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Networker

Addiction Technology Transfer Center Network

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Women's Issues

This issue of The ATTC Networker highlights tools, publications, Web sites and other resources related to treating women who have substance use disorders.

SAMHSA Report Highlights the Need for Specialized Women's Treatment

Last fall, the Substance Abuse and Mental Health Services Administration (SAMHSA), released a wide-ranging report regarding women's treatment. *Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study (ADSS)*, helps fill in knowledge gaps about the unique needs of substance abusing women. This comprehensive report with a special focus on women presents an in-depth analysis of substance abuse treatment clients and facilities. It provides policymakers and service providers at all levels a better understanding of why specialized treatment for women is necessary.

Because the effects of poverty often act as barriers to women finding and completing substance abuse treatment, this report highlights a number of services that can benefit women. They include housing assistance, educational opportunities, job training, employment, insurance coverage and financial planning. Additionally, childcare services, parenting education, home visits and mentoring are recommended to help preserve families and ensure children's safety as women seek and receive treatment.

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In 2003, 5.2 million women age 18 or older abused or were dependent on alcohol.¹

More than 7.5 million girls and women a year misuse or abuse prescription drugs.²

1. *The National Survey on Drug Use and Health Report – Substance Abuse and Dependence Among Women* (2005)

2. *Women Under the Influence, National Center on Addiction and Substance Abuse at Columbia University* (2006)

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Women's Issues Are Complex

Recent studies have shown that men and women may be different in their substance abuse treatment needs. Research has also revealed a number of factors that significantly impact women who have addiction problems. These issues frequently serve as barriers for women seeking treatment services, and may impede women in their struggle to maintain sobriety. It is paramount that these topics are addressed directly by treatment practitioners and the organizations that provide care for women.

“Responsibility for children, coupled with little access to childcare services, is one of the most significant and most frequently cited barriers among females who seek treatment.”

- Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study, SAMHSA, 2005

Demographics

- In 2002, females accounted for 30% of substance abuse treatment admissions.¹
- Women are up to 48 percent more likely than men to be prescribed a narcotic, antianxiety or other potentially abuseable drug.²
- More than 2.5 million women abuse or are dependent on illicit drugs.²
- Two out of three AIDS cases in American women are associated with drug abuse.²
- Teenage girls who are heavy drinkers are five times more likely to have sex – and a third less likely to use protection – than girls who don't drink.
- American Indian or Alaska Native women age 18 or older had higher rates of abuse/dependence on alcohol or an illicit drug than women in other racial or ethnic groups.³
- Among pregnant women age 15 to 44, 9.8% reported drinking alcohol, 4.1% reported binge alcohol use, and less than 1% reported heavy alcohol use.⁴

1. *The DASIS Report: A Comparison of Female and Male Treatment Admissions* (2002)
2. *Women Under the Influence*, CASA (2006)
3. *National Survey on Drug Use and Health (NSDUH) Report: Substance Abuse and Dependence Among Women* (2005)
4. *NSDUH Report: Substance Use During Pregnancy: 2002 and 2003 Update*

Physiological Effects of Addiction

Many studies have indicated that not only do women become addicted more quickly than men, but that they also suffer more damage physically from substance abuse. Differences can be found in the way a woman's body absorbs, metabolizes and eliminates alcohol and other drugs. Damage to the body occurs because females often have higher concentrations of substances in their blood after consuming the same amount as men. Studies also indicate that women are more likely to die from addiction than men. In *A Woman's Addiction Workbook: Your Guide to In-Depth Healing (A Woman's Addiction Workbook)*, Lisa Najavits, PhD, reports that “the number of women dying from illnesses related to addiction is more than four times the number who die from breast cancer.”

Psychosocial Effects of Addiction

Females with substance abuse issues are also more likely to suffer from psychosocial problems than their male counterparts. Co-occurring post traumatic stress disorder, depression, anxiety, phobias and eating disorders are all more common among women presenting for treatment than men. A 2005 report from SAMHSA entitled, *Women in Substance Abuse Treatment: Results from the Alcohol and Drug Services Study (2005 SAMHSA Report on Women)* states, “Substance dependent females ... (are) more likely to need help for emotional problems at a younger age and to have attempted suicide than substance dependent males.”

“Women respond better to treatment than men.”

“Women’s substance use decreased twice as much as men’s in a national study of thousands of addicts five years after treatment.”

- *A Woman’s Addiction Workbook: Your Guide to In-Depth Healing*
Lisa Najavits, PhD, 2002

Pregnancy/Children

Women are more likely than men to have children that live with them, and for which they are responsible. Many women avoid seeking treatment for fear of losing their kids, or they may be referred to treatment as a requirement for keeping/regaining custody of their children. “Responsibility for children, coupled with little access to childcare services, is one of the most significant and most frequently cited barriers among females who seek treatment,” explains the *2005 SAMHSA Report on Women*.

