

Tips for HIV Clinicians Working with Women with Substance Use Disorders

Sex and Gender. Both sex and gender have an impact on the development of substance use disorders (SUDs) and on the treatment and recovery service needs of women and girls with SUDs. Differences between men and women include biological, social, and environmental factors.

The terms "sex" and "gender" have different connotations. Sex pertains to biological matters. Gender refers to a person's self-representation related to culturally defined characteristics of masculinity and femininity. There are both sex (biological) and gender (identity) differences related to SUDs, HIV/AIDS, and their treatment.

What Is Gender-Responsive Care? Gender-responsive treatment entails, "Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives, and is responsive to the issues of the clients."¹ Gender-responsive care is characterized by 5 components:

1. **It addresses women's unique experiences.** Treatments acknowledge, address, and respect the vast diversity among women and strive for cultural competence in gender, ethnicity, caregiving, career status, family status, health, and other factors that influence women.
2. **It is trauma-informed.** More than half of women seeking treatment for an SUD report experiencing at least one traumatic event in their lifetime, with some clinical settings reporting up to 90%. High rates of trauma also have been found in HIV-infected women. One study found that over 30% of HIV-infected women have PTSD,² more than 5 times the national average. The same study found HIV-positive women with recent trauma had 4 times the rates of antiretroviral failure. Trauma-informed care focuses on coping skills, understanding the relationship between substance use and trauma, and avoiding re-traumatization.
3. **It uses relational approaches.** Women recover in connection, not in isolation. Relationships are central in their lives, so treatment should address family – partners, parents, children, friends and others whom a woman defines as her support system.
4. **It is comprehensive to address women's multiple needs.** Integrated treatment models that simultaneously address needs like childcare, mental health, medical, and social service resources are most effective. Having a strong referral network is helpful when needs arise that cannot be addressed.
5. **It provides a healing environment.** From the physical space to the attitudes of office staff members, the clinic environment should be calm, soothing, and safe.

Whether used for women with SUDs, HIV infection, or both, gender-responsive treatments create better engagement and safer spaces for women to get the help they need.

Epidemiology. Approximately 1 in 4 individuals diagnosed with HIV are women. New HIV diagnoses among women occur primarily among women of color and result from heterosexual contact. Black women are most affected, followed by Latinas and then whites.³ An estimated 88% of women who are living with HIV are diagnosed, but only 32% have the virus under control. Women are 4-5 times more likely to contract HIV through heterosexual contact than through injection drug use or other means.

Women generally have rates of substance use and SUDs that are approximately half those of men across all substances: alcohol, sedatives, opiates, cocaine, amphetamines and marijuana. However, the gender gap virtually disappears for women admitted to treatment when their primary substance of abuse is prescription opiates or amphetamines. Women are admitted to treatment for sedatives and sleeping aids more than men.⁴

Telescoping. Women tend to have a shorter gap and lower levels of use from the initiation of drug or alcohol use to the development of problems related to substance use. This puts women at more immediate risk of developing an SUD, even when they are using less and for a shorter amount of time.

Drinking Guidelines for Women. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) sets safe drinking guidelines for men and women. For women, NIAAA recommends no more than 3 standard drinks on any day (men = 4 drinks) and no more than 7 standard drinks in a week (men = 14 drinks). In addition to a number of hormonal differences, one of the main differences in metabolizing alcohol rests in the amount of water available in the body. Women have less body water than men of similar weight, so women achieve higher concentrations of alcohol in the blood after drinking equivalent amounts of alcohol. Studies also suggest that women are more vulnerable than men to damage caused by alcohol and its toxic byproducts in the brain and other organs.

Pregnancy.⁶ Although pregnant women overall tend to drink and use drugs at much lower rates than their non-pregnant counterparts, clinicians should be aware of the consequences of substance use during pregnancy. Pregnancy, parenting, and childcare may provide an opportunity for intervention and increase a woman's likelihood to enter and complete substance use treatment. Women are motivated to protect an unborn child's health, which can motivate them to make changes and enter treatment. The National Institutes of Health (NIH) recommends that pregnant women with HIV take antiretroviral medications to reduce the risk of mother-to-child transmission and protect their own health.

Empirically Supported Treatments.⁷ A number of empirically supported treatments are available for women with SUDs and HIV infection, many geared toward an intersection of the two. While the format and specifics of the interventions may differ (e.g., number and length of sessions, theoretical model, individual or group settings), they typically share the following characteristics:

1. **Education: Knowledge is Power.** Interventions teach about health, STD transmission, and ways for women to protect themselves.
2. **Negotiation and Refusal Skills:** Negotiation is the process of achieving a desired goal through persuasion, bargaining, and compromise. Women benefit from learning how to negotiate in challenging situations.
3. **Role Play:** The participants and/or the facilitators can act out scenarios, such as negotiating safe sex.
4. **Other Practice:** Women can practice using a condom on a penis model, and talk about ways to eroticize safe sex.

Substance Abuse and HIV Information for Women

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [National Institute on Drug Abuse \(NIDA\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Local Referral Sources: Keep a list and update it regularly. Write down referral information to share with your patients.

- SAMHSA National Hotline: 1-800-662-HELP, or visit the SAMHSA website at: <http://findtreatment.samhsa.gov>.
- HIV/AIDS Service Locator: <https://locator.aids.gov>. Search by zip code for federally supported HIV/AIDS care, mental health, substance abuse, housing, and other services.
- Alcoholics Anonymous: <http://www.aa.org>

References

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5. Center for Behavioral Health Statistics and Quality. (2015). [Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health](#). HHS Publication No. SMA 15-4927, NSDUH Series H-50.
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7. CDC. [Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention](#).