

# Gender Specific Treatment for Women

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# Acknowledgement

- NIDA
- Co-Investigators Maxine Stitzer and Conrad Wong
- Staff and patients from Center for Addiction and Pregnancy and Cornerstone

# Outline

1. Gender differences at treatment entry and implications for treatment tailoring
2. Development of Reinforcement Behavioral Therapy (RBT)
3. RBT with women and practical Issues to consider

# Prevalence of Substance Use In Past Year By Gender

(National Survey on Drug Use and Health, 2002)

	<u>Men</u>	<u>Women</u>
• Alcohol	138,179,000	66,015,000
• Tobacco	45,251,000	32,911,000
• Any Illicit Drug	13,880,000	10,654,000
• Cocaine	2,037,000	1,291,000
• Heroin	175,000	133,000
• Pain relievers	3,280,000	3,186,000



## Cover story



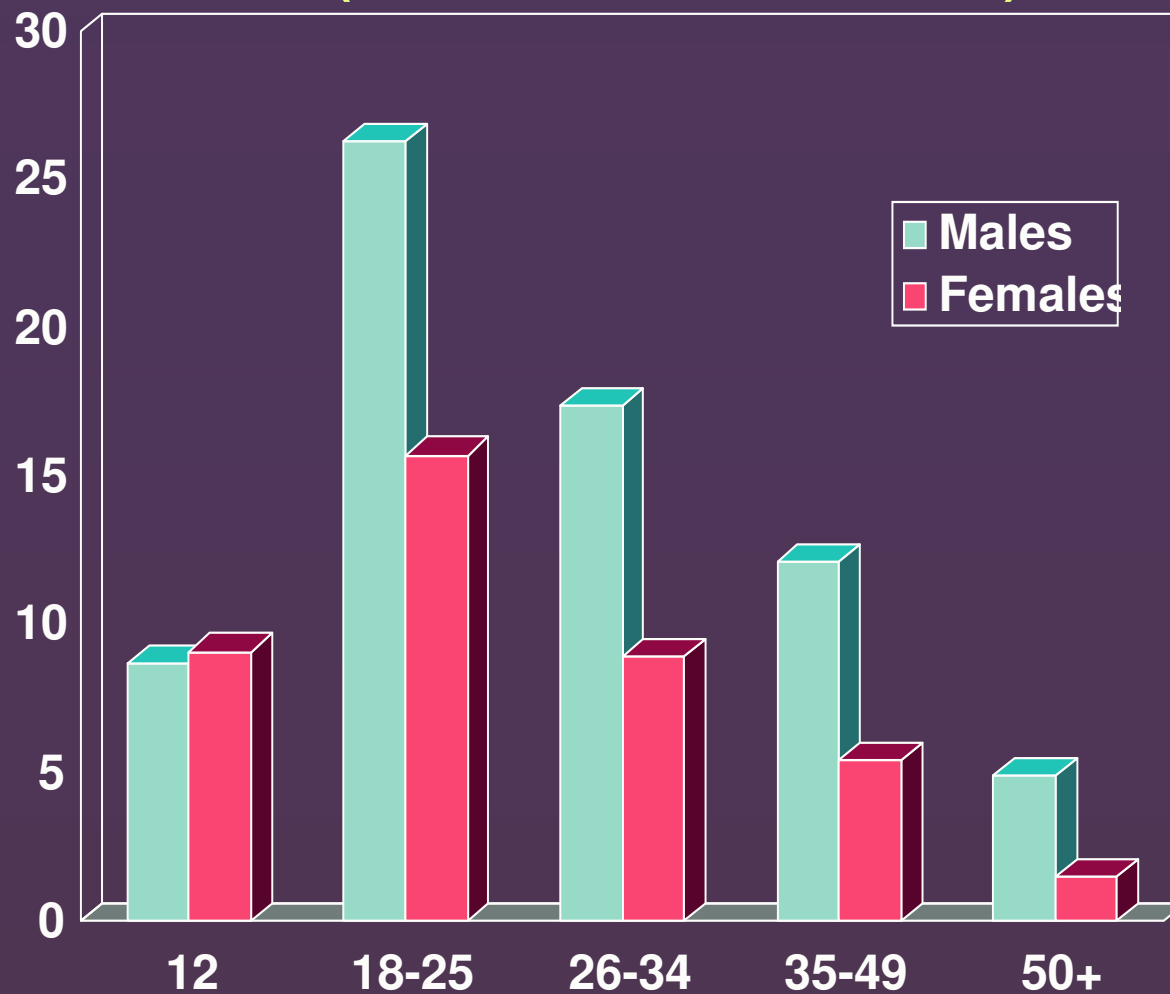
BY KATHLEEN CHAMBERS FOR TIME MAGAZINE

'I just kept going back to it': Simona Troisi, now in rehab at age 20, started using heroin at 14.

# Heroin's resurgence closes drug's traditional gender gap

Teenage girls are increasingly falling prey to narcotic in purer, 'more mainstream,' sniffable form

# % Dependence or Abuse Alcohol or Any Illicit Drug by Age (NSDUH 2003)



# Treatment Entry By Gender

(Treatment Episode Data Set -TEDS 2002)

Women comprise 30% of population entering treatment

	<u>Men</u>	<u>Women</u>
• Alcohol %	47	35
