

ALCOHOL AND DRUG USE AMONG WOMEN VETERANS: WHAT WE KNOW AND WHAT WE DON'T KNOW

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Poll Question

- What is your primary VA role? (please choose 1)
 - Clinician
 - Researcher
 - Administrator
 - Other
 - Non-VA

Presentation Overview

- Review of SUD and alcohol misuse definitions
- Epidemiology of SUD and alcohol misuse
- Rates of comorbid conditions
- Alcohol screening thresholds and implications
- Women's SUD Treatment
 - Mixed gender and women-only settings
 - Considerations for choosing one or the other
 - Practical issues in VA
 - VA Puget Sound (Seattle Division) Women's Addiction Program
- Alternative venues for addressing women Veterans SUD-related health concerns

Definitions

- Substance Use Disorder (SUD)
 - Abuse or dependence on alcohol or other drugs (excl. tobacco)
 - Alcohol use disorder (AUD) and drug use disorders (DUDs)
 - Diagnostic criteria: DSM-IV (DSM-5)
 - Diagnosis codes (EHR): ICD-9 codes
 - DSM-IV diagnoses can be mapped to ICD-9 codes
 - Not a one-to-one correspondence

Definitions

- Alcohol Misuse

- Includes spectrum from risky drinking to AUD
- VA screens for alcohol misuse using the AUDIT-C
 - First 3 questions of the WHO's AUDIT
 - Assesses hazardous drinking (consumption) but not symptoms of dependence or harmful drinking (consequences)



Definitions

- Hazardous/harmful alcohol use
 - Assessed using the AUDIT
 - Hazardous use (consumption) + dependence symptoms + harmful alcohol use (consequences)
- Binge or heavy episodic drinking
 - Typically, 4+ (women) or 5+ (men) drinks on a single occasion
 - Typically assessed over the past month or past year
 - Item #3 on the standard AUDIT-C uses a threshold of 6+ drinks
- Substance misuse
 - Alcohol or drug (non-tobacco) misuse, abuse, or dependence

VA Screening Tool: AUDIT-C

- **Q#1: How often did you have a drink containing alcohol in the past year?**
 - Never (0 points)*
 - Monthly or less (1 point)
 - Two to four times a month (2 points)
 - Two to three times per week (3 points)
 - Four or more times a week (4 points)
- **Q#2: How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?**
 - 0 drinks (0 points)*
 - 1 or 2 (0 points)
 - 3 or 4 (1 point)
 - 5 or 6 (2 points)
 - 7 to 9 (3 points)
 - 10 or more (4 points)
- **Q#3: How often did you have six or more drinks on one occasion in the past year?**
 - Never (0 points)
 - Less than monthly (1 point)
 - Monthly (2 points)
 - Weekly (3 points)
 - Daily or almost daily (4 points)

Epidemiology of SUD and Alcohol Misuse

What we know

Women Veterans and Alcohol Misuse

- Most of what we know is from studies of **women Veterans who receive care within VA**
 - Positive screen for alcohol misuse (AUDIT-C scores of 3+):
12% to 37%
 - Positive screen for alcohol misuse (AUDIT-C scores of 5+):
4% to 17%
 - Hazardous/harmful drinking (AUDIT scores of 8+):
4% to 23%

