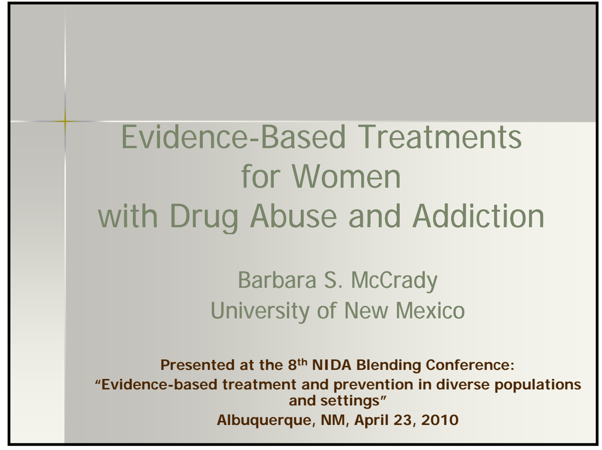
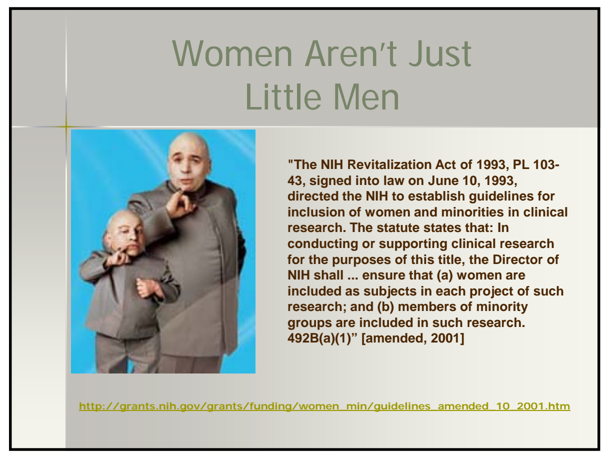


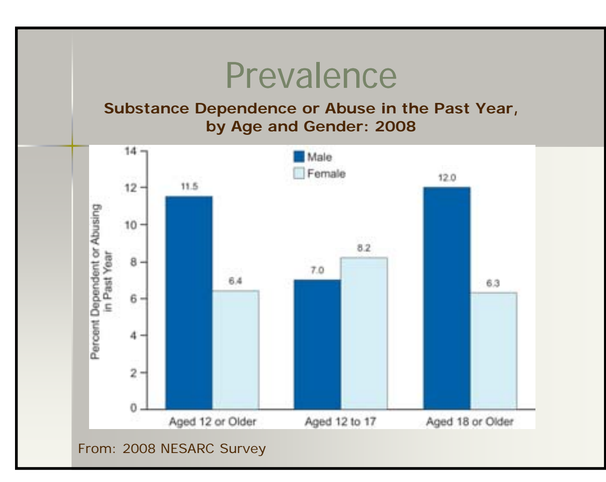


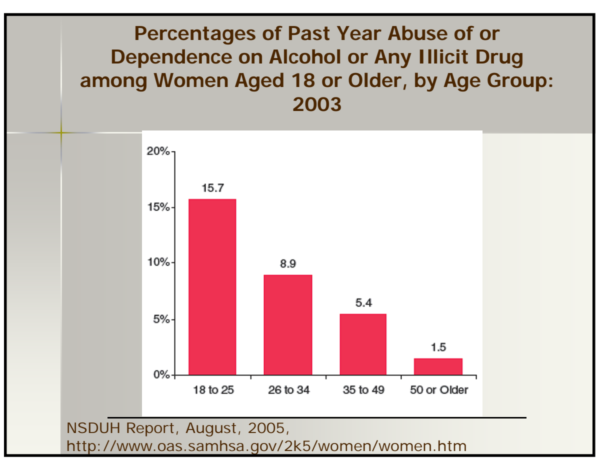
What Have We Learned?