• Opiates %	17	20
• Cocaine %	11	17
• Stimulants %	5	10
• Other %	4	6
• Marijuana %	16	12

# Historical Perspective on Drug Treatment for Women

- Early studies of treatment used only men
- Paucity of literature in clinical trial settings
- 1993 ban on participation child-bearing age women was lifted

# Historical Perspective on Drug Treatment for Women

- NIDA pioneered study of women's treatment (1974 demonstration projects) and Perinatal 20
- CSAT pregnant/post-partum demonstration grants,
- Development and enhancement of women's treatment services (1980's –1990's)

# Expansion of Specialized Drug Treatment for Women

SAMHSA National Survey of Substance Abuse

Treatment Services (N-SSATS) in 2003

- In the U.S., special programs or women's groups offered in 35% of all facilities surveyed
- Only 20% of women needing treatment receive it (SAMHSA, OAS 2002)

# Gender Differences Observed in Male and Female Drug Users

- Compared to males, female drug users have:
  - More severe medical issues
  - More severe relationship problems
  - Poorer psychological well-being
  - Poorer economic stability
  - Fewer legal problems

# Gender Differences in Drug Use

- Women have a “telescoping” of drug problem development.
  - Older age of 1st use and problem onset
  - Shorter duration of regular use to problems
  - More rapid presentation to treatment

