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- Sex Differences: The Numbers
- Sex Differences: Animal Models
- Sex Differences: Estrous Cycle
- Sex Differences: Biologic Mechanisms
- Sex Differences: Menstrual Cycle
- Sex Differences: Predictors & Progression
- Sex Differences: Treatment Issues





- Sex Differences: The Numbers
- Sex Differences: Predictors & Progression
- Sex Differences: Treatment Issues





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- Sex Differences: Predictors & Progression
- Sex Differences: Treatment Issues





Population prevalence data





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Drug use > for males than females





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- Drug dependence > for males than females
 - ♦ 9.2% Males
 - ◆ 5.6% Females (1994 Nat'l Comorbidity Survey)





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Are females less vulnerable to drug abuse than males?





Two ways of looking at prevalence:

- 1. Population prevalence
- 2. Conditional prevalence





Conditional Prevalence of Drug Use:

calculate use prevalence only among individuals with opportunity to use

Van Etten et al. (1999)

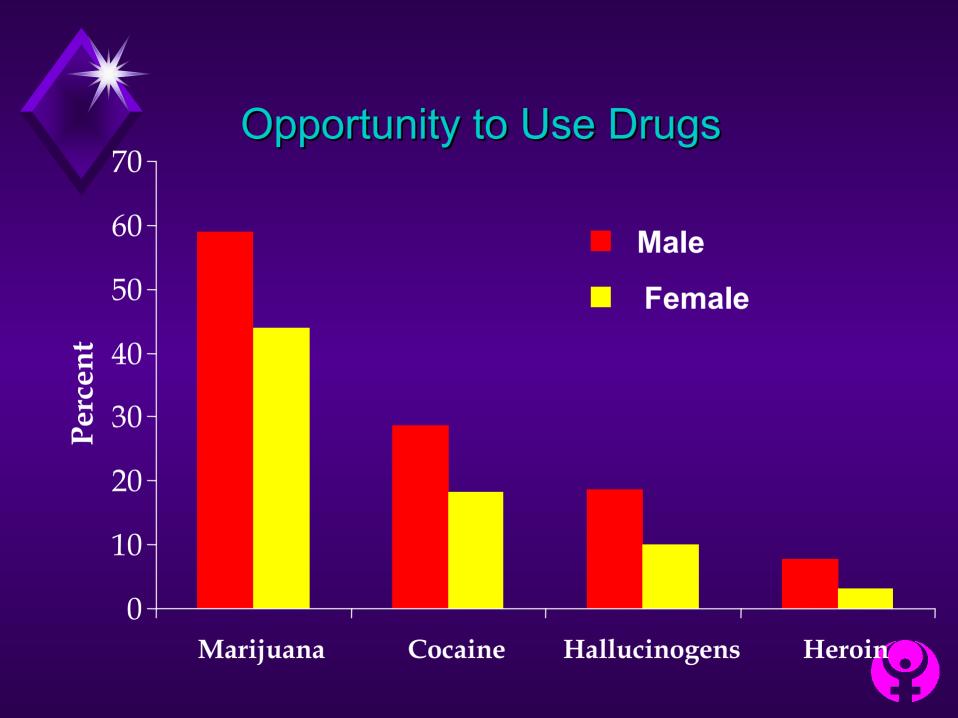
Study drugs: Marijuana, Cocaine, Heroin, Hallucinogens

Data Source: 1993 NHSDA

Findings:

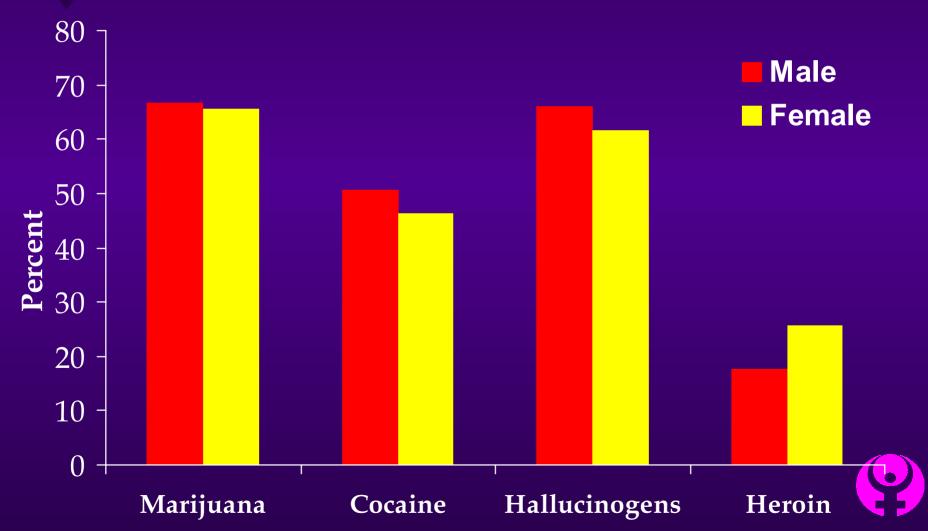
- 1. Population prevalence: Drug use > males than female use.
- 2. Opportunity to use > males than for females.
- 3. Among individuals with opportunity to use: males and females are equally likely to initiate use.







Percent Use Given an Opportunity





Drug Dependence

Population prevalence > for males than females

- ♦ 9.2% Males
- ◆ 5.6% Females (1994 Nat'l Comorbidity Survey)

Conditional prevalence: Sex Differences?





Calculate Dependence Only among Users (i.e., dependence/use):

Males and females = likely to become dependent on

cocaine tobacco

heroin inhalants

hallucinogens analgesics

Anthony et al. (1994)

(Data Source: National Comorbidity Survey)





Calculate Dependence Only among Users (i.e., dependence/use):

Males more likely than females to become dependent on

marijuana

alcohol

Anthony et al. (1994)

Data Source: National Comorbidity Survey





Calculate Dependence Only among Users (i.e., dependence/use):

Females more likely than males to become dependent on

anxiolytics or

sedatives or

hypnotics

Anthony et al. (1994)

(Data Source: National Comorbidity Survey)





Do prevalence data, adjusted for opportunity, suggest that females are less vulnerable to drugs than males?

- No. If females are offered drugs, they are as likely as males to use them (marijuana, cocaine, heroin, hallucinogens).
- No. If females use drugs, they are as likely as males to become dependent; exceptions in both directions.

Caveat: Females are less likely to receive drug offers.





All Age Groups

VS.

Adolescents





Monitoring the Future Survey 1975 - Present

Annual prevalence of "illicit drug use other than marijuana"

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    12<sup>th</sup> graders: > for boys than girls
        (exceptions: 1975 & 1981 girls > boys)
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- 10th graders: > for girls than boys (since 1991)
- 8th graders: > for girls than boys (since 1991)





Dependence Given Use: Adolescents (age group 12-17)

Alcohol: males = females

Marijuana: males = females

Nicotine: males = females

Cocaine: > females (17.4% v. 4.7%)

Kandel et al. (1997)

Data Source: 1991, 1992, 1993 NHSDA





Do males and females differ in their use patterns?

- Daily use?
- Weekly use?
- Quantity used?





- Women more likely than men to be daily users:
 - Cocaine
 - Heroin
 - Sedatives & Barbiturates

Wechsberg et al. (1998) – DATOS





Women use cocaine & heroin more times per week than men :

	Cocaine	Heroin
Women	5.4	6.7
Men	4.6	5.2

Fiorentine et al. (1997)

Women use more cocaine per week than men :

Women: 14.0 grams

Men: 9.5 grams

Hayes et al. (1999)



DATOS Intake Data (n=10,010, 96 programs, 11 cities, 4 modalities)

Women, compared to men, were

- less likely to have graduated from high school
- almost half as likely to be employed
- more likely to report
 - prior drug treatment
 - depression, suicidal attempts & thoughts
 - being troubled over current emotional/psychological problems
 - health problems
 - weekly or daily illegal activity (but < likely to be CJ involved)
- more likely to report physical, sexual abuse or both
 - in year prior to treatment
 - occurring more than a year prior to treatment



