NORC at the University of Chicago

National Safety Council

Substance Use, Gender and Sexual Orientation

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Gender and sexual orientation are important factors for employers to consider when understanding substance use trends in their workforces and setting intervention, policy and health programs.

Substance Use Differences

Working men are much more likely than working women to:

- Have an alcohol use disorder (AUD),[i] though recent data indicate this gender gap is not present in adolescent boys and girls and appears to be closing for older adults.[ii] Illicit drug use is much more prevalent among men than women.
- Engage in risky behavior such as driving under the influence of drugs or alcohol[iii]
- Die of an overdose[iv]
- Receive substance use disorder (SUD) treatment.[v] Receipt of treatment is associated with equally positive outcomes for both genders, particularly when treatment starts early and is sustained over time.[vi]

Working women are more likely than working men to:

- Use smaller amounts of alcohol or drugs for less time before they become addicted[vii]
- Have cravings and relapse[viii]
- Report more severe problems with employment, social/family, medical, psychological functioning and quality of life[ix]
- Experience chronic pain[x]
- Experience depression and psychological distress, often co-occurring with substance use[xi]
- Be victims of violence and trauma, which can make them more likely to use substances[xii]
- Experience certain mental health conditions, such as depression, anxiety, post-traumatic stress disorder (PTSD) and eating disorders[xiii]
- Be vulnerable to developing substance use or other mental health disorders following divorce, loss of child custody, or the death of a partner or child[xiv]

Substance Use, Gender and Sexual Orientation

Working lesbian, gay and bisexual women and men[xv] are more likely to:

- Have an SUD than heterosexual working adults and somewhat more likely to have received treatment in an SUD program[xvi]
- Minority LGB women experience exceptionally high rates of substance use, which may reflect their unique experiences of discrimination at the intersection of multiple minority identities[xvii]
- Have outcomes from SUD treatment comparable to heterosexuals[xviii]
- Experience much greater risk for depression, suicidal thoughts and serious psychological distress[xix]
- Use more mental health services[xx], especially among bisexual adult workers

Adverse consequences

Men are more likely to use substances and overdose from drug use. Opioids were involved in approximately 70% (46,802) of all drug overdose deaths (67,367) in 2018.[xxi] Women were half as likely to die from opioid overdoses as men, and were only two-thirds as likely to die from a prescription opioid overdose.[xxii] Women died from synthetic opioids such as fentanyl at about a third the rate as men.[xxiii]

Treatment

There are more men than women in treatment for SUDs. Although men have historically been more likely to seek treatment for opioid use, the rate of women seeking treatment has increased in recent decades.[xxiv] Historically, women have faced stigma when seeking entry to SUD treatment.

SUDs may progress differently for women than for men. Women have unique needs that should be addressed during SUD treatment. Women often have a shorter history of using certain substances, such as cocaine, opioids, cannabis or alcohol, prior to seeking treatment. Additionally, when they enter SUD treatment, women are more likely to have more severe medical, behavioral, psychological and social problems.[xxv] Women with SUDs are more likely to seek treatment at mental health treatment settings.[xxvi]

While several factors may contribute to the differences in paths to treatment admission, women commonly serve as the family's primary caregiver, which may make them less inclined to enter into a treatment program that will take them from these responsibilities. Many women who are pregnant or have young children do not seek

treatment or drop out of treatment early because they are unable to take care of their children; they may also fear that authorities will remove their children from their care.

The combined burdens of work, home care, childcare and other family responsibilities, plus attending treatment frequently, can be overwhelming for many women. Effective treatment should incorporate approaches that recognize sex and gender differences, understand the types of trauma women sometimes face, provide added support for women or men with childcare needs, and use evidence-based approaches for the treatment of pregnant women. Women-only treatment programs lead to better outcomes than mixed gender programs and are associated with greater satisfaction and feelings of safety among women.[xxvii]

Industries

Jobs with a large percentage of male employees – and in many cases, younger men – have higher rates of substance use disorder. In the construction field, for instance, 19% of workers (one in five) have an SUD. This is double the rate of education and professional careers, jobs where the workforce has a greater percentage of women and older workers. These jobs include teachers, architects, engineers, doctors, nurses, librarians and biologists. Service, entertainment, hospitality, transportation and material moving jobs have higher rates of substance use. In the restaurant industry, hazardous drinking is an issue for 80% of male and 64% of female restaurant workers [xxviii]

Recommendations for Employers

Offer Robust Health Insurance

Employers should ask any health insurer they work with to demonstrate what they are doing to identify and treat their employees with a substance use problem. Employers can ask to see their health insurer's statistics on diagnosing and treating substance use disorders in its covered population. Comprehensive benefits options mean that both male and female employees will be able to find the option that works best for them.

