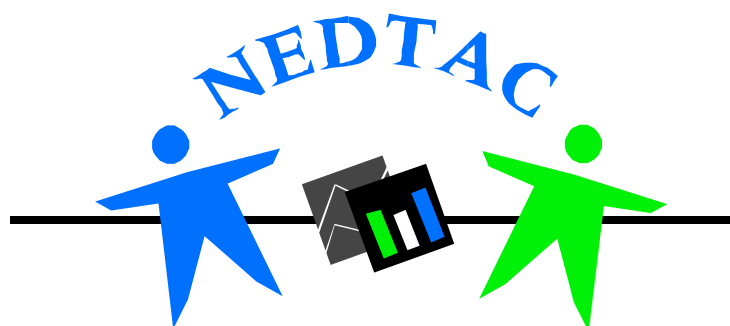


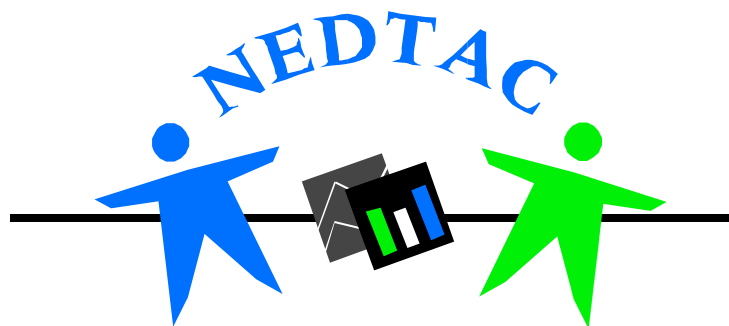
**NATIONAL EVALUATION DATA AND  
TECHNICAL ASSISTANCE CENTER**



**OVERVIEW OF EVALUATION ISSUES IN SUBSTANCE  
ABUSE TREATMENT FOR WOMEN:  
ANNOTATED BIBLIOGRAPHIES**

**April 1999**

# NATIONAL EVALUATION DATA AND TECHNICAL ASSISTANCE CENTER



## OVERVIEW OF EVALUATION ISSUES IN SUBSTANCE ABUSE TREATMENT FOR WOMEN: ANNOTATED BIBLIOGRAPHIES

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**CSAT**  
Center for Substance  
Abuse Treatment  
SAMHSA

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## FOREWORD

The mission of the Center for Substance Abuse Treatment (CSAT) is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation – including cost analysis and performance measurement – is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Data Evaluation and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse.

As part of the mission to further the development and dissemination of knowledge in the treatment field, NEDTAC produced a series of bibliographies in key topic areas related to substance abuse treatment. As part of that series, this document focuses on the special treatment needs of women with substance abuse problems. Given the broad array of negative consequences associated with women's abuse of alcohol and other drugs, coupled with evidence that women are under represented in treatment programs, it imperative that treatment providers develop and implement programs targeted toward this population. It is essential that substance abuse treatment agencies begin to develop comprehensive, family-focused programs that meet the full spectrum of needs faced by women and their families. This document is designed to assist in this process and promote gender-specific and effective substance abuse treatment approaches for women.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis.

Sharon Bishop  
Director  
National Data Evaluation and  
Technical Assistance Center (NEDTAC)

**I. OVERVIEW OF EVALUATION ISSUES  
IN SUBSTANCE ABUSE TREATMENT FOR WOMEN**

# **I. OVERVIEW OF EVALUATION ISSUES IN SUBSTANCE ABUSE TREATMENT FOR WOMEN**

According to the most recent statistics, approximately 30 percent of U.S. women have used illicit drugs at least once in their lifetime and more than 4.7 million women have used illicit drugs in the past month (Substance Abuse and Mental Health Services Administration, 1996). In addition, approximately 5 percent of all pregnant women used illicit drugs during pregnancy (National Institute on Drug Abuse, 1996). Drug abuse among women has severe physical, emotional, and developmental consequences the women, their children and their families. Low income pregnant and parenting women are at greatest risk for disease, dysfunction and death as a result of drug use and abuse (Center for Substance Abuse Treatment, 1994).

Despite the increasing use of alcohol and other drugs among women, and evidence that treatment can help women overcome their addiction, women are under represented in substance abuse treatment programs. The under representation of women in treatment programs is largely due to substance abuse agencies that lack the capacity, resources, and appropriate gender- and family-focused approaches required to meet the multiple needs of women. In addition, pregnant and parenting women may be inhibited from seeking treatment due to fear that doing so will result in loss of child custody, criminal prosecution, and loss of family. Although treatment programs targeted toward women are increasing, few treatment programs have the capacity to provide all the services required to meet the needs of this population (Center for Substance Abuse Treatment, 1994).

