

ADDICTION: AN EQUAL OPPORTUNITY DISEASE FOR WOMEN AND GIRLS

*After cracking the glass ceiling in the workplace, making strides in education, the military, and on the athletic field, women and girls have moved into another male dominated arena – **addiction to drugs and alcohol.***



Statistics gathered over the past decade, support this sad truth: **Women and girls in Illinois are entering treatment for substance use addiction at a rate nearly two times that of men and adolescent males, while the terribly underfunded treatment system languishes and cannot satisfy the unmet need.**

What Factors are Driving this Trend?

- When unemployed or underemployed, females often seek relief through substance use.
- Whether single or married, women generally have responsibility for care of their small children.
- Substance use by females is often linked to trauma, including sexual or physical abuse.

Women Face Different Challenges than Men while in Treatment:

- Women are more likely to have partners who are not supportive of them seeking or staying in treatment.
- Stigma and guilt may foster denial of problems, creating a further barrier to success in treatment.
- Gender specific treatment has shown great success, but such programs are not available in all areas.
- Childcare and transportation are significant barriers to engagement and retention in treatment.
- Pregnant or parenting women fear child welfare system intervention if they acknowledge addiction.

Women and girls with substance use disorders are different from men. Women entering treatment have more children living in their homes, have lower incomes, or are less likely to be employed than men entering that same door.

Creating a System That Supports Treatment for Women & Girls:

- Gender specific treatment should be available in all parts of the state.
- Childcare should be available for women seeking treatment.
- Transportation and outreach should support a treatment system for women and girls.
- Crisis intervention should be available when individual or family emergencies arise.
- Family counseling should be available for partners and other members of the family unit.
- A strong case management component should be available.

