

Chapter 2

Women and Alcohol and Other Drugs: An Overview

To encourage women who have problems with alcohol or other drugs to enter and stay in treatment programs, it is essential for all treatment providers to incorporate understanding of this population into their treatment paradigms. This chapter includes information on the following:

- the breadth and depth of alcohol and other drug problems among women of various ages, races, and socioeconomic status;
- patterns of alcohol use and other types of drugs abused most frequently by women of various ages, races, and socioeconomic status; and
- health-related issues likely to arise because of alcohol and other drug use.

With this knowledge, providers of substance abuse treatment services can do the following:

- target specific groups of women in the community who are likely to have problems with alcohol or other drugs;
 - identify patterns of abuse and other health-related problems that clients may be unwilling to self-disclose;
 - forecast client needs more accurately by understanding what the current trends in alcohol and other drug use indicate for the number and types of clients in treatment in the coming years; and
 - gain community support for treatment initiatives by informing the public about the nature, extent, and impact of the problem of alcohol and other drugs.
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The remainder of this chapter summarizes the most recent epidemiologic data on alcohol and other drug abuse among women.

2.1 The Epidemiology of Substance Use Among Women

2.1.1 Overview

Overall, adequate data and information about substance abuse by women is scarce. This scarcity exists in part because a relatively small proportion of substance abuse resources have been allocated to research designed for the understanding of women and their problems associated with substance abuse. Also, information from national data sets is not automatically broken down by gender so that comparisons of substance use can be made between men and women and among women of different ages and racial and ethnic groups. Where possible, data and information related to substance abuse is presented by type of drug and frequency of use. This helps to avoid problems associated with varying interpretations of “abuse,” “addiction,” and “dependence.”

The following definitions derived from the Center for Substance Abuse Treatment’s Treatment Improvement Protocol (TIP) for Pregnant, Substance-Using Women are used in this manual:

- Abuse—the harmful use of a specific substance including alcohol, tobacco, and other drugs.
 - Addiction—a disease process characterized by the continued use of a specific substance such as alcohol, tobacco, and other drugs despite physical, psychological, or social harm.
 - Dependence—the abuse of alcohol, tobacco, or other drugs such that to stop using would result in physical or psychological symptoms of withdrawal.
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It should be pointed out that any use of an illegal substance is generally considered to be "abuse."

The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Household Survey on Drug Abuse (NHSDA) is the largest national survey of substance abuse in the United States. The NHSDA is based on the civilian non-institutionalized population aged 12 and over living in households and institutional group quarters. These group quarters include college dormitories, rooming houses, and shelters. Together with the National Institute on Drug Abuse (NIDA)-sponsored survey of high school students, the SAMHSA survey is the primary source of national data on the use of alcohol and other drugs. The Drug Abuse Warning Network (DAWN) is another source of information on drug use patterns. Prior to 1988, DAWN was not updated in a way that would maintain randomness of selected hospitals. Since that time, the data have been based on a nationally representative probability sample of hospitals located throughout the United States, with the exception of Hawaii and Alaska. Twenty-one oversampled metropolitan areas are also included.

The limitations of these surveys, which have been noted by researchers and by the General Accounting Office, are applicable to the general population as well as to women. For example, certain groups of women who are undocumented, incarcerated, homeless, or living in residential or hospital-based treatment programs or nursing homes are not included as part of the NHSDA sample. Similarly, the high school survey does not include girls who have dropped out of school, who are runaways, or who are incarcerated—clearly high-risk populations. The surveys are also limited because of the respondents' reluctance to answer questions regarding use of any substance, particularly illegal drugs, given the stigma our society attaches to drug use, especially by women. Neither of the surveys provides data by subethnic populations (e.g., Mexican American,

Puerto Rican) or for Native Americans or Asian Americans. Finally, although increased heroin use by women is of major concern, the survey does not have a sufficient response rate to allow for disaggregations by race/ethnicity or age. These limitations must be considered when reviewing the estimates of substance abuse by women.