Women Veterans and SUD

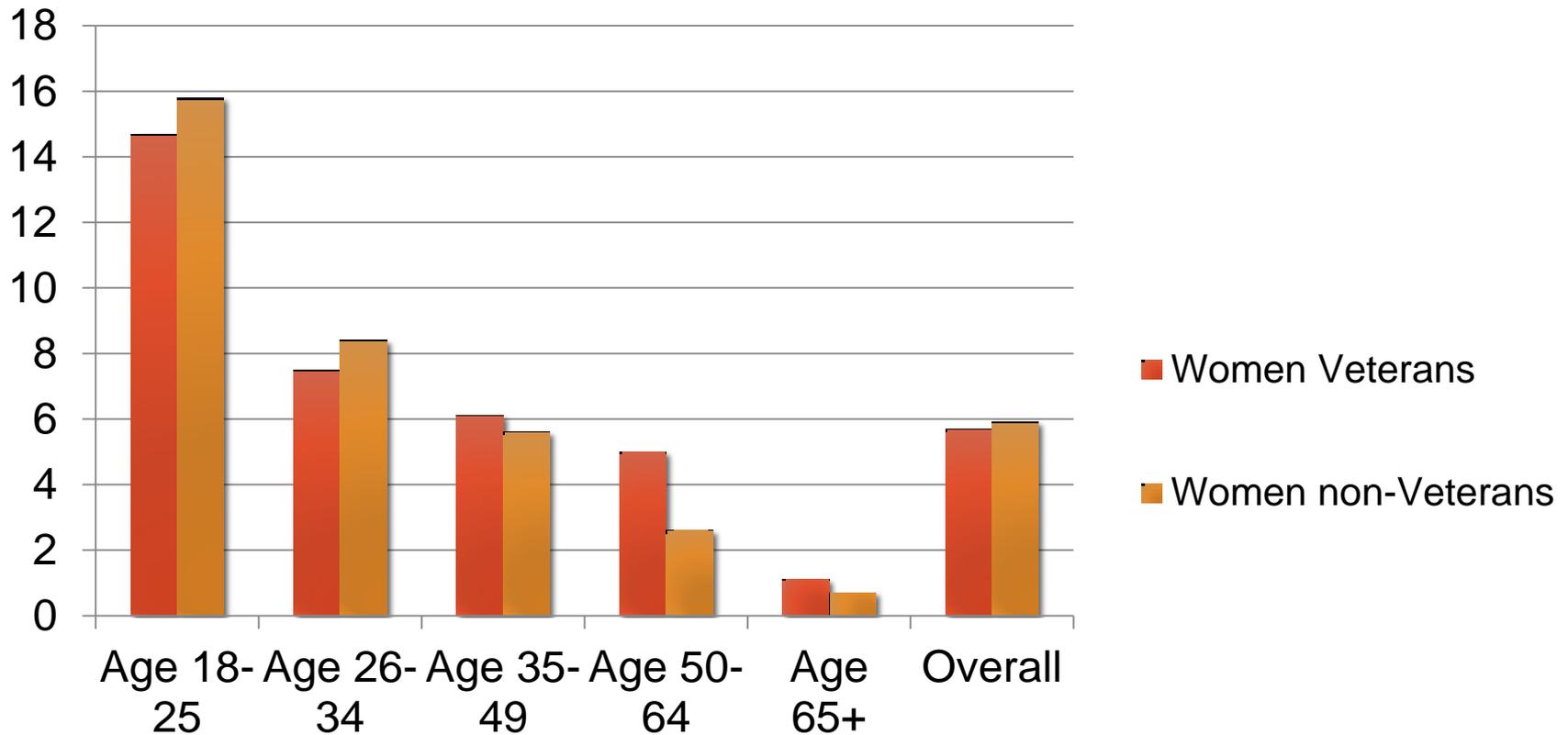
- Past-year rates of *documented diagnoses* among women VA patients:
 - Alcohol Use Disorder (AUD): **3% to 10%**
 - Drug Use Disorder (DUD): **1% to 6%**
 - Substance Use Disorder (SUD): **3% to 16%**
- Rates are highly dependent on sample within VA (psychiatric inpatients, outpatients, OIF/OEF....)

Women Veterans and non-Veterans

- There is some information **comparing women Veterans and non-Veterans** using publically-available data sources
- Binge/heavy drinking:
 - Past-year binge drinking (≥ 5 drinks on ≥ 1 occasion)
 - NHANES, 20-59 years of age: **Veterans: 17%; non-Veterans: 22%**
 - Past-month binge drinking (≥ 5 drinks on ≥ 1 occasion)
 - BRFSS, all ages: **Veterans: 9.7%; non-Veterans: 9.5%**
 - Past-month binge drinking (≥ 4 drinks on ≥ 1 occasion)
 - BRFSS, 19-30 years of age: **Veterans: 23%; non-Veterans: 18%**
 - Heavy drinking (≥ 1 drink per day in the past month)
 - BRFSS, 19-30 years of age: **Veterans: 4.3%; non-Veterans: 4.9%**

