Tips for HIV Clinicians Working with Women

Sex and Gender. Both sex and gender have an impact on the development of SUDs and on the treatment and recovery service needs of women and girls with SUDs. Differences between men and women include biological, as well as social and environmental factors.

Sex and gender are different. Sex differences are related to biology. Gender is a person's self-representation related to culturally defined characteristics of masculinity and femininity. There are both sex (biological) and gender (identity) differences related to substance use disorders, HIV/AIDS and treatments that are most effective for men and women.

What is Gender Responsive Care? Gender responsive treatment entails "Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives, and is responsive to the issues of the clients."[1] Gender responsive care has 5 components:

1. ***Addresses women's unique experiences***. Treatments acknowledge, address and respect the vast diversity among women and strive for cultural competence in gender, ethnicity, caregiving and career status, family status, health and other factors that influence women.
2. ***Is trauma-informed***. More than half of women seeking treatment for an SUD report one or more lifetime traumas, with some clinical settings reporting up to 90%. High rates of trauma have also been found in HIV+ women. One study found that over 30% of HIV+ women have PTSD[2], over 5 times the national average. The same study found HIV+ women with recent trauma had 4 times the odds of antiretroviral failure. Trauma-informed care focuses on coping skills, understanding the relationship between use and trauma and avoiding re-traumatization.
3. ***Uses relational approaches***. Women recover in connection, not isolation. Relationships are central in their lives, so treatment should address family – partners, parents, children, friends and others who a woman defines as her support system.
4. ***Is comprehensive to address women's multiple needs***. Integrated treatment models that simultaneously address needs like childcare, mental health, medical and social service resources are most effective. Having a strong referral network needs arise that can't be addressed
5. ***Provides a healing environment***. From the physical space to the attitude of office staff, the environment should be calm, soothing and safe.

Whether treating women with substance use disorders, HIV or both, gender-responsive treatments create more engagement and a safe space for women to get the help they need.

Epidemiology. Approximately 1 in 4 individuals diagnosed with HIV are women. New HIV diagnoses among women are primarily among women of color and a result of heterosexual contact. Black women are most affected, followed by Latinas and then whites.[3] An estimated 88% of women who are living with HIV are diagnosed, but only 32% have the virus under control. By far, women are 4-5 times more likely to contract HIV through heterosexual contact than through injection drug use or any other means.

Women generally have rates of substance use and substance use disorder at approximately half that of men across all substances: alcohol, sedatives, opiates, cocaine, amphetamines and marijuana. However, the gender gap virtually disappears for women admitted to treatment when their primary substance of abuse is prescription opiates or amphetamines. Women are admitted for treatment for sedatives and sleeping aids more than men.[4]

Data from the 2014 National Survey on Drug Use and Health (NSDUH)[5] shows that rates of substance use disorders differ between men and women. For instance: The percentage of women ages 18 and up who had five or more drinks in one day at least once in the past year was 17.4%. The percentage was higher for men in this age group at 32.6%. Men aged 12 or older are more likely than women to report illegal drug use (12.8% vs. 7.3%). More men than women ages 12 and up reported using marijuana (10.9% vs. 6%), cocaine (0.8% vs. 0.4%), and hallucinogens (0.6% vs. 0.3%). The rate of substance dependence or abuse for males ages 12 and up was greater than the rate for females (10.7% vs. 5.7%).

Telescoping. Women tend to have a shorter gap and lower levels of use from starting to use drugs or alcohol to developing problems related to substance use. This puts women at more immediate risk of developing a substance use disorder, even when they are using less and for a shorter amount of time.

Drinking Guidelines for Women. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) sets safe drinking guidelines for men and women. For women, NIAAA recommends no more than 3 standard drinks on any day (men=4 drinks) and no more than 7 standard drinks in a week (men=14 drinks – See NIAAA for definition of a "standard drink").

These guidelines are based on research, as well as the biological differences in metabolism between men and women. In addition to a number of hormonal differences, one of the main differences in metabolizing alcohol rests in the amount of water available in the body. The more water, the more diluted the alcohol will be in the digestive tracts. As a rule, men weight more than women, so pound for pound, women have less alcohol in their bodies to metabolize alcohol. This means more of the alcohol and toxic byproducts can affect a woman's brain and other organs.

Pregnancy.[6] While pregnant women overall tend to drink and use drugs at much lower rates than their non-pregnant counterparts, clinicians should be aware of consequences of substance use during pregnancy. Using substances while pregnant can lead to a number of complications. For example, use and withdrawal from opiates during pregnancy causes significant stress of the developing fetus which can lead to stillbirth or miscarriage. Babies born to mothers using opiates may have neonatal opioid withdrawal. Heavy drinking during pregnancy can cause fetal alcohol withdrawal syndrome, which may result in cognitive impairment. Pregnancy, parenting and childcare may also provide an opportunity for intervention and increase a woman's likelihood to enter and complete substance use treatment. Women are motivated to protect an unborn child's health, which can motivate her to make changes and enter treatment. Note that federal law requires pregnant women receive priority admission into substance use treatment programs. The National Institutes of Health (NIH) recommends that pregnant women with HIV take HIV medications to reduce the risk of mother to child transmission and protect their own health. Women who are HIV positive and are or may become pregnant should be assured that medication can almost entirely eliminate the risk of the baby becoming infected with HIV.

Empirically Supported Treatments.[7] A number of empirically supported treatments are available to treat women with substance use and HIV, many geared toward the intersection between the two. While the format and specifics of the interventions may differ (e.g., number and length of sessions, theoretical model, individual or group, etc.), they typically share the following characteristics:

1. ***Education: Knowledge is power***. Interventions teach about health, STD transmission and ways to protect themselves.
2. ***Negotiation and Refusal Skills***: Negotiation is the process of achieving a desired goal through persuasion, bargaining, and compromise. Women benefit from learning how to negotiate. How do you negotiate safe sex with your partner when he comes home late at night and he's intoxicated? How do you say no?
3. ***Role Play***: Participants and/or the facilitator role play scenarios, like negotiating safe sex.
4. ***Other Practice***: Women can practice using a condom on a penis model (yes, a banana or cucumber could work), Talk about ways to eroticize safe sex so that it may be more appealing.

Substance Abuse and HIV Information for Women

National Institute on Drug Abuse (NIDA) - https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use
Substance Abuse and Mental Health Services (SAMHSA) - http://www.samhsa.gov/women-children-families
Centers for Disease Control (CDC) - http://www.cdc.gov/hiv/group/gender/women/index.html

Local Referral Sources: Keep a list and update it regularly. Write down referral information to share with your patients.

- Need a local substance abuse treatment referral? Phone: 1-800-662-HELP (SAMHSA National Helpline); Website: http://findtreatment.samhsa.gov
- Need a local 12-Step meeting? Alcoholics Anonymous: http://www.aa.org (On the home page, click on the "How to Find A.A. Meetings" tab and
- AIDS Healthcare Foundation **-** http://hivcare.org/
- Ryan White HIV/AIDS Program (888) ASK-HRSA or (888) 275-4772 - http://hab.hrsa.gov/abouthab/aboutprogram.html

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