

Metropolitan Washington Council of Governments
Regional Opioid & Substance Abuse Summit
May 9, 2017

Gender Differences and Substance Use Disorders: Eliminate Discrimination, Improve Treatment, and Save Lives

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Preview

- Gender distinctions in health care
- Gender distinctions related to substance use disorders (SUDs)
- Barriers to treatment
- Policy recommendations
- Discussion



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Gender Distinctions: Health Care

- Medications often work differently in women than in men
- Most research focused on men until the early 1990s
- FDA formed Office of Women's Health in 1994
- Gender neutral research skewed to male physiology puts women at risk for missed opportunities for prevention, incorrect diagnoses, misinformed treatments, sickness, and death
 - E.g., In 2013, FDA recommended a sex-specific dose for the first time (zolpidem)
 - Medication on market 20 years
 - Half dose for women
 - Found women metabolize zolpidem differently than men
 - Increased risk of impaired driving



Gender Distinctions: Substance Use Disorders

- 15.8 million women ages 18+ have used illicit drugs in the past year
- 4.6 million women ages 18+ have misused prescription meds. in past year
- Every 3 minutes, a woman goes to emergency department for prescription pain reliever misuse or abuse
- Heroin overdose deaths among women have tripled from 2010 to 2013



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Gender Distinctions: Substance Use Disorders

- Women use and respond to substances differently than men
 - Hormones
 - Physical effects
 - Brain changes
 - Overdose
- Women are more likely to
 - experience chronic pain
 - be prescribed pain relievers at higher doses
 - require higher doses of medication
 - remain on pain meds for longer periods
 - develop an opioid use disorder more quickly
 - have a serious adverse event



Barriers to Women Seeking Treatment

- Greater risk of arrest and criminalization
 - 23 states & DC consider substance use during pregnancy to be child abuse; 3 consider it grounds for civil commitment
 - 23 states & DC require health care professionals to report suspected prenatal drug use
- Lack of Access
 - Only 9 states prohibit publicly funded drug treatment programs from discriminating against pregnant women
 - Only 19 states have treatment programs specifically designed for pregnant women
 - 15% of current treatment centers offer specific services for pregnant women with SUD
- Lack of childcare



Policy Recommendations

- Substance-related education and prevention
- Eliminate laws and other institutionalized forms of discrimination
- Advance laws, policies, and programs that improve access to treatment (e.g., VA Medicaid waiver)
- Advancing legislation to provide access to health care in jails through private or public insurance (e.g., repeal MIEP)
- Eliminating economic sanctions levied against people whose SUDs are managed as a chronic disease



Conclusion

- Thank you
- Questions and discussion



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