In addition, alcohol and drug use during pregnancy causes many problems. *Women Under the Influence*, a new book from the National Center on Addiction and Substance Abuse at Columbia University, notes, “Drinking during pregnancy can result in a range of serious consequences – from miscarriage and fetal death to fetal alcohol syndrome. ...Infants born to mothers who drink alcohol during pregnancy – even light to moderate amounts are significantly smaller in weight, height and head circumference than babies born to nondrinking mothers.”

A Woman’s Addiction Workbook states, “Of the four million women who give birth each year, one in eight uses alcohol, tobacco or other drugs during the week before delivery. ...While there is often tremendous social judgment of pregnant women who abuse substances, there is extremely little care available to them.”

Relationships

Women with addiction issues are more likely than men to have dependent relationships with domineering partners. These relationships influence their ability to make decisions, manage money and plan for the future. The *2005 SAMHSA Report on Women* explains that “substance-dependent females are more likely than males to have substance dependent partners who may not be supportive of treatment. The partner often not only discourages the woman from entering treatment, but also may threaten violence or leave the relationship if the woman seeks treatment.”

Financial Instability

Research has shown that women tend to have lower incomes and educational levels, and are less likely to be employed than males. “Between five and 35 percent of women receiving Temporary Aid to Needy Families (TANF) have a substance abuse problem that impedes their ability to work,” says the *2005 SAMHSA Report on Women*. Lack of money makes it harder for women to pay for childcare and transportation; both barriers to treatment.

Trauma/Stress

“Substance use by females is often linked to traumatic events or stressors, including sexual and physical assault or abuse, sudden physical illness, an accident, or a disruption in family life,” explains the *2005 SAMHSA Report on Women*. “Females often use alcohol or other drugs to self-medicate in an effort to cope with these traumatic events.”

Social Stigma

Substance use among females is more highly stigmatized than among males. *A Woman’s Addiction Workbook* notes, “A double standard has existed for a long time in Western Culture. Women were expected to drink less and not become drunk in public. They were expected to uphold moral virtue and control men’s drunkenness, while their own addictions were ignored.” In addition, women with substance abuse issues are often more isolated because they drink or use drugs at home when they are alone.

ATTC Resources About Women

ONLINE COURSES FROM THE ATTC NETWORK

An online catalog of ATTC publications and resources is available at www.nattc.org/resPubs.html.

Search by topics, keywords or ATTC Regional Center.

Videos, curricula, presentations, bibliographies and CD-Roms are just some of the resources you'll find in a wide range of topic areas.

Addressing STDs and Pregnancy in Women (Upcoming Course)

www.danyalearningcenter.org

This course from Danya International, which houses the Central East ATTC, is designed to increase the knowledge/skills of clinicians who work with women at high risk for STDs. Learn how to help clients adopt healthy behaviors and decrease risky sex behaviors, and how to encourage STD screening, testing, education, counseling and treatment.

Battered Women and Addictions

www.attc-ne.org

This online course from the ATTC of New England provides mental health, substance abuse and violence prevention professionals with treatment options for women and families who are affected by domestic violence and substance abuse.

Helping Clients Move from Welfare to Work: Welfare Reform (TANF) for Addiction Professionals

www.danyalearningcenter.org

This course from Danya International offers information about working with clients in welfare programs, especially those in Temporary Assistance to Needy Families (TANF). The role of treatment professionals in the welfare system and the Federal requirements of the TANF program are reviewed.

Women and Chemical Dependency

www.attc-ne.org

This four-session course from the ATTC of New England examines the unique issues of women in chemical dependency treatment, and helps practitioners understand how to provide comprehensive care to women.

Women and HIV Risk: Screening and Brief Intervention Strategies (Upcoming Course)

www.danyalearningcenter.org

This course from Danya International teaches healthcare providers strategies to help patients participate in HIV screening, testing, counseling and education. It also explains how to decrease HIV risk behaviors and increase healthy behaviors.

Women and Substance Use I

www.mid-attc.org/accessed

This introductory course from the Mid-Atlantic ATTC provides practitioners with an increased awareness of women's substance use patterns and explores treatment designed specifically for women. Participants will develop an understanding of the key principles involved in women's treatment.

Women and Substance Use II

www.mid-attc.org/accessed

This course, also from the Mid-Atlantic ATTC, provides students with an advanced understanding of women's addiction. Specifically, it addresses co-occurring disorders as well as trauma, domestic violence, family relationships and self-esteem.

OTHER ATTC RESOURCES

Newsletter: *Addiction Messenger*, Vol. 4, #11 *What Is a Woman-Sensitive Program?*

www.nfattc.org/uploads/AM_v4_digest.pdf

This Northwest Frontier ATTC newsletter profiles issues related to women and treatment. Topics include relationships, trauma and abuse, female-specific health problems, employment-related issues and barriers to treatment for women.

Bibliography: *Women & Chemical Dependence*

www.utexas.edu/research/cswr/gcattc/productListing.html

The Gulf Coast ATTC provides this indexed bibliography of articles (relating specifically to women) that have been published in professional chemical dependency journals.



