

Advancing Women's Services: Partnering with the Field

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U. S. Department of Health and Human Services

National Conference on Women, Addiction and Recovery:
News You Can Use

July 13, 2006



President George W. Bush

“Because one of the deepest values of our country is compassion, we must never turn away from any citizen who feels isolated from the opportunities of America. Our government will continue to support faith-based and community groups that bring hope to harsh places..”

State of the Union Address – February 2, 2005



Michael O. Leavitt
20th Secretary of the U.S.
Department of Health and
Human Services

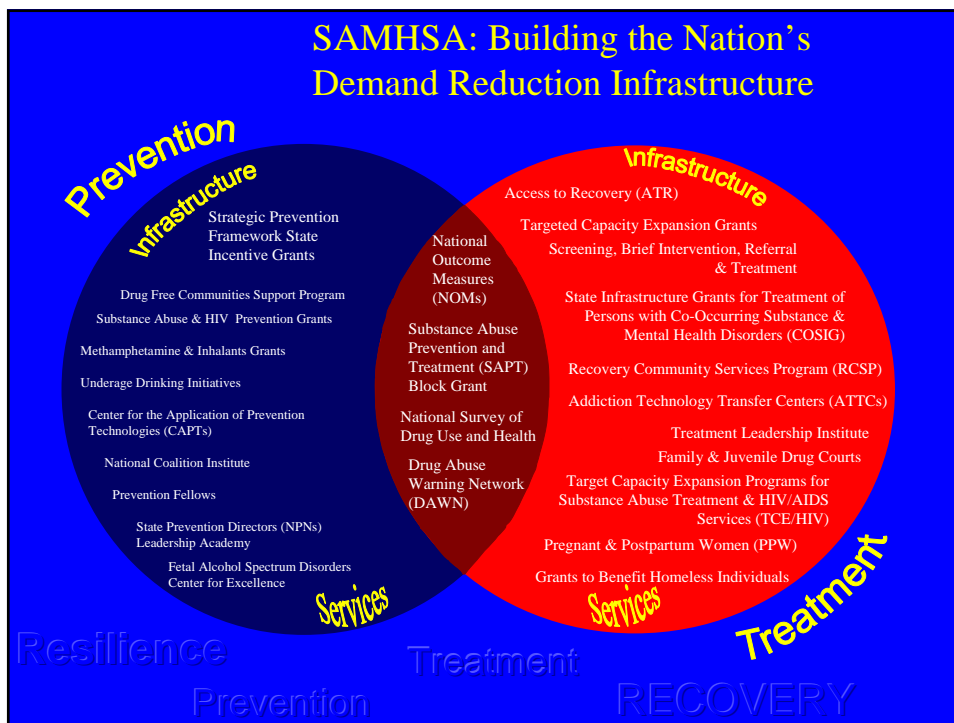
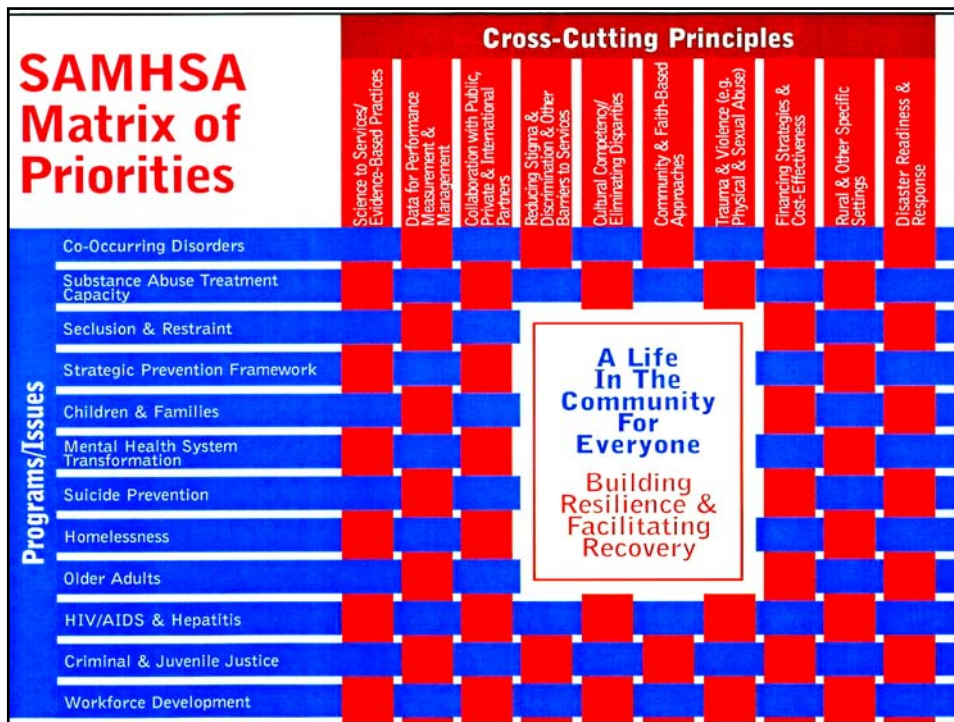
“We can be a nation where families embrace the power of prevention and wellness, where fewer people get sick because they take action to stay healthy.”



Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services
Administration

“People of all ages, with or at risk for mental or substance use disorders, should have the opportunity of a fulfilling life that includes a job, a home and meaningful relationships with family and friends.”

December, 2004



Drug Use by Gender among Persons Aged 12 and Older: 2004

Males

- Illicit drug use (9.9 %)
- Marijuana (8.0%)
- Prescription-type psychotherapeutic (2.6%)
- Alcohol (56.9%)

Females

- Illicit drug use (6.1%)
- Marijuana (4.3%)
- Prescription-type psychotherapeutic (2.4%)
- Alcohol (44%)

National Survey on Drug Use and Health, 2004

Alcohol Use in Past Month among Persons Aged 12 or Older, by Gender: Percentages, NSDUH, 2004

| Gender | Binge Alcohol Use ¹ | Heavy Alcohol Use ² | Any Illicit Drug Use ³ |
|--------|--------------------------------|--------------------------------|-----------------------------------|
| Male | 31.1 | 10.6 | 9.9 |
| Female | 14.9 | 3.5 | 6.1 |

¹ Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

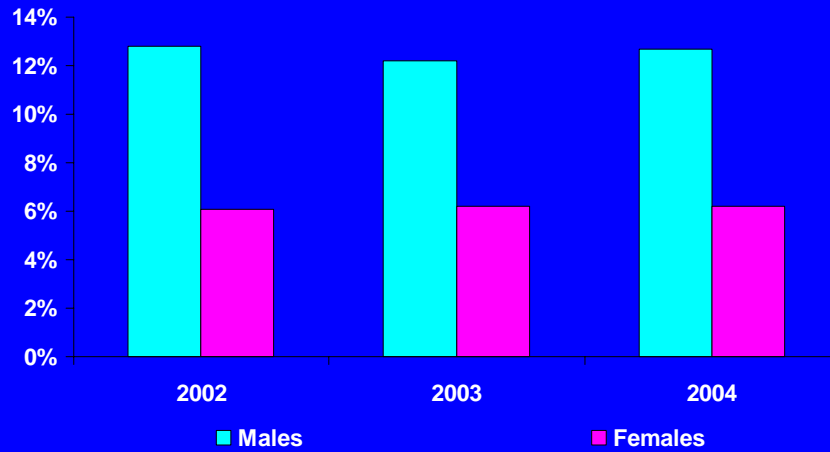
² Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also Binge Alcohol Users.

³ Any Illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA Office of Applied Studies, National Survey on Drug Use and Health, 2004.

