

Gender-tailored treatment could ease opioid epidemic

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Gender-tailored methods to address the harmful mental health effects of childhood adversity may help alleviate the current opioid crisis and make treatment more effective, concludes University of Massachusetts

Amherst epidemiology researcher Elizabeth Evans in her latest research about opioid use disorder (OUD).

Looking for new ways to address the [public health emergency](#) that the opioid crisis has created, Evans and colleagues examined [gender differences](#) in associations between mental health conditions and [adverse childhood experiences](#) (ACE) among adults with opioid use disorder.

The study, published in the international journal *Addictive Behaviors*, suggests that treatment for OUD and mental health conditions, especially in the case of women, should be integrated in settings that also provide [child care](#) and create a supportive environment to address stigma and shame. "Women are often treated for OUD in predominantly male settings," she says. "The care to address OUD and mental health conditions needs to be coordinated, and women's fears need to be addressed," such as concern over potential loss of parental rights if they seek treatment.

ACEs are potentially traumatic events—anything from experiencing or witnessing violence, abuse and neglect to household instability due to incarceration, illness, substance misuse and death, according to the Centers for Disease Control and Prevention. ACEs can be balanced by positive experiences, which act as [protective factors](#), but they also are linked with risky health behaviors, chronic health conditions, low life potential and early death.

"The findings suggest ACE may cause or contribute to OUD differently for women and men," says Evans, assistant professor in the School of Public Health and Health Sciences. "We need to address these ACE issues, in addition to opioid use disorder and [mental health problems](#), in order to resolve both of these conditions."

In an effort to fill some gender-based knowledge gaps about OUD,

Evans and colleagues at UMass Amherst and the University of California, Los Angeles, analyzed nationally representative, 2012-2013 data from 388 women and 390 men with heroin or prescription opioid misuse who were part of the [National Epidemiological Survey on Alcohol and Related Conditions-III](#).

"This survey is a powerful resource for understanding the causes and consequences of addiction in our country. It has a broader range of the continuum of addiction, including all those people who never access treatment. Another powerful advantage is that the survey measures childhood adversity, mental health, and opioid and other types of substance use disorders. Very few nationally representative surveys measure all of those risk factors and conditions," Evans explains.

The researchers examined factors associated with OUD, mental health conditions, ACE and gender, and calculated predicted probabilities. Among the findings:

- Women with opioid use disorder are more likely than men to have mood and [anxiety disorders](#), and less likely than men to have conduct disorders. "Women more than men internalize the effects of trauma, and the depression and anxiety become this persistent vulnerability, and they turn to opioids to relieve it," Evans says. "Men are more likely to externalize—become angry and aggressive. They turn to different ways of coping that lead to conduct disorders."
- More than 80% of both men and women with OUD reported at least one adverse childhood experience, compared with an ACE prevalence of about 60% in those without OUD. Almost half reported more than three types of ACE, and as exposure to ACE increases, the risk for mood disorders is higher for women than men.
- More women than men have prescription opioid disorder and

fewer women have heroin use disorder.

Evans says addressing ACE and its impact needs to become a routine part of preventive healthcare.

"Opioid misuse is a form of childhood adversity. In other words, parents with OUD may transfer [risk factors](#) for mental health conditions and OUD to their children," she says. "So how do we break the cycle? Evaluating and assessing for ACE should be [standard practice](#) in the primary care and other health care settings as a way to prevent [mental health conditions](#) and [opioid use disorder](#)."

More information: Elizabeth A. Evans et al, Childhood adversity and mental health comorbidity in men and women with opioid use disorders, *Addictive Behaviors* (2019). [DOI: 10.1016/j.addbeh.2019.106149](https://doi.org/10.1016/j.addbeh.2019.106149)

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