Understanding Substance Use Problems and Addictions in Women As Key to FASD Prevention

Presenter:
Nancy Poole
BC Women's Hospital
British Columbia Centre of Excellence for Women's Health

Date:
September 29, 2010

The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

Agenda

- Grounding documents
- Trends in use, health impacts of use, pathways, for women
- Linked concerns – trauma, violence and mental health concerns
- Approaches to prevention, harm reduction, treatment and support
- Links to prevention of FASD

Drawing from Highs and Lows

- Linking perspectives of women with substance use problems, service providers, system planners and researchers
- Recognizing the need for different responses to substance use, problem substance use and addiction
- Addressing stigma, reducing harms, understanding women-centered care

There are palpable, persistent negative attitudes in Canada toward women who use substances, and there is stigma attached to pregnant women, mothers and women in public view who have addictions or unable to change their behaviours. Evidence of these attitudes is found in media discourse, among professionals and in public and private spheres. Such attitudes serve to alienate women, deprive them of treatment and erode compassion. Changing our collective attitude will depend on changing our private attitudes.

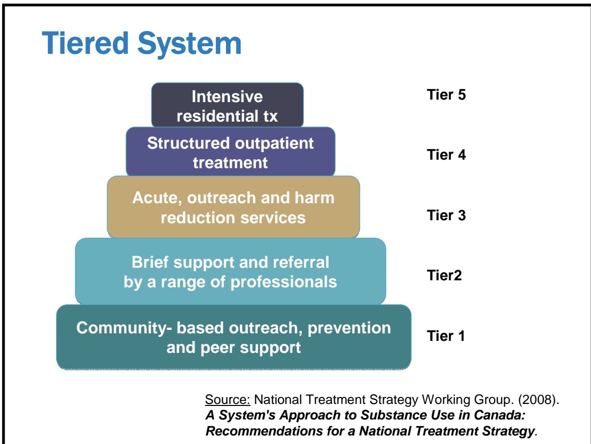
A Low

p. 510
Highs and Lows: Canadian Perspectives on Women and Substance Use

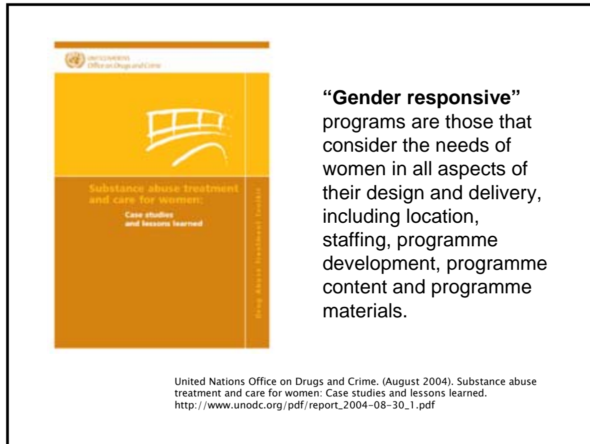
Intervention is not a specialist problem but a broad social responsibility that should be shared by many public and private sectors.

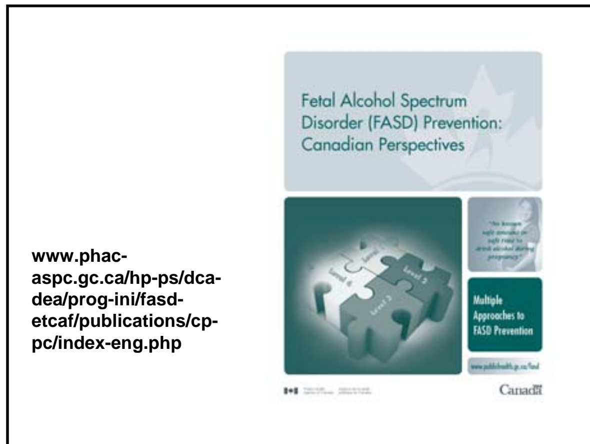
Rethinking Substance Abuse: What the Science Shows and What We Should Do about It Edited by William R. Miller and Kathleen M. Carroll, 2006.

