

## Issues between Addiction and Gender

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Addiction is a highly gendered condition. Some addictions have been observed to develop more often and faster in women compared to men. However, much of the literature and research in the field has been disproportionately focused on males, particularly as related to the formulation of diagnostic criteria. There are clear prevalence differences in most addictions by gender, as well as myriad other differences when gender is considered, particularly with regard to treatment.

**Keywords**

Alcoholism and Alcohol Abuse, Analgesics, Attention deficit hyperactivity disorder, Caffeine, Cannabis, Drug use, Fetal Alcohol Syndrome, Tobacco Use.

**Introduction**

Substance use, and thereby addiction, has historically, and probably prehistorically, been a somewhat gendered activity. In Ancient Greece, for instance, the symposium was essentially an elite male drinking activity [1]. Today, males are more likely than females to use, and abuse, almost every type of licit and illicit substance [2,3]. Similarly, from a cross-cultural perspective, substance use and abuse, as well as addiction, is generally higher among males than females [4,5].

Addiction is a chronic condition characterized by having a compulsive physiological and/or psychological need to repeatedly engage with a rewarding substance, activity, or behavior despite recognizing it causes negative consequences and typically results in undesired withdrawal symptoms, like anxiety, irritability, nausea, or tremors upon abstinence [6]. Many factors are recognized to influence the use and abuse of respective substances [7-10]. There are two major forms of addiction. Addiction refers to dependence or compulsive use of substances, like alcohol [11,12], caffeine [13], cannabis [14], cocaine, heroin [15], or nicotine [5]. Addiction can also mean an inability to appropriately engage in various activities or behaviors, like eating, gambling, sex, shopping, or videogaming; these are referred to as behavioral or process addictions.

Addictive diseases typically have stimuli considered inherently rewarding, perceived as pleasurable and desired, and reinforcing, such that repeated exposure to the stimulus is sought, and that one can eventually become unable to stop engaging with it even after recognition of adverse effects from such. Loss of control over engagement with a substance, like alcohol, methamphetamine, or narcotics; activity, such as eating, gambling, shopping, or videogaming; or behavior, like sex, often results in adverse physical, psychological, and/or social consequences. Moreover, addiction interacts differentially with respect to gender [3,16,17].

**Diagnostic and Prevalence Issues**

The American Psychiatric Association's [18] *Diagnostic and Statistical Manual, Fifth Edition (DSM-5)*, recognizes addiction exists along a continuum from mild to severe and lists diagnostic criteria for various addictions, such as feeding and eating disorders [19] including avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa [16], and binge-eating disorder; substance related disorders including those involving alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedative-hypnotics, stimulants (including amphetamines, cocaine, and others), tobacco, and other unknown substances; and, other types of addiction like gambling disorder and Internet gaming disorder. The *DSM-5*, as opposed to earlier editions, permits, at provider discretion, diagnosis of respective "addictions." It lists prevalence rates among U.S. women for identified disorders, such as 4.9% for alcohol use disorder; 0.8% for cannabis use disorder; 0.1% for hallucinogen use disorder; and, 0.26% for opioid use disorder [18]. Lifetime prevalence rate for gambling disorder in U.S. females is

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about 0.2%. For selected substance use disorders, with respect to age and/or racial/ethnic subgroupings, female prevalence exceeds that of males, like 12-17-year-old U.S. female's prevalence at 0.4% exceeds the 0.2% for same aged males; likewise, for the same age cohort, stimulant use disorder for amphetamine-like drugs the 0.3% female prevalence exceeds that of 0.1% for males [18]. Eating disorders are more prevalent among females with a 10:1 female-to-male ratio for anorexia and bulimia nervosa, with a 12-month prevalence rate among U.S. females reported between 1-1.5%, as compared to about 0.4% for males. For adult U.S. women the 12-month binge eating disorder prevalence is 1.6%, compared to 0.8% for men [18]. Around 4.5 million American women meet diagnostic criteria for substance use disorders and more than 200,000 women die annually in the U.S. as a consequence of addiction. The DSM-5 does not include other behavioral addictions, like sex or shopping addiction, as there is insufficient peer reviewed research supporting clear diagnostic criteria and descriptions.