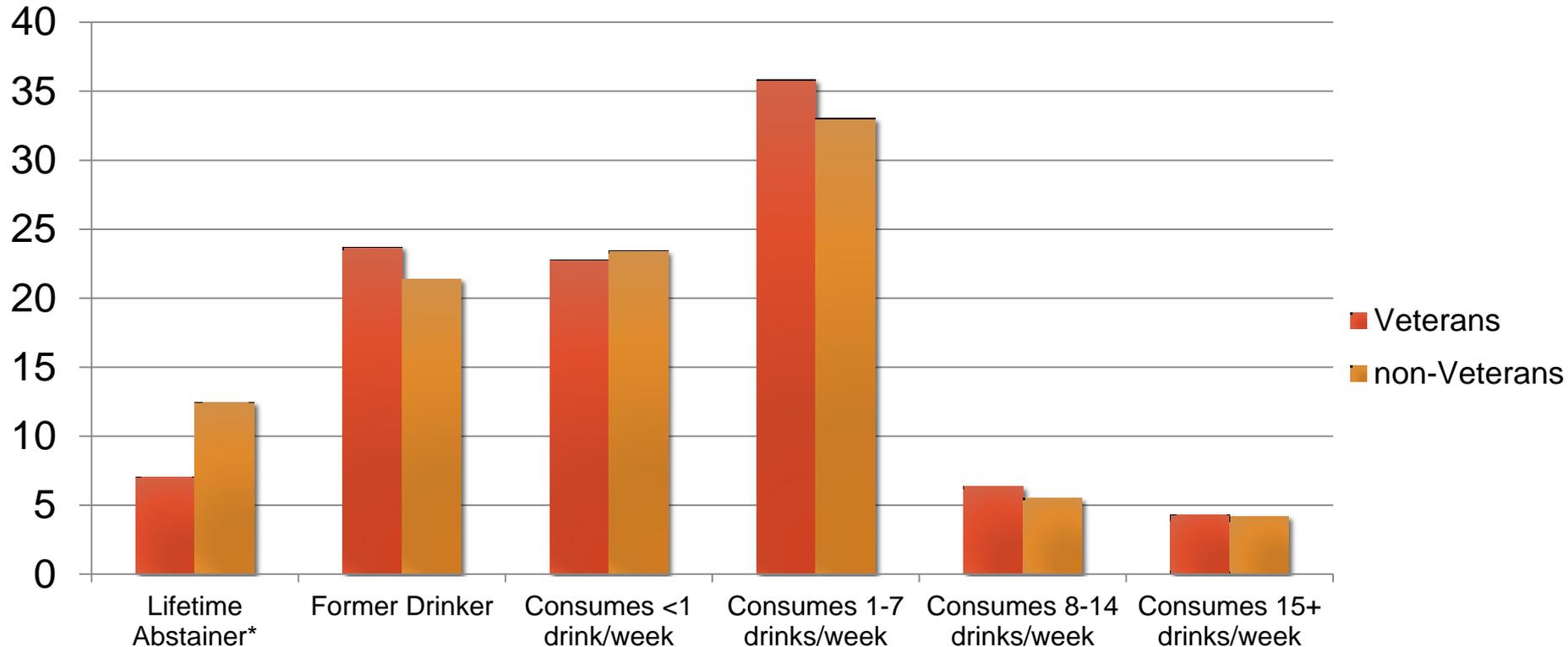
Women Veterans and non-Veterans

- SUD prevalence in women Veterans and non-Veterans, NSDUH 2002-2010



Women Veterans and non-Veterans

- Age-adjusted prevalence of alcohol use among women 50+ years of age, Women's Health Initiative (WHI)



