

Alcohol and Other Substance Misuse among Women: Implications for Behavioral Treatment

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Disclosure Information

- ☀ Dr. McCrady is the co-author of a forthcoming Oxford University Press therapist guide and client workbook on group therapy for women with substance use disorders
- ☀ Dr. McCrady is the senior author of an Oxford University Press therapist guide and client workbook on couple therapy for alcohol use disorders



Learning Objectives

- ☀ Increase knowledge of unique characteristics of women with alcohol or other substance use disorder (AUD and other SUD)
- ☀ Increase knowledge of challenges for treatment of women with AUD or other SUD
- ☀ Increase awareness of implications of women's unique issues for identification and behavioral treatment in primary care settings
- ☀ Increase knowledge of efficacious behavioral treatments for women with AUD or other SUD

Women Aren't Just Little Men



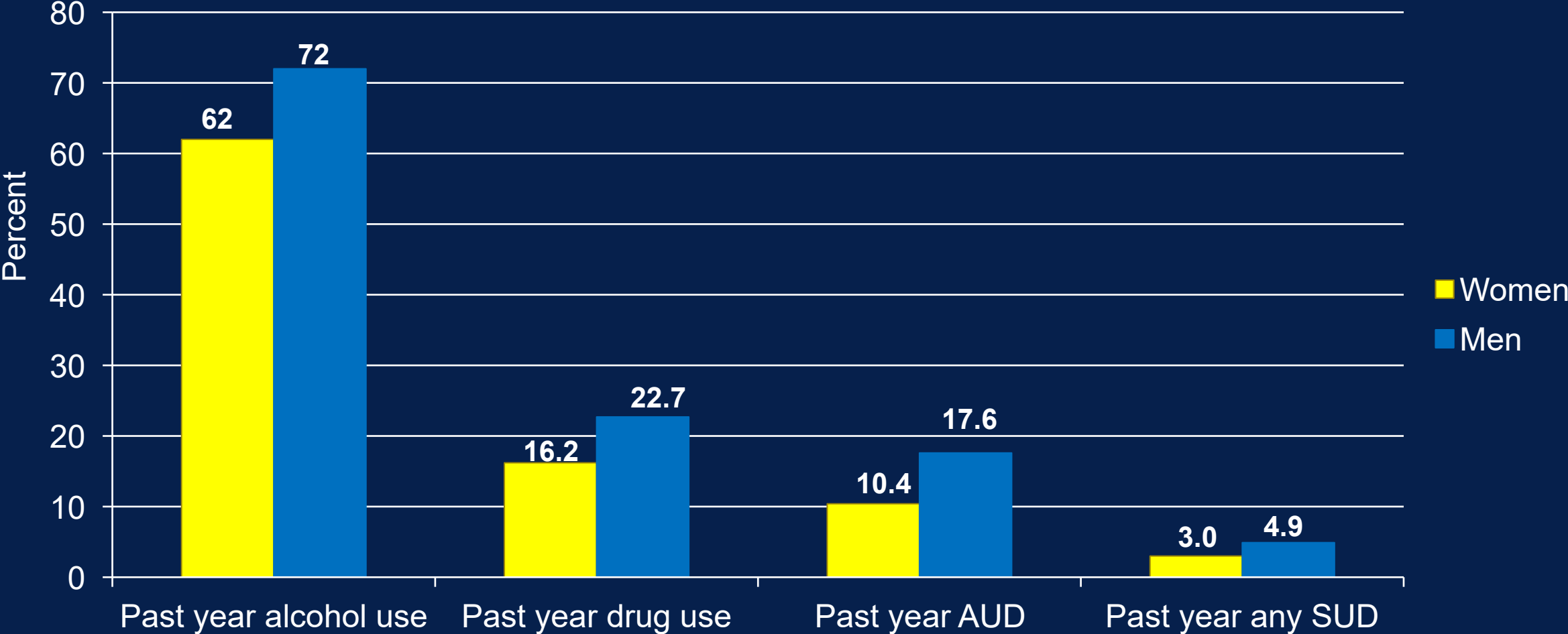
"The NIH Revitalization Act of 1993, PL 103-43, signed into law on June 10, 1993, directed the NIH to establish guidelines for inclusion of women and minorities in clinical research. The statute states that: In conducting or supporting clinical research for the purposes of this title, the Director of NIH shall ... ensure that (a) women are included as subjects in each project of such research; and (b) members of minority groups are included in such research. 492B(a)(1)" [amended, 2001]

http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm

"The National Institutes of Health (NIH) is committed to improving the health outcomes of men and women through support of rigorous science that advances fundamental knowledge about the nature and behavior of living systems. Sex and gender play a role in how health and disease processes differ across individuals, and consideration of these factors in research studies informs the development and testing of preventive and therapeutic interventions in both sexes. This notice focuses on NIH's expectation that scientists will account for the possible role of sex as a biological variable in vertebrate animal and human studies."

