

## **Women and Substance Abuse Issues – Their Specific Treatment Needs**

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**Disclosures:** Neither the author or planning committee have any conflict of interest.

**Target audience:** All health care workers

**Learning Outcome:** The nurse will be able to explore the issue of women's unique needs in substance abuse treatment and articulate appropriate individual treatment approaches.

**Contact Hours:** 1.0 (ABN). Contact Hours are valid September 1, 2018 through June 18, 2022

Fees: ASNA Member \$ free Non Member \$10

(Fees must be paid on line and the same time as the completing the evaluation by [clicking here for online portion](#))

**Accreditation:** *The Alabama State Nurses approved as a provider of **nursing continuing professional development** by The Mississippi Nurses Foundation, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

Alabama Board of Nursing Provider Number ABNP0002 (*expires April 6, 2021*).

**Instructions for Credit:** Participants should read the purpose and learning objectives on line or printed out. After reading complete the post test at the end of the activity and compare your responses to the answers provided and review any incorrect response(s). Participants must complete the evaluation on line and submit the appropriate fee to receive continuing nursing education credit. The Certificate of Attendance will be generated after the evaluation has been completed. ASNA will report the contact hours to the Alabama Board of Nursing within 2 weeks of completion.

Experts in the field of substance abuse treatment agree that gender is a principal factor in the treatment for women. The gender difference is noted beginning with early risk factors and continues throughout treatment modalities. In treatment settings most men do well with confrontational, almost 'in your face' type approaches. Many abuse counselors are recovering themselves and often trained on the job. They are well trained and very effective in their approach – an approach that helped them through recovery. In general women do not respond to this typical or classic substance abuse treatment program. For women, an effective program should have wrap around services which address issues such

as the social and economic environment, relationships to both the immediate and extended family, their various support systems, and the impact of the woman's culture. A more effective method is supportive and promoting positive relationships with peers and staff/treatment providers.

Usually women entering substance abuse treatment must find a way to support both self and their children. So often they enter with little education or job skills. In addition, for the program to be successful, they must overcome the guilt about the disease itself and the way they may have treated their children while abusing substances. Pregnant women are often more motivated to seek treatment; however, barriers exist because not all treatment facilities are equipped to meet their special needs. This would be providing essential services such as medically needed bedrest, transportation to prenatal clinics, and/or nutritious meals. In some states women who are either pregnant or have custodial care for children may be reported to child protective services. Depending on the situation these women may lose custody of their children.

Another contributing factor to the special treatment needs for women is the increased frequency of trauma often perpetrated by trusted individuals. It may be either physical or sexual, which was witnessed or experienced as a child or as an adult woman. They often are victims of domestic violence.

Overall women who abuse substances face greater stigmas than men. This often precludes seeking help for the addiction. Frequently, many women report experiencing being berated or disliked by other women when their substance abuse becomes obvious. So often this in turn increases their feelings of shame and guilt, which leads to low self-esteem and self-efficacy. They feel devalued by many other women. This is especially true if there have been issues with their role as a parent, such as loss of custody. Many cultures have gender role expectations and perhaps the most stigmatized are women of color, disabled, lesbian, older, or poor.

### **Identify SAMHSA's Recommendations for Treatment**

The Substance Abuse and Mental Health Services Administration (SAMHSA), the US government agency dealing with substance abuse recommends the following principles be incorporated into treatment modalities for women:

1. *Acknowledge the significant role of socioeconomic issues and differences among women* – which would include educational status, employment, housing, income, literacy levels, and transportation.
2. *Promote cultural and competence specific to women* – this would be inclusive of a worldview and experiences from various backgrounds while paying attention to diversity.
3. *Recognize the role and significance of relationships in women's lives* – the program should be a family-focused model inclusive of everyone the woman considers part of her support system, including her children. Both prevention and treatment services should be provided directly to her and everyone in her support system.
4. *Address women's unique health concerns* – women have a greater incidence of developing health-related consequences from drug and alcohol

consumption, with an increased incidence of infectious diseases associated with drug use, greater incidence of co-occurring disorders, and problems associated with reproductive issues.

