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PSYCHIATRY ACADEMY

Women and Addiction

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Disclosures

- Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

- I have received programmatic and research funding from the Department of Justice, State Opioid Response through the Massachusetts Department of Health, and National Institutes of Health

Learning Objectives

- Review differences in substance use disorder onset, duration, substance-specific effects, and treatment outcomes by sex and gender
- Identify the gender specific facilitators and barriers to accessing and engaging with addiction care
- Understand the unique social and legal pressures experienced by special populations of women who use drugs
  - Delivery
  - Postpartum women
  - Breastfeeding
  - Parenting

Defining terms: Sex vs Gender

- Sex: the biological classification of a human as male or female based on their physical and physiological attributes
- Gender: socially constructed roles and behaviors that vary across societies and change over time
- 'Women' in this presentation refers to all individuals who identify as a woman, regardless of their sex.
  - Inclusive of transgender, non-binary, genderqueer identities
  - Yet, much of our available data exclude these marginalized groups

Government of Canada. CI of HR. 2014.
LGBT Resource Center. 2021.
Slide courtesy of Miriam Harris, MD

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Slide courtesy of Miriam Harris, MD

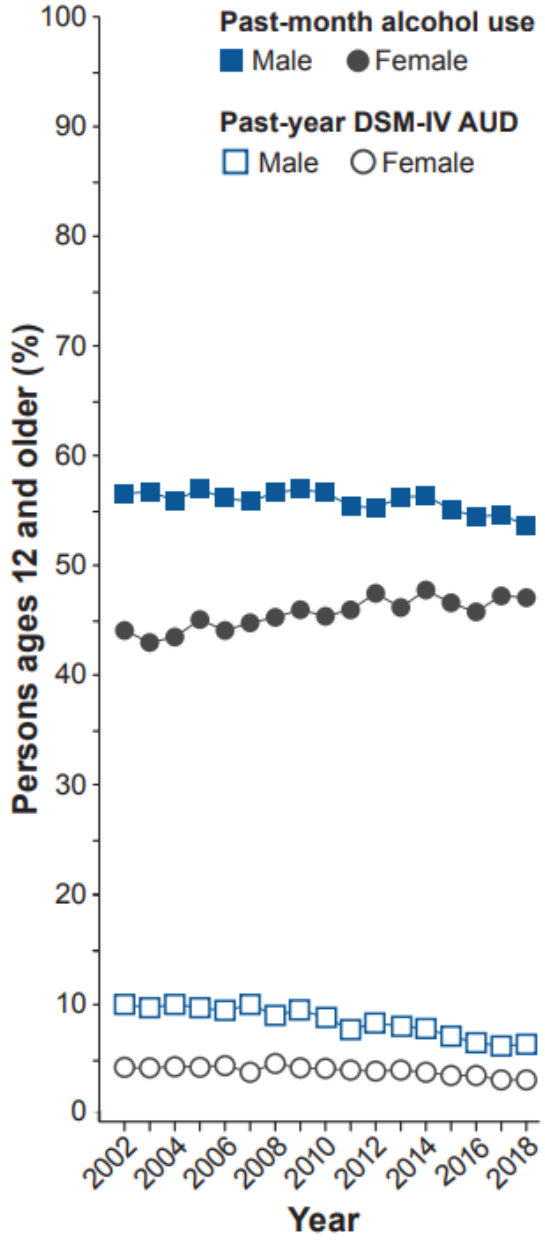
Gender Differences in Addiction

- Gender-based differences exist in the timing of SUD development, SUD trajectories, health and psychosocial consequences from SUD, and SUD treatment outcomes
- Men have historically used alcohol and other substances more than women, and therefore, addiction services, research, and policies have primarily been either tailored to men or designed using a gender-neutral approach

Eugene Grasset, La Morphinomane [The Morphine Addict], 1897

Gender Differences: Alcohol Use and Alcohol Use Disorder

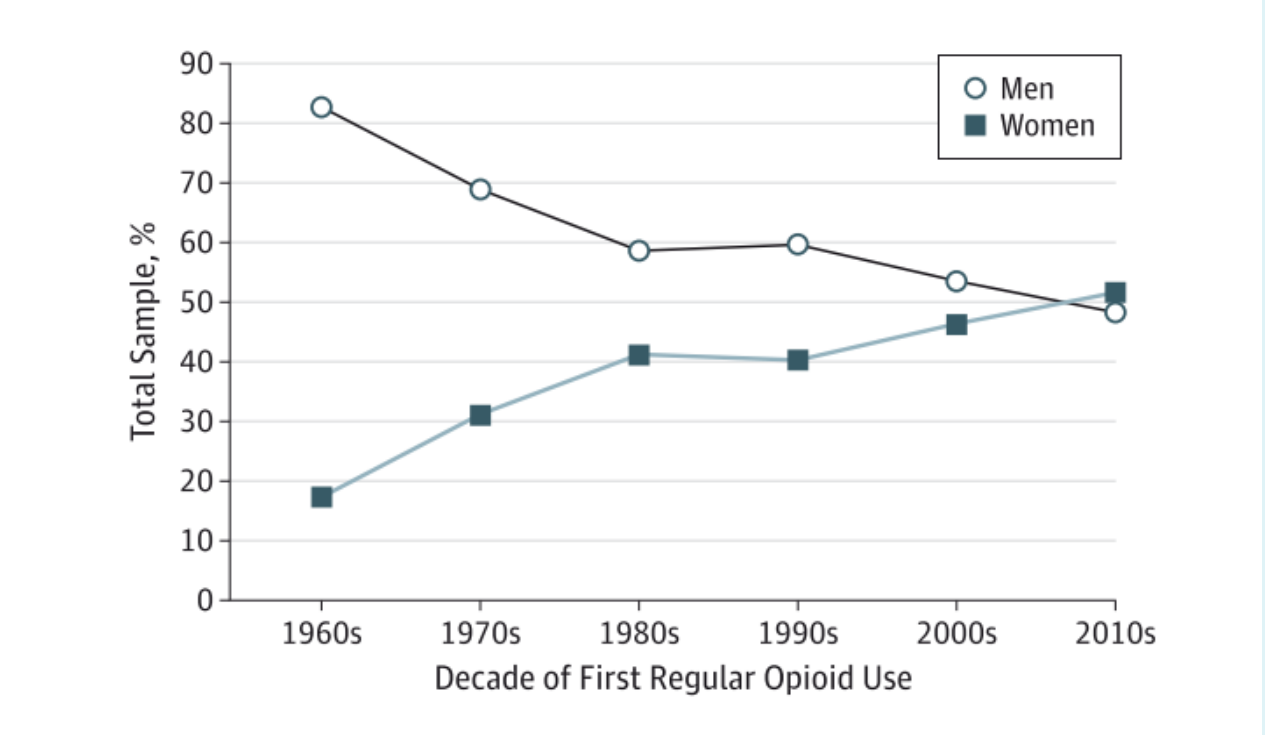
- Historically, men were documented to consume more alcohol and experience higher rates of alcohol-related harm than women
- These sex differences are posited to have narrowed over the past century.



