

Substance use, stigma and other barriers specific to women

A note on Sex and Gender

Traditionally, sex differences have been described as resulting from biological factors, such as sex chromosomes and hormones, while gender differences have been said to be based on culturally defined roles for men and women. However, gender also describes a person's identity and belief about themselves and preferences for the social role they play, for example, as woman or man, or genderqueer. Gender roles influence how people perceive themselves and how they interact with others. Biological sex characteristics and gender are likely aligned in most people, but not all. It is important to note that there are people who do not identify as women or men in terms of gender, and, separately, people whose bodily characteristics are not considered stereotypically female or male. Sex and gender can also interact with each other to create even more complex differences among people.

People may face unique issues when it comes to substance use as a result of both sex and gender. For the purpose of this discussion paper, male and female relates to cisgender people who identify as such across both sex and gender. Any person who identifies with their sex and gender assigned at birth is cisgender. A cisgender man, for example, is a person assigned male at birth who identifies as a man. A cisgender woman is a person assigned female at birth who identifies as a woman¹. A cisgender person can be heterosexual or homosexual, bisexual or asexual. So can a transgender person.

There is a clear need for more research on sex/gender differences which looks at the spectrum of sex and gender identification and how this can impact on working effectively with people across domains of health generally and in the ATOD area in particular to provide best practice prevention and early intervention. With regards to the use of alcohol and other

drugs in LGBTI communities, there is little research that can inform this objective.

There is a lot more to be discussed in this area but at this stage, and in conclusion, we refer to an article on gender within alcohol and drug research which notes that:

*"Alcohol/other drug addiction is a major public health concern; understanding the basic mechanisms mediating the path to addiction in both women and men is important for improving prevention and enhancing treatment."*²

The same article reminds us that:

"Gender is both central to identity and inseparable from the culture that constructs it and the social context that defines its parameters. Rigid gender role assignments are the reality in some parts of the world, where consequences of gender nonconformity are still overt and intense; they exist with varying degrees of subtlety in most cultures."

The reconceptualisation of gender as a continuum acknowledges that men or women may have behaviours and characteristics that do not conform to rigid gender constructs. This:

*"...also accommodates the biological variants of sex, all degrees of gender transition, and indigenous cultural traditions that embrace diverse gender expressions and identities."*³

Substance use

There is an abundance of research demonstrating that, in most situations, women use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment for reasons including not being able to find child care or facing the pressure of having a partner that also uses substances.

¹ Ana Valens, "What Is Cisgender, and Who Are Cisgender People?," The Daily Dot, February 13, 2018, sec. IRL, <https://www.dailydot.com/irl/what-is-cisgender/>.

² Geoffrey Hunt, Vibeke Asmussen Frank, and Molly Moloney, "Introduction: Rethinking Gender within Alcohol and Drug Use(r) Research," Substance Use & Misuse 50, no. 6 (May 2015): 685-92, <https://doi.org/10.3109/10826084.2015.978635>.

³ Ibid.

There is also the issue of being prescribed treatment that has not been adequately tested on women. The US National Institute on Drug Abuse informs us that:

"Despite the many differences between men and women, for many years most animal and human research has traditionally used male participants. To find out more about sex and gender differences to inform better treatment approaches, federal agencies have developed guidelines to promote the inclusion of women and analyses of sex and gender differences in research."⁴

Clearly, more research is needed to understand the underlying causes of substance use disorders and the best ways to prevent and treat them in both men and women.

It is presently understood from current research⁵ that men generally consume harmful substances at higher rates than women, which is true both within Australia and internationally. The research points to the prevalence of substance misuse disorders among women in Australia as being around half that of men. In fact, men are more likely than women to use almost all types of harmful substances, in greater quantities and often to the point of dependence.

Men are more likely to present at hospital emergency departments or die from overdose. For these reasons and because women are more reluctant to seek help for substance abuse (see 'Stigma and other barriers', p.3) there may be a misconception that substance use problems are mainly male issues and therefore there is less emphasis on Promotion, Prevention and Early Intervention (PPEI) initiatives targeted to women. Nonetheless, women are just as likely as men to develop a substance use disorder.

