



ST VINCENT'S
HEALTH AUSTRALIA

Women and Opioid Use Disorder

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES



Clarification



General context

The three P's



Power

Programming

Processing

Power & programming



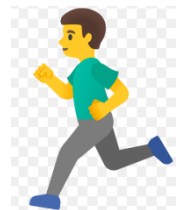
- Status of women over the ages



- How society is structured

Processing

- How institutions 'work'



Women across lifecycle



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Current issues in women's health



Early life

Middle
adulthood

Older
adulthood

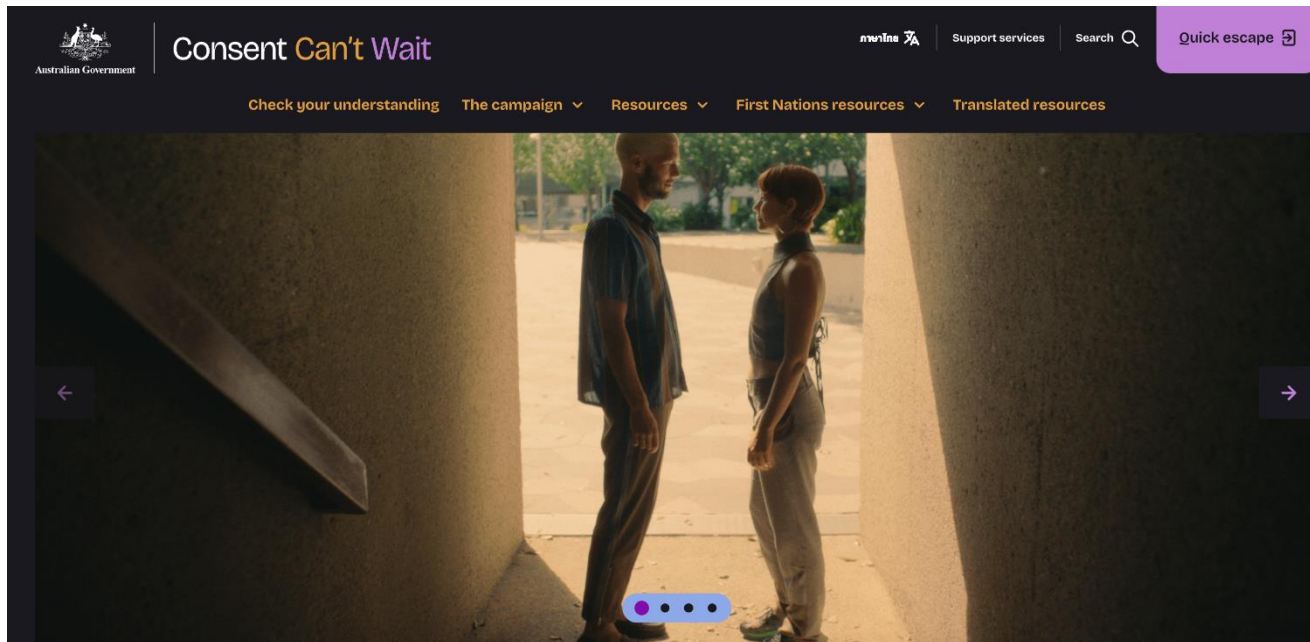


Young women



Most important developmental period – themselves, their o/s

Consent





Adverse Childhood Experiences (ACEs)



ACEs: Dose dependent effect on health

ACEs can have lasting effects on...