The special and unique circumstances faced by women with alcohol and other drug problems raises a number of issues regarding substance abuse treatment for women. This paper provides an overview for professionals concerned with issues in substance abuse treatment for women. Because of the complexity and variety of relevant issues, this overview is limited to a discussion of issues in drug abuse treatment for women, model treatment programs, and research on treatment for women.

## **1. INTRODUCTION**

Gender is an important issue in substance abuse treatment; men and women differ in terms of how and which substances are abused, with whom, and how often (Henderson, Boyd and Mieczkowski, 1994; Olenick and Chalmers, 1991). Recent research indicates that these differences are largely due to different biological mechanisms of abuse and dependence.

Friedman, Granick, Bransfield, Kreisher and Khalsa (1995) identified gender differences in risk and protective factors for substance use/abuse even among infants and young children.

Nelson-Zlupko, Kauffman, and Dore (1995) note that men are more likely to abuse illicit substances for a longer period, and women more likely to abuse licit drugs for a shorter but more intense period. Data indicate that, in some cases, women proceed more rapidly to dependence than men (National Institute on Drug Abuse, 1996). Women are twice as likely as men to be addicted to prescription drugs (stimulants, sedatives, tranquilizers, and analgesics) in combination with alcohol (Center for Substance Abuse Treatment, 1994). With the advent of crack (a smokable form of cocaine) in the 1980s, the number of women of childbearing age abusing cocaine has risen (Juliana and Goodman, 1992).

Gender has been shown to affect not only substance abuse patterns, but also when and how treatment is sought. Historically, women, unlike men, have been stigmatized for seeking treatment for drug abuse problems, thus inhibiting them from seeking treatment for substance abuse problems. In addition, research indicates that women have different treatment needs than men (Center for Substance Abuse Treatment, 1994) and that women usually seek treatment later and with more health problems than men (Kane-Cavaiola and Rullo-Cooney, 1991). Women are more likely than men to report that they are motivated to enter treatment because of physical problems (Stevens and Glider, 1994). Women are increasingly entering treatment by referral from the criminal justice system or through child protective services (Haller, 1991).

Self-esteem and empowerment appear to be vital to women's ability to overcome substance abuse problems. Some researchers now consider that substance abuse among women is closely linked to feelings of oppression and/or powerlessness (Goldberg, 1995). Burman (1992) and Vigdal and Stadler (1992) reported that gender-specific treatment should be available to empower women and, thus, enable them to make changes necessary for recovery. The role of victimization and violence to women's substance abuse problems must be understood for treatment to be successful.

## **2. BARRIERS TO TREATMENT FOR WOMEN**

Characteristics of women alcohol and other drug problems affect their ability to access treatment and are important predictors of treatment needs and outcomes (Harrison and Belille, 1987; Kane -Cavaiola and Rullo-Cooney, 1991; Root, 1989; Sullivan, 1994). These characteristics include race and ethnicity, age, number of children, pregnancy status, history of

sexual and physical abuse, income, psychiatric comorbidity, homelessness, unemployment, involvement with the criminal justice system, type of drug(s) used, amount of drug(s) used, and severity of drug use. Most of these characteristics also serve as barriers to treatment for women.

The rate of women's utilization of treatment services differs from men's, probably due to barriers that make it particularly difficult for women to access drug treatment services (Schober and Annis, 1996). Barriers to treatment are very real; researchers have documented the gap between treatment needs of women and treatment availability for women (Weissman, Melchoir, Huba, and Needle, 1995; Soman, Brindis, and Dunn-Malhotra, 1996). A 1989 survey of the National Association of State Alcohol and Drug Abuse Directors estimated that only 14 percent of all women and 12 percent of pregnant women who need treatment receive treatment. The most common barriers to treatment include lack of treatment programs for women, pregnancy and parenting status, lack of child care, high rates of co-occurring disorders, societal and family barriers, and women's involvement in the criminal justice system.

## **2.1 Lack of Treatment Programs for Women**

One of the major barriers to treatment for women is the lack of treatment programs designed specifically for women and responsive to women's economic, social, and emotional needs (Kumpfer, 1991; Wallen, 1990). Even more rare are programs that target children and other family members; there are limited treatment slots for women who want to keep their children with them during treatment. Pregnant women have the most difficulty accessing treatment, due to a scarcity of programs that can address the medical needs of the women and their infants, and the restrictions that many programs place on accepting pregnant clients (Cole, 1990).

