
Substance Use Disorder: A Need to Address the Gender Difference

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ABSTRACT

This paper aims to emphasize on the increase in the number of substance abuse among women along with a highlight on the need to understand gender differences in substance use disorders and necessitate having gender specific treatment which address the specific needs of women with substance use problems. With this aim, this article has put an effort to give more insight into gender differences in substance use disorders by elaborating on bio-psycho-social differences. This article also helps the mental health professionals to acknowledge the need to have a specific intervention programme which address the issues, needs, strengths and challenges of women with substance use disorder. A brief review of literature pertaining to this specific area shows the necessity to develop a need based psychosocial intervention exclusively addressing women specific bio-psycho-social issues of substance dependence is of critical importance in the context of increasing women's alcohol and other substance dependence behaviors as a byproduct of ongoing social change that disposes women vulnerable to substance abuse and dependence.

Keywords: *Women, Substance Abuse, Psychosocial Issues*

The traditional understanding of addiction as a disease of men has been changed in view of the increased number of female substance users. Evidently, substance use among women was increasing at a higher rate, though men were still more likely to become addicted to substances than women. [1,2]. In most societies, male substance abuse pattern was more prevalent and heavier than females, it could be apparently most of the studies exhibited a gender bias towards the male population [3, 4]. Recent western studies show that around 60% of adult women consume alcohol at least once in a while [3]. Further, a survey reported 20-30% women from developed countries consumed alcohol during their pregnancy [5, 6]. A study from India also supported the increased pattern and amount of alcohol consumption among women and in many cases it was similar amount of alcohol as their male counter partners. [7] A review shows that in

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India 30% of adult males and less than 5% of adult females consume alcohol [8]. But most of the studies admit that due to lack of resources, negative attitude towards women's substance use and some methodological problems would have under represent women with substance use problems. Evidently, fewer women abuses alcohol and other substances compared to men. But it is clearly evident that substance abuse among women is increasing and necessitates a special attention because the biomedical and psychosocial consequences of substance use disorders are higher for women as compared to men. Thus it is critical to understand the gender difference in substance use.

As discussed, the effects of alcohol and other substances are varying with gender status because female physiology is more complex compared to male. First, women tend to progress more quickly from using an addictive substance to dependence is called telescoping effect. Second, women tend to have low weight compared to men and women's body contains less water and more fatty tissue, fat retains more alcohol due to less water in the body. Therefore, a woman consumes alcohol tends to have higher blood alcohol concentration compared to men which make women more vulnerable for medical co-morbidities. Third, women have lower levels of two enzymes (alcohol dehydrogenase and aldehyde dehydrogenase). Major function of this enzyme is to break alcohol down in the stomach and liver. Due to lower levels of these enzymes in women body leads to more absorption of alcohol in the blood stream. It can make women more vulnerable to develop and progress fast to adverse consequences compared to men. [9, 10] Women are more likely to develop medical consequences easily to other substances like stimulants, opioids, cannabis, and nicotine compared to men. All these substances, women will have more adverse effects and progress more quickly to dependence. Females are more prone to get serious physical consequences such as malnutrition, sexually transmitted diseases (STDs) including HIV, reproductive health related problems respiratory infections, skin infections, and anemia. [11, 12]

Gender differences not only exist at the physiological level but also at the psychological dimension with respect to substance use disorder. The association between affective disorders, anxiety disorders and substance abuse are more common among women than in men. Many studies supported that there is a significant gender difference in terms of substance use disorders and associated co-morbid psychiatric disorders.[13] Women with substance use disorders have more of internalizing problems such as anxiety disorders, depression where in men with substance use disorders presents with more of externalizing spectrum disorders.

Thus, the woman with substance use problems typically present with more severe clinical profile than men despite having used less quantity and duration of substance use compared with men. It is clear that women with substance use disorders are more likely to have physical problems, psychological problems and from the available data it is evident that psychosocial profile of

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women with substance use disorder is also different from men in terms of demographics, risk factors and severity of problem.

Data from developed countries conveys that majority of women with substance use problems are married, house wives, having a substance using partner, a family history of substance use and have problems in different levels such as family, social, health, and employment [9]. In other hand information from developing countries pronounce that women with substance use problems are involve in sex work or other high risk behaviors to meet their economic needs and survival [1, 4] in added to this they have to countenance additional psychosocial problems such as poor nutrition, housing, poor health practices and poor reproductive health due to their poor socio economic conditions.

Violence and trauma related problems are other common psychosocial factors in women with substance use disorders. There are a number of studies supports that substance use by women is associated with stressors, relationship issues, poor support from family, domestic violence, history of child sexual abuse, and most these women uses substances in order to self-medicate to cope up with these stressors and pain in their life. [14, 15, 16]

Stigma and shame is another psycho social risk factor. In most of the societies and cultures women's substance use is not accepted. These cultural and social expectations and gender norms make women to perceive themselves as 'failures' which again lead them to be in the vicious cycle of addiction. As a result of stigma and shame women experience lot of difficulties to initiate or continue de-addiction treatment. Plethora of reasons such as high stigma associated with female substance use, lack of special treatment for pregnant and lactating women with substance use problems, poor support from the family socio cultural rejection and financial constraints, serves as barrier for the treatment. [17]

In summary the psychosocial factors related to substance use among women and factors which affect the treatment access can be divided in to two border categories. First, internal factors such as stigma, shame, guilt, denial, minimization of problems, and fear of losing children or child care. Secondly, lack of support from family and friends to enter into treatment, lack of financial resources, lack of gender specific treatments, inadequate training of professionals to deal with women specific issues. [18]

Need for a special focus

Most of the de-addiction treatments are male specific because until recently women and substance use disorders not got much attention by researchers and clinicians so the available treatment facilities were failed to address women specific issues.

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In addition, the background characteristics, substance abuse patterns, and personal histories of female substance users may differ from those of males. As such, treatment programming designed specifically for women is needed to address not only women's substance abuse-related problems but also their special needs and barriers to treatment. Although many service providers acknowledge and address gender differences among substance abuse treatment clients, these differences and the programming that addresses them have not been adequately studied. Therefore, there is a pressing need to develop new knowledge about for service providers to understand gender specific needs in substance abuse treatment.

Further, the existing psychosocial interventions in substance dependence are largely male specific, aiming at dealing with the substance dependence problems of men. The feasibility of women sensitive, gender and psychosocial factors are understudied and are often ignored in clinical practices [19, 20, 21]

Therefore, considering psychological, social, gender and other critical factors, it is clearly evident that existing male specific treatment methods, approaches and guidelines are inadequate to satisfy the needs of women with substance use disorders. Hence, a systematic effort to develop a need based psychosocial intervention for exclusively addressing women specific psychosocial issues of substance dependence is of critical in the context of increasing women's alcohol and other substance dependence behaviors as a byproduct of ongoing social change that dispose women vulnerable to substance abuse and dependence.

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Conflict of Interests

The author declared no conflict of interests.

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