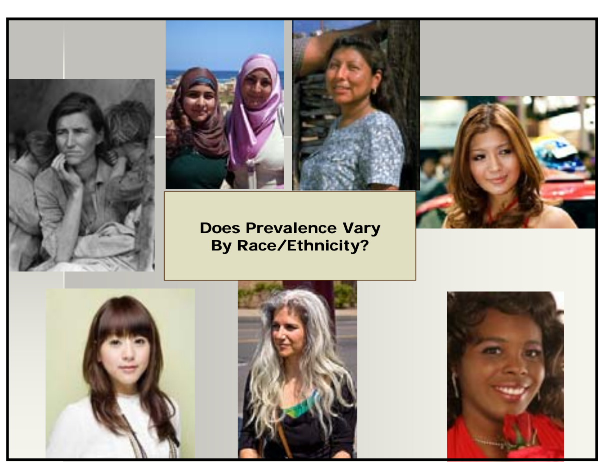
Today's Presentation

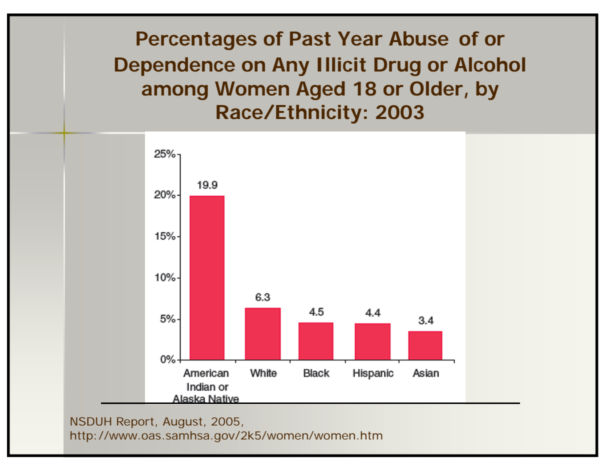
1. How common are drug problems among women?
2. Do women face particular barriers to getting help?
3. What major problems do women have when entering treatment?
4. How successful is treatment for women?
5. Is it valuable to adapt drug treatment for women?
6. Where do we go from here?

1. How common are drug problems among women?









2. Do women face particular barriers to getting help?

Barriers to Treatment

- Stigma, shame, and discrimination

"...that woman should renounce the tenderness of her nature, belie the softness of her sex, stoop from her high station... that she should herself be the victim of intemperance; that woman should herself be guilty of the bestiality of drunkenness... [then] the soft and endearing name of woman shall no longer be applied to her; call her fiend-fury-Hecate or invent some new term of insult in the language; to designate a thing so fallen, and so vile. There is nothing in the whole catalogue of crime, so revolting as drunkenness in a woman; there is no object of disgust or horror that offends the sight of God or man, so entirely loathsome as a drunken woman."

Governor Gipps, New South Wales, Australia, 1841
*quotation courtesy of Karen Rhines

Stigma (cont.)

- "...society's judgment of addicted women is particularly harsh...addicted women violate social norms and are seen as failing in their expected roles as women. Consequently, society views them as failures...This viewpoint subsequently is internalized. Addicted women's experience of social stigma and internalized shame may obstruct treatment seeking..."

Johnson, Wiechelt, Ahmed, & Schwartz, 2003

Barriers to Treatment

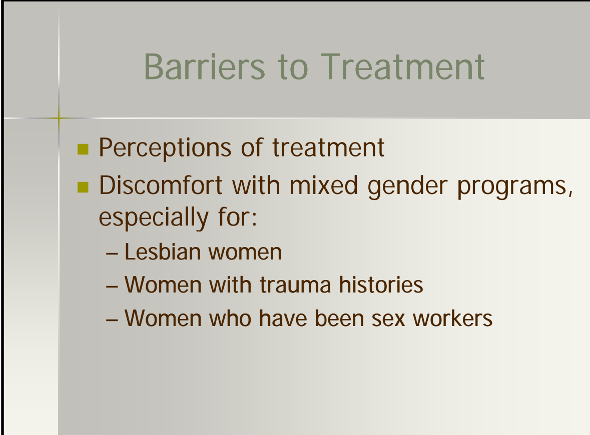
- Lack of support from intimate partners or other family members
  - Male partners also likely to be using drugs or alcohol
  - Male partners may be reluctant to have a woman seek treatment if she has child care responsibilities
  - The extended family may be drug using as well
- A woman may have concerns about retaliation from her partner for going to treatment if she has been a victim of domestic violence