Curriculum: Strength-Based Approach Toward Addiction Treatment for Women

www.glattc.org

This training curriculum from the Great Lakes ATTC includes materials for a full day workshop. Information is provided about how and why to adopt strength-based treatment for women, along with tools for implementation. This product was developed as part of a five-state knowledge adoption study.

Resource Disc 5.0: Working with Special Populations and Substance Use Disorders

www.neattc.org

This resource disc from the Northeast ATTC includes current resources for the prevention and treatment of substance use disorders with special populations such as pregnant women, the elderly, Hispanics/Latinos, African Americans, GLBT, Native Americans and veterans.

Optimize Your Web Time!

Designed for use by treatment staff, this new booklet from the ATTC National Office, will help you locate and use online resources related to addiction. Learn how the Internet can be beneficial in treatment settings, how to conduct effective searches, and how to evaluate the information you find. A list of some of the best addiction-related Web sites is also included. To download your FREE copy, visit www.nattc.org/optimize/webtime.htm.

Prairielands ATTC Makes Women's Health a Priority

For many years, the Prairielands ATTC (Prairielands), housed at the University of Iowa College of Public Health in Iowa City, has made women with substance use disorders a focus of their work. They are committed to improving substance abuse treatment for women. A number of resources, which aid women in their recovery, and improve the knowledge base of the treatment practitioners that serve them, are available from Prairielands.

One of these products is a 12-week lifestyle modification curriculum designed for substance abusing women called *Healthy Lifestyles*. It identifies many of the tools needed to attain a healthy, drug-free lifestyle. Exercise, nutrition, dental and medical care, and healthy communication are some of the topic areas covered.

Anne Helene Skinstad, PhD, director of Prairielands, explains why this resource is so valuable. "Women in recovery need many tools to help them stay sober. Research indicates that achieving and maintaining a healthy lifestyle decreases the probability of substance abuse relapse. Most women in treatment, however, do not take adequate care of themselves. *Healthy Lifestyles* is designed to teach women how to

live in a healthy manner, and provides some alternate strategies for maintaining sobriety."

Prairielands has also developed a curriculum designed for women with co-occurring disorders in substance abuse treatment. Skinstad states, "Women who suffer from a substance abuse disorder with co-occurring depression, anxiety, or other personality disorder often have little or no knowledge of their mental disorder. It is not uncommon for these women to be completely unaware of how their mental disorders impact their substance use or vice versa. Having this knowledge can be very empowering."

Hand-in-Hand Co-Occurring Disorders, is a 13-week curriculum designed to be delivered in a treatment setting. It gives participants information about anxiety disorders, grief, post traumatic stress disorder, depression, bipolar disorder, schizophrenia and eating disorders. Family relationships, communication skills and relapse prevention are also highlighted.

Female offenders are another population on which Prairielands focuses. *Women in the Mix* is a curriculum they designed for counseling and security staff in correctional facilities.

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The Prairielands ATTC provides a number of resources about women with substance use disorders.

For more information, contact Prairielands at 319-335-5368 or visit their Web site at www.pattc.org.

Neuroimaging Confirms the Greater Vulnerability of Women's Brains to Alcohol

Each month, the ATTC National Office partners with the Research Society on Alcoholism to translate alcohol-related research into easy-to-read articles. *Addiction Science Made Easy (ASME)* articles, like the excerpt below, are posted on the ATTC Network Web site at www.nattc.org/asme.

This excerpt was written based on the following published research:

Ackermann, K;
Croissant, B;
Diehl, A;
Mann, K;
Mundle, G;
Nakovics, H.
(May 2005).
Neuroimaging of gender differences in alcohol dependence: Are women more vulnerable?
Alcoholism: Clinical and Experimental Research.
29(5): 896-901.

Women appear to be more vulnerable to chronic drinking than men. Yet few studies have looked at gender differences in alcohol's effects on the brain. A study in the May issue of *Alcoholism: Clinical and Experimental Research*, addresses this gap in research using computed tomography to examine brain atrophy in the brains of men and women.

"Women typically start to drink later in life, consume less per occasion and are, in general, less likely to develop alcohol dependence. One could reason that women are less affected by alcohol," says Karl Mann, full professor in the department for addictive behavior and addiction medicine at the University of Heidelberg and first author of the study. "But there is, in fact, evidence for a faster progression of the developmental events leading to dependence among female alcoholics and an earlier onset of adverse consequences of alcoholism. This suggests that women may

be more vulnerable to chronic alcohol consumption."

"We confirmed greater brain atrophy in alcoholic women and men compared to healthy controls," said Mann. "Furthermore, the women developed equal brain-volume reductions as the men after a significantly shorter period of alcohol dependence than the men. These results corroborate previous studies that have found

other gender-related consequences of alcohol, such as cognitive deficits, alcoholic cardiomyopathy, myopathy of skeletal muscle, and alcoholic liver disease – all of which occur earlier in women than in men despite a significantly shorter exposure to alcohol."

The good news is that abstinence seems to partially reverse the brain atrophy, for both genders. "...Early diagnosis and early prevention are even more important for women with alcohol problems than for men," explains Mann.