Percent Past Year Substance Dependence or Abuse (Illicit Drug or Alcohol) Among Persons 12 and Older, by Gender: 2002-2004

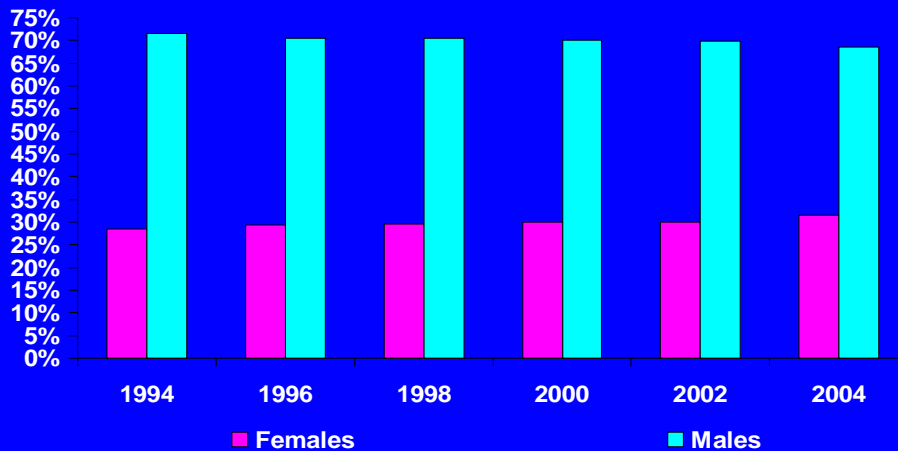
The percentage of females with a substance use disorder has remained constant at just over 6% for the last several years, while the percentage of men has fluctuated a bit but remained double the rate of women.



Source: SAMHSA, Office of Applied Studies, NSDUH 2002, 2003 and 2004

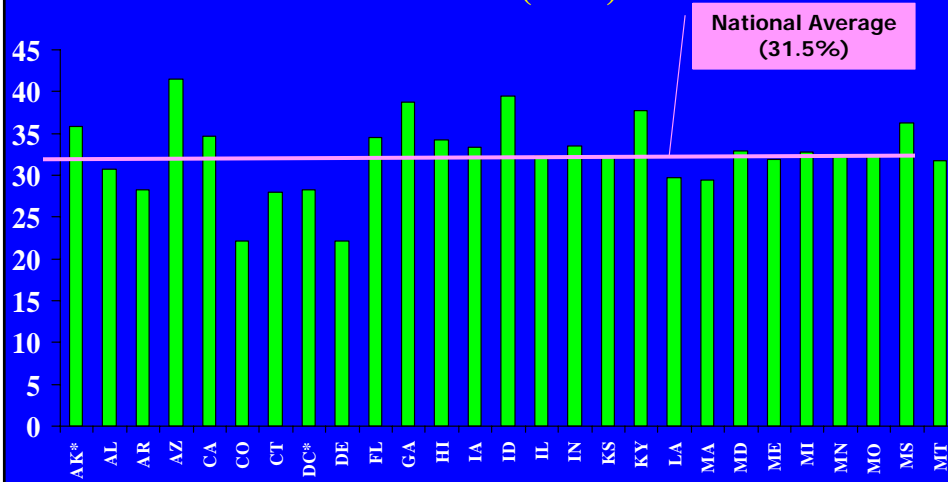
Treatment Admissions by Gender Breakdown: 1994-2004 Percent of Total Admissions

Women are becoming a larger percentage of the treatment population. Admissions for females rose from 28.5% in 1994 to 31.5% in 2004.



Source: Analysis of Treatment Episode Data Set (TEDS) Computer File

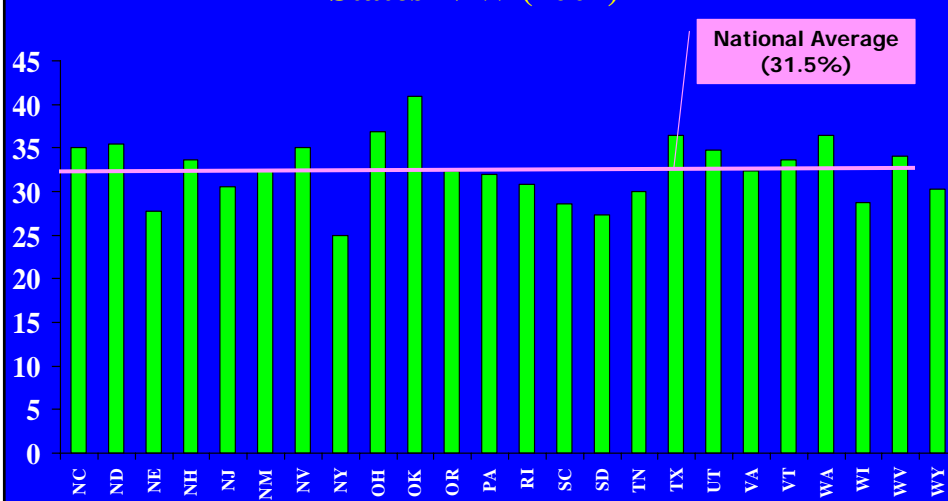
Percentage of Female Treatment Admissions: States A-M (2004)



*Represents 2003 percentage; 2004 not available for Alaska and D.C. at time of analysis

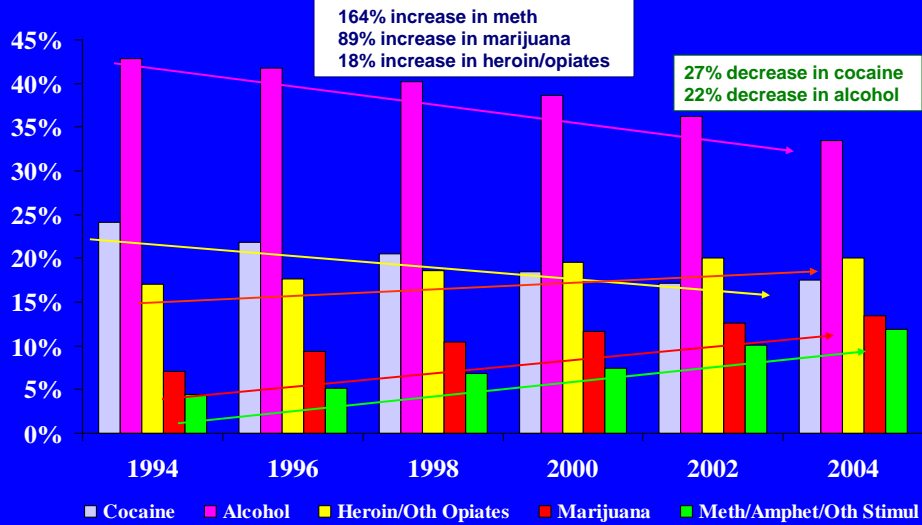
Source: Treatment Episode Data Set (TEDS) 2004 Computer File

Percentage of Female Treatment Admissions: States N-W (2004)