Tiered System



Source: National Treatment Strategy Working Group. (2008). *A System's Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy.*





Section 1

- **Taking the Measure**

Sex and Gender Differences

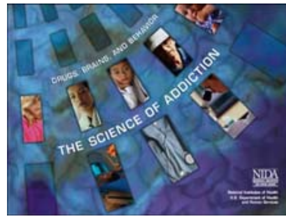
There are sex and gendered aspects of substance use and addiction, including:

- **Different mechanisms**
- **Different origins - risk factors, pathways, contexts of use**
- **Different courses, consequences, impacts**
- **Different access to and responses to treatment**

that underpin the need to respond in 'gender-informed' ways

Addressing Sex Differences

Little has been published describing how service providers and health system planners might address sex differences in the experience of addiction



Source: Greaves, L., & Poole, N. (2008). Bringing sex and gender into women's substance use treatment programs. *Substance Use & Misuse, 43(9), 1271-1273.*

Sex Differences

- **Women are more likely than men to develop cirrhosis after consuming lower levels of alcohol over a shorter period of time.**
- **Women are more likely to develop brain shrinkage and impairment, gastric ulcers and alcoholic hepatitis with heavy alcohol use.**
- **Heavy alcohol use compromises bone health in girls and bones do not overcome the damaging effects of early chronic alcohol exposure**

Source: National Institute on Alcohol Abuse and Alcoholism. (2002). Women and Alcohol: An Update. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism, 26*(4).

Health Impacts – Graphic View

Girls Talk (USA) an interactive website provides information to teenaged girls and their parents on alcohol-related choices and their consequences for underage drinkers.

The site also includes this Virtual Girl: illustrating the effects of alcohol on the body.

www.grltlk.org

Women and Alcohol: A WOMEN'S HEALTH RESOURCE

http://www.hcip-bc.org/resources-for-women/FeaturedResourceforWomen2.htm

---

Differences in Prevalance

- Women are more likely than men to use prescribed psychoactive drugs of all categories (eg pain relievers 24% versus 20%).
- Benzodiazepines - Health professionals have known for 25+ years that benzodiazepines are addictive - even at standard doses - if taken for more than several weeks, yet these drugs are still prescribed for much longer periods. Neither health care providers nor women are generally aware of the wide range of withdrawal symptoms associated with stopping tranquilizer use.

Sources: Health Canada. (2003). *Women's Health Surveillance Report.* Ottawa: Canadian Institute for Health Information
Currie, J. C. (2003). *Manufacturing Addiction: The over-prescription of benzodiazepines and sleeping pills to women in Canada.* BCCEWH.

Differences in Patterns of Use

- 56.1% of women reported consuming *5 or more drinks* on a single occasion at least once during the current school year. (70% of men)
- 25.2% of women reported consuming *8 or more drinks* on a single occasion at least once during the school year. (46.5% of men)

but

- Women metabolize alcohol differently than men and the health impacts of drinking are more severe for women

Source: Gliksman, L., Demers, A., Adlaf, E. M., Newton-Taylor, B., & Schmidt, K. (2000). *Canadian Campus Survey, 1998.* Toronto, ON: CAMH.

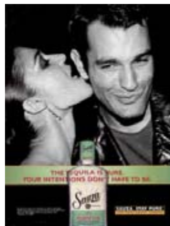
Sex/Gender Differences in Pathways to Use

- CASA published a comprehensive analysis of the pathways to substance abuse among girls and young women
- The Formative Years report demonstrates that girls and young women use cigarettes, alcohol and drugs for reasons different from boys, that the signals and situations of high risk are different and that girls are more vulnerable to substance use and abuse and its consequences.
- One of the gender specific influences on girls drinking is the influence of exposure to the entertainment media and alcohol and cigarette advertising - which shower girls and young women with unhealthy and unrealistic messages about smoking, drinking and weight loss.

Source: National Center on Addiction and Substance Abuse. (February 2003). *The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22.* New York, NY: CASA.

Gender Differences in Influences on Use

- Dr. Jean Kilbourne has written extensively on media influences on girls and women's drinking, smoking, dieting and identity and made a number of influential videos.
- Spin the Bottle: Sex Lies and Alcohol is a recent video which offers a critique of the role that contemporary popular culture plays in glamorizing excessive drinking and high-risk behaviors. Critics Jackson Katz and Jean Kilbourne decode the power and influence these seductive media images have in shaping gender identity, linked to the use of alcohol.



