Women and Substance Use Disorders: Health and Wellness

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Learning Objectives

1. Articulate at least four life domains affected by opioid and/or other substance use disorder treatment and how to help women identify and heal these life domains

2. Identify at least three ways past traumatic experiences can shape parenting practices for women in treatment for an opioid and/or other substance use disorder

3. Name the active components that are key for living in whole health wellness during recovery from an opioid and/or other substance use disorder
Substance Use Problems Women Vs. Men

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Use in Past Month</td>
<td>7.3</td>
<td>11.5</td>
</tr>
<tr>
<td>Current Alcohol Drinkers</td>
<td>47.5</td>
<td>57.1</td>
</tr>
<tr>
<td>More Likely To Drink And Drive</td>
<td>7.9</td>
<td>14.1</td>
</tr>
<tr>
<td>First Time Users</td>
<td>41.7</td>
<td>58.3</td>
</tr>
</tbody>
</table>

SAMHSA Survey 2013

Substance Abuse and Mental Health Administration, 2014

Past-Month Opioid Misuse Among Women Admitted for Substance Use Treatment

Reported opioid misuse among female admissions aged 15 to 44, by pregnancy status: 2012

SAMHSA, 2017
Telescoping

- The amount of time between initial use and the development of physiological problems is shorter for women than men.

- The amount of time between initial use and the severity of the problems that develop from use of alcohol and drugs is shorter for women than men.

Greenfield, 2010

Four Life Domains: Effects of SUD

- **Health**: Physical, mental and emotional well-being
- **Purpose**: Engaging in meaningful daily activities, independence of resources
- **Home**: Maintaining a stable and safe place to live
- **Community**: Having relationships with self and others that provide support, friendship, love, and hope
Physical Effects of Alcohol and Other Drugs

- Use of both licit and illicit drugs stress the human body.
- True for both women and men – for example, alcohol use can lead to liver damage for both women and men.
- However: Women have different physiological responses to drugs, and greater risk for health-related issues.

Alcohol and Health Effects on Women

- Alcohol is 1 of the 5 leading cause of morbidity and mortality worldwide.
- Women:
  - are more susceptible to alcohol-related organ damage.
  - develop damage at lower levels of consumption over a shorter period of time.
  - who abuse alcohol experience an increased severity, greater number, and faster rate of development of health-related complications.
  - become more cognitively impaired by alcohol.

Greenfield, 2010; Mucha, Peters.

Chisholm et al., 2004; Piazza et al., 1989; Wilsnack, S., 2014.
## Acute/Chronic Health Conditions for Women

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
<th>Acute Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Colds</td>
</tr>
<tr>
<td>Asthma</td>
<td>Ear infections</td>
</tr>
<tr>
<td>Cancer</td>
<td>Flu</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>Headache</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>Throat infections</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Sinus infections</td>
</tr>
<tr>
<td>Dementia</td>
<td>Vaginitis</td>
</tr>
<tr>
<td>Dental Issues</td>
<td>Urinary tract infections</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Digestive problems</td>
<td></td>
</tr>
<tr>
<td>Gout</td>
<td></td>
</tr>
<tr>
<td>Gynecological issues</td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
</tr>
<tr>
<td>Infectious disease (e.g., tuberculosis, Hepatitis, HIV/AIDS, sexually transmitted diseases)</td>
<td></td>
</tr>
<tr>
<td>Nerve damage</td>
<td></td>
</tr>
<tr>
<td>Pancreatitis, Thyroid issues, Seizures, Skin issues</td>
<td></td>
</tr>
</tbody>
</table>

## Co-occurring Mental Health Issues

- Women are more likely than men to have co-occurring drug use and mental disorders
- Women are more likely to have multiple co-morbidity (three or more psychiatric diagnoses, in addition to substance use disorder) than are men
- Women who use drugs may be using them to self-medicate distressing affect
- Anxiety disorders and major depressive disorders are the most common co-occurring diagnoses
- Eating disorders and Post-Traumatic Stress Disorder (PTSD), a common reaction following exposure to violence and trauma, also often co-occur in women with drug use disorders