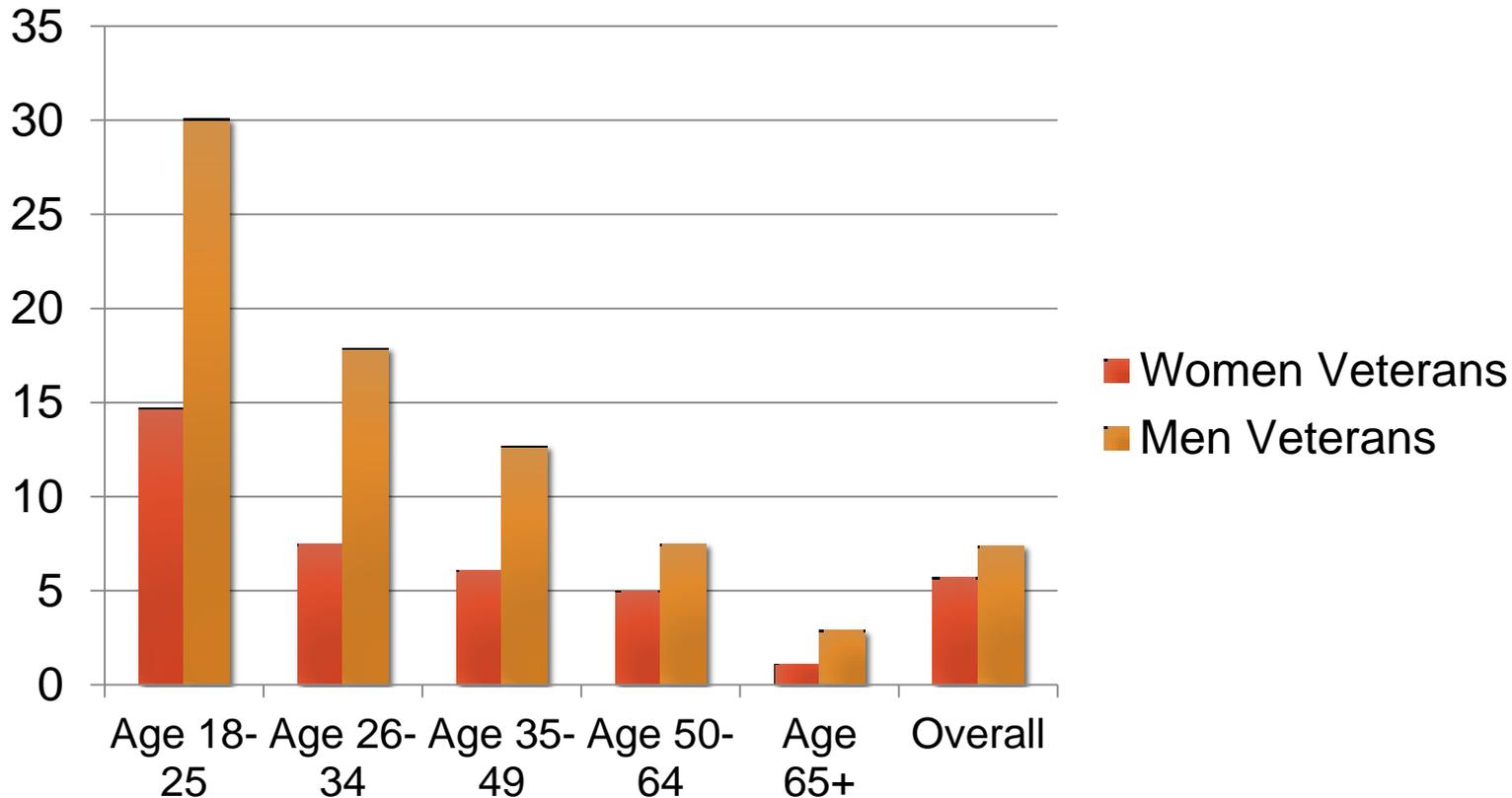
From Simpson et al., 2015; Gerontologist (submitted)

Women Veterans and Men Veterans

- There is some information **comparing SUD prevalence among women Veterans and men Veterans** using publically-available data sources
 - Rates of *diagnosed* alcohol or drug misuse, abuse, and dependence were generally higher in men Veterans than in women Veterans when a common definition was used
 - e.g., rates of AUD in men were 1.5 to 3 times the rates in women
 - Relatively few studies have made direct comparisons of women and men Veterans

