Women and Methamphetamine

According to the latest SAMHSA estimates, admissions to treatment facilities for methamphetamine abuse have increased dramatically in the past decade, from 21,000 treatment admissions in 1993 to 121,000 in 2003. Of those admissions, a significant number were women of child bearing age. What are the issues regarding women and methamphetamine use? Are there gender differences in the use and impact of this drug that might be important when addressing treatment issues?

The work of Judith Cohen, M.P.H., Ph.D., at U.C.L.A. has produced some important information regarding risk characteristics and options for intervention and treatment of methamphetamine abuse in women. According to Dr. Cohen, methamphetamine treatment admissions for women in the state of California have increased dramatically, from 10,000 methamphetamine admissions in 1992 to over 35,000 methamphetamine admissions for women in 2002. Of those admissions, Dr. Cohen finds important differences in risk and use of methamphetamine when comparing men and women. According to this research, female methamphetamine users are more likely to be introduced to methamphetamine by a partner; are more likely to initiate use to control weight and increase energy; use methamphetamine more days than men; smoke methamphetamine rather than snort or inject the drug; progress to regular use more quickly; and, have worse medical, employment, and psychiatric composites than male users.

Significant gender differences were also found in psychological problems reported by methamphetamine users. Women methamphetamine users report significantly more suicide attempts than men (28% versus 13%), while male
methamphetamine users report more assault charges than women users (46% versus 15%). There were also significant gender differences in reported abuse during the methamphetamine users lifetime, with women reporting higher levels of both physical abuse (64% versus 36%) and sexual abuse (29% versus 7%) during their lifetime. Dr. Cohen’s sample also reported high rates of emotional abuse during their lifetime, but there were no significant gender differences (84% for women versus 62% for men).

Dr. Cohen also investigated what treatment and intervention variables might be important in women who abuse methamphetamine. She found that there was a longer period of time of abstinence following treatment for methamphetamine abuse in women with a longer time spent in treatment, as those who spent more than 4 months in treatment had more than double the rate of 24-48 months abstinence than those women who left treatment before 4 months. Those women who received more sessions per month of individual psychotherapeutic interventions also remained abstinent longer in Dr. Cohen’s sample. Both family involvement in treatment and the involvement of a drug court predicted longer abstinence following treatment in women for methamphetamine abuse. Finally, relapse was found to be significantly more likely in those women being treated for methamphetamine abuse who had been involved in prior dealing of methamphetamine, and for those women whose methamphetamine-abusing partner was not receiving treatment.

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