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SAMHSA, 2015
Substance Use Disorders and Depression

- Depression is estimated to co-occur in adults with opioid use disorder at somewhere between 15% and 30%
- This rate may be even higher in adults with prescription opioid use disorder
- Co-occurrence is higher in women than in men
- A higher rate of injection drug use is found in adults with co-occurring opioid use disorder and depression
- Adults with co-occurring opioid use disorder and depression are more likely to suffer more severe social and economic problems than individuals with opioid use disorder without depression
- Lack of a treatment response is more likely for adults with co-occurring opioid use disorder and depression

Although we know less about co-occurring opioid use disorder and anxiety, the general picture appears to be quite similar.

Suicide and Interpersonal Violence

- More than 40% of individuals who enter treatment for opioid use disorder have a history of a behavioral disorder
- In perhaps 80% these individuals, the behavioral disorder likely predates the opioid use disorder by 5 or more years
- For pregnant women with opioid use disorder, depression and anxiety disorders are quite prevalent.
- The possibility of suicide needs to be directly addressed
- Many of these women are in relationships with individuals who also use licit and illicit substances – and may subject the women to ongoing emotional, physical, and sexual abuse

Eggleston et al., 2009

SAMHSA, 2016
Substance Use in Intimate Relationships

- Social factors are important contributors to drug use in women
- Women with SUD are more likely than men with SUD to have partners who use drugs
- Some women continue using alcohol and illicit drugs to maintain the relationships. Interpersonal violence is a prevalent concern
- Although alcohol and marijuana use often begins with peer pressure during adolescence, women are likely to be introduced to cocaine and heroin by men

Effects of Interpersonal Violence

<table>
<thead>
<tr>
<th>Psychological</th>
<th>Physical/Stress Related</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Injury</td>
</tr>
<tr>
<td>Depression/Suicide</td>
<td>Sleep problems</td>
</tr>
<tr>
<td>PTSD</td>
<td>Nutritional/ Low weight gain</td>
</tr>
<tr>
<td>Poor self-esteem</td>
<td>Substance abuse/ Smoking</td>
</tr>
<tr>
<td>Blame and guilt</td>
<td>Chronic pain</td>
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<tr>
<td>Uncontrollable emotions</td>
<td>Hypertension</td>
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<tr>
<td></td>
<td>Inadequate prenatal care</td>
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<tr>
<td></td>
<td>Miscarriage</td>
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<td></td>
<td>Pre-term labor</td>
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<tr>
<td></td>
<td>Fetal fracture/ Fetal death</td>
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<tr>
<td></td>
<td>Placental abruption</td>
</tr>
<tr>
<td></td>
<td>Uterine rupture</td>
</tr>
<tr>
<td>Social</td>
<td></td>
</tr>
<tr>
<td>Isolation/Withdrawn</td>
<td></td>
</tr>
<tr>
<td>Few social interactions</td>
<td></td>
</tr>
<tr>
<td>Rigid sex-role expectations</td>
<td></td>
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</tbody>
</table>
Screening for Interpersonal Violence

Recognize Risk of Violence

**Women Abuse Screening Tool (WAST) – Short Form**

- In general, how would you describe your relationship?
  - A lot of tension, some tension, no tension
- Do you and your partner work out arguments with...
  - Great difficulty, some difficulty, no difficulty
- Correctly classified 92% victim and 100% non-victim
- Takes 4 minutes to complete

*If women endorse these or other questions indicating risk for violence*

- Listen to her and believe her
- Acknowledge her feelings and let her know she is not alone
- Let her know that no one deserves to be abused
- Provider her with resources (hotline, women’s shelter)

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Complex Issues: Women and Children