### Gender-based Issues

Addiction impacts women differently than men. Women appear to respond differently to many substances. Women who use less of some drugs, like alcohol, for less time than men, are still likely to become addicted and report more drug cravings. It is suspected such differences come from neuroendocrine adaptations to stress and to differences in the brain's reward system. Women's bodies absorb some substances faster but may take longer to metabolize. Women's anatomies and their physiologies are different than men's and thus the developmental course of addictions may proceed differently; fluctuating hormone levels during menstrual cycles and differential production of respective enzymes, for two commonly cited examples, may play crucial roles. Female sex hormones, such as estrogen and progesterone, appear to make women more sensitive to certain drug effects. Female blood vessels and hearts appear more effected by certain substances. At any rate, women can progress more rapidly from initiation to abuse to addiction. Women are more likely to go to emergency departments for addiction and to die from overdoses of certain substances.

Consequences of addiction are different for women. Women addicts are more likely to be diagnosed with conditions such as anxiety, depression and eating disorders than men. Suicide attempts are more prevalent among women addicts. Addiction has severe economic impacts on women including on their occupational status and financial resources. Women addicts are more likely to get separated or divorced compared to male addicts. Women addicts are also more likely to have been victims of incest and to experience domestic violence, as well as sexual assault, exploitation, and violence. Addiction can create an array of health complications for women including those around such issues as fertility, fetal development, and breastfeeding. Offspring of women addicts are also at risk for myriad problems like fetal alcohol syndrome [20], sudden infant death syndrome (SIDS), various psychiatric disorders, learning disabilities, and attention deficit hyperactivity disorder. Lesbian, bisexual, and transgender women have a higher risk for addiction and appear more likely to continue abuse into later life. Postmenopausal addicted women

have increased risks for varied health conditions; heavy alcohol consumption in this population, for instance, raises the likelihood of developing osteoporosis. Women addicts are at higher risk for developing many other medical problems including those associated with premature death such as cardiovascular diseases, diabetes, and hypertension, as well as breast, lung, stomach, and other cancers. It has been asserted, for instance, that women are 2-3 times more susceptible to lung cancer than men who smoked the same number of cigarettes in their lifetime.

### Treatment Concerns

Addictions are somewhat difficult to treat. Women generally enter addiction treatment later than men, with more developed dependencies, more psychiatric comorbidities, higher incidences of childhood emotional, physical, and sexual abuse, and suffering from greater levels of physical damage and impairment. Addictions appear to change the structure and function of the addict's brain such that exposure to the addictive stimuli, whether it be a substance, activity, or behavior, make it highly possible that the addict can relapse. Women addicts are much more likely to relapse than their male counterparts. Women in addiction treatment must contend with an array of somewhat unique challenges including those around guilt and shame, social stigma, and lack of support for treatment and recovery, particularly as related to childcare and other family responsibilities. The process of recovery usually begins by the addict overcoming denial and admitting that they have a serious problem and need to seek help, but the criminal justice system and other coercive forces are also now understood to be able to help "force" the addict to initiate treatment. Recovery is generally regarded as an ongoing, lifelong developmental process; 12 step and other self-help programs, many specifically for women, can be very helpful. Pharmacological interventions are sometimes employed to treat an addiction, such as use of methadone for heroin addiction or bupropion hydrochloride (Zyban; Wellbutrin) for nicotine addiction. Psychological interventions are also routinely used to treat an addiction, such as individual psychotherapy, group counseling, and other forms of behavioral therapy, such as aversive conditioning and rational emotive behavioral therapy. Other techniques may potentially be employed to enhance addiction prevention and treatment effectiveness, such as biomarkers [21].

### Summary

Women addicts typically develop medical and social consequences faster than men do, have more difficulties stopping use, and are more prone to relapse if they do stop [22]. In addition, most research on addiction and most addiction treatment programs were developed by, on and for men.

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