



ADDRESSING THE GENDER-SPECIFIC TREATMENT NEEDS OF WOMEN

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LEARNING OBJECTIVES

- **Participants will be able to list the most common co-occurring disorders in women with SUDs.**
- **Participants will be able to explain the impact of co-occurring disorders on treatment/recovery and identify three factors to consider when working with women with SUDs.**
- **Participants will be able to describe integrated treatment for co-occurring disorders (CODs) and common accommodations that allow for more selective services.**

WHY GENDER MATTERS

- **Though women and men have much in common, sex and gender differences influence their lives and experiences.**
- **Common differences between men and women affect the treatment and recovery needs of women and girls with substance use disorders (SUDs).**

Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Professionals (pp. 2-9); Guidance to States: Treatment Standards for Women with Substance Use Disorders, “Introduction and Background” (pp. 6-8); Tip 51: Substance Abuse Treatment: Addressing the Specific Needs of Women, “Executive Summary” (pp. xvii-xxiii).

SEX & GENDER DIFFERENCES



- “Sex” and “gender” do not mean the same thing.
- Sex differences are related to biology.
- Gender is a part of a person’s self-representation. It relates to culturally defined characteristics of masculinity and femininity.
- There are both sex and gender differences that relate to SUDs and SUD treatment for men and women.
- Culture, age, socioeconomic status, religion, disability, and racial and sexual identity all influence gender roles and expectations.
- Common gender characteristics are not absolutes.

Tip 51, (pp. 37-56 and pp. 7-9). National Institute of Health’s Office of Research on Women’s Health website “A to Z Guide: Sex and Gender Influences on Health” at www.orwh.od.nih.gov/resources/sexgenderhealth/index.asp

SEX AND GENDER DIFFERENCES RELATED TO SUDS

- **Women/girls often differ from men in their:**
 - **Pathways** to substance use
 - **Risk factors** to use
 - **Consequences** to use
 - **Barriers** to treatment

BEHAVIORAL HEALTH AND PRIMARY HEALTH

MOST COMMON CODS FOR WOMEN WITH SUDS

- **Major Depressive Disorder**
- **Anxiety Disorders**
- **Posttraumatic Stress Disorder (PTSD)**
- **Eating Disorders**

Other mental disorders common in women with SUD:

- **Personality Disorders**
- **Psychotic Disorders**

DEPRESSION & SUD

- **Women are nearly twice as likely to suffer from major depression as men.**
- **Both the depression and the SUD need to be identified and addressed concurrently to minimize relapse and improve quality of life.**
- **Depression can increase the risk of suicide.**
- **Depressive symptoms may increase or decrease with both substance use and withdrawal.**

ANXIETY DISORDERS & SUD



- **Rates of anxiety are two to three times higher in women than men.**
- **Symptoms of anxiety and substance use are easily confused as both can cause trembling, palpitations, dizziness, and irritability.**
- **Both substance use and withdrawal can exacerbate symptoms of anxiety.**

PTSD/TRAUMA & SUD

- **Trauma is related to risk of developing a substance use disorder.**
- **PTSD is caused by traumatic experiences, but not all trauma leads to PTSD.**
- **Between 55% and 99% of women in SUD treatment have had traumatic experiences, typically childhood physical or sexual abuse, domestic violence, or rape.**
- **Women with trauma and SUDs frequently experience more than one co-morbid mental disorder.**
- **Women in SUD treatment are 2-3 times more likely to have PTSD than men.**

EATING DISORDERS & SUD

- **15-35% of women with SUDs have an eating disorder. (SAMHSA, Tip 51, p. 72)**
- **Only half of treatment programs screen for eating disorders. (Gordon et al., 2008)**
- **Women diagnosed with eating disorders are more likely to develop alcohol use disorders (SAMHSA, Tip 42, p. 24)**
- **Eating disorders can become a barrier to successful SUD treatment if they go undetected or untreated.**

WORKING WITH MENTAL HEALTH PROVIDERS



- **Include mental health specialists on staff, or give referral to and collaborate with mental health providers.**
- **Locate mental health providers familiar with substance use, recovery issues, appropriate medications, trauma, and gender-responsive principles.**
- **Establish partnerships or relationships with mental health providers who are willing to collaborate with a multi-disciplinary team (Healthcare Homes).**

INTEGRATED TREATMENT

- **Integrated Treatment is a “unified treatment approach to meet the substance use, mental health, and related needs of a client.”**
- **Uses a collaborative multi-disciplinary team and treats CODs at the same time.**
- **Uses motivational interventions, strength-based services, and skill building.**
- **Integrates medication services with behavioral health services.**

MAKING ACCOMMODATIONS



- Consider the impact of mental disorders when developing treatment plans and service programming and make accommodations whenever possible.
 - Trauma
 - Learning and Comprehension
 - Memory problems
 - Medications
- Find community resources and programs that allow medication use.
- Assist eligible women with CODs to access SSI/SSDI, supportive housing, supported employment, and other resources.