Women Veterans and Men Veterans

- SUD prevalence in women Veterans and men Veterans, NSDUH 2002-2010

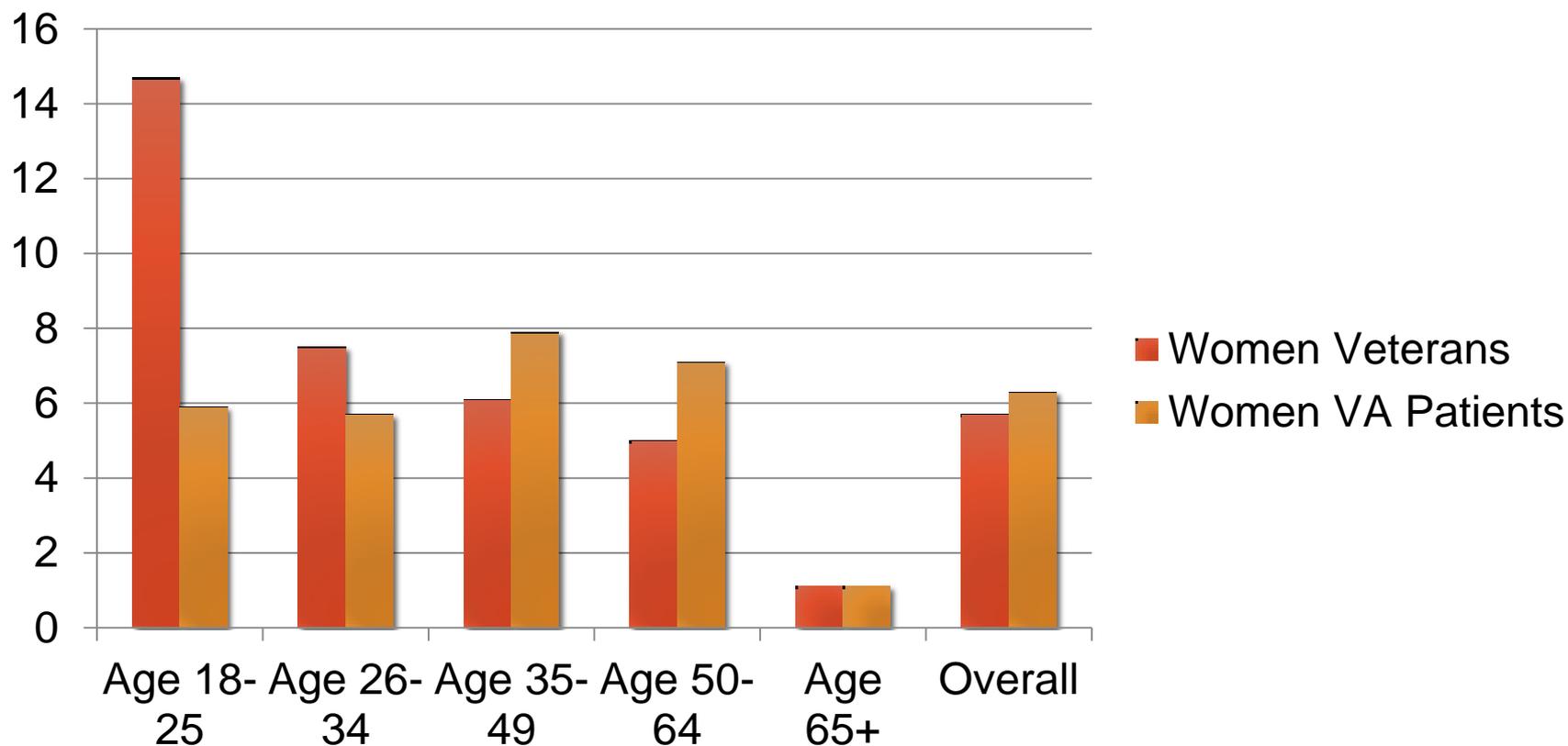


Women VA Users and Non-users

- Emerging data **comparing women Veterans who do and do not use VA care**
 - National Survey of Women Veterans (PI: Washington) assessed alcohol misuse using a gender-tailored AUDIT-C
 - Gender-specific binge drinking question
 - Alcohol misuse: AUDIT-C score of 3+
 - Moderate-to-severe misuse: AUDIT-C score of 5+
 - Rates of misuse overall were higher in VA non-users, but rates of moderate-to-severe misuse were comparable
 - **VA users: 27% (10% moderate-to-severe misuse)**
 - **VA non-users: 32% (9% moderate-to-severe misuse)**

Women Veterans in the general population vs. women VA patients

- SUD prevalence in women Veterans (NSDUH 2002-2010) and SUD diagnosis rates in women VA patients (NPCD 2010)



Rates of Comorbidities

- Women Veterans with substance misuse generally had higher rates
 - **Trauma exposures** (childhood sexual abuse, military sexual trauma, and domestic violence)
 - **Psychiatric comorbidities** (depression, PTSD, other anxiety disorders, personality disorders, bipolar disorder, and schizophrenia)
 - **Some medical comorbidities** (liver disease and sexually transmitted diseases, breast pain, injury and poisoning, and parasitic diseases and skin diseases)
- Substance misuse also associated with increased mortality and suicide rates among women VA patients

Alcohol Screening: Thresholds and Implications

- AUDIT-C thresholds
 - 3+ is a recommended threshold for a positive screen for women
 - In VA, an AUDIT-C score of 5+ triggers clinical reminder for brief intervention
 - VA performance measure tracks delivery of brief intervention among patients with scores of 5+
- Is VA effectively identifying women Veterans with alcohol misuse?