(White, Alcohol Research, 2020)

Gender Differences: Opioid Use

- Women are now using heroin at similar rates to men, increasing significantly over the past four decades



Cicero, *JAMA Psychiatry*, 2014

Telescoping: Women develop SUD and SUD-related health problems in shorter periods of time

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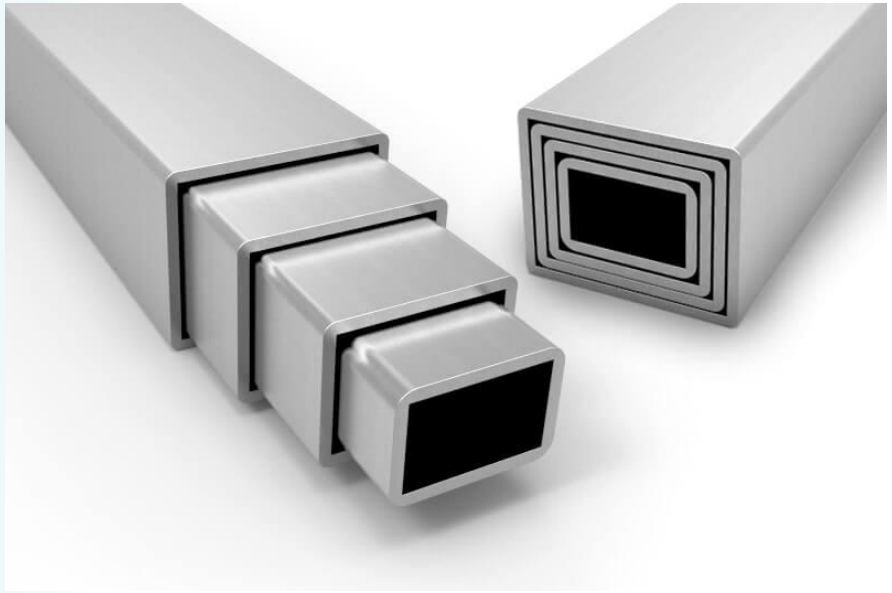
- Initiation of substance use begins later
- Progression to SUD happens more quicky
- Higher rates of harms from drug use
  - Injection related infections (HIV, HCV)
- Higher rates of psychiatric comorbidities & trauma



McHugh RK, et al. *Clin Psychol Rev*.
Pinkham S, et al. *Reprod Health Matters*. 2008
El-Bassel N, et al. *J Acquir Immune Defic Syndr*. 2015
Slide adapted from Miriam Harris, MD

Substance-specific differences for women

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Alcohol
- Higher blood alcohol concentrations after equivalent drinking due to metabolic differences.
- Greater risk of liver disease, cardiovascular harm, breast cancer, and violence/sexual assault.

Cannabis
- More panic attacks and anxiety disorders.
- Greater impairment in spatial memory.
- In animal studies animals more sensitive to THC's rewarding, analgesic, and activity-altering effects;

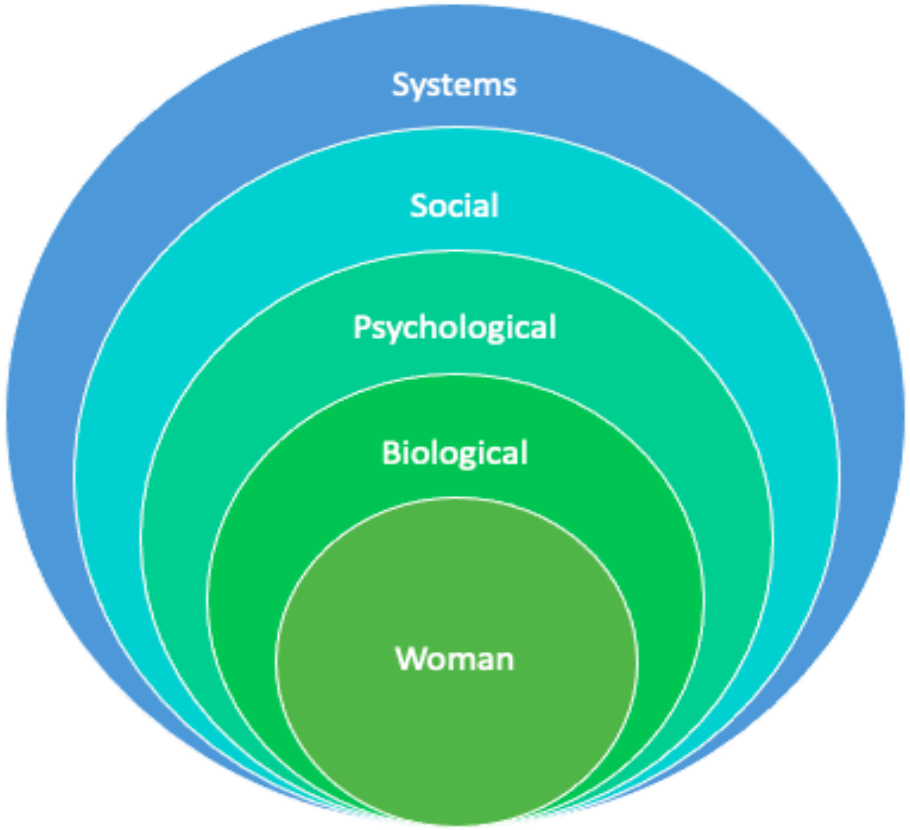
Stimulants
- More vulnerable to the reinforcing (rewarding) effects of stimulants (estrogen possibly contributing)
- More sensitive to cardiovascular effects (Cocaine)
- More likely to use for weight loss, energy, and coping with caregiving burdens (Methamphetamine)
- Female cocaine users less likely to exhibit abnormalities of blood flow in the brain's frontal regions that may protect women from some of the detrimental effects of cocaine on the brain

Opioids
- Younger age at initiation.
- Less likely to inject, more likely to use pills.
- More influenced by drug-using sexual partners.