<https://grants.nih.gov/grants/guide/notice-files/not-od-15-102.html>

Prevalence



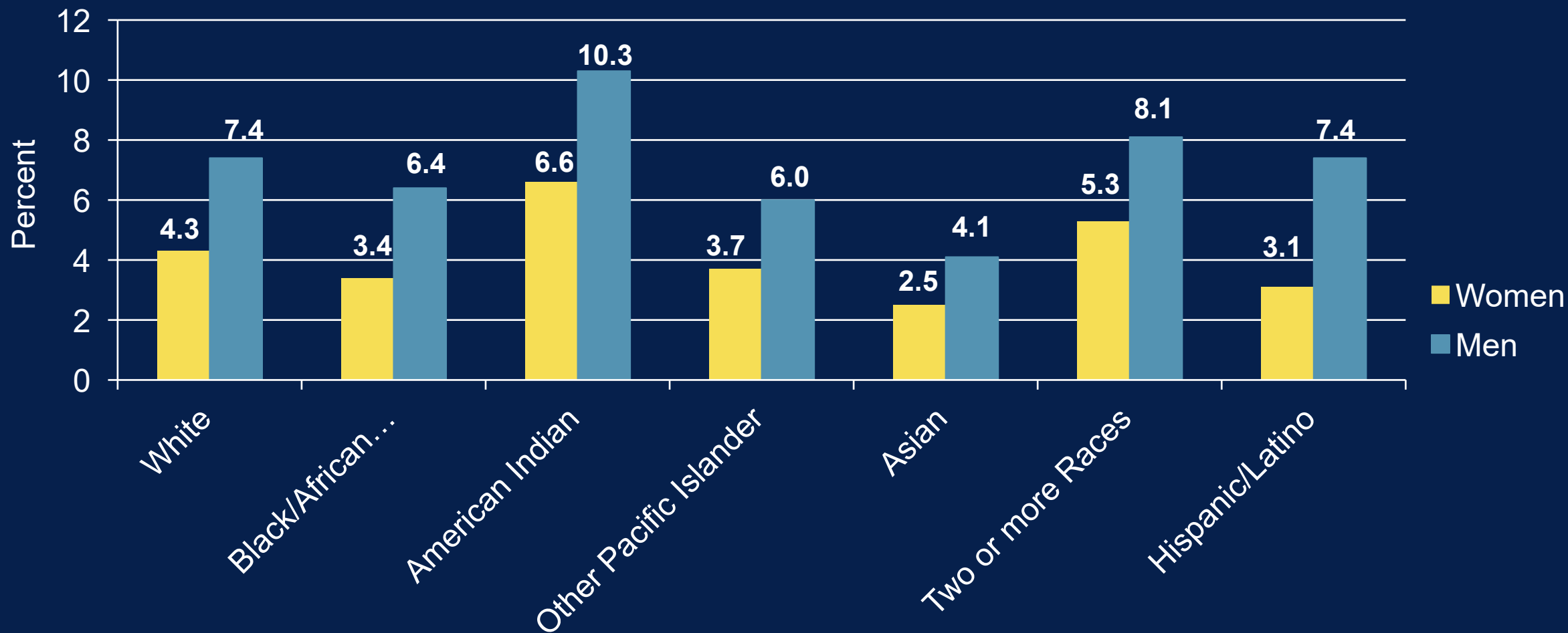
Epstein, E. E. & McCrady, B. S. (in press). *Women's group treatment for substance use disorder: Evidence-based cognitive behavioral therapy – Therapist guide*. NY: Oxford University Press.



**Variability in Prevalence
Of AUD With Race/Ethnicity**



Percentages of Past Year Alcohol Use Disorder Among People Aged 12 or Older, by Race/Ethnicity and Gender : 2015-2019



Center for Behavioral Health Statistics and Quality. (2021). Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019) (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

