

Women, Alcohol and Other Drugs



DEN File #12

Putting Gender on the Agenda

Why do we gender health?

Men and women are different... big surprise! They have different issues, different needs and require a different response from health service providers.

How is gender relevant in AOD?

Gender plays a big role in how people use and misuse substances. Men and Women have different experiences in how and when they start use, how they access substances, how much and how often they use and their dependence and their safety in using. Men and Women also experience major differences in AOD treatment outcomes.

- Women access AOD treatment at lower rates than men and are under-represented in the drug and alcohol treatment system (according to Australian and international data).
- A range of issues create barriers for women's access to AOD services, including social stigma, discrimination, experiences of trauma, childcare and child custody concerns, and financial issues.
- On entering AOD treatment, women present with higher rates of: mental health issues; experiences of complex trauma as a result of childhood physical and sexual abuse and/or family and domestic violence; AOD-related risk taking; pregnancy and childcare issues; and greater social and economic disadvantage.
- Pregnancy and parenting are specific areas of need that require effective support and intervention for women engaged in problematic substance use. The key to engaging women is to reassure them that there is 'no wrong door'.
- Pharmacotherapy for women works best when implemented with other supportive interventions such as coordinated case management, counselling, group therapy and practical support.
- A high proportion of women who access AOD treatment are seeking assistance for problematic substance use by a loved one – principles of family inclusive practice are best practice in this context.

The World Health Organisation says:

Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences.

The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors.

For example, women and girls face increased vulnerability to HIV/AIDS.

Some of the sociocultural factors that prevent women and girls to benefit from quality health services and attaining the best possible level of health include:

- unequal power relationships between men and women;
- social norms that decrease education and paid employment opportunities;
- an exclusive focus on women's reproductive roles;
- potential or actual experience of physical, sexual and emotional violence.

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Biology: How Women react differently to drugs and alcohol

There are a number of factors related to biology that affect the way women react to AOD use.

Some of these factors are:

- Body size and composition
- Age
- Genetics
- Metabolism
- Mental health
- Sexual and reproductive health, including: hormonal changes, menstruation, pregnancy and contraception

Social Roles: What we expect of Women

There are also a number of powerful social factors that are applied to women and will affect the way they react to and cope with AOD use:

- Life circumstances
- Stress
- Violence and sexual assault
- Poverty
- Caring roles and responsibilities
- Pregnancy and parenting

Stigma:

Women are more likely to be judged harshly for their AOD use, and fear repercussions like the removal of children. This can make women less likely to seek help for fear of stigma and judgment.

"I had to take my kids everywhere with me...and people would make comments or give me looks that made me feel so bad even when I was trying to get help so I could be a better mother for them!"

Participant in AOD service 2012

Women and Alcohol

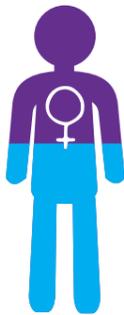
Women are at greater risk than men for developing alcohol related problems.

Alcohol passes through the digestive tract and is dispersed through the water in the body. The more water available, the more diluted the alcohol is.

Generally, men weigh more than women and kilo for kilo women have less water in their bodies than men. Women's bodies also absorb alcohol slower than men's and have less of the enzyme that breaks down alcohol.

Therefore, a woman's brain and all her internal organs are exposed to more alcohol and to more of the toxic by-products that result when the body breaks down alcohol.

Women have approximately 45% to 55% water concentration in their bodies



Men have approximately 55% to 65% water concentration in their bodies



Are women who consume alcohol different from other women?