# Gender Differences in Opioid & Cocaine Dependent Individuals

Jones et al., 2005 Addictive Disorders & Their Treatment

## Participants

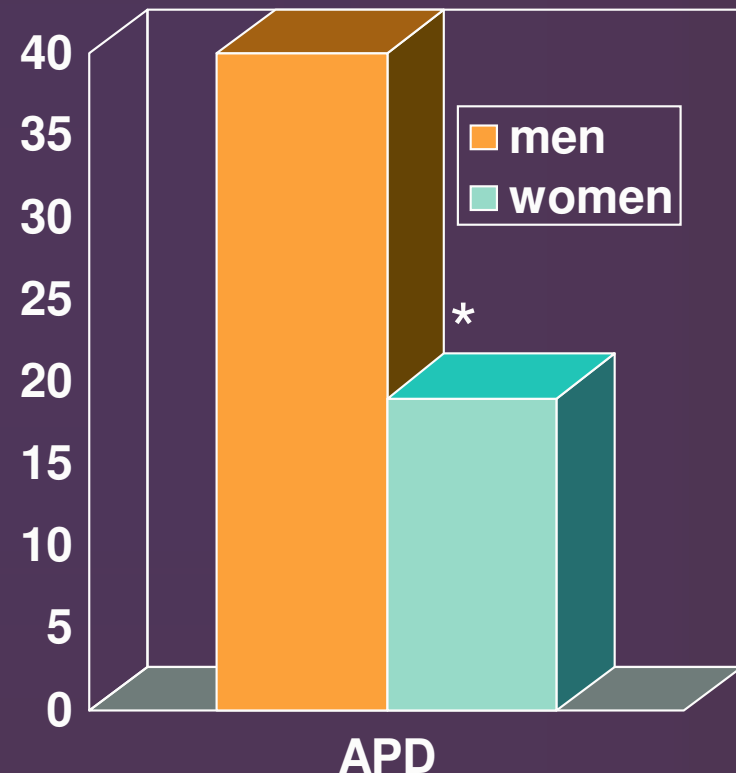
- Opioid Dependent Sample (N=220)
  - 144 men and 76 women
  - All met DSM-IV criteria for opioid dependence
- Cocaine Dependent Sample (N=165)
  - 91 men and 74 women
  - All met DSM-IV criteria for cocaine dependence

## Assessments

- Demographics
- ASI
- SCID I and II

# Differences Between Cocaine Dependent Men and Women

- Women had less lifetime cocaine and alcohol use
- Women had more employment problems



# Differences Between Males and Females

- Females less likely to be married, employed, and less lifetime use of alcohol and cocaine and days of THC use
- More medical issues and depression
- More employment problems, (severity, less days worked less legal income)
- Less APD

# Gender Differences in Drug Use-Treatment Entry and Outcome

- Women enter treatment for different reasons than men
- Studies are mixed in results of treatment outcome by gender
- Several studies indicate that women in specialized female care have better outcomes than traditional programs

# Recommendations For Future Research



- Undertake clinical trials with gender-sensitive models
- Design studies to systematically study the barriers that affect women's participation in treatment
- Educate health providers about substance abuse, the social stigma women feel and ways to help providers help these women

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# RBT based on Community Reinforcement Approach *Theory*

- Drug abuse is a learned behavior
- Drug abuse occurs in absence of alternative positive reinforcers
- Eliminate drug use by making other behaviors in a person's environment more appealing

# Community Reinforcement Approach *Goals*

- Obtain fulfilling employment
- Improve family relationships
- Improve social relationships
- Find fulfilling drug-free recreational activities

# Community Reinforcement Approach *Does it work?*

- Shown to reduce alcohol drinking

Hunt and Azrin, 1973

	CRA	vs	AA
Drinking	16%		79%
Unemployed	5%		62%
Nights away	16%		36%
Separate	0%		50%
during TX			

# Community Reinforcement Approach *Does it work?*

- Decreases cocaine use

Higgins et al 1991 (controlled not random)