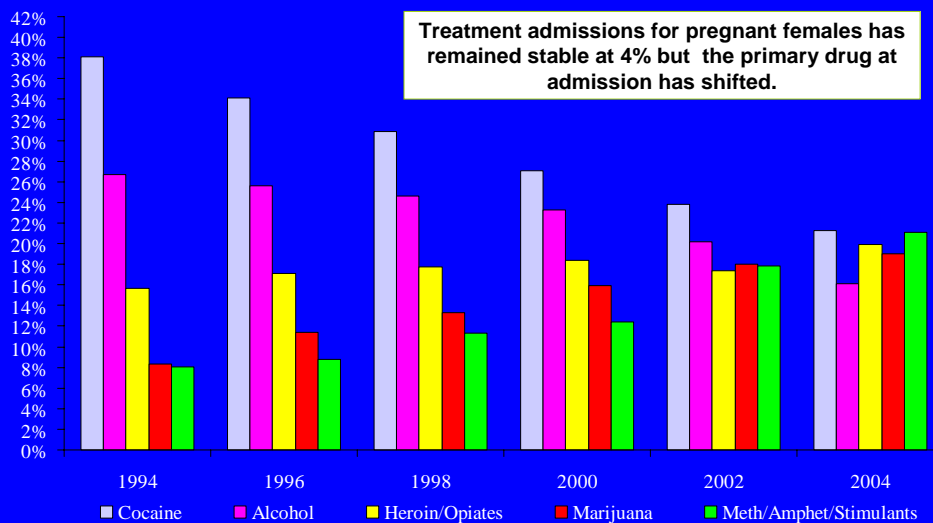
Source: Treatment Episode Data Set (TEDS) 2004 Computer File

Trends in Primary Substance Use Among Women: Percent Admissions by Primary Substance, 1994-2004



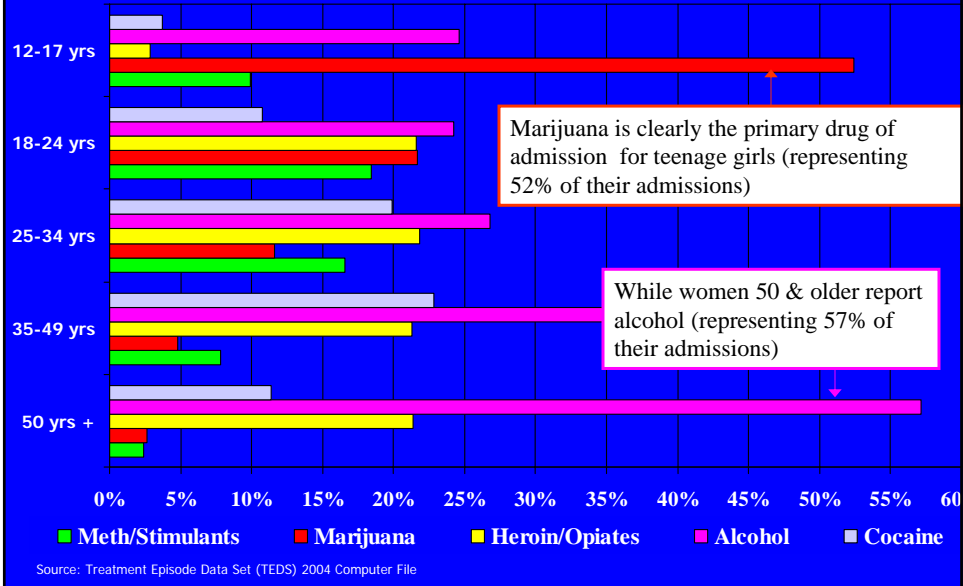
Source: Treatment Episode Data Set (TEDS) Computer Files, 2006

Trends in Primary Substance Use among Pregnant Females: Percent Admissions by Primary Substance, 1994-2004



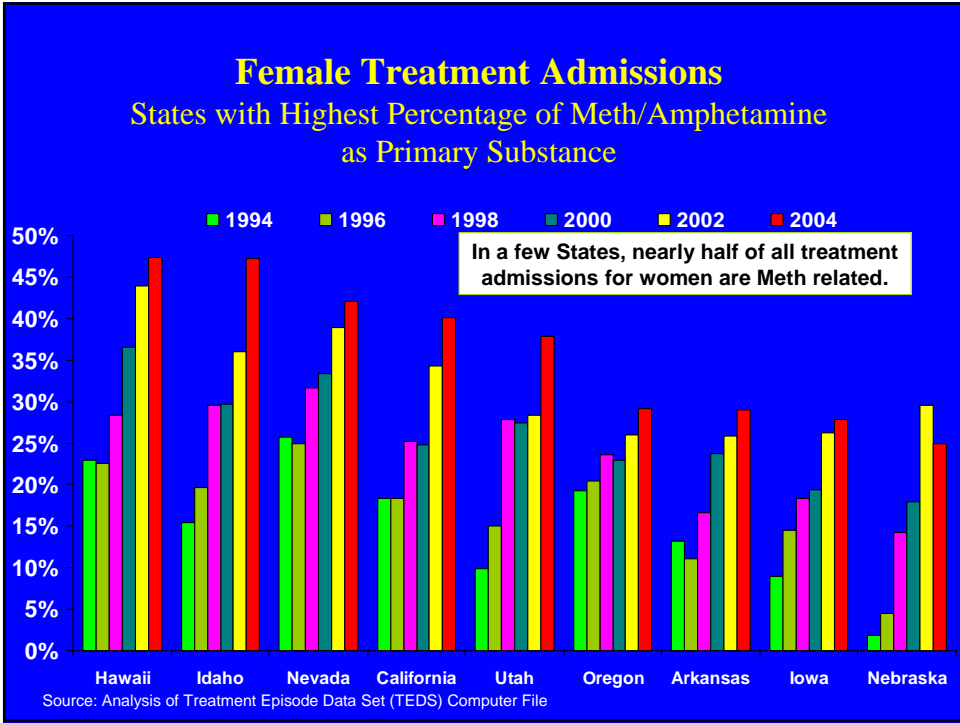
Source: Analysis of Treatment Episode Data Set (TEDS) Computer Files, 2006

Female Treatment Admissions by Primary Substance, According to Age Group, 2004



What's Happening with Methamphetamine?

- Meth is increasingly accounting for a greater percentage of all treatment admissions
 - 8.2% in 2004, compared to 2.7% in 1994
- 45% of admissions are women vs. 55% for men
 - This is a higher percentage of women admissions than for any other drug except tranquilizers
- Meth admissions as a percent of all admissions are higher for women than for men (6.6% vs. 11.9% in 2004)
- Western and select midwestern States are experiencing exceptionally high rates of meth admissions.

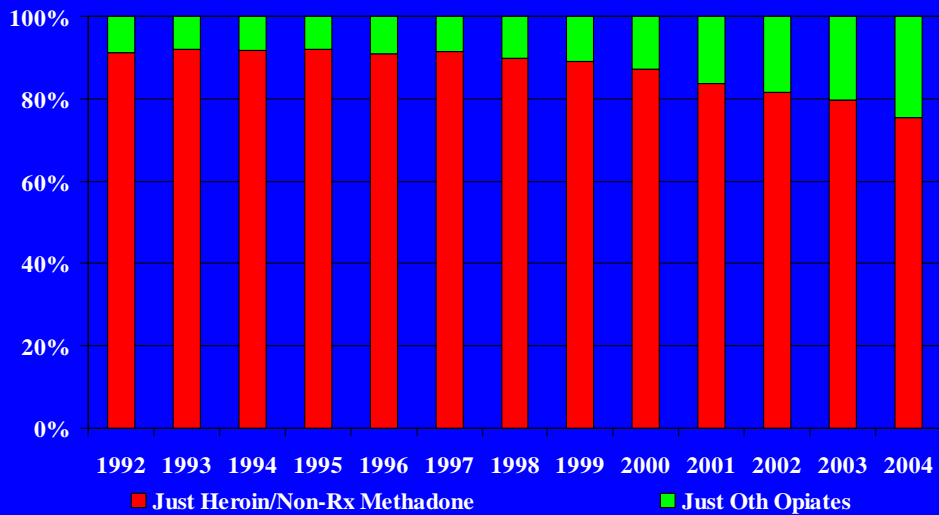


Demographic Characteristics of Recent Nonmedical Pain Reliever Use Initiates and OxyContin® Use Initiates Aged 12 or Older: 2004

| Demographics | Any Pain Reliever Initiate | | | OxyContin® Initiate | | |
|---------------|----------------------------|--------|------|---------------------|-------|------|
| | N (1,000s) | % | SE | N (1,000s) | % | SE |
| Total | 2,422 | 100.00 | 0.00 | 615 | 100.0 | 0.00 |
| Gender | | | | | | |
| Male | 1,093 | 45.1 | 2.31 | 339 | 55.1 | 4.37 |
| Female | 1,329 | 54.9 | 2.31 | 276 | 44.9 | 4.37 |