Nicotine
- Harder time quitting smoking than men do.
- Women metabolize nicotine faster than men, are less responsive to nicotine replacement therapies.

(Substance Use in Women, NIDA 2020)

Biopsychosocial Model: SUD in Women



Systems: Criminalisation of drug use, punitive laws while pregnant & parenting, structural racism & sexism, & socio-economic context & freedoms

Social: Interpersonal relationships, parental responsibilities, norms around drug use, drug use settings, & treatment settings

Psychological: Identity, trauma, coping strategies, & counseling & support services

Biological: pharmacodynamics of drug use, sex-based hormonal impacts, & pregnancy & postpartum physiological changes

Slide adapted from Miriam Harris, MD

Gender-Specific Barriers and Facilitators to SUD Tx

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	Facilitators	Barriers
Psychological	• More likely to engage in the health care system for preventive, sexual, and reproductive health needs • Engagement with mental health services present opportunities for SUD Tx engagement	• 50-90% of women seeking treatment for substance use disorder have experienced trauma and/or have a co-occurring mental illness • Unaddressed trauma and untreated mental illness reduce attendance and retention in SUD care
Social	• Gender norms support women establishing and maintaining strong support networks • Traditional role as caregiver can motivate treatment	• Dependent and/or violent relationships leads to reduced economic freedom, autonomy, ability to seek treatment
Systems	• Approaches that prioritize the well-being of the fetus and parent-infant dyad expand opportunities family-based treatment programing	• Limited treatment options while pregnant, lack of childcare access • Punitive policies for pregnant and parenting women increase stigma and disincentivize treatment access

Harris, Med Clin North Am. 2022

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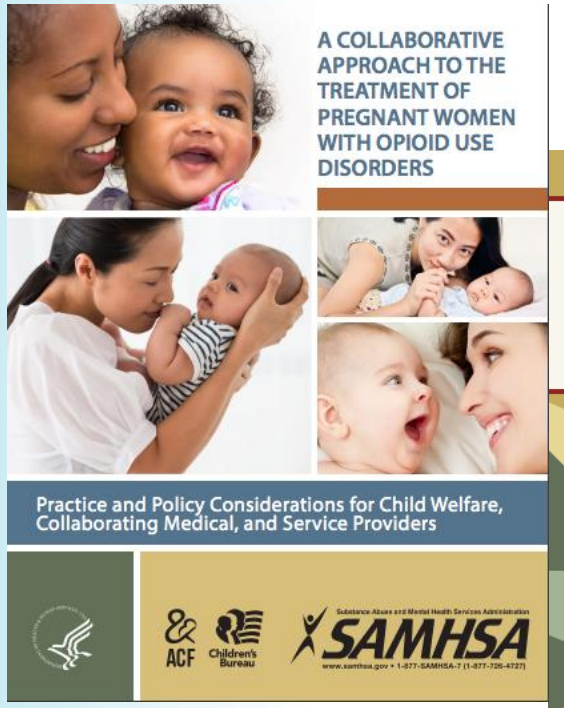
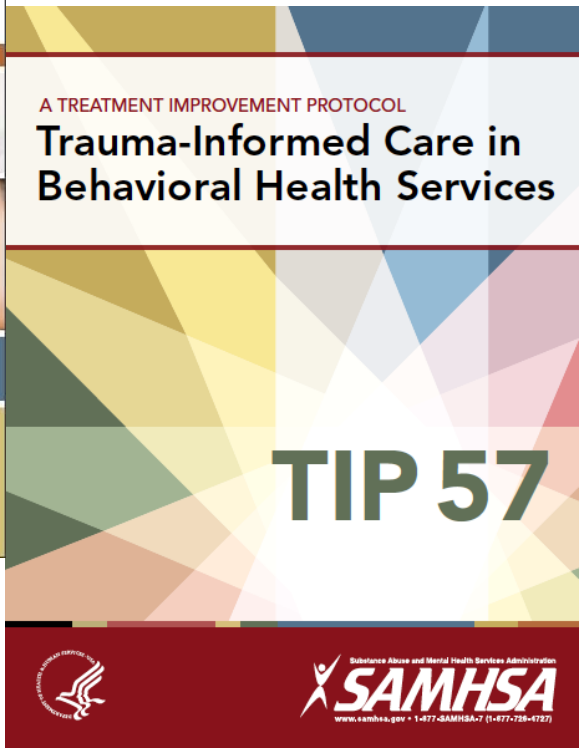
Harris, Med Clin North Am. 2022

Gender-Specific Treatment Programs

- Trauma-informed programs providing safe, welcoming, supportive, empowering programs
- Availability of specialized supports for pregnant and parenting women
- Comprehensive Mental Health Services
- Reproductive Health Services
- Childcare
- Transportation





https://library.samhsa.gov/product/tip-57-trauma-informed-care-behavioral-health-services/sma14-4816