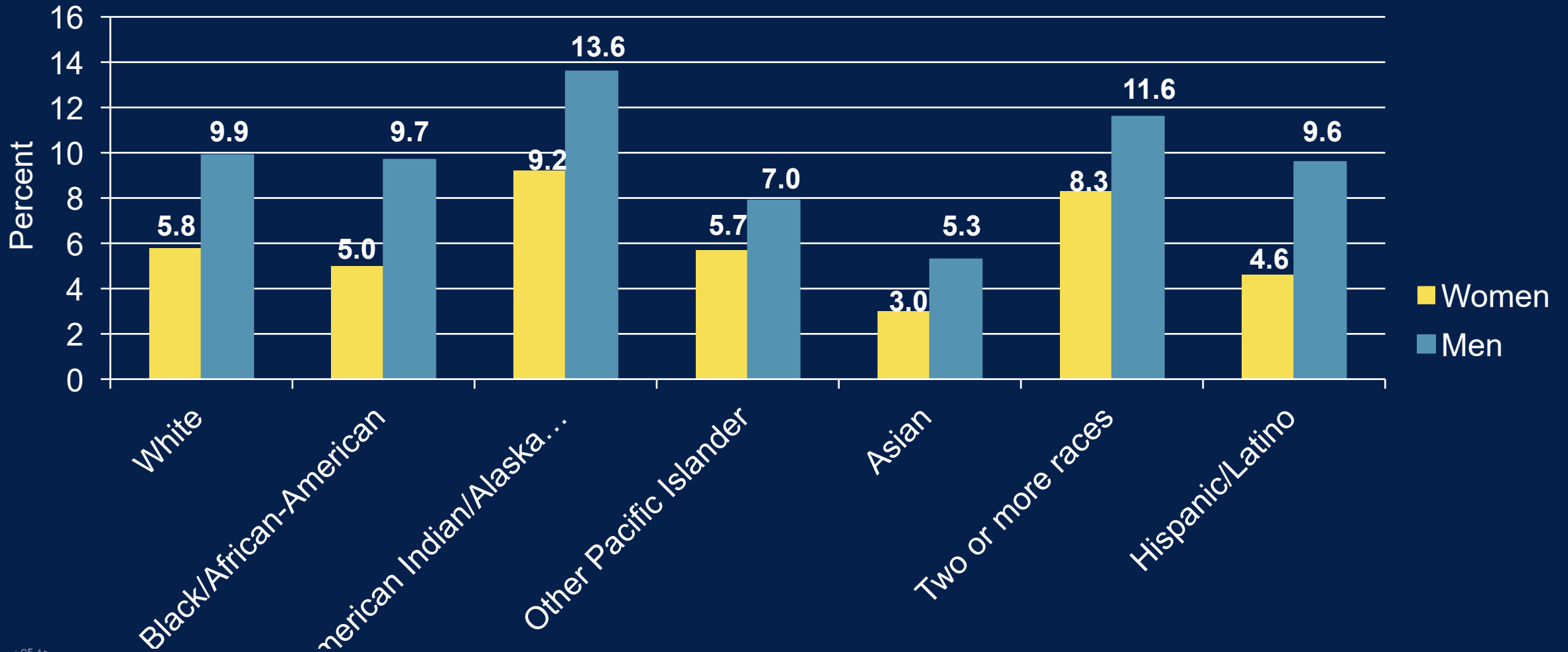




**Variability in Prevalence
Of SUD With Race/Ethnicity**



Percentages of Past Year Substance Use Disorder Among People Aged 12 or Older, by Race/Ethnicity and Gender : 2015-2019



Center for Behavioral Health Statistics and Quality. (2021). Racial/ethnic differences in substance use, substance use disorders, and substance use treatment utilization among people aged 12 or older (2015-2019) (Publication No. PEP21-07-01-001). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [https:// www.samhsa.gov/data/](https://www.samhsa.gov/data/)



Unique Issues for Women



Stigma

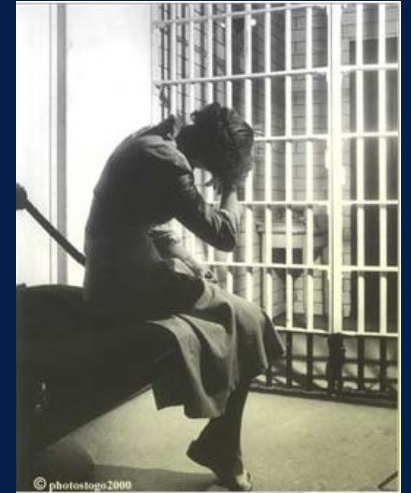
☀️ “...society’s judgment of addicted women is particularly harsh...addicted women violate social norms and are seen as failing in their expected roles as women. Consequently, society views them as failures...This viewpoint subsequently is internalized. Addicted women’s experience of social stigma and internalized shame may obstruct treatment seeking...”

Johnson, J. L., Wiechelt, S. A., Ahmed, A. U., & Schwartz, R. P. (2003). Outcomes for substance user treatment in women: Results from the Baltimore Drug and Alcohol Treatment Outcomes Study. *Substance use & misuse*, 38(11-13), 1807-1829.

