


Evidence-Based Treatments for Women with Drug Abuse and Addiction

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Presented at the 8th NIDA Blending Conference:
"Evidence-based treatment and prevention in diverse populations
and settings"
Albuquerque, NM, April 23, 2010

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]

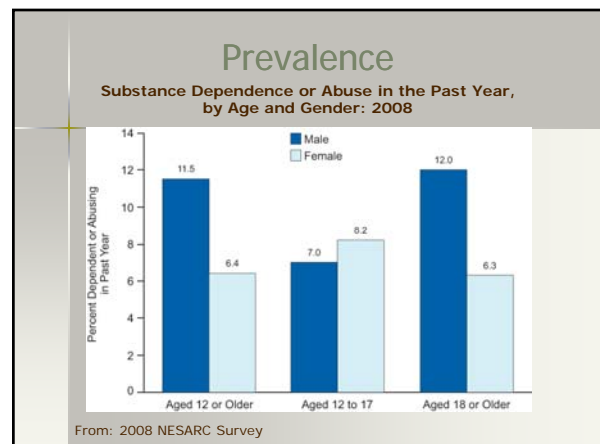
http://grants.nih.gov/grants/funding/women_min/guidelines_amended_10_2001.htm

What Have We Learned?

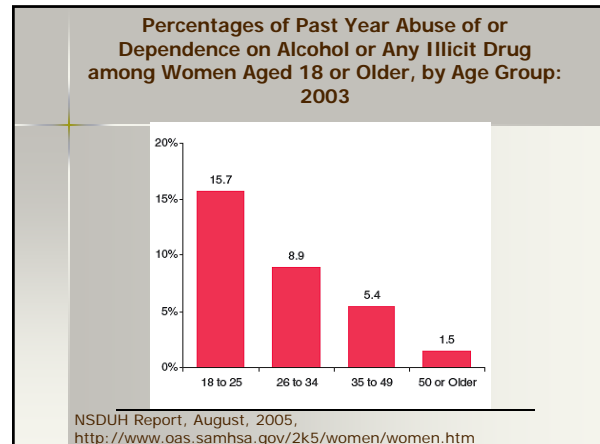
Today's Presentation

1. How common are drug problems among women?
2. Do women face particular barriers to getting help?
3. What major problems do women have when entering treatment?
4. How successful is treatment for women?
5. Is it valuable to adapt drug treatment for women?
6. Where do we go from here?

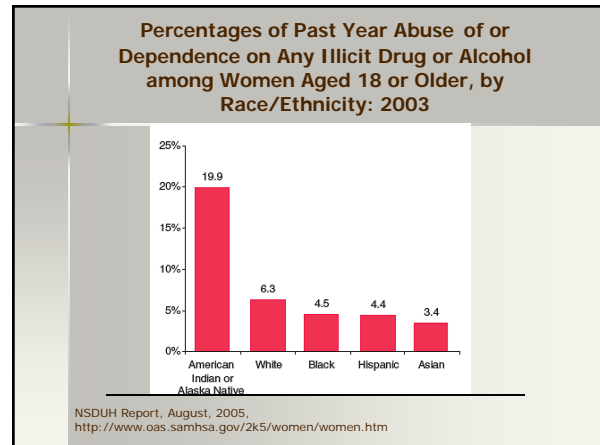
1. How common are drug problems among women?



Does Prevalence Vary With Age?



Does Prevalence Vary By Race/Ethnicity?



2. Do women face particular barriers to getting help?

Barriers to Treatment

- Stigma, shame, and discrimination

"...that woman should renounce the tenderness of her nature, belie the softness of her sex, stoop from her high station... that she should herself be the victim of intemperance; that woman should herself be guilty of the bestiality of drunkenness... [then] the soft and endearing name of woman shall no longer be applied to her; call her fiend-fury-Hecate or invent some new term of insult in the language; to designate a thing so fallen, and so vile. There is nothing in the whole catalogue of crime, so revolting as drunkenness in a woman; there is no object of disgust or horror that offends the sight of God or man, so entirely loathsome as a drunken woman."