Gender-Specific Treatment Programs

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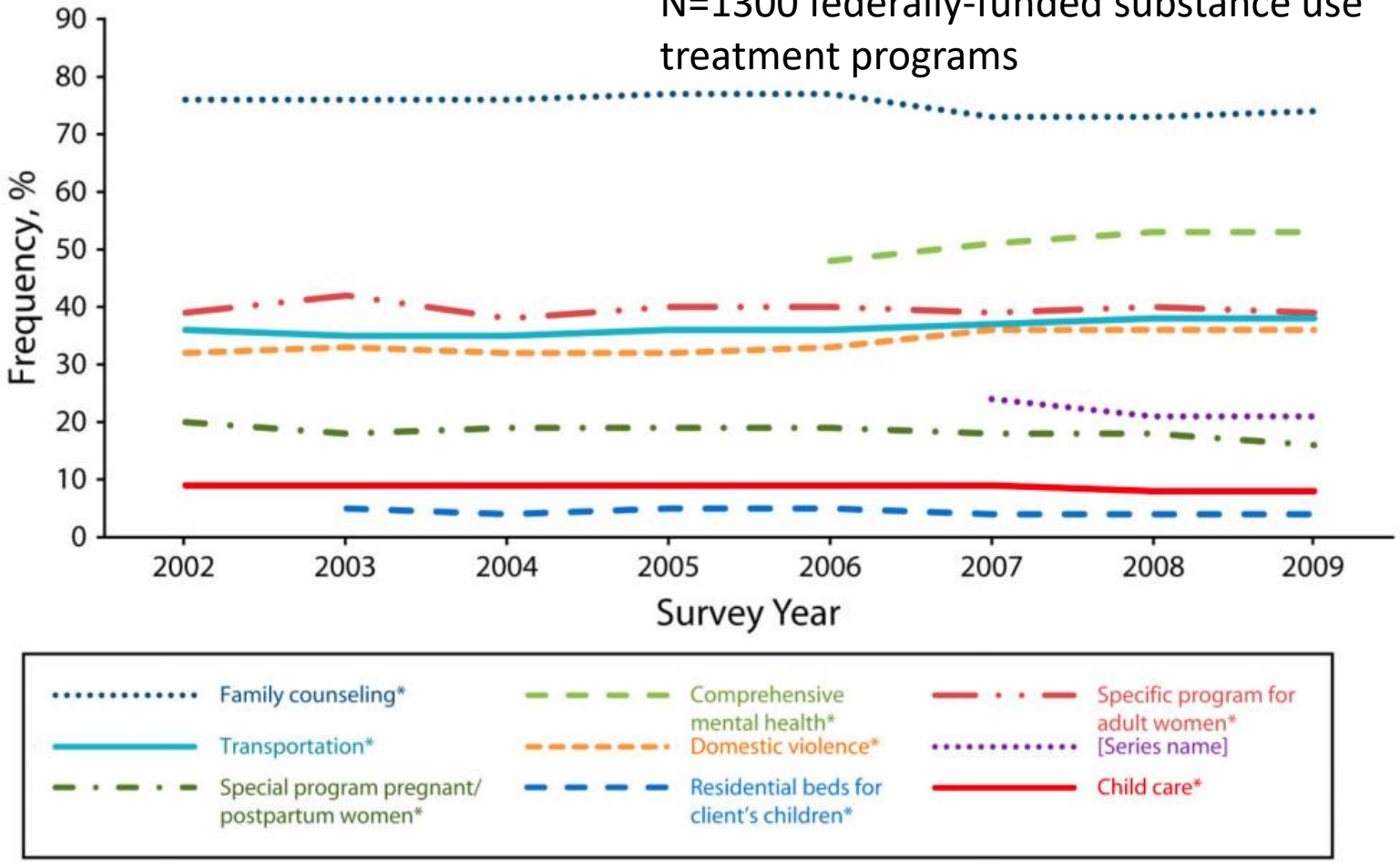
N=1300 federally-funded substance use treatment programs



National Survey of Substance Abuse Treatment Services (NSSATS), Terplan, AJPH, 2015, https://www.samhsa.gov/data/sites/default/files/reports/rpt39450/2021-nsumhss-annual-detailed-tables.pdf

Gender-Specific Treatment Programs

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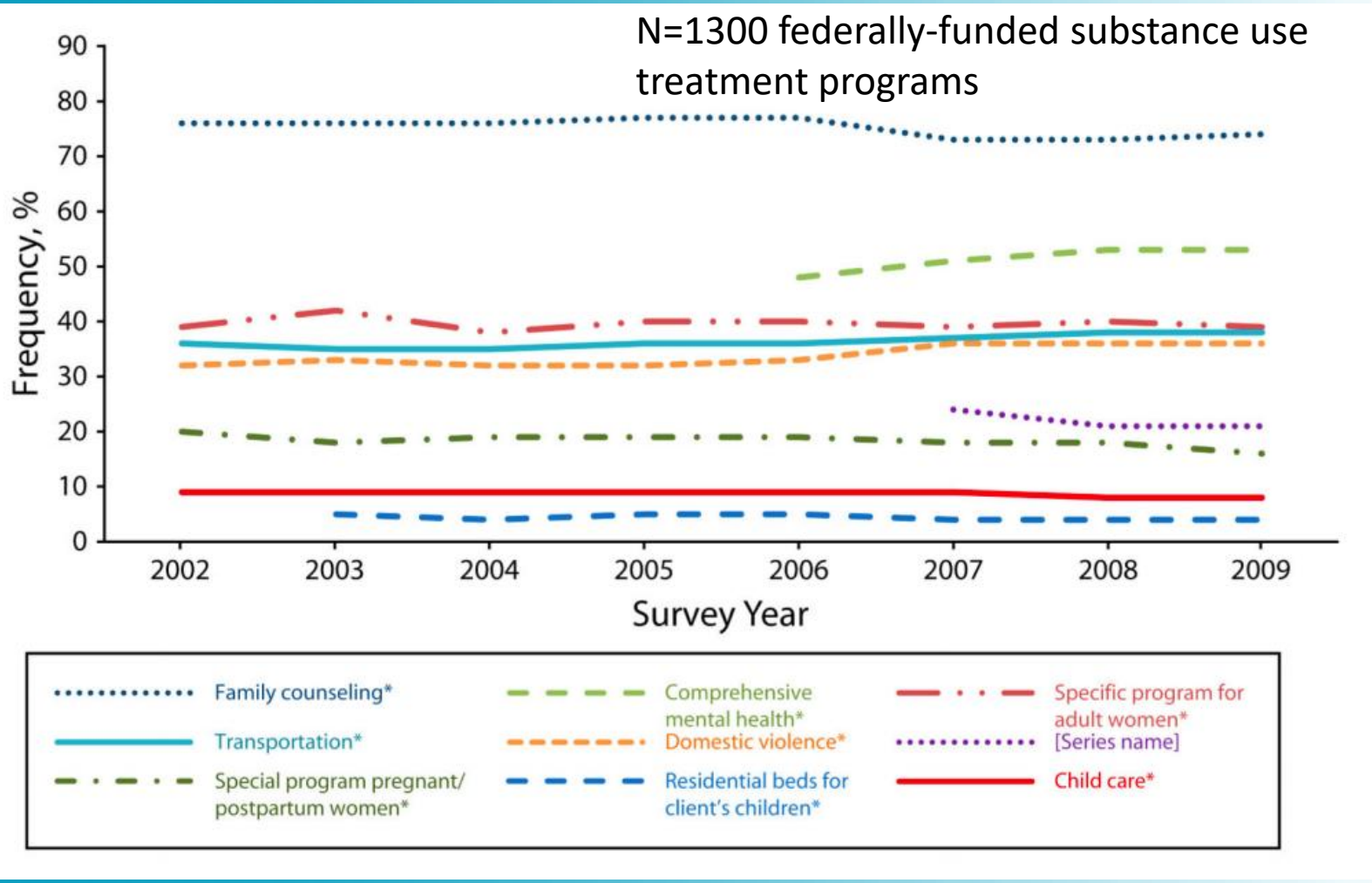


*2021 NSSATS data shows minimal changes in last 10 years, and maybe even a **decline:**

-32% Specific programs for adult women
-13% Special program for pregnant/postpartum women
-5.2% Offer childcare to clients

National Survey of Substance Abuse Treatment Services (NSSATS), Terplan, AJPH, 2015, https://www.samhsa.gov/data/sites/default/files/reports/rpt39450/2021-nsumhss-annual-detailed-tables.pdf

Pregnant women with a history of drug use face a litany of assaults on their liberties.