Treatment providers are learning that, generally, women cannot be successfully treated in substance abuse programs designed for men; such programs can be "ineffective and problematic" for women (Vigdal and Stadler, 1992). For example, treatment programs for men that advocate a confrontational approach may not be effective for women who lack self-esteem and who need a supportive rather than confrontational environment. Miller (1986) and Gilchrist, Schinke, and Nurius (1989) note that, if interventions are to be effective in changing women's behavior, they must be tailored specifically to women, by addressing women's beliefs, fears, attitudes, and feelings.

## **2.2 Pregnancy and Parenting Status**

Women who are pregnant and/or parenting face a number of obstacles to treatment; few treatment programs exist for pregnant and parenting substance-abusing women and their infants and children (Juliana and Goodman, 1994; Nelson-Zlupko, Dore, Kauffman and Kaltenbach, 1996; Sullivan, 1994). Issues of child welfare/family reunification, child care, economic limitations, and the numerous maternal and infant health problems associated with maternal substance abuse make access to treatment particularly difficult for pregnant and parenting women, since many treatment providers cannot address these multiple issues.

The threat of punitive sanctions inhibit pregnant women from seeking treatment. A number of states single out and criminally punish pregnant women who are addicted to drugs (Azimor, 1991; Bailey, 1992); however, the efficacy of criminal sanctions against drug abusing pregnant women remains in question (Bailey, 1992; Feinman, 1992). Instead of preventing pregnant women from using drugs during pregnancy, criminal sanctions may be counterproductive by inhibiting women from seeking prenatal care and/or substance abuse treatment (Chavkin, 1990; Gustavsson and MacEachon, 1997).

## **2.3 Lack of Child Care**

As mothers, women may experience a strong conflict between entering treatment and having to find appropriate alternative care for their children. A 1993 study of substance abuse treatment providers showed that only 33 percent of women's treatment programs provide child care (Center for Addiction and Substance Abuse, 1997). While some women may have an extended family to take the children temporarily, many women must choose between leaving their children alone, in foster care, with inadequate caretakers, or losing custody altogether. Women also may fear that entering a public treatment program will bring to light their sexual preference, citizenship status, or disability which may result in loss of child custody (Center for Substance Abuse Treatment, 1994).

## **2.4 Co-Occurring Disorders**

Women with substance abuse problems frequently have a co-occurring mental health disorder. The most common co-occurring disorders are anxiety disorders and affective disorders (i.e., depression). Depression among individuals with alcohol related diagnoses is nearly triple that of the general population (Blume, 1990). Engaging women with co-occurring disorders into

treatment may be difficult due to prior experiences with providers who were insensitive to their needs (Nelson-Zlupko, Kauffman, and Dore, 1995). Mental illness can prevent women from fully participating in treatment; therefore, the prognosis for women with co-occurring disorders is poor. Women with more severe and multiple disorders are less likely to stay in treatment and have even poorer outcomes than women with fewer and less severe disorders (Brown, Huba, and Melchoir, 1995).

Providing treatment to substance abusing women with a co-occurring disorder is difficult since few programs address both substance abuse and mental health problems (Morris and Schinke, 1990). Further, treatment approaches for chemical dependency and mental illness are different in terms of treatment orientation, use of medication, staff characteristics, and treatment goals (Grella, 1996; Lidz and Platt, 1995). Women with co-occurring disorders often have difficulty integrating these different clinical approaches.

## **2.5 Cultural and Societal Barriers**

Cultural issues play a major role in women's access to treatment and retention in treatment. Some cultures believe that discussing topics like substance abuse and mental illness outside of their cultural environment or their families is inappropriate. For example, Marin (1990), in studying appropriate interventions for the Hispanic population, noted that the cultural environment of the Hispanic community makes women reluctant to seek help from outsiders. Cultural norms also may limit a woman's decision-making power, which may cause them to delay seeking treatment or prevent them from getting family support if they do seek treatment.

Societal and family expectations also influence women's ability to seek treatment. Women fulfill many different roles within families, including daughter, wife, and mother. Seeking substance abuse treatment often means that one or more of these roles will not be fulfilled, at least temporarily. When expected roles are broken by women seeking treatment, they may meet with resistance or opposition from family members who depend on them (Schliebner, 1994). Family responsibilities may prevent women from entering treatment or may interfere with their ability to remain in and complete treatment (Beckman and Amaro, 1986).

