

CONSORTIUM • PBRN

VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women Cyberseminar Series

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Women and Addiction, with a Focus on Veterans

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The Need

92% of women in need of treatment for alcohol or drug problems do not receive it.

Women Under the Influence (2006). National Center on Addiction and Substance Abuse at Columbia University (p.vii)

Background

- Addiction field developed on men
 - 12-steps designed by middle-class White men
 - Treatment and assessments by / for men
 - Studies had few women
- Why?
 - Men have much higher rate of substance abuse (35% vs 18% lifetime US rate), except for nicotine
 - Men's addiction more visible (women at home)
 - Greater stigma for women addicts

Women use for different reasons than men:

- Lose weight
- Relieve stress or boredom
- Improve their mood
- Reduce sexual inhibitions
- Self-medicate depression
- Increase confidence
- In response to crisis (e.g., divorce, job loss)

(Women Under the Influence, 2006, CASA)

Subgroups

- Veterans
- Rural
- Physically ill or disabled
- Lesbian/bisexual/transgender
- White and Native American women
- Teens
- Women in helping professions
- Single professional women
- High status women (least identified)
- Older women
- Women in prison
- Women with trauma history
- College women

Positives

- Women, compared to men,....
 - Have a lower rate of addiction
 - Are more likely to benefit from treatment
 - Have fewer legal problems
 - Treating women shows a positive impact on their children
 - Have more knowledge of addiction issues

Negatives

- Women, compared to men...
 - Are more likely to die from addiction
 - Have more health problems from addiction
 - Become addicted more quickly (“telescoped course”)
 - Are less likely to seek addiction treatment
 - Take on the addiction pattern of their partner
 - Have more co-occurring mental health problems
 - Are more socially isolated

Addicted women consistently evidence less healthy coping than non-addicted women

Women-sensitive treatment

- More empathy/support (less harsh confrontation)
- More focus on co-occurring disorders
- More discussion of gender / power
- Explore origin of gender messages
- Screen for trauma
- Help them help their children
- Teach healthy relationships with men

Resources

- The National Center on Addiction and Substance Abuse at Columbia University. (2006). *Women under the influence*. Baltimore: Johns Hopkins University Press.
- Brady, K., Back, S., & Greenfield, S. (2009). *Women and Addiction: A Comprehensive Handbook*. New York, NY: Guilford Press.
- Knapp, C. (1997). *Drinking: A Love Story*. New York: Bantam.
- Covington, S. S. (1994). *A Woman's Way Through the Twelve Steps*. Centre City, MN: Hazelden.
- Fletcher, A. (2001). *Sober for Good: New Solutions for Drinking Problems-- Advice from Those Who Have Succeeded*. Boston: Houghton Mifflin Company.

Veterans

VHA data (January 2008) indicate that across all ICD-9 medical conditions, the second most common health problem area among OEF/OIF veterans is mental disorders (40%), after musculoskeletal ailments (46%). Among mental disorders, the breakdown includes:

- 59,838 with PTSD;
- 39,940 with Depressive Disorders
- 9,878 with Alcohol Dependence Syndrome;
- 48,661 with Nondependent Abuse of Drugs;
- 4,447 with Drug Dependence

VA SUD Treatment Challenges

- Mental health and other providers in VA who do not specialize in SUD often feel ill-equipped to manage or treat it (Tracey et al., 2007).
- Although routine screening is required for alcohol problems, veterans who screen positive still may not receive adequate referral to treatment (Erbes et al, 2007, 2009)
- Exposure-based PTSD treatment models may not be appropriate for SUD patients, especially those who are severe or unstable

Women Veterans

- Walker et al. (1995): women vets with SUD have higher rates of medical/psych problems than those without SUD; and more likely to be rehospitalized
- Bradley et al. (2001): women vets who binge-drink have elevated rates of health problems (e.g., STDs, cirrhosis, injuries, domestic violence)
- Davis et al (2002): women vets more severe/impaired than those in private facility on the ASI (e.g., medical, legal, psych, social, and perceived need for tx)
- Fudalej et al. (2010): For both genders, illicit drug use is associated with misuse of prescription opioids. Certain factors are gender-specific (e.g., women had more serious mental illness)

Clinical Adaptation for Women Veterans

- More outreach (obstacles may include perception of VA as male-oriented)
- Focus on MST
- Outpatient gender-specific groups may be difficult to create (numbers)
- PTSD/SUD comorbidity has systems challenges

Current RCT

- 4 year Merit grant to compare a gender-based addiction model (*A Woman's Path to Recovery*) with a non-gender-based model (*12-Step Facilitation*), both 12 weeks and allowing for TAU
- 102 women veterans, outpatient, current SUD (and use in past 30 days)
- Baseline, end-of-treatment, and 3 month followup measures (SUD primary, and numerous secondary)
- VA Boston and VA Bedford

A Woman's Path to Recovery

- Uses the workbook “A Woman’s Addiction Workbook” (adapted for clinician-led tx)
- Three sections:
 - Background
 - Exploration: women’s addiction and life problems associated it (e.g., body/sexuality; stress; trauma)
 - Healing: skills to overcome addiction
 - Healing through **beliefs**
 - Healing through **actions**
 - Healing through **relationships**
 - Healing through **feelings**

Features

- Supportive tone
- Workbook-style exercises
 - E.g., self-screening for co-occurring disorders
- For a broad range of women
 - E.g., veterans, adolescents, pregnant women, women in prison, lesbian women, high functioning women
- Addresses how addiction is different for females

Pilot Study

Pilot Study

- Lisa Najavits, PhD
- Marshall Rosier, MA
- Alan Freeman, PhD
- Michael Freeman, MS

(2007) American Journal of Drug and Alcohol Abuse, 33, 5-11.