Barriers to Treatment

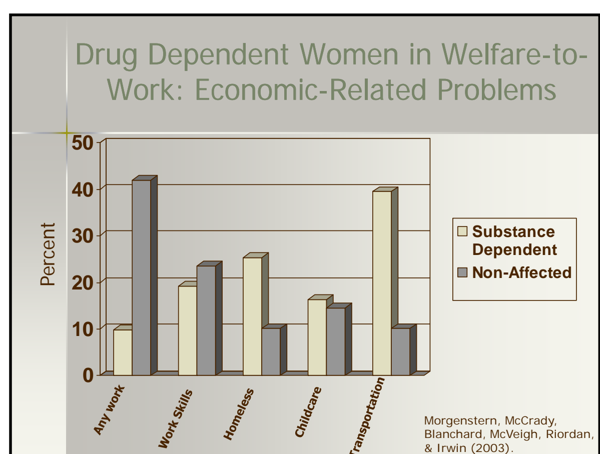
- Lack of access to care
  - Insurance issues
  - Lack of financial resources
  - Transportation

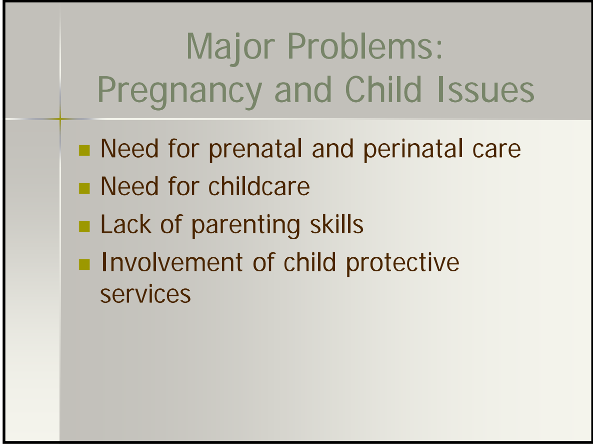
Major Barriers for Rural Women

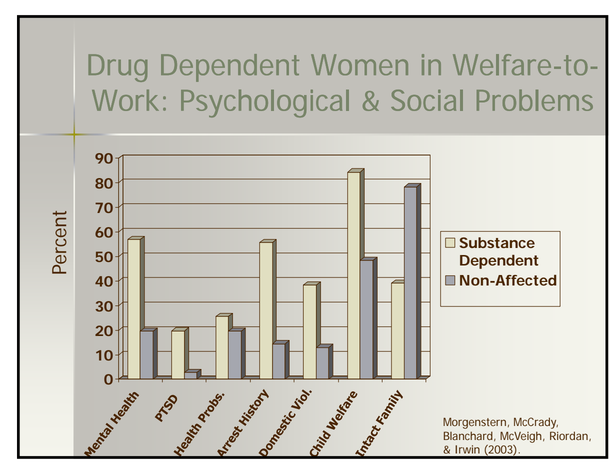
- Economic issues
  - Greater poverty
  - Community prosperity affects availability of health care
  - Intermittent work may lead to binge/abstinent patterns of use
  - Less likely to have private medical insurance
- Treatment accessibility
  - Long distances to treatment
- Treatment quality
  - Integrated treatment may be unavailable
  - Providers may be trained in urban treatment delivery model
- Other issues:
  - Less privacy in small communities

