# Substance Use Disorder in Women: History, Use, and Treatment

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# Let’s See Who is Here!
# Polling Question - 1

# AGENDA

1. Introductions and overview
2. Women-centered or sex-specific treatment
3. Trauma-informed care
4. Pregnancy and substance use disorder (SUD)
5. Treatment barriers & gaps
6. Emotional and physical experiences during treatment
7. Best practices and wrap-up

# LEARNING OBJECTIVES

1. Participants will be able to describe the history and current status of women's treatment especially compared to treatment for men.

2. Participants will learn typical barriers to and statistics around women's SUD treatment and use.

3. Participants will be able to identify components regarding the emotional and physical experience of women with SUD and trauma-informed care practices to employ for best treatment results.


# Women-Centered Treatment

Helping women sustain sobriety helps communities thrive. Whenever we invest in women, the gains are much greater because of the primary role women play in families and with children.

- John Corlett, The Center for Community Solutions (Cleveland, Ohio)

# History

1935

**Alcoholics Anonymous was founded in Akron, Ohio. Bill W. and Dr. Bob take the front stage in history. After Henrietta Seiberling introduces them on Mother's Day 1935.**

1939

**On August 18, 1939, the first alcoholic patient was admitted to Akron St. Thomas Hospital by Sister Ignatia, making St. Thomas the first hospital in the world to treat alcoholism as a medical condition. Also, Marty M. became the first official woman to join Alcoholics Anonymous (A.A.) and achieve long-term sobriety.**

1941

**The first all-women group started in Cleveland, Ohio. Even though more women joined A.A. in 1946, A.A. was mainly a group for men.**

1970 and 1980's

**Due to the "women's alcoholism movement," women-focused treatment centers started to emerge, Hitchcock Center for Women (1978), Westside Women's Center (1986), and Edna House for Women (2004).**

1990's

**Research finally started to focus on SUD in women - Schmidt and Weiser (1995) discussed the "women's alcoholism movement" of 1970s and 1980s due to drug-exposed infant increase. First women's drug court in Kalamazoo, Michigan.**

2000's – TODAY

**SAMHSA released the TIP 51 in 2009. Increased research focus on women's needs including Green, Saxena, Preeta, Messina, Sugerman, Meyer, Reilly Greenfield, and more.**

# Emotional and Physical Patterns of Use

**Emotional**

- Trauma effects including immigration, discrimination, socioeconomic status
- Effects of marriage and divorce on women
- Same familial substance abuse vs. men
- More guilt and shame versus men
- Sexual orientation

**Physical**

- Women become dependent on substances faster than men
- Older ages of initiation (compared to men)
- Increased risk of overdose and more harmful physical effects compared to men

# Why and when women-centered treatment is effective.

## Focus

Unique barriers and experiences

## Trauma

Commonly with male counterparts

## Group

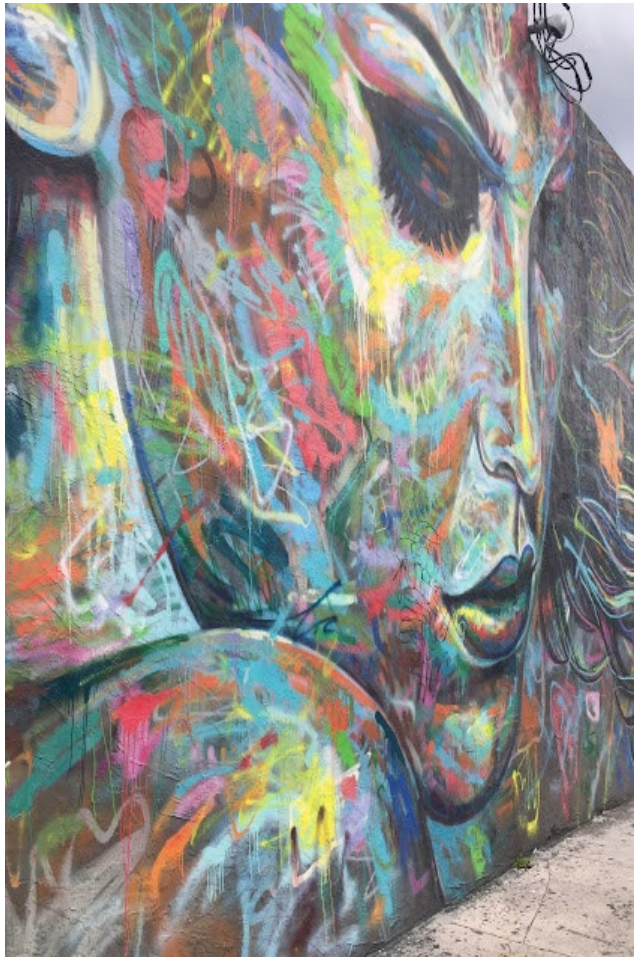
Respect, understanding, empathy in the group setting