The majority of women with substance abuse problems have a history of domestic abuse. Women who are in abusive relationships may be inhibited from seeking treatment by their partner, who often is a substance abuser as well. Male partners can deter women from seeking help by threatening or becoming violent when women seek help (Amaro and Hardy-Fanta, 1995;

Fazzone, Halton, and Reed, 1997). Many women in these circumstances feel powerless to seek treatment and escape these destructive relationships (Bennet, 1995; Nelson-Zlupko, Kauffman, and Dore, 1995).

## **2.6 Women in the Criminal Justice System**

A major issue facing substance abuse treatment providers is the increasing involvement of substance abusing women with the criminal justice system; in 1990, the Institute of Medicine (IOM) noted that a greater proportion of women had begun to enter treatment through the criminal justice system. According to the Bureau of Justice Statistics (BJS), women accounted for more than half of the growth in the number of prisoners serving time for drug offenses between 1986 and 1991 (Snell and Morton, 1994). Between 1984 and 1993, the number of women arrested for drug offenses increased 82 percent, compared to only 52 percent for men (Center for Addiction and Substance Abuse, 1997). Many of the women incarcerated for drug offenses were unmarried and were mothers of children under age 18 (Snell and Morton, 1994). About 6 percent of incarcerated women in 1991 were pregnant when they went to prison.

The increase in substance abuse among women, coupled with their increasing numbers in the prison population, has placed new emphasis on issues of child welfare and health care for women and their children during treatment and/or incarceration. Incarcerated substance abusing women who are pregnant and/or parenting face unique circumstances. Pregnant women in prison require gender-appropriate programs to provide specific health services such as prenatal care and nutrition in conjunction with substance abuse treatment. Incarcerated mothers face child care issues, and often fear losing custody of their children. Treatment providers must be aware that family reunification may be the main motivation for substance abuse treatment among incarcerated women (Center for Substance Abuse Treatment, 1994, Shine and Mauer, 1993).

## **3. MODEL TREATMENT PROGRAMS**

Effective treatment programs for women cannot simply reflect what has been shown to be effective for men. Closser and Blow (1993) explained that “failure to appreciate the importance of gender, culture, age-related, and other differences may contribute to existing barriers to treatment.” In order to help women successfully overcome their substance abuse problems, treatment programs must address the full spectrum of issues faced by women by offering a comprehensive, holistic approach to treatment (Brindis, Berkowitz and Clayson, 1997). Research indicates that the most successful programs for women treat a myriad of social,

medical, and psychological problems including domestic abuse, eating disorders, childhood abuse, parenting, job skills training, and education. Holistic approaches do not merely treat the addicted woman, but seek to understand the cause of her addiction, including the role of her family in her addiction. Programs that serve women only and that offer a nurturing, supportive environment allow women to be freer to discuss very personal issues, and appear to be very effective in treating women's substance abuse problems. Model programs also provide women with healthy role models (Schreibner, 1994).

The most successful programs for women offer many of the following services:

- Chemical dependency treatment (individual and family therapy, group counseling and support, urine testing, 12-step participation, and pharmacologic intervention)
- Medical care (including family planning services)
- Child care
- Prenatal care (obstetrical services, health education, and nutritional counseling)
- Mental health services
- Education/GED training
- Job skills training
- Parent education and training
- Pediatric care (medical services, developmental testing, and psychological assessments)
- Social services (Assistance with housing, legal, welfare, and basic survival needs).
- Housing
- Transportation
- Legal services

- Case management
- Aftercare.

The combination of comprehensive services required will vary according to the race, age, socioeconomic status, and health of each woman.

Child care is perhaps the most important component in women's treatment programs. Researchers have noted that outpatient and residential programs that offer children's services attract more women into treatment than programs that do not provide children's services (Beckman and Amaro, 1986) and that allowing women to have their children in treatment with them increases retention in treatment programs and treatment completion (Hughes et al., 1995; Stevens and Gilder, 1994; Szuster, Rich, Chung, and Bixconer, 1996; Wokie, Eyler, Conlon, Clarke and Behnke, 1997). Family-centered gender-specific programs also increase length of stay and retention in treatment, particularly for pregnant and parenting women (Coletti, Hughes, Landress, Neri, Sicilian, Williams, Urmann, and Anthony, 1992).

