

# Screening, Brief Intervention, and Referral to Treatment

*An Evidence-Based Approach*

WOMEN

The following information has been adapted from the SAMHSA Core Curriculum: *Screening Patients for Substance Use in Your Practice* Setting, and slides by the National Screening, Brief Intervention & Referral to Treatment (SBIRT) Addiction Technology Transfer Center (ATTC) Network.

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# Women and Alcohol Use

- Estimated that 5.3 million women in the United States drink in a manner that impacts their health and well-being
- Long-term alcohol consumption in woman - increased risk for breast cancer, heart disease and other health conditions
- Heavy alcohol consumption increases a woman's risk for intimate partner violence
- Research suggests that women may be more likely to develop alcohol problems later in life

(NIAAA, 2015)



# Alcohol-Related Health Problems Specific to Women

- Women are more likely to develop alcohol-related hepatitis and cirrhosis of the liver
- Women are more vulnerable to alcohol-induced brain damage
- Research suggests that heavy alcohol consumption increases a woman's risk of breast cancer
- Women are more susceptible to alcohol-related heart disease

(NIAAA, 2015)



# Alcohol and People of Childbearing Age

- Research has shown about 1 in 2 persons of child-bearing age (18–44 years) drink alcohol
  - 18% of individuals who drink alcohol in this age group binge drink
- Excessive drinking may disrupt the menstrual cycle and increase the risk of infertility
- Individuals may not know they are pregnant for up to 4 to 6 weeks
- In the United States, nearly half of pregnancies are unplanned

(CDC, 2018; CDC, 2016)



# Alcohol and People who are Pregnant

- In the past 30 days, among pregnant persons
  - 10.2% reported alcohol use
  - 3.1% reported binge drinking

(Tan et al., 2015)



# Highest Rates of Alcohol Use Among Pregnant Persons

- Aged 35-44 years (14.3%)
- White (8.3%)
- College graduates (10.0%)
- Employed (9.6%)

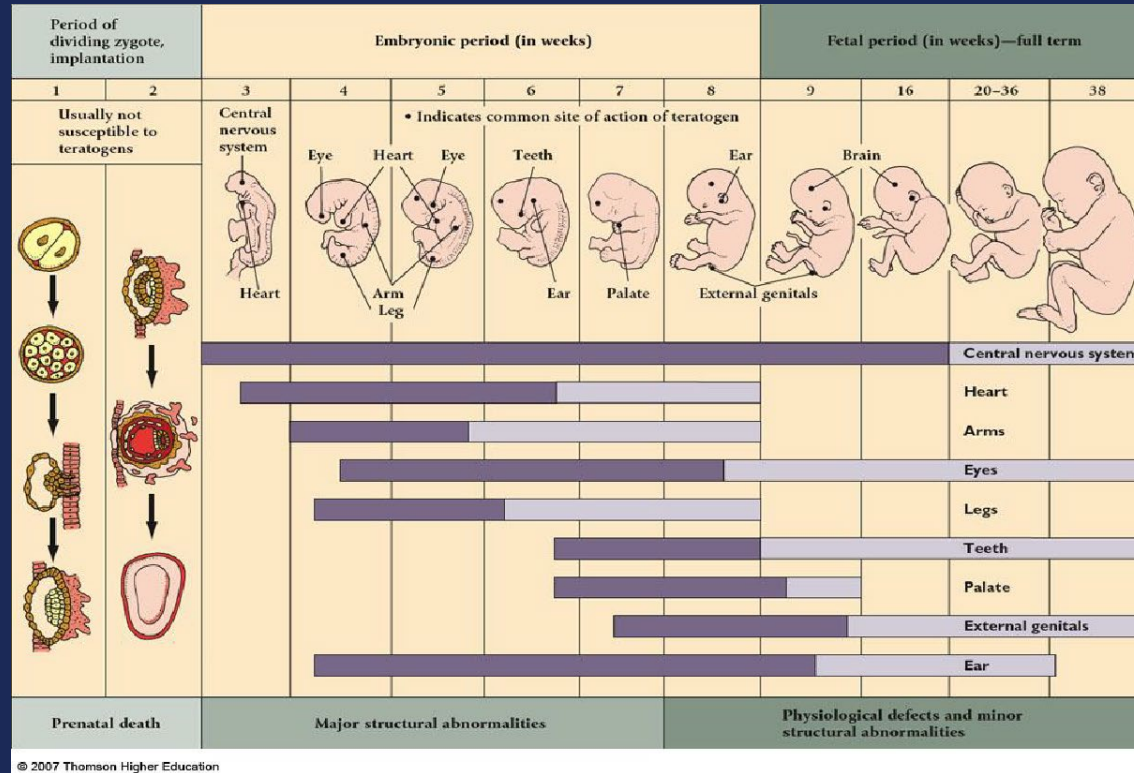
(Tan et al., 2015)



