

# SAMHSA ADVISORY

Substance Abuse and Mental Health  
Services Administration

## ADDRESSING THE SPECIFIC NEEDS OF WOMEN FOR TREATMENT OF SUBSTANCE USE DISORDERS

Initiation of substance use by women is often related to family or partner use, a co-occurring mood disorder such as depression or anxiety, or an eating disorder (Bahji et al., 2019; Khan, Okuda, et al., 2013; Khan, Secades-Villa, et al., 2013). For example, some women may start injecting drugs as a way to initiate and maintain intimate relationships (Guise et al., 2017). Mood disorders are more common in women with substance use disorders (SUDs) than women without SUDs (Khan, Okuda, et al., 2013; McHugh et al., 2018). Women who have a SUD are also more likely to have histories of trauma (Devries et al., 2014), including sexual or physical abuse, and abuse or witnessing abuse in childhood (Cafferky et al., 2018; Muchimba, 2020; Stein et al., 2017; Tripodi & Pettus-Davis, 2013; Ullman et al., 2013).

While studies have consistently shown a greater prevalence of SUD among men, rates of substance use by gender are age-dependent (Substance Abuse and Mental Health Services Administration, 2020). According to the National Survey on Drug Use and Health (NSDUH), in 2019, females between 12 and 17 years of age were more likely than males to report having a SUD in the past year (5.0 percent of females versus 4.0 percent of males). While the prevalence of SUD among men overtakes that of women 18 years and older, women continue to constitute approximately one third of adults reporting a SUD.

Consequences of substance use for women include physical complications, the risk of losing custody of children under their care, and exposure to partner violence. Women develop physiological complications from substance use, especially alcohol, in a shorter time and with lower consumption than men (Brasiliano et al., 2020; Peters et al., 2019). Reproductive consequences for pregnant women may include fetal alcohol spectrum disorders, long-term cognitive deficits, low birth weight, or miscarriage (McHugh et al., 2018).

Women with SUDs are likely to curtail or stop use of alcohol or illicit drugs during pregnancy; however, they are also likely to resume substance use after the pregnancy (Forray, 2016; Forray et al., 2015; McHugh et al., 2018). Some women are motivated to address their SUD by entering and completing treatment because of their roles as mothers and caregivers (McCrary & Epstein, 2013). However, some women may fear the legal or social ramifications of engaging in treatment while pregnant and parenting (National Institute on Drug Abuse, 2020).

Over the past decade much has been learned about treating women with SUDs. This *Advisory* is intended to add to some of the information (e.g., pharmacological approaches) currently found in the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) 51, [Substance Abuse Treatment: Addressing the Specific Needs of Women](#). It offers guidance to providers and administrators about the particular needs of women during SUD treatment. It summarizes key messages, recommendations for screening and assessment, gender-focused approaches to treatment and support, and considerations for women in specific racial/ethnic populations.

## Key Messages

### **Approaches to SUD treatment for women should include:**

- Relational approaches that take into consideration positive and negative familial and partner influences and relationships, and promote a safe and caring treatment environment.
- Treatment programs that integrate the whole person, including family and parenting responsibilities.
- Trauma-informed approaches that include screening and assessing women for trauma history.
- A focus on identifying and addressing co-occurring substance use and mental disorders, such as mood, anxiety, and eating disorders.
- Consideration of appropriate medications for pregnant women; buprenorphine is safer than naltrexone or methadone to ensure better outcomes for newborn children.
- Provider recognition of women’s cultural expectations to help improve engagement and retention in treatment programs.

## Screening and Assessing Women for Substance Use and SUD

Treatment engagement begins with screening and assessment. The purpose of screening is to determine the presence of substance use and the risk for a SUD. The purpose of the assessment is to gather detailed information needed to define the problem, determine a diagnosis, and develop a treatment plan that meets the individual’s needs. These tools are the first step in engaging the client in the treatment process.

In order to elicit more honest responses, when possible, self-administered screening tools should be used for women instead of face-to-face interviews. This approach helps mitigate feelings associated with the stigma of substance use. This is especially true for pregnant women whose substance use may cause additional feelings of guilt and shame.

Exhibit 1. Screeners for Use with Women			
For Use with Prenatal Women			
For Screening Use of Other Illicit Drugs			
For Screening Tobacco Use			
For Screening Alcohol Use			
The Alcohol Use Disorder Identification Test ( <a href="#">AUDIT</a> )*	✓		
Texas Christian University Drug Screen 5 ( <a href="#">TCUDS 5</a> )	✓		
<a href="#">CAGE</a> Substance Abuse Screening Tool (Cut down, Annoyed, Guilty, and Eye-opener)	✓	✓	
<a href="#">TWEAK</a> (Tolerance, Worried, Eye-opener, Amnesia, K-Cut Down)	✓		✓
<a href="#">T-ACE</a> Screening Tool	✓		✓
Substance Use Risk Profile-Pregnancy Scale ( <a href="#">SURPPS</a> )	✓	✓	✓
Prenatal Substance Abuse Screen ( <a href="#">5Ps</a> )	✓	✓	✓
* Question 3 of the AUDIT screener should be revised for women to refer to having 4 (not 6) or more drinks on one occasion.			