Alcohol Screening: Where We Draw the Line Matters

- Two studies of VA outpatients reported the proportion of women Veterans with scores on a standard, clinically-administered AUDIT-C of 3+ vs. 5+
 - VA outpatients, 2006-2010: **12% vs. 4%**
 - OEF/OIF outpatients (55 and younger), 2006-2010: **19% vs. 7%**
- Two studies reported the proportion of women VA patients with scores on a survey-based AUDIT-C with a *gender-specific binge drinking question* of 3+ vs. 5+
 - VA Puget Sound patients, 1996-1998: **24% vs. 9%**
 - NSWV, 2008: **27% vs. 10%**

Epidemiology of SUD in women Veterans: What we know and what we don't know

- Some conventional wisdom may be true but lacks empirical support
 - Is substance misuse/SUD more common among women Veterans vs. civilians? Among women VA users vs. non-users?
- Important information gaps, including no estimates of true SUD prevalence for women VA patients
- Existing screening programs do not address drug use and may disproportionately fail to detect *women* with alcohol misuse
- System is not accountable for delivering care to patients it cannot “see”
- Bottom line: Existing data suggestive but insufficient to detect SUD case-finding shortfalls or gaps in access to SUD care

Women's SUD Treatment; Poll Question

- Do you provide care to women Veterans with SUD?
 - Yes, in a specialty SUD care setting
 - Yes, I provide SUD-related treatment in a non-specialty SUD care setting (e.g., primary care, general mental health care, etc.)
 - No, I do not provide SUD-related treatment for women Veterans with SUD
 - No, I'm not a clinician

Women and SUD Care Overview

From the Civilian sector....

- Fewer women with SUD than men with SUD enter SUD care and have different referral patterns
 - Women more likely referred by social service agencies
 - Women less likely referred through courts or criminal justice
- Once in treatment, women do as well as men
 - Predictors of success for both: greater financial resources, fewer mental health problems, less severe drug problems
 - Predictors of success for women: greater stability, greater social support, lower anger, belief in treatment

Greenfield et al., 2010, *Psychiatric Clinics of North America*
Greenfield et al., 2007, *Drug and Alcohol Dependence*

What is Gender Sensitive Care?

- SUD treatment that addresses women's key concerns
 - Children (custody, parenting, pregnancy)
 - Domestic violence
 - Sexual and physical victimization
 - Psychiatric comorbidities
 - Housing and income support
- May or may not be in a women-only setting or women-only groups

Do Women-only Groups Matter?

- Trials comparing mixed-gender vs. women-only interventions show
 - Mixed results with regard to improved retention and outcomes for women-only vs. mixed-gender treatment
- Women with more psychological distress and/or low self-esteem have better outcomes in women-only settings than mixed-gender settings

Treatment Retention & Outcomes

Claus et al., 2007, *JSAT*

Greenfield et al., 2007, *DAD*

Hser et al., 2011, *JSAT*

Prendergast et al., 2011, *JSAT*

Patient Characteristics & Outcomes

Greenfield et al., 2008, *Am J Drug Alc Abuse*

Cummings et al., 2010, *J Groups Addict Recov*

Women-only and Mixed-gender Groups; Qualitative Comparison

Group Atmosphere

Needs met
Shared language
Support
Network
Intimacy

Communication & Topics

Willing to take risks
More emotion in the room
Ease, Honesty, Intuitive
Empathy, Comfortable

Relationships
Caretaking & roles
Being an addicted woman

Self- perceptions

Embrace all aspects of
self
Safe self
Honest self

Women Only

Mixed Gender

No negative feelings
Identify w/ other women
Accountability
Lack of empathy
Sexual tension

Women more active
Men often silent
Women prompt men
Filtered communication
Learn about other gender

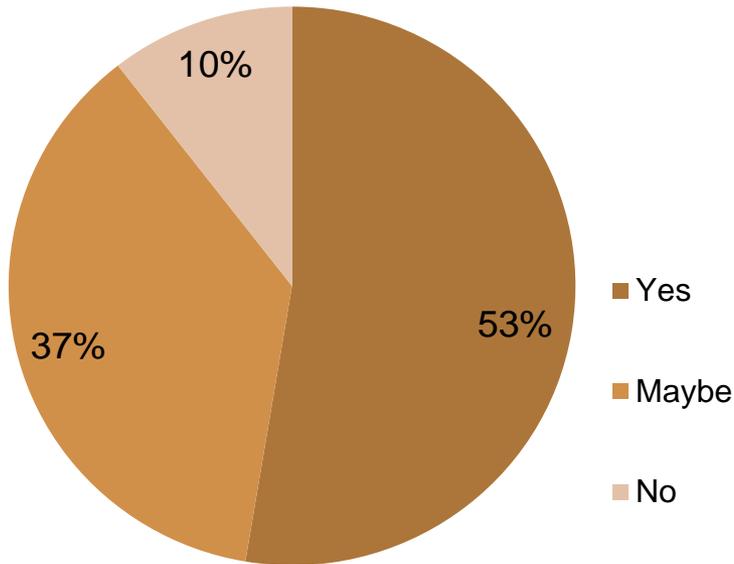
Gender neutral topics
Women's stories
Irrelevant talk

