

Women and Addiction: The Sex Differences are Real

By Wendy Cope, M.A

An awareness of sexual inequalities has been at the forefront of the women's movement for years. Gains have been made toward developing greater acceptance of the need to be treated equally. However, in the area of addiction, women and men are not equal. The sex differences do, in fact, have implications for the recognition, diagnosis and treatment of women with substance abuse problems.

Let's take a brief journey through the typical substances that are abused, with an eye focused upon the differences between men and women.

Beginning with alcohol, general trends show that women are less likely either to drink, or to drink heavily. More women than men are occasional drinkers. This sounds like good news for women. However, there are physiological differences that result in alcohol being a potential danger, even at comparatively low levels of consumption.

For every single unit of alcohol consumed by a man, a woman need only consume 2/3 of that amount to achieve the same physiological effect (often measured by the blood alcohol level). Women get intoxicated faster and feel the effects longer. Over the long term, heavy drinking will lead to significant medical problems much faster in women, such that it takes a woman 14 years of heavy drinking to experience the same physiological damage as it would take a man 20 years to develop.

There are specific times when a woman's tolerance to alcohol is reduced. Pre-menstrually the body does not metabolize the alcohol as efficiently, thus producing a stronger effect with smaller amounts. Unfortunately this is also the time that women find themselves craving alcohol. Women are also more sensitive to alcohol during menopause and have a decreased tolerance to alcohol after middle age. Nutritional deficits are common among women alcoholics due to the concern about weight gain and the tendency to choose alcohol over food.

Prescription Medications

The prevalence of prescription medications used by women has long been a concern of those working in addictions. Part of the concern is related to the dangers of cross-dependence which can occur when alcohol and prescription drugs are used at the same time. Frequently the user is not aware of the dangers of a synergistic effect. For example, alcohol and tranquillizers are both "downers" and when taken together the effect is significantly magnified. One plus one is greater than two. The most dangerous medications for potential cross-dependence are the psychotropics such as tranquillizers (Valium, Librium, Ativan, Serax), sleeping pills (Dalmane, Halcion), pain killers (such as those with codeine) and antidepressants.

Women are twice as likely to be prescribed tranquillizers than men. The situation is even more critical among older women — 80% of drugs prescribed to women over age 65 are psychotropics. Older women have more health problems, are likely to have more than

one doctor, and may be getting pills from each of them. Such "double-doctoring" can lead to unintentional over-medication and eventual dependence.

Over 60% of older women admitted to hospital emergency rooms are suffering from over-medication. Addiction among older women is often misdiagnosed as due to aging. Symptoms such as sleep disturbance, depressive symptoms and liver damage may lead a doctor to prescribe psychotropics. However, these symptoms are also the leading presenting symptoms of a woman substance abuser.

Women and Smoking

There are significant changes in the patterns of tobacco use among men and women. The rate of smoking among teenage girls is edging higher than that of teenage boys. The rate of decline in smoking is greater among men than women. Lung cancer ranks ahead of breast cancer as a leading cause of death among women.

Special factors need to be recognized to help explain why women are not quitting smoking as readily as men. Women more frequently have spouses who are smokers, have fewer ex-smoking peer models, have a greater concern about weight gain and are frequently in a lower socio-economic class where nicotine dependency is now most prevalent.

There have been suggestions that women's use of substances is also different from emotional, psychological and sociological perspectives. Historically, women have used substances to achieve a specific purpose. This was evident in cigarette advertisements 60 years ago where smoking was encouraged to promote weight loss. Later advertising trends pushed the concept that women need cigarettes to help them calm down. More modern marketing angles have been to depict women as using cigarettes for "time-out". In contrast, men's use of substances has been shown simply as a part of their lifestyle, not directed at any specific purpose.

Feminists have long pointed out the social inequities between men and women. Interestingly, many of these factors do contribute to an increased risk of addiction among women. Women continue to have less power and money in the workplace. 82% of single parent families are headed by women, and it is young, working women who are the heaviest drinkers and smokers. Although significantly more women now work outside the home, 75% of all women see themselves as the primary providers of health care in the home. As a result, women tend to focus their energies upon taking care of others, often to the neglect of their own needs.

Implications For Treatment

What do these trends mean in terms of the recognition, diagnosis and treatment of women substance abusers? It is clear that a women's physiologic composition, emotional needs and societal experiences are different from those of men and should be taken into consideration when the question of substance abuse arises.

Addiction among women is frequently underdiagnosed and under-treated. The treatment program should accurately reflect the needs a woman is presenting. Many health professionals are advocating a holistic approach which pays attention to the context of a woman's life experience. The treatment should focus not only upon the addiction, but should address assertiveness, sexuality, clarification of personal goals and emotional needs — to name a few. Ongoing support is a critical follow-up issue because women frequently enter treatment without a supportive person.

While the sex differences may be real when it comes to addiction, they need not be divisive. Men and women can continue to recover together, to learn from each other and to grow. All that is needed is the appreciation that one's addiction may be partly understood from the perspective of what gender we happen to be.

Note: Statistics quoted were presented at the Women and Substance Abuse Workshop hosted by The Addiction Research Foundation, Toronto, May 7-8, 1990.