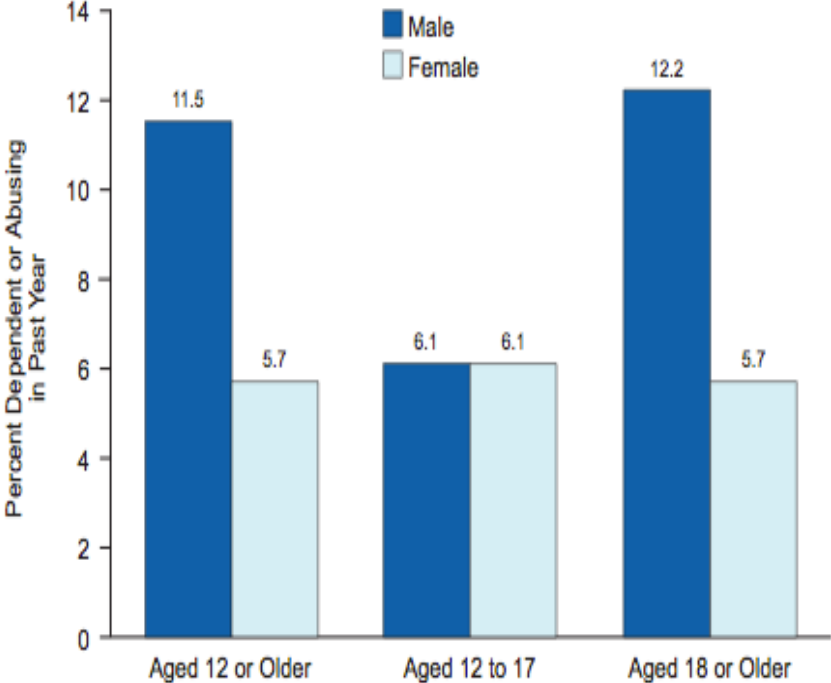


Sex and Gender Differences in Substance Use Disorders

Leena Mittal, MD

Substance Use Disorders are more common in men than women



Substance Dependence, Past Year, by age and gender

Substance Use Disorders in women have distinct features and natural history

Telescoping – accelerated progression from initiation of use to onset of diagnosis of dependence/SUD and initiation of treatment – seen with alcohol, opioids, cannabis

Interpersonal factors modulate progression more for women than men (partners and children)

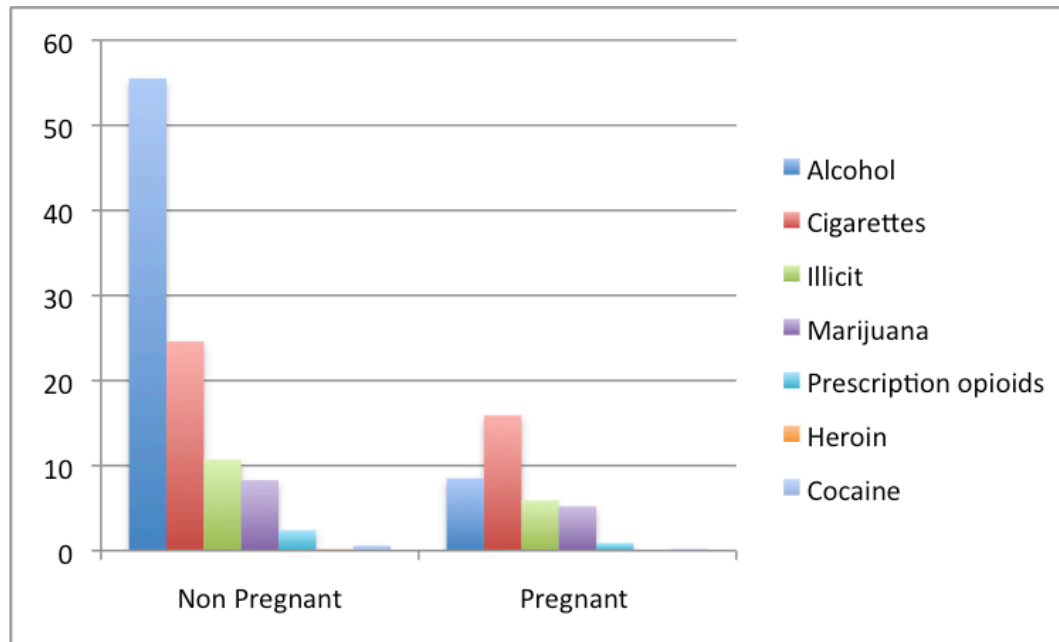
Biological differences between males and females contribute sex difference in Substance Use Disorder presentation and course

Menstrual cycle, pregnancy, aging and menopause

Ovarian sex steroids impact effects of cocaine, amphetamines, cannabis

Sex-based ETOH thresholds

Pregnancy is a window of opportunity for the treatment of Substance Use Disorder in women



Sex and gender differences in psychiatric comorbidity can impact Substance Use Disorders in women

Comorbid psychiatric conditions are more prevalent in women:

Mood disorders
Eating Disorders
PTSD

Women can benefit from gender specific treatment

- Childcare, prenatal care, integrated HIV care in mixed gender treatment vs women only
- Women only treatment associated with lower rates of relapse and improved outcomes in some studies
- A minority of programs offer women-targeted treatment

Treatment setting	Services	Limitations for women
Outpatient Counseling	Individual and group counseling/Medication management.	Heterogeneous regarding pt population, trauma informed, child-care, womens health
Outpatient MAT only	Through PCP/OB-Gyn or Psychiatric/SUD care provider	Risk for limited knowledge regarding pregnancy, IPV, Trauma informed
Intensive Outpatient/Partial Hospital Program	Day programs including meds and counseling	Rare single sex programs; may have women-focused groups
Medically supervised withdrawal (“detox”)	Medication assisted withdrawal.	Especially difficult to access in pregnancy
Dual diagnosis	Inpatient psychiatry with concurrent SUD care	Especially difficult to access in pregnancy
Intermediate level inpatient (“rehab”, holding programs)	After detox, before residential	Difficult to access, long waits, separation from family
Involuntary commitment	Court ordered	Often takes place in correctional settings, little to no access during pregnancy
Residential	Months long	Few allow children, even fewer allow partners and children together

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