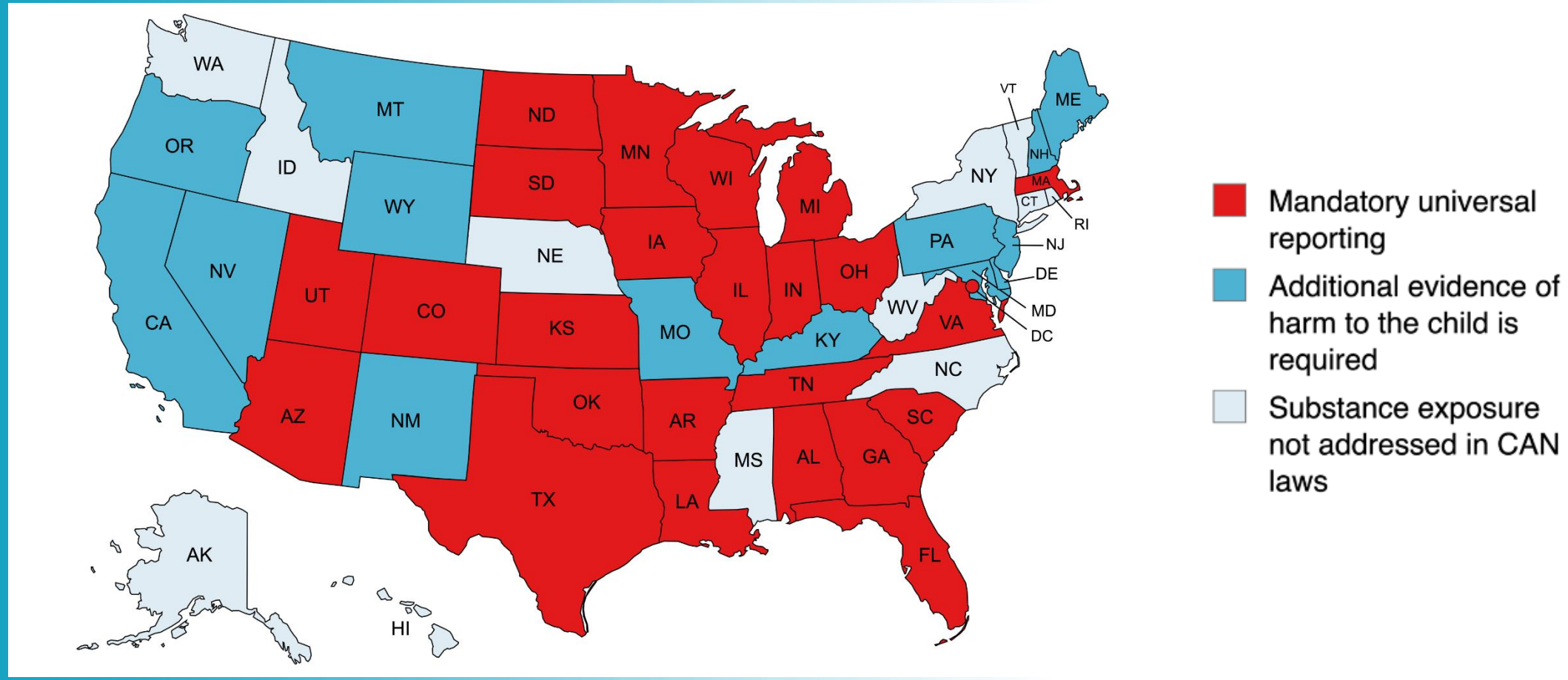
A WOMAN'S RIGHTS: PART 5

The Mothers Society Condemns

A baby gets a check-up at the Massachusetts General Hospital Hope Clinic in Boston, Mass., which provides coordinated care for pregnant and parenting women with substance use disorders.

NY Times Editorial Board, Jan 20, 2019

Mandatory reporting for substance exposure



As of June 2024. From the Legislative Analysis and Public Policy Association, 2024

Slide Courtesy of Julia Reddy, PhD

Screening and Testing for Women, Particularly During Perinatal Periods and While Parenting Has Unique Consequences

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- **Screening**: use of a validated screening instrument or therapeutic dialogue to elicit information about substance use
- Toxicology **Testing**: collection of urine/serum/meconium to measure capture presence of substances and/or metabolites present at a particular point in time
- **Reporting**: referral to Child Protective Services for concern for child abuse/neglect

Unique Consequences of Toxicology Testing in Perinatal Period

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- ASAM and ACOG recommend universal verbal screening for SUD in pregnancy
- Toxicology testing should be performed only with consent and when it will change clinical management
- Testing does NOT quantify dose, frequency, or duration of exposure, or if a parent has a substance use disorder
- A toxicology test is NOT a parenting test

Epistemic Injustice: Harm from not trusting our patients

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Test or Talk

Empiric Bias and Epistemic Injustice

Mishka Terplan, MD, MPH

"When we listen to the drug test and not the patient, we perpetuate a mistaken empiricism—one that **falsely elevates the value of information collected from measurement over the value of information collected from a person.** This is an ***epistemic injustice***—a harm done by devaluing a person's credibility and undermining them as a giver of knowledge. The neglect, silence, or erasure of the patient's voice and perspective harms not only them, but it also harms us as physicians—it deflates us in our capacity to know and to heal. To be blunt: **dehumanizing people makes their care environment unsafe,** and to expect people to be forthcoming about sensitive and potentially catastrophic information under such circumstances is irrational."