**Issues facing women with substance use disorders and their children**

- **Mother**
  - Limited parenting skills/resources
  - Psychiatric issues
  - Little formal education
  - Lack of job acquisition and maintenance skills
  - Legal involvement
  - Infections (Hep C, HIV, STIs)

- **Dyad**
  - Multiple drug exposures
  - History of child abuse/neglect
  - Unstable housing
  - Food insecurity/poor nutrition
  - Lack of positive relationships
  - Generational drug use
  - Violence/trauma exposure
  - Gender inequality

- **Child**
  - Temperment
  - Medical issues
  - Neurobehavior
  - Developmental age

*These factors with or without drug use can influence mother and child outcomes*
Four Life Domains: Help Women Heal

Health
- Physical, mental and emotional well-being
- Maintaining a stable and safe place to live

Purpose
- Engaging in meaningful daily activities, independence of resources
- Having relationships with self and others that provide support, friendship, love, and hope

Home

Community

Practical Tips: Linking and Integrating

Addressing the needs of women with substance use disorders is most effective through coordinated care and integrated treatment

Communication is key!

- Linking services
  - Warm handoff
  - Document referrals (where, when and outcome)
  - Help woman plan how she will get there, what she will ask and how she will get home

Service navigation for women – using peer support specialists/recovery coaches are the connective tissue of treatment and recovery services

Practical Tips: Collaborating

• Collaboration
  – know the services and service providers in your area
  – Maintain updated phone numbers and emails of all partners (review list every 6 months)
  – Use memorandums of agreement (update yearly)
  – Take time to review how integration with health care providers is working (from patient and provider perspectives)

Learning Objective 1: Summary

Articulate at least four life domains affected by opioid and/or other substance use disorder treatment and how to help women identify and heal these life domains

• Health
• Purpose
• Home
• Community

Learning Objectives

1. Articulate at least four life domains affected by opioid and/or other substance use disorder treatment and how to help women identify and heal these life domains

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3. Name the active components that are key for living in whole health wellness during recovery from an opioid and/or other substance use disorder

Treatment Together

WAYS ATTACHMENT BASED PARENTING CAN IMPROVE MOTHER AND CHILD OUTCOMES IN TREATMENT FOR SUBSTANCE USE DISORDERS
Attachment Theory

- Originated from John Bowlby who worked with maladjusted and/or delinquent children
- Mary Ainsworth, observed and made connections between maternal behaviors and child behaviors and responses
- Strange Situation Procedure, a technique that continues to be widely used to classify behavior patterns in young children
- The behavior patterns were broadly classified into one of two attachment styles: Secure or Insecure
- A secure attachment allows the child to feel comfortable exploring the environment, which is critical for cognitive, social, and emotional development

Understanding Attachment

- The connection between secure attachment as an infant and later outcomes, is one of the primary reasons that attachment theory is of great relevance to those who work with and treat those who have substance use disorders
- Substance use is often a consequence of insecure attachment, in an effort to avoid and/or ease the psychological pain and discomfort
- Internal Working Models (IWMs) are the mental filters through which the child views and interacts with the world
- According to attachment theory, the connections between early attachment style with a primary caregiver and longer term outcomes are explained by IWMs that children form based on repeated experiences with primary caregivers over time
Understanding Attachment

- Securely-attached infants would develop a “secure base script” that explains how attachment-related events happen
  - for example: “When I am hurt, I go to my mother and receive comfort”

- Children with an insecure attachment and an Internal Working Model that says that the caregiver will be unavailable and/or rejecting when the child needs him/her may develop a chronic activation of the physiological stress-response system

Relationship: Non-secure Attachment and Substance Use

- Having been abused as a child is an important risk factor for abuse of one’s own children
- There is a high incidence of abuse during childhood among women in treatment for substance use disorders
- Maternal substance abuse in particular is one of the most common factors associated with child maltreatment
- Mothers who have substance use disorders have higher incidences of hostile attributions and inappropriate expectations of child behavior as well as repeated disruptions in their parenting behaviors
- These disruptions can create a negative effect on the parent–child relationship, as evidenced in the increased rates of insecure attachment in children who have parents with substance use disorders

