

Women less likely to seek substance use treatment due to stigma, logistics

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Fewer than 11% of women with a substance use disorder (SUD) received treatment in 2019 according to the Substance Abuse and Mental Health Services Administration. New research from Penn State

examined the barriers that women with SUDs reported that prevented them from seeking treatment. The findings may help health professionals identify personalized interventions that could encourage more women to seek treatment.

"For this project, we hoped to determine which barriers women in different life circumstances face regarding seeking treatment for [substance use](#), and this information could then be used to inform personalized interventions to encourage treatment-seeking," said Abenaa Jones, assistant professor of human development and family studies, and the Ann Atherton Hertzler Early Career Professor in Health and Human Development.

The team analyzed the responses of 461 women to the National Survey on Drug Use and Health from 2015 to 2019. The researchers studied the responses of the women who reported that they needed treatment or counseling for the use of alcohol or drugs in the last 12 months but did not actually seek any treatment.

As part of the survey, participants were asked the reasons why they did not seek any treatment. Participants could endorse up to 14 specific reasons for not seeking treatment that included simply not feeling ready to stop using; no health care coverage and/or the high cost of treatment; no transportation, or treatment centers were too far away or inconveniently located; no time to seek treatment because of a job, childcare or other commitments; and concern that getting treatment or counseling might cause their neighbors or community to have a negative opinion of them.

The researchers placed the women they surveyed into three categories based on their responses to why they didn't seek treatment: "Just Not Ready," "Moderate Logistics and Stigma," and "High and Diverse." The different categories grouped together the various concerns and

perceptions that the women had about seeking treatment for SUDs. Across all three categories, participants noted significant dependency on alcohol over other drugs like marijuana, pain relievers and methamphetamines.

More than 71% of women surveyed fell into the "Just Not Ready" category, and their primary reason for not engaging in SUDs treatment was because they didn't want to stop using substances. Less than half of the women in this category were employed or had more than a high school education. The team reported their findings in the journal *Drug and Alcohol Dependence*.

"The 'Just Not Ready' group is likely more socially disadvantaged than the other groups and denotes the need to address [basic needs](#) like employment and housing in addition to interventions for [substance use disorders](#)," said Hannah B. Apsley, lead researcher on the study; Prevention and Methodology Training (PAMT) Fellow; and graduate student in human development and [family studies](#).

The "Moderate Logistics and Stigma" category, which included more than 18% of those surveyed, showed that the women had stigma and logistical concerns like whether seeking treatment might have a negative effect on their job or cause others to have a negative opinion of them. The group was also concerned with health care coverage and being able to afford SUD treatment.

"What surprised us the most was that the second category of women surveyed were more educated and more likely to be employed, but experienced more barriers than those who were not employed, or were less educated," said Apsley.

Interestingly, the third category of women, "High and Diverse," was also characterized by thinking that they could handle their SUD on their own

without treatment, as well as concerns about logistics and stigmatization. The researchers noted that the women in this category were likely to be single mothers with nearly half living with children in their homes. Single mothers might face multiple barriers including gendered responsibilities, lack of access to childcare, and perception of stigmatization for their substance use by care providers, friends and family.

Other evidence showed that happy or close marriages predict improved treatment outcomes, meaning that marriage may be a source of social support for women needing treatment.

"The remaining 10% of women fell into the third category, which also had concerns about having time for treatment because of their job, childcare or other commitments, or they were worried about stigma related to receiving treatment," said Jones, who is also a Social Science Research Institute (SSRI) co-funded faculty member.

Since there are many barriers happening in tandem for women seeking treatment for SUDs, the researchers recommended that clinicians and practitioners understand that there is often not just one reason why a woman might not seek treatment. Stigma, logistics like transportation and childcare, the lack of the perceived need for treatment, and a lack of readiness for even starting treatment, could all be legitimate factors for women across economic, educational and cultural lines.

"It is not enough to address logistical concerns like providing childcare or financial support to incentivize women to seek treatment," noted Apsley.

The researchers said that additional interventions such as educational programs to reduce stigma in the community and [motivational interviewing](#), which is a counseling approach that helps people to explore

and resolve their ambivalence towards changing their behavior, may encourage more women to seek treatment. However, more work in this space is necessary, and the researchers said they intend to explore how future interventions can address the multiple types of barriers to SUDs treatment that [single mothers](#), working-class women and those in psychological distress, experience.

More information: Hannah B. Apsley et al, Non-engagement in substance use treatment among women with an unmet need for treatment: A latent class analysis on multidimensional barriers, *Drug and Alcohol Dependence* (2022). [DOI: 10.1016/j.drugalcdep.2022.109715](https://doi.org/10.1016/j.drugalcdep.2022.109715)

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