"Cultural competence" is important for programs that serve culture-specific populations (i.e., Hispanic, American-Indian). Programs that are culturally competent encourage staff to be aware of their own cultural limitations, be open to cultural differences, and use cultural resources for provision of services (Green, 1982). Programs that are successful in treating cultural minorities are able to provide treatment in a way that is comparable to the expectations and behaviors that members of a culture recognize as appropriate (Green, 1982).

While the program components mentioned above are necessary to address women's multiple problems, no single approach to substance abuse treatment is effective for all women, since women respond to different approaches in different ways at different times (National Institute on Drug Abuse, 1998). The gender-sensitive programs discussed by Schliebner (1994) and Nelson-Zlupko, Kauffman, and Dore (1995) show that some programs do work better for some women than for others (Center for Substance Abuse Treatment, 1944; Hser, 1995; Kauffman and Woody, 1995). Across substance abuse treatment programs, a woman's individual success in treatment will be affected by a number of factors, including demographic characteristics, education level, age of substance abuse onset, primary drug of abuse, criminal justice system involvement, readiness for treatment, and family support (Dusenbury, Khuri, and Milton, 1992; Simpson and Joe, 1993; Stevens and Glider, 1994).

## **4. EVALUATION OF WOMEN'S TREATMENT PROGRAMS**

Until recently, evaluation of women's treatment programs has been scarce. Most prior research studies on treatment effectiveness have focused on male substance abusers, because the unique circumstances faced by women make recruitment and retention of this population into research studies difficult (Howard and Beckwith, 1996). Given the difficulties faced by women as they attempt to access and participate in treatment, the need for gender-specific research into effective treatment approaches for women has never been greater. In 1990, the IOM called for more research on women in substance abuse treatment, especially women of childbearing age and women with children. Without methodologically sound research and evaluation into women's treatment, substance abuse treatment agencies and providers will be unable to develop and implement programs that are effective for women.

### **4.1 Research Issues**

When evaluating women's treatment programs, researchers need to take into account the unique characteristics of women that appear to impact on retention in treatment, treatment completion, and post-treatment outcomes, including client characteristics and motivation for treatment. In order to continue to advance the state-of-the-art in research into women's treatment, researchers must address major methodological issues, including recruitment and retention into treatment studies, data quality, confidentiality, and follow-up for longitudinal studies.

### **Recruitment and Retention of Women into Research Studies**

One of the most important means to conducting research into treatment effectiveness for any population is the recruitment and retention of clients in research studies. Without keeping clients enrolled and engaged in research studies, the longitudinal designs required to determine the effectiveness of drug treatment programs are threatened (Streissguth and Giunta, 1992). Retention in treatment studies is necessary to maintain adequate sample sizes and to be able to generalize findings to the broader population.

Women are particularly difficult to recruit and retain in treatment studies because of the social and family context in which many substance abusing women live (Howard, 1992). Program staff responsible for recruiting and retaining women in studies must understand a client's altering mental state, cognitive effects of drug use, history of violence, and economic

difficulties in order to establish and maintain a professional relationship with female clients. Pregnant and parenting women are often reluctant to participate in research studies due to fear that divulging information about drug use will result in negative sanctions against her, her children, and her family.

In order to be successful at recruiting and retaining women in research studies, researchers can use several strategies. First, staff assigned to recruit clients into research studies should possess the skills required to establish rapport and gain the trust of women. Second, staff responsible for collecting data from women should be knowledgeable about state and federal statutes regarding the release of information. Third, programs can offer positive inducements to clients to enroll and remain in research studies. Such inducements might include, child care, medical care, stipends, and/or transportation. Finally, programs should establish rigorous tracking methods, including ongoing contact with women after they are discharged from treatment.

### **Data Quality**

In order to determine the cause and effect nature of drug treatment and women's drug use, researchers must collect data that is both valid and reliable. Data quality continues to be an issue in studies of women's treatment, since, as with treatment studies on other populations, much of the data collected is self-reported (McLellan, 1992). Women's feelings about their own behavior, along with the stigma and guilt often associated with their use of drugs, can compromise their willingness to be honest when reporting drug use and other behaviors (Chez, 1991). Researchers can continue to improve the quality of data obtained from women by training staff and other data collectors to gain women's confidences and increase the likelihood of collecting honest, accurate data.

### **Confidentiality**

Confidentiality is a major issue for women, particularly pregnant and parenting women, since punitive sanctions for their drug use are a very real possibility (Chez, 1991, McLellan, 1992). The possibility of loss of child custody or of criminal prosecution for the use of illegal drugs makes many women reluctant to participate in studies in which such illegal behavior must be divulged. On the flip side, sharing information about women that have completed treatment may actually result in the suspension of criminal charges or sanctions. Researchers involved in

studies on women should be able to effectively balance the need to divulge information about illegal drug use with a woman's right to anonymity.