Suchman, 2007
The brain has a “bottom-up” organization

- Neurons and connections change in an activity-dependent fashion

- This "use-dependent" development

- The brain is most plastic (receptive to environmental input) in early childhood

- With trauma and neglect, the midbrain is overactive and grows in size while the limbic and cortical structures are stunted in growth

Perry, 2003

**UNC Horizons Uses Postnatal Evidence-based Tools**

- Attachment-based parenting program: Circle of Security-Parenting© [http://circleofsecurity.net](http://circleofsecurity.net)


The Triple P – Positive Parenting Program ® - parenting and family support system designed to prevent and treat – behavioral and emotional problems in children and teenagers.[http://www.triplep.net/global/home/](http://www.triplep.net/global/home/)
Outcomes from UNC Horizons

**Child Protective Service Involvement:**
- Outpatient women and children who complete the program: 75% of families had positive changes (e.g., closed cases, children reunited)
- Residential women and children who complete the program: 95% of families with cases had positive changes (regained custody, cases closed)

Mean Total Score on Parenting Stress Scale N=57

<table>
<thead>
<tr>
<th>Pre-Treatment</th>
<th>3 Months</th>
<th>6 Months</th>
<th>Post-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>5</td>
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<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Ensuring Continuation of Family Services

- Women often have to prioritize family needs before, during and after treatment
- Providers need to help address children’s trauma, education and other developmental needs during and after treatment
- Family-focused activities help with healthy relationships and parenting.
- Treatment and recovery supports can consider whole family needs:
  - Health
  - Home
  - Purpose
  - Community

Services need to continue after the family leave treatment!
Learning Objective 2

Identify at least three ways past traumatic experiences can shape parenting practices for women in treatment for an opioid and/or other substance use disorder

- Without treatment, women who have been maltreated in childhood are at an increased risk to have numerous mental health issues, and at increased risk to perpetuate abuse on their own children.

- To address this paramount, intergenerational, public health issue, researchers and practitioners must continue to test parenting programs that address the parenting factors associated with abuse.

- Given the well-documented importance of attachment security for healthy, long-term developmental outcomes for children, having attachment-based parenting programs that are manualized with easy-to-use formats is critical for broad dissemination.

What is Recovery?

**SAMHSA’s Working Definition**

**Recovery** is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

**Recovery and Treatment are not the same!**

**SAMHSA, 2016**
### Four Dimensions Supporting Recovery

<table>
<thead>
<tr>
<th>Health</th>
<th>Home</th>
<th>Purpose</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being</td>
<td>Maintaining a stable and safe place to live</td>
<td>Conducting meaningful daily activities, such as a job, school or volunteerism, and having independence of income, and resources to participate in society</td>
<td>Having relationships and social networks that provide support, friendship, love, and hope</td>
</tr>
</tbody>
</table>

### Ten Components of Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Non-linear
- Strength-based
- Peer supported
- Respect
- Responsibility
- Emerges from Hope
Current Terminology

- Treatment is the goal; Treatment is the only way into Recovery
- Substance Abuse
- Drug of Choice / Abuse
- Denial
- Relapse Prevention
- Pathology Based Assessment
- Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies
- A Drug is a Drug is a Drug
- Relapse
- Relapse is part of Recovery
- Clean / Sober
- Self Help Group
- Untreated Addict/Alcoholic
- Drug Overdose

Alternative Terminology

- Treatment is one of multiple pathways into recovery
- Substance Use Disorder/Substance Misuse
- Drug Use
- Ambivalence
- Recovery Management
- Strength / Asset Based Assessments
- Pathology Based Assessment
- Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies
- A Drug is a Drug is a Drug
- Recurrence/Return to Use
- Recurrence/Return to Use may occur as part of the disease
- Clean / Sober
- Self Help Groups
- Untreated Addict/Alcoholic
- Drug Overdose