Governor Gipps, New South Wales, Australia, 1841
 *quotation courtesy of Karen Rhines

Stigma (cont.)

- "...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, Wiechelt, Ahmed, & Schwartz, 2003

Barriers to Treatment

- Lack of support from intimate partners or other family members
 - Male partners also likely to be using drugs or alcohol
 - Male partners may be reluctant to have a woman seek treatment if she has child care responsibilities
 - The extended family may be drug using as well
- A woman may have concerns about retaliation from her partner for going to treatment if she has been a victim of domestic violence

Barriers to Treatment

- Lack of access to care
 - Insurance issues
 - Lack of financial resources
 - Transportation

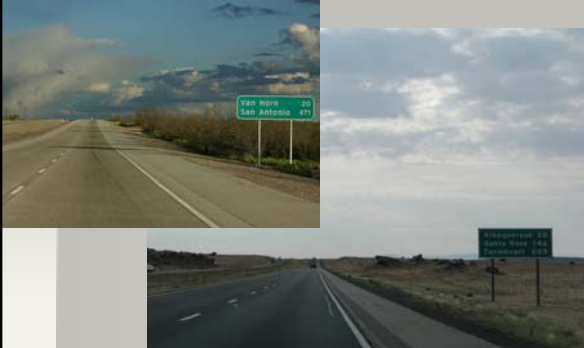


Barriers to Treatment

- Child-related issues:
 - Medical needs related to pregnancy
 - Lack of child care/child care responsibilities
 - Fear of loss of children to child welfare services
 - Fear of prosecution for child endangerment



Barriers to Treatment: Women in Rural Areas



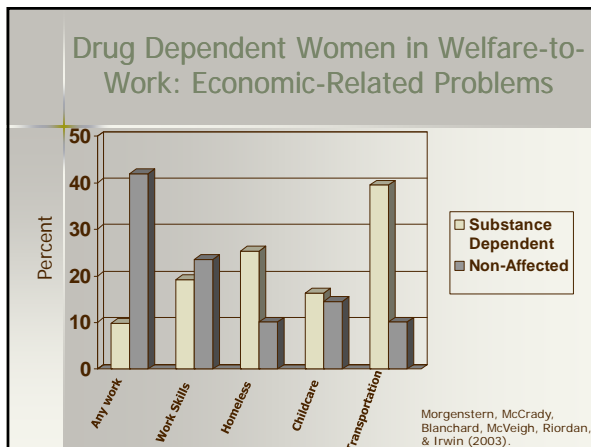
Major Barriers for Rural Women

- Economic issues
 - Greater poverty
 - Community prosperity affects availability of health care
 - Intermittent work may lead to binge/abstinent patterns of use
 - Less likely to have private medical insurance
- Treatment accessibility
 - Long distances to treatment
- Treatment quality
 - Integrated treatment may be unavailable
 - Providers may be trained in urban treatment delivery model
- Other issues:
 - Less privacy in small communities

Barriers to Treatment

- Perceptions of treatment
- Discomfort with mixed gender programs, especially for:
 - Lesbian women
 - Women with trauma histories
 - Women who have been sex workers