2.1.2 Trends in Substance Abuse Among Women

According to the 1992 SAMHSA survey, American women were less likely to abuse alcohol and other drugs in 1992 than they were in 1976, reflecting a downward trend over the previous 16 years. However, the estimated number of women who use or abuse legal or illegal substances is still startling:

- 2.1 percent of the respondents, or an estimated 2.2 million women aged 12 and over, had engaged in heavy alcohol use, which is defined as drinking 5 or more drinks per occasion on 5 or more days during the previous 30 days (see Figure 1);¹
- 4.1 percent of the survey respondents, or an estimated 4.4 million women aged 12 and over reported using an illicit drug during the month before the NHSDA (see Figure 3);²
- 1.2 percent of the respondents, or an estimated 1.3 million women aged 12 and over, reported nonmedical use of a psychotherapeutic drug in the past month (see Figure 6);³
- 0.4 percent of the respondents, or an estimated 419,000 women aged 12 and over, reported using cocaine in the past month (see Figure 4);⁴ and
- 0.3 percent of the respondents, or an estimated 300,000 women aged 12 and over, reported using crack in the past year.⁵

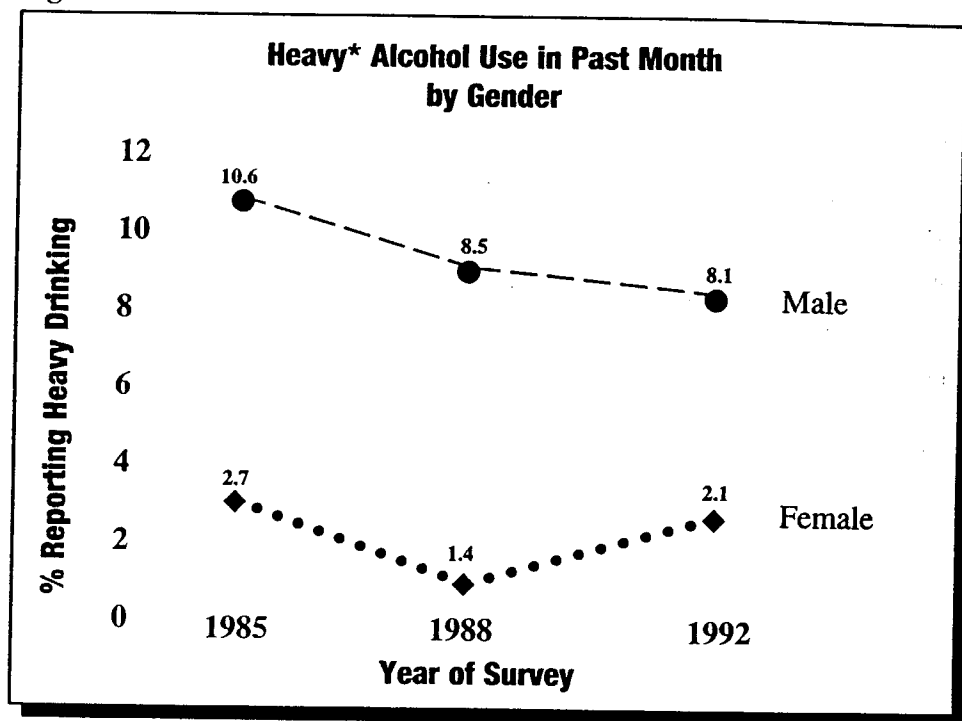
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The effects of alcohol and other drug abuse on women's health are clear: In 1990, the death rate for alcohol-induced causes for Caucasian and African American women was 2.8 per 100,000 and 7.7 per 100,000, respectively. The death rate related to drugs other than alcohol was 2.5 per 100,000 for Caucasian women and 3.4 per 100,000 for African American women.⁶ In the same year, nearly 9,200 women died of chronic liver disease or cirrhosis;⁷ 4,159 infants were born with fetal alcohol syndrome (FAS);⁸ and 3,279 women were diagnosed as having AIDS as a result of either injection drug use or sexual contact with an HIV-infected injecting drug user.⁹ In 1992, 210,051 women presented in emergency rooms for episodes related to drugs other than alcohol; 38,194 of these involved cocaine.¹⁰

2.1.3 Alcohol

Alcohol is the substance most commonly abused by the general population and by women. The trends in abuse of alcohol by women are not encouraging. For example, although heavy use declined between 1985 and 1992, the decrease was slight, and reported heavy use increased by more than one-third between 1988 and 1992.¹¹ According to the 1992 NHSDA, 2.1 percent of women aged 12 and over had engaged in heavy alcohol use in the month prior to the survey (see Figure 1).¹² The 1988 National Health Interview Survey (the most recent one for which data are available), found that seven percent of female respondents¹³ (or an estimated 6.6 million women)¹⁴ drank at heavy levels in the two weeks prior to the survey. A 1984 national survey of alcohol problems found that six percent of women reported at least a moderate problem with alcohol and sixteen percent reported at least a minimal problem with alcohol.¹⁵ In 1990, the National Institute on Alcoholism and Alcohol Abuse (NIAAA) estimated that "alcohol abuse and alcohol dependence are serious problems that affect about 10 percent of adult Americans."¹⁶ Given an estimated adult female population (women aged 12 and over) of approximately 107