Language of Recovery

- Treatment is the goal; Treatment is the only way into Recovery
- Substance Abuse
- Drug of Choice / Abuse
- Denial
- Relapse Prevention
- Pathology Based Assessment
- Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies
- A Drug is a Drug is a Drug
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Health and Wellness in Recovery: Control

- Recovery includes taking and maintaining control of life
- Good health care
- Living circumstances
- Stress level
- Healthy recreational activities
- Purposeful living
- Employment
- Diet
- Exercise
- Sleep
- Positive social supports
- Relationships
Health and Wellness in Recovery: Full Life

- Recovery is a long-term process, inextricably intertwined with
  - Normal human development
  - Intellectual growth & learning
  - Experience
  - Healing

- See recovery in the context of the whole person
  - Recovery can’t be just the absence of a substance

Dimensions of Wellness: In Four Domains

SAMHSA’s eight dimensions of wellness for everyone to incorporate into their lives. These dimensions include:
- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual

- Health
  - Physical, mental and emotional well-being
  - Maintaining a stable and safe place to live

- Purpose
  - Engaging in meaningful daily activities, independence of resources
  - Having relationships with self and others that provide support, friendship, love, and hope

- Home
- Community
Engaging Women in Wellness: World View

- The lens through which we view the world shapes our reality
- Help women change the lens through which they view the world
- What does the brain focus on?
- Our external world only predicts 10% of your happiness
- Help women change their formula for success

Engaging Women in Wellness

- The absence of disease is not health
- If happiness is on the other side of success, we will never get there
- Positive brains perform better
- Becoming more positive in the present results in better performance
- Re-wire the brain for happiness
Simple Ways to Re-wire the Brain

Every day for 21 days:
• Write down three new things you are grateful for
• Journal gratitude – 1 positive experience that happened in the last 24 hours
• Get physical exercise
• Practice meditation
• Do something nice for others

Health and Wellness in Recovery: Individual

• Person-centered, collaborative care improves outcomes for chronic conditions

• Empowering women in clinical settings may help them develop better control and power in the rest of their lives

• As women’s personal control and power increase, women will be more likely to:
  • Overcome the barriers they experience to staying drug free and in recovery
  • Improve their quality of life, thus reducing the risk of relapse
Health and Wellness in Recovery: Positive

- Current Concepts in positive mental health research
- 1) Above normal
- 2) Maturity
- 3) Positive psychology
- 4) Socio emotional intelligence and successful object relations
- 5) Subjective well-being
- 6) Resilience

Recovery-Oriented Systems of Care

SAMHSA, 2010
Learning Objective 3

Name the active components that are key for living in whole health wellness during recovery from an opioid and/or other substance use disorder:

- 4 domains
- 8 dimensions
- 10 components

Take-home Messages

- Substance use disorders are treatable illnesses for women
- There are multiple domains to consider when caring for women with substance use disorders
- How women were attached and children influences how they will parent – parenting can change with practice of skills
- Wellness and recovery are possible when dedicated practice occurs
References

- Eggleston, A., Suicidality, Aggression, and Other Treatment Considerations among Pregnant, Substance-Dependent Women with Post traumatic Stress Disorder, 2009.
- Perry, B.D. EFFECTS OF TRAUMATIC EVENTS ON CHILDREN, 2003.
References

- Substance Abuse and Mental Health Administration, *Co-occurring Disorders*, 2016.
- Substance Abuse and Mental Health Administration, *Results from the 2013 National Survey on Drug use and Health: Summary of National Findings*, 2014.
- Substance Abuse and Mental Health Administration, *Training Tool Box for Addressing the Gender-Specific Service Needs of Women with Substance Use Disorders*, 2017.