Addiction Science
Made Easy

Related Web Resources

Resources Relating to Women's Issues

National Violence Against Women Prevention Research Center	www.nvaw.org
Office of Research on Women's Health	http://orwh.od.nih.gov
SAMHSA's Fetal Alcohol Spectrum Disorders Center for Excellence	http://fascenter.samhsa.gov
Sidran Institute (A Leader in Traumatic Stress Education and Advocacy)	www.sidran.org
UNIFEM, United Nations Development Fund for Women	www.unifem.org
Women and Gender Differences Research from NIDA	www.nida.nih.gov/WHGD/WHGDHome.html

Federal Resources

Center for Mental Health Services (CMHS)	www.mentalhealth.samhsa.gov
Center for Substance Abuse Prevention (CSAP)	www.prevention.samhsa.gov
Center for Substance Abuse Treatment (CSAT)	www.csat.samhsa.gov
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	www.niaaa.nih.gov
National Institute on Drug Abuse (NIDA)	www.drugabuse.gov
Substance Abuse and Mental Health Services Administration (SAMHSA)	www.samhsa.gov



New Women's TIP Coming Soon!

SAMHSA is currently developing a new Treatment Improvement Protocol (TIP) called *Substance Abuse Treatment: Addressing the Specific Needs of Women*, which will be released later this year. This publication suggests that treatment for women should encompass the multiple contexts of women's lives. Their social, economic and political environments; relationships; violence and victimization; gender and culture should all be addressed and taken into account.

Additionally, women's treatment should be conceptualized from a

strengths-based, empowerment perspective. The TIP examines the current state of treatment programs for women, and draws from empirical findings and clinical experience to provide counselors a guide for responding to the specific needs of women.

It will address epidemiology, the physiological effects of chemical substances on women, screening and assessment, treatment barriers, placement considerations, treatment approaches, relationships, parenting, and diverse populations. To learn more, contact CSAT at www.csat.samhsa.gov.

Federal Resources About Women/Addiction

A Collection of NIDA NOTES: Articles that Address Women's Health and Gender Differences 2004 • www.nida.nih.gov

This compilation of NIDA articles explores topics such as the relationship between victimization, violence and drug abuse in women, drug treatment for females, maternal drug use, and gender differences in drug effects.

Alcohol – A Women's Health Issue 2003 • www.niaaa.nih.gov

The National Institute on Alcohol Abuse and Alcoholism and the Office of Research on Women's Health at the National Institute of Health, partnered to create this patient education booklet describing the health effects of moderate and heavy drinking on women. An accompanying 12-minute video is also available, which features women in recovery.

CSAT Web Cast: Treatment Approaches for Women 2005 • www.health.org

This program from CSAT examines how treatment services are changing to help women successfully find recovery. Personal stories from female clients and clinician interviews bring this program to life.

Helping Yourself Heal: A Recovering Woman's Guide to Coping With Childhood Abuse Issues 2003 • www.health.org

This guide from SAMHSA is for women who were abused as children and also suffer from addiction issues. It provides guidance for handling these issues while women are in substance abuse treatment.

Meeting the Challenge: Ending Treatment Disparities for Women of Color • 2002
www.nmha.org/substance/women_disparities.cfm

This background paper, from the National Mental Health Association and the Center for Mental Health Services, explores issues that women of color with addictions often face. Topics include stigma, poverty, language barriers, transportation and culture.

State-of-the Art Treatment Practices and Guidance Related to the Delivery of Treatment Services to Women with Substance Use Disorders
<http://womenandchildren.treatment.org/publications.htm#treatment>

This listing on the Treatment Improvement Exchange (TIE) Web site provides access to numerous resources, statistics and reports from Federal agencies about substance abuse treatment and women.





Female Offenders Present Unique Challenges for the United States Criminal Justice System

National GAINS Center in the Justice System

<http://gainscenter.samhsa.gov/html/resources/publications.asp#women>

This Center works to expand access to treatment for adults at all points of the justice system who are diagnosed with co-occurring mental illness and substance use disorders. Numerous resources relating to women are available at this site.

“Incarceration of female substance abusers is disempowering; it weakens ties to family and community; punishes innocent children, which further increases the mother’s sense of guilt; and deepens women’s sense of shame.”

- Katherine van Wormer, *The Handbook of Addiction Treatment for Women*

The number of women incarcerated in U.S. prisons has risen by more than 500 percent over the last two decades. The Bureau of Justice Statistics (BJS) indicates that in 1998 more than 950,000 women were under correctional supervision. This staggering figure represents extremely high costs for society and for the women and families involved. In addition, these women present unique challenges to the correctional system, which developed primarily to punish men.

BJS data indicates that the “War on Drugs” has caused the number of women serving time for drug offenses to nearly double since the early 1990s. A chapter on women in the criminal justice system, written by Katherine van Wormer, in *The Handbook of Addiction Treatment for Women*, (edited by Shulamith Lala Ashenberg Straussner and Stephanie Brown), states, “Women who have become addicted to illegal substances (and their children who are parted from them) have been especially hard hit by the harsh sentences that are being handed out.” She indicates this may be because female drug dealers do not have information that prosecutors want in exchange for more lenient sentences, or because they are unwilling to go undercover to inform on drug-dealing family members.