## Limited Research

Many female-focused studies have significant limitations

# Post-Treatment and Success Rates

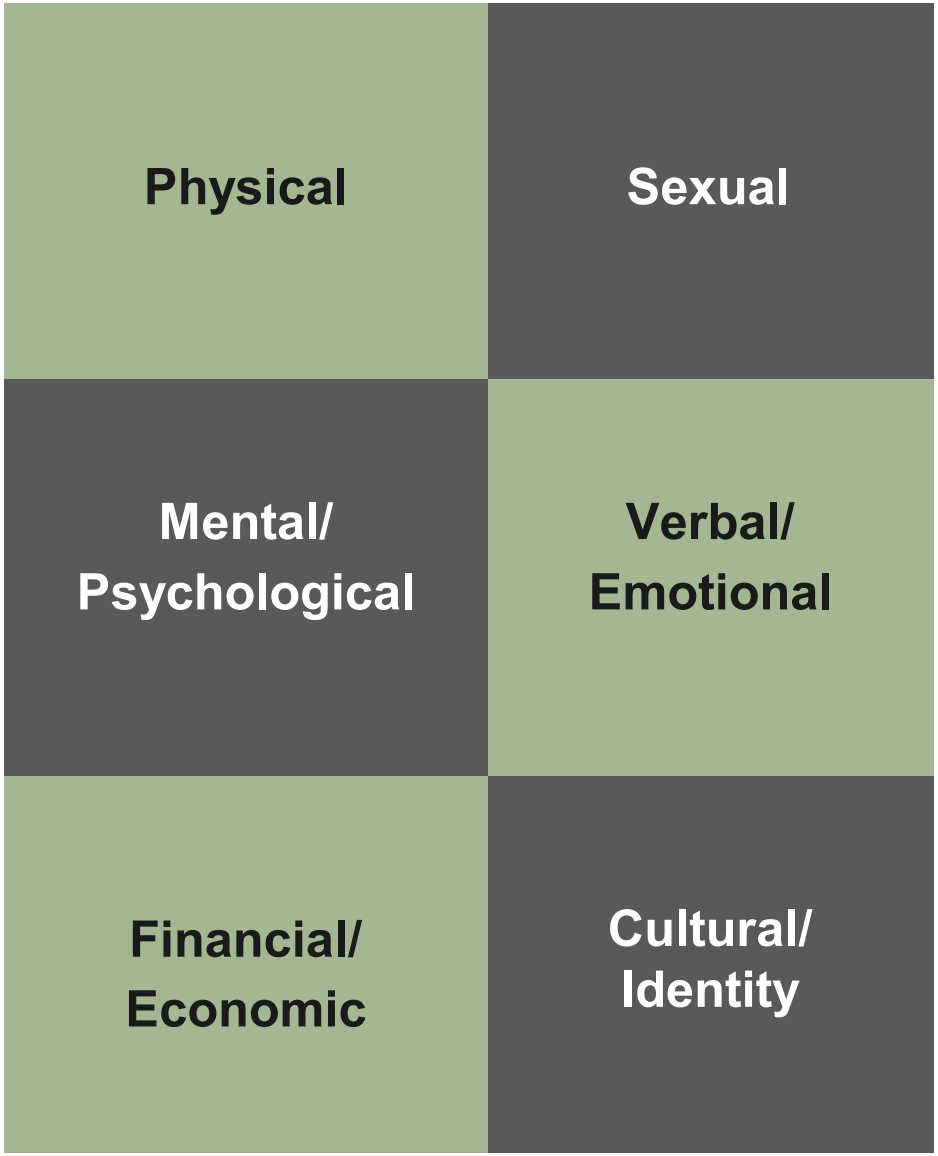
- **Relapse and success:** Most literature points to sex not being a significant factor.
- **Self-help, employment recovery supports:** Women have higher rates of obtaining post-treatment.
- **Aftercare:**
  - Sober support network is crucial
  - Maintenance and resources are essential if at risk for relapse




# Trauma-Informed Care

# PRIOR TRAUMA

**86%** of all incarcerated women have experienced sexual abuse – compared to **25%** of the total U.S. female population.



# Trauma Impact on Women

1. Subjective - individuals may experience the same event and each will experience it differently

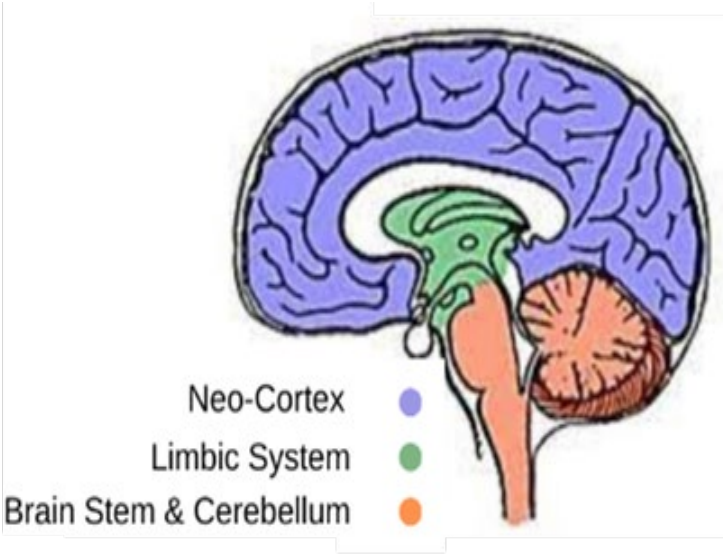
2. Impaired brain functioning - Survival Mode: Flight, Fight, Freeze, & **Fawn** (See next slide)

