

WOMEN AND GIRLS: SUBSTANCE RISKS

**2026 trends, risks, and
solutions**





AGENDA

- Trends in women and girls
- Unique risks and vulnerabilities
- Consequences for female populations
- Prevention and support strategies
- 2026 outlook and solutions

WOMEN'S SUBSTANCE USE TRENDS

60%

of women aged 18–44 consumed alcohol in the past month
(2023)

AGE PATTERNS IN SUBSTANCE USE

01

Early experimentation (15–24)

Highest trial of marijuana and alcohol; prescription misuse begins.

02

Mixed risks (25–49)

Recreational use declines; prescription benzodiazepine and opioid misuse rises.

03

Shifting harms (50+)

Underreporting persists; alcohol-related health complications increase.

04

Targeted prevention

Age-specific strategies align interventions to evolving risks.

EMERGING SUBSTANCES AND SHIFTING PREFERENCES

Synthetic Cannabinoids & Vaping

Rising use of THC vapes and lab-made cannabinoids with variable potency complicates interventions.

Prescription Stimulants Trend

Increased use among women and girls reflects shifting preferences and access pathways.

NPS Up ~20% in Youth

Novel psychoactive substances are increasingly popular in young female demographics, often unregulated.





UNIQUE RISK FACTORS AND VULNERABILITIES

WOMEN'S ADDICTION FACTORS



Biological Factors

Different metabolism and hormonal shifts heighten vulnerability and intensify withdrawal; hormones also shape relapse risk.



Psychological Factors

Higher anxiety and depression increase susceptibility and complicate treatment and recovery pathways.



Telescoping Effect

Women often transition from use to dependency faster, underscoring the need for earlier intervention.



Unique Challenges

Combined bio-psych factors create barriers that demand tailored, gender-responsive treatment approaches.

SOCIAL PRESSURES & CULTURE

Cultural Norms & Roles

Caregiving expectations and stigma shape use patterns and help-seeking.

Peer Dynamics

Support can buffer risk; pressure can escalate initiation and use.

Compounded Inequities

Minority women face systemic barriers and cultural stigmatization.



TRAUMA TO SUBSTANCE ABUSE

01

Trauma Event

Women exposed to IPV/abuse;
baseline affected: 100% in this
cohort.

02

Onset of Mental Disorder

PTSD/depression emerge for many;
estimated 80% show symptoms.

03

Substance Use Initiation

Coping with distress, about 65%
begin using substances.

04

SUD Diagnosis

Progression culminates for many;
approximately 60% meet SUD
criteria.

WOMEN'S SUBSTANCE ABUSE IMPACTS



PHYSICAL HEALTH RISKS

Liver and Cardiovascular Strain

Women face higher risks of liver disease and heart problems from substance use due to differences in metabolism and body composition.

Reproductive Health Complications

Elevated risks include miscarriage, infertility, and adverse pregnancy outcomes linked to alcohol and drug exposure.

Breast Cancer Association

Chronic alcohol use is linked with increased breast cancer risk, even at moderate intake levels.

Higher Overdose Vulnerability

Physiological factors increase accidental overdose risk, including faster intoxication and heightened drug sensitivity.

MENTAL AND EMOTIONAL EFFECTS

Women's mental health and addiction

Anxiety and depression

Substance use elevates rates of anxiety, depression, and suicide risk among women. Symptoms often intensify during periods of use and withdrawal, complicating diagnosis and timely care.

Bidirectional relationship

Poor mental health can drive self-medication, while addiction further destabilizes mood, sleep, and coping. Integrated, trauma-informed care reduces relapse and improves emotional regulation.

Postpartum and bonding

In the postpartum period, substance use compounds depression and anxiety, disrupting maternal-infant bonding. Early screening and supportive treatment safeguard attachment and recovery.

SOCIAL AND ECONOMIC IMPACTS



Social Consequences

Isolation, broken relationships, stigma, and loss of social support networks are common outcomes for women facing substance abuse.



Economic Consequences

Increased healthcare costs, reduced workplace productivity, and financial instability impact both individuals and families.



Mitigating Factors

Access to support groups, community resources, and employment programs can help women recover and rebuild.



Challenges Faced

Poverty, marginalization, and lack of affordable treatment options exacerbate barriers to recovery for women.

PREVENTION AND SUPPORT

Education, Treatment, Community Resources





EDUCATIONAL & AWARENESS PROGRAMS

School Programs

Curricula build risk literacy and healthy coping skills.

Social Media Campaigns

Targeted content drives awareness and early help-seeking.

Community Workshops

Facilitated sessions foster support, empowerment, and referral.

TREATMENT AND RECOVERY

Evidence-Based Treatments

Gender-responsive therapy, MAT, and trauma-informed care improve outcomes. Tailoring to women's needs enhances engagement and safety.

Recovery Programs

Address co-occurring disorders and include family support. Accessible inpatient and outpatient options drive higher success rates.



COMMUNITY RESOURCES AND SUPPORT

Types

Peer support groups, childcare services, housing assistance, and specialized programs for domestic violence survivors and low-income women. Collaborative offerings from healthcare providers and community organizations to deliver wraparound, accessible, and coordinated care pathways across settings.

Benefits

Strengthens recovery durability, reduces barriers like safety, childcare, and housing insecurity, and builds social connection. Promotes continuity of care, timely referrals, and culturally responsive support that increases engagement, trust, and long-term wellbeing for women.

Examples

Local women's shelters, subsidized childcare centers, peer-led recovery networks, legal advocacy services, transitional housing programs, and coordinated healthcare–community partnerships that streamline navigation and support.

TRENDS AND SOLUTIONS 2026



INNOVATIVE PREVENTION TECHNOLOGIES

Personalized AI Plans

Tailored recommendations adapt to progress and comorbid needs.

Telehealth Counseling Access

Secure virtual sessions extend care to busy caregivers.

Wearable Relapse Signals

Wrist biosensors flag risks for timely outreach.

Real-Time Monitoring

Continuous data supports proactive interventions and safety.

POLICY CHANGES AND ADVOCACY

01

Expand Coverage

Broaden Medicaid for addiction care and integrate maternal SUD services.

02

Remove Barriers

Streamline access, reduce stigma, and ease navigation to timely treatment.

03

Fund Gender Research

Prioritize gender-specific studies guiding effective, equitable interventions.

04

Harmonize Standards

Coordinate international guidelines elevating women's addiction care quality.

EMPOWERING WOMEN AND GIRLS



Education Access

Expand opportunities to build knowledge and confidence for healthier choices.



Economic Independence

Support skills training and entrepreneurship for financial autonomy.



Leadership Development

Cultivate skills and opportunities so women and girls lead change.



Community Engagement

Promote participation to strengthen support networks and resilience.

EMPOWERING WOMEN AND GIRLS

Trends & Vulnerabilities

Substance use patterns are shifting; girls and women face distinct risk drivers.

Health Impacts

Physical, mental, and social harms require integrated, trauma-informed care.

Targeted Strategies

Prevention, early intervention, and sustained supports must be gender-responsive.

Future Priorities

Leverage tech, policy advocacy, and community power to drive lasting change.