In addition, it has been noted by some researchers that women "maybe more susceptible to craving and relapse, which are key phases of the addiction cycle."⁶ According to experts in the area, including those who have researched the use of substances during pregnancy, PPEI initiatives targeted to women should include:

- Public policy initiatives and health promotion activities that are supportive of girls' and

women's health are key to increasing public awareness in the prevention of problematic substance use.

- Girls and women of childbearing age are given the opportunity for safe discussion about reproductive health, contraception, pregnancy, substance use, and related issues, with their support networks and healthcare providers.
- Specialised and culturally safe supportive services are easily and discreetly accessible for women with substance use problems, histories of violence and trauma and related health concerns. These trauma-informed, harm-reduction-oriented recovery services are needed not only for pregnant women, but also before pregnancy and throughout the childbearing years.
- Prevention extends to supporting new mothers to maintain healthy changes they have been able to make during pregnancy. Postpartum support for mothers who were not able to make significant changes in their substance use during pregnancy is also vital to assist them to continue to improve their health and social support, as well as the health of their children.

Research shows that misuse of prescription drugs by women is growing in Australia and that although men are twice as likely to die of accidental overdose than women, the rate of overdose death among women is growing at a faster rate than that of men overall.⁷ This may be because women are more likely to go to their GPs than men, particularly as women have many culturally-endorsed reasons for seeking relief for chronic pain, such as recurrent menstrual pain, endometriosis and rheumatoid arthritis and for depression. A Canadian research article has found that:

"There are clearly specific risks for pain and the misuse of prescription opioid medication among subgroups of women including those who have experienced violence and trauma, Aboriginal women, adolescents and young women, older women, pregnant women, women of a sexual minority, and transwomen."

It is suggested that these groups of women have specific vulnerabilities and complex intervention needs that require further attention, both in prevention and in response. The article concludes:

4 Ibid, 1

5 Substance Abuse and Mental Health Services Administration (U.S.), "2016 National Survey on Drug Use and Health: Detailed Tables," 2016, 2889, <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>.

6 National Institute on Drug Abuse, "Substance Use in Women," July 2018, https://d14rmgtwz5a.cloudfront.net/sites/default/files/18910-substance-use-in-women_1.pdf.

7 Penington Institute, "Australia's Annual Overdose Report 2018" (Victoria: Penington Institute, 2019).

"Clearly, the misuse of opioid medications among women is a significant issue, complicated by a multitude of factors including but not limited to sex and gender differences in pain and gender-related factors affecting prescribing practices, trauma, mental health, ethnicity, substance use, and psychosocial factors."⁸

In recent years women have begun to close the gender gap in regards to alcohol and other drug use. Hunt et al.. note:

"The difference in the numbers of women and men who drink or use other drugs is known as the gender gap. It is also the gap our daughters are busy closing. International studies show that the gender gap is narrowing for alcohol, with women and girls drinking nearly as much as their male counterparts in several countries, including Canada, Australia, Spain, and the United States. This is a dramatic departure from historical trends."

In fact, an Australian study from February 2013, by the Institute of Health and Welfare, showed that girls' rates of binge drinking were exceeding boys'.⁹

This has implications for PPEI strategies, especially since some recent survey and epidemiological research suggests that a gender gap in alcohol and substance use patterns is narrowing and a gender convergence is occurring. Alcohol use and intoxication, for instance, "have long been associated with men and masculinity. Across multiple settings and cultures, researchers have consistently found significant gender differences in drinking and intoxication prevalence rates, with men more likely than women to drink more often and in greater quantities."¹⁰

Research indicates that the psychological, social and physical contexts of substance use and disorders are quite different for women as opposed to men.

There are acknowledged risk factors that can lead to women using substances and these include:

- Gender-based violence and trauma history
- Socioeconomic disadvantage
- Low income and income inequality

- Low or subordinate social status and rank
- Unremitting responsibility for the care of others

There are also factors which impact on women choosing to seek help for substance use disorders or not and these include:

- Social barriers, including social stigma, which are much more pronounced for women.
- Discrimination
- Personal shame and self-stigma
- Financial issues
- Custody concerns and fear of the removal of children
- Childcare considerations, with few resources for women with children and limited options for pregnant women

Stigma and other barriers

The stigma associated with substance use may lead some women to delay treatment seeking, so that by the time they enter treatment their substance use problem may be quite severe. There is considerable stigma associated with being a 'substance dependant mother' and the fear of punitive measures such as losing custody of their children have been demonstrated as significant barriers to engagement and efficacious treatment for these women.