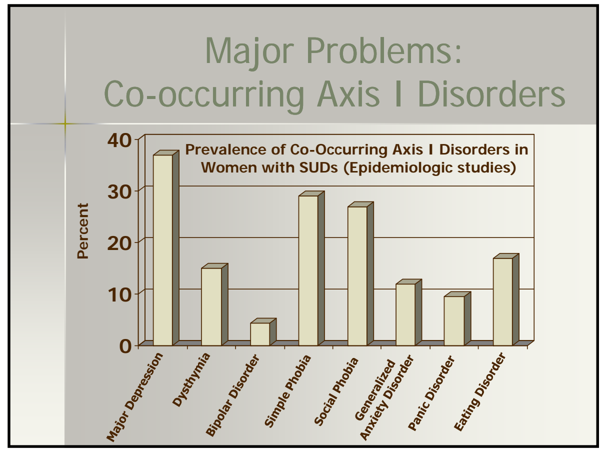


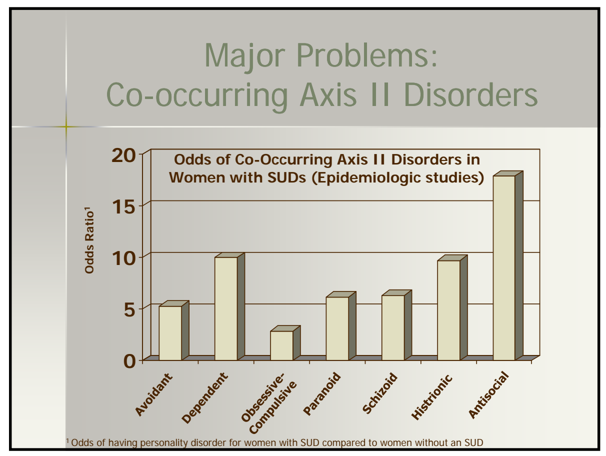
3. What major problems do women have when entering treatment?





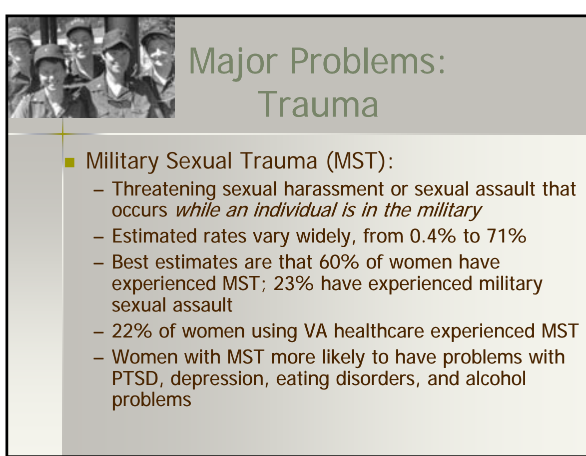






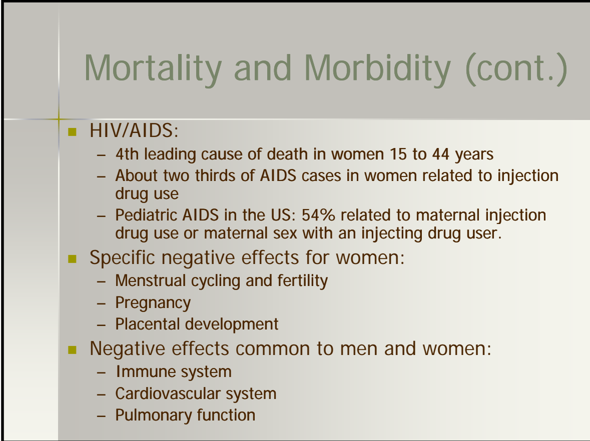
Major Problems: Trauma

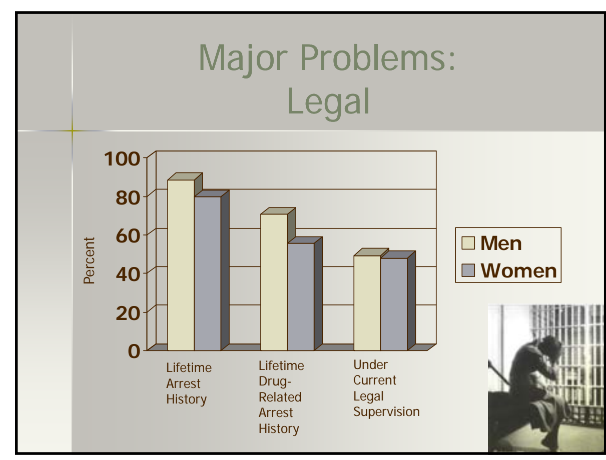
- Physical and sexual trauma
  - 55-99% of women in SUD treatment report a history of sexual or physical assault
  - Prevalence of current PTSD among women in SUD treatment ranges from 25-55%