If health plans offer substance use benefits, employers can offer comprehensive treatment options to workers with an SUD that include coverage for:[xxix]

- Confidential substance use screening, which increases the rate of identification of risky and unhealthy alcohol and drug use
- Brief intervention and referral to treatment

- Outpatient and inpatient treatment
- Medications for addiction treatment
- Counseling and medical services
- Follow-up services during treatment and recovery

Offer Robust Programs

Utilize *Employee Assistance Programs (EAPs)*: when EAPs routinely assess for risky substance use as part of routine intake, rates jump to 20% – 25% on telephonic intake calls. Employers can demand that their EAP systematically assesses substance use by workers seeking EAP services, and that it reports on rates of identification of problematic use. As worksites bring back workers from COVID-19-related shutdowns, EAPs should actively monitor for substance use, mental health distress and post-traumatic stress disorder among returning workers. This can support men and women alike and provide different, individualized services as needed.

Screening Tools can also be used by the EAP, which increase the rate of identification of risky and unhealthy alcohol and drug use and link people to appropriate treatment earlier. EAPs, onsite health programs and medical providers should learn and use appropriate screening tools. Workplaces should ensure that their EAP and benefits programs use screenings when substance use is suspected, and also encourage screening upon opioid prescription for familial or individual history of addiction or substance use disorders. A good EAP will be able to assess people individually and understand the different stressors that men and women face.

Provide *Worker Peer Support Programs*, in which workers who have experienced substance use or mental health challenges and learned to manage them are formally trained to help co-workers who are facing similar issues.

Ensure Supervisors and Managers are Trained

Supervisors play a critical role in addressing opioids in the workplace. They are often the first to notice a difference in an employee's performance, personality and activities, and they may be the first to notice impairment. It is imperative to provide them with the tools to protect the safety of the workplace and the privacy of employees. This training should include information and education on the different stressors and reactions men and women have, as well as other information on at-risk populations.

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[i] Alcohol (m: 8.5%, f: 5.2%); marijuana (m: 2%, f: 1%); cocaine (m: 0.5%, f: 0.2%); methamphetamine (m: 0.4%, f: 0.2%); opioid pain medications (m: 0.7%, f: 0.5%); opioids (m: 0.8%, f: 0.6%); and any SUD (m: 10.7%, f: 6.6%). Analyses of the 2015-2018 NSDUH by NORC October 29, 2020. https://rdas.samhsa.gov/#/survey/NSDUH-2015-2018-RD04YR

[ii] McHugh RK, Votaw VR, Sugarman DE, Greenfield SF. Sex and gender differences in substance use disorders. Clinical psychology review. 2018 Dec 1;66:12-23.

[iii] DUI past year (m: 17.4%, f: 11.3%).

[iv] https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf

[v] Ever received SUD treatment in lifetime (m: 7.9%, f: 3.6%).

[vi] McHugh RK, Votaw VR, Sugarman DE, Greenfield SF. Sex and gender differences in substance use disorders. Clinical psychology review. 2018 Dec 1;66:12-23.

[vii] McHugh RK, Votaw VR, Sugarman DE, Greenfield SF. Sex and gender differences in substance use disorders. Clinical psychology review. 2018 Dec 1;66:12-23.