Unique Aspects of Women's AUD/SUD

- ☀️ Guilt and shame
 - ☀️ “the hand that rocks the cradle shouldn't be a shaky one...”
- ☀️ Higher prevalence of co-occurring psychiatric disorders
 - ☀️ Anxiety
 - ☀️ Mood
 - ☀️ PTSD
- ☀️ Use patterns
 - ☀️ More solitary use
 - ☀️ More often linked to intimate partner use
 - ☀️ More likely to use in response to negative emotions or relationship issues

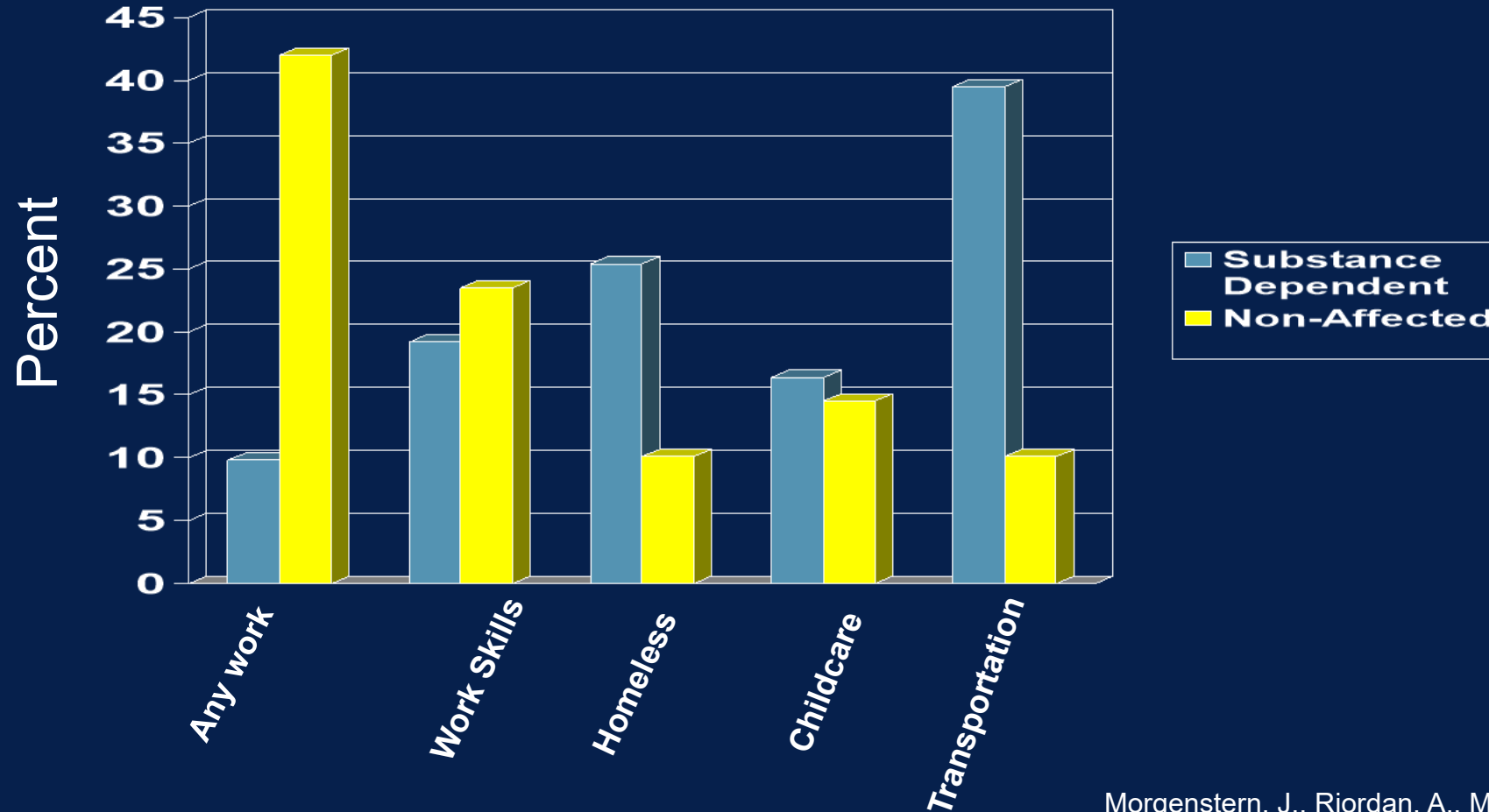
Presenting Problems



Unique Vulnerabilities for Women with AUD/SUD

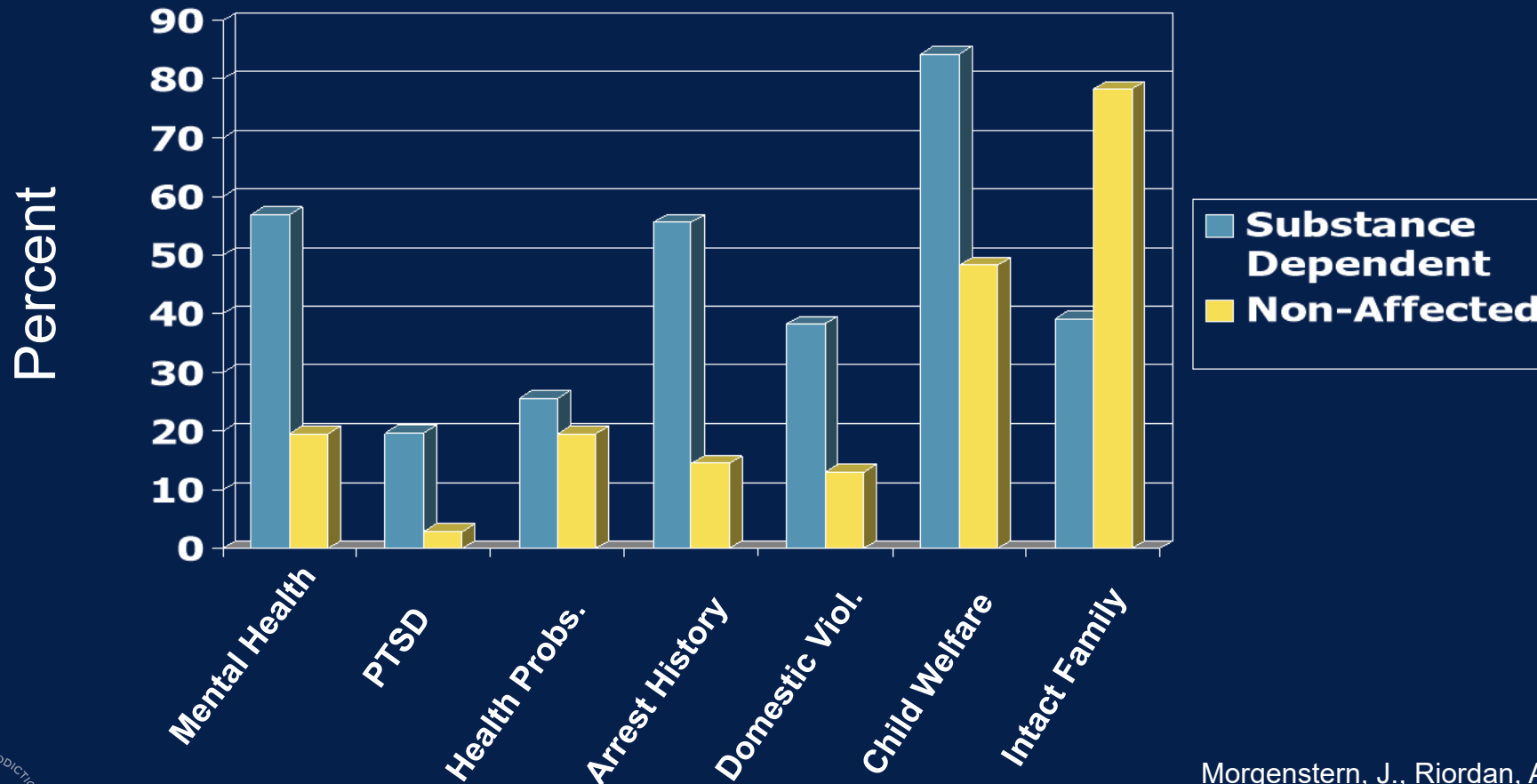
- ✦ Greater vulnerability to liver, heart and brain damage than men
- ✦ Greater risk for violent victimization
- ✦ Greater risk of alcohol-related death compared to men (7-fold versus 4-fold increase)
- ✦ Greater risk of relationship disruption

Drug Dependent Women in Welfare-to-Work: Economic-Related Problems



Morgenstern, J., Riordan, A., McCrady, B. S., Blanchard, K., McVeigh, K. H., & Irwin, T. W. (2003). Barriers to employability among substance dependent and non-substance abusing women on Federal welfare: Implications for program design. *Journal of Studies on Alcohol*, 64, 239-246.

Drug Dependent Women in Welfare-to-Work: Psychological & Social Problems



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Primary Care



Case Identification Methods - Direct

☀️ AUDIT-C

- ☀️ Somewhat less sensitive/specific with women than men

☀️ TWEAK

☀️ ASSIST

☀️ Tablet/electronic screening approaches (e.g., myTAPS)

☀️ Estimates of sensitivity/specificity:

- ☀️ Sensitivity of screening tools ranged from .71 to .94
- ☀️ Specificity of screening tools ranged from .87 to .97

Lange, S., et al. (2019). Facilitating screening and brief interventions in primary care: A systematic review and meta-analysis of the AUDIT as an indicator of alcohol use disorders. *Alcoholism: Clinical and Experimental Research*, 43(10), 2028-2037.