Method

- 8 opioid-dependent women in a community-based methadone maintenance treatment program in Connecticut
- 12 sessions of the gender-based model in group format over two months; 1.15 hour sessions; co-led
- Session format four parts: check-in; one topic; check-out; homework
- Assessment pre- and post; months 1 and 2

The Women

- Severe substance dependence
 - Average of 12 years heroin dependence
 - Additional drug diagnoses
- 6 of the 8 women unemployed
- 7 Caucasian, 1 Hispanic
- Average age 35

Methods (cont'd)

- Stabilized on methadone for 3 weeks prior to entering the study
- Received two required 1-hour methadone-related individual sessions; not referred to external professional treatments during the study
- One female and one male co-leader
- Random weekly urines (94% accurate in 1st month; 84% 2nd month)

Results

- Significant improvements in:
 - Addiction Severity Index drug use composite (verified by urinalysis)
 - Impulsive-addictive behavior (on Basis-32)
 - Global improvement (CGIS)
 - Knowledge of treatment concepts (from book)
- Attendance:
 - 87% of available sessions (average=9.88 sessions)
- Treatment satisfaction:
 - Strong (3.49 on 1-4 scale)

Qualitative

- Gender-based treatment:
 - “I felt more comfortable talking about issues men just would not understand.”
 - “... [group members] being all women we have the same problems.”
- The book:
 - “When things get tough or I feel like using, I go back and just start reading.”
 - “[It] gave me reasons into why I do what I do and how I can change the things that I do.”
- Suggestions:
 - Include discussion of women and their children
 - Make the treatment longer (more than 12 sessions, and 2 hour sessions).

Intervention

Examples of Skills

- Tell a Secret
- Take Charge
- Soothe Yourself
- Seek Self-Respect
- Listen to That Small Quiet Voice
- Rethink
- Become Friends with Women

Identify the problem

- Substance
 - Alcohol
 - Drug (cocaine, opiate, amphetamine, cannabis, hallucinogen, inhalant, opioid, PCP, sedative, polysubstance, nicotine)
- Behavioral
 - Gambling, internet, sex, shopping, plastic surgery, work, collecting, TV, self-harm, food, exercise

Messages

- “Just get over it”
- “Go to AA- that worked for me”
- “You need to hit bottom first”
- “Unless you’re motivated, you won’t get better”
- “Most addicts return to their addiction”

“Many roads, one journey”

- Some hit bottom; others caught the problem early
- Some used spirituality, some didn't
- Some did a day at a time; others made a commitment for life

Fletcher (Sober for Good, 2001)

Exploring Life Themes

- Body and sexuality
- Stress
- Thrill-seeking
- Relationships
- Trauma and violence

From A Woman's Addiction Workbook (Najavits, 2002). Oakland, CA: New Harbinger.

Focus on Women's Strengths

- Connecting with others
- Creativity
- Political action
- Attractiveness
- Sense of humor
- Survival skills
- Persistence
- Self-care
- Physical ability
- Social support
- Helping others
- Self-esteem
- Spirituality
- Intelligence
- Ability to face feelings
- Communication
- Financial resources

Theme: Body and Sexuality

- Addiction a way to...
 - Feel more sexual (e.g., alcohol)
 - Lose weight (e.g., diet pills)
 - Feel attractive (e.g., addictive shopping)
 - Numb physical feelings
 - Punish the body (e.g., self-mutilation)
 - Cope with body changes (e.g., aging, illness)
 - Feel loved (e.g., addictive sex)

From A Woman's Addiction Workbook (Najavits, 2002). Oakland, CA: New Harbinger.

Theme: Stress

- Addiction as a way to...
 - Make it seem okay
 - Reward self
 - Tune out stress
 - Relax
 - Forget about a problem
 - Hide stress from others
 - Get the job done

From A Woman's Addiction Workbook (Najavits, 2002). Oakland, CA: New Harbinger.

Theme: Thrill-Seeking

- Addiction as a way to...
 - Escape boredom
 - Experience danger
 - Rebel
 - Feel intensity
 - Get a kick from doing something illegal
 - Imitate someone (e.g., celebrity, older sister)
 - Feel younger / older

From A Woman's Addiction Workbook (Najavits, 2002). Oakland, CA: New Harbinger.

Theme: Relationships

- Addiction as a way to...
 - Feel closer to a partner who uses
 - Feel less “big” in a relationship (e.g., angry)
 - Feel less “small” in a relationship (e.g., afraid)
 - Belong
 - Soothe loneliness
 - Feel energy or love that is lacking with people

From A Woman's Addiction Workbook (Najavits, 2002). Oakland, CA: New Harbinger.

Theme: Trauma and violence

- Addiction as a way to...
 - Feel less (numb out, escape memories)
 - Feel more (alive, aware)
 - Punish
 - Tolerate pain (e.g., domestic violence)
 - Commit slow suicide

From A Woman's Addiction Workbook (Najavits, 2002). Oakland, CA: New Harbinger.

Theme: Co-Occurring Disorders

- Key disorders for women:
 - Depression, PTSD, eating disorders, generalized anxiety, phobias, bipolar disorder
- More common in women than men
- Families often don't understand
- Feeling crazy
- Related to other life problems (homelessness, domestic violence, HIV risk)
- COD: never an excuse to keep using substances
- Most women never receive treatment