Figure 1



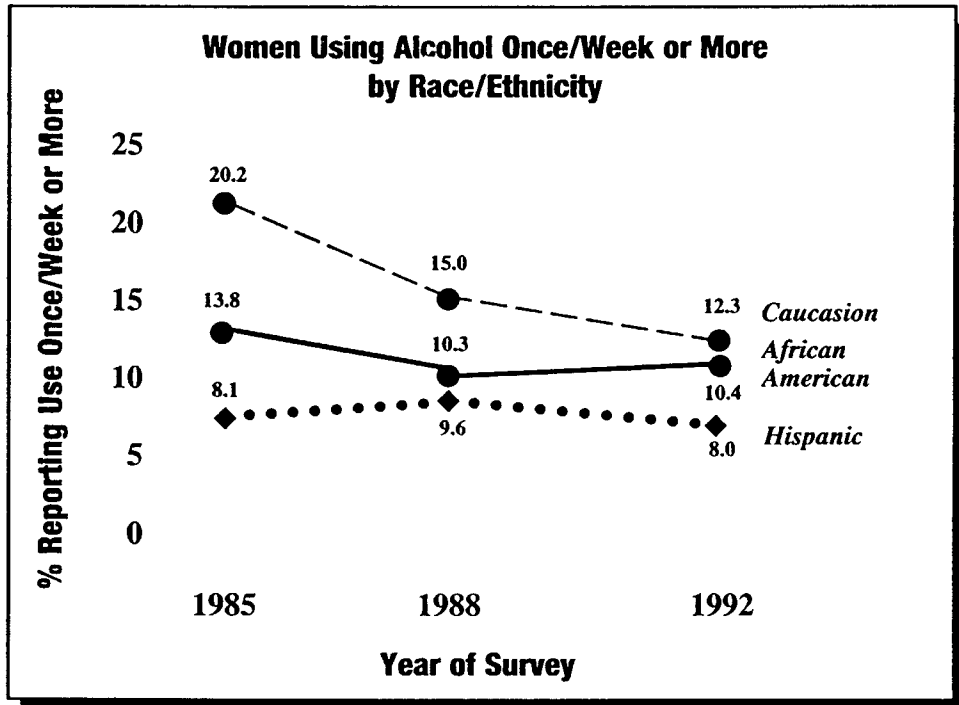
National Household Survey on Drug Abuse: Population Estimates 1992, 121. National Household Survey on Drug Abuse: Population Estimates 1998, 117. National Household Survey on Drug Abuse: Population Estimates 1985, 70.

million in 1992, it can be estimated that as many as 10.7 million American women may abuse alcohol.

Heavy alcohol use was reported by 6.5 percent of young women aged 18 to 25 and 0.5 percent of adolescent girls aged 12 to 17.¹⁷ In terms of population estimates, this indicates that nearly 921,000 young women and more than 50,000 adolescent girls engaged in heavy drinking in 1992.¹⁸

The survey also reported that 12.3 million women, or 11.5 percent of women aged 12 and over, consumed alcohol at least once a week. Women 18 to 25 and 26 to 34 are more likely to consume alcohol once a week than those 35 and over (16 percent, 14.5 percent, and 10.9 percent respectively).¹⁹ Given that these are primary childbearing years, this figure