	CRA n=13	AA n=12
Complete 12 wk tx	85%	42%
4+wks neg	10	3
8+	6	0
12	3	0

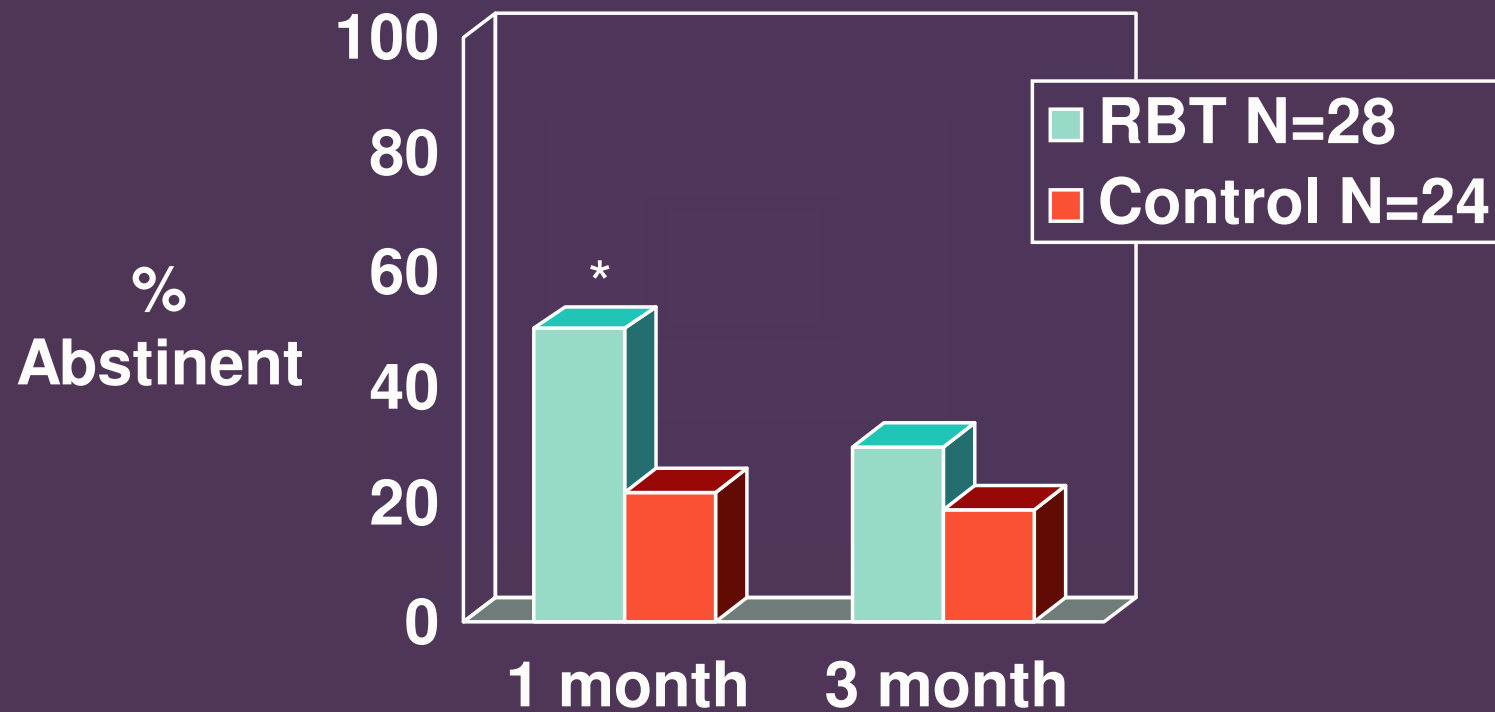
# Applying CRA Type Therapy to Heroin Dependence

- Patients entering detoxification often fail to follow through on aftercare
- How can we help patients to maintain gains from detoxification and avoid triggers for relapse?