In addition to screening for substance use and its risks, providers should also screen women for mood disorders, post-traumatic stress disorder (PTSD), trauma, violence, and other health issues. Providers should view the assessment interview as an important step in establishing rapport with the client, both personally and as a representative of the treatment system. A feeling of safety and a trusting relationship can encourage a patient, especially one with a history of trauma, to engage in further services.

Treatment assessments should include trauma topics, such as physical or sexual abuse, domestic violence, and abuse in childhood. Women who have a SUD are more likely to have histories of trauma (Devries et al., 2014), including sexual or physical abuse, and abuse or witnessing abuse in childhood (Cafferky et al., 2018; Muchimba, 2020; Stein et al., 2017; Tripodi & Pettus-Davis, 2013; Ullman et al., 2013). Transgender women, in particular, experience high levels of trauma and violence (Keuroghlian et al., 2015; Wirtz et al., 2020). Screening tools for partner violence and trauma include the [STaT \(Intimate Partner Violence Screening Tool\)](#) (Paranjape & Liebschutz, 2003; Paranjape et al., 2006) and the [PTSD Checklist for DSM-V \(PCL-5\)](#). For resources on trauma and substance use, refer to SAMHSA's TIP 36, [Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues](#).

Women should also be screened and assessed for eating disorders. The five items in the [SCOFF Questionnaire](#), or the widely used [EAT-26](#), or Eating Attitudes Test, can help screen for symptoms associated with eating disorders. For resources on eating disorders and substance use, refer to SAMHSA's TIP 42, [Substance Use Disorder Treatment for People with Co-Occurring Disorders](#).

## SUD Treatment for Women

A gender-responsive approach to the treatment process and recovery for women includes the importance of relationships and family, the prevalence and history of trauma and violence, common patterns of co-occurring disorders, and, when applicable, particular recognition of caregiver responsibilities. This section includes recommendations for addressing each of these factors.

### Considerations for Treatment of Pregnant Women

- Help pregnant women manage the additional stresses, demands, and guilt that pregnancy can cause in a woman struggling with a SUD.
- Educate clients who are pregnant about how the amount and timing (e.g., early versus later in pregnancy) of substance use affects the fetus, and encourage women to remain abstinent during pregnancy and breastfeeding.

### Postpartum Depression and Anxiety

- Women with postpartum depression report higher rates of sexual abuse in childhood; family history of depression; and history of depression, substance use disorder, bipolar disorder, or a history of a suicide attempt (Tebeka et al., 2016). Lifetime drug use is associated with postpartum anxiety, stress, and other mood disorders (Prevatt et al., 2017).

### SUD Treatment for Women with Children

- For treatment to be successful, providers must help address barriers to treatment, including finding trusted and reliable childcare, or identifying a residential treatment program that accommodates mothers and their children. Innovative integrated substance use treatment programs for mothers that incorporate parental training and engage families have shown promising outcomes (Moreland & McRae-Clark, 2018).

## ***Adopt Relational Approaches to Treatment***

Because of the frequent co-occurrence of SUD, mood disorders, and history of trauma, women in SUD treatment are more likely to benefit from a treatment environment that is supportive, safe, and nurturing (Neale et al., 2018). Supportive treatment develops tools for clients to create a support system and repair or replace hurtful relationships, using group therapy and trusting relationships with program staff as a basis for treatment (Greenfield & Grella, 2009). Therapy may also involve family and partners, as appropriate, based on their willingness to participate in treatment and the safety and well-being of the client. For more information on group therapy, please refer to SAMHSA's TIP 41, [Substance Abuse Treatment: Group Therapy](#).

## ***Adopt a Trauma-Informed Approach***

Trauma history and victimization are highly correlated with SUD in women; trauma is both a risk factor for and a consequence of substance use (Devries et al., 2014; Muchimba, 2020; Stein et al., 2017; Ullman et al., 2013). Using a trauma-informed approach to SUD treatment for women includes developing coping strategies for trauma or PTSD. Providers should start skill-building with their female clients immediately rather than waiting for an incident to occur. If the treatment assessment reveals a woman is living in an unsafe environment, clinicians should coordinate services to remove her from that situation and provide a safe living environment. It is far more difficult to manage trauma symptoms when they are heightened than when they are at lower intensity levels.

## ***Address Co-Occurring Disorders***

In 2019, over two thirds of women reporting a SUD also reported a mental illness over the past year (SAMHSA, 2020). For the best outcomes, mood disorders identified during assessment such as depression, anxiety, and PTSD should be addressed in conjunction with substance use treatment.

Over one quarter of women with an eating disorder also experience an SUD (Bahji et al., 2019). Binge eating is more closely associated with alcohol consumption, and dieting and purging is associated with stimulant and sleeping pills/sedative use (Piran & Robinson, 2011). It is therefore important to address eating disorders in conjunction with substance use treatment. For more information, please refer to SAMHSA's Advisory, [Clients with Substance Use and Eating Disorders](#).