Researcher Hanna Enefalk has explored the historical importance of class-related differences in women's access to alcohol. She notes that "Whereas drinking among elite women was viewed as unproblematic, drinking and intoxication among poor women was looked upon, by the social elites, with outrage and disgust." Over time women were increasingly encouraged to show 'moderation' and 'to act according to dominant notions of femininity'.¹¹ These moralistic attitudes towards women and drinking persist today. Hunt et al.. refer to a study using data from 24 in-depth interviews, conducted in 2009–2010, with both working-class and middle-class women in the United Kingdom, which explored the extent to which cultures of intoxication are influenced by class and race differences. The study "examined the extent to which notions of the 'drunken and immoral chav' highlights the particularly derogatory representations of white working-class women.

8 Natalie Hemsing et al., "Misuse of Prescription Opioid Medication among Women: A Scoping Review," *Pain Research & Management* 2016 (2016), <https://doi.org/10.1155/2016/1754195>.

9 Hunt, Frank, and Moloney, "Introduction: Rethinking Gender within Alcohol and Drug Use(r) Research"

10 Ibid.

11 Ibid.

They also emphasized the extent to which gendered double standards remain at the heart of traditional discourses of femininity, where male drinkers' views about women drinking are rife with ambiguity and disparagement."

For these young women the desire to drink and participation in post-feminist cultures of intoxication, whilst at the same time being urged to show constraint and remain respectable is "an impossible space to occupy."¹²

While stigma is a concern for anyone with a substance misuse disorder, the social and institutional stigmatisation of women with AOD issues is much more prevalent. There is little doubt that women are more likely to be socially criticised as a result of their use/misuse of substances. This criticism stems from the continuation of traditional gender-based roles assigned to women within our society, which in turn generates and perpetuates social and institutional stigma.

The Alcohol and Drug Foundation (ADF) informs us that:

"This results from the commonly accepted views of women as society's care-givers and upholders of our 'moral and spiritual values'. With negative social stereotypes tending to be attached to any behaviours (e.g. promiscuity, criminal behaviour, etc.) that divert women from this 'moral course'."

The ADF also notes:

"This is very apparent for instance in many sections of the mainstream media, which often disparage, demean and deride women that misuse alcohol and other drugs - particularly those caring for children. The result is that women who are targeted in this way experience significant social and institutional stigma and discrimination, all of which pose serious and sustained threats to treatment and recovery."¹³

PPEI initiatives for women

Becker et al.. remind us that:

"In many ways, men and women who use drugs and alcohol are more alike than different. They both respond to motivational interviewing, incentives, cognitive-behavioral therapies, medication-assisted treatment, peer support, social inclusion, and trauma treatment. The diverse needs of men and women in addiction recovery are the result of both sex and gender differences, playing out in an infinite array of social and cultural contexts. The profound influences on women's initiation of substance use and their response to it require a gender-mainstreamed, biopsychosocial approach.

The ways women sustain, interrupt, and heal from addiction are defined by these differences, as are their help-seeking behaviors and the unique intervention opportunities women of childbearing age present. When these considerations become fundamental to creating and delivering services that protect and engage vulnerable girls and women, we can achieve full equity in access to recovery."¹⁴

Becker et al.. also note that "the continuum of prevention, intervention, treatment, and ongoing recovery are all related strongholds in the community that connect women to recovery-oriented supports."¹⁵ The kinds of issues related to substance use faced by women and PPEI initiatives that may support them include:

1. Help-seeking

Research shows women are more likely than men to seek help in general and to seek health care specifically but are less likely to enter alcohol and drug treatment. Consequently, women tend enter treatment at a much later stage of addiction compared to men. They tend to access services in mental health settings rather than substance treatment settings¹⁶, and stigma may compel them to hide their use.

Competing demands, finances, and limited treatment options all contribute to delayed entry into treatment. They arrive with more serious health complications due to the

12 Ibid, 3

13 Alcohol and Drug Foundation (ADF), "Substance Misuse – the Gender Divide Explained - Alcohol and Drug Foundation," Insights (blog), February 21, 2019, <https://adf.org.au/insights/substance-misuse-gender-divide-explained/>.