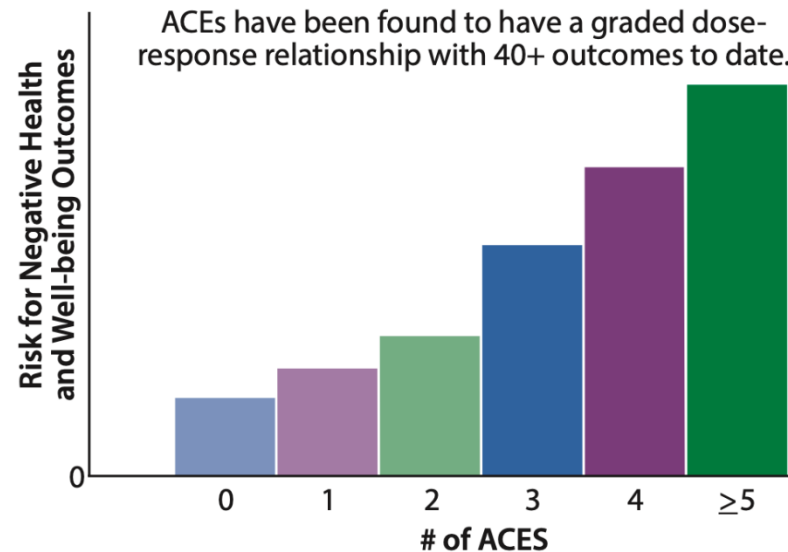
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Current issues in women's health



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Early life

Middle
adulthood

Older
adulthood

Age of onset of mental health disorders



Bimodal
distribution

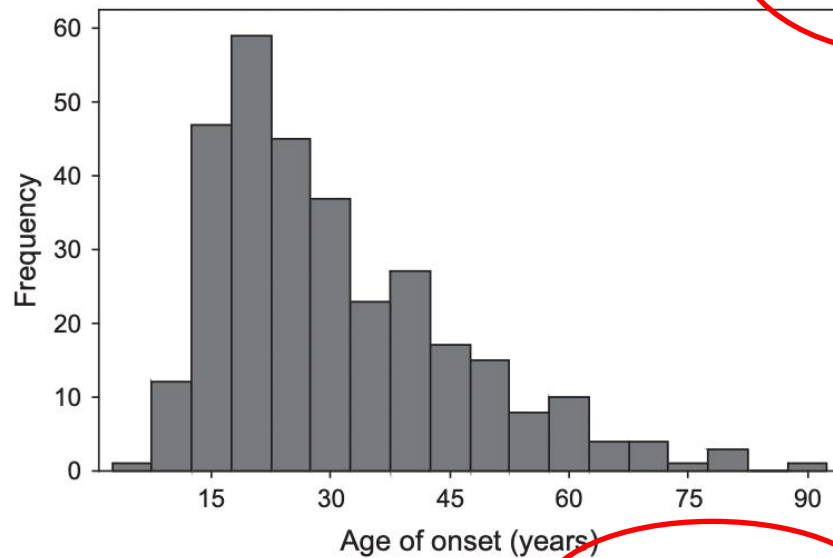


Figure 2: Age-of-onset distribution for any mood disorder.

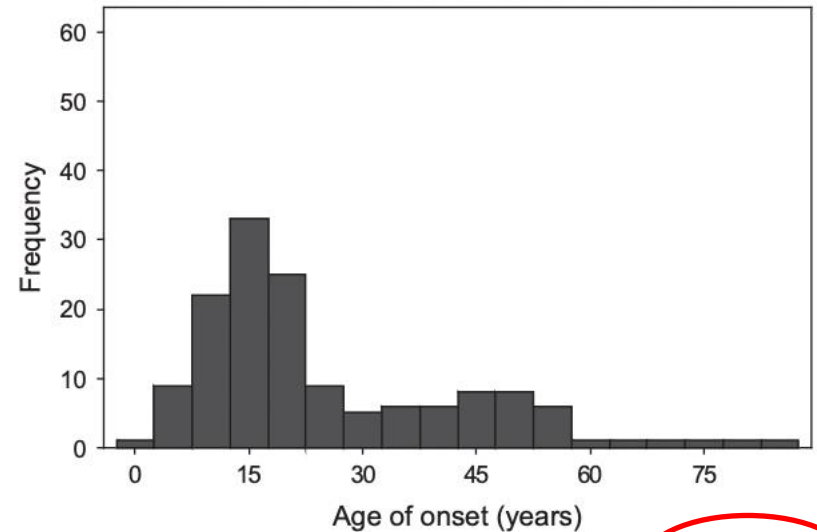


Figure 4: Age-of-onset distribution for any anxiety disorder.