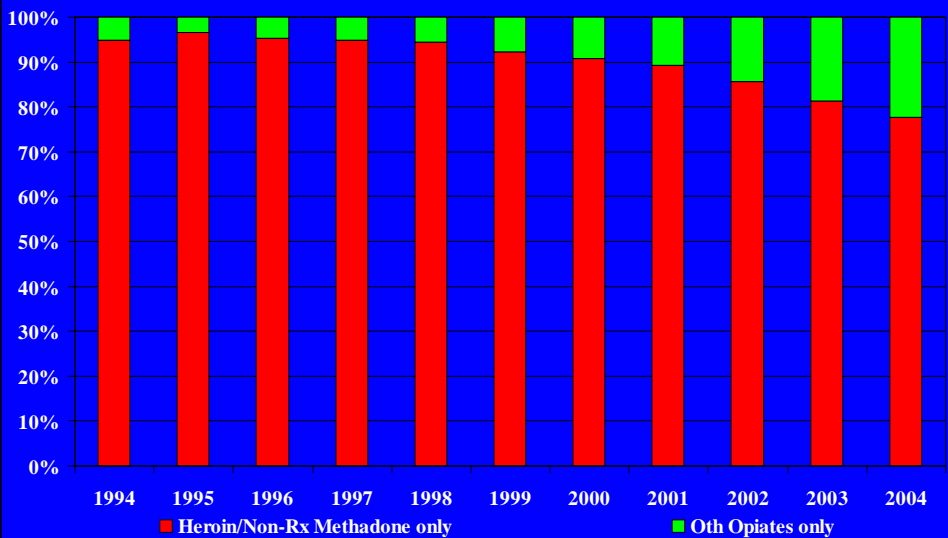
Source: SAMHSA 2004 NSDUH

Female Heroin/Opiate Admission – Distribution Heroin/Non-Rx Methadone vs Opiates 1992-2004



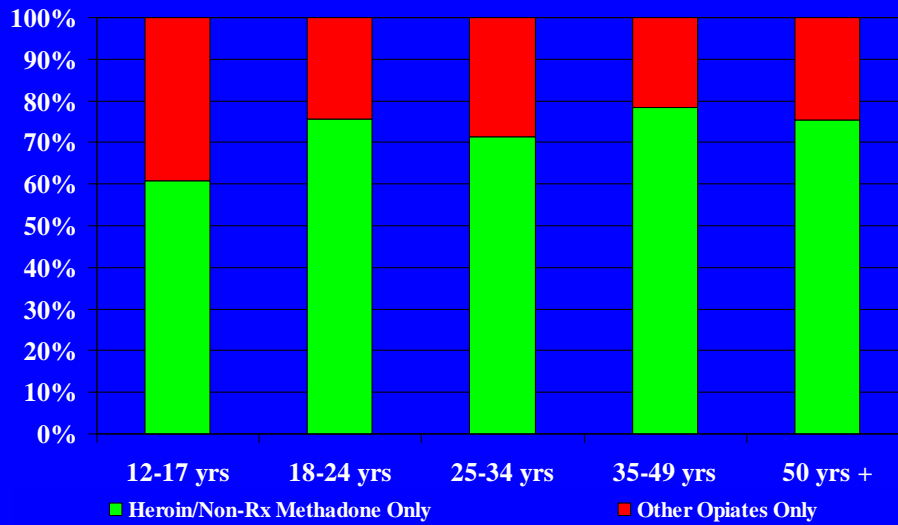
Source: Treatment Episode Data Set (TEDS) Computer Files, 2006

Pregnant Female Heroin/Other Opiate Admission –Pctg Distribution Heroin/Non-Rx Methadone vs Opiates 1994-2004



Source: Analysis of Treatment Episode Data Set (TEDS) Computer Files, 2006

Female Heroin/Opiate Admissions by Age Group, 2004 – Distribution Heroin/Non-Rx Methadone vs. Opiates



Source: Treatment Episode Data Set (TEDS) 2004 Computer File, 2006

Primary Substance at Admission for Women – Summary Points

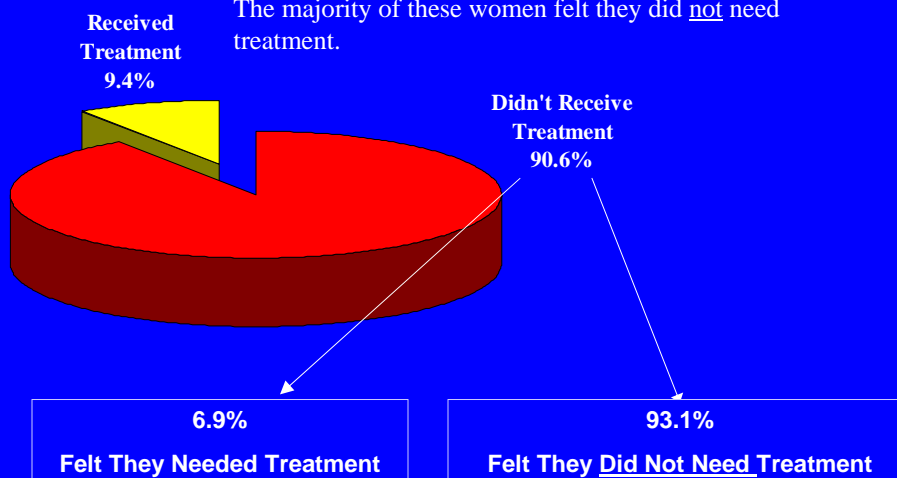
- Alcohol and cocaine as the primary substance for women has decreased from 1994 to 2004, while marijuana and methamphetamine/stimulants steadily increased.
- Treatment admissions for pregnant females has remained stable at 4% but the drug of choice at admission has shifted.
- Marijuana is clearly the drug of choice for teen girls, while older women prefer alcohol.
- Methamphetamine use by women is nearly equaling the rate for men, and accounting for an overall larger percentage of women's admissions for treatment.

