

Men and women in treatment: the issues

For men and women in active addiction, or accessing treatment, or in recovery, what are the similarities and differences? Paul Hokemeyer did the research for you and gives his findings.

Providing culturally and clinically competent mental-health and addiction services requires clinicians to meet their patients in the reality of the patient's life with compassion and empathy for the patient's unique needs. Central to these needs are an understanding of and sensitivity to gender differences and the power dynamics inherent in them. Historically, treatment programmes have failed to properly address identity constructs which deviate from a normative standard based on a middle-aged, white male demographic¹. True cultural and clinical competency, however, demands different treatment interventions for different gender expressions. These bespoke interventions must address the systemic realities of the patient's life and consideration of the following.

The sociocultural framework in which patients live. This includes the dominant cultural view of gender and the zeitgeist surrounding gender expression and gender roles. This analysis must include the impact of patriarchy and an understanding of feminist theory.

Their family of origin. In addition to obtaining a thorough medical and psychological history, clinicians must get a sense of how gender roles manifested in the patient's family of origin.

The interpersonal relationships. Gender roles historically come with prescribed power structures. It is critically important that clinicians understand the pathological power dynamics that are supporting the patient's illness in order to fashion appropriate interventions and support the patient's long-term recovery.

Their intrapersonal relationship. Everyone has an internal dialogue and self-concept. Men tend to value themselves for "what can I get" while, in contrast, women tend to define their value by "what can I give".

In addition, effective and competent treatment requires clinicians to understand and incorporate the following evidentiary findings relating to addiction and gender differences into their treatment plans.

Men are more likely than women to become addicts². In 2008, the US National Survey on Drug Use and Health found that 11.5% of males aged 12 and older had a substance abuse or dependence problem, compared with 6.4% of females. Women, however, face tougher challenges to getting treatment. It is important to note this gap is narrowing.

Women suffer from a phenomenon known as telescoping. Women progress more quickly from using an addictive substance to dependence, addiction and treatment than men. Women who enter treatment do so with a more severe clinical profile than men despite having used less of the substance or having used the substance for a shorter time compared with men³. This means they present with more severe medical, behavioural, psychological and social problems.

Hormonal differences impact substance responsiveness. Oestrogen, progesterone, metabolites of progesterone and negative allosteric modulators of the GABA-A receptor, such as DHEA, can influence the behavioural effects of drugs⁴.



About the author

Paul Hokemeyer JD, PhD is an internationally recognised expert on cultural competency in the treatment of mental health and addictive disorders. He is senior clinical adviser to Caron Ocean Drive, a licensed marriage and family therapist, former attorney, judicial law clerk and law review editor. He holds a BA in economics, MA in clinical psychology, PhD in psychology and a doctorate in law (JD). Lambert Academic Press, Addiction Professional and Family Therapy Magazine have published his research. Dr Hokemeyer is part of the Dr Oz Show panel of experts and is a Fox News analyst. He contributes regularly on psychology to Good Morning America, The Today Show, CNN's Prime News and has been quoted in The New York Times, Wall Street Journal, Time, Johns Hopkins Newsletter, The Washington Post, and more.

Younger women and older men develop more medical consequences of addiction than men. This is a function of key enzymes – dehydrogenase and aldehyde dehydrogenase – and body composition. These two enzymes break down alcohol in the stomach and liver. Younger women and older men have less of these enzymes in their system. As a result, younger women (<50) and older men (>70) absorb alcohol into the bloodstream more quickly and intensely⁵. In addition, compared to a man's, a woman's body contains less water and more fatty tissue. Alcohol-related problems such as brain atrophy and liver damage occur more rapidly in women than in men.

Women develop more social consequences from addiction than men. There is much greater stigma attached

to a woman's use and abuse of alcohol and drugs than a man's. Women – and, in particular, mothers – are subjected to shame and ridicule. As a result, their use tends to be more "hidden" than it is among men.

Women suffer from higher rates of mood and anxiety disorders than men. Lifetime rates of mood and anxiety disorders are significantly higher among women than men, with and without substance-use disorders⁶. The most common mood disorder among women was reported as major depressive disorder (15.4%) and the most common anxiety disorder was specific phobia (15.6%)⁷.

When provided with the proper social and therapeutic supports, women are just as likely to recover as men.



By the end of this presentation at Recovery Plus, delegates will be able to:

- 1) discuss with patients and professionals how gender differences are impacted by biological, emotional, cultural and socioeconomic factors
- 2) list those factors and refer to related research
- 3) more effectively establish a reparative psychotherapeutic relationship with clients
- 4) meet patients' needs with more cultural and clinical sensitivity.

A comprehensive review in the American Journal of Drug and Alcohol Abuse of the literature concluded that, although women with alcohol problems were less likely to enter treatment, once they began treatment they were just as likely as men to recover. But this review also concluded that programmes which provided perinatal care, childcare and other family services would better facilitate women to enter treatment⁸.

Gender specific programs are generally no more effective than mixed-gender programmes for alcohol dependence. However, there is greater efficacy for subgroups of women with a history of trauma or abuse, or who have other psychiatric disorders⁹.

Family and couples therapy is highly effective. Women have been found to consume mood and mind altering substances in response to family and relational conflict at higher rates than men¹⁰. In addition, their relapse rates are more likely to increase if they are in a relationship with a partner who abuses substances¹¹.

Conclusion.

Gender differences between female and male substance-abuse patients are impacted by a host of biological, emotional, cultural and socioeconomic factors. Central to a patient's success in recovery is their ability to establish a reparative psychotherapeutic relationship with his or her clinical team. Effective treatment demands that clinicians understand their patients' unique needs and meet them with cultural and clinical sensitivity.

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Women's relapse rates are more likely to increase if they are in a relationship with a partner who abuses substances – but the same phenomenon does not occur in men.

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and female alcoholics' attributions regarding the onset and termination of relapses and the maintenance of abstinence. *Journal of Substance Abuse*. 1998;10:27–42.

Additional resources.

- ➔ <http://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm>
- ➔ www.doctoroz.com/blog/paul-hokemeyer-phd-jd/women-and-alcohol-riskier-combination
- ➔ www.caronoceandrive.org/affluent-women-in-treatment-a-survey/
- ➔ www.webmd.com/mental-health/addiction/news/20110915/drinking-is-on-the-rise-among-us-women
- ➔ www.foxbusiness.com/personal-finance/2013/05/16/focus-on-perfection-turns-some-moms-to-addiction.

