

# Need for Services Research on Treatment for Drug Abuse in Women

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## INTRODUCTION

In a 1990 report on treatment for drug abuse, the Institute of Medicine (IOM) argued for the critical importance of health services research as a basis for building drug abuse treatment systems (Institute of Medicine 1990). In the same report, a need for research on women in treatment was identified, particularly women in the childbearing years and women with children. This concern relates to the objectives set for women in *Healthy People 2000* (U.S. Department of Health and Human Services 1990), including abstinence from alcohol, tobacco, and other drugs during pregnancy. Other objectives in *Healthy People 2000* require a better understanding and monitoring of services offered to women in treatment for drug abuse. These services include prenatal care, maternal health and nutrition during pregnancy, and family planning. Understanding the extent to which women in drug abuse treatment are currently able to obtain services that address their needs, and how financial and other factors influence the services they receive once they have sought treatment, is especially important in view of current debates over which drug abuse treatment services should be covered by public and private third-party payers.

Debates over health care reform concern policymakers at both the Federal and State levels. Central to these debates is an understanding of services currently provided for women and how they are being used. Little research has been conducted on how women use drug abuse treatment services or on how health insurance coverage affects the kinds of services women receive after they enter treatment. The 1990 IOM report portrayed treatment for drug abuse as a two-tiered system consisting of a public and a private sector. The two tiers have different types of clients and offer different kinds of services. Although relatively little research has been done to document these differences, the IOM report suggested that clients in the public sector have a longer history of

drug-taking, have taken more drugs, are less likely to be employed, have more major social deficits, and are more likely to have records of criminal activity than clients in the private sector. Thus public sector clients require more services. However, in contrast to private facilities, public facilities have less capacity and offer fewer services.

Because the drug abuse treatment system was largely developed at a time when most patients were men, there is concern that this system is not sufficiently responsive to women's economic, social, and emotional issues (Kumpfer 1991; Wallen 1990, pp. 103-109). In 1984 the U.S. Congress mandated that at least 5 percent of the block grant funds for alcohol and other drug abuse services be used to support new or expanded services for women (Institute of Medicine 1990). Because little research has been conducted on the services received by women in treatment, the extent to which these women receive services that address their special needs is not known. The Institute of Medicine (1990) reported that only about one-third of the more than 80,000 women in drug abuse treatment were in programs that had special services for women. A recent California study (Soman et al. 1996) found that although California increased funding for treatment services for drug-addicted women and their children in the early 1990s, there are still wide gaps between the kinds of services that are appropriate for drug-addicted women and their children and the kinds of services that are provided in the treatment system.

In addition to the scarcity of information about services provided to women in drug abuse treatment, relatively little is known about the characteristics and treatment needs of women in drug abuse treatment. Research on women's use of drug abuse treatment services has rarely studied a range of treatment settings and populations. Instead, studies generally have been confined to a single type of treatment or a particular population of women. As a result, findings are inconsistent and conflicting because different populations and settings are related to different treatment needs and different patterns of utilization.

#### CHARACTERISTICS OF WOMEN IN TREATMENT

Characteristics of women in treatment, such as race and ethnicity, age, income, pay source, number of children, previous treatment history, medical and psychiatric comorbidities, types and amounts of drugs used,

and severity of drug problem (including polydrug use), reflect differences in access to treatment among different subpopulations of women and are important predictors of women's treatment needs (Harrison and Belille 1987; Root 1989; Lex et al. 1988, p. 53). Research suggests that many women in treatment face other serious problems in addition to addiction, including unemployment, problems with the legal system, health problems, and homelessness (Gehshan 1993). Several studies of women in treatment for drug abuse have shown that they have high rates of previous sexual and physical abuse (e.g., Nelson-Zlupko et al. 1995; Wallen 1992). Many drug-abusing women are of childbearing age and may be mothers who have custody of their children. Reviews of the literature on addicted mothers indicate that these mothers are concerned about the well-being of their children and feel inadequate as parents (Luthar and Walsh 1995). Women in treatment often cite concern about their children as a primary motivation for entering treatment (Colten 1980, pp. 1-18). Yet information on women in treatment that includes a broad range of treatment programs is lacking. Studies of treatment populations have focused disproportionately on individuals receiving inpatient treatment and those using public facilities and typically do not distinguish between men and women in treatment (Institute of Medicine 1990). Comparisons of men and women that do exist suggest that research investigating the characteristics of women in treatment, both as a subgroup of the treatment population and in comparison to men, is needed across a broad spectrum of treatment settings.

