



## Women with Substance Use Disorders: What Do We Know and How Can We Help them?

**Maurine A. Lilleskov, PhD, CHES**

Consultant: National American Indian and Alaska Native ATTC

President: Xcel Research Consulting, Inc



Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover



## Women are . . .



Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017

## Overview of the Presentation

- Women, substance use, and substance use disorders
  - Stigma
  - Women and men
  - Standards for drinking
- Prevalence of substance use disorders across the lifespan
  - Adolescence
  - Young adult women and women of childbearing age
  - Older women
  - Co-occurring disorders
- LGBTQ/Two Spirit
- Military women
- American Indian/Alaska Native women
- Co-occurring disorders
- Physical disorders
- Prevention, assessment and treatment
  - Barriers to accessing help
  - Dimensions of wellness
- Treatment
  - Gender responsive services
  - Early intervention
  - Assessment
  - Treatment approaches
- New directions

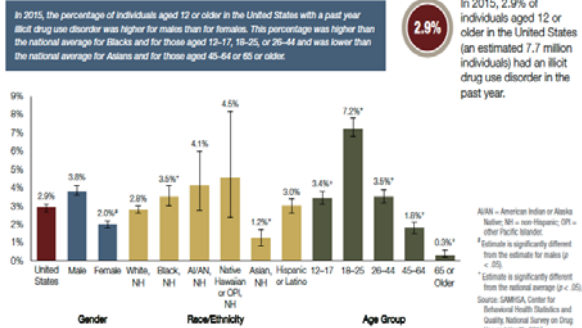
## “Once Upon a Time...”

- Stigma
- For many years, clinicians believed there were few differences between men’s and women’s treatment needs.
- Research on women with SUDs has been hampered by the inclusion of too few women in treatment and too few in research samples (Nathan & Skinstad, 1987).
- Cultural differences and SUDS

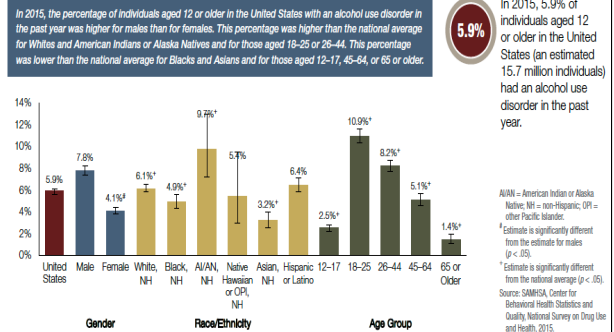
## Women and Men

Women have lower rates of substance use and SUDs than men.

Past Year Illicit Drug Use Disorder Among Individuals Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2015)



Past Year Alcohol Use Disorder Among Individuals Aged 12 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2015)



Source: Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health barometer: United States, 2015*. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Women and Men cont.

### • Women often differ from men in their:

- Pathways to substance use
- Risk factors for use
- Consequences of use
- Barriers to treatment/recovery
- Recovery support needs



Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017

## Women and Men cont.



Standards for light,  
moderate and  
heavy drinking by  
women

## Alcohol Equivalencies and Drinking



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1 glass of wine  
4 oz. of table wine  
12% alcohol by volume

$4 \times 0.12 = 0.48$  oz. of  
ethyl alcohol per serving

1 can or bottle of beer  
12 oz. of beer  
4% alcohol by volume

$12 \times 0.04 = 0.48$  oz. of  
ethyl alcohol per  
serving

1 shot glass with distilled  
spirits  
1.25 oz. of whiskey or other  
hard liquor  
40% alcohol by volume or 80  
proof

$1.25 \times 0.40 = 0.50$  oz. of ethyl  
alcohol per serving

1 bottle of wine cooler  
12 oz. of wine cooler  
4% alcohol by volume

$4 \times 0.12 = 0.48$  oz. of  
ethyl alcohol per  
serving

## Prevalence of Substance Use Disorders Across the Lifespan

- Jenny is 16 and smoking marijuana.
- Lily is 23 and using opioids.
- Janice is a 40-year-old mother of three who is a poly drug user.
- Charlisa is a 70-year-old widow who is dependent on alcohol.