Source: http://www.jeankilbourne.com/video.html

Differences in Pathways/Impacts

- High concurrence of MH concerns in student populations e.g. hazardous drinking & psychological distress

  f-11.6% vs. m- 5.7%

  Source: Adlaf, E & Paglia-Boak, A. (2007) *Drug Use Among Ontario Students 1977-2007*, CAMH Research Document Series No. 20;

- In recent CAMH study of concurrent disorders in 196 clients aged12-25 years:

  PTSD – 50.5% (f-62%; m-39%)

  OCD – 75.5% (f-85%; m-66%)

  Source: Chaim, G. and J. Henderson (March 17, 2009). From Data to the Right Services. *Looking Back, Thinking Ahead Conference: Using Research to Improve Policy and Practice in Women's Health.* Halifax, NS

Substance Use in Pregnancy – A Unique Difference

The risk of alcohol use during pregnancy causing birth defects and developmental disabilities in offspring – is often considered the most profound sex/gender difference in alcohol use.

Intersections of Substances and Their Sex Specific Impacts

- Women who use alcohol also smoke, and women who are poor also smoke and women with abuse histories are more likely to drink alcohol and smoke.
- Health risks are heightened for women who are multi users.

Differences in Operation of Stigma – Affecting Access to Care

- It is well documented in Canada that pregnant women and mothers need non-judgmental information and support related to the use of alcohol, tobacco and other substances in pregnancy and while breastfeeding .
- While we have known about Fetal Alcohol Syndrome since the 1970s, this awareness is only now being translated into information, education, and action, so that effective health promotion, prevention, harm reduction, treatment and maternity care programming for pregnant women and new mothers who have substance use problems and addictions is embedded in provincial and territorial health systems.

Stigma – Mothering and Substance Use

Representation of women's responsibility

Mental illness	Woman abuse	Substance use
Out of woman's Control	Within her control	Deliberate

Representation of the system's responsibility in the 3 'cases'

Mental illness	Woman abuse	Substance use
System failing	Limited system failure	Not system's fault

Source: Greaves, L., Varcoe, C., Poole, N., Marina, M., Johnson, J., Pederson, A., et al. (2002). *A Motherhood Issue: Discourses on mothering under duress.* Ottawa, ON: Status of Women Canada.

Section 2

- **Interconnections**

Issues

- Partner violence, childhood sexual abuse, depression, disordered eating, poverty, housing, polydrug use
- How do we move past a "two by two", co-occurring understanding of multiple issues and address the web of complexity in causes, treatment and recovery? Are pharmacological treatments more appropriate for some women with multiple problems than others?
- How can women access the help they need for all of the interconnected issues at the earliest possible point and in the easiest way and get a range of psychosocial supports that constitute a caring and comprehensive response? How can we influence media representation?

Violence Against Women

- The Canadian Violence Against Women Survey found that 51% of women over the age of 16 had experienced at least one incident of physical or sexual assault, and approximately 25% of women had been abused by their intimate partners (cited in Cory & Dechief, 2007)
- Statistics often limited to physical and sexual abuse - not inclusive of other forms of emotional and mental abuse which can be as, or more, detrimental to women's health
- Woman abuse is the most common cause of injury to women (Stark and Flitcraft, 1991)

Violence and Women's Substance Use

- Many women with substance use problems have experienced physical and sexual abuse either as children or adults (Ouimette, et al., 2000; Martin et al., 1998)
- Substance use may begin or escalate as a response to the (past and/or present) trauma of victimization – self-medicating for emotional/physical pain, mood enhancing, pick me up, escape
- Women may also use tobacco, alcohol and other substances to cope with the abuse they are experiencing, and other social stressors (poverty, racism)
- Women may be forced to use by the abuser or use to appease the abuser
- Women's substance use aids in numbing, reducing or eliminating feelings of fear, may be a way to feel in control – may make sex easier
- Efforts to stop using substances may precipitate abusive partners' use of increased violence

Girls who experience physical & sexual abuse by dating partners are more likely to engage in risky behaviors. *(Note: Odds of 2.0 mean a girl is twice as likely to engage in the behavior as one who was not abused.)*	
Behavior	***Odds***
Heavy smoking (within 30 days)	2.5
Binge drinking (within 30 days)	1.7
Cocaine use (ever)	3.4
Diet pill use (within 30 days)	3.7
Laxative use & / or vomiting (within 30 days)	3.7
More than three sex partners (within 90 days)	3.3
Pregnancy (ever)	3.9
Considered suicide (within 1 year)	5.7
Attempted suicide (within 1 year)	8.6
Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behaviour, pregnancy, and suicidality. *The Journal of the American Medical Association, 286*, 572-579	