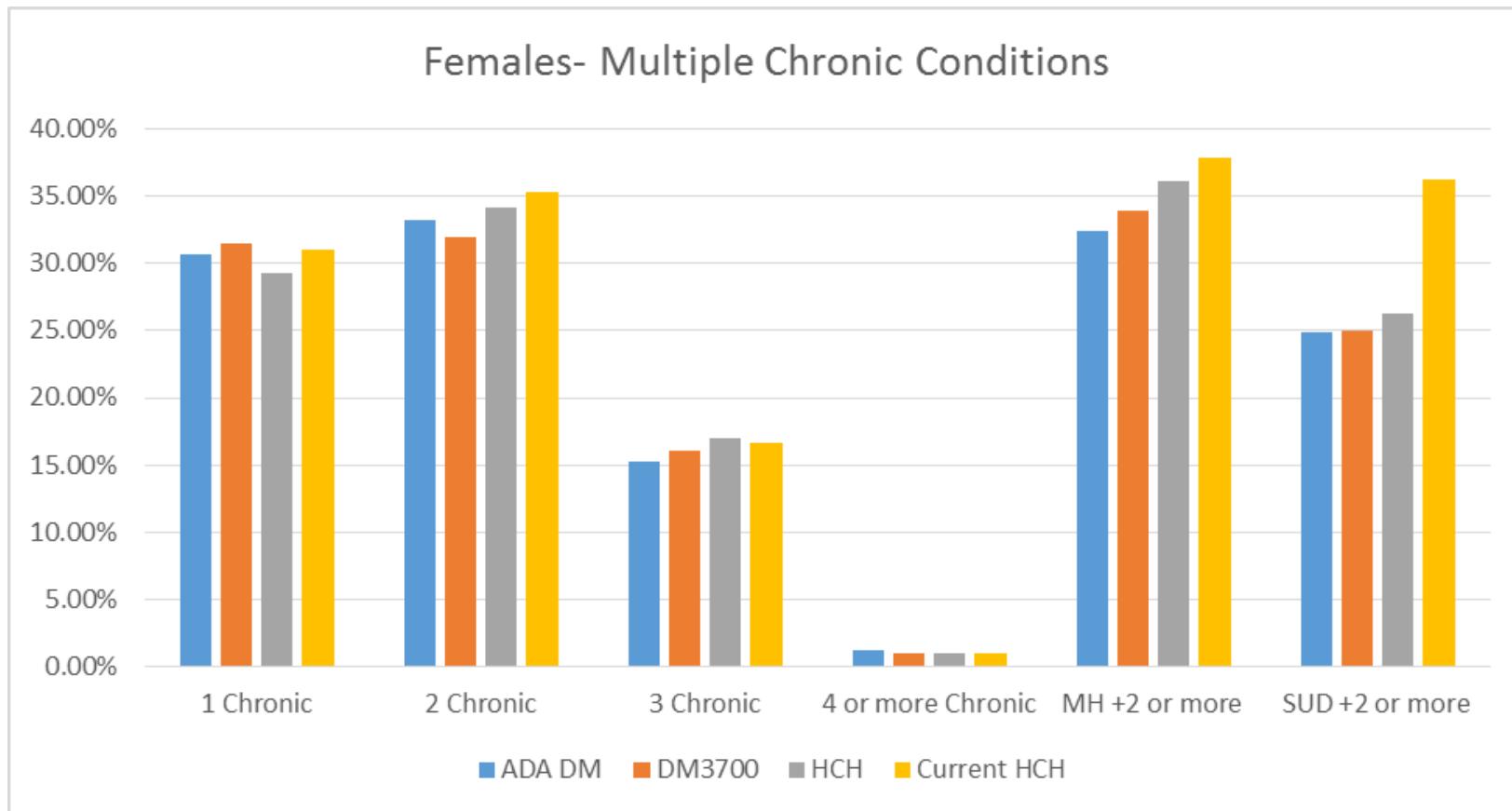
SUDS & WOMEN'S HEALTH

SUDs can cause negative effects on women's physical health, particularly on their reproductive, gastrointestinal, neuromuscular, and cardiac systems.