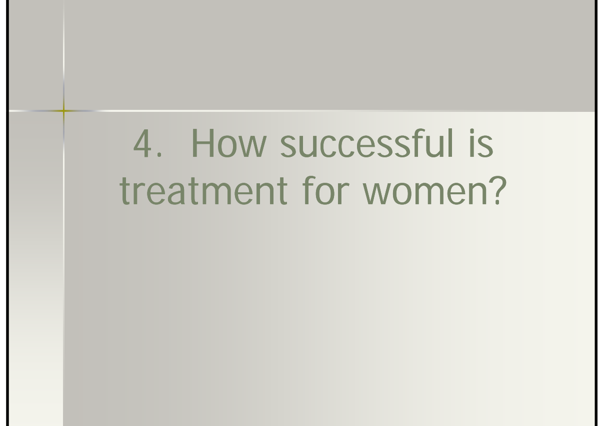


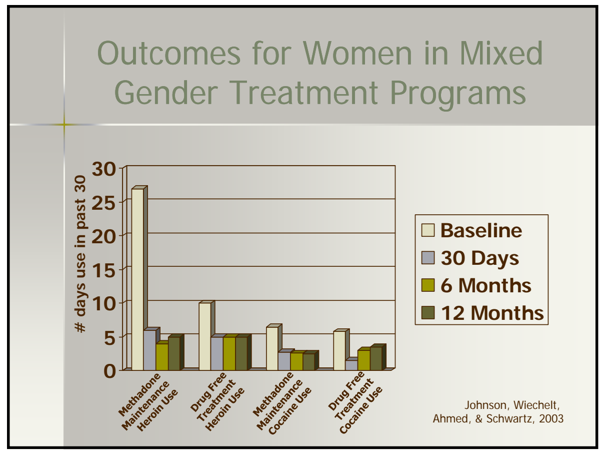
Major Problems: Mortality and Morbidity

- Of 38,396 drug-induced death in 2006, 13,889 were women (34.9%)
- 326,846 women had drug-related emergency department visits in 2006
- Women show a "telescoping" of time from first drug use to first treatment
- In general, women entering SUD treatment have more, and more serious medical problems than men