Prevalence of Violence During Pregnancy

- **The prevalence of abuse during pregnancy is estimated to range between 5.7% and 21% in Canada (Health Canada, 2004; BC Reproductive Care Program, 2003)**
- **Recent studies in the US by Velez and colleagues (JHHS) report a prevalence ranging between 15% in general OB clinics and 41% in an OB clinic for substance using women**
- **Likely underestimates since many survivors conceal their abuse out of shame, guilt, fear or mistrust**

Pregnancy, Substance Use, Violence

- A Canadian study showed that women abused during pregnancy were **significantly more likely to use cigarettes, alcohol and illicit drugs regularly** (Stewart and Cecutti, 1993)
- Links between women's experiences of woman abuse and their use of substances **becomes stronger when women become pregnant** (Martin, Beaumont & Kupper, 2003)
- Women experiencing partner violence are **significantly more likely to use multiple substances** than women who do not experience violence (Martin et al, 1996)
- **Continuation of substance use during pregnancy** is also significantly more likely among women experiencing abuse (Martin et al 1996)
- Many women with serious substance use issues have partners who are also substance users - **current drug-using status of women's partners is important in predicting the treatment outcome of women** (Tuten and Jones, 2003)

'Trauma Informed' Systems and Services

- Take into account knowledge of the impact of trauma
- Understand that many "problem behaviours" originate to cope with abusive experiences
- Integrate this knowledge into all aspects of service delivery

Harris, M., & Fallot, R., D. (2001). *Using Trauma Theory to Design Service Systems.* San Francisco, CA: Jossey Bass.

Trauma Informed Counselling

- Understanding of multiple & complex links between trauma & addiction
- Understanding trauma related symptoms as attempts to cope
- A woman will not have to disclose a trauma history to receive trauma-sensitive services. All services will be trauma sensitive.
- All staff will be knowledgeable about impact of violence & trained to behave in ways that are not re-traumatizing
- Women will have access to trauma specific services

(Maxine Harris, 2001)

10 Principles of Trauma-Informed Services

1. Recognize the impact of violence and victimization on development and coping strategies
2. Identify recovery from trauma as a primary goal
3. Employ an empowerment model
4. Strive to maximize a woman's choices and control over her recovery
5. Are based in a relational collaboration

Elliot et al. (2005). Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women Journal of Community Psychology, 33(4), 461–477.

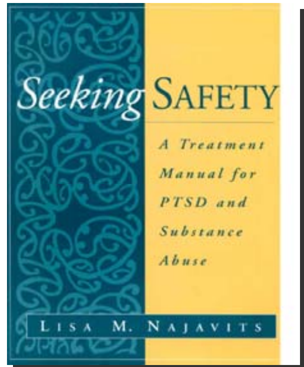
10 Principles of Trauma-Informed Services

6. Create an atmosphere that is respectful of survivors' need for safety, respect, and acceptance
7. Emphasize women's strengths, highlighting adaptations over symptoms and resilience over pathology
8. The goal is to minimize the possibilities of retraumatization
9. Strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background
10. Solicit consumer input and involve consumers in designing and evaluating services

Elliot et al. (2005). Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women Journal of Community Psychology, 33(4), 461–477.

Safe Coping Strategies from *Seeking Safety*

www.seekingsafety.org



Key Elements of *Seeking Safety* Model

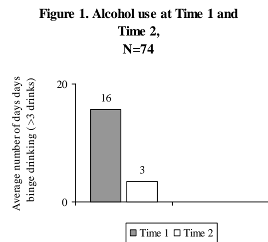
- Present focused, time limited and structured
- Designed to promote safety and recovery
- Based on key principles of:
  - safety
  - interpersonal treatment
  - a focus on ideals – hope
  - 4 content areas
  - attention to clinical processes

> "For someone who has been abused…experiencing equality, safety, mutuality, and empowerment are essential to the process of healing and reclaiming one's sense of self and place in the world."
>
> -Dr. Carole Warshaw

Influencing Women's Substance Use: The Role of Transition Houses

Poole, Greaves, Jategaonkar, McCullough & Chabot

Importance of the support offered by shelters on health, income, housing and related issues, and how this can have a pivotal impact in helping women restructure their lives and reduce their use of substances.