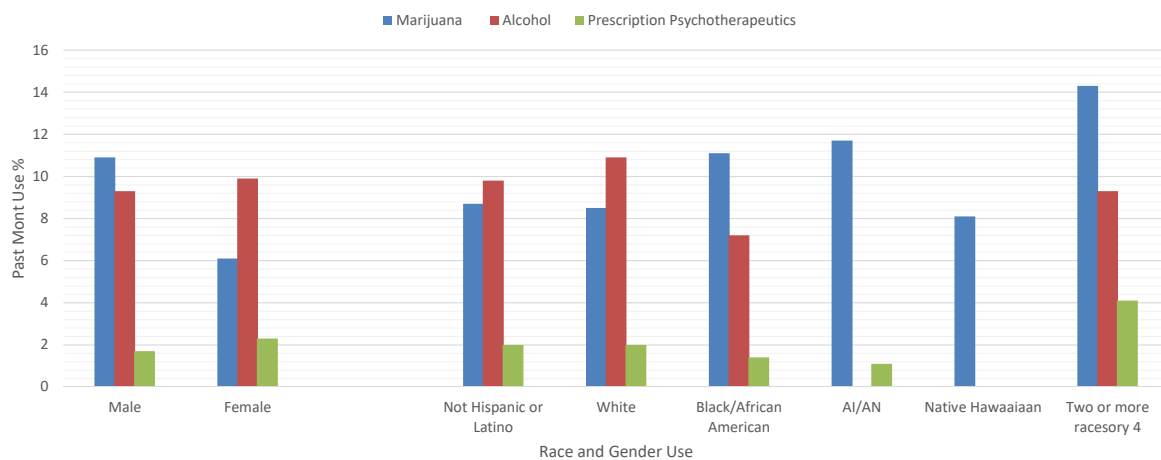
***Each woman has different assessment, treatment, and recovery needs.***



Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017

## Lifespan Issues: Adolescence

Past month use of selected illicit drugs and alcohol among youth aged 12-17 years (2015)

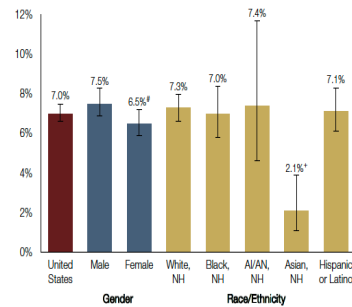


Source: SAMHSA. (2015). Results from the 2015 National Survey on Drug Use and Health: Detailed Tables <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.htm#tab2-42b>

## Lifespan Issues: Adolescence

### Past month use of selected illicit drugs among youth aged 12-17 years (2015)

Past Month Marijuana Use Among Adolescents Aged 12-17 in the United States, by Gender and Race/Ethnicity (2015)<sup>1</sup>



In 2015, 7.0% of adolescents aged 12-17 in the United States (an estimated 1.8 million adolescents) used marijuana in the past month.

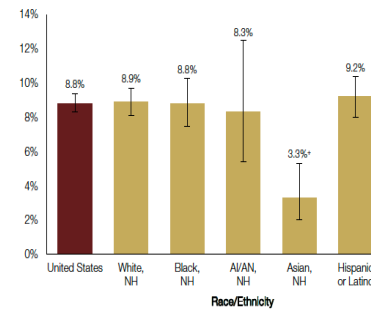
In 2015, the percentage of past month marijuana use among adolescents aged 12-17 in the United States was lower for female adolescents than for male adolescents. This percentage was lower than the national average for Asian adolescents. There were no statistically significant differences in adolescent past month marijuana use by poverty status, health insurance status, or metropolitan versus nonmetropolitan areas.

AI/AN = American Indian or Alaska Native; NH = non-Hispanic.

\* Estimate is significantly different from the estimate for males ( $p < .05$ ).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Past Month Illicit Drug Use Among Adolescents Aged 12-17 in the United States, by Race/Ethnicity (2015)<sup>1</sup>



In 2015, 8.8% of adolescents aged 12-17 in the United States (an estimated 2.2 million adolescents) used illicit drugs in the past month.

