups

- ◆ may be many generational differences as well as different degrees of acculturation
- ◆ treatment programs need to be sensitive to these differences
- ◆ many substance abuse programs do not have staff who can speak Spanish, making them less “user-friendly”

Special Groups

Lesbians

It is estimated that lesbians comprise approximately 10% of the female population, studies have suggested that 25–30% may have serious problems with alcohol and other drugs, although studies to date have some serious methodological flaws.

While lesbians are a diverse group, some general factors may place them at an increased risk for developing addiction problems:

- ♦ effects of minority group status, discrimination, and homophobia
- ♦ role of bars in the lesbian community (provides one of the few social settings in which lesbians can feel safe and open about their sexuality)
- ♦ lack of services sensitive to the identity and needs of lesbians

Special Treatment Needs

- ♦ acknowledging and identifying women as lesbians
- ♦ maintaining a nonjudgmental position of advocacy
- ♦ helping lesbians to combat isolation and denial of alcohol and drug problems through outreach efforts
- ♦ offering women-only and/or lesbian-only services
- ♦ programs can acknowledge that lesbians are included in the service population affirmation through advertisements or having “out” lesbians on staff
- ♦ staff and board members that include “out” lesbians to provide validation and positive role models
- ♦ staff trained in and responsive to the needs of lesbians, who are able to identify and address homophobia and to address the psychosocial needs unique to lesbians

Predictors of Treatment Outcomes for Women

Data is scarce—more research has examined alcohol compared with other substances.

Identified risks for persistent chronic drinking:

- ♦ sexual dysfunction—continuing belief in the false assumption that alcohol will increase sexual drive and arousal
- ♦ part-time employment
- ♦ never being married
- ♦ recent depression
- ♦ untreated mental health problems
- ♦ predictor of remission: divorce or separation

Predictors of treatment success

Female patients arrested for prostitution and those whose parents have psychiatric or drug use histories are less likely to remain in treatment.

Programs for women that deal directly with sex work (i.e. exchange of sex for drugs) and provide family therapy retain more women.

Services for children increases retention.

Offering treatment for both alcohol and other drug problems also increases retention.

Do Treatment Outcomes Differ for Women and Men?

Early literature suggested women had poorer prognoses than men in treatment programs, but more recent reviews of literature show no differences in length of treatment and abstinence rates.

It is widely accepted that specialized treatment programs for women are necessary and probably yield better outcomes, although few studies have directly compared treatment outcomes for women in mainstream versus specialized programs.

Recent meta-analysis of 20 alcohol outcomes studies:

- ♦ women were more likely to be abstinent or improved in short-term follow-ups
- ♦ men tended to appear more successful in follow-up of greater than one year
- ♦ findings may play a role in relapse prevention

How Can Treatment Access for Women be Improved?

Educate the general public—remove the barriers based on the stigmatization of substance abusing women.

Improve outreach to women at risk for drinking and other drug problems.

Increase the knowledge about women's alcohol and substance abuse problems to improve assessment, counseling, and referral by health providers.

Informal referral networks, such as family and friends, should be used more efficiently.

Outreach should target people who see women regularly, who work with their children or who have some influence with them.

Implement routine alcohol and substance abuse screening programs to aid in the identification of women with substance problems.

Improve the availability of services for children

Increase availability of other women-sensitive services that address gender-specific problems and treatment issues and that consider women's social contexts.

SUGGESTED READINGS

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