Aboriginal Perspectives on Healing from Residential School Trauma

A Model for Holistic Healing

From Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential Trauma Among Aboriginal People.* Retrieved from www.ahf.ca/pages/download/28_101

Trauma-informed Approaches in Addictions Treatment

Gendering the National Framework

www.coalescing-vc.org

Section 3

- Pregnancy and Mothering

Mothering Policy

Study of barriers to accessing treatment by mothers

- **Shame (66%)**
- **Fear of losing children (62%)**
- **Fear of prejudicial treatment on the basis of their motherhood status (60%)**

Source: Apprehensions: Barriers to Treatment for Substance Using Mothers, BC Centre of Excellence for Women's Health (2001). Researchers: Nancy Poole and Barbara Isaac.

"We're slipping through the cracks and everything else, and when you push and shove and take away the children and stuff, I mean, we're losing mothers in droves here, you know, so there's a flaw in the system."

Voice of mother in treatment from *Mothering Under Duress* study

Issues

- **Ongoing tension between child and maternal welfare and rights, fuelled by legal and medical approaches that serve to condemn substance use among pregnant women and mothers.**
- **How do programs and policies respond to this in a women centred way? How will the health of both fetus and woman be protected and advanced? How does harm reduction fit into pregnancy, mothering and child welfare decision-making? How can the experiences of women, and in particular, mothers of children affected by maternal substance use be valued in the policy debate?**
- **Positive response to these questions from the point of view of women's health will require a significant paradigm shift among practitioners, policy makers and the public alike.**

Engaging Pregnant Women and Mothers in Services: A Relational Approach

Leslie

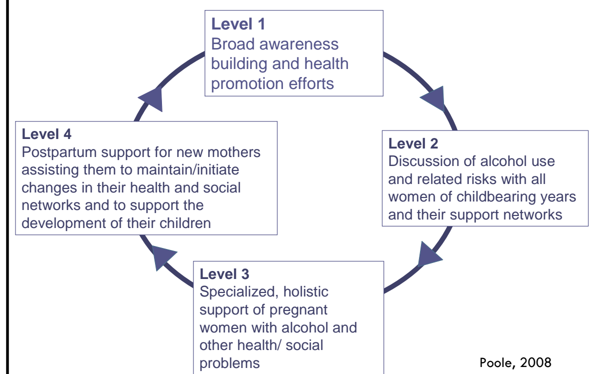
BTC uses a maternal-child relationship-based model to deliver a range of services to serve substance-using pregnant and/or parenting women and their children. These services are all presented through a single-access model that offers individual and group addiction treatment, parenting programmes, child care, child developmental services (including screening, assessment and intervention), health/medical services (including paediatric clinic and addiction medicine), mental health counselling, case management/service coordination, parent-infant counselling, home visitation, pregnancy outreach and support around instrumental needs (including food, clothing and transportation).

www.canfasd.ca/networkActionTeams/womens-health-determinants.aspx

CanFASD Northwest

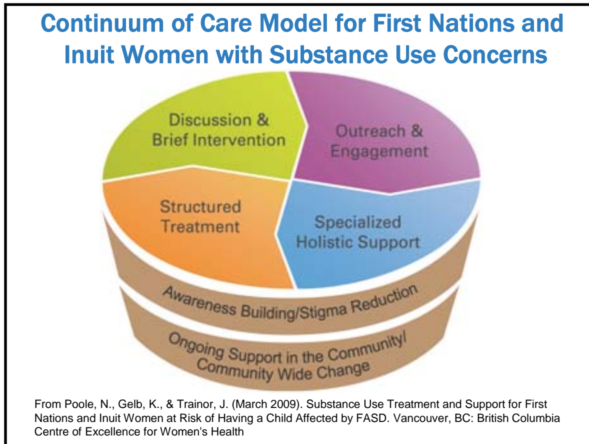
Taking a relational approach: the importance of timely and supportive connections for women

4 Levels of FASD Prevention



Poole, 2008

Continuum of Care Model for First Nations and Inuit Women with Substance Use Concerns