3. What major problems do women have when entering treatment?

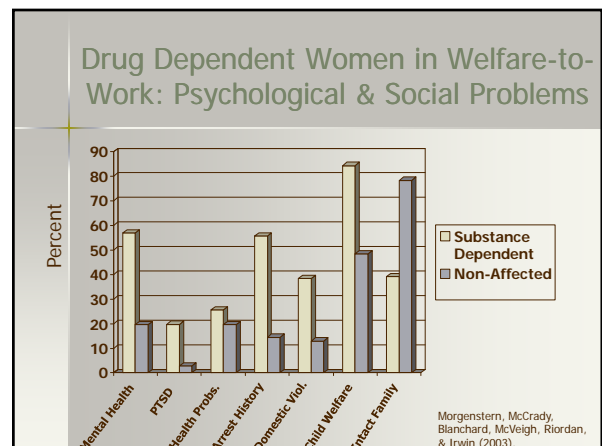


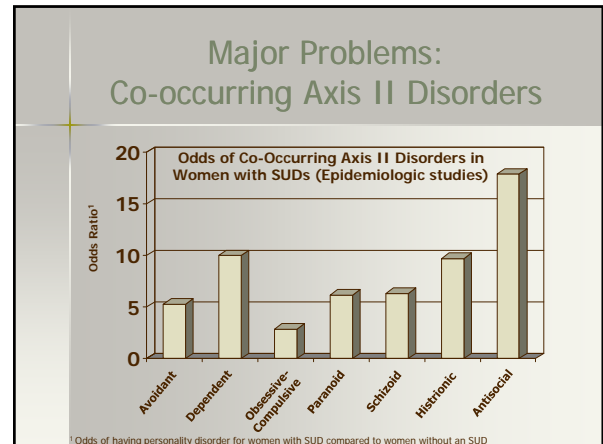
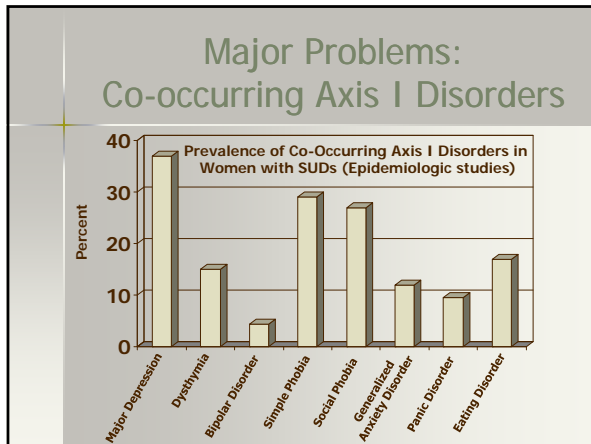
Major Problems: Economic issues

- Unemployment
- Lack of job skills
- Transportation
- Housing needs

Major Problems: Pregnancy and Child Issues


- Need for prenatal and perinatal care
- Need for childcare
- Lack of parenting skills
- Involvement of child protective services





Major Problems: Trauma

- Physical and sexual trauma
 - 55-99% of women in SUD treatment report a history of sexual or physical assault
 - Prevalence of current PTSD among women in SUD treatment ranges from 25-55%



Major Problems: Trauma

- Military Sexual Trauma (MST):
 - Threatening sexual harassment or sexual assault that occurs *while an individual is in the military*
 - Estimated rates vary widely, from 0.4% to 71%
 - Best estimates are that 60% of women have experienced MST; 23% have experienced military sexual assault
 - 22% of women using VA healthcare experienced MST
 - Women with MST more likely to have problems with PTSD, depression, eating disorders, and alcohol problems

Major Problems: Domestic Violence



- As many as 60-80% of women in SUD treatment report physical abuse:
 - Slapping
 - Punching
 - Kicking
 - Restraining
 - Hitting with a fist
 - Threatening with a knife or gun
 - Beating
 - Choking



Major Problems: Mortality and Morbidity

- Of 38,396 drug-induced death in 2006, 13,889 were women (34.9%)
- 326,846 women had drug-related emergency department visits in 2006
- Women show a “telescoping” of time from first drug use to first treatment
- In general, women entering SUD treatment have more, and more serious medical problems than men

Mortality and Morbidity (cont.)