Figure 2

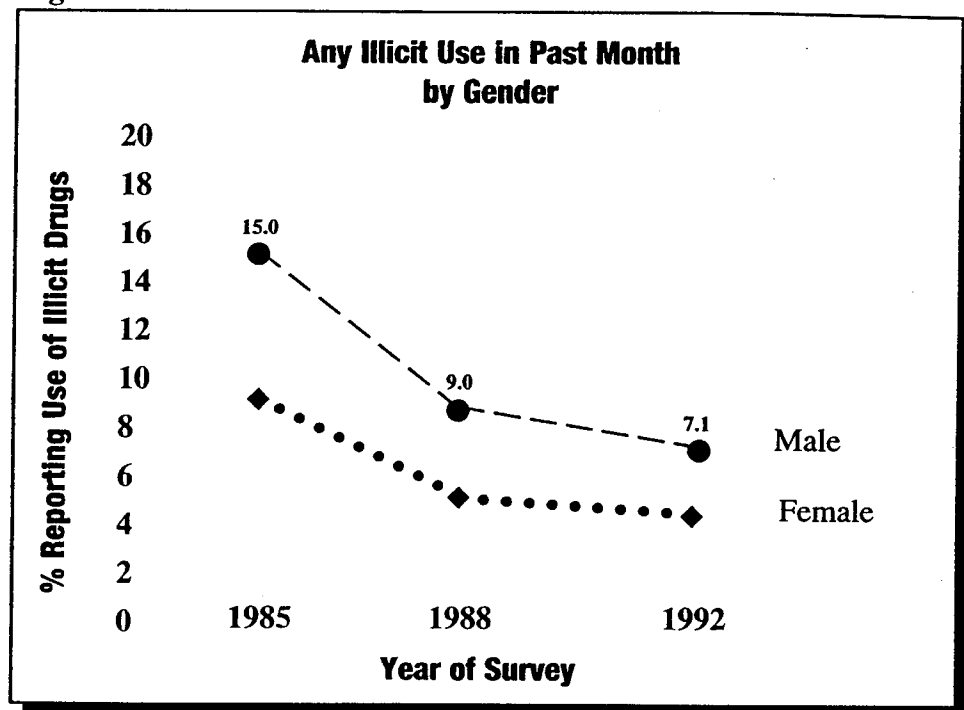


National Household Survey on Drug Abuse: Population Estimates 1992, 121. National Household Survey on Drug Abuse: Population Estimates 1998, 117. National Household Survey on Drug Abuse: Population Estimates 1985, 70.

is noteworthy. In fact, the 1992 NHSDA also found that 40.4 percent of the women aged 12 and over reported consuming alcohol in the previous month. More than half (53 percent) of the women 18-34—the prime childbearing years—reported alcohol consumption in the previous month. Also of concern is the finding that one in seven adolescent girls (14.5 percent) reported consuming alcohol in the previous month.²⁰

As Figure 2 shows, Caucasian women are slightly more likely to use alcohol once a week or more than African American women (12.3 percent compared to 10.4 percent) and much more likely than Hispanic women (8 percent).²¹

Figure 3



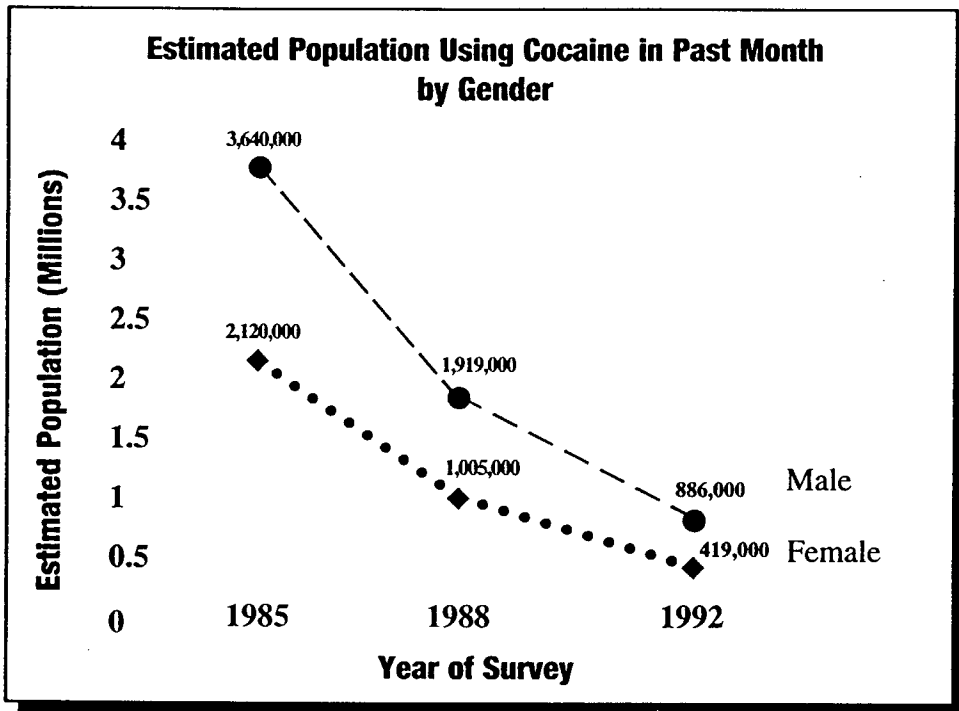
National Household Survey on Drug Abuse: Population Estimates 1992, 19. National Household Survey on Drug Abuse: Population Estimates 1998, 17. National Household Survey on Drug Abuse: Population Estimates 1985, 54.