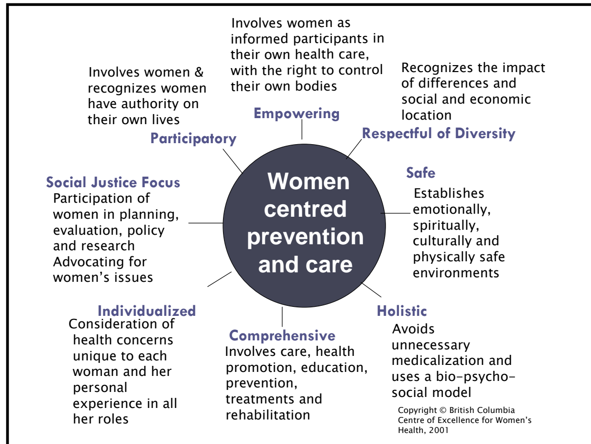
From Poole, N., Gelb, K., & Trainor, J. (March 2009). Substance Use Treatment and Support for First Nations and Inuit Women at Risk of Having a Child Affected by FASD. Vancouver, BC: British Columbia Centre of Excellence for Women's Health

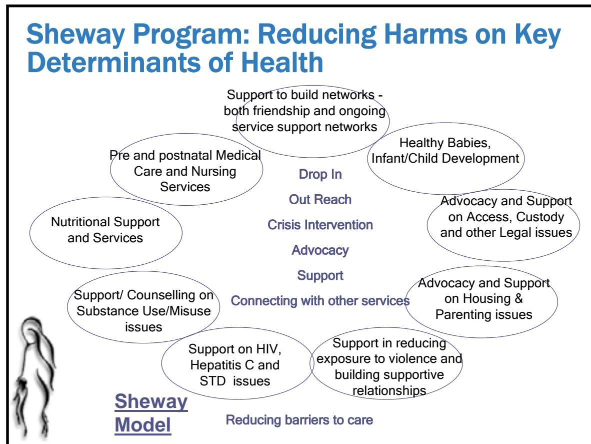
Section 4

- Responding with Programs

Issues

- When girls and women want help with their substance use issues, what is available? How can we define, create and evaluate woman-centred and woman-positive programs in the field of substance use and addiction?
- What are the challenges in translating women-centred and harm reduction principles into clinical and community settings? How can we affect entrenched paradigms, such as abstinence-based or medical models?


Women centred prevention and care
Empowering
Involves women as informed participants in their own health care, with the right to control their own bodies
Participatory
Involves women & recognizes women have authority on their own lives
Respectful of Diversity
Recognizes the impact of differences and social and economic location
Social Justice Focus
Participation of women in planning, evaluation, policy and research
Advocating for women's issues
Safe
Establishes emotionally, spiritually, culturally and physically safe environments
Individualized
Consideration of health concerns unique to each woman and her personal experience in all her roles
Comprehensive
Involves care, health promotion, education, prevention, treatments and rehabilitation
Holistic
Avoids unnecessary medicalization and uses a bio-psycho-social model
Copyright © British Columbia Centre of Excellence for Women's Health, 2001


Sheway Program: Reducing Harms on Key Determinants of Health
Support to build networks - both friendship and ongoing service support networks
Pre and postnatal Medical Care and Nursing Services
Healthy Babies, Infant/Child Development
Nutritional Support and Services
Advocacy and Support on Access, Custody and other Legal issues
Drop In
Out Reach
Crisis Intervention
Advocacy
Support
Connecting with other services
Support/ Counselling on Substance Use/Misuse issues
Advocacy and Support on Housing & Parenting issues
Support on HIV, Hepatitis C and STD issues
Support in reducing exposure to violence and building supportive relationships
Sheway Model
Reducing barriers to care

Relational Model

- Proposes that the primary motivation for women throughout their lives is building relationships and connection with others (Jean Baker Miller, 1976)
- Problems arise from disconnection or violations within relationships from personal to societal levels (Covington & Surrey, 1997)

Benefits of a Relational Approach

- Increased understanding of way trauma, mental illness & substance abuse have impacted her life – and a complex new identity integrating all three
- Increased empowerment, agency, self esteem and quality of life (N. Finkelstein)
- Increased capacity for mutuality, empathy, authenticity in relationships

Gender Differences in the Course/Response to Treatment

When we look at the dynamic process of change that occurs following referral and entry into substance abuse treatment

- self-help participation was more strongly associated with moving from using to recovery for women.
- more prior treatment episodes increased the likelihood of moving from recovery to using for women but reduced the likelihood for men.