- HIV/AIDS:
 - 4th leading cause of death in women 15 to 44 years
 - About two thirds of AIDS cases in women related to injection drug use
 - Pediatric AIDS in the US: 54% related to maternal injection drug use or maternal sex with an injecting drug user.
- Specific negative effects for women:
 - Menstrual cycling and fertility
 - Pregnancy
 - Placental development
- Negative effects common to men and women:
 - Immune system
 - Cardiovascular system
 - Pulmonary function

Major Problems: Legal

Category	Men (%)	Women (%)
Lifetime Arrest History	~90	~80
Lifetime Drug-Related Arrest History	~75	~60
Under Current Legal Supervision	~50	~50

4. How successful is treatment for women?

Outcomes for Women in Mixed Gender Treatment Programs

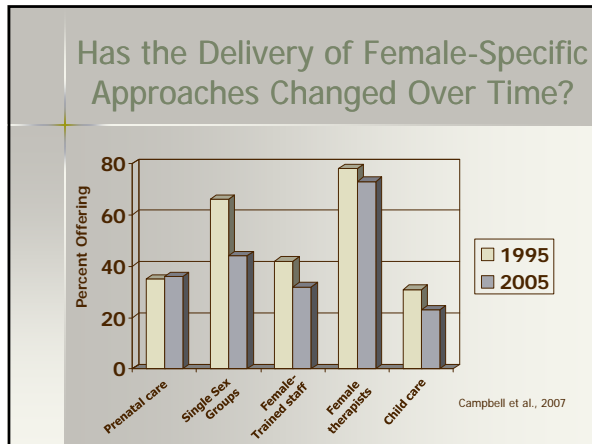
Category	Baseline	30 Days	6 Months	12 Months
Methadone Maintenance Heroin Use	~28	~5	~5	~5
Drug Free Treatment Heroin Use	~10	~5	~5	~5
Methadone Maintenance Cocaine Use	~7	~3	~3	~3
Drug Free Treatment Cocaine Use	~6	~3	~3	~3

Johnson, Wiechell, Ahmed, & Schwartz, 2003

5. Is it valuable to adapt drug treatment for women?

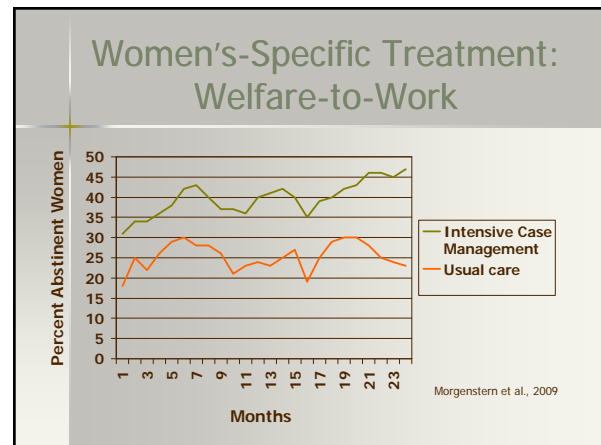
Approaches to Tailoring Treatment

- Offering female-specific services within a mixed gender program
- Offering female-only programs
- Training staff in treatment of women



- ### Treatments Adapted for Women – Overall Findings
- Treatment elements with evidence for efficacy:
 - Provision of child care
 - Provision of prenatal care
 - Female-only programs
 - Wrap-around/supplemental services
 - Mental health services
 - Comprehensive/integrated programming
 - Family involvement

- ### Women’s-Specific Treatment: Welfare-to-Work
- Randomized clinical trial comparing:
 - Intensive case management + vouchers for treatment participation
 - Usual care through treatment referral and care coordination
 - N = 302 women:
 - On TANF (Treatment Assistance to Needy Families)
 - Substance Dependent
 - Comparison sample of nonaffected women in TANF
 - Screening and case identification in welfare offices
 - Research follow-ups to 24 months post-baseline



- ### Women’s-Specific Treatment: Welfare-to-Work
- Intensive case management (ICM) showed greater improvement in rate of employment over time
 - Greater odds of full-time employment
 - ICM women had more contacts with case managers, greater treatment attendance, and more self-help sessions
 - Case manager contacts and self-help sessions mediated relationship between treatment condition and outcomes

- ### Women’s-Specific Treatments: Programs for Pregnant Women
- Substance abuse treatment elements:
 - Substance abuse treatment
 - AA/NA
 - Random drug tests
 - Aftercare parenting classes
 - Pregnancy/parenting specific treatment elements:
 - Weekly prenatal visits
 - Pregnancy classes
 - Nutrition classes
 - Parenting classes
 - Therapeutic childcare

