

Treatment of Women With Substance Abuse Problems

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INTRODUCTION: STATEMENT OF THE PROBLEM

The estimated number of American women age 12 and older who use or abuse legal or illegal drugs is startling. This information comes as no surprise to those of us engaged in substance abuse research and treatment endeavors. Recognition of the severity of the problem—its health effects on women and its social and economic consequences for women, their families, and society—inspired this conference and the participation of those attending. Working partnerships between and among those in the treatment field, researchers, and public policymakers are critical. Treatment in general, and the treatment of women with substance abuse problems in particular, clearly needs further action-oriented research.

CENTER FOR SUBSTANCE ABUSE TREATMENT ACTIVITIES RELATED TO TREATMENT OF WOMEN AND THEIR CHILDREN

In July 1992 Congress enacted Public Law 102-321, the ADAMHA Reorganization Act, creating the Center for Substance Abuse Treatment (CSAT), formerly the Office for Treatment Improvement. In response to the lack of access and barriers to treatment for women, CSAT established a national program for women and children that included creation of the Women and Children's Branch (WCB), which is the focal point for CSAT's wide-ranging activities related to treatment of women and children. Significant activities of this branch and other components of CSAT include the following:

- Administration of 65 residential treatment programs for women and their children, including pregnant and postpartum women and infants.
- Administration of 12 outpatient substance abuse treatment programs that serve pregnant and parenting women and their

children. As with the residential programs, these programs provide services that meet the particular needs of women and their children, either by providing these services directly or making referrals to appropriate providers.

- Development and dissemination of the treatment manual *Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs* (Center for Substance Abuse Treatment 1994) for treatment providers, researchers, and policymakers. This manual presents issues and strategies related to specific populations of women, including women of color, adolescent and older women, women involved in the criminal justice system, and lesbians.
- Administration of several memorandums of agreement (MOAs) with other Government agencies to carry out activities related to the treatment of women and their children.
- Engagement in a wide range of collaborative activities designed to expand and improve treatment services for women and their children.
- Production of seven treatment improvement protocols (TIPs). TIPs are consensus-based documents designed to improve the ability of treatment program personnel to provide quality care to their patients. All TIPs are distributed to programs serving women and their children, including the programs receiving CSAT grant funds. TIP documents include *Pregnant, Substance-Using Women* (Mitchell 1993); *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse* (Ries 1994); *Improving Treatment for Drug-Exposed Infants* (Kandall 1993); *Guidelines for the Treatment of Alcohol- and Other Drug-Abusing Adolescents* (Schonberg 1993); and *Screening for Infectious Diseases Among Substance Abusers* (Barthwell and Gilbert 1993).
- Development and support of a number of training efforts designed to improve services for women and children and to ensure that States meet requirements for set-aside programs to ensure that interim services are provided to women.
- Development of interim regulations covering State mandates that provide women with (1) preferential access and (2) interim services when treatment cannot be provided within a given time.

Preferential access helps ensure that treatment capacity for women is expanded and requires that States give priority to pregnant women who inject drugs and to other pregnant substance-using women. The interim services requirement ensures that, when substance abuse treatment slots are not available, the women have access to services for tuberculosis, AIDS (acquired immunodeficiency syndrome), and prenatal care, as necessary; referral for services must be made within 48 hours of request for treatment.

Several of these activities relate to the partnership among the research, treatment, and public policy areas regarding women and substance abuse treatment.

Collaboration Activities

CSAT collaborates with other agencies—such as the National Institute of Child Health and Human Development (NICHD), Office of Population Affairs, and Center for Substance Abuse Prevention—to further develop highly effective treatment services for women and their children.

The collaboration with NICHD reflects the importance that CSAT attaches to collaboration between the treatment and research communities. A CSAT/NICHD research/treatment study initiated several years ago by Dr. Loretta Finnegan is expected to contribute substantially to the design and implementation of improved treatment services for pregnant and postpartum women and their children by making available neurodevelopmental assessment plans and instruments for assessing life circumstances of women and their children. Some of the instruments used have been modified expressly for this study, and one instrument is being field-tested in 12 of the WCB residential treatment programs. This 5-year project to study the effects of maternal lifestyles on infant outcome involves approximately 3,000 mother-child dyads at 4 sites—University of Miami, University of Tennessee, Wayne State University, and Brown University.