Source: Grella, C. E., Scott, C. K., Foss, M. A., & Dennis, M. L. (2008). Gender similarities and differences in the treatment, relapse, and recovery cycle. *Evaluation Review, 32(1), 113-137.*

Mutual Help Groups

- Reflect relational model in their design
- Importance of women only groups that emphasize strengths
- Women able to share more openly (trauma, abuse, oppression, body image concerns)
- In mixed groups it has been shown that women help facilitate men sharing while women share less than they would in an all female group

Covington, S. & Surrey, J.L. (1997). In S, Wilsnack & R, Wilsnack (Eds.) Gender and Alcohol: Individual and Social Perspectives. New Brunswick, N.J.: Rutgers Centre of Alcohol Studies, 335-351.

Gender Differences at Treatment Entry

- Women experienced fewer years of regular use of opioids and cannabis, and fewer years of regular alcohol drinking before entering treatment.
- Although the severity of drug and alcohol dependence did not differ by gender, women reported more severe psychiatric, medical and employment complications.

Source: Hernandez-Avila, C. A., Rounsaville, B. J., & Kranzler, H. R. (2004). Opioid-, cannabis- and alcohol-dependent women show more rapid progression to substance abuse treatment. *Drug and Alcohol Dependence, 74*(3), 265-272

Substance Use Treatment for Women: Guiding Principles

- Driven by women and individualized
- Empowerment and strengths-based
- Women-centred - address all aspect of a woman's life
- Support a harm reduction approach
- Relational - support connections between women

Health Canada. (2001). Best Practices Treatment and Rehabilitation for Women with Substance Use Problems.

Gender Responsive Treatment: Guiding Principles

1. **Gender – acknowledge that gender makes a difference**
2. **Environment – create an environment based on safety, respect and dignity**
3. **Relationships – develop policies, practices and programmes that are relational and promote health connections to children, family, significant others and community**

United Nations Office on Drugs and Crime. (August 2004). *Substance abuse treatment and care for women: Case studies and lessons learned.* http://www.unodc.org/pdf/report_2004-08-30_1.pdf

Issues

- **Age matters, place matters, culture matters . . .**
- **How should we structure our response? Should we tailor programming to meet specific needs, whether they be cultural, linguistic or based on qualities such as sexual orientation or ability? Or, should we be planning to mainstream sensitivity to diversity into all programs and policies? How can we create programs that build on strengths of individual women, their families and communities? How should we tailor policy?**

The role of the treatment provider in Aboriginal women's healing from illicit drug abuse

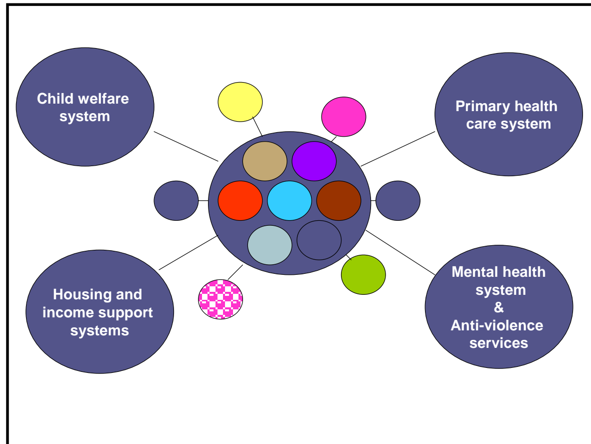
In 2005, a community-based collaborative research project was initiated by the National Native Addictions Partnership Foundation, the Canadian Centre on Substance Abuse and the University of Saskatchewan. The project examined the role that identity and stigma have in the healing journeys of criminalized Aboriginal women in treatment for illicit drug abuse at National Native Alcohol and Drug Abuse Program centres across the country.