## ***Medication for Women with Opioid Use Disorder***

For women who are pregnant with opioid use disorder, some research suggests that buprenorphine has shown better outcomes compared to methadone, including lower risk of preterm birth, greater birth weight, and larger head circumference (Zedler et al., 2016). In addition, buprenorphine is related to shorter duration of treatment, less required medication for neonatal abstinence syndrome, and shorter hospitalizations for new babies. Ultimately this is a shared decision between the provider and the patient. While naloxone is often used in combination with buprenorphine, during pregnancy naloxone can result in prenatal naloxone exposure (Tran et al., 2017). For more information, please refer to SAMHSA's, [Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#).

## Considerations for Treatment of Women in Specific Racial/Ethnic Groups

Culturally responsive health care improves both short- and long-term outcomes, not just for women with SUD but also for clients with almost any type of healthcare problem. A gender-informed and culturally responsive approach to substance use treatment, regardless of the specific population, includes the following:

- Assessments conducted in the client’s preferred language.
- Assessments sensitive to the client’s level of ethnic identity, including acculturation level.
- Treatment approach that reflects the client’s cultural lens.
- Staff trained and proficient in cultural competencies.

For additional information, refer to SAMHSA’s TIP 59, [Improving Cultural Competence](#).

While not exhaustive, the list below includes considerations for SUD screening, assessment, and treatment for specific populations, including racial and ethnic groups.

### Assessments of Racial/Ethnic Identity

[The Cross Ethnic-Racial Identity Scale-Adult \(CERIS-A\)](#): a newly developed assessment tool for measuring ethnic-racial identity

[The Oetting and Beauvais Questionnaire](#): an instrument that assesses cultural identification for Caucasian Americans, Latino Americans, American Indians, and African Americans

[The FICA Spiritual Assessment Tool](#): an assessment of four aspects of spirituality (faith and belief, importance, community, and addressing how spirituality relates to treatment)

### Treatment of Women in Specific Racial/Ethnic Populations

#### Latina Women

- Provide clients with opportunities to identify and express feelings about their heritage and self-perception.
- Encourage exploration of strengths in their cultural backgrounds, histories, and heritages, including opportunities to explore old and new ways to incorporate spirituality into their lives.
- Develop opportunities to build alliances and relationships with women (including staff and other clients) from other groups and cultures.

#### Black/African American Women

- Use an Afrocentric perspective, when appropriate and welcomed, to provide a framework for recovery.
- Involve family members and community to build a network of safety and support.

#### Asian and Pacific Islander American Women

- Incorporate drug and alcohol education to reduce the stigma attached to substance use and SUD.
- Approach treatment from the vantage point of promoting overall health rather than focusing solely on substance use; include a holistic connection between body, mind, and spirit.
- Provide a nurturing environment that does not encourage cultural and gender-related tendencies toward self-blame.

## Treatment of Women in Specific Racial/Ethnic Populations

### American Indian and Alaska Native Women

- Provide trauma-informed services that encompass the impact of cumulative stress from historical trauma to specific trauma.
- Recognize that the role of “helper” may extend beyond substance use counseling to seeking advice for other health concerns, for other family members, or for other life circumstances or stressors.
- Understand and acknowledge the specific tribe’s cultural values, beliefs, and practices, including customs, habits, gender roles, rituals, and communication styles.

### Resources

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#)
  - [Addiction Recovery and Intimate Violence \(ARIV\) HealthKnowledge Online Course. \(Addiction Technology Transfer Center Network\)](#)
  - [Advisory, Clients With Substance Use and Eating Disorders](#)
  - [Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#)
  - [Pregnancy Planning for Women Being Treated for Opioid Use Disorder](#)
  - [Guidance Document for Supporting Women in Co-ed Settings](#)
  - [Intersection of Domestic Violence or Intimate Partner Violence and Addiction \(National Hispanic and Latino ATTC\)](#)
  - [TIP 25, Substance Abuse Treatment and Domestic Violence](#)
    - [Quick Guide for Clinicians Based on TIP 25, Substance Abuse Treatment and Domestic Violence](#)
  - [TIP 36, Substance Abuse Treatment for Persons With Child Abuse and Neglect Issues](#)
  - [TIP 41, Substance Abuse Treatment: Group Therapy](#)
  - [TIP 42, Substance Use Disorder Treatment for People With Co-Occurring Disorders](#)
  - [TIP 51, Substance Abuse Treatment: Addressing the Specific Needs of Women](#)
    - [Quick Guide for Clinicians Based on TIP 51, Addressing the Specific Needs of Women](#)
  - [TIP 59, Improving Cultural Competence](#)
  - [Women Are Different \(Addiction Technology Transfer Center Network\)](#)
- **National Institute on Drug Abuse (NIDA)**
  - [DrugFacts, Substance Use in Women](#)
  - [Summary, Substance Use in Women Research Report](#)

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