Current issues in women's health



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Early life

Middle
adulthood

Older
adulthood



Older women



- Homelessness increased ~15% between 2016-2021
- Older women fastest growing group of homeless people:
30% increase in this time period

Ref: ANZJPH 2022;46:62-8



Trauma

Re-
experiencing

Recurrent 're-experiencing' of the traumatic event, through unwanted and intrusive memories, recurrent dreams or nightmares, or 'flashbacks'.

Avoidance

Persistent avoidance of memories, thoughts, feelings or external reminders of the event (such as people, places or activities).

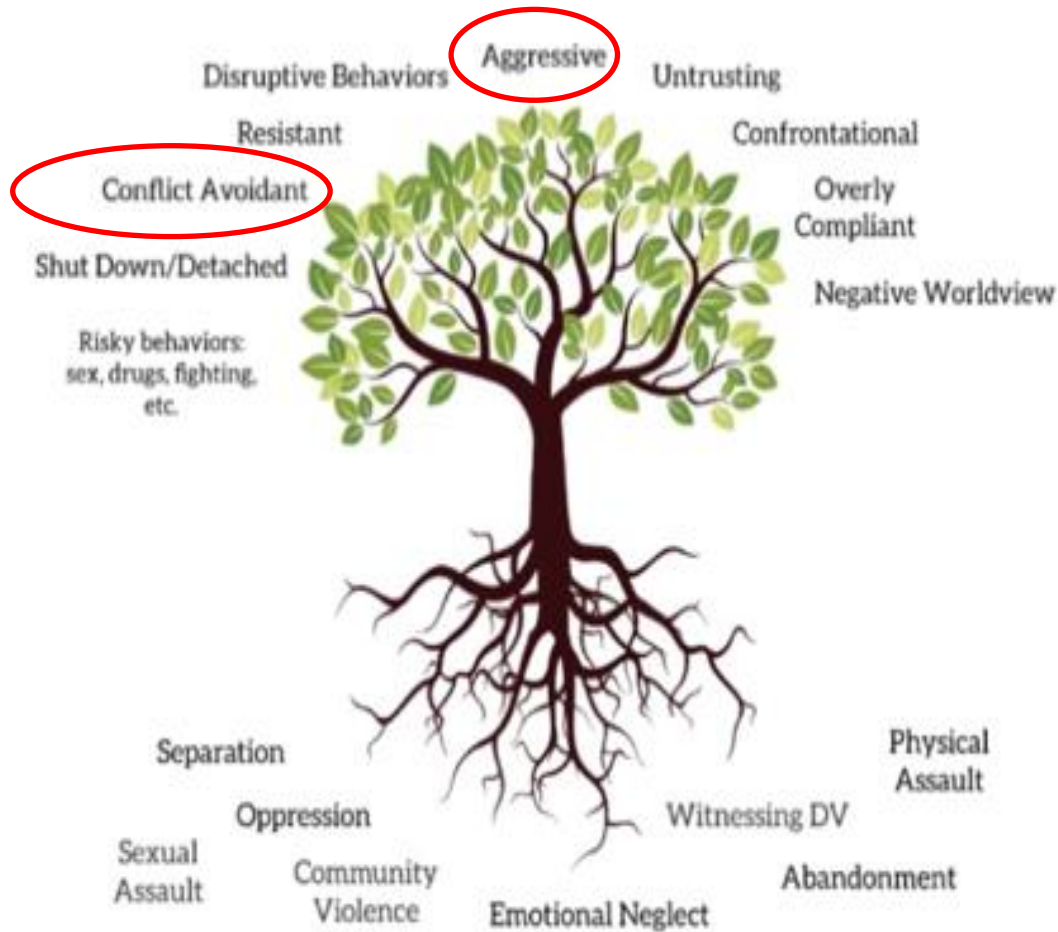
Negative
cognitions

Persistent negative mood, and feeling a distorted sense of blame of self or others, or feeling detached from others, and less interested in activities.

Physiological
arousal

Persistent symptoms of increased physiological arousal: hypervigilance, sleep difficulties, exaggerated startle response, increased anger and concentration difficulties.