In 2015, the percentage of adolescents aged 12-17 in the United States who used illicit drugs in the past month was lower than the national average for Asian adolescents.

AI/AN = American Indian or Alaska Native; NH = non-Hispanic.

\* Estimate is significantly different from the national average ( $p < .05$ ).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

Source: Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health barometer: United States, 2015*. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Lifespan Issues: Adolescence cont.

- While estimates have traditionally shown higher rates of binge drinking in males, recent national data show that the gender gap in binge drinking is lessening, with an increase in rates of alcohol use and binge drinking among girls and women.
- Early onset predicts later dependence on alcohol in both boys and girls.
- High novelty-seeking behavior in boys predicts early onset alcohol abuse
- Sexual abuse in childhood is the strongest predictor of chronicity and dependence in girls.



## Lifespan Issues: Adolescence cont.

- Maturation in girls is associated with depression, low self-esteem, and increased risk taking.
  - Early maturation put some girls at risk
- Adolescent girls perceive events as more stressful than boys.
- Adolescents show a changed sensitivity and tolerance to alcohol.
- Chronic alcohol and drug use in adolescents can disrupt developmental changes in hormone levels in both males and females.

## Lifespan Issues: Young adults and Women of Childbearing Age



- 9.4% of pregnant women ages 15–44 report current alcohol use, 2.3% reported binge drinking, and .4% report heavy drinking.
- 8.4 million females (or 6.6 percent) ages 18 and older have misused prescription drugs in the past year.
- The number of women with opioid use disorder at labor and delivery quadrupled from 1999-2014.
- Smoking tobacco during pregnancy is estimated to have caused 1,015 infant deaths per year from 2005 through 2009.
- Rates of alcohol, drug, and tobacco use are lower during second and third trimesters than during the first.

Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017



## Lifespan Issues: Older Women

- Older women: 65 years and older
  - Prevalence of problem drinking among older adults: from 1 to 15%
  - Prevalence of problem drinking among older women: from 1 to 8%
  - Tolerance for alcohol decreases with age.
  - Older women have an increased sensitivity to alcohol and a higher risk for alcohol problems.
- Rates of illicit drug use among older women are low.
  - Low prevalence of recreational drug use
  - Higher rates of drug use for medical reasons



## Lifespan Issues: Older Women cont.

- Older women have a heightened response to over-the-counter and prescription medications.
- Use and misuse of alcohol and medication is especially risky for older women.
- Older women are more likely to be prescribed benzodiazepine, barbiturates, and antidepressants.





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## LGBTQ/Two Spirit

- Compared to heterosexual women, lesbian and bisexual women:
  - Are more likely to consume alcohol and in greater amounts. (Case et al., 2004; Cochran et al., 2001, 2004; Hughes & Wilsnack, 1997)
  - Use alcohol, marijuana, prescription drugs, and tobacco more than heterosexual women and are likely to consume alcohol more frequently and in greater amounts. (Case et al., 2004; Cochran et al., 2004)
  - Have higher rates of substance abuse and dependence compared with heterosexual women. (Bickelhaupt, 1995; Cochran et al., 2000; Diamant et al., 2000)
  - Report more depression, phobias, and PTSD.
  - Consult their primary care physicians more often about mental health disorders. However, they usually do not want to discuss sexual orientation with their primary care physician.
  - Lesbian women who are out of the closet are 2 to 2.5 times more likely to experience suicidal ideation
  - Lesbian women who are not out of the closet are more likely to attempt suicide.

Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017



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## Women and the Military

- Women make up approximately 15 percent of the armed forces. (Office of the Deputy Assistant Secretary of Defense, 2013)
- Women who are in the military are at risk of additional trauma, including military sexual trauma (MST). Many also experience trauma prior to joining the military.
- Substance abuse among women veterans is high.
- Women with military experience often have higher than average work experience and education levels.

Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017



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## American Indian and Alaska Native Women

- Among current female drinkers (2005–2007), AI/AN (31 percent) were the most likely to have had at least 1 heavy drinking day (five or more drinks) in the past year.
- AI/AN females age 18 years and older (2004–2008) were more likely than the national average for females to report past-month illicit drug use (9 % versus 6 %)
- In 2009 AI/AN females had the highest drug and alcohol and drug induced death rate compared to other races
- Age-specific drug-related death rates were higher among AI/AN females residing in IHS areas (in 2002–2004)
- During the 1999–2001 period, 2.6 percent of the mothers of AI/AN newborns reported having consumed alcohol during pregnancy - a rate triple that for mothers in the U.S. general population (0.9 percent) in 2000.
- AI/AN mothers are more likely to smoke cigarettes during pregnancy than mothers of any other racial or ethnic group.

Source: Women of color data health book <https://orwh.od.nih.gov/sites/orwh/files/docs/WoC-Databook-FINAL.pdf>



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## American Indian and Alaska Native Women cont.

- In 2009 AI/AN females had the highest age-adjusted suicide death rate compared to other races
- 2/3 of Native American Youth affirm reported multiple personal traumas
- 70% of Native American women will be sexually assaulted in their lifetime (childhood or adulthood), perpetrators non-Native, cannot be prosecuted in many cases
- Removal of Native children either through education (i.e. boarding school) or social services (ICWA meant to protect), broken familial ties
- Health: life expectancy lowest for Native population (2.4 years less than that of all other U.S. pops combined), with highest rates of diabetes, cancer, suicide, adrenal imbalances, comorbid depression, PTSD
- Native Americans have some of the highest rates of fetal alcohol spectrum disorders in the Nation. Among some tribes, the rates are as high as 1.5 to 2.5 per 1,000 live births.

Source: Women of color data health book <https://orwh.od.nih.gov/sites/orwh/files/docs/WoC-Databook-FINAL.pdf>

## Co-occurring Disorders in Women



## Co-occurring Addictive Disorders

- More men than women experience co-occurring alcohol and other substance dependence.
- Alcohol dependent women often experience co-occurring other substance dependence. The most frequently abused substances in addition to alcohol include:
  - Illicit substances
    - Marijuana
    - Stimulants
    - Opioids
  - Prescription drug abuse
    - Benzodiazepines
    - Barbiturates

## Co-occurring Mental Health Disorders

- Women with substance dependence have a significantly higher prevalence of mental health disorders
  - Anxiety disorders
    - Post traumatic stress disorders
    - Phobic disorders
  - Mood disorders
    - Major depression
    - Dysthymic disorder
    - Bipolar disorder



## Physical Disorders in Substance Abusing Women

- Women experience more rapid development of substance dependence than men.
- Women metabolize alcohol differently and more slowly than men.
- Women achieve higher blood alcohol concentrations over shorter periods of time than men.
- Because of differences in the metabolism of alcohol, the consequences of abuse are more severe for women than for men.
  - Higher prevalence of liver disorders than men.
  - Higher prevalence of osteoporosis than women who are not abusers.



## Physical Disorders in Substance Abusing Women cont.

- Higher prevalence of certain forms of cancer than among non-abusing women.
  - Breast cancer
  - Cancers of the oral pathways, throat and neck
  - Cancer of the digestive tract
- Dental care for substance abusing women is typically limited
  - Especially among methamphetamine-abusing women



## Physical Disorders in Substance Abusing Women cont.

- Change in weight dependent on substance of abuse
- Reproductive Health issues
  - Sterility
  - Menstrual disturbances
  - Amenorrhea (absence of menstrual cycle)
  - Early natural menopause
  - Moderate use of alcohol has a positive effect on estrogen levels in post-menopausal women
- Early aging