Terplan, Obstetrics and Gynecology, 2022
Slide courtesy of Leela Sarathy

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Breastfeeding and SUD

Breastfeeding Benefits in Substance-Exposed Parent-Infant Dyads

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- Reduces severity of neonatal-opioid withdrawal syndrome
- Decreases need for pharmacologic treatment
- May help birthing-individuals bond with their infant
- May help sustain parental recovery

Welle-Strand GK et al, 2013, Holmes AP et al, 2017, Liangliang C et al, 2022

Slide courtesy of Harris and Wachman, 2022

Significant changes to breastfeeding recommendations over time

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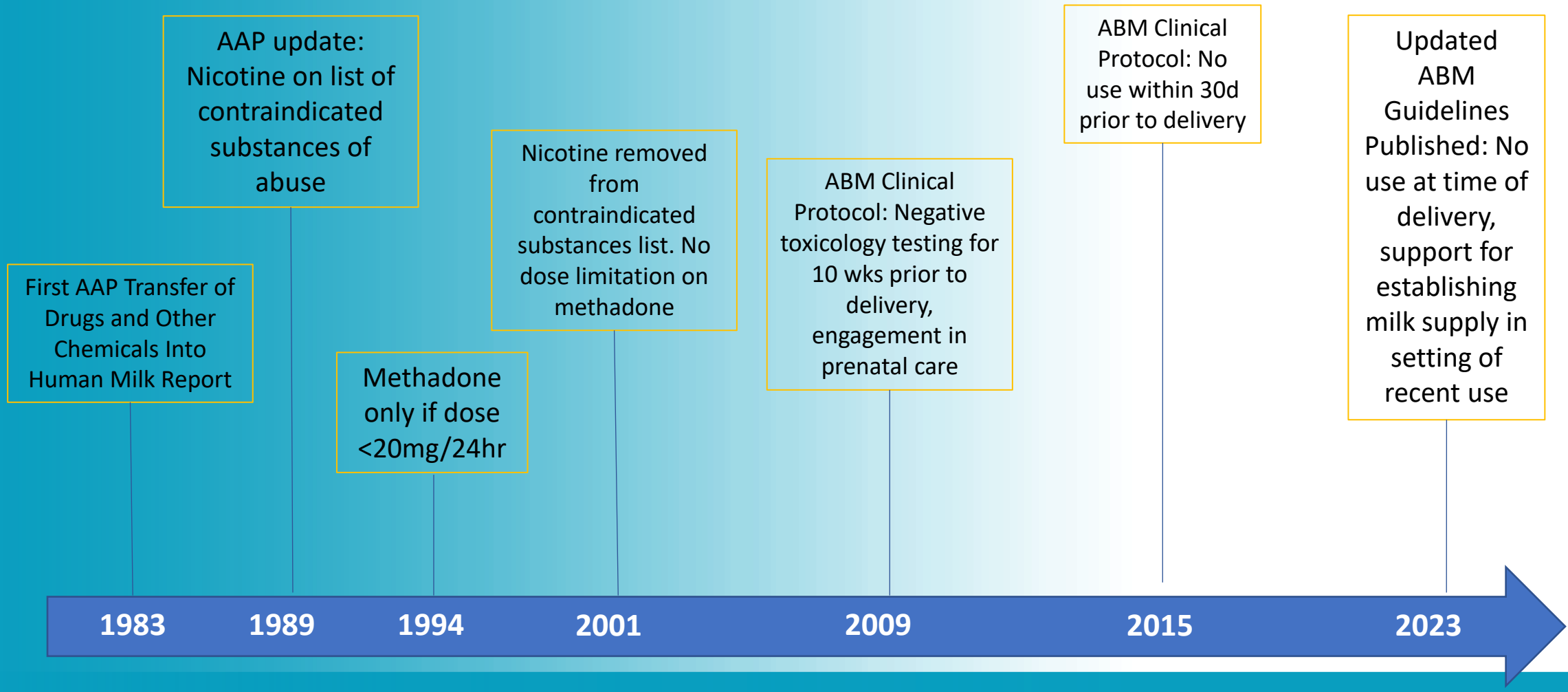

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BREASTFEEDING MEDICINE
Volume 18, Number 10, 2023

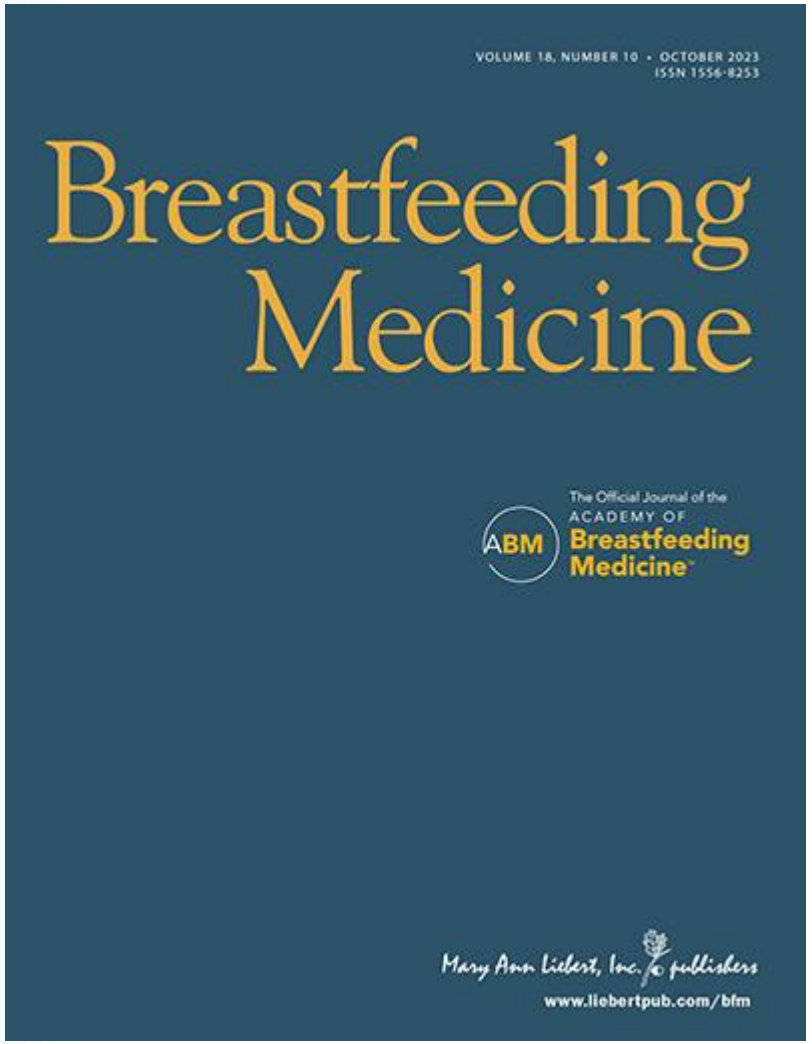
DOI: 10.1089/bfm.2023.29256.abm

ABM Protocol

Open camera or QR reader and scan code to access this article and other resources online.