How trauma manifests behaviorally



Trauma and care



Trauma aware

- Org assx
- Define goals
- Champion
- Goal
- Implement
- Test outcomes
- New goals
- Repeat

Trauma sensitive

- Welcoming
- Maximise safety
- Client resources
- Focus on empowerment
- Use first person language
- Promote strength
- View holistically
- Address staff issues

Source: Adapted by Antonia Quadara from Mieseler & Myers 2013

A decorative blue geometric shape in the bottom right corner of the slide.

Trauma and care



Trauma responsive

- Recognise and response
- Screen for trauma hx
- Strengthen resilience and PF
- Address impact on family
- Assist children in reducing overwhelming emotion
- Help children make new meaning of their lives

Trauma informed care

- Whole system is based on understanding
- Safety
- Recover
- Collaboration
- Client agency
- Empowerment, strength and resilience

Source: Adapted by Antonia Quadara from Mieseler & Myers 2013

A decorative blue geometric shape consisting of several overlapping triangles and polygons, located at the bottom right of the slide.



Women and Opioids

Women & OUD treatment context

Substance use (incl opioids) is deeply gendered in Australia

Men: Rite of passage and an exploration in masculinity

Women: Ineffective coping mechanisms

Ref: Frydenberg E. Coping research: historical background, links with emotion and new research directions on adaptive processes. Aust J Psychol. 2014;66(2):82–92.

AOD treatment (incl opioids): consistently 2/3 male, 1/3 female

Women & OUD treatment context



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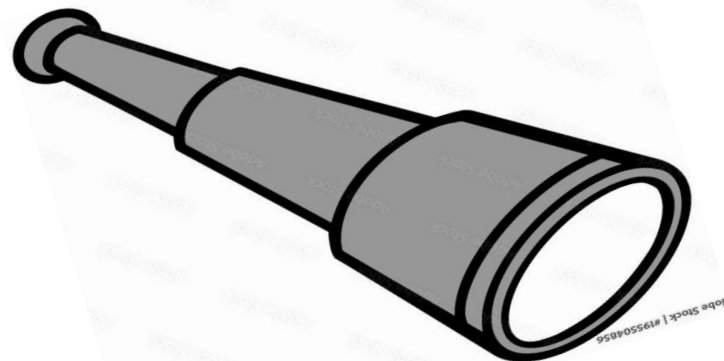


- Stigma – peers, community, health, police, welfare
- Sense of belonging threatened – family relationships
- Loss of custody of children
- Interpersonal violence
- Other trauma / ACEs

What we know about women & OUD

Telescoping: women rapidly progress from initiation of opioid use to dependence

That is, women develop addiction more quickly than men



What we know about women & OUD

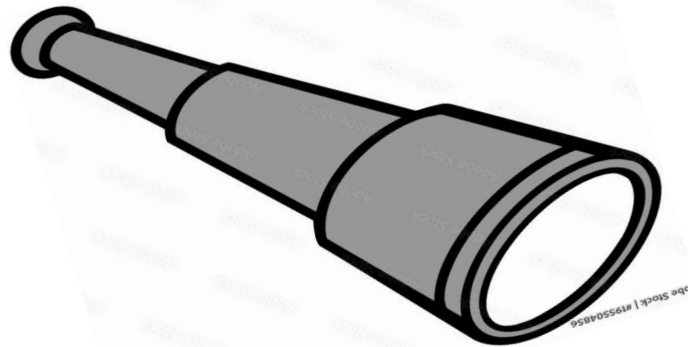


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Women are are greater **risk of overdose** from opioids than men:
Males: 4X increased risk; Women 7X increased risk

Women are **less likely to seek healthcare** for complications of
opioid use c.f. males



Shelley Greenfield Treating Women with SUD. The Women's Recovery Group Manual 2016

Women & OUD: how can we do better?



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- **Awareness** – embedded sociocultural stories
- **Access** to (new age) health care – **women specific services**
 - Non-judgemental
 - Continuity (not re-hashing history)
 - Integrated (multiple appts, communication)
- **Policies**