Source: Treatment Episode Data Set (TEDS)

Understanding the Treatment Gap: Gender Similarities and Differences

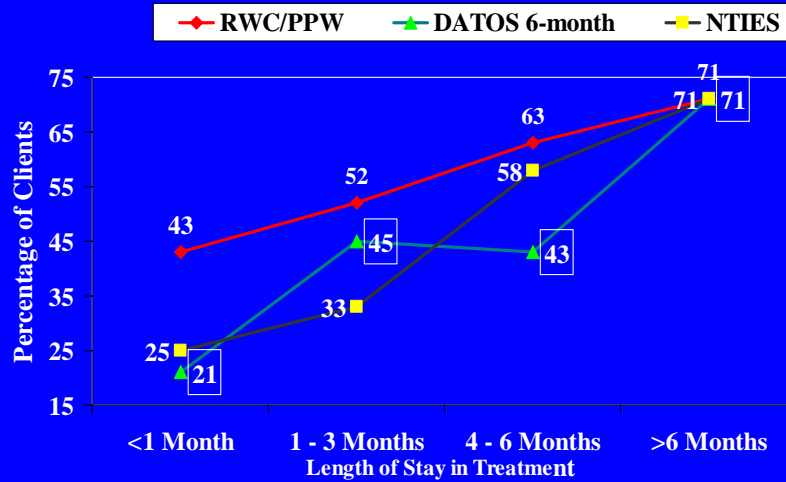
Women with Substance Use Disorders: Actual vs. Perceived Need for Treatment

In 2004, approximately 8.05 million women needed substance abuse treatment – 91% of whom did not receive it. The majority of these women felt they did not need treatment.



Source: Office of Applied Studies, SAMHSA, National Survey on Drug Use and Health (NSDUH) 2004; Tables 5.90A, 5.92A-B

Percentage Abstinent Post-Discharge, by Length of Stay and Select Study



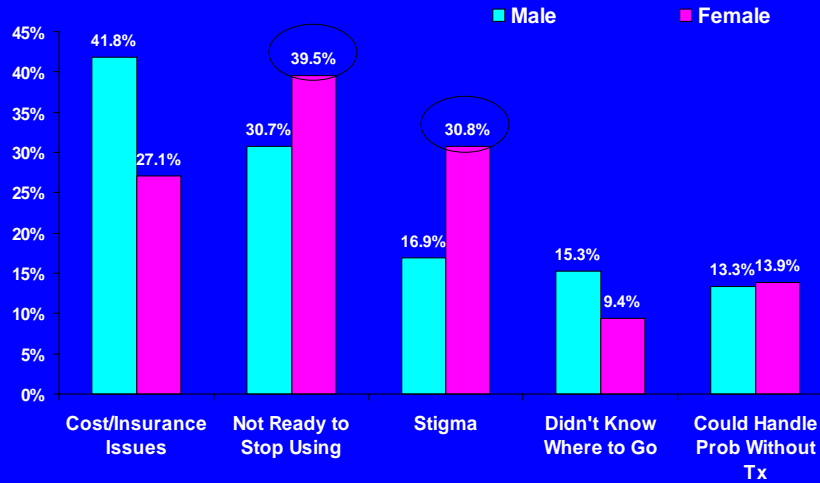
Source: Greenfield, L., Burgdorf, K., Xiaowu, C., Porowski, A., Roberts, T., and Herrell, J. Effectiveness of Long-Term Residential Substance Abuse Treatment for Women: Findings from Three National Studies. *The American Journal of Drug and Alcohol Abuse*, Vol. 30, Number 3/2004, pp. 537-550.

Challenges

- Helping individuals in need of treatment to recognize the need for treatment
- Accelerating the time between recognition of the problem and readiness to stop using

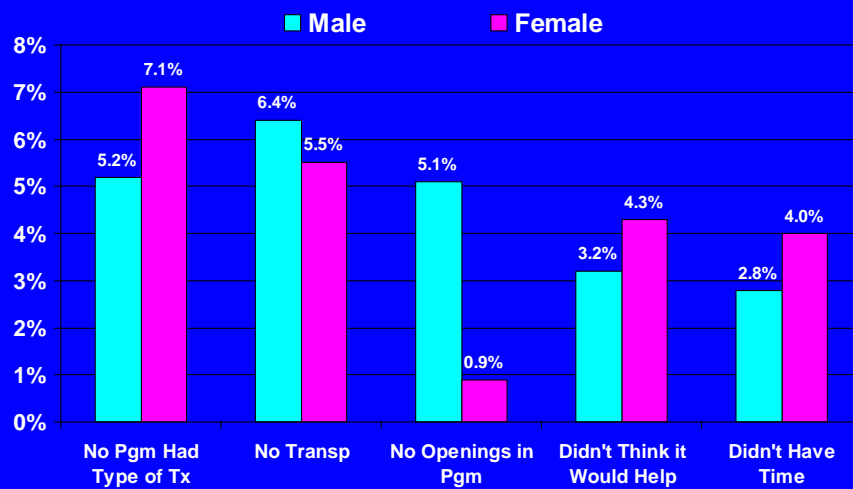
Reasons for Not Receiving Treatment – Gender Differences

Among those classified as needing but not receiving treatment at a specialty facility and who felt a need for treatment (responses not mutually exclusive)



Source: Online analysis of NSDUH 2004 Computer File

Reasons for Not Receiving Treatment – Gender Differences (continued)



Source: Online analysis of the NSDUH 2004 Computer File

Barriers Encountered by Women

- Cost:
 - More women receive Medicaid due to parenting status but...coverage limitations limit the utility. Residential Family Model is more expensive.
 - More women receive TANF but...clients with felony convictions often cannot receive benefits. Work requirements/child care are problematic as well.

Barriers Encountered by Women

- Stigma
 - Share the stigma of shame applied to all alcoholics/addicts, male and female
 - Women held to higher standards, especially due to role as mother.
 - Women with HIV doubly stigmatized. Additional reluctance to disclose to family or tx. programs

Barriers Encountered by Women

- Program Barriers
 - Accounting for children
 - Family/partner resistance
 - Higher prevalence of co-occurring mental health needs and medication
 - Greater prevalence of victimization and trauma
 - Housing
 - Limited NA/AA meetings

Strategies to Address Barriers

- Help clients apply for Medicaid and TANF
- Provide family support activities: couples counseling; family days; education; communication
- Women-only groups, LGBT groups
- Allow children to attend with mother and provide child care. Identify additional caretakers for children

Strategies to Address Barriers, cont.

- Provide MH assessment and services
 - Educate providers about psychotropic medication
 - Work to address reimbursement for appropriate medication
- Offer trauma-informed and trauma- specific services

Strategies to Address Barriers, cont.

- Collaborate with Supportive Housing agencies
- Assist clients to budget for housing
- Seek out women-only AA/NA meetings
- Locate/develop alternative meetings (“Double Trouble”)
- Provide facilities at agency for clients to hold meetings
- Provide transportation to meetings

SAMHSA/CSAT Efforts: Overview of CSAT Grant Programs and Profile of Grantees Serving Women

CSAT Grantees

- CSAT currently funds approximately 490 active grantees that provide direct services to men, women, children and youth
- 22% of these (113) serve only women or include women as a primary target population
- Represents an annual investment in women's treatment through discretionary programs of more than \$84.1 million.