Women tend to have different pathways into crime than men, and female offenders often suffer from a host of issues. Patricia Kassebaum, author of SAMHSA’s *Technical Assistance Publication 23 (TAP 23)*, entitled *Substance Abuse*

Treatment for Women Offenders Guide to Promising Practices, explains. “Drug dependent women being drawn into U.S. jails and prisons suffer from ... poverty, psychosocial problems, mental illness, histories of trauma and abuse, and involvement in abusive relationships.” BJS data shows that more than 50 percent of the women in jail said they had been physically or sexually abused in the past, compared to more than 10 percent of men. Often abusive partners or family members coerce women into criminal behavior. Research has also established that victimization may lead more women to abuse substances in an attempt to self-medicate.

Many women turn to selling drugs, prostitution and theft because they are impoverished and need to care for their children. Kassebaum says, “Female prisoners have low incomes, are disproportionately from minority groups ... and tend to be undereducated and unskilled. ... More than three-quarters of all women in prison have children, and two-thirds have

The Change Book:

New Enhanced Edition with Workbook

A Blueprint for Technology Transfer

The Change Book: A Blueprint for Technology Transfer now includes a separate workbook so users can more easily create their own step-by-step plan for creating change within an organization. Developed by the ATTC Network, and published by the ATTC National Office, this document has become a landmark publication. See why so many people are using it! Visit www.nattc.org/thechangebook or call 816-235-6888.





children under the age of 18.”

Incarceration for nonviolent women offenders may not be the best course of action. “...Sadly, our society has often overlooked ... the extent to which addiction, unhealthy relationships, or both have figured in the crimes for which they (women) are punished. Incarceration of female substance abusers is disempowering; it weakens ties to family and community; punishes innocent children, which further increases the mother’s sense of guilt; and deepens women’s sense of shame,” says van Wormer.

Evidence has repeatedly shown that recidivism rates are reduced for criminals who receive treatment. Kassebaum says, “Effective women-centered treatment ... benefits a woman and her children and represents a small investment but enormous savings for U.S. society. It costs considerably less to treat a woman than to build a jail cell to incarcerate her or to pay for a foster care placement for her child.” Additionally, studies show that treatment creates lower crime and provides cost savings to society through reduced healthcare and welfare costs and decreased cases of HIV/AIDS and fetal alcohol syndrome.

“...Without sufficient financial resources and professional guidance, women ex-inmates are likely to return to the life that led them into criminality in the first place,” explains van Wormer. Additionally, Kassebaum notes that safe affordable housing, and access to transportation and employment are the most important resources for women leaving incarceration. She also says relapse management, financial instruction, parenting education and anger management training are important.

With the influx of women entering the justice system, substance abuse treatment programs are unable to meet demand. Drug Courts, which divert nonviolent drug offenders from prison into treatment, may prove to be a more cost-effective approach. “Today there are close to 300 drug courts in 48 states,” says van Wormer. “The specific impact of these courts on women is still to be determined. ...Knowing that jail time awaits them if they begin abusing drugs again can offer women a strong incentive to change.”

Publications About Women

Women Under the Influence (2006)

This book, from the National Center on Addiction and Substance Abuse at Columbia University (CASA), explores how alcohol and tobacco industries target women, and the role that physicians play in women’s addiction. It also provides a template for parents, healthcare providers, teachers and public officials to recognize and address the special needs of girls and women with addiction issues.

Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned (2004)

This extensive report from the United Nations Office on Drugs and Crime reviews issues relating to women, gender and substance use on an international level. Topics include barriers to treatment, promoting gender responsive services and how to engage women in treatment.

The Handbook of Addiction Treatment for Women (2002)

In this book, Shulamith Lala Ashenberg Straussner and Stephanie Brown (editors), along with over thirty leading researchers, clinicians and teachers, examine the complex topic of women and addiction. It explores the unique challenges females with substance use disorders pose, and provides specific guidelines for diagnosing and treating women.

CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women: A CASA White Paper (2001)

This report describes the preliminary success of CASAWORKS for Families, the first national demonstration program to simultaneously provide drug and alcohol treatment, literacy and job training, parenting and social skills education, family violence prevention and healthcare.





17th Annual National Alcohol & Drug Addiction Recovery Month This Fall!

September
2006

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

Each year, September is set aside to help communities around the country recognize the strides made in substance abuse treatment, to educate the public that substance use disorders are a treatable public health problem that affect us all, and to encourage community support for those in need of treatment. Web casts, information about Recovery Month events, and many other resources are available at www.recoverymonth.gov/2006.

National Report Card Declares Smoking Is a Critical Women's Health Issue

"...Smoking is the primary cause of lung cancer, the leading cancer killer of women, and is also a primary risk factor for cardiovascular disease, the leading overall killer of women."