## Prevention, Assessment and Treatment of SUDs in Women

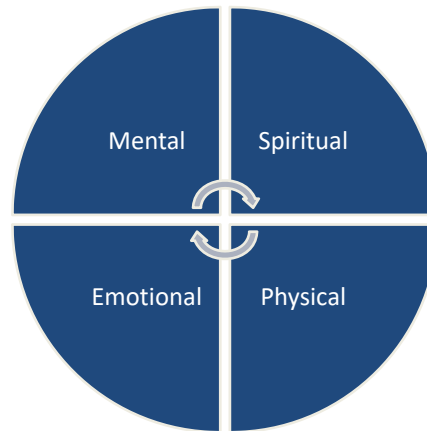
## Barriers to Accessing Help

- Self (*is not ready or does not feel she needs help*)
- Cost (*socioeconomic hardship*)
- Feelings of shame and guilt
- Family
- Partner
- Systemic
- Practical

Source: SAMHSA Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders, 2017



## Dimensions of Wellness/Circle of Wellness



## Evolving Treatment Approaches for Women

- Evolving treatment approaches for women from 1960 to the present (Grella, 2008):
  - 1960s - Generic treatment
    - Men's needs were the model for how women's needs were to be understood.
  - 1970s - Gender differences
    - A focus on biological, psychosocial and parenting issues
  - 1980s - Gender specific
    - Separate treatment facilities, special groups or services, child-care or child live-in
  - 1990s-2000s - Gender responsive
    - Trauma informed, strength based, relational theory

## Gender-Responsive Services

“Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s lives and is responsive to the issues of the clients.” (Covington, 2001, 2002)

## Gender Responsive Principles



- Addresses women’s unique experiences
- Is trauma informed
- Uses relational approaches
- Is comprehensive to address women’s multiple needs
- Provides a healing environment

Photo by [Nicolas Hoizey](#) on [Unsplash](#)

## Early Intervention

- **Primary care, less stigmatizing**
  - In the spirit of motivational interviewing, non-confrontational approach
  - Screening, using screening tools normed for women
  - Advice and feedback of gender-specific information on alcohol-related risks should be incorporated into brief interventions.
  - Referral, if necessary
  - Older women respond quite well to intervention in primary care
- **Emergency rooms and the use of “teachable moments”**
  - Post rape victims or victims of assaults/domestic violence
  - Women who have attempted suicide.
  - Women who are depressed

## Assessment and Treatment



## Assessment Issues

- Attitudes toward assessment of substance use disorders in women
  - Nonjudgmental attitude
- Assessment strategies need to be gender sensitive, as well as affirming for lesbian/bisexual identified women.
- Assessment strategies need to be sensitive to the culture the woman comes from.
- To-Be-For-Others
  - Women often have not had time to think about themselves, so focusing on their own needs may be a challenge for them.

## Assessment Issues cont.

- Assessment strategies need to be focused on sensitivity towards the traumas the women have experienced.
- Assessment strategies need to be focused on the woman's strength.
- Assessment strategies also need to focus on the woman's stress level and how she chooses to cope with stress
- Assessor needs to:
  - Respect and support her dignity*
  - Expect not to get all information the first time asked*
  - Expect to find co-occurring mental health issues*
  - Expect to find concerns for her children or dependent others*

## Assessment Issues cont.



- Screening tools for women, developed for pregnant women
  - TWEAK
  - T-ACE
- Addiction severity index
  - Adapted for use with women
  - Adapted for us with AI & AN
- Screening, Brief Intervention and Referral (SBIRT)
- Screening and Brief Intervention (SBI)

## Treatment of SUD in Women

- Content of treatment
  - Understand the process of substance abuse and mental health issues
  - Understand chronic disease like SUD and MH
  - Reduce feelings of shame
  - Enhance self-esteem
  - Trauma informed care
  - Relapse prevention in combination with mindfulness training
  - Lifestyle modification/ Healthy Living
  - Feeling empathy from the staff
  - Parenting

### SEVEN VALUES OF D/L/N LIFE





## Empirically Supported Treatments

- Psycho-social treatments:
  - Motivational Interviewing
  - Motivational Enhancement Therapy
  - Motivational Incentive Therapy
  - Cognitive Behavioral interventions
    - Social skills training
    - Developing social skills and assertiveness
    - Relapse prevention
    - Community Reinforcement treatment
    - Assist with family, job related and legal problems, social clubs (buddies system) with alternatives to drinking, use of antabuse
  - Behavioral marital therapy:
    - Improving the relationship and resolving marital conflicts and problems