#### PATHWAYS TO TREATMENT FOR WOMEN

Research findings concerning how women arrive in treatment are often conflicting, probably because studies were conducted in different settings with different populations of women. Some studies on women and alcoholism treatment show that women are more likely than men to be self-referred to treatment, whereas others show the opposite (Beckman and Amaro 1984, pp. 15-24). It is also not clear what role family factors and life stress factors play in treatment-seeking on the part of women (Amaro et al. 1987; Weisner and Schmidt 1993). Women are entering drug abuse treatment in increasing numbers, and there is evidence that a greater proportion now come to treatment through the criminal justice system (Institute of Medicine 1990). Women in general (Beckman and Amaro 1986), and African-American women in particular (Amaro et al.

1987), are less likely than men to have health insurance coverage for substance abuse treatment. Women also are more likely to have family responsibilities that interfere with treatment (Beckman and Amaro 1986). Inadequate child care may pose a significant barrier to treatment for many women (Institute of Medicine 1990; Chatham 1990, pp. 3-14) and may prevent women from seeking treatment until their symptoms have become severe (Institute of Medicine 1990). Lack of child care is one of the most frequently reported barriers to treatment among women (Blume 1988; Wilsnack 1991). Zimmerman (1988) found that, along with lack of child care, pregnancy was an obstacle to treatment; however, differences in the kind of treatment sought by women with and without children have not been examined systematically. In addition, few studies have compared women in treatment with women who have similar drug problems but are not in treatment to learn what characteristics are associated with entry into treatment.

Research is needed to examine how women in treatment came to be there, identify differences among subpopulations of women in the route by which they entered treatment, and compare women with drug problems who are in treatment with women who have drug problems in the general population. Such research will enhance the understanding of barriers to treatment for women.

#### COMPARISON OF TREATMENT SETTINGS

Different treatment settings provide different services. In a study of substance abuse treatment programs, Gehshan (1993) found that most programs offer individual and group counseling and information about addiction, aftercare, and relapse prevention. Many offer medical detoxification. What differentiates programs, according to Gehshan, are the ancillary and medical services offered, including transportation to appointments, job training and placement, primary medical care, educational programs, help with housing, prenatal and obstetric and gynecologic care, child care, family planning, legal assistance, and medical care for infants and children. However, comparisons of different kinds of facilities have rarely examined the extent to which they offer services specifically related to women's needs, such as child care or family programs. Only two studies that specifically examined women-only programs were found in a review of the literature (Copeland and Hall 1992; Hearn 1989). Another study examined the extent to which

female-sensitive treatment services (defined as a high ratio of female to male clients; availability of a female counselor; and availability of employment, health, and relationship counseling) were received by women in several different types of New York City opiate abuse treatment programs (Hanke and Faupel 1993). This study found that, overall, residential programs were somewhat more female-sensitive than detoxification, outpatient, or methadone treatment programs, but the programs were not compared with respect to other characteristics such as public v. private ownership. More research comparing the kinds of services available to women in different treatment settings is needed to clarify the gaps in available services.

#### SERVICES USED BY WOMEN

Relatively little is known about the services received by women in treatment for drug abuse. For example, how do the services received by women in inpatient treatment compare with those received by women in outpatient treatment? How do services received in public facilities differ from those received in private facilities? Moreover, it is not clear how often specialized programs attract the kinds of women they were designed to serve. For example, a study of 92 programs for pregnant women found that although 94 percent of the programs claimed to serve pregnant women, 70 percent had served fewer than 5 such women in the past year. Interviews with women who had used the programs indicated that these programs had no provisions for child care or transportation and that they provided no special facilities for women (Rovner 1993, p. 5). A number of recent studies of treatment outcomes for women with children confirm the importance of including children in their mothers' treatment programs (Goldberg 1995). Poor women, especially, often require comprehensive programs that deal not just with substance abuse but also with housing, contraception, educational issues, and medical and counseling needs (Goldberg 1995). One small study of 34 women in substance abuse treatment indicated that relationships (to children, husbands or partners, and others) were of central concern to these women, who also indicated a preference for discussing these issues in groups with other women (Kauffman et al. 1995). An even smaller study of 24 women, carried out by the same group of researchers, found that only about half the women's treatment experiences had included the option of women-only groups. Opportunities for discussion

about reproductive health and sexuality were less common, and parenting education, help obtaining child care, and onsite child care were the least common (Nelson-Zlupko et al. 1996). Further research is needed on the services received by women, using larger samples that permit comparison among subpopulations of women and across a variety of treatment settings.

#### SUMMARY

A solid body of research is needed that shows who the women in drug abuse treatment are, how they get there, and what services they receive in treatment. Relatively little is known about how the services received by women differ from one treatment setting to another, or whether programs designed to facilitate access to treatment for particular subpopulations of women accomplish this goal. Because of the current high priority given to attracting and retaining women in treatment for drug abuse and to preventing drug abuse by women in the childrearing years, research on women's use of drug abuse treatment services would be particularly timely and could serve as a foundation for future research on treatment utilization and treatment outcomes.

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