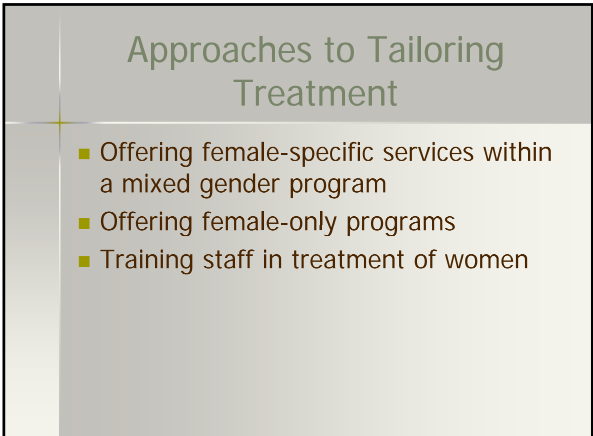


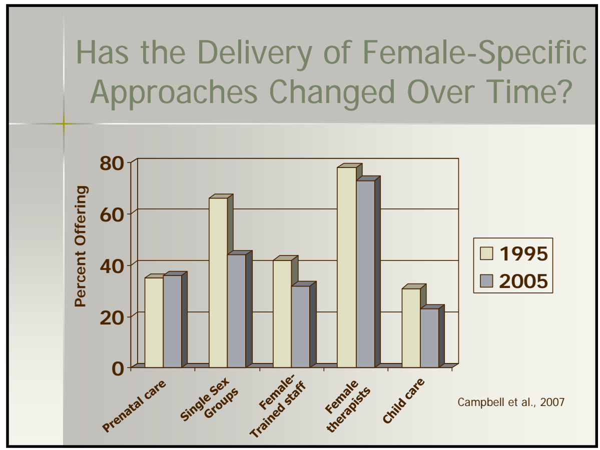


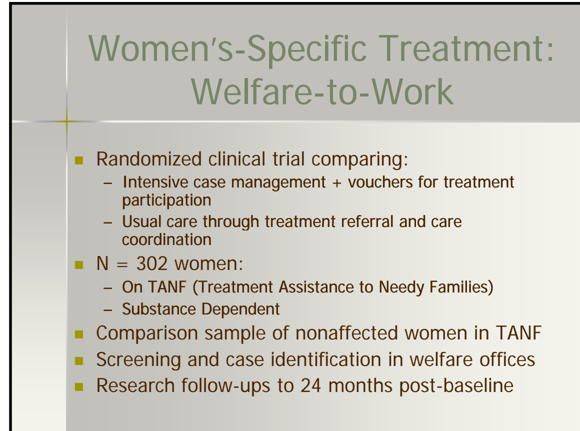


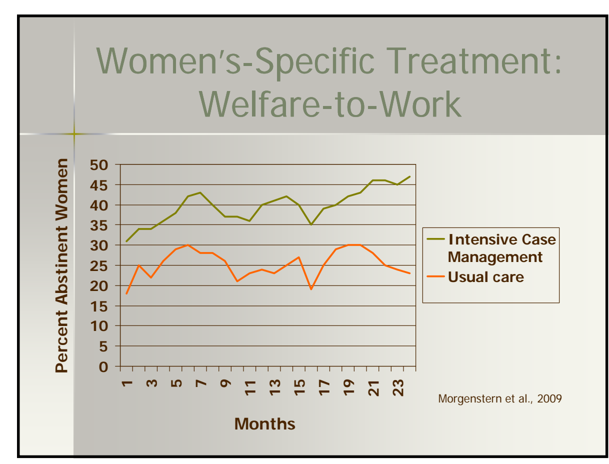


5. Is it valuable to adapt drug treatment for women?



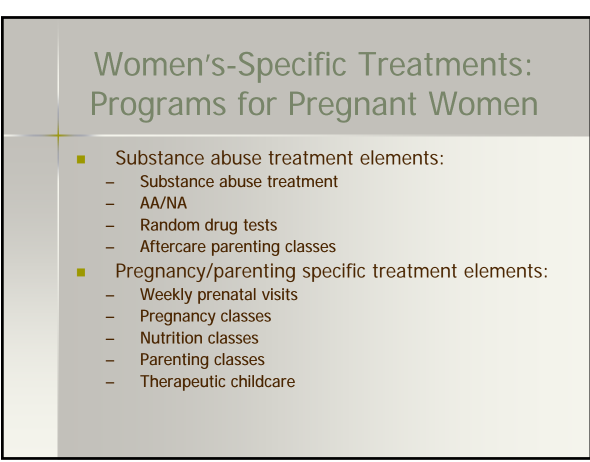






Women's-Specific Treatment: Welfare-to-Work

- Intensive case management (ICM) showed greater improvement in rate of employment over time
  - Greater odds of full-time employment
- ICM women had more contacts with case managers, greater treatment attendance, and more self-help sessions
  - Case manager contacts and self-help sessions mediated relationship between treatment condition and outcomes



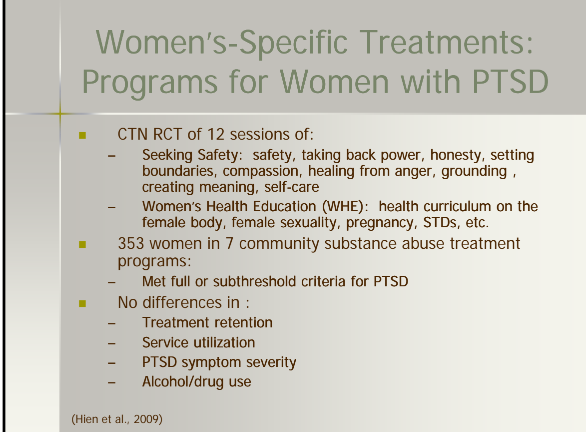
Women's-Specific Treatments: Programs for Pregnant Women