Patnode, C. et al. (2020). Screening for unhealthy drug use: updated evidence report and systematic review for the US Preventive Services Task Force. *Jama*, 323(22), 2310-2328.

Electronic Self-Administered Screening

☀ myTAPS:

- ☀ Tablet/electronic screening tool to provide a “rapid assessment of all commonly used substance classes, including illicit and prescription opioids”
- ☀ Easy to use; took about 4.48 minutes (SD = 2.57)
- ☀ *Women took less time than men*
- ☀ *Women preferred myTAPS to interviewer*
- ☀ More time needed for: older, Hispanic, Black, those with non-medical prescription drug use
- ☀ About 25% asked for assistance in using it

Case Identification Methods - Indirect

- ☀ More intensive screening recommended for women with:
 - ☀ Intimate partner violence
 - ☀ Trauma history
 - ☀ Depression
 - ☀ Suicidality
 - ☀ Anxiety

Heavy Drinking Outcomes in Primary Care Patients

- ★ Five year study of heavy drinking adults in primary care (Kaiser Permanente, N=85,434)
- ★ Almost 2/3 reported cessation of heavy drinking at 1 year follow-up (no heavy drinking days in the past 3 months and drinking within weekly limits or abstaining)
- ★ Predictors of stopping heavy drinking:
 - ★ *Female sex*
 - ★ Middle-aged
 - ★ Non-white
 - ★ Presence of medical, psychiatric or other drug use disorders
 - ★ Receipt of regular primary care



Palzes, V. A. et al. (2022). Predictors of early and sustained cessation of heavy drinking over 5 years among adult primary care patients. *Addiction*, 117, 82-95.

Effectiveness of Brief Alcohol Interventions

☀️ Cochrane review

- ☀️ General practice, emergency care, other primary care
- ☀️ Comparisons of brief interventions (≤ 60 minutes over 1-5 sessions) to minimal or no intervention
- ☀️ “Moderate quality evidence” – those receiving BI drank less alcohol than comparison group at one year f/u (mean difference ~ 20 grams/week)
- ☀️ Overall, no difference by gender, but one study found increases in binge drinking in women

Brief Interventions – A Deeper Look

- ☀ Importance of training providers
 - ☀ In one study, about 22% of primary care health providers who received training completed screening and brief intervention compared to .16% of untrained controls
- ☀ How brief can an intervention be and still be effective?
 - ☀ Some evidence that 15 minutes is better than briefer
- ☀ Variability in outcomes by substance
- ☀ How the intervention is delivered
 - ☀ For women, electronic-delivered interventions may be more effective for drug use

Rosário, F. et al. (2022). Efficacy of a theory-driven program to implement alcohol screening and brief interventions in primary health-care: A cluster randomized controlled trial. *Addiction*, 117, 1609-1621.

Furray, A. et al. (2019). Assessment of an electronic and clinician-delivered brief intervention on cigarette, alcohol and illicit drug use among women in a reproductive healthcare clinic. *Addictive behaviors*, 96, 156-163.

Treatment



Barriers to Treatment



Photo by [Miguel](#) on [Unsplash](#)

Barriers to Treatment

☀ Emotional barriers

- ☀ Guilt and shame
- ☀ Depression

☀ Family barriers

- ☀ Childcare responsibilities
- ☀ Fear of child protective services
- ☀ Worry will be seen as bad mothers
- ☀ Less support from male partners than men have from female partners

☀ Economic/employment/insurance barriers



How to Reduce Barriers to Treatment

- ☀️ Create a women-affirming/respecting “Front door”
 - ☀️ Social media and web-based information
 - ☀️ Telephone
- ☀️ Create a women-affirming physical environment
- ☀️ Provide childcare
- ☀️ Provide prenatal care

McCrary, B. S., Epstein, E. E., & Fokas, K. (2020). Treatment interventions for women with alcohol use disorder. *Alcohol Research: Current Reviews, 40*(2).

Giannitrapani, K. F., Huynh, A.K., Schweizer, C. A., Hamilton, A. B., & Hoggatt, K. J. (2018). Patient-centered substance use disorder treatment for women Veterans. *Journal of Military, Veteran Family Health, 4*, 8-17.