14 Jill B. Becker, Michele L. McClellan, and Beth Glover Reed, "Sex Differences, Gender and Addiction," Journal of Neuroscience Research 95, no. 1-2 (January 2, 2017): 136-47, <https://doi.org/10.1002/jnr.23963>.

15 Ibid.

16 Ibid.

accelerated rate of physiological damage they sustain from substance use. Women generally present with a more severe clinical profile than men when entering treatment, with more problems related to mental health, family and interpersonal relationships, employment, and physical health.¹⁷

PPEI focus:

- Brief Interventions
- Support for the development of novel intervention services for women with substance use issues that address the unique needs of women
- Professionals and front line workers in the health care, education, justice and other social service sectors should be properly trained to engage effectively with women with prevention efforts and recovery pathways
- Family-centred practice

2. Impact of Trauma

Women with co-occurring disorders are more likely than men, or women without co-occurring disorders, to have experienced sexual, physical, or emotional abuse as children, as well as domestic violence. A high rate of Post-Traumatic Stress Disorder (PTSD) following such violence, renders women the largest single group of people affected by this disorder.¹⁸

Recent research undertaken in AOD treatment facilities in NSW stated that roughly 70-80% of the women present in the facility had been victims of child sexual abuse, and 40% had experienced rape as an adult. This study also demonstrated that when women could establish a link between their history of trauma and their current circumstances, they were able to contextualise their ‘coping’ behaviours, enabling them to gain personal insight, helping them to reduce their own personal stigma and to engage more meaningfully with their treatment.

PPEI focus:

- Trauma-informed Care training
- Working with mental health, family violence and women’s health sectors

- Targetting marginalised and disadvantaged women. A report from Canada notes that the focus on upstream prevention activities can be problematic: *"While some informants spoke about the importance of doing empowerment-based prevention work with girls and young women that is situated in their own contexts, this focus is diverting resources from women who are the most marginalized and in most need of resources. In addition, much of the funding for prevention of mental health and substance use concerns does not provide for addressing prevention of violence against women, which has been shown to be a major contributor to mental health and substance use concerns for women."*¹⁹

3. Ongoing harm minimisation

According to Hunt et al., *"During attempts to quit drug use, women exhibit greater unpleasant symptoms than men do. When trying to quit smoking, women also go through more severe withdrawal than men. Women report greater effects on mood and anxiety as well as a greater stress response, compared to men. On the other hand, males exhibit greater withdrawal symptoms when quitting alcohol consumption than females do."*²⁰

Most data suggest that women and men have similar outcomes after treatment for substance use disorders once women have navigated all the barriers to treatment and engagement that they encounter. What has been reported to differ between women and men are the factors related to setbacks, which are reported to be more sporadic (occurring without apparent trigger or intent) and related to negative affect as well as previous physical and sexual abuse among women.

This could also be related to the greater withdrawal responses that women exhibit for some drugs. Alternatively, women might experience greater sensitivity to stress or the cues associated with the drug, as re-using can be triggered by these variables. There are also issues related to social support for maintaining a harm minimisation approach, with men tending to receive more social support at home and on the job and women tending to be more isolated or not supported by their partners in their decision to stop using substances.

17 Network of Alcohol and Other Drugs Agencies (NADA), NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment (2nd Ed), 2nd ed. (Sydney: NADA, 2016), http://www.nada.org.au/media/73241/working_with_women_engaged_in_aod_treatment_web.pdf.

18 World Health Organisation, "Gender Disparities in Mental Health," accessed July 24, 2019, https://www.who.int/mental_health/media/en/242.pdf?ua=1.

19 Canadian Women's Foundation, "Report on Violence against Women, Mental Health and Substance Use" (Toronto, ON), accessed July 24, 2019, https://www.canadianwomen.org/wp-content/uploads/2018/03/PDF-VP-Resources-BCSTH-CWF-Report_Final_2011_-Mental-Health_Substance-use.pdf.

20 Hunt, Frank, and Moloney, "Introduction: Rethinking Gender within Alcohol and Drug Use(r) Research"

Additionally, women who are addicted experience greater stigma than do men; this combined with less social support means more isolation and greater risk for relapse for women than men.

PPEI focus:

- Providing psychosocial support in the community
- Better outreach and aftercare services targeted specifically to women

4. Social Determinants of Health

Gender-based social determinants of health and disparities can adversely affect women's overall medical care needs, as well as their recovery from addiction.