Constrained self
Polite self
Different self
Guarded self
Judged self
Stigmatized self
Shameful self

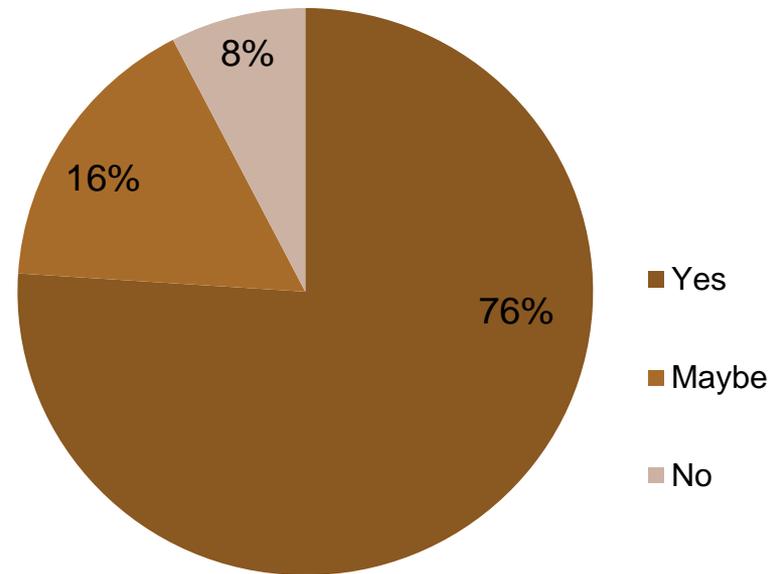
Adapted from Greenfield et al., 2013,
Substance Use Misuse

Willingness to Attend Mixed-Gender Groups

Support of Mixed Gender Groups, Women Veterans (n = 19)



Support of Mixed Gender Groups, Men Veterans (n = 171)



VA and Women's Mental Health Care

- From the 2008 VA Uniform Mental Health Services Package:

“Mental health services* must be provided as needed to female veterans at a level equivalent to their male counterparts at each facility. MH RRTP** clinicians must possess training and competencies to meet the unique mental health needs of women veterans.”

- How this is implemented varies from facility to facility....

* Mental health services include SUD specialty care

**MH RRTP = Mental Health Residential Rehabilitation Treatment Program

VA and Women's SUD Care

- Summary information from the VA Drug and Alcohol Program Survey (DAPS)



Women Veterans with SUD Receipt of Care

- DAPS data and VHA NPCD data from **fiscal year 2008**
 - 33% of the 15,563 women with a SUD diagnosed in an outpatient setting received outpatient SUD care
 - Factors predicting receipt of VA OP SUD care and continuity of care among women Veterans
 - Between the ages of 31 and 55
 - Presence of a comorbid psychiatric disorder
 - If facility offered specialized women's SUD care
 - If facility had higher ratio of licensed MH providers to 100 patients
 - If facility had higher ratio of prescribers to 1,000 patients

Future Evaluations of SUD Care for Women Veterans

- 2014 DAPS measure includes several new questions about women's SUD services
- Types of services women Veterans with SUD may receive
 - SUD-specific women-only group psychotherapy
 - SUD/PTSD-specific women-only group psychotherapy (e.g., Seeking Safety, CPT, etc.)
 - SUD-specific individual psychotherapy
 - SUD-specific mixed gender group psychotherapy
- Women's SUD Research Group will summarize responses to new items and will link with NPCD data to evaluate trends in treatment receipt and engagement

Contextual Factors with Treatment Implications for Women Veterans

- Women, in general, are less likely than men to have SUDs
- Women are a minority of the overall Veteran population
- ***Women Veterans with SUD therefore constitute an extreme minority of patients within VA SUD care clinics***
- Women Veterans with SUD have high rates of
 - Comorbid psychiatric disorders
 - Military Sexual Trauma (MST)

Treatment Challenges Facing Women Veterans with SUD

- Women Veterans with SUD can easily end up being the only woman (or one of two) in a VA SUD group
- If only one or two women in groups, women's issues not likely addressed
- For women Veterans with SUD and MST, it may be too hard to be in group with men
- Women in need of inpatient detox or extended care may not be willing to go

Challenges Facing VA in Providing Gender-sensitive Care for Women

- Populating women-only outpatient groups within VA can be challenging given low census
 - Facilities typically will need to be willing to support small groups
- Providing gender-sensitive care within the context of inpatient settings has additional challenges
 - Need to ensure physical safety and privacy
 - Need to ensure emotional safety
- Expertise regarding women's issues, MST, and psychiatric comorbidities is imperative in both outpatient and inpatient settings
- Some women Veterans may prefer mixed-gender groups