Guiding Principles for Treatment

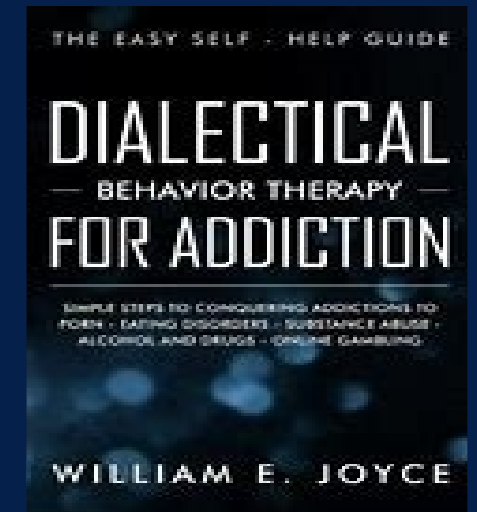
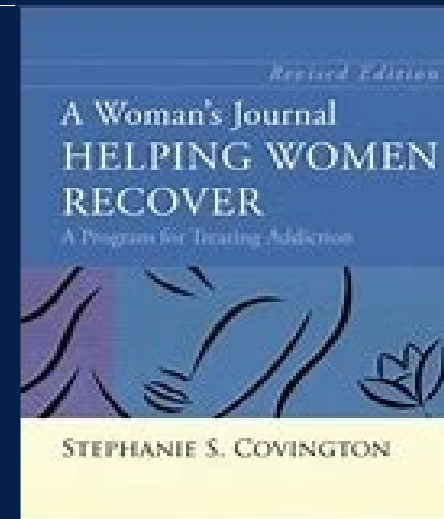
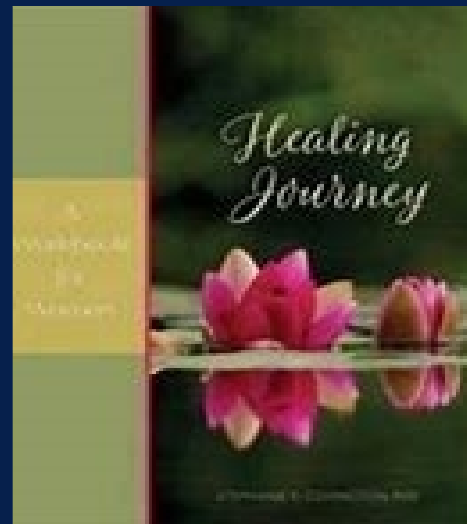
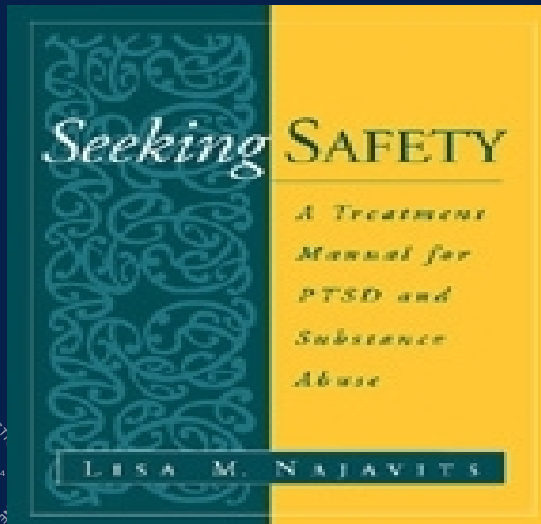
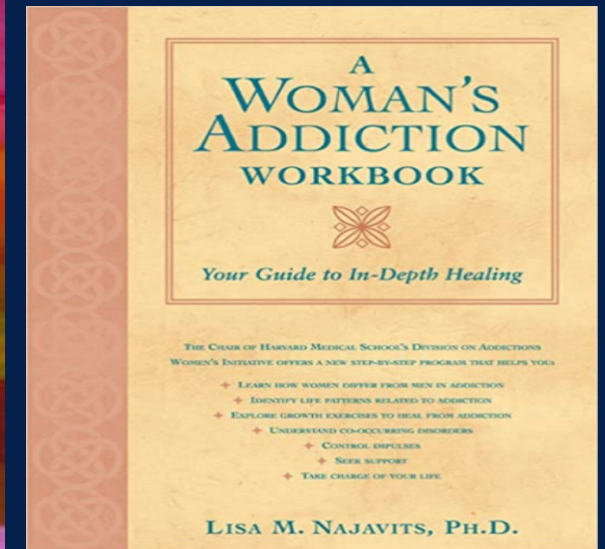
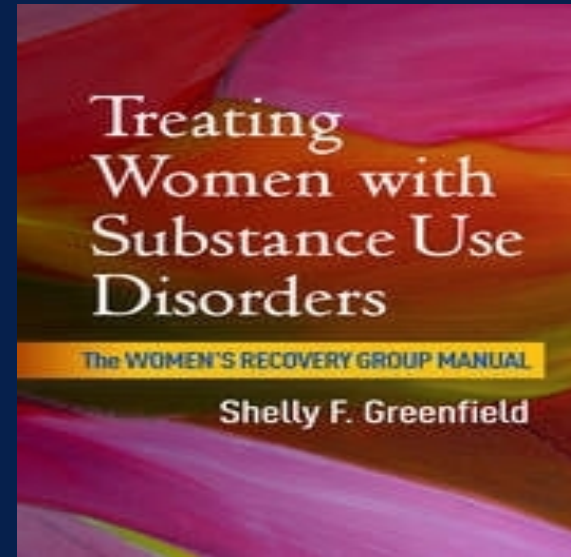
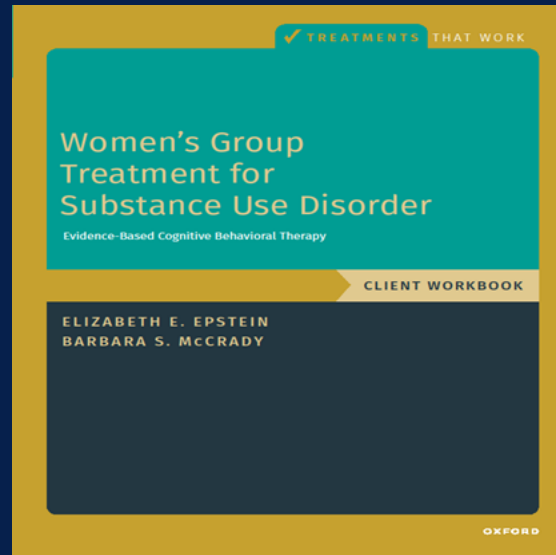
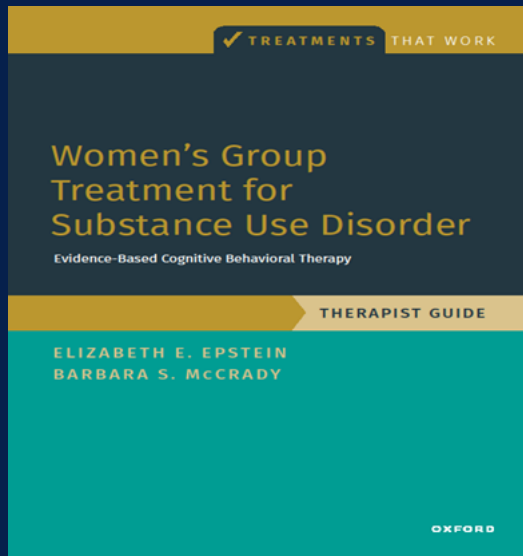
- ☀ Provide women-only treatment
- ☀ Address women-focused topics
- ☀ Provide treatment that is comprehensive in addressing multiple needs
- ☀ Treat co-occurring mental health problems
- ☀ Provide culturally competent care
- ☀ Recognize the unique significance of relationships to women
- ☀ Address stigma
- ☀ Emphasize strengths



