Society for Women's Health Research

July 2, 2026

Agency for Healthcare Research and Quality
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Submitted electronically to REPORTSCLEARANCEOFFICER@ahrq.hhs.gov

RE: HHS Request for Comment on Chronic Disease of Addiction (FR Doc. 2026-11602)

To Whom It May Concern,

The Society for Women's Health Research (SWHR) appreciates the opportunity to comment on the Department of Health and Human Services' (HHS) Request for Information on addiction prevention, treatment, and recovery. We commend the Administration's efforts to improve substance use and addiction prevention and treatment SWHR is a national nonprofit organization dedicated to advancing research on biological sex differences and improving women's health across the lifespan. We submit these comments with a focus on alcohol use disorder (AUD) as a women's health issue that affects patients, caregivers, and families, and that warrants sex- and gender-responsive prevention, screening, treatment, and recovery policies.

Alcohol Use Disorder Is a Women's Health Issue

Alcohol use disorder affects more than 28 million adults in the United States, and alcohol-related harms among women have increased over time.[1,2] Women are at greater risk than men for alcohol-related health problems, including liver disease, cardiovascular diseases, and certain cancers. Over the past few decades, rates of alcohol-related emergency department visits, hospitalizations, alcohol-associated liver disease, and deaths from all alcohol-related causes have all increased, but at a faster rate for women than men.[2] Women experience unique patterns of risk, including faster progression from use to dependence [2] and greater vulnerability to certain alcohol-related health consequences, including liver disease — women who regularly misuse alcohol are more likely to develop alcohol-associated hepatitis, a potentially fatal alcohol-related liver condition, than men who drink the same amount — as well as cardiovascular disease and cognitive effects.[2]

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[1] National Institute on Alcohol Abuse and Alcoholism. "Alcohol Use Disorder (AUD) in the United States: Age Groups and Demographic Characteristics." https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-use-disorder-aud-united-states-age-groups-and-demographic-characteristics

[2] National Institute on Alcohol Abuse and Alcoholism. "Women and Alcohol." https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/women-and-alcohol

Women are also more likely than men to experience co-occurring mental health conditions such as depression, anxiety, and trauma-related disorders, which can complicate screening, treatment engagement, and recovery.[3] These sex- and gender-related differences make it essential that federal policy move beyond one-size-fits-all approaches.[2]

The Caregiving Burden Falls Disproportionately on Women

Women make up the majority of unpaid family caregivers in the United States.[4] When AUD affects a household, women are often the family members who absorb the emotional, logistical, and financial consequences, while simultaneously trying to preserve household stability and support recovery.[5]

Alcohol-related family disruption is widespread. Research shows that alcohol dependence affects the individual as well as those around them in terms of occupational and social dysfunction, physical and emotional distress, and financial burden, which has a serious impact on the lives of significant others.[5]Family members may experience stress, disrupted routines, financial strain, and emotional distress. [5] For women caregivers, these burdens can compound existing inequities in health, employment, and income.[4]

Stigma Can Deter Care

Stigma remains a major barrier to care for people with AUD and for the women who support them. Women with substance use disorders may face judgment related to caregiving and parenting roles, while women caregivers may avoid seeking help because their own distress is minimized or overlooked.[3]

HHS should direct the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Alcohol Abuse and Alcoholism (NIAA) to develop public education materials that frame AUD as a chronic, treatable condition, use person-first and non-stigmatizing language, and recognize the experiences of women patients and women caregivers.[2]

Screening and Integrated Care

Routine alcohol screening should be normalized in primary care, obstetrics and gynecology, behavioral health, and other settings where women routinely seek care.[6] Screening should be paired with referral pathways that connect patients to treatment and caregivers to supports.[6]

Integrated approaches matter because caregiver well-being and patient recovery are closely linked — and for women, these roles often overlap. Many women managing their own AUD are simultaneously caring

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[3] National Institute of Mental Health. (2024, April). Women and mental health. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/women-and-mental-health

[4] National Alliance for Caregiving and AARP. "Caregiving in the U.S. 2020." https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf

[5] Galoustian, G. (2025, March 19). Deep dive: Family caregivers' journeys navigating alcohol use disorder. Florida Atlantic University News Desk. https://www.fau.edu/newsdesk/articles/alcohol-use-disorder-family-caregivers.php

[6] U.S. Preventive Services Task Force. (2018, November 13). Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions

for children, partners, or aging relatives, making flexible, coordinated care essential. Evidence shows that when patients reduce or cease alcohol use, caregiver burden, depression, anxiety, and stress in the family system can decrease substantially, while relapse is associated with worsening psychological distress for those around them.[7]

Federal guidance should therefore encourage models of care that address both the person with AUD and the family members who support them.[8]

Recovery Should Be Family-Centered

Federal program guidance should recognize that reduction in alcohol consumption can be meaningful in progress, especially when it improves safety, functioning, and family well-being. For some patients and families, stepwise change may be a more realistic and durable path to recovery than an immediate abstinence-only approach.

Women caregivers and women with AUD often navigate overlapping responsibilities, including parenting, paid work, and care for other relatives. Recovery systems that are flexible, trauma-informed, and family-centered are more likely to meet these realities and produce better outcomes.

AUD is a public health issue with clear implications for women's health, caregiving, and family stability. SWHR urges HHS to ensure that the Great American Recovery Initiative reflects the realities of women's lives by investing in sex-specific research, expanding screening and integrated care, addressing stigma, and supporting family-centered recovery systems.

SWHR welcomes the opportunity to be a resource as HHS advances this work. If you have questions or if you would like to discuss these comments further, I can be reached directly at kathryn@swhr.org or 202.496.5004

Sincerely,

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President and Chief Executive Officer
Society for Women's Health Research

[7] Rajpurohit et al. "A prospective observational study of change in caregiver burden and psychological distress in caregivers of patients with alcohol dependence." https://pmc.ncbi.nlm.nih.gov/articles/PMC10756594/

[8] McCrady, B. S., & Flanagan, J. C. (2021). The role of the family in alcohol use disorder recovery for adults. Alcohol Research: Current Reviews, 41(1), 06. https://doi.org/10.35946/arcr.v41.1.06