SUBSTANCE MISUSE FACT SHEETS

CATEGORY IV – DISTINCTIVE GROUPS: WOMEN AND SUBSTANCE USE

1.0 Introduction

Over the last few decades there has been a burgeoning interest in gender differences in substance use, misuse and dependence (Zilberman, 2009). A greater appreciation of the epidemiology, risk and protective factors, course of illness, associated physical and mental health problems, and the prevention and treatment interventions that lead to successful outcomes is important since more women are presenting to medical and social care services.

The use of substances by women is increasing in the UK and their involvement in treatment services is also on the rise. Various estimates show that between 30-40% of people in treatment in the UK for drug and/or alcohol use are women. However, prevalence rates vary substantially because of the different clinical settings, different regions and in different ethnic groups from which data is collected.

As a result of these variations understanding the rates of substance use in women can prove quite difficult. It is further hindered by the hidden nature of female substance use. Since the use of substances by women, particularly problematic use, is socially judged as shameful, women who use drugs or alcohol problematically, are less likely to admit to problematic use and to present for help.

However, despite the limitations in the understanding women's substance use, it is important to create a dialogue on the topic so as to expand our knowledge, challenge prejudices and learn to support women in a way that is specific to their needs (Ettorre, 1992)

Epidemiology – what we know

ALCOHOL

- There were an estimated 1.1 million alcohol consumption related hospital admissions in 2015/16.*
- Just over one-third of patients were female.*
- Between 2000 and 2012, the number of women in England drinking over recommended limits increased by 100%.
- International data demonstrates that lifetime abstention is more common in women. (Slade T, et al, 2016)
- 80% of women in England reported drinking in the previous year (Institute Alcohol Studies, 2017)
- 12% women in England and 13% in Great Britain drink at a level defined as binge drinking.*
- The rate of alcohol related admissions to the NHS in females has risen by over 30% between 2008/9-2014/5*

*(NHS Digital, 2017)

DRUG USE

- Around 1 in 18 (5.5%) of women aged 16 to 59 had taken any drug in the last year.
- 5.7% of women ages between 20-14 and 2.7% of women aged between 25-29 reported the use of any class A drug in the previous year.
- Over the past ten years there has been a statistically significant decline in last year use of any drug among 16 to 24-year-old women (from 19.3% to 14.1%) but not a statistically significant decline for those aged 25 to 59 (3.9% to 3.6%).
- Deaths from drug misuse in women have increased by 82% in England and Wales in the last decade.

(ONS, 2017)

SMOKING

- In 2016, 15.5 per cent of adults aged 18+ currently smoke, down from 19.9 per cent in 2010.
- 14% of women smoke.
- 4% of girls have reported to be smoking regularly.
- 13% of deaths in women in the UK are smoking related.
- Smoking in pregnancy has decreased: at the time of delivery just under 11 per cent of mothers were recorded as smokers in 2016/17, a decrease from 15 per cent in 2006/07.

(ONS,2017)

Course of illness in women

Women substance using trajectories differ from men. They often present to treatment using lower quantities of substances than men. They become intoxicated at lower levels of alcohol consumption but will have higher blood alcohol levels. Physiologically, women will have higher blood alcohol levels than men despite consumption of an equivalent dose of alcohol. This may be because women are generally smaller than men, because they have lower body water content than men or because men metabolise alcohol more quickly (Moran-Santa & Brady, 2015).

The time between initial use and diagnosis is often shorter for women than for men. Women who drink heavily may be quicker to establish alcohol dependence and may suffer comparable physical health problems in a shorter time period than men. These conditions include gastrointestinal, cardiac and cognitive disorders. Women who drink heavily are also at increased risk of reproductive disorders e.g. breast cancer, sexual and menstrual disorders, and foetal alcohol syndrome (see Factsheet on Pregnancy).

Women are more likely to have comorbidities such as depression, anxiety, eating disorders, physical and sexual abuse, post-traumatic stress disorder and suicidality whilst men are more likely to suffer from personality disorder. Women are also more likely to suffer from misuse of prescription drugs.

Psychosocial factors

There are both individual and social factors which predispose women (and men) to substance use. Different combinations of factors may influence women at different stages of the lifespan which can in turn, impact on their use of substances. These include a family history of substance use, mental illness or physical illness, childhood abuse, sexual abuse, childhood behavioural difficulties, early onset of substance use, a partner who uses substances, loss of a parent in childhood or adolescence, and deprivation.

Substances can manifest in the lives of women in various ways. There is no direct route to problematic substance use. It can exist before a traumatic experience and it can become problematic after an adverse life experience. Women who use substances do so for complex reasons: substance use may be a direct or indirect cause or consequence of medical or psychosocial problems.

Furthermore, a woman who has experienced childhood abuse is not destined to use substances. A woman who has experienced domestic violence will not necessarily turn to substances for as a coping mechanism. However, many women who have experienced problematic substance use have been affected by some form of trauma or adverse life experience.