# Fetal Alcohol Spectrum Disorders (FASD)

- Includes a range of effects that can occur in an individual whose mother drank alcohol during pregnancy
- May include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications
- Community studies estimate that as many as 2% to 5% of first grade students in the United States might have an FASD, which include physical, behavioral, or learning

(Tan et al., 2015)



# Women and Drug Use

- Women become dependent on marijuana, heroin, cocaine and certain psychoactive prescription drugs more quickly than men
- 15.8 million women ages 18 or older have used illicit drugs in the past year
- 3.7 million women have taken prescription drugs non-medically during the past year
- 42 women die every day from prescription overdoses

(NIDA, 2018; Center on Addiction, 2017)

# Gender and Prescription Opioid Use

- Women are more likely than men
  - To be prescribed medications with the potential for misuse
    - Particularly opioid and anti-anxiety medications
  - To report prescription opioids as their primary drug of misuse

(NIDA, 2018)

# Women and Prescription Pain Medication Use

- 6,600 women died from prescription pain medication overdoses
- 200,000 women were admitted to emergency rooms for at-risk opioid
- Since 1999, there has been a 400% increase in prescription pain medication overdoses in women
- Every 3 minutes, a woman goes to the emergency room for at-risk opioid analgesic use

(Sex and Gender Women's Health Collaborative, 2015; American College of Obstetricians and Gynecologists, 2015)

# Co-Morbidities Among Women with Prescription Opioid Misuse

- Women are more likely than men to
  - Have concurrent psychological distress
  - Have histories of sexual or physical abuse and prior histories of psychological problems
  - Keep unused prescription pain medications
  - Co-use medications such as sedatives to enhance the effectiveness of the pain medication

(American College of Obstetricians and Gynecologists, 2015)

# Opioid Pain Medication and People of Childbearing Age

- CDC researchers analyzed information from Medicaid and private insurance datasets from 2008-2012 for women aged 15-44 years
  - 39% of women enrolled in Medicaid filled an opioid prescription each year
  - 28% of women enrolled in private insurance filled an opioid prescription each year

(CDC, 2015a)

# Opioid Use and Pregnancy

- Research suggests
  - There is an association between first trimester use of codeine and congenital heart defects
  - There is an association between opioid pain medication and
    - Neural tube defects (major defects of the baby's brain and spine)
    - Gastroschisis (a defect of the baby's abdominal wall)
    - A risk neonatal abstinence syndrome (NAS)

(NIDA, 2015)



# Opioid Use and Pregnancy

- Chronic heroin use during pregnancy is associated with
  - Increased risk of fetal growth restriction
  - Abruptio placentae
  - Fetal death
  - Preterm labor
  - Intrauterine passage of meconium

(NIDA, 2015)

# Women and Cannabis Use

While men are three times more likely to report smoking marijuana on a daily basis, preliminary research suggests that women

- Are more sensitive to the effects of marijuana
- Suffer more adverse medical effects
- Progress more quickly to dependence

(Washington State University, 2015)

# Pregnancy and Cannabis Use

- Animal research suggests that THC exposure in fetal development may negatively affect brain development, particularly the development of emotional responses
- Human studies have shown that some babies exposed to marijuana during fetal development
  - respond differently to visual stimuli
  - tremble more
  - have a high-pitched cry

(NIDA, 2015)

# Pregnancy and Cannabis Use

Children exposed prenatally to marijuana, in school show gaps in

- Problem-solving skills
- Memory
- The ability to remain attentive

(NIDA, 2015)

# 6 Patterns of Women's Substance Use

1. The gender gap is narrowing across ethnicities for substance use – particularly among young women
2. Women are more likely to be initiated to substance use through a significant relationship, while marriage plays a protective role
3. Women accelerate to injecting drugs faster than men and the rituals and high-risk behavior surrounding substance use is directly influenced by their significant relationships

(SAMHSA, 2015)

## 6 Patterns of Women's Substance Use

4. The earlier patterns of use for women (initiation age, amount, and frequency), are positively associated with higher risks of substance use disorders
5. Women are more likely to alter their substance use pattern in response to their caregiver responsibilities
6. Women progress faster from initiation of use to developing substance-related adverse consequences.