Potential issues include increased risk of:

- Liver and other GI disorders
- Cardiac-related conditions
- Gynecological and reproductive issues
- Breast and other cancers
- Osteoporosis
- Nutritional deficiencies
- Infections
- Oral health problems
- Cognitive and other neurological effects

CHRONIC DISEASE PREVALENCE



n=506; n=1850; n=26138; n=12245 number of females in each program, MIMH (2016)

GYNECOLOGICAL ISSUES & SUDS



- **Women with SUD tend to have more gynecological and reproductive problems.**
- **Women with SUDs are less likely to receive routine gynecological exams and mammograms.**
- **Many medical issues result from substance use during pregnancy, as well as from detoxification and medications used to treat SUDs.**

PREGNANT WOMEN & SUD

- **Pregnancy presents a unique window of time to reach a woman with SUD.**
- **The earlier in her pregnancy a woman is able to stop or reduce use, the more likely there is to be a good outcome for the woman and her infant.**
- **SUD services during pregnancy have the greatest potential for positive impact for children, families, and communities.**
- **Barriers such as fear of criminal charges may keep some pregnant women out of treatment.**

CHRONIC PAIN & SUDS

- **Chronic non-cancer pain (CNCP) is common in individuals with SUDs.**
- **CNCP is pain that is not associated with an imminently terminal condition and is unlikely to lessen as a result of tissue healing.**
- **CNCP requires long-term management.**
- **Effective CNCP management in patients with or in recovery from SUDs must address both conditions at the same time.**
- **Coordination with the prescriber is vital to treatment.**

HIV & SUDS

- **Approximately 1 in 4 individuals diagnosed with HIV are women. African American and Latina women are at the highest risk. (CDC, HIV Among Women)**
- **An estimated 88% of women who are living with HIV are diagnosed, but only 32% have the virus under control. (CDC, HIV Among Women)**
- **Both substance use and psychological dysfunction increase chances of risky behavior that can increase a women's exposure to HIV/AIDS.**
- **Integrate HIV/AIDS prevention and treatment with substance use and mental health services for women with CODs.**

HEPATITIS C & SUDS

- **Women with histories of injection drug use are at a significant risk of hepatitis C virus (HCV) infection.**
- **Injection drug use is the primary way of contracting HCV.**
- **HCV infection can be cured by medication.**

SMOKING & SUDS

- **Women with CODs are among the mostly likely to smoke.**
- **Today, more women die from lung cancer than breast cancer.**
- **Women who smoke now have a higher risk than men who smoke of dying of coronary heart disease and abdominal aortic aneurysm.**
- **More than 170,000 American women die of diseases caused by smoking each year.**

INTEGRATING WITH HEALTH PROVIDERS



- **Screen women for pregnancy and other health issues.**
 - HIV
 - STD/STI
 - HCV
- **Assist women in finding resources to address their health needs.**
- **Teach women to talk openly and honestly with health providers.**
- **Establish links with primary care providers and specialists.**
- **Communicate with health providers!**

WELLNESS



NUTRITION & EXERCISE

- **Women with SUDs are often malnourished when they enter treatment, due to substance use, lack of self-care, and/or limited incomes.**
- **Concern over body image and disordered eating can be a risk factor for setbacks and return to substance use.**
- **Trauma-informed education and supports for nutrition and healthy eating (including access to affordable healthy foods) and a regular exercise program promote recovery.**

OTHER WELLNESS SUPPORTS



- **Women with SUDs can strive for overall wellness, even if they are experiencing life challenges.**
- **Wellness Coaching and SMART goals.**
- **Full recovery supports include overall wellness: emotional, physical, and spiritual elements.**
- **Encourage health maintenance activities and supports during recovery.**
- **Women often engage and benefit from family-centered recovery support activities.**

DISCRIMINATION/PREJUDICE & ONGOING RECOVERY SUPPORTS



- **Women with SUDs face prejudice and discrimination that may prevent them from accessing community resources.**
- **They may be directly excluded from participation or more subtly excluded through disrespectful and hostile attitudes.**
- **Women with SUDs may have had negative experiences with health providers due to discrimination or stigma and may be reluctant to use mainstream health providers.**
- **Help women to recognize discrimination and stigma, to not internalize it, and to stand tall!**

PEER SUPPORT

- **Peer supports connect others to needed services and community supports and establish new social networks that send a message of hope that recovery is possible.**
- **Help women find peer support and mutual support groups to build hope and networks of support.**
- **Encourage women who have achieved recovery to become a Missouri Recovery Support Specialist- Peer or a Certified Peer Specialist.**

SUMMARY

- **Women in treatment for substance use are likely to have mental and/or physical CODs.**
- **Screen for CODs during intake and through ongoing evaluations.**
- **Treat all CODs to increase effectiveness of SUD treatment and long-term recovery.**
- **Establishing integrated treatment is an evidence-based practice and the most effective way to treat CODs.**

QUESTIONS?

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