McCrary, B. S., Epstein, E. E., & Fokas, K. (2020). Treatment interventions for women with alcohol use disorder. *Alcohol Research: Current Reviews, 40*(2).

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Efficacious Behavioral Treatments - 1



Efficacious Behavioral Treatments - 2

- ☀ Single gender treatment
 - ☀ Women may feel more comfortable sharing emotional and personal information
 - ☀ Trauma-related
 - ☀ Sexual experiences
 - ☀ Intimate partner violence
 - ☀ Sexual minority women
 - ☀ More opportunities to participate in women-only groups
 - ☀ Men speak more than women in mixed-gender settings
 - ☀ Not all women prefer single gender groups

Greenfield, S. F., Sugarman, D. E., Freid, C. M., Bailey, G. L., Crisafulli, M. A., Kaufman, J. S., ... & Fitzmaurice, G. M. (2014). Group therapy for women with substance use disorders: Results from the Women's Recovery Group Study. *Drug and Alcohol Dependence, 142*, 245-253.

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Efficacious Behavioral Treatments - 3

- ☀ Female-specific content
 - ☀ Personal relationships
 - ☀ Parenting
 - ☀ Abuse
 - ☀ Low self-esteem
 - ☀ Co-occurring disorders
 - ☀ Trauma
 - ☀ Life skills
 - ☀ Self-care
 - ☀ Personal autonomy
- ☀ Inclusion of intimate partner or other family

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Final Takeaways/Summary

- ☀ Women present with unique profiles of use and co-occurring problems
- ☀ Efficacy of screening for case identification in primary care settings may be enhanced by attending to the unique challenges of women with risky use of alcohol or other substances
 - ☀ Communicate respect and positive affirmation of patient's value to counter stigma
 - ☀ Use electronic screening
 - ☀ Follow up with additional screening when women report intimate partner violence, anxiety, depression, or trauma
- ☀ Brief interventions
 - ☀ Allow sufficient time if face-to-face (~15 minutes)
 - ☀ Consider use of computer-guided brief interventions
- ☀ Referral to treatment
 - ☀ Where possible, refer to evidence-based treatments that are tailored to the needs of women

Thank you



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