Source: Analysis of grantees entered into Services Accountability Improvement System (SAIS), as of April 2006

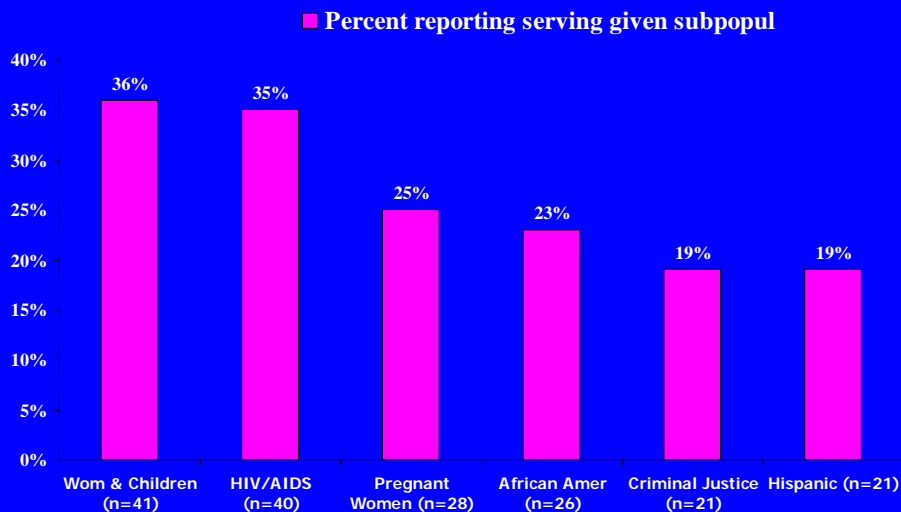
Women Served: Discretionary Services Program

| Selected GFA Programs | # of Women Served |
|---|-------------------|
| Targeted Capacity Expansion (TCE) | 3,555 |
| Targeted Capacity Expansion/HIV (TCE)/HIV | 10,758 |
| Addiction Treatment for Homeless (AT-HM) | 3,494 |
| HIV Outreach | 11,753 |
| Treatment Drug Court (TDC) | 1,579 |
| Recovery Community Services Program (RCSP) | 1,587 |
| Pregnant & Postpartum Women/Residential Tx for Women & Their Children (PPW/RWC) | 1,396 |
| Access to Recovery (ATR) | 22,902 |
| Campus SBI | 688 |
| Effective Adolescent Treatment (EAT) | 1,689 |
| Rehabilitation and Restitution (RR) | 288 |
| Screening, Brief Intervention, Referral and Treatment (SBIRT) | 221,085 |
| Strengthening Communities-Youth (SCY) | 731 |
| Young Offender Reentry Program (YORP) | 201 |

Source: GPRA, 2006

Top Subpopulations Served by CSAT Women's Grantees (N=113)

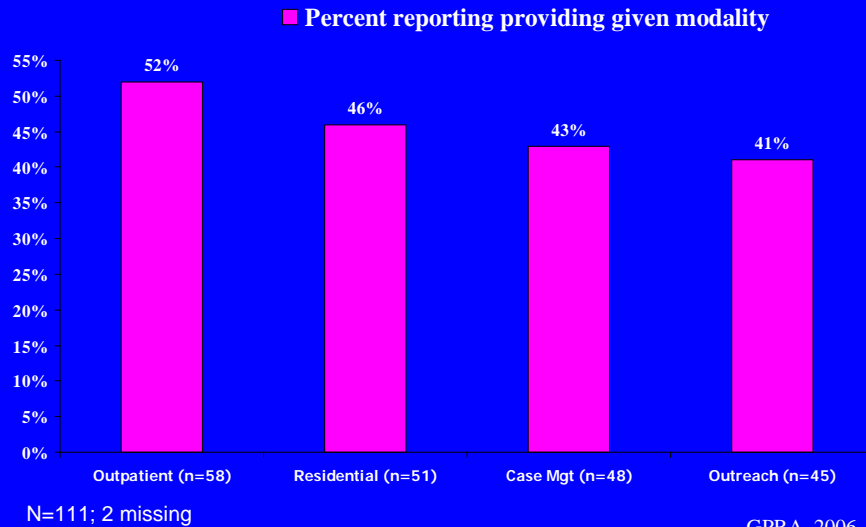
(Other than women; Grantees can indicate serving multiple subpopulations)



GPRA, 2006

Top Treatment Modalities Provided by CSAT Women's Grantees (N=111)

(Grantees can indicate providing multiple modalities)



CSAT's Pregnant and Postpartum Women and Residential Treatment for Women and their Children (PPW/RWC) Grant Program

- **Purpose:** Expand availability of comprehensive, high quality residential substance abuse services for this important population
 - PPW targets women with children 17 and under
 - RWC targets women with children older than 1 year
- **Grantees:** 20 grantees representing 12 States and 7 DHHS Regions
- **Clients:** Approximately 2,600 clients projected to be served
- **Funding:** Annual budget equals nearly \$10 million; total budget is approximately \$29.7 million.
- **Cohorts:** 2003-2006—6; 2004-2007—14; 2006-2009—8 (to be awarded)

Recovery Community Services Program (RCSP)

- Peer to peer recovery support services that help prevent relapse and promote sustained recovery
- Operationalize the concept of social support, which has been shown to improve health outcomes and lifestyle changes
- Services involve providing emotional, informational, instrumental, and affiliational support
- Complement professional services offered by treatment providers and extend the continuum of care for those in recovery

RCSP Portfolio

- **27 grants providing peer recovery support services**
- **20 States**
- **Recovery community organizations and facilitating organizations**
- **Diverse populations served**

RCSP for Women

- *Welcome Home Ministries, Inc., Oceanside, California.* This RCSP program began as a personal jail ministry into a recovery community that has a target population of incarcerated and previously incarcerated women who are in recovery. The peer leaders share the experience of addiction, incarceration, and recovery. Welcome Home's peer mentors work with women in jail assisting them in getting into treatment, and in linking them with recovery support resources upon reentry into their communities.
- *Women in New Recovery, Mesa, AZ.* WINR operates peer-run sober living communities at several locations in Arizona. They operate a Housing, Information and Referral Resource that provides information on housing options for women in recovery, including information on ex-offender-friendly housing for women re-entering the community from a corrections environment.

RCSP for Women

- *Relief Nursery, Eugene, Oregon.* Relief Nursery is an organization that seeks to protect children who are at risk of abuse and neglect. Through its RCSP grant funding, recovering peers are employed to help women leaving jail with a substance use disorder achieve and sustain sobriety and preserve their families. Services include peer mentoring, transportation services. Parenting education and support, English as a Second Language (ESL), social support, and caregiver support groups. Peer staff also link women to treatment, health services, and educational sources.
- *Southcentral Foundation, Alaska Women's Recovery Project, Anchorage, Alaska.* This RCSP program provides leadership training, mentoring, and informational and emotional support for recovering women. Structured peer-facilitated support gatherings are grounded in concepts of holistic wellness, and combine the presentation of information with the opportunity for dialogue and sharing of experience.

Treatment Drug Courts

- The CSAT-funded Treatment Drug Court grant portfolio includes 48 Adult, Family, and Juvenile Treatment Drug Courts across the nation. While the majority of drug court defendants/offenders are men several CSAT Treatment Drug Courts target direct services to women or girls.

Juvenile Treatment Drug Courts

- **GIRLS, Gaining Independence and Reclaiming Lives Successfully, Belmont CA**
 - Conduct family assessments and interventions, treatment specifically focused on trauma, mentoring, vocational and educational programming, and pregnancy prevention
 - Population is young women ages 13-18 who have significant alcohol or other drug problems, who are presented with a current charge, and whose offense history makes an out-of-county placement likely without drug court services.

Juvenile Treatment Drug Courts

- **HERA Project, San Jose, CA**
 - Integrates the most up to date gender research in expanded and enhanced court operations and treatment services.
 - Serving 96 young women and girls, 140 young men and 50 parents during the period. Studies demonstrate that young women and girls take different paths to substance abuse, suffer varying consequences, and respond differently to treatment than boys and young men.

Family Drug Courts

The "Family Futures" project, Frankfort, KY

- Focuses on women with substance abuse problems who also face custody problems with their young children (up to age 5).
- The project will use Drug Court supervision coupled with intensive treatment and case management to address substance abuse problems, co-occurring disorders, and parenting issues.

Family Drug Courts

Cuyahoga County Family Treatment Drug Court, Cleveland, Ohio

- Provides alcohol and other drug services for women who have a positive toxicology screen during the 2nd or 3rd trimester of pregnancy or at delivery.
- In addition to alcohol and other drug services, judicial supervision, frequent drug screenings, a system of incentives and sanctions and a team approach to sobriety and healthy living are all part of the program.