Seattle VA Women's Addiction Programming

- Quick historical tour
 - In 1993 began offering a couple of women-only groups and holding monthly care coordination meetings for the providers
 - The Women's Addiction Treatment Clinic (WATC) was designated as a team in 2000
 - In 2005 Women's Addiction Treatment Center merged with the Women's Trauma Program to form the *Women's Trauma and Recovery Center (WTRC)*
 - In 2014 women's addiction programming was brought back under the general addictions team within the Addiction Treatment Clinic

Pros and Cons of Clinic Structures

WTRC Team

- **Pros**
 - Fluid case coordination
 - Easy transitions for Veterans from addiction to trauma care or vice versa (without having to transfer providers or be referred to a different clinic)
 - Cohesive program planning
- **Cons**
 - Only a few providers seeing most of the women
 - Team was isolated from main clinics
 - Challenges with securing psychiatrist time

Integrated into ATC

- **Pros**
 - More providers to see women
 - Availability of psychiatry time
 - Women's care integrated into workings of the larger clinic
 - Able to retain women-only group offerings
- **Cons**
 - Risk of one provider being “tagged it” for seeing most the women
 - Program planning challenges for women in context of the larger team
 - “Co-ed” groups still tend to be only 1 or 2 women

Seattle Women's Addiction Programming

- Comprehensive initial assessments
- Choice of women-only or mixed-gender groups (or both) through either the Addiction Treatment Center or other MH clinics, as clinically indicated
- Initial women-only stabilization services (3 to 6 months)
 - DBT-oriented skills group
 - Relapse prevention group
 - Harm reduction group
 - Case management and psychiatric medication
- Continuing care women-only services (ongoing as needed)
 - Weekly continuing care group (with negotiated attendance frequency)
 - Harm reduction group
 - Case management and psychiatric medication

Seattle Women's Addiction Care Census

- Fiscal Year 2014
 - 279 women Veterans had a documented SUD of the 8,378 with a visit in that year (3.3%)
 - 105 of the 279 had 1 or more SUD care stop code (37.6%)
- Currently, we have 59 women Veterans actively enrolled in SUD specialty care
 - 46 are in the general addiction care clinic
 - All but 3 are enrolled in at least 1 women-only group
 - 13 are in the Opiate Treatment Program
 - Typically dose at different times than the men, can participate in women-only groups

When Treatment is Refused and Problems Persist

- Since women with SUD, including women Veterans, are especially likely to refuse formal SUD care, providers in primary care and other mental health clinics need to
 - Monitor women patients and their substance use conditions
 - Use their interactions with such patients to provide brief advice regarding quitting or cutting down on use and encourage them to accept referrals to specialty SUD care
 - Enhance motivation to change by
 - Providing the patient easy-to-read information on the adverse consequences of drinking
 - Having the patient identify problems that alcohol or drugs has caused
 - Encouraging daily monitoring of alcohol use and the circumstances and consequences associated with it
 - Frequent appointments
- Interventions with SUD treatment-reluctant patients are always to be characterized by a high-degree of provider empathy

If We All Do Our Parts...

- Clinicians, researchers, administrators
 - We can better identify women Veterans with SUD or at-risk substance use
 - Conduct research on best practices for women with SUD within VA
 - Help facilities optimize SUD care for women within their practical constraints
 - In so doing, we can help women Veterans with SUD
 - Feel valued as women and as Veterans
 - Not feel alone or as though they are misfits or outliers
 - Get the treatment they need in contexts where they feel understood and respected
 - Live longer and healthier
 - Contribute to their families and communities in ways that are in line with their true values

Thank you

- If you would like to contact either of us, we can be reached via email at:

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We welcome your questions and thoughts and hope to keep the dialogue going.

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- SUD QUERI (Alex Sox-Harris)

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Resources

- NIAAA
- <http://pubs.niaaa.nih.gov/publications/womensfact/womensFact.pdf>

- NIDA
- <http://www.drugabuse.gov/about-nida/organization/offices/office-nida-director-od/women-sexgender-differences-research-program>

- SAMHSA
- <http://www.samhsa.gov/women-children-families/trainings/women-matter>
- <http://www.samhsa.gov/women-children-families/evaluations-data>

- VA
- <https://vaww.portal.va.gov/sites/OMHS/mhrrtp/populationsWOMEN/Forms/AllItems.aspx>