- Women and Smoking: A National and State-by-State Report Card

"Much stronger action is needed at the Federal and state levels to reduce tobacco use among women and girls across the United States," says the National Women's Law Center and Oregon Health and Science University, in their 2003 publication, *Women and Smoking: A National and State-by-State Report Card*. The document highlights how detrimental smoking is to women's health and underscores the need for smoking cessation programs that target women.

The report card indicates that smoking kills over 178,000 women each year. "...Smoking is the primary cause of lung cancer, the leading cancer killer of women, and is also a primary risk factor for cardiovascular disease, the leading overall killer of women. ...Smoking is associated with a host of mental health problems for girls, ...and girls age 12-17, who smoke are much more likely to use alcohol and marijuana and to engage in binge drinking," it states.

The report card assesses the nation's and each state's progress toward reaching key benchmarks established by Healthy People

2010, a national health promotion and disease prevention initiative developed by the U.S. Department of Health and Human Services. The report card also evaluates state policies and programs needed to meet those goals.

The nation and most states received a failing grade. Only two states, Hawaii and Utah, received an overall grade of "satisfactory minus." The report suggests that prevention and cessation programs be targeted to address the specific needs of their audiences.

"Many women who want to quit smoking are hampered by a lack of access to smoking cessation treatment," the report documents. "They (smoking cessation programs) should be gender sensitive, taking into account why women start smoking, keep smoking and how they quit. ...Programs focusing on smoking during pregnancy in particular must not increase the stigma, blame or guilt women often feel about smoking while pregnant if they are to be effective." For the complete report, visit www.nwlc.org/pdf/Women&SmokingReportCard2003.pdf.

Effective Treatment Resources Available for Women with Trauma & Addiction Issues

"Among clients in substance abuse treatment, up to 99 percent have experienced trauma, including childhood physical or sexual abuse, domestic violence or rape. Additionally, 12 to 59 percent have post traumatic stress disorder (PTSD) resulting from these experiences, which can endure for decades unless it's treated," explains Lisa Najavits, PhD, associate professor in the Department of Psychiatry at Harvard Medical School and staff psychologist at the National Center for PTSD in Boston. "It's also known that the more violence a person endures, the more serious their addiction problems are."

To assist clients with PTSD and substance abuse issues, Najavits developed a specific model of treatment and a series of resources. The model, *Seeking Safety*, was developed under grants from the National Institute on Drug Abuse. It was published as a book in 2002, and is titled *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*.

This program can be used with adults and adolescents, in group or individual settings, and with men, women or mixed genders. It has shown positive results with various subgroups including women in prison, men and women veterans, low-income urban women, homeless women, adolescent girls, and women and men in outpatient, community mental health and substance abuse treatment centers.

Najavits says she developed the model because she felt such compassion and empathy for the clients in her work. "So many people have heart-breaking stories. These clients are often socially isolated and may have limited access to treatment. *Seeking Safety* was my way of creating a readily accessible avenue for them to find help in a complete way – a method that addresses trauma and addiction at the same time. It continues to be an extremely gratifying area of work for me."

Seeking Safety provides clinicians with all the necessary tools to implement the model, including client handouts and a clinician guide.

Twenty-five different topics are provided, and the clinician can deliver as few or as many as they choose, and in any order. In addition, training videos are available, which demonstrate Najavits using the model with real clients. A Spanish version of *Seeking Safety* and a poster of "safe coping skills" are also available.

Another important resource from Najavits is called *A Woman's Addiction Workbook: Your Guide to In-Depth Healing*. This strengths-building workbook includes healing exercises in four areas: feelings, beliefs, action and relationships. It provides readers with a step-by-step program to overcome the often overlooked problems associated with drug and alcohol addiction, such as body image, trauma and violence, relationships, stress and thrill-seeking. A study of the model with opiate dependent women showed positive outcomes.

In the book, Najavits states, "I came to understand how often they (women) had been thwarted in their attempts to get help. Their trauma issues often went unrecognized, their need for both mental health and addiction treatment was often not met, and their need to connect with other women was hindered by an absence of gender-based services." This workbook is another way Najavits is reaching out to assist underserved populations. For more information, visit www.seekingsafety.org.

"So many people have heart-breaking stories."

Seeking Safety was my way of creating a readily accessible avenue for them to find help in a complete way – a method that addresses trauma and addiction at the same time."

- Lisa Najavits, PhD

Eye on the Field

Free
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Each month, the ATTC National Office creates and delivers an online magazine for practitioners, educators and researchers in the addiction treatment and prevention fields. Anyone with e-mail can subscribe for free. The publication will come to your inbox as an e-mail. See for yourself why more than 12,000 people are now receiving this great resource! To subscribe, visit www.nattc.org/eyeonthefield.

Studies Indicate Women with Co-Occurring Disorders Need Integrated Treatment Systems

SAMHSA offers a Co-Occurring Center for Excellence with a number of resources related to co-occurring disorders.
<http://coce.samhsa.gov>

The ATTC Network Web site also offers a Co-Occurring Disorders section with many links to valuable resources.
www.nattc.org/resPubs/cooccurring/index.html

“Approaches to treatment for women with co-occurring disorders cannot be undertaken in the same way as they are for men.