### **Follow-up for Longitudinal Studies**

Follow-up data collection is imperative for studies examining the impact of treatment on women; without these data it is impossible to evaluate the full spectrum of physical, behavioral, social and psychological impacts of treatment (Chez, 1991). While long-term follow-up is the ideal method for evaluating treatment outcomes, such efforts are often thwarted due to prohibitive costs and logistical difficulties. The costs of tracking, contacting, and enticing clients to participate in follow-up data collection efforts is great and often exceeds the budgetary capacity of treatment programs. Logistically, follow-up data collection is hampered by a mobile, transient population that is hard to track and locate for follow-up studies. Confidentiality and penalty issues discussed above also inhibit women from participating in follow-up studies of drug use behavior.

To keep study attrition low, researchers should develop tracking mechanisms that will enable them to locate even hard-to-find clients. Tracking is made easier if researchers and program staff maintain an ongoing relationship with clients who have left their programs. There is also a need for increased funding to cover the costs of follow-up data collection efforts and allow for the study of both short- and long-term effects of treatment on women.

## **4.2 Directions for Research on Treatment for Women**

Prior research on substance abuse has all but excluded women; therefore, little is known about the treatment needs and outcomes of women substance abusers. In 1998, the National Institute on Drug Abuse asserted that one can no longer assume that "results from research based exclusively on male subjects can be extrapolated confidently and generalized safely to females" and is now calling for more research and evaluation on treatment for women and their children. Future research must help the treatment community determine what works for women and why.

Mactas (1998) and Wallen (1998) laid out a comprehensive agenda for research on substance abuse treatment for women:

- Ensure that research includes the collection, analysis, and reporting of gender disaggregated data

- Examine the effectiveness of treatment services in settings other than substance abuse treatment programs (i.e., public health clinics) that are often the only point of contact for women
- Identify which modality of treatment works for which cohort(s) of women and why
- Identify the mechanisms that are most effective in ensuring the provision of comprehensive services to women in all treatment settings
- Identify the relationships among case severity, characteristics of specific cohorts of women, and use of treatment services and treatment outcomes
- Adapt standard physical, mental health, and substance abuse assessment instruments that are appropriate to gender and culture
- Identify the most appropriate outcome measures for various cohorts of women
- Identify the relationships among level of care, complexity of children's special needs, and treatment outcomes
- Identify 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
- Identify the most critical factors contributing to retention in treatment
- Examine how women come into treatment, how subpopulations of women who enter treatment via different routes compare, and how women with drug problems who are in treatment compare to women with drug problems that are not in treatment.

Research on all of these topics should make available data that describe differences in race, ethnicity, socioeconomic, and health status among women.

## **5. MATERIALS FOLLOWING THE OVERVIEW**

The following sections provide references and resources on women's treatment issues, including: treatment for pregnant and postpartum women, women and children's residential treatment, and women in the criminal justice system. The introductory bibliography of books, articles, and research studies provides a thorough review of treatment issues. The materials cited reflect the diverse perspectives from which researchers approach the topic of substance abuse

treatment for women. Following the introductory bibliography are selected annotated bibliographies on women's treatment issues in general, residential treatment for women and children, treatment for pregnant and postpartum women, and women involved with the criminal justice system. NEDTAC reviews are for informational purposes only and should not be interpreted as a Center for Substance Abuse Treatment endorsement of any specific resource or publication.

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## **II. INTRODUCTORY BIBLIOGRAPHY**

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### **III. SELECTED ANNOTATED BIBLIOGRAPHY**

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Bennett, L.W. (1995). Substance abuse and the domestic assault of women. Social Work, 40, 760-771.

Social workers often meet with practice situations, sometimes unknowingly, where domestic assault coincides with substance abuse by the batterer or victim. Knowledge for practice in this complex area is both minimal and remote. This article examines current research on the involvement of substance abuse in woman abuse and discusses issues of assessment and intervention.

Bennett, L.W., et al. (1994). Domestic abuse by male alcohol and drug addicts. Violence and Victims, 9, 359-368.

