

Epidemiology of Substance Use in Reproductive-Age Women

R. Kathryn McHugh, PhD^{a,b}, Sara Wigderson, BA^{a,c},
Shelly F. Greenfield, MD, MPH^{a,b,c,*}

KEYWORDS

• Substance use • Substance use disorders • Women • Pregnancy

KEY POINTS

- Gender differences in the prevalence of substance use are declining, with women comprising a growing percentage of those who use addictive substances.
- Alcohol, nicotine, and drug use are common in women of reproductive age and problem-level use of addictive substances is associated with several medical, psychiatric, and social consequences.
- The high prevalence of substance use in pregnant women highlights the importance of improving public education on the risks of substance use in pregnancy, increasing preventive services, and providing addiction treatment for those pregnant women in need.

Although the prevalence of use of addictive substances is greater in men than in women, this gender gap is steadily narrowing in the United States and internationally.^{1,2} In 2012, of the almost 41.5 million individuals in the United States who reported using illicit drugs in the previous year, more than 42% were women.³ Women represented more than 40% of users of tobacco products (33 million women) and almost 50% of alcohol users (85.5 million women).³ During this same time, more than 7.6 million women ages 12 and older in the United States were estimated to suffer from a substance use disorder.³

An increase in research on substance use in women in recent years has found that women may be more susceptible to the medical, psychiatric, and social consequences of addictive substances than men. Relative to men, women exhibit a shorter

Disclosures: Drs R.K. McHugh and S.F. Greenfield and Ms S. Wigderson have no relevant conflicts of interest to disclose.

^a Division of Alcohol and Drug Abuse, McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA; ^b Department of Psychiatry, Harvard Medical School, 25 Shattuck Street, Boston, MA 02115, USA; ^c Division of Women's Mental Health, McLean Hospital, 115 Mill Street, Belmont, MA 02478, USA

* Corresponding author. McLean Hospital, Proctor House 3, MS 222, 115 Mill Street, Belmont, MA 02478.

E-mail address: sgreenfield@mclean.harvard.edu

Obstet Gynecol Clin N Am 41 (2014) 177–189

<http://dx.doi.org/10.1016/j.ogc.2014.02.001>

obgyn.theclinics.com

0889-8545/14/\$ – see front matter © 2014 Elsevier Inc. All rights reserved.

latency from the initiation of substance use to the onset and progression of substance use disorders (a “telescoping” course of illness).^{4,5} Moreover, when women present for treatment of substance use disorders, they often report greater impairment relative to men in employment, social, psychiatric, and medical domains.^{6,7} Women with substance use disorders also disproportionately suffer from cooccurring anxiety and depressive disorders^{4,8} and may be more likely to use substances to manage negative affect.^{7,9} In pregnant women, substance use is a particular concern for the health of the developing fetus due to the teratogenic effects of several addictive substances,¹⁰ as well as negative effects on fetal development via poor maternal health and health behaviors (eg, nutrition).¹¹

This article provides a brief overview of the epidemiology of alcohol, nicotine, and illicit substance use in women of reproductive age including prevalence, medical consequences, and treatment considerations. **Box 1** lists key definitions.

ALCOHOL USE

Prevalence and Course

In 2012, 47.9% of American women ages 12 years and over reported that they were current alcohol users.¹² Among women ages 14 to 44 who were not pregnant, 55.5% reported alcohol use, 24.7% reported binge drinking, and 5.2% reported binge drinking on at least 5 days in the past month.¹² These prevalence estimates use

Box 1

Key definitions

Substance use

The consumption of any psychoactive substance, including alcohol, nicotine, and illicit drugs, and nonmedical use of prescription drugs.

Substance use disorder

A pattern of use of an addictive substance that is associated with significant impairment and/or distress as indicated by symptoms such as disruption of important life obligations, the inability to reduce use, and physiologic tolerance for the substance. The prevalence estimates reported in this article correspond to the diagnoses of substance abuse (requiring 1 of 4 symptoms) and substance dependence (requiring 3 of 7 symptoms) as defined by the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*. The recently published *DSM-5* collapses these into a single disorder and includes minor modifications to the list of possible symptoms (requiring 2 of 11 symptoms), and thus these prevalence estimates will likely change as studies begin to use this new classification system.

Binge drinking

A pattern of alcohol consumption that brings the blood-alcohol-concentration level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours.

Heavy or “At-Risk” Drinking

For women: more than 3 drinks on any single day or more than 7 drinks per week. For men: more than 4 drinks on any single day or more than 14 drinks per week.

Nonmedical prescription drug use

Use of a prescribed medication at either a higher dose or a greater frequency than prescribed, or use of medication without a prescription.

Data from Refs. ^{98–101}

Download English Version:

<https://daneshyari.com/en/article/3967701>

Download Persian Version:

<https://daneshyari.com/article/3967701>

[Daneshyari.com](https://daneshyari.com)