Women differ in how their mental disorders may present, the mixture of problems, their response to medication and non-somatic treatments, and even the illnesses they are likely to develop.”

-SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders

Multiple reports from SAMHSA in recent years have spotlighted a need for women with co-occurring disorders to receive integrated substance abuse and mental health treatment. A 2002 *SAMHSA Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders (SAMHSA’s Report to Congress)*, profiles the special needs of these women. It states, “Approaches to treatment for women with co-occurring disorders cannot be undertaken in the same way as they are for men. Women differ in how their mental disorders may present, the mixture of problems, their response to medication and non-somatic treatments, and even the illnesses they are likely to develop.”

According to SAMHSA’s *National Survey on Drug Use and Health*, in 2003 an estimated 2.2 million women, age 18 and older, met diagnostic criteria for both serious mental illness and a substance use disorder in the past year. *SAMHSA’s Report to Congress* notes that women with co-occurring disorders are more likely to seek help from mental health and outpatient settings than men, have poorer job skills and suffer from serious health problems. In addition, it indicates that pregnancy compounds the problems women with co-occurring disorders face. “Women may find themselves seeking help from three or more clinics or providers, one for each of their conditions. Pregnancy makes women more vulnerable to other problems ... while also making their treatment all the more critical.”

In 2005, SAMHSA released findings from a five-year, multi-site study called *Women, Co-occurring Disorders and Violence (WCDVS)*. It included more than 2,000 women, and was the first large national treatment study of women with mental and substance abuse disorders and a history of violence-induced trauma.

Numerous studies have indicated that many women who enter substance abuse treatment have histories of trauma, either in their current lives or from childhood physical or sexual abuse. Women with post traumatic stress disorder (PTSD) comprise 30-59 percent of national substance abuse treatment samples.

“The nature and impact of trauma remains too often misunderstood or neglected,” explained SAMHSA Administrator Charles Curie, in a press release regarding the study. “Many women suffer tremendously as a result of misdiagnosis, mistreatment, an absence of integrated care and a lack of a voice in their own treatment.”

“Since abuse so often is perpetrated by partners or relatives, survivors (of violence) are often cut off from social and support networks,” says *SAMHSA’s Report to Congress*. “Among people with PTSD, a significant portion said emotional pain, shame, and lack of trust deterred them from seeking treatment. ... Many providers are uncomfortable or unprepared to raise these issues, as well.”

Findings from the WCDVS study confirm that women with mental and substance abuse disorders and histories of trauma can improve when treated with counseling that addresses all of these areas. It also demonstrated that women’s symptoms improve when they participate in the planning, implementation and delivery of their own integrated treatment. It highlights a need for all clients in substance abuse treatment programs to be assessed for domestic violence and childhood abuse.

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It's on the Web!

**PREVENTION PATHWAYS
ONLINE COURSES FROM CSAP**
<http://pathwayscourses.samhsa.gov/courses.htm>

***Silence Hurts: Alcohol Abuse
and Violence Against Women***

This online course gives professionals detailed information about alcohol abuse and violence against women. Topics include risk factors, screening and assessment tools, prevention and intervention strategies, legal issues and tools for clients.

It Won't Happen to Me: Alcohol Abuse and Violence Against Women

This course is designed for anyone interested in preventing and stopping violence against women. Topics include the connection between substance abuse and violence, signs and symptoms, myths, prevention, treatment and legal options.

**NATIONAL WOMEN'S HEALTH
INFORMATION CENTER**

www.4woman.gov

The National Women's Health Information Center (NWHIC) is a service of the Office on Women's Health in the U.S. Department of Health and Human Services. It is the most reliable and current information resource on women's health today. Statistics, health tools, publications, information by health topics, links to women's events, and information for girls can all be found at this innovative site.

CSAT to Expand Treatment Services for Pregnant and Postpartum Women

To aid pregnant and postpartum women who suffer from substance abuse disorders, SAMHSA recently announced \$3.4 million to expand the availability of comprehensive, high quality residential treatment services. Despite numerous warnings about the impact of substance use during pregnancy, a SAMHSA report *Substance Use During Pregnancy: 2002 and 2003 Update*, finds that four percent of pregnant women age 15 to 44 reported illicit drug use during the past month, four percent engaged in binge drinking, and 18 percent smoked cigarettes. Compared to nonpregnant admissions, pregnant women age 15 to 44 entering treatment were more likely to report cocaine/crack, amphetamine/methamphetamine or marijuana as their primary substance of abuse and less likely to report alcohol.

Expanding access to treatment for pregnant women is crucial. Women who drink during their pregnancy put their children at risk for Fetal Alcohol Syndrome (FAS). The Centers for Disease Control states, "FAS is a condition characterized by abnormal facial features, growth retardation and central nervous system problems. Children with FAS may have physical disabilities and problems with learning, memory, attention, problem solving and social/behavioral problems."

Since the early 1990s, CSAT has recognized that women with substance use disorders have specialized needs that may not be met in general treatment programs. As of 2005, CSAT funds approximately 100 grants that serve women only or include women as a primary target population. This number represents about 20 percent of the direct service grants that CSAT provides nationally.