Academy of Breastfeeding Medicine Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023)

Miriam Harris,[1,2] Davida M. Schiff,[3,4] Kelley Saia,[2,5] Serra Muftu,[3,4] Katherine R. Standish,[6] and Elisha M. Wachman[2,7]



Overall Recommendations for Supporting Breastfeeding

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Recommendation	LOE	SOR
Those who have SUD or use substances during pregnancy or the postpartum period should engage in multidisciplinary prenatal and postpartum substance use care.	2	B
Individuals who discontinue nonprescribed substance use by the delivery hospitalization can be supported in breastfeeding initiation with appropriate follow-up.	2	B
Targeted perinatal dyadic lactation care such as prenatal education, inpatient and postpartum lactation support, and ongoing multidisciplinary SUD treatment can facilitate breastfeeding continuation.	2	B
Individual programs and institutions should establish breastfeeding guidelines to mitigate bias, facilitate consistency across providers, and empower individuals with SUD.	3	C

LOE – Level of Evidence; SOR – Strength of Recommendation

Harris, Breastfeeding Medicine, 2023

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Breastfeeding is a human right

BREASTFEEDING MEDICINE
Volume 17, Number 8, 2022

DOI: 10.1089/bfm.2022.29216.abm

Open camera or QR reader and scan code to access this article and other resources online.

Academy of Breastfeeding Medicine Position Statement: Breastfeeding As a Basic Human Right

Lori Feldman-Winter,[1] Trina Van,[2] Daphna Varadi,[2] Amanda C. Adams,[3] Bahar Kural,[4] and Elien C.J. Rouw[5]

Moving towards a culture of shared decision making to inform breastfeeding decision making

CocoMilla etsy.com

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Postpartum Period is a Uniquely Vulnerable Time for Women

Overdose Rates across the Perinatal Continuum

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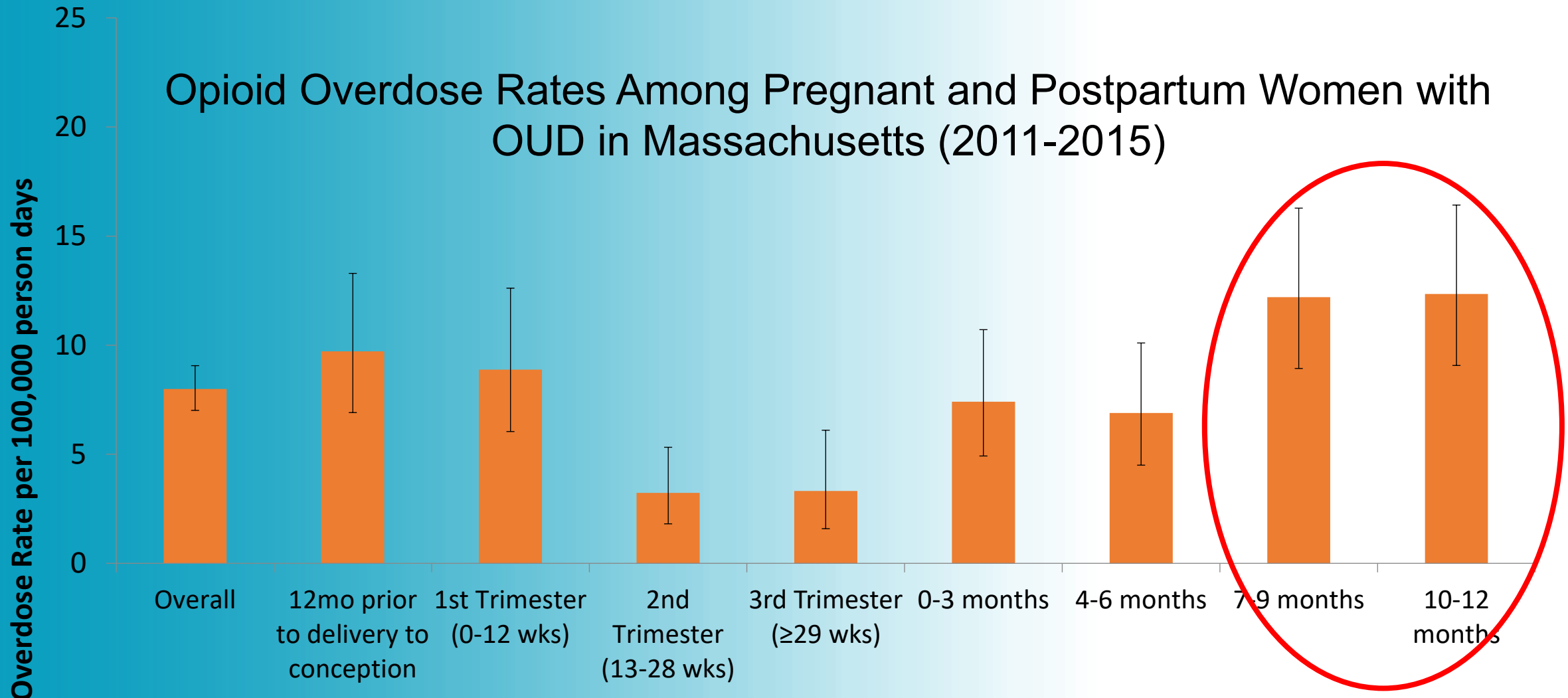

Schiff et al., Obstetrics and Gynecology, 2018

Why Are Postpartum Women Vulnerable?