Family Drug Courts

- The Bexar County Family Drug Court, San Antonio, TX
 - Aims to correct existing systemic disparities, implement a timely continuum of family-centered services using a strengths-based approach, provide immediate substance abuse treatment for low income parents, mostly women, and, when appropriate, achieve family reunification.

Access to Recovery

- In 2003, President Bush announced the Access to Recovery program
- Congress approved \$100 million for this program
- A voucher-based program that emphasizes consumer choice, accountability and effectiveness

Access to Recovery

- Increases treatment capacity by expanding access to treatment and support services critical to recovery
- Ensures genuine, free, and independent client choice for clinical treatment and recovery support services at the appropriate level of care.
- Ensures that assessment, clinical treatment, and recovery support services funded by ATR are provided pursuant to a voucher being given to and presented by a client.

Access to Recovery

(continued)

- Administration expects the program to address the treatment gap in other available substance use treatment programs
- Administration is committed to expanding access to care to ensure faith-based organizations are utilized
- Administration is cognizant of need to intervene and address concerns of fraud or abuse

ATR Grantees Focusing Women

- New Mexico-New Mexico Partnerships for Recovery-adults over age 18 in 4 counties and adult members of the Five Sandoval Indian Pueblos, with particular outreach to Native American and Hispanic women, and people exiting from jails or prisons after in-prison clinical treatment
- Louisiana-Louisiana Access to Recovery-Eligible adults, with an emphasis on women and on women with dependent children and adolescents
- Wisconsin-Wisconsin Supports Everyone's Recovery Choice-Families with children and persons involved in the criminal justice system who have substance use/abuse disorders

PPW/RWC in 2006

PPW/RWC Program

- There have been 1,409 women served in the PPW/RWC Program since 2003.
- There have been approximately 4,000 children served in the program. (number based on approximately 3 children per woman).

Source: Services Accountability Improvement System (SAIS), 2006

Target PPW/RWC Population

- Pregnant, postpartum, and parenting women
- Minor Children (17 years and under)
- Fathers of the children
- Partners of the women
- Extended family members

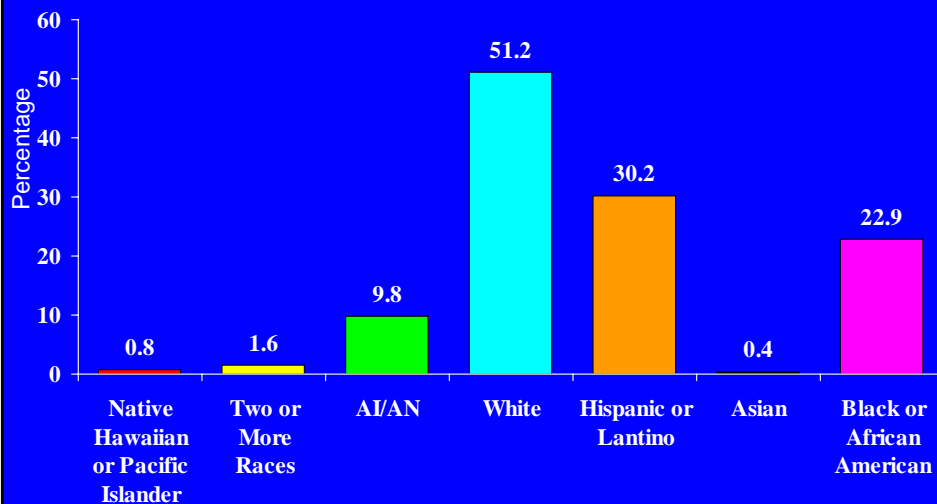
PPW/RWC Program: Strategies to Advance Knowledge in the Field

- Design and implement a cross-site evaluation with a focus on determining the effectiveness of the program goals
- Develop and disseminate products to treatment providers and key stakeholders
 - children's intervention toolkit
 - Report to Congress (will also be disseminated to the States)
- Use technical assistance to build and enhance the treatment field capacity in supporting the needs of women, children, and their families (i.e., individual technical assistance, grantee meetings*)

TA to Grantees*

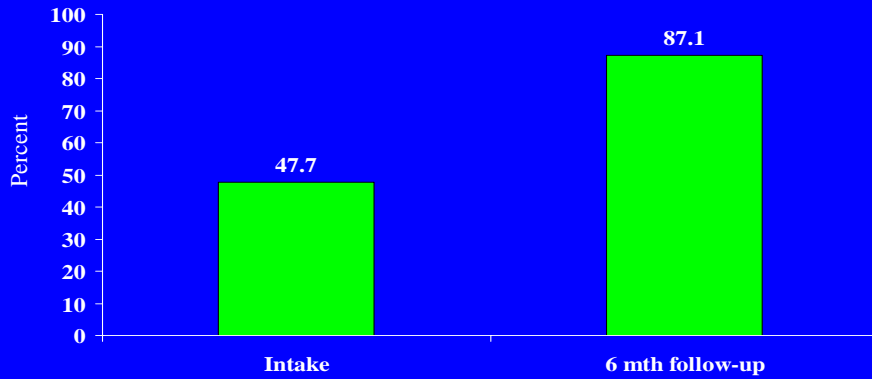
- Grantee meeting September 2006-on clinical meeting on women, children and family issues
- Grantee meeting October 2006-on sustaining treatment services
- Grantee meeting April 2007-assessments and intervention of children (17 and under)