Myth: Females are less vulnerable to drugs than females

- 1. If given the opportunity, females are as likely as males
 - to use drugs
 - to become dependent
- 2. Adolescent females, compared to males,
 - in 8th and 10th grades are more likely to use "any illicit drugs other than marijuana"
 - are more likely to become dependent on cocaine given use





Myth: Males are more vulnerable than females

- 3. Use patterns suggest that women
 - are more likely to use daily cocaine, heroin, barbiturates
 - use more times per week cocaine & heroin
 - use more grams per week cocaine
- 4. Women presenting for treatment have poorer levels of functioning.
 - Does this reflect a greater vulnerability to the impact of drugs on women?
 - Are women with poorer levels of functioning more vulnerable than men with poorer levels of functioning?





- Sex Differences: The Numbers
- Sex Differences: Predictors & Progression
- Sex Differences: Treatment





- Depression: greater predictor of drug use by male than by female adolescents (Costello et al., 1999)
- Conduct disorders: greater predictor of drug use and dependence by female than by male adolescents (Costello et al., 1999)
- Aggressiveness: predictor of drug use by boys, but not girls (Ensminger et al., 1992)





- Cigarette use: greater predictor of progression to illegal drug use by girls than by boys (Kandel et al., 1992,1998)
- Smoking during pregnancy: associated with smoking by preadolescent female offspring, but not male (Kandel et al., 1994; Weissman et al., 1999)





- Early vs. Late Drug Initiation
 - Boys who develop drug abuse or dependence initiate drug use *earlier* than boys who do not.
 - Girls who develop drug abuse or dependence initiate drug use *later* than girls who do not.

Costello et al. (1999)





- Among youth who did not become dependent before age 16, no sex difference in age of onset of first use.
- Among youth who became dependent before age 16, boys used earlier than girls:

Cannabis
 2.0 years earlier

Smoking
 3.5 years earlier

Any substance 2.5 years earlier

Costello et al. (1999)





Family characteristics more predictive of drug use in females than males:

- Maternal
 - alcoholism (Boyd et al., 1993)
 - drug abuse (Boyd et al., 1993)
- Low parental
 - attachment (Ensminger et al., 1982; Brook et al., 1993)
 - monitoring (Krohn et al., 1986)
 - concern (Murray et al., 1983)
- Unstructured home environment (Block et al., 1988)
- Dysfunctional family (Chatham et al., 1999)





Childhood Sexual Abuse





Wilsnack et al. (1997)

Population-based face-to-face survey

- 1,099 women age 21 older
- 278 reported childhood sexual abuse (CSA)

CSA respondents were more likely to report

- lifetime use of prescribed psychoactive drugs (63.4% vs. 52.9%)
 - lifetime depressive episode (44.3% vs. 23.2%)
 - lifetime use of illicit drugs (34.9% vs. 13.5%)





"Childhood Sexual Abuse and Adult Psychiatric and Substance Use Disorders in Women," Kendler et al. (2000)

- Population-based Virginia Twin Registry (1,411 female twins)
- 4 types of childhood sexual abuse (CSA)
 - Any CSA
 - Nongenital CSA
 - Genital CSA
 - Intercourse
- 6 disorders: drug dependence, alcohol dependence, major depression, GAD, panic disorder, bulimia nervosa

Results:

- All 6 disorders significantly correlated with intercourse
- Only drug and alcohol dependence significantly correlated with all types of CSA





Females may use for a shorter period of time than males before becoming dependent

Cocaine Griffin et al., 1989

Heroin Hser, 1990

Marijuana Mezzich et al. 1994

Alcohol Blume, 1986; Mezzich et al. 1994

Females gamble for a shorter period of time than males before becoming dependent (Tavares et al., 2001)





Sex Differences: Predictors & Progression

Predictors of drug use, progression, and dependence are often

- gender-sensitive
- gender-specific

Will addressing these gender-based predictors in treatment and prevention efforts improve outcomes for both men and women?