Women's-Specific Treatments: Programs for Pregnant Women

- Treatment specifically for pregnant women is associated with:
 - Greater rate of treatment completion
 - More prenatal care
 - More use of childcare
 - Longer length of gestation
 - Heavier babies
- Evidence is mixed for:
 - Decreased substance use
 - Decreased injecting risk behaviors

Women's-Specific Treatments: Programs for Women with PTSD

Women with Co-Occurring Disorders and Violence Study (WCDVS):

- Treatment elements:
 - Organizational and clinical integration of services
 - Trauma-informed services
 - Consumer involvement;
 - Comprehensive services: outreach/engagement; screening/assessment; SUD treatment; parenting skills; advocacy; trauma-specific treatments; crisis intervention; peer-run services
- Quasi-experimental design comparing integrated intervention to treatment as usual
 - 2729 women recruited; followed for 12 months
 - 9 sites
- Intervention led to greater improvements in drug use severity and PTSD symptoms

Women's-Specific Treatments: Programs for Women with PTSD

- CTN RCT of 12 sessions of:
 - Seeking Safety: safety, taking back power, honesty, setting boundaries, compassion, healing from anger, grounding, creating meaning, self-care
 - Women's Health Education (WHE): health curriculum on the female body, female sexuality, pregnancy, STDs, etc.
- 353 women in 7 community substance abuse treatment programs:
 - Met full or subthreshold criteria for PTSD
- No differences in:
 - Treatment retention
 - Service utilization
 - PTSD symptom severity
 - Alcohol/drug use

(Hien et al., 2009)

Women's-Specific Treatment: Behavioral Couples Therapy

Month	ABIT (%)	ABCT (%)
1	85	70
2	88	75
3	90	80
4	90	85
5	88	88
6	85	88
7	82	88
8	80	88
9	78	88
10	78	88
11	77	88
12	76	88
13	75	88
14	74	88
15	73	88
16	72	88
17	71	88
18	70	88

McCrary, Epstein, Cook, Jensen, & Hildebrandt, 2009


6. Where do we go from here?

How Should We Change Clinical Practice?

- Design treatment systems that attempt to minimize barriers to treatment entry
- Have programs that are female-affirming
- Assess service needs of women entering treatment.
 - Assess for co-morbid disorders.
 - Develop comprehensive treatment plans that address "wrap-around" service needs
 - Provide services that integrate treatment for drug and psychiatric problems
- Make provisions for children
- Include the intimate partner and other family members in treatment whenever possible


Some Research Questions

- What would be the impact on outcomes for women of including brief family-involved treatment in all SUD treatment?
- What is the impact of changes in women's substance use on child outcomes?



Summary and Conclusions

- About 6% of women meet criteria for drug abuse or dependence. Generally, women have lower rates than men, except among adolescents
- Women face substantial barriers to seeking and receiving treatment, including:
 - Stigma ♦ Practical barriers ♦ Lack of family support ♦ Child-related responsibilities ♦ Concerns about mixed gender treatment
- Women come to treatment with a myriad of presenting problems in addition to their drug problems, including:
 - Comorbid psychiatric disorders ♦ Trauma history ♦ Domestic violence ♦ Problems related to economic disadvantage ♦ Lack of job skills ♦ Involvement with child protective services



Summary and Conclusions

- Treatment outcomes generally are similar for men and women in mixed gender programs
- Despite comparable outcomes, there are reasons to adapt treatments for women's specific needs. Key elements of adapted treatment include:
 - Provision of child care
 - Provision of prenatal care
 - Female-only programs
 - Wrap-around/supplemental services
 - Mental health services
 - Comprehensive/integrated programming
 - Family involvement
- Adapted treatments attract women with different problems than those in mixed gender programs, may increase treatment retention, and may improve pregnancy outcomes

Questions?