[viii] Kennedy AP, Epstein DH, Phillips KA, Preston KL. Sex differences in cocaine/heroin users: drug-use triggers and craving in daily life. Drug Alcohol Depend. 2013;132(0):29-37. Rubonis AV, Colby SM, Monti PM, Rohsenow DJ, Gulliver SB, Sirota AD. Alcohol cue reactivity and mood induction in male and female alcoholics. J Stud Alcohol. 1994;55(4):487-494. Robbins SJ, Ehrman RN, Childress AR, O'Brien CP. Comparing levels of cocaine cue reactivity in male and female outpatients. *Drug Alcohol Depend.* 1999;53(3):223-230. Hitschfeld MJ, Schneekloth TD, Ebbert JO, et al. Female smokers have the highest alcohol craving in a residential alcoholism treatment cohort. *Drug Alcohol Depend.* 2015;150:179-182. Fox HC, Morgan PT, Sinha R. Sex differences in guanfacine effects on drug craving and stress arousal in cocaine-dependent individuals. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol.* 2014;39(6):1527-1537. Kippin TE, Fuchs RA, Mehta RH, et al. Potentiation of cocaine-primed reinstatement of drug seeking in female rats during estrus. *Psychopharmacology (Berl).* 2005;182(2):245-252.

[ix] McHugh RK, Votaw VR, Sugarman DE, Greenfield SF. Sex and gender differences in substance use disorders. Clinical psychology review. 2018 Dec 1;66:12-23.

[x] Riley JL III, Robinson ME, Wise EA, Myers CD, Fillingim RB. Sex differences in the perception of noxious experimental stimuli: a meta-analysis. Pain. 1998;74(2-3):181-187.

[xi] Co-occurring SUD and major depressive disorder in past year (m: 24.4%, f: 27.7%)

[xii] de Boinville M. Office of The Assistant Secretary for Planning and Evaluation. ASPE Policy Brief: Screening for Domestic Violence in Health Care Settings. Washington, DC: U.S. Department of Health and Human Services; 2013.

[xiii] https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/other-sex-gender-issues-women-related-to-substance-use

[xiv] Ibid

[xv] The exclusion of transgender people from the general substance misuse literature makes it difficult to determine the extent to which transgender status influences substance use. Given the high prevalence of trauma experienced by transgender people, trauma-informed psychosocial interventions may be useful in the management of problematic substance use in transgender adults. Connolly D, Gilchrist G. Prevalence and correlates of substance use among transgender adults: A systematic review. Addictive Behaviors. 2020 Jul 9:106544.

[xvi] SUD among lesbian or gay, bisexual or heterosexual working adults: 15.2%; 18.3%; 8.3%. Any SUD treatment: 86%; 9.2%; 5.8%. NORC analysis of 2015-2018 NSDUH.

[xvii] Schuler MS, Prince DM, Breslau J, Collins RL. Substance Use Disparities at the Intersection of Sexual Identity and Race/Ethnicity: Results from the 2015–2018 National Survey on Drug Use and Health. LGBT health. 2020 Sep 1;7(6):283-91.

[xviii] Kelly E. Green and Brian A. Feinstein, "Substance Use in Lesbian, Gay, and Bisexual Populations: An Update on Empirical Research and Implications for Treatment," Psychology of Addictive Behaviors 26, no. 2 (2012): 265–278.

[xix] Seriously thought of killing oneself by lesbian or gay, bisexual or heterosexual working adults: 9.9%; 17.5%; 3.4%. Serious psychological distress: 21.9%; 36.7%; 9.5%. NORC analysis of 2015-208 NSDUH.

[xx] Received MH services in prior year among lesbian or gay, bisexual or heterosexual working adults: 23.5%; 36.7%; 12.9%.

[xxi] Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297.

[xxii] Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297.

[xxiii] https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf

[xxiv] 2012 SAMHSA TEDS

[xxv] https://www.drugabuse.gov/publications/research-reports/substance-use-in-women/sex-gender-differences-in-substance-use-disorder-treatment

[xxvi] McHugh RK, Votaw VR, Sugarman DE, Greenfield SF. Sex and gender differences in substance use disorders. Clinical psychology review. 2018 Dec 1;66:12-23.
[xxvii] McHugh RK, Votaw VR, Sugarman DE, Greenfield SF. Sex and gender differences in substance use disorders. Clinical psychology review. 2018 Dec 1;66:12-23.
[xxviii] Moore, R. S., Cunradi, C. B., Duke, M. R., & Ames, G. M. (2009). Dimensions of problem drinking among young adult restaurant workers. The American journal of drug and alcohol abuse, 35(5), 329-333.
[xxix] Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations.* 2009.