Sixty-three male inpatient alcohol and drug addicts and 34 of their female partners participated in a study of variables associated with physical and nonphysical abuse of women. Results suggest that domestic abuse by male addicts is not directly related to experience of violence or addiction in the family of origin, external locus of control, or severity of alcohol abuse. Correlates of domestic abuse were an early onset of drug/alcohol-related problems; low income; a history of nonalcohol drug use, particularly cocaine; and a history of arrest and outpatient counseling.

Burman, S. (1992). Model for women's alcohol/drug treatment. Alcoholism Treatment Quarterly, 8, 87-99.

An all-women's treatment program for alcohol and drug abuse is presented as a viable alternative to treating women in traditional mixed-gender programs. Women's unique experiences, problems and special needs can best be addressed in women-sensitive treatment settings. All women's programs provide an opportunity for women to gain a separate sense of self, empowerment, and ability to make important changes that are necessary in their quest for recovery.

Feinman, C. (1992). The criminalization of a woman's body. Binghamton, NY: Harrington Park Press.

Three chapters address the debate of maternal rights versus fetal rights when the mother is addicted to drugs. "Prenatal Harm as Child Abuse?" takes the position that legal sanctions against pregnant women violate American moral values and contribute to the harm that they were intended to prevent. "Punishment and Welfare: Crack Cocaine and the Regulation of Mothering" discusses how laws criminalizing poor women who use drugs ignore the root of their problems. "Mothers and Children, Drugs and Crack: Reactions to Maternal Drug Dependency" focuses on the lack of drug treatment programs for women.

Fisher, B, et al. (1995). Risks associated with long-term homelessness among women: Battery, rape, and HIV infection. International Journal of Health Services, 25, 351-369.

The purposes of this study were to determine the prevalence of battery, rape, and HIV risk practices in a sample of long-term homeless women and to explore correlates of HIV risk practices. Fifty-three women who had been homeless for at least 3 months in the last year were interviewed at day and night shelters. The women were demographically similar to other samples of homeless men and women and had similar rates of drug use. However, a higher proportion of homeless women were exposed to battery (91 percent), rape (56 percent), and mental distress, and they had a smaller support network (three people). Eighty-six percent had been battered prior to homelessness. A positive association was found between HIV risk practices and the use of certain drugs and having a protector. A higher level of assertiveness was associated with less HIV risk. The study demonstrated that homeless women are at a very high risk of battery and rape. Being homeless may require lifestyles that increase the risk of HIV infection and transmission.

Friedman, A.S., Granick, S., Bransfield, S., Kreisher, C. and Khalsa, J. (1995). Gender differences in early life risk factors for substance use/abuse: A study of an African-American sample. American Journal of Drug and Alcohol Abuse, 21, 511-531.

Gender differences in risk and protective factors for substance use/abuse in early childhood were studied. Comprehensive systematic data on African Americans (males, n=318; females, n=322), from birth to 7 years of age, were available from the National Collaborative Perinatal Study. These subjects were retrieved for assessment at average age 24. There are more differences between males and females than there are similarities in regard to the early childhood variables that predict substance use in early adulthood. However, high activity and intensity of response during infancy (measured at 8 months of age) was found to predict later substance use for both males and females. This type of behavior is considered by use to be a trait of temperament and to suggest the possibility of a genetic predisposition. More risk factors were found for females than for males. The risk factors for females were primarily of two types: related to experiences with mother and with the family environment; and poor levels of intellectual functioning and academic performance, and abnormal mental status. (Author abstract modified)

Guinan, M.E., & Leviton, L. (1995). Prevention of HIV infection in women: Overcoming barriers. Journal of the American Medicine and Women Association, 50(3/4), 74-77.

The proportion of total reported cases of acquired immunodeficiency syndrome (AIDS) in U.S. women increased annually between 1988 and 1994 from 10 percent to 18 percent, indicating an urgent need for prevention measures. Interventions designed to reduce unsafe sex and drug-using behaviors in women have been limited. Barriers to human immunodeficiency virus (HIV) prevention for women include a disproportionately low investment of resources, inadequacy and

inaccessibility of substance abuse treatment programs, the crack/cocaine epidemic and resulting unsafe sex behaviors, lack of a woman-controlled method to prevent sexual transmission of HIV, and unique social and cultural factors that limit women's power in decision making. Some interventions have been successful in reducing women's risk behaviors. Expanding prevention efforts targeted to women is necessary in order to stem the rising rate of HIV infection.

Henderson, D.J., Boyd, C., & Mieczkowski, T. (1994). Gender, relationships, and crack cocaine: A content analysis. Research in Nursing and Health, 17, 265-272.