PPW/RWC Program: Race



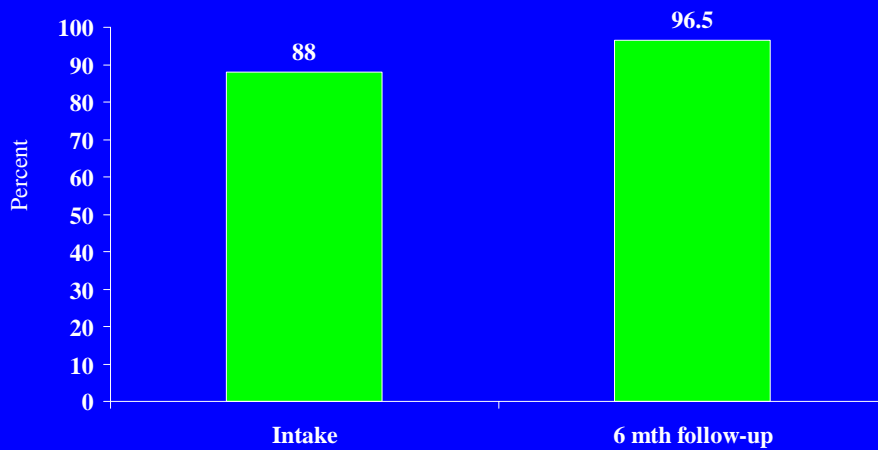
Source: SAIS, 2006

PPW/RWC Program: Abstinence from Substance Use



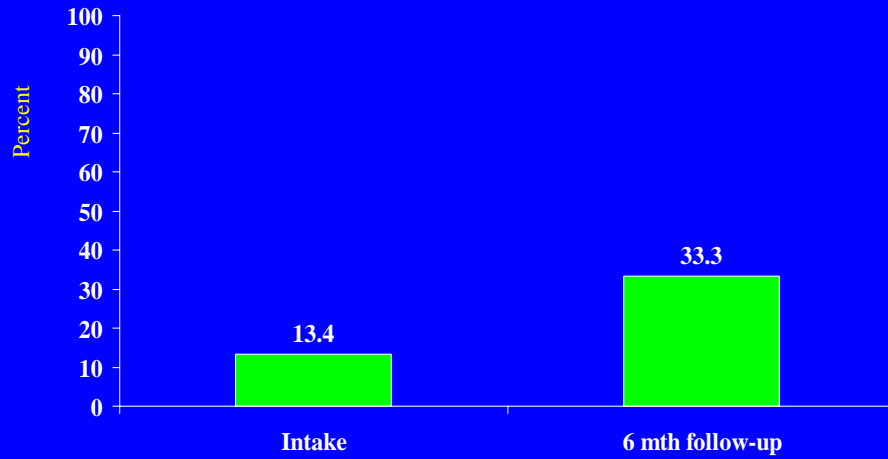
Source: SAIS, 2006

PPW/RWC Program: No Involvement in the Criminal Justice System



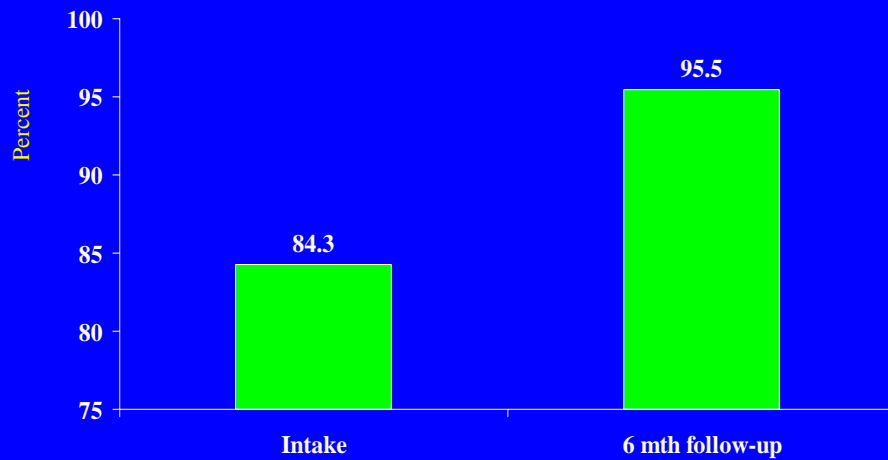
Source: SAIS, 2006

PPW/RWC Program: Currently Employed or Attending School



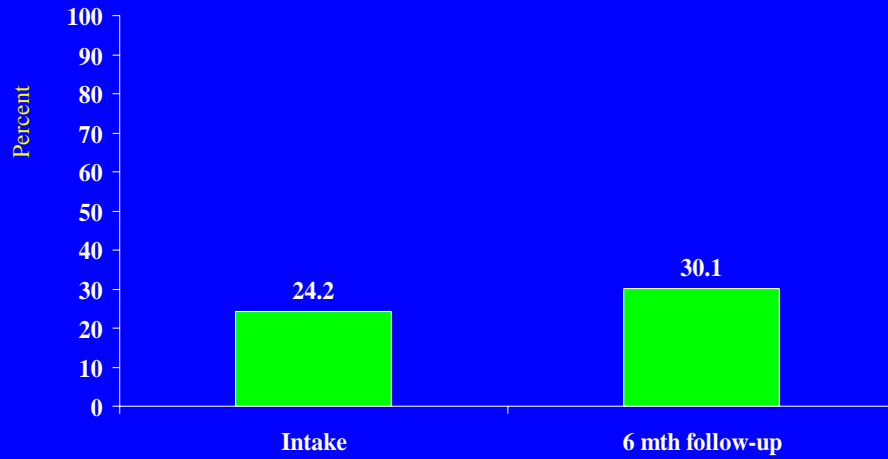
Source: SAIS, 2006

PPW/RWC Program: Social Connectedness



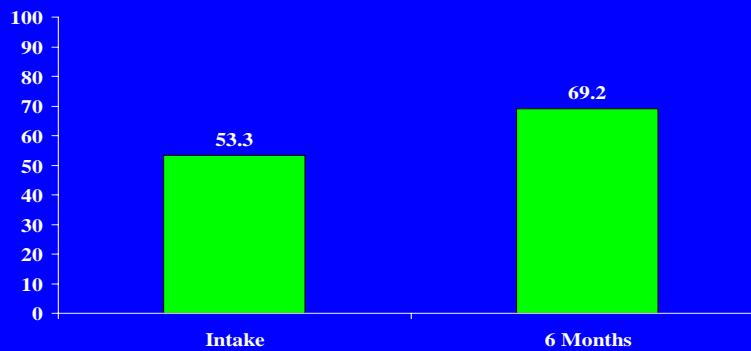
Source: SAIS, 2006

PPW/RWC Program: Housing

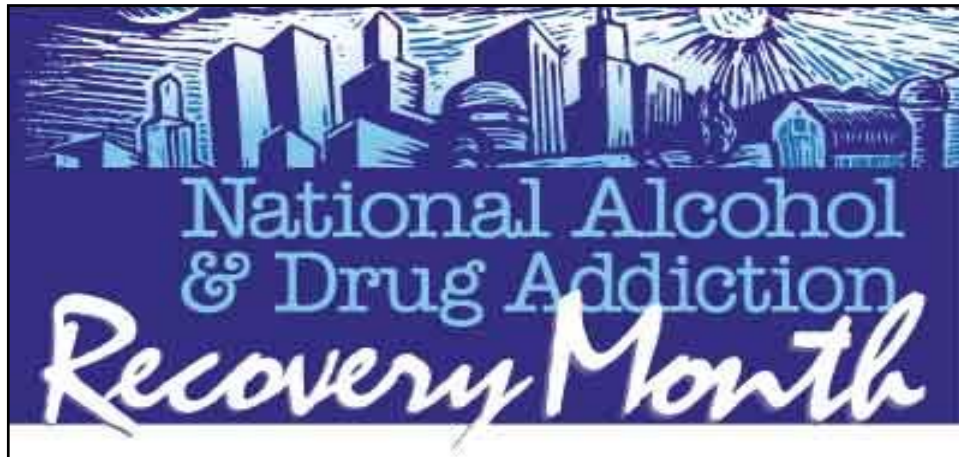


Source: GPRA, 2006

PPW/RWC Program: No Alcohol or Illegal Drug Related Health/Behavioral/Social Consequence



Source: SAIS, 2006



2006 Recovery Month Theme:

"Join the Voices for Recovery: Build a Stronger, Healthier Community."

About Recovery Month

- The Recovery Month effort aims to:
 - promote the societal benefits of alcohol and drug use disorder treatment,
 - laud the contributions of treatment providers and
 - promote the message that recovery from alcohol and drug use disorders in all its forms is possible.

Recovery Month

- September 2006 marks the 17th year of the event
- www.recoverymonth.gov
 - “Road to Recovery 2006” web cast series
 - 10 web cast that premiere on the 1st Wednesday of the month
 - Provide help to individuals and communities how to become involved in Recovery Month
 - Downloadable 2006 flyers in English and Spanish
 - Updated Recovery Month 2006 activity kit
 - Listings of Recovery Month events and activities

SAMHSA Information

- www.samhsa.gov

Publications or information on funding opportunities

- National Clearinghouse for Alcohol & Drug Information (NCADI) – 800-729-6686 [TDD: 800-487-4889]
- National Mental Health Information Center: 800-789-2647 [TDD: 866-889-2647]

Help

- 800-662-HELP – Substance Abuse Referrals (average # of tx calls per mo.- 24,000)
- 800-273-TALK – Suicide Hotline