Seeking Support

Although substance use by women has been more socially accepted in the last fifty years, there is still a public perception that a 'drunk' woman is not acting in a 'ladylike' fashion. While there maybe acceptance of her use, she may still be harshly judged. Women who use substances may still be viewed differently to men. For example, mothers who use substances are particularly stigmatised and shamed for being 'bad' mothers.

As noted above, women who use substances problematically are likely to suffer from a host of other difficulties and are not just affected by substance use .They may experience the stresses of mental health issues, domestic violence, sexual assault, sex-work and poverty as well as pregnancy and motherhood

Since many women who use substances problematically are faced with stigma, they are less likely to seek support because they fear the consequences. This is particularly true for mothers who worry that children will be removed from their care. As a result women are deterred from seeking support for their substance use and will often present to services with associated problems e.g. health and psychosocial issues, rather than the substance problem itself. Where domestic abuse is concerned, many women struggle to access services at all. The practical considerations e.g. child care costs and arrangements, accessibility, and availability of services may further deter help seeking (Crome, 2010).

Identifying problematic substance use can be difficult for many women. Some may not consider that they have a problem while others may not be aware that their use is harmful. Many women are not willing to discuss sensitive issues with professionals, particularly because of their role in the care of their children, while other women are too afraid to seek support because of their partner's control. Furthermore, there is a lack of awareness that help is available or accessible and for many, there is a belief that help will not make a difference. For these, and other reasons, women may be reluctant to seek treatment and are therefore under-represented in treatment services.

However, for those that do engage in services, there is evidence to suggest that women have better treatment outcomes when compared to men. The role of motherhood and care for their children is an important motivator in bringing about these outcomes (Herman 1997)

Vignette One – teenage years

Teenage substance users may be trying to cope with substance use and mental illness in the family, with loss of a parent, economic deprivation, family disharmony, poor educational attainment, and may become involved in criminal activities.

An 18 year old girl was referred from school due to alcohol use affecting her school attendance and work. The alcohol use was affecting all aspects of her life and was a result of home dynamics, as well as an older boyfriend who was causing concerns.

The girl was assessed by a drug and Alcohol Worker at school as this was felt the most appropriate environment due to her age. In addition, it meant that she the support she received by others that she knew could continue. It also provided minimal disruption to her education.

The drug and alcohol worker continued to see her at a regular time in her timetable and brought in the support of a family psychotherapist, who explored her relationships with others. The family psychotherapist also accessed extra support for her education as she had fallen behind. One of the main objectives of this work was aimed at preventing exclusion and involvement in crime.

Vignette Two – a woman in her forties

Young women, though often financially independent, may be struggling with relationship breakdown, difficulties in the workplace, as well as trying to care for a family. A 47 year old woman was found staggering around her local area. She looked unkempt and was very anxious and distressed. She had bruises on her face, was sweaty and tremulous. She was confused about where she was. She had not slept properly over the previous weeks.

She said that she felt guilty about how she had treated her family and hopeless about the future. She had a history of depression and anxiety. She had begun drinking in her twenties when she had started working in an advertising agency, but although she drank regularly, she did not exceed the recommended guidelines.

Her husband's work involved him travelling abroad, sometimes for protracted periods. Apparently she had difficulties at work and her daughter had recently left home to start university. Since that time she had stopped looking after herself and had become more socially withdrawn, neglected herself and had lost weight. She was buying over the counter medication from the pharmacy as well as drinking alcohol excessively.

Vignette Three – over sixties

Older substance misusing women are a highly stigmatised group by virtue of their age and substance use. They are at risk due to isolation, loneliness, boredom, development of the diseases associated with age (such as heart disease, respiratory problems, pain, anxiety and depression, memory problems, mobility difficulties), and prescription drugs.

A 72-year-old retired teacher has been living alone in her own house since the death of her husband 1 year ago. She was referred to old age psychiatry services because of progressive memory changes over approximately 2 years

Other concerns included deteriorating self-care, poor appetite, weight loss and several falls.

She is assessed at home with her daughter present: the kitchen contained several empty gin bottles, as did the dustbin. Her daughter commented that she had episodes when she appeared much more muddled over her finances and that she was still driving, which was a cause for some concern. She remained independent with all domestic activities but was in rent arrears and money was often "missing" from her purse.

Her daughter reported that both her mother and her late father drank a bottle of wine between them for many years, but that her mother switched to spirits after her father died. She smoked 20 filtered medium tar cigarettes/day but there was no other substance use or misuse. There was no evidence of any other mental disorder and no co-existing substance misuse.

There was a medical history of gout, hypertension and Type II diabetes mellitus. At assessment, she was found to have a mild to moderate degree of cognitive impairment {Mini-Mental State Examination (MMSE) score of 20 out of 30} and the clinical picture was felt to be consistent with a alcohol related dementia.
There was no evidence of physical dependence, but the assessing psychiatrist felt that her drinking was undoubtedly contributing to her memory impairment.

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