5. *Endorse a developmental perspective* – substance use and abuse affect individuals differently depending upon developmental milestones; so treatment needs to be aimed at appropriate developmental milestones.
6. *Attend to the relevance and influence of various caregiver roles that women often assume throughout the course of their life* – regardless of substance abuse, women are more likely to be caregivers and these duties may preclude willingness to enter or remain in treatment.
7. *Recognize that ascribed roles and gender expectations across cultures affect societal attitudes toward women who abuse substances* – with these expectations women experience more guilt associated with substance abuse.
8. *Adopt a trauma-informed perspective* – the goal is to find safety, develop effective coping strategies, and recover when they have been victimized.
9. *Utilize a strength-based model for women's treatment* – determine their strengths which may include abilities, cultural values, knowledge, personality traits, or spirituality.
10. *Incorporate an integrated and multidisciplinary approach to women's treatment* – include concepts from various disciplines and provide comprehensive case management and treatment planning.
11. *Maintain a gender-responsive treatment environmental across settings* – the environment needs to be empowering, nurturing, and supportive to the woman and her children across the continuum of care.
12. *Support the development of gender-competency specific to women's issues* – administration should be committed to ensure staff are provided gender specific training.

### **What Makes Women's Biopsychosocial Makeup So Unique?**

Women have unique biopsychosocial differences which often has an impact on them entering and remaining in treatment. More often than not, they are low-income and custodial parents. As stated earlier, they frequently have a history of trauma and violence. Females present more often than men with co-occurring mental disorders.

Women have different physical responses to substances. Typically, they progress from initial use to developing health-related issues more quickly as compared to men. This effect is known as telescoping. Women become intoxicated after drinking smaller quantities of alcohol than men due to higher blood concentrations of alcohol. This results from having more fatty tissue and less water to dilute the alcohol.

Women develop alcohol related health problems at lower doses and more quickly than men. There is less evidence to support these finding with illicit drug use. Common health issues noted are cancers – especially breast, osteoporosis in premenopausal women, cognitive impairment, and peripheral neuropathy. In addition, women develop cirrhosis of the liver and heart muscle damage more

quickly as compared to men. Women develop liver and kidney diseases and bacterial infections at a faster rate as compared to men when using illicit drugs.

The most common co-occurring mental health issues are mood disorders specific to depression, agoraphobia with or without panic attacks, post traumatic stress, and eating disorders. The literature suggests women develop the mental health disorders prior to issues with substance abuse, leading researchers to believe this was probably their attempt to self-medicate.

Women with substance abuse issues have a higher incidence of trauma, which very often was perpetrated by someone known and trusted. This violence comes in many forms – sexual, physical, or domestic violence, either as an adult or witnessed as a child. Evidence shows the violence is approximately twice as high as compared to women who are not substance abusers. Ethnic background and race appear to have no bearing on the incidence; however, women who have a lower socioeconomic status are more often victims. Partner abuse is the highest for women who use crack or cocaine. The woman most likely to enter a treatment program is usually someone who has been a victim of physical abuse from a known person but not necessarily a partner.

Women, more so than men tend to define themselves within the complexities of the family obligations and relationships. Those who abuse alcohol report more often than men, as having a parent or close relative with alcohol dependency issues. They also report a dysfunctional family more often. Introduction and continued use of alcohol often occurs within relationships with family, significant others, or partners. A woman with a substance abuse disorder often has a partner with the same disorder.

Women have greater relationship issues with treatment, due to less support. Women are more likely to be left by a partner when they enter treatment and/or be left by the partner when completing treatment. A man leaving treatment often has a supportive partner; this is generally not so with women. Recovery may be challenging when the substance has been involved with family rituals. Women are most vulnerable in the early phases of recovery. Relapse often occurs when she believes that not using the substance is a threat against family relationships. And of note, relapse occurs more often when there is a significant other in the picture.

Pregnancy is always an issue as many who are abusing drugs or using alcohol do not realize they are pregnant and the most damaging effects to the fetus occur in the first trimester of pregnancy. Many women with substance abuse have previously experienced withdrawal symptoms; and with some pregnancies early symptoms may be masked or confused with known withdrawal symptoms.

For most women the incidence of abusing substances decreases when they become aware of being pregnant. It is common for those who abstained during pregnancy to return to abusing substances after delivery. A woman is more likely to enter treatment, continue in the program and maintain abstinence when they can take their children with them and when there is some assurance they will not lose custody of the children. An obstacle faced by some is that many programs are closed to pregnant women because of their extra needs as stated earlier.