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- Loss of access to special services designed for caring for pregnant women
- High rates of postpartum mood disorders among women with substance use
- Shame and stigma women feel watching their infants experience neonatal withdrawal symptoms
- Stresses of having a new baby
- Sleep deprivation
- Heartbreak of being separated from baby
- Desire to discontinue medication treatment

Parents Experience Unique Stigma Impacting OUD Treatment Receipt

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- Among adults with unmet treatment needs, those with a child living at home compared to those without had:
  - **2.9** times the odds of reporting of treatment access barriers: (95% CI aOR 1.2–7.1
  - **4.1** times the odds of reporting stigma as a barrier to treatment (95% CI aOR 1.5 to 11.2)

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

U.S. adults with opioid use disorder living with children: Treatment use and barriers to care

Kenneth A. Feder*, Ramin Mojtabai, Rashelle J. Musci, Elizabeth J. Letourneau

Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, Hampton House 782, 624 N Broadway, Baltimore, MD 21205, United States of America

- Among adults with OUD, only 27% living with a child reported any past year treatment

There is Wide Variation in Response to Identification of Parental Substance Use

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Clinician A

- Addiction trained clinician chooses not to ask any questions about the care of children for fear that receiving this information leaves them in uncomfortable position as a mandated reporter

Clinician B

- Clinician working in a busy private practice reflexively reports all parental disclosure of substance use to child protective services

Balancing RISK versus RISK

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Caregiver substance use

Children whose parents or caregivers use drugs or alcohol are at increased risk of short- and long-term sequelae ranging from medical problems to psychosocial and behavioral challenges.

AAP Clinical Report: Families Affected by Parental Substance Use

Published 2016, reaffirmed 2022

Family separation

Highly stressful experiences, like family separation, can cause irreparable harm, disrupting a child's brain architecture and affecting his or her short- and long-term health. This type of prolonged exposure to serious stress - known as toxic stress - can carry lifelong consequences for children.

AAP Statement Opposing Separation of Children and Parents at the Border

Colleen Kraft, May 2018

Pediatrics (2016) 138 (2): e20161575.
Slide Courtesy of Jessica Gray

Clinical Approach to Addressing Ongoing Substance Use While Parenting

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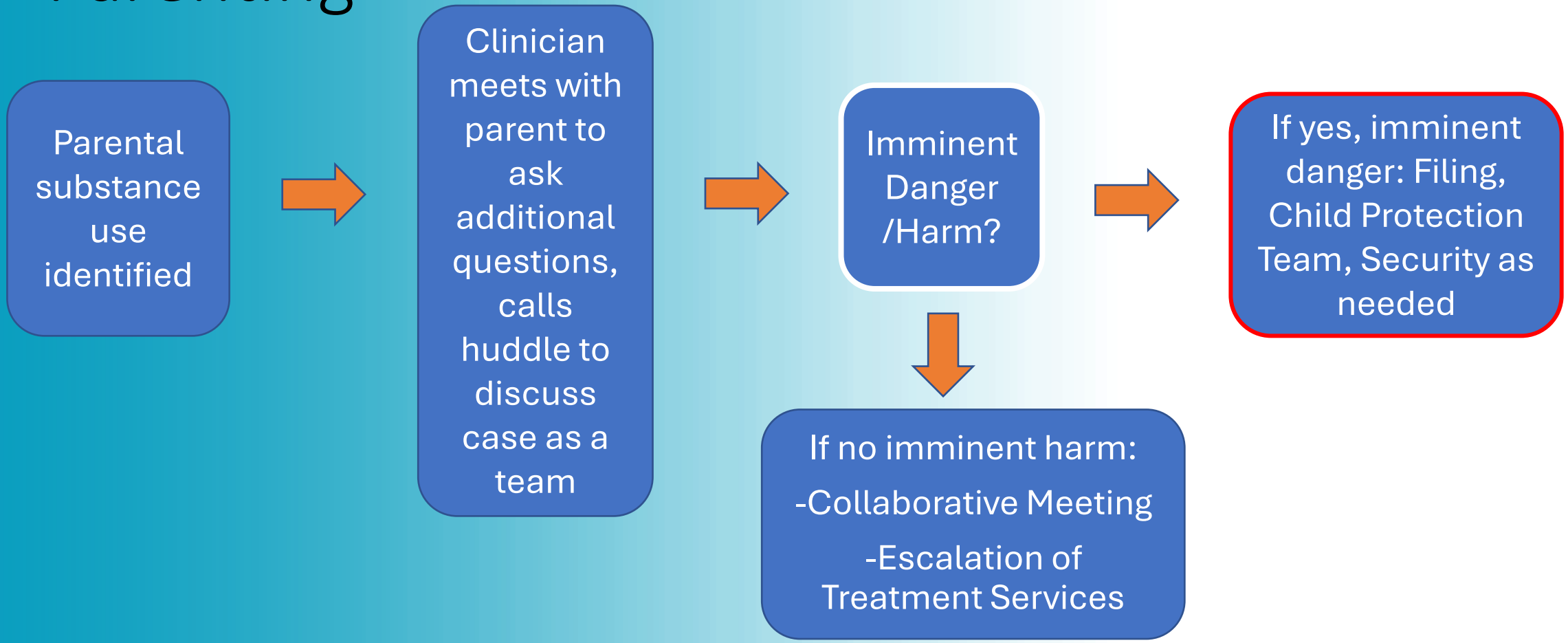

Schiff, Parenting and Practice, 2024

Assessing child safety in the context of parental substance use

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- Harm reduction principles can be applied to substance use and parenting
- A structured framework for assessing parental substance use can provide a guidepost for collective decision-making surrounding child safety conversations
- Bringing teams together reduces provider bias and pressures on a single individual to make difficult decisions
- By sharing the risk of caring for families impacted by SUD, unnecessary filing can be avoided

Integrated substance use treatment programs for families are superior to siloed care

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- Dyadic models = provide care to both parents and children
- Integrated programs increase treatment retention, reduce parenting stress, decrease substance use & relapse

Journal of Substance Abuse Treatment 89 (2018) 52–59

Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review

Angela D. Moreland*, Aimee McRae-Clark

Medical University of South Carolina, 67 President Street, Charleston, SC 29425, United States

Moreland AD, et al. *J Subst Abuse Treat*. 2018

Key Take Home Points

- Women experience telescoping, including faster onset of SUD and SUD-related harms following initiation of substance use
- Gender-gap in use and consequences from substance use is narrowing, particularly for alcohol and opioid use disorder
- Women experience different biological, psychological, social, and structural facilitators and barriers to substance use treatment
- Toxicology testing should be used when it will change clinical management; unique social and legal consequences for pregnant and parenting women
- Structured multidisciplinary teams utilizing harm reduction approaches to substance use while parenting can assess for child safety risks and support families

THANK YOU!

Questions?

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https://www.massgeneral.org/children/research/prism

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