A number of researchers report differences in drinking patterns by gender. For example, men report higher quantity, frequency, and rates of intoxication at an earlier age than do women and experience more lifetime symptoms on average.²² As Figure 1 shows, the gender difference in reported heavy alcohol use decreased from 1985 to 1992. While heavy use by men has steadily declined during this period, heavy use by women actually increased from 1988 to 1992.

2.1.4 Illicit Drugs

According to the 1992 SAMHSA Survey on Drug Abuse, slightly more than 4 percent of female respondents over the age of 12 had used an illicit drug in the previous month, representing an estimated 4.4 million women (see Figure 3).²³ This estimate is still significantly lower than the

Figure 4



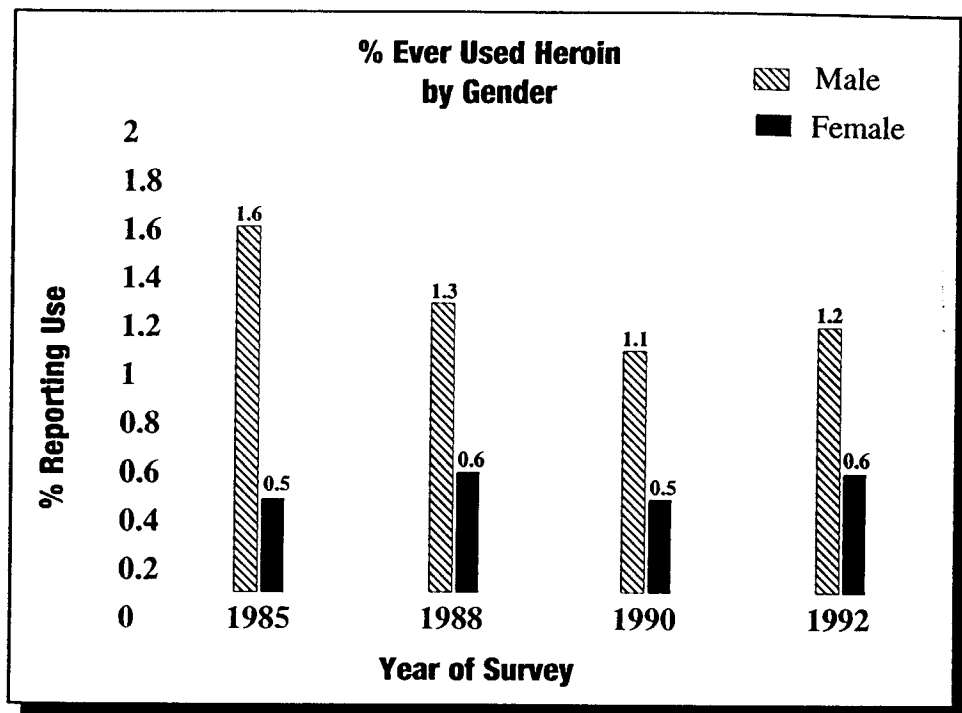
National Household Survey on Drug Abuse: Population Estimates 1992, 31. National Household Survey on Drug Abuse: Population Estimates 1998, 29. National Household Survey on Drug Abuse: Population Estimates 1985, 14.

use reported by men (7.1 percent). The use by women between 1985 and 1992 declined by 44 percent, slightly lower than the decline in use by men (47 percent).

Most of these women—2.9 percent of the female respondents or an estimated 3.1 million women—had used marijuana in the past month,²⁴ and an estimated 419,000 women had used cocaine in the past month (see Figure 4).²⁵

According to the 1992 NHSDA, an estimated 98,000 women used crack in the past month; however, the number of responses is too small for this estimate to be reliable.²⁶ As Figure 4 shows, although reported cocaine use by women decreased substantially between 1985 and 1992, an esti-

Figure 5



National Household Survey on Drug Abuse: Population Estimates 1992, 104. National Household Survey on Drug Abuse: Population Estimates 1998, 102. National Household Survey on Drug Abuse: Population Estimates 1985, 9.

mated 419,000 women had used this drug in the month prior to the 1992 NHSDA.

Notably, for Caucasian women and Hispanic women the decrease in cocaine-related episodes in emergency rooms between 1988 and 1991 was substantially higher (37 percent and 32.7 percent, respectively), than for the population overall (27 percent). For African American women, the decrease was substantially lower—16 percent.²⁷

Only one-tenth of 1 percent (or 0.1 percent) of female respondents reported using heroin in the past year, but this translates into an estimated 88,000 women. In contrast, 0.2 percent of men (an estimated 236,000) reported using heroin in the past year. Moreover, 644,000 women, or 0.6 percent of the population of women 12 years of age and older, reported ever