# Reinforcement Based Therapy differs from Community Reinforcement Approach

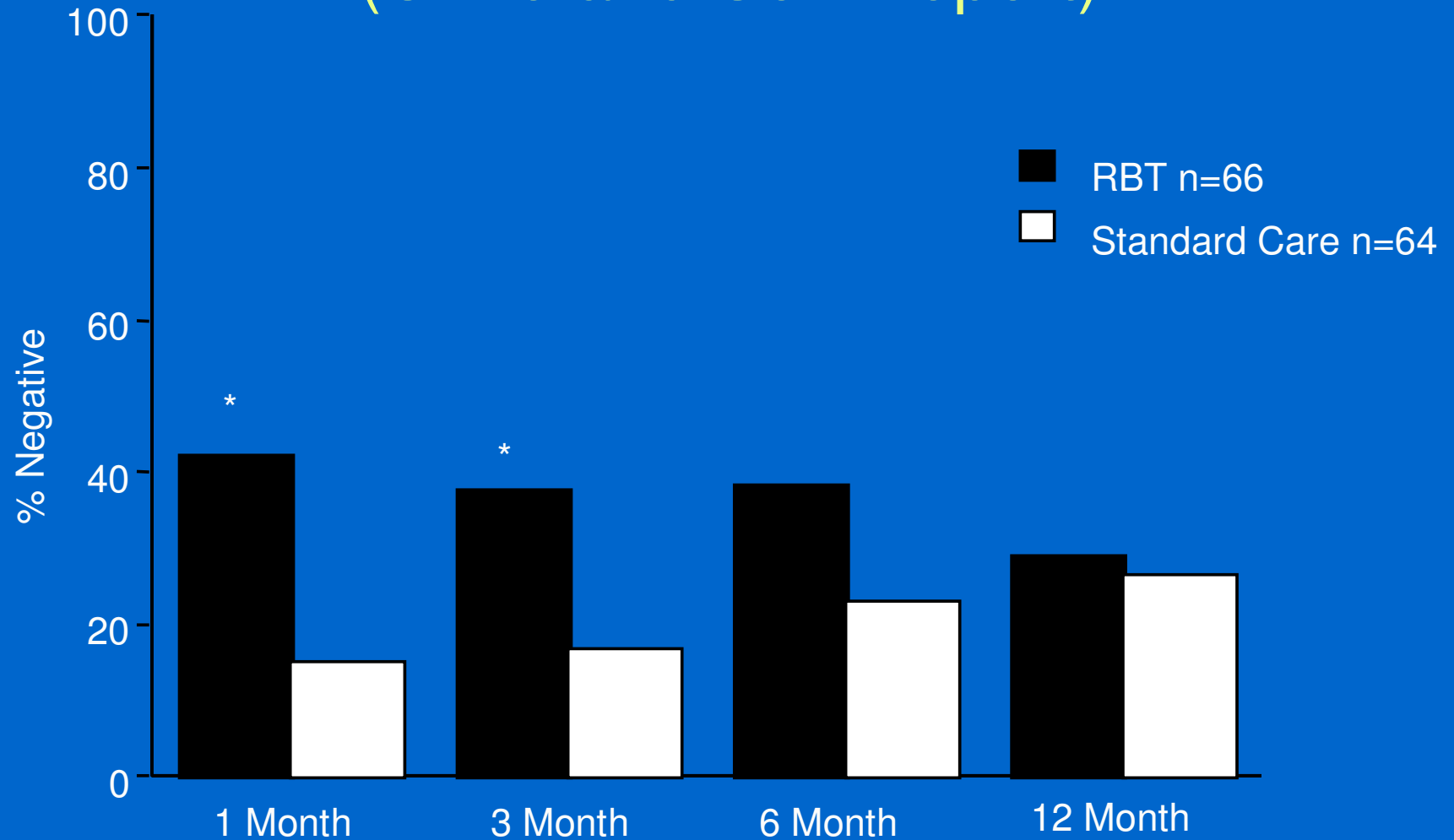
<u>Therapy component</u>	<u>RBT</u>	<u>CRA</u>
Abstinent-contingent vouchers		XX
Abstinent-contingent housing	XX	
Intensive schedule	XX	XX
Cognitive-behav. skills training	XX	XX
Recreational therapy	XX	XX
Individual therapy	XX	XX
Goal setting; day planning	XX	XX
Intensive community outreach	XX	XX
Abstinent-contingent	XX	
Food and clinic-led recreational activities		
Voucher reset upon relapse		XX
Reinforcer time-out upon relapse	XX	
Motivational Interviewing style	XX	

# Abstinent From Heroin and Cocaine



Adapted from Gruber et al., 2000 Drug and Alcohol Dependence

# Abstinent From Heroin and Cocaine (Urine and Self-Report)



Adapted from Jones et al in press  
Drug and Alcohol Dependence

## Results Suggested

1. Overall no pattern of gender outcome differences;

2. Women lived in recovery housing for shorter periods and attended fewer elements of treatment compared to men

*on-going studies exploring tailoring RBT to women in single-gender treatment*

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