Entering treatment is more difficult for women when they have parenting and

caregiving roles. Money is an issue for women for out of pocket expenses such as food, housing and transportation while in treatment. Many do not have insurance. If there is an incidence of co-occurring mental health issues they may be unemployed at the time of treatment and unable to obtain employment.

A positive note is that women are more likely to seek treatment for substance abuse disorders. In addition, they are more likely to seek help if relapse occurs. The main cause of relapse is usually interpersonal stress. Men, on the other hand tend to relapse because of legal and/or work issues.

Compared to men, women are likely to avail themselves of multiple paths of treatment including primary care and psychological counseling. More women than men will self-refer to treatment often following issues with the court system, child protective services, or community referrals overall. Once in treatment women want relationship building. Collectively women seem to do better with counselors who project acceptance and care, trust and warmth, non-authoritarian attitude, and a sense of confidence in abilities. These traits are not found in most programs aimed at men.

### **What Developmental Issues Impact Substance Abuse Treatment for Women**

In the younger years, during adolescence girls and young women are more susceptible to substance abuse related sociocultural issues as compared to boys. The substances become an essential part of exploring new experiences and developing an identity. It is believed that the use of substances helps to provide relief from the stresses when gender roles expectations become confusing or difficult.

After adolescence women are concerned with issues of career development and employment opportunities. Women with substance abuse issues have more difficulty finding employment than men with the same issues. Some women are caught between the need to care for self, children, and older family members. After menopause many women reevaluate their social roles. Some find a new sense of freedom while others may become depressed or anxious. In either case, substance abuse, especially alcohol consumption, may increase. Postmenopausal women who abuse alcohol and other substances tend to exacerbate breast cancer, coronary heart disease, and osteoporosis. In other cases, older women may need to limit working when caring for others, especially parents. For some the emotional, financial, and physical stress of caring for aging parents leads them into substance abuse to cope. This downward spiral leads some into poverty, thus limiting treatment opportunities.

Women tend to outlive their partners. Widowed women often have lower mental health and social functioning leading to higher rates of depression. Thus, they may turn to substance abuse to self-medicate.

### **Identify Women's Patterns of Substance Abuse**

There are basic generalities observed in women in substance abuse. They include the following:

1. The gender gap is closing across all ethnic groups.

2. Women are more likely to be initiated to substance abuse through a significant relationship.
3. Marriage plays a protective role.
4. The path to injecting drugs occurs faster in women than in men.
5. Rituals surrounding high risk behaviors especially associated with injecting drugs is directly influenced by the significant relationship.
6. There is a direct correlation between an individual's higher risk of dependency and the amount, frequency and initiation age for using substances.
7. Caregiver responsibilities will alter substance use patterns. There may be acceleration due to stress or cessation due to responsibilities of caring for others and having limited time for self.
8. The progression of substance-related adverse consequences progresses much faster in women as compared to men.

Treatment outcomes can be greatly enhanced when the unique needs of women are addressed and incorporated into a treatment plan. One size does not fit all, and treatment can be effective if the holistic needs of women are addressed.

#### **Selected Bibliography,**

- Substance Abuse Treatment: Addressing the Specific Needs of Women, A Treatment improvement Protocol, TIP 51, US Department of Health and Human Services, Public Health /service (SAMHSA)
- Treatment Approaches for Drug Addiction, National Institute on Drug Abuse, January 2018, 1-7.
- White Women Addicted, Incarcerated, and Overlooked, Stamford Advocate, May 12, 2018, 1-5.
- National Center Biotechnology Information, Chapter 7. Substance Abuse Treatment for Women, exc. June 2020
- Principles of Drug Addiction Treatment: A Research Based Guideline. 3rd Ed. National Institute on Drug Abuse, Exc. June 2020.

**Post Test:**

Select one correct answer and compare answers with those listed below.  
If incorrect review material to select correct response.

1. Women are reluctant to enter treatment because of
  - A. Fear of losing custody of children
  - B. Loss of employment
  - C. Pregnancy
  - D. Both A and B
  
2. Women more often self-refer to treatment as compared to men.
  - A. True
  - B. False
  
3. Telescoping is the
  - A. Replicating the behaviors of peers prior to treatment.
  - B. Treatment method used to help individuals vision a life clean and/or sober.
  - C. Rapid development of adverse symptoms with substance abuse.
  - D. Development of psychotic symptoms after long exposure to substance abuse.

**Correct Answers:** 1 (D) 2 (A) 3 (C)