Sex Differences in Drug Abuse

- Sex Differences: The Numbers
- Sex Differences: Predictors & Progression
- Sex Differences: Treatment Issues
 - Women-Only vs. Mixed-Gender Programs
 - Pharmacotherapy
 - Relapse





WOMEN-ONLY vs. MIXED-GENDER PROGRAMS



WOMEN-ONLY vs. MIXED-GENDER PROGRAMS

Dahlgren & Willander (1989): Female alcoholics

- 200 women randomly assigned women-only or mixed-gender program
- In-patient followed by out-patient duration of at least 1 year

Two-year follow up:

Women-only program (vs. mixed-gender)

- better abstinence rates
- consumed less per day during relapse
- fewer blackouts
- less reports of irritation and anger while intoxicated





WOMEN-ONLY vs. MIXED GENDER PROGRAMS

Grella et al. (1999)

- Tx outcomes in 4,117 women treated in publicly-funded residential treatment programs in Los Angeles County.
- Compared women-only programs vs. mixed-gender
 - time in treatment
 - treatment completion





WOMEN-ONLY vs. MIXED-GENDER PROGRAMS

Grella et al. (1999)





WOMEN-ONLY vs. MIXED-GENDER PROGRAMS

Grella et al. (1999)

Women in women-only programs (vs. mixed-gender)

- spent more time in treatment
- were over twice as likely to complete treatment

Questions

- Results hold for males?
- Results hold under random assignment? (v. matching)
- Relevant components of the women-only programs?
- Similar benefit occur in mixed-sex programs with a gender-sensitive approach?





PHARMACOTHERAPY



NICOTINE DEPENDENCE PHARMACOTHERAPY

Better outcomes in men than women

- Nicotine Replacement Therapies
 - Patch
 - Gum
 - Spray

Better outcomes in women than men

- Nicotine inhaler
- Buproprion

Efficacious only in women

- Mecamylamine + nicotine patch
- Clonidine (more effective w depression history)
- Naltrexone (depression history only)





CHRONIC DEPRESSION: IMIPRAMINE VS SERTRALINE

Kornstein et al. (2001)

- double-blind, randomized parallel group study
- 400 women & 235 men

Men: Better outcome with impramine than sertraline

Impramine: 61% response

Sertraline: 56% response

Women: Better outcome with sertraline than impramine

Sertraline: 56% response

Impramine: 45% response





RELAPSE





Are women more likely to relapse than men?

Yes Wong et al. (1997)

Less likely Weiss et al. (1997)

Equally likely Kosten et al. (1993); Lundy et al., (1995)

Do male and females relapse for the same reasons?





Sex-specific predictors:

- Fiorentine et al. (1997)
 - Prospective longitudinal study of 330 clients in 26 outpatient tx programs in Los Angeles County
 - Depression in past 6 mos: female-only predictor
 - Anxiety in past 6 mos: male-only predictor





Sex-specific predictors on cocaine relapse:

McKay et al. (1996)

Ss: 98 cocaine-dependent research subjects
Retrospective reports from prior 18 months

Prior to relapse

- ♀: Report negative emotions and interpersonal problems. Relapse impulsively.
- ♂: Report positive experiences.

After relapse

- ♀: Engage in help-seeking.
- ♂: Self-justification, rationalization.





Implications for relapse prevention

Women

- Strategies that target
 - negative emotions &
 - interpersonal problems as relapse triggers
- Self-control strategies to handle drug use impulsivity

Men

- Strategies to avoid letting guard down when life is good
- Seek help immediately upon relapse
- Emphasize that self-justification & rationalization is typical for males





Possible Implications:

Can retention, time in treatment, treatment outcomes, and relapse for both males and females be improved by gender-sensitive strategies?





Sex Differences: Summary & Conclusions

Caveats

- Some studies very exploratory, descriptive, correlational
- Some studies are the "first and only"





Sex Differences: Summary & Conclusions

THREE MAJOR POINTS

- 1. Epidemiological data do not support the notion that males are more vulnerable to drug use or dependence than female
- Some of the predictors of drug use, progression, and dependence are gender-sensitive or gender-specific.
 - Do these gender-based predictors affect prevention and treatment outcomes?
 - Can prevention and treatment outcomes for both males and females be improved by addressing them?
- 3. Treatment outcomes are affected by gender and may be improved by gender-sensitive strategies.





Thank You

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