(SAMHSA, 2015)

# Women and Nicotine Use

- Most recent CDC survey, from 2012, 1 in 6 women, aged 18 years or older, reported that they smoked cigarettes
- Women who smoke are
  - More likely than men to develop lung cancer
  - Twice as likely to have a heart attack
  - More likely to have difficulty quitting smoking
  - More likely to start smoking again if they quit
  - More responsive to environmental cues and triggers

(CDC, 2015c)

# Smoking During Pregnancy

- Accounts for
  - 20 to 30% of low-birth weight babies
  - Up to 14% of preterm deliveries
  - About 10% of all infant deaths
- Has been linked to asthma in infants and young children



# T-ACE

- Screening tool developed by obstetricians and gynecologists to detect alcohol consumption in pregnant women
- Normed only for pregnant women
- Developed after obstetrician noticed that asking women about their tolerance to alcohol did not trigger denial

(Sokol, Martier and Ager, 1989)

## T-ACE Screening Tool

T-ACE is a measurement tool of four questions that are significant identifiers of risk drinking (i.e., alcohol intake sufficient to potentially damage the embryo/fetus).

The T-ACE is completed at intake. The T-ACE score has a range of 0-5. The value of each answer to the four questions is totaled to determine the final T-ACE score.

### Note:

1 Drink  
= 12 oz beer  
= 12 oz cooler  
= 5 oz wine  
= 1 mixed drink (1.5 oz. hard liquor)

Binge (drinking) = consuming 5 or more alcoholic drinks on an occasion

A total score of 2 or greater indicates potential risk for the purposes of Pregnancy Outreach Program identification of prenatal risk.

1. How many drinks does it take to make you feel high? 0. less than or equal to 2 drinks 1. more than 2 drinks	<u>T</u> olerance
2. Have people annoyed you by criticizing your drinking? 0. No 1. Yes	<u>A</u> nnoyance
3. Have you felt you ought to cut down on your drinking? 0. No 1. Yes	<u>C</u> ut Down
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? 0. No 1. Yes	<u>E</u> ye Opener
Total Score = ____	

Sokol, Robert J., "Finding the Risk Drinker in Your Clinical Practice" in G. Robinson and R. Armstrong (eds), Alcohol and Child Family Health: Proceedings of a Conference with Particular Reference to the Prevention of Alcohol-Related Birth Defects. Vancouver, BC., December, 1988.

# T-ACE

- 4 questions, similar to the CAGE
  - How many drinks does it **T**ake to get you high? (more than 2 drinks = 2 points)
  - Have people **A**nnoyed you by criticizing your drinking? (Positive response = 1 point)
  - Have you ever felt you ought to **C**ut down on your drinking? (Positive response = 1 point)
  - Have you ever had a drink first thing in the morning to steady your nerves (**E**ye opener)? (Positive response = 1 point)
- Any **S**core of 2 or more is positive

(Sokol, Martier and Ager, 1989)

# FASD and SBI and CHOICES

## CHOICES

- Intervention aimed to reduce the risk of an alcohol-exposed pregnancy among
  - non-pregnant persons who are consuming at-risk levels and not using contraception effectively or consistently
- Promotes healthy lifestyle behaviors in a variety of health settings
- Targets individuals *before they become pregnant* to reduce their risk for an AEP.

(Velasquez, 2013; CDC 2015c)

# CHOICES

- Works with individuals by encouraging effective contraception and/or alcohol consumption below at-risk levels in non-pregnant persons by:
  - Assessment of alcohol use and contraceptive use patterns
  - Counseling about the consequences of alcohol use during pregnancy
  - Brief advice and counseling for those with moderate-to-heavy to reduce intake levels, or referral to community treatment services for alcohol-dependent drinkers
  - Reproductive health education about contraceptive methods, provision of contraceptive services, and client follow-up

(Velasquez, 2013; CDC 2015c)

# Treatment Challenges for Women

- Stigma of substance use
- Fear of loss of child custody
- Few resources for women with children
- Lack of collaboration among social service systems
- Lack of culturally responsive programming
- Limited options for pregnant women

(SAMHSA, 2015)

# Considerations When Making Treatment Referrals for Women

- Identify AOD treatment programs that provide specialized care for pregnant persons and/or those with children
- For women with a history of sexual or physical abuse, refer to a AOD treatment program that uses a trauma-informed treatment approach
- For women with co-occurring disorders, refer to integrated treatment programs

(SAMHSA, 2015)

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