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This number represents about 20 percent of the direct service grants that CSAT provides nationally, and represents an annual investment in women's treatment of more than \$46.8 million.

SAMHSA Report Highlights – from page 1

The ADSS findings are from analyses of nationally representative data. The study was conducted in multiple phases between 1996 and 1999 for SAMHSA's Office of Applied Studies. This report provides a brief history of how gender has been addressed in previous studies, gives new insights into gender differences among substance abuse treatment clients, and examines the availability of substance abuse treatment programming for women. Implications for future research and a literature review are also included.

Nearly 2,400 substance abuse treatment facility directors participated in the ADSS. Components relating to women's treatment included research about women-only facilities, facilities providing childcare services and/or prenatal care, and facilities that offer special programs for women and/or pregnant women.

ADSS Study Findings

- Across the nation, 32% of clients in treatment facilities were female.
- 43% of non-hospital residential facilities and 43% of outpatient methadone facilities provided special programs for women.
- Only 19% of hospital inpatient facilities offered special programs for women.
- Nationally, across studies, 8% of substance abuse treatment facilities offer childcare services, and 7% offer prenatal care services.
- Women-only facilities served higher proportions of African Americans and clients whose primary source of payment was public payment other than Medicaid/Medicare.

To view the complete report from SAMHSA, visit <http://oas.samhsa.gov/WomenTX/WomenTX.htm#4.1>.

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

July 12-14, 2006
Anaheim, California

This two-and-a-half day conference will advance women's addiction treatment by presenting the latest research and discussing how it can be applied and implemented. Over 40 invited speakers will be featured, including nationally recognized researchers and clinicians testing innovative treatment practices. Topics will include:

- Gender-Specific Evidence-Based Practices
- Improving Women's Treatment Access, Utilization and Retention
- Treatment of Trauma and Creating Trauma-Informed Systems
- Co-Occurring Substance Use and Eating Disorders
- Interventions for Women Offenders and Girls in the Juvenile Justice System
- Smoking Cessation for Pregnant and Parenting Women
- Females and Underage Drinking
- Substance Abuse and HIV/AIDS, and STDs Prevention and Testing
- Strengthening the Treatment Continuum and Improving Continuity of Care
- Family Treatment Models
- Impact of Parental Substance Use on Children and Interventions for Children

Presented by:

- SAMHSA's Center for Substance Abuse Treatment
- National Institute on Drug Abuse
- National Institute on Alcohol Abuse and Alcoholism

To learn more, visit <http://conferences.jbs.biz/womensconference>.

Prairielands ATTC – from page 5

The curriculum teaches staff about the unique needs of women. “We have worked extensively with incarcerated female offenders. As more women enter the correctional system, we have learned that they bring different issues than men,” explains Skinstad. “Most people who work in correctional settings were trained to work with men and/or expect female offenders to act the same and need the same things as their male counterparts. The aim of this program is to provide correctional staff with a greater understanding of the needs of female offenders with substance abuse disorders.” Prairielands has piloted this program with the Iowa Department of Corrections, and will continue delivering the program this fall.

Prairielands also just recently completed a new video about women who are incarcerated called *Ending the Cycle*. This documentary explores how many women end up in the criminal justice system, and offers potential solutions. It presents interviews with offenders and professionals in the corrections field. Prairielands offers trainings in their region, and also makes these training products available for other organizations to use. To learn more, visit www.pattc.org.

CSAT to Expand Treatment ... Pregnant and Postpartum Women – from page 13

It also represents an annual investment in women’s treatment of more than \$46.8 million. CSAT’s programs for women are projected to serve approximately 31,000 clients over the course of their funding.

CSAT’s Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and Their Children (PPW/RWC) programs have been available since the early 1990s. These projects are currently dispersed across all regions of the country. They differ in admissions criteria and length of stay. The treatment philosophies and approaches, and the types of ancillary and aftercare services the grantees provide are also diverse.

Co-Occurring Disorders – from page 12

To assist states and communities to become “trauma-informed,” SAMHSA now houses a national Center on Women, Violence and Trauma. The program focuses on several populations including women and adolescents with co-occurring mental health, substance abuse and trauma issues, women trauma survivors in the criminal justice system, women crime victims, and refugee/immigrant women. The Center’s focus is to develop leadership networks, disseminate information about emerging best practices and stimulate local change.

“While the treatment needs of women with co-occurring disorders may challenge providers, the benefits of treatment often extend beyond the women themselves,” explains *SAMHSA’s Report to Congress*. “Many are mothers, caretakers, or spouses whose well-being and recovery affect many others. ...More research is needed on specific interventions for women with co-occurring disorders and how to integrate them into a comprehensive system of care.”

SAMHSA’s Report to Congress is available at <http://alt.samhsa.gov/reports/congress2002>. Learn about the Center on Women, Violence and Trauma at www.mentalhealth.samhsa.gov/cmhs/womenandtrauma/about.asp.





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