## Treatment cont.

- Gender sensitive substance abuse treatment services crucial for positive treatment outcome
- Structure:
  - Feeling safe in gender specific programs
  - Access to transportation
  - Supportive family/significant others
  - Single-gender group treatment
  - Single-gender treatment program






## Empirically Supported Pharmacological Treatments

- **Nicotine Dependence:**
  - Nicotine patch, Bupropin
  - Women: Nicotine patch and SSRIs
- **Alcohol Dependence:**
  - Oral disulfiram (antabuse)
  - Selective Seretonine Reuptake Inhibitors (SSRI)
  - Buspirone
  - Acamprosate
  - Opioid Antagonists: Naltraxone, Nalmefene



## Empirically Supported Pharmacological Treatments cont.


- **Cocaine**
  - Antidepressants, Tricyclic antidepressants
- **Methamphetamine**
  - None to date
- **Opiates**
  - Methadone Maintenance
  - Buprenorphine (partial opiat agonists)
  - Naltraxone
  - Nalaxone for acute opiod intoxication/overdose





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## ADDRESSING THE NEEDS OF WOMEN AND GIRLS:


Developing Core  
Competencies for  
Mental Health  
and Substance Abuse  
Service Professionals





Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

- SAMHSA publication



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## Other SAMHSA Publications

Behavioral Health is Essential To Health • Prevention Works • Treatment is Effective • People Recover

- Treatment Improvement Protocols (TIPs)
  - TIP 42: Substance Abuse Treatment for Persons with Co-occurring Disorders
  - TIP 51: Substance Abuse treatment: Addressing Specific Needs of Women
  - TIP 53: Managing Chronic Pain in Patients with or in Recovery from Substance Use Disorders
  - TIP 57: Trauma Informed Care in Behavioral Health Services
  - TIP 58: Address Fetal Alcohol Spectrum Disorders (FASD)

# New Directions?



## Healthy Women: Healthy Lives - Overview of the Sessions

- Science of substance abuse
- Wellness 2a and 2b
- Recreation and hobbies
- Food and nutrition
- Physical activities and fitness
- Sexuality
- Mental health
- Social support networks
- Parenting –Childrens health issues
- Sustaining a healthy lifestyle – Relapse prevention

## Healthy Women Healthy Lives



- Developed an addendum to the curriculum explaining implementation with NA women w/ Substance use disorder
- Recovery Oriented Care is at the core of this curriculum
  - Mental and Physical Health
  - Diet and nutrition
  - Exercise

## Hand-in Hand

Psycho-educational group program for women with co-occurring disorders

- Implements an integrated treatment approach
- 13 week program includes the following:
  - Introductory Session*
  - Communication Skills*
  - Family Relationships*
  - Mental Health Promotion*
  - Substance Abuse Continuum*
  - Post Traumatic Stress Disorder (PTSD)*
  - Depression*
  - Bipolar Disorder*
  - Schizophrenia*
  - Eating Disorders*
  - Relapse Prevention*
  - Anxiety*
  - Grief*





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[Jenny-Gringer-Richards@uiowa.edu](mailto:Jenny-Gringer-Richards@uiowa.edu)
- Anne Helene Skinstad, Ph.D.  
Associate Professor: Department of Community and Behavioral Health  
Program Director: National American Indian and Alaska Native ATTC  
Co-Program Director: Center of Excellence in Racial and Ethnic Minority  
YMSM and Other LGBT Populations  
University of Iowa College of Public Health  
[Anne-Skinstad@uiowa.edu](mailto:Anne-Skinstad@uiowa.edu)



## Contact information

Maurine Lilleskov, Phd, CHES  
Consultant: National American Indian and Alaska Native ATTC  
President: Xcel Research Consulting, Inc.  
[maurine.lilleskov@xcelresearch.org](mailto:maurine.lilleskov@xcelresearch.org)

Can I answer your questions?