3. Responses to traumatic stress are adaptive: withdrawing, aggression, spacing out, substance abuse, cutting or other self-injurious behavior

4. Women are twice as likely to develop PTSD than men

*https://www.naadac.org/gender-responsive-trauma-informed-care-webinar*

# Trauma Impact on Women






Adapted from Holt & Jordan, Ohio Dept. of Education

# Trauma-Informed Care (TIC) Reminders

## Best Staff Practices

- Language - person first
- Use in all client interactions
- Admit competency and research cultural considerations
- Verify, do not assume
- Avoid power dynamics
- Allow clients to give feedback about their care

## Best Organizational Practices

- Policies & procedures
- Encourage staff self-care versus self-sacrifice
- Create a space for healthy interpersonal relationships
- Finding meaning in difficulty
- Remember the 4 R's (**R**ealize, **R**ecognize, **R**espond, **R**esist Re-traumatization)

# Trauma Informed Care Principles


**What happened to you?**

***versus***

**What's wrong with you?**

# Risk of Non-TIC Environment

**Impact on Clients**

- Loss of trust
- Less willingness to participate
- Self-injury/relapse
- Higher dropout rate
- Intrusive thoughts/flashbacks
- Physical illness

**Impact on Staff**

- Distrust of management
- Increase in work-related stress
- Higher rate of turnover and low morale
- Increased staff illness/absence
- Burn out

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# First 72 Hours - Possible Triggers

- Feeling ignored
- Lack of privacy
- Feeling pressured
- Whispering
- Arguments
- Being stared at
- Being isolated, lonely
- Smells
- Loud noises, loud music
- Time of year/day
- Body search, touch
- Frequent room checks
- Contact with family/children
- Intake questions
- Male staff
- “Trust me”
- Not having control
- Guilty for abandoning responsibilities

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# Pregnancy & Treatment Gaps

# Let’s Test Your Knowledge!
# Polling Question - 2

# Pregnancy and SUD Treatment

- **Pregnancy use statistics -** Average of 10% for all substances
- **Effects of SUD on pregnancy** - FASD, NAS, preterm birth, stillbirth, maternal mortality, miscarriage, and potential for fetal or lifelong physical, behavioral, and intellectual disabilities
- **Common challenges & barriers**
- **Legal implications**

# Pregnancy and SUD Treatment

- **MAT -** Buprenorphine versus Methadone
- **Anesthesia** used during delivery
- **Rooming-in**
- **Skin-to-skin contact**
- **Limited options and stigma**

# Treatment Barriers & Gaps

# Common Barriers to Treatment

1. Stigma and Addictive Culture
2. Familial obligations and expectations
3. Lack of Resources: Including time, money support, and social services access
4. Complex physical health concerns are treated and prioritized before substance use disorder and mental health concerns

# Treatment: Common Gaps

- More wrap-around services needed:
  - Child care
  - Case management
  - Transportation and access
  - Finances
  - Integrated healthcare and mental health to be able to treat medical

# Treatment Experiences

# Emotional experience during treatment

- **Higher rate** - trauma, mental health, body image, difficulty during year 1
- **Repercussions -** More likely to worry about treatment repercussions for livelihood and losing custody of children or getting back custody
- **Relational** - group treatment is effective

# Physical experience during treatment

- **Weight gain** - higher eating disorder risk
- **Increase in smoking habits** - can have health consequences in the future
- **Higher risk** - of overdose if relapse

# Best Practices and Wrap Up

# Evidence-Based Practices in Women's Treatment Programs

1. Beyond Trauma: A Healing Journey for Women and A Healing Journey: A Workbook for Women
2. Helping Women Recover: A Program for Treating Addiction
3. Trauma Recovery and Empowerment Model (TREM)
4. Trauma Adaptive Recovery Group Education and Therapy (ATRIUM)
5. The Addiction and Trauma Recovery Integration Model
6. Treating Addicted Survivors of Trauma
7. Seeking Safety
8. Substance Dependent PTSD Therapy (SDPT)

# Best Practice Reminders

- Using trauma-informed care ALWAYS
- Treating both MH and SUD
- Setting clients up for long-term support
- Keeping barriers in mind
- Keeping male versus female differences in mind
- Knowing the recommended evidence-based practices for treatment

# Thank you.

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