Wisdom
Love
Respect
Bravery
Honesty
Humility
Truth

RE-CLAIM

- Relay **empathy** for the struggles that women face due to their problematic substance use (for example, loss of custody of their children).
- Be **accepting** and **non-judgemental** about women's past behaviours (for example, women's involvement in prostitution for survival)
- Provide **inspiration** by acting as a role model (for example, when appropriate share parts of your own healing journey to show it is possible to gain further education as an adult and secure meaningful employment)
- **Recognize** the impact of **trauma** in women's healing (ranging from the intergenerational effects of colonialism through to the disproportionate rates of inter-personal violence faced by Aboriginal women)
- Open lines of **communication** for two-way, non hierarchical dialogue with the women.
- Show **care** for the women and passion for your own role as a treatment provider.
- Support the link to **spirituality** in women's healing through Aboriginal culture as well as any other traditions and teachings with which the women identify
- Promote **momentum** in the women's healing journeys, that is, assist the women in **moving toward the future** after **acknowledging the past** (promoting accountability). For example, assist the women in developing healthier relationships and parenting skills. Fostering the women's ties to their communities will help break generational cycles.

Funded with an operating grant from the Canadian Institutes of Health Research, Institute of Aboriginal Peoples' Health, 74289



Women's Voices on Impact of Gender-Specific Treatment

- **"With the help of staff and my peers, I have learned more truth about myself than I have in 41 years. This info I will use and continue to add to and build upon. I have found so much joy being in the company of women. I'm so grateful for that. I have a whole new outlook in that regard and that will affect all aspects of my life. Thank you for these experiences and the opportunity to know myself better, as the person I truly am, or will be. I'm leaving here uplifted, inspired, and very hopeful.. "**
- **"This is the greatest gift I have ever given myself / allowed myself to receive. I love myself and I am so excited about reintroducing myself to my daughter and teaching and raising her in a healthy environment that I didn't have the opportunity to be raised in! I am the solution!"**

Source: Aurora Centre client feedback, 2003

Section 5

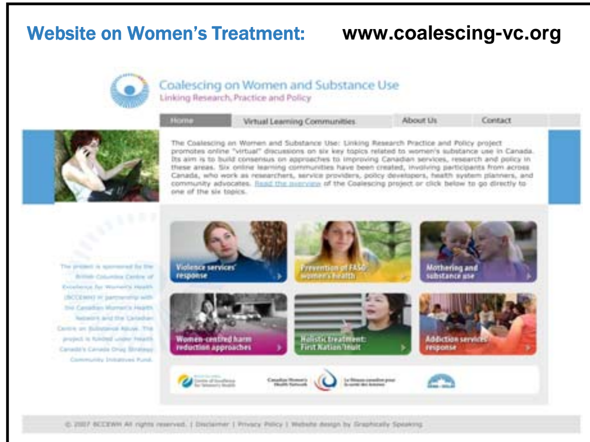
- **Challenges and Opportunities**

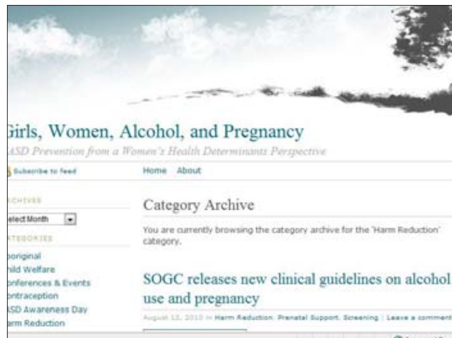
In the next decade, there must be serious attempts to learn, accept and incorporate the best evidence on women's substance use from all of the relevant paradigms, sectors, disciplines and traditions. This will require the development of common language, and patience in explaining what we all "know" in relation to substance use among women. It will require new methods of working together, created consciously with care and attention. And it will require co-ordination and the sharing of care. Translating knowledge into useful applications or principles for programming or policy- making will acquire greater importance. While none of these challenges can be minimized, only together they will lead to better collective responses to girls and women with problematic substance use and their children.

Integration

p. 509
Highs and Lows: Canadian Perspectives on Women and Substance Use

Website on Women's Treatment: **www.coalescing-vc.org**





http://fasdprevention.wordpress.com

Contact Information

Nancy Poole
Email: npoole@cw.bc.ca

www.bccewh.bc.ca
www.hcip-bc.org
www.coalescing-vc.org

For information on upcoming sessions in the FASD Learning Series: www.fasd-cmc.alberta.ca

Please take the time to fill out the on-line evaluation

Thank You!