



Facts on Addictions in Women

- **Addictive disorders take a different course in women than in men. Understanding how to intervene and treat problems is based largely on studies of male alcoholics and addicts. Traditional programs do not meet women's needs.**
- **Substance abuse disorders in women are under-recognized and under-treated. Although ½ of the persons in the U.S. needing help for substance abuse are women, less than 20% receive care.**
- **Virtually all drugs, especially alcohol, are far more damaging to women than men. Women come to treatment much sicker, with far more physical deterioration.**
- **Many women have been battered and sexually abused. These issues, which may lead to relapse, should be dealt with in a women-only settings as outcomes are proven better in that setting.**
- **Women develop more liver cirrhosis than men. Some studies show the rate of cirrhosis in women is twice that of men.**
- **Women progress rapidly from onset of drinking through later stage of alcoholism ("telescoping").**
- **Women experience more social disapproval of alcohol use and alcoholic women are more stigmatized.**
- **Women's treatment is more likely to be associated with heroin, cocaine, stimulants, and tranquilizers.**
- **Use of illicit substances during pregnancy may result in early delivery and small babies, as well as other substance-specific effects.**
- **Compared with men, women seeking treatment are more likely to be younger with fewer resources related to education, employment, and income, have children living with them and live with a spouse/partner abusing substances.**
- **Women with substance use problems are more likely than men to have experienced trauma and to have higher rates of concurrent psychiatric problems.**

- more -

Issues We Consider as We Provide Hope

1. There are systemic barriers to women accessing treatment that reflect a lack of awareness and understanding of gender differences and a limited ability for women to influence policy and resource allocation decisions in many countries. Systemic barriers impede the development of services to women's needs.
2. Policies and practices at the service and program level present structural barriers to women accessing treatment. Particularly critical barriers for women are lack of childcare resources, punitive approaches to pregnant women using substances, program location and cost, ridged program schedules and admission criteria, safety concerns and lack of knowledge about available resources.
3. Promoting gender-responsive services requires political advocacy, networking and linkages at a variety of levels-international, national, and community-and within services, including the involvement of management in the promotion of gender mainstreaming.
4. A comprehensive assessment should address areas particularly relevant for women, such as relationships, pregnancy, mental health, history of abuse and any current domestic violence.
5. Programs for women should be gender-responsive in their philosophy and principles, with and integrated theory that provides a framework for program development, content, and materials.
6. Providing women-only programs that employ male models of treatment using labeling and confrontation will not provide desirable treatment outcomes for women.
7. Cognitive and behavioral treatment approaches have received scientific and clinical support for use in treatment programming for women.
8. The experience of trauma and mental health problems are common among women with substance use problems. Services for women need to be aware of the impact of these problems and develop strategies to address these issues either on site or through referral.
9. Studies show that women-only programs that provide childcare, prenatal care, women-focused topics, mental health programming produce better outcomes than traditional mixed-gender programs.

“In sum, designing and implementing successful intervention strategies to address the needs of women with substance use disorders requires racial, ethnic, cultural, and clinical competencies. It also requires an understanding of the impact of gender, substance abuse, and co-occurring stressors for women with children.”

-- Rebecca Flood, Executive Director/CEO, New directions for Women