Non-drinkers and women who rarely drank were more likely to be:

- non-smokers
- pregnant or mothers of young children
- less healthy (more general practitioner visits and prescription medications)
- from a non-English-speaking background

Women who consumed up to two Standard Drinks daily generally:

- had better physical health
- were a healthy weight
- exercised more often
- lived in urban areas
- had more education
- were more able to manage on their income
- were born in Australia or another English speaking country

Women who consumed at least three Standard Drinks daily tended to:

- be current smokers
- have poorer mental health
- be current users of multiple illicit drugs
- have deliberately harmed themselves
- have had more male sexual partners

The Australian Longitudinal Study on Women's Health (2005)

Prevalence

In Australia, the estimated prevalence of harmful substance use or dependence disorders among women is around half that of men. However, in 2012/13, female clients seeking help for their own substance use made up less than one third of treatment episodes.

When we compare male and female rates of drug use, women are far less likely to use either illicit or licit substances (AIHW 2014).

The National Drug Strategy Household Survey (NDSHS 2013) showed males drank alcohol and injected drugs at twice the rate of women. Women use non prescribed pharmaceuticals such as sedatives, opiates and pain killers at the same rate as men. (AIHW 2014)

Alcohol is the most common principal drug of concern for both women and men seeking treatment. Almost half of the episodes related to benzodiazepines as the primary drug of concern were with women. (AIHW 2014)

From these figures we can see that women seem to ask for help and get treatment at lower rates than men. They are also waiting until they are older and in greater need before they seek help.

If we can identify barriers to treatment and make our services more responsive to women's needs, then we may be able to assist women to access treatment sooner.

Women in the Drug Economy

Australian studies show that women in the drug economy (the illicit drug taking community) are subject to the same unfair circumstances as women in broader society.

For example, Maher and Hudson (2007) found that:

- Society in the drug economy is stratified and hierarchical
- Power is achieved through connection with men
- Women play a sexualised role
- Power is achieved through family and kinship connections
- Feminised attributes are exploited, e.g. caring and nurturing
- Women are the diversifiers in that economy, finding a variety of ways for the family to survive
- Women report a lower quality of life within this society

Responsive Services

There are a number of factors to consider when providing services that are gender responsive, welcoming and accessible to women.

Language

It's very important that services use language that is inclusive, empowering and not totalising.

For example, think of how different an outcome might be if you:

...have a conversation with a person instead of **...assess a case**
...work alongside a woman who has issues with alcohol rather than **...help an Alcoholic**
...discuss options with a woman who has experienced violence rather than **...counsel a victim**

Family Violence

Comprehensive screening for family violence is essential to ensure women's safety and therefore their ability to stay in treatment.

Mental Health

Work in a coordinated way with other health professionals to support women's holistic mental health

Self-care for workforce

Most of the AOD workforce is female. By valuing the self-care of our workforce, we demonstrate that it is critically important to value one's health and wellbeing. Measures of importance are supervision, debriefing and acknowledgement of vicarious trauma for staff members.

Childcare

It's so obvious but so often overlooked that childcare is an essential component of services for women. If you can't provide onsite care, get creative around how you can support women to access childcare in the community or through their own networks.

Listening to Women as Consumers

Women as consumers need to be asked, listened to and kept in the decision making and feedback loop to ensure we are meeting the unique needs of women as consumers.

Best Practice

NADA (2014) notes the following best practice elements:

- An enabling environment for women requires a gender-responsive approach where AOD treatment is shaped by, and is responsive to, women and their experiences.
- AOD Treatment that focuses on Strengths and Resilience.
- Trauma informed service provision acknowledges the lived experience of trauma common to women and is sensitive to avoiding perpetuating traumatic events.
- Family inclusive practice responds to the significance of familial relationships for women. Strengths can be harnessed among families or within communities to support positive and sustained treatment outcomes.
- Evidence-based interventions for AOD treatment such as behaviour therapies, cognitive behaviour therapies, motivational interviewing and 12-step groups are suitable for women. Good practice insists on comprehensive assessment and individualised treatment planning.
- Coordinated case management and integrated programs benefit women and overcomes fragmented service systems.
- Sexual safety and sexual health are part of a comprehensive AOD treatment plan for women accessing AOD treatment.
- Assertive follow up, outreach and aftercare are interventions that engage and retain women in treatment long enough to establish effective and sustained improvements.