For example, women are twice as likely as men to become infected with HIV during sexual intercourse and are frequently infected as a result of sexual assault, with infection rates increasing rapidly around the globe - making AIDS the leading cause of death for women ages 15 to 49 worldwide.

Yet, ideal therapeutic levels of medications prescribed to treat HIV/AIDS have not been determined for women; current dosages are based on amounts proven effective in men. Women with HIV/AIDS experience more severe adverse effects from combination therapies compared to men.

Because drugs stay in a woman's system longer, it is possible that women may experience the therapeutic benefit of these medications at lower doses, but it is not possible to know this without gender-specific pharmaceutical research.

PPEI focus:

- More research into effective supports for women in complex life situations
- Provision of effective strategies for improving life outcomes and reducing problematic substance use in adults across a variety of settings through programmes aimed at children, especially those in disadvantaged areas

5. Substance use and pregnancy

Some of the unique issues women face in their use of substances relate to their

reproductive cycles. Some substances can increase the likelihood of infertility and early onset of menopause. Substance use is also further complicated during pregnancy and breastfeeding. Pregnant women using drugs, including tobacco and alcohol, can pass those drugs to their developing fetuses and cause them harm.²¹

Similarly, new mothers using drugs can pass those to their babies through breast milk and cause them harm. One of the most significantly negative outcome of using alcohol while pregnant is babies born with Foetal Alcohol Spectrum Disorder (FASD).

Taplin et al make the point that "it can be difficult for a person with a substance use disorder to quit, and some women with such disorders fear that seeking help while pregnant or afterward could cause them legal or social problems. Communities can build support systems to help women access treatment as early as possible, ideally before becoming pregnant. If a woman is unable to quit before becoming pregnant, treatment during pregnancy improves the chances of having a healthier baby at birth."²²

PPEI focus:

- Primary prevention that raises public awareness of the risks of alcohol across the whole population which encourages support for women and encouragement to be alcohol-free, rather than stigmatising them
- Introduce public PPEI programs like the Stay Strong and Healthy program in NSW which aims to raise awareness among Aboriginal pregnant women of the risks of alcohol consumption during pregnancy, including Foetal Alcohol Spectrum Disorder (FASD), and the health services available to support them. Developed in collaboration with health workers in Aboriginal communities across NSW, the project also emphasises the role partners, families and communities can play in supporting pregnant Aboriginal women to make healthy lifestyle choices
- FASD training e.g. that provided by DEN

²¹ National Institute on Drug Abuse, "Substance Use in Women,"

²² Stephanie Taplin et al., Identifying Alcohol and Other Drug Use during Pregnancy: Outcomes for Women, Their Partners and Their Children, 2015.

In Summary

With such clear evidence on the factors that drive women's substance use, and the importance of addressing these issues as part of effective treatment plans, it's essential that services are tailored to women's needs. Treatment services also need to be equipped to deal with the fact that when women cease using substances, this can lead to the re-emergence of previous trauma that needs to be pre-empted and managed carefully.

To combat the disparities experienced by women with substance use, broader social issues also need to be examined. Research is now beginning to draw links between how gender inequity in society correlates to a lack of healthcare strategies and social policies that prevent, protect and address violence and abuse towards women. For women, the risk of consuming alcohol secondary to marital discord, divorce, negative emotional states, and interpersonal conflict is higher than for men. Similarly, having a partner who abuses alcohol or drugs is more strongly related to relapse for women than for men. Because of this, treatment interventions designed specifically to address these issues may be particularly beneficial.²³

PPEI interventions specific to women need to be informed by:

- Trauma informed care approach
- The option of a female AOD / mental health worker
- Gender-sensitive approach which addresses gender-specific issues and barriers to recovery
- Facilitating access to childcare, which can enable female parents and caregivers to attend recovery-oriented programmes
- Where appropriate, consider family inclusive practice, which incorporates the client's family and community relationships
- Where appropriate, ensure sexual health and safety are incorporated into the intervention
- Understanding of cultural safety practices when working with women from CALD, Aboriginal and Torres Strait Islander and LGBTI communities

23 Shelly F. Greenfield et al., "Substance Abuse in Women," *Psychiatric Clinics of North America, Women's Mental Health*, 33, no. 2 (June 1, 2010): 339-55, <https://doi.org/10.1016/j.psc.2010.01.004>.

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