Past research has indicated gender differences among narcotic users that have implications for the prevention and treatment of substance abuse; however, little is known about these differences among crack cocaine users. The purpose of this secondary analysis was to compare the relational context of male and female crack cocaine use. Data from open-ended, structured interviews with 46 predominantly African-American women and men were compared using manifest content analysis. Women were more likely to begin, use, and/or maintain their use of crack in the context of more intimate opposite sex relationships, while men were more likely to begin their use with male friends and associates and to maintain drug use with income from jobs and selling drugs. Overall, relationships (both sexual and familial) were a more prominent aspect of crack use for women while entrepreneurship was more salient for men. These findings suggest the need for gender-sensitive prevention and treatment strategies.

Huselid, R.F., Self, E.A., & Gutierrez, S.E. (1991). Predictors of successful completion of a halfway house program for chemically-dependent women. American Journal of Drug and Alcohol Abuse, 17, 89-101.

Influenced by research that found a positive correlation between optimistic attitudes and retention in aftercare programs for men, the researchers wanted to understand how psychological outlooks might be used to predict successful completion of a halfway house program for chemically dependent women. They began with the premise that healthy people perceive positive events as stable (enduring features that are likely to reoccur in the future), global (affecting other aspects of their lives), and internal (within their control) and negative events as unstable, specific, and external. This perception is called the "self-serving attribution bias" and provides a strong foundation for optimism and self-efficacy. The researchers discovered that female substance abusers are more likely to invert this typical attribution strategy (considering negative events internal, global, and stable, while often attributing positive events to external factors) than either male substance abusers, or nonabusing men and women. Based on these results, the researchers hypothesized that women with self-serving attribution bias would be more likely to successfully complete treatment because it would give them the optimism necessary to remain abstinent. To their surprise, the results contradicted their hypothesis by revealing that women who viewed negative events as global, stable, and internal were more likely to complete treatment successfully. The researchers interpreted the data to mean that a realistic,

rather than optimistic, awareness of the dangers of relapse did not encourage despair, but abstinence.

Kane-Cavaiola, C., & Rullo-Cooney, D. (1991). Addicted women: Their families' effect on treatment outcome. Journal of Chemical Dependency Treatment, 4, 111-119.

The authors explore the interplay between sex-stereotyped social attitudes toward male and female addiction and the different patterns of male and female addiction and treatment. Social mores often stigmatize women substance abusers as weak-willed, irresponsible, and promiscuous. In addition, women frequently experience resistance from their husbands and children who resent the treatment that disrupts family homeostasis. Finally, women face obstacles involving child care, health care, financial constraints, and lack of female support systems. These difficulties help explain why women seek treatment at a much later stage of chemical dependency and with greater health complications than men.

Lindenberg, C.S., Reiskin, H.K., & Gendrop, S.C. (1994). The social stress model of substance abuse among childbearing-age women: A review of the literature. Journal of Drug Education, 24, 253-68.

The social stress model of substance abuse has been derived from numerous psychosocial theories and models. This model suggests that the likelihood of an individual engaging in drug abuse is influenced by the stress level and the extent to which it is offset by stress modifiers such as social networks, social competence, and resources. This article synthesizes current empirical evidence for this model. Thirteen primary research studies of women are synthesized and described, with special attention on the four key constructs inherent in the model: stress, social networks, social competencies, and resources. Consistencies and inconsistencies in the findings, a critique of key methodological issues, implications for future research, and implications for clinical policy and practice are provided.

Mactas, D.J. (1998). Treatment of women with substance abuse problems. In C.L. Wetherington, & A.B. Roman (Eds.), Drug addiction research and the health of women (pp.565-571). Rockville, MD: National Institute on Drug Abuse.

This chapter discusses treatment needs for women with substance abuse problems and programs of the Center for Substance Abuse Treatment (CSAT) to address the problems. Sections of the chapter describe CSAT's substance abuse treatment activities related to treatment of women and their children and program areas and research issues for women in treatment. Specific research needs include the following: ensuring gender disaggregated data in the collection, analysis, and reporting process; identifying the effectiveness and efficiency of substance abuse treatment for women in settings other than substance abuse treatment programs, such as mental health clinics, well-baby clinics, family planning clinics, and adolescent health clinics; identifying what care

modalities (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 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 or developing new ones to ensure appropriateness according to gender and culture.

Mynatt, S. (1998). Increasing resiliency to substance abuse in recovering women with comorbid depression. Journal of Psychosocial Nursing and Mental Health Services, 36