Another example of CSAT's collaboration with other agencies is a pending MOA with the Bureau of Justice and the National Institute of Justice for a collaborative effort to access and treat women through the domestic/family court systems at the local level.

PROGRAM AREAS/RESEARCH ISSUES FOR WOMEN IN TREATMENT

An understanding of the interrelationships among the client, treatment program, and community is critical to the success of the comprehensive treatment approach. As CSAT notes in its statement of mission, goals, and programs, the consensus among those foremost in the field of addiction is that, for most individuals, treatment and recovery services work best in the context of a community-centered, coordinated system of comprehensive services designed to ensure a continuum of support for recovery (Center for Substance Abuse Treatment 1993, p. 4).

Research has demonstrated that no single modality of care is effective for all individuals and that clients may experience varying degrees of success with different modalities (or combinations of modalities) at different times. The combination of comprehensive services required can vary according to the gender, race, ethnicity, socioeconomic status, age, and physiological and neurophysiological condition of the client.

In addition to the obvious lack of funding for action-oriented research related to women and treatment, the diversity of theoretical views and biases hampers the development of research and evaluation studies that could identify differences in treatment outcome. For example, the underlying concept of addiction serves as an explicit or implicit foundation for the design of research and evaluation. Many in the general public (and some in positions of leadership) still support the view that, in general, alcohol and other drug abuse is a moral condition, particularly when women are the abusers. Many others support the medical model, which defines substance abuse as a disease. If the field is to address successfully the complex problems of alcohol and other drug abuse among women and evaluate the success of treatment programs, successful, replicable treatment models must be developed. The Federal Government plays a major role in the development and dissemination of these models.

The paucity of adequate data and information on women and substance abuse underscores the need for more and improved data and information on the epidemiology of substance abuse among women, health and socioeconomic cofactors of substance abuse, and availability and use of treatment services by women as well as research on the effectiveness of various treatment approaches for women.

Ensuring effective collaboration among NIDA, CSAT, and other Federal agencies with respect to programs of mutual interest, such as the Perinatal-20 project funded by NIDA (Rahdert 1996) and the residential treatment programs funded by CSAT, will significantly enhance the ability to effectively use the scarce research funds available to address the issues of women in treatment. Specific research needs include:

- Ensuring that federally sponsored epidemiologic and services research includes gender-disaggregated data in the collection, analysis, and reporting process
- Identifying the effectiveness and efficiency of substance abuse treatment services for women in settings other than substance abuse treatment programs (e.g., mental health clinics, well-baby clinics, family planning clinics, and adolescent health clinics) that are often the first and sometimes the only point-of-treatment contact for women
- Identifying what modalities of care (residential and outpatient) are most effective for women in treatment—with which cohort of women and with which primary substance of abuse
- Identifying what mechanisms are most effective and efficient to ensure the provision of adequate comprehensive services to women in outpatient or residential treatment settings
- Identifying the relationships among case severity, characteristics of specific cohorts of women, and use of treatment services and treatment outcomes
- Adapting standardized physical, mental health, and substance abuse assessment instruments to ensure that they are appropriate according to gender and culture or designing, testing, and validating new instruments
- Identifying the most appropriate and feasible treatment outcome measures for women in general and for specific cohorts of women (e.g., those with and without children, with and without dual diagnoses, and with or without histories of sexual or physical abuse)
- Identifying at what point in the treatment of women it is appropriate to address critical issues related to their children, sexual abuse history, and violence

- Identifying the relationships among level of care, complexity of children's special needs, and treatment outcomes
- Identifying the effects on treatment outcomes for substance-abusing women with children and for their children when women and children are treated separately and when they are treated together in the same setting
- Identifying the most critical factors contributing to retention of women in treatment and the factors contributing to different retention rates for women in outpatient treatment v. residential treatment

For all these issues, it is important to have available data and information to describe the differences in race, ethnicity, and socioeconomic and health status of the women.

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