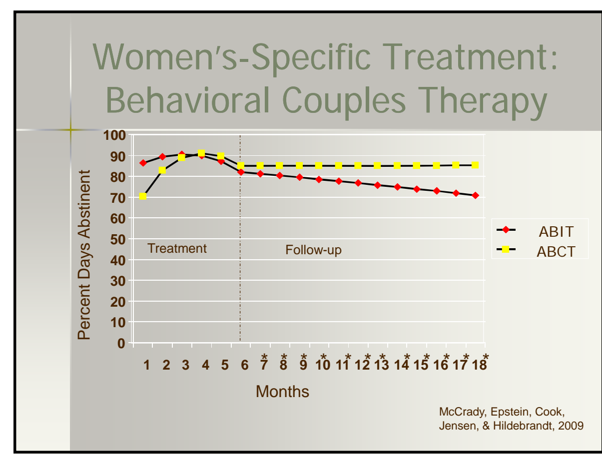
- Treatment specifically for pregnant women is associated with:
  - Greater rate of treatment completion
  - More prenatal care
  - More use of childcare
  - Longer length of gestation
  - Heavier babies
- Evidence is mixed for:
  - Decreased substance use
  - Decreased injecting risk behaviors

Women's-Specific Treatments: Programs for Women with PTSD

Women with Co-Occurring Disorders and Violence Study (WCDVS):

- Treatment elements:
  - Organizational and clinical integration of services
  - Trauma-informed services
  - Consumer involvement;
  - Comprehensive services: outreach/engagement; screening/assessment; SUD treatment; parenting skills; advocacy; trauma-specific treatments; crisis intervention; peer-run services
- Quasi-experimental design comparing integrated intervention to treatment as usual
  - 2729 women recruited; followed for 12 months
  - 9 sites
- Intervention led to greater improvements in drug use severity and PTSD symptoms





How Should We Change Clinical Practice?

- Design treatment systems that attempt to minimize barriers to treatment entry
- Have programs that are female-affirming
- Assess service needs of women entering treatment.
  - Assess for co-morbid disorders.
  - Develop comprehensive treatment plans that address "wrap-around" service needs
  - Provide services that integrate treatment for drug and psychiatric problems
- Make provisions for children
- Include the intimate partner and other family members in treatment whenever possible

Some Research Questions

- What would be the impact on outcomes for women of including brief family-involved treatment in all SUD treatment?
- What is the impact of changes in women's substance use on child outcomes?

Summary and Conclusions

- About 6% of women meet criteria for drug abuse or dependence. Generally, women have lower rates than men, except among adolescents
- Women face substantial barriers to seeking and receiving treatment, including:
  - Stigma ♦ Practical barriers ♦ Lack of family support ♦ Child-related responsibilities ♦ Concerns about mixed gender treatment
- Women come to treatment with a myriad of presenting problems in addition to their drug problems, including:
  - Comorbid psychiatric disorders ♦ Trauma history ♦ Domestic violence ♦ Problems related to economic disadvantage ♦ Lack of job skills ♦ Involvement with child protective services

Summary and Conclusions

- Treatment outcomes generally are similar for men and women in mixed gender programs
- Despite comparable outcomes, there are reasons to adapt treatments for women's specific needs. Key elements of adapted treatment include:
  - Provision of child care
  - Provision of prenatal care
  - Female-only programs
  - Wrap-around/supplemental services
  - Mental health services
  - Comprehensive/integrated programming
  - Family involvement
- Adapted treatments attract women with different problems than those in mixed gender programs, may increase treatment retention, and may improve pregnancy outcomes

Questions?