



## Substance Abuse, Addiction & Women

losing her job, her house and her car didn't do it. Giving up temporary custody of her nine-year-old son didn't do it. Lying in the gutter, sleeping in grimy motel rooms, even facing the loss of her newborn infant didn't do it.

What finally convinced 32-year-old Angela Martinez to tackle her drug addiction for real this time was coming home from a weekend spent getting high to find her infant son's father in the hospital with a heart attack and her baby missing.

She'd come a long way from the middle-class life she'd been living just a few years ago, when she managed a medical practice, owned her own home and car and cared for her son as a single parent. Now, after five years of addiction to methamphetamine, the first drug she'd ever tried in her life, she found herself living a nightmare.

"There was just this overwhelming sense that the world fell apart because I got high," Ms. Martinez recalls. Once everything had settled down and she had found the baby at a neighbor's, she remembers thinking that she couldn't wait to get high again. That's when she realized she had to get help.

For Ms. Martinez, her addiction was methamphetamines and, later, prescription pain pills. For other women, it's crack or heroin, vodka or wine. Overall, about six million girls and women abuse or are addicted to alcohol, while about 15 million use illicit drugs and/or take prescription drugs for nonmedical reasons.<sup>1</sup>

"Substance abuse and addiction is by far the number one women's health problem, causing illness, injury and death and contributing to a whole host of related social problems," says Susan Foster, director of policy research for the National Center on Addiction and Substance Abuse (CASA) at Columbia University in New York City.

One reason substance abuse is so serious in women is that women get addicted faster and with smaller amounts of drugs and alcohol than men.<sup>1</sup> Yet "astoundingly," Ms. Foster notes, "America remains in denial about this problem—even though it can be prevented and treated—while more dangerous forms of abuse among women continue and in some cases are on the rise."

The rise in substance abuse is most evident in younger girls, government statistics show. For instance, the percentage of teenaged girls who said they'd used cocaine during their life jumped 2.4 percent between 1991 and 2005, compared to a 1.2 percent increase in boys.<sup>2</sup> Meanwhile, a CASA study found that 10.1 percent of girls aged 12 to 17 abused at least one controlled prescription drug, compared to 8.6 percent of boys. Overall, the study found, teenagers' abuse of prescription drugs jumped 212 percent between 1992 and 2003.<sup>3</sup>

Abuse of prescription drugs overall is the fastest-growing category of substance abuse in women. Women, particularly Caucasian women, are far more likely to abuse prescription drugs than men or women of other ethnic backgrounds.<sup>4</sup> Overall, women are 43 percent

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more likely than men to use narcotic pain relievers for nonmedical use. And when women abuse or misuse prescription drugs, they're often also abusing alcohol or other drugs.<sup>5</sup>

As for alcohol, although women's drinking patterns have held relatively steady over the past 20 years, women in their twenties who drink report getting drunk more often today even though they're drinking less overall.<sup>6</sup> In addition, the percentage of teenaged girls in 2005 who said they'd had a drink in the past 30 days nearly equaled that of boys (42.8 vs. 43.8). In 1991, 45.9 percent of girls said they'd had a drink in the past 30 days compared to 50.1 percent of boys.<sup>7</sup>

### **Hitting Women Harder**

Alcohol is far and away the most commonly abused substance in the United States by men and women. But until the 1970s there was little if any research on alcohol abuse and addiction in women. Today, however, we know that while about the same percentage of men and women tend to drink, men drink far more often and in far larger amounts than women.<sup>7</sup> Yet, research finds, alcohol hits women harder, wreaking more havoc.

"It's a myth that women can drink as much as men without suffering any worse consequences," says Ms. Foster. "There are much greater health risks for girls and women and their bodies from heavy drinking."

For instance, women are more likely to develop liver disease, hypertension, brain and heart damage than men, even if they drink less and for a shorter period of time.<sup>8</sup> Heavy drinking in women is also linked to a slightly increased risk of breast cancer, with some evidence suggesting that even mild-to-moderate drinking might increase the risk. Overall, studies estimate that about 4 percent of all breast cancers in developed

countries might be related to alcohol, with 27 drinks or more a week increasing the risk in premenopausal women, and six drinks a week or more increasing the risk of breast cancer in postmenopausal women.<sup>9, 10</sup>

Drinking in young women and teens is linked to delayed puberty, menstrual disorders, risky sex and teen pregnancy. It contributes to suicide and significantly increases a young woman's risk of being raped or becoming the victim of other violence.<sup>1</sup>

At any age, CASA notes, female alcoholics are up to twice as likely to die as male alcoholics in the same age group (who in turn die at rates three times above those of non-alcoholics).<sup>11</sup>

Why so much damage in women? Biology, says Ms. Foster. Women's bodies contain more fat and less water than men's. Since fat keeps alcohol in the body longer and water dilutes it, this means that alcohol hits women harder and stays with them longer. Also, in women the enzyme alcohol dehydrogenase (ADH), which breaks down alcohol, doesn't work as well. Thus, notes Ms. Foster, "The impact of one glass of alcohol in women has about the same impact as two for men."

Women also abuse substances for different reasons than men. The single greatest predictor for alcohol abuse in women is sexual abuse. But women also use alcohol and other drugs to cope with emotional pain, loneliness, boredom, and poor self-image.<sup>12</sup>

No matter what their drug of choice, women with substance abuse disorders tend to have more coexisting mental health disorders than men, says Ms. Foster. For instance, among female alcoholics, 31 percent have some form of anxiety disorder, 19 percent have major depression, both much higher than in men. They also have much higher rates of eating disorders.<sup>1</sup>

All of which make treatment issues more complex.

## Designing Treatment for Women

Despite the great need, 92 percent of women who need it don't get treatment for their alcohol and drug problems.<sup>1</sup> Part of the reason is access. Although evidence is still inconclusive as to whether women-only treatment programs are more effective than mixed-gender programs, many women prefer them. Yet, only a third of treatment facilities offer women-only programs, and only 14 percent offer programs for pregnant or postpartum women.<sup>13</sup>

"An ideal treatment program really emphasizes women's needs and doesn't assume that women are the same as men," says An-Pyng Sun, PhD, an associate professor of social work at the University of Nevada in Las Vegas who studies women's treatment issues.

For instance, she says, women's treatment programs should be nonjudgmental because women are subjected to more stigma and shame around substance abuse issues than men; provide a holistic case management approach to help women get their lives back on track rather than focus only on the substance abuse aspect; work with women on self-esteem issues and on instilling independence since many use drugs and drink to keep up with the habits of the men in their lives; and increase women's knowledge about the effects of alcohol and drugs physically, emotionally and socially.

And, research shows, treatment facilities for women should involve a woman's children. "It's often easier for men to step away from

their family for a while to get treatment, and there's less judgment about that in terms of their parenting role," says Nicola A. Conners, PhD, research assistant professor at the University of Arkansas for Medical Sciences College of Medicine in North Little Rock. "For women to step away from their parenting role to get substance abuse treatment, particularly if they need a residential setting, is just really traumatic for them and their family."

Plus, many women come from unhealthy families to begin with, bringing their own "baggage" to their parenting and contributing to a generational cycle of abuse. "We need parent/child programs if we're going to break the cycle of addiction by not only helping with mom's substance abuse issues, but helping her with parenting issues so we can help the next generation," Dr. Conners says.

In the early 1990s, the federal government began funding such programs to provide long-term residential treatment for pregnant women, new mothers and women with children with substance abuse issues. The programs are expensive and complex to manage, but, research shows, they're also highly successful. One such program is Arkansas CARES, run through the University of Arkansas.

One year after leaving the program, 80 percent of women remain drug- and alcohol-free, says Executive Director Cynthia C. Crone. Overall, the center's relapse rate is about 33 percent, compared to six-month relapse rates between 40 and 60 percent throughout the industry, she says.

Treating the entire family is

critical, she says. "These kids are suffering from a lack of effective parenting," she says, "not from drug exposure." Whereas drinking or smoking during pregnancy can harm a child for life, the long-term effects of intrauterine exposure to other drugs may be primarily behavioral and can sometimes be overcome with good parenting, she says. (For more on the effects of alcohol during pregnancy, see *Drinking & Smoking During Pregnancy* on page 5.)

That's what Ms. Martinez hopes. She's in her second stay at Arkansas CARES. The first time she was ordered into treatment by the court after she was arrested for drug possession. She was pregnant at the time and, although she got clean and worked her way through the program, she says she never focused on the underlying issues that led to her addiction in the first place.

Her son, Brandon, was born healthy while she was at Arkansas CARES. He was delivered via cesarean section, and when the scar from the surgery became infected and needed to be left open to drain and heal, Ms. Martinez left treatment and returned home for nursing care.

She received medication for the pain, which she initially took sparingly along with Tylenol. "Then I started taking only the pills, then I started taking it when I wasn't in pain anymore," she says. When her doctor stopped prescribing the medication, she went to the emergency room to get more. "There was my addiction again," she says. "I never

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**One reason substance abuse is so serious in women is that women get addicted faster and with smaller amounts of drugs and alcohol than men.**

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dreamed I could become addicted to anything but meth, but this disease is so much more complicated than that.” When she couldn’t get any more pain pills, she started back on the meth.

It’s taken several months of rehab and therapy this time around, but Ms. Martinez is finally coming to understand the underlying issues behind her addiction. “Issues from the past that give me insecurities, unresolved pain, grief or guilt are easier to numb than feel,” she says. Before she started using methamphetamine, she numbed those feelings with food, ballooning up to more than 300 pounds before she lost much of the excess weight with weight-loss pills. “Food had always given me some kind of comfort,” she says. “It was soothing, coating things over. And meth just happened to give me all that, too.”

Today, however, Ms. Martinez has learned a valuable lesson: “If you don’t feel it, you will never heal from it,” she says. By feeling the pain of her earlier life, and learning ways to cope with it beyond food and drugs, she’s more confident she can remain clean once she leaves the pastoral setting of Arkansas CARES. She has no choice, she says. She has to be a better parent to Brandon than she was to her older son. So she’s trying a new method: honesty.

“There’s times when I think about relapsing, about the fun of using,” she says. “But then I play the tape all the way through beyond the fun and think about lying in the gutter, being awake for a week and not taking care of my son, being sick. With Brandon, I have a clean slate. I don’t want to have to go back and repair the damage like I’ll have to do with my other son.” ✕

### Resources

**Alcoholics Anonymous (AA) World Services**  
212-870-3400  
[www.aa.org](http://www.aa.org)

**National Association for Children of Alcoholics (NACoA)**  
1-888-554-3687  
[www.nacoa.net](http://www.nacoa.net)

**National Center on Addiction and Substance Abuse at Columbia University (CASA)**  
212-841-5200  
[www.casacolumbia.org](http://www.casacolumbia.org)

**National Clearinghouse for Alcohol and Drug Information (NCADI)**  
1-800-729-6686  
[www.health.org](http://www.health.org)

**National Council on Alcoholism and Drug Dependence (NCADD)**  
1-800-622-2255  
[www.ncadd.org](http://www.ncadd.org)

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**  
301-443-3860  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**The Women’s Addiction Foundation**  
604-875-3756  
[www.womenfdn.org](http://www.womenfdn.org)

**Women Under the Influence (book)**  
The National Center on Addiction and Substance Abuse at Columbia University  
Available at: [www.casacolumbia.org](http://www.casacolumbia.org)

### Defining a “drink”

When it comes to “safe” drinking, government experts recommend no more than two drinks a day for men; one for women. But a “drink” doesn’t mean filling up an 8-ounce glass with vodka and orange juice. Instead, it refers to one 12-ounce bottle of beer or wine cooler; one 5-ounce glass of wine; or 1.5 ounces of 80-proof distilled spirits.

### Did you know ...

- Alcohol can make members of the opposite sex look more attractive.<sup>14</sup>
- Female college students consume an average of 10 alcoholic drinks a day while on spring break and 78 percent of them binge drink. In addition, four out of 10 say they drink until they’re sick or pass out, and a third said they get drunk every day during spring break.<sup>15</sup>
- Marijuana is the most commonly used illegal drug in the United States. Smoking marijuana during early adolescence increases the risk of anxiety and depression, particularly among girls and women.<sup>1</sup>
- Women become addicted more quickly to crack cocaine than men, even if they’re only casual users.<sup>16</sup>
- Girls who use drugs and drink are more likely to become depressed than boys.<sup>17</sup>
- Teens who use drugs are five times more likely to have sex than those who don’t.<sup>1</sup> Female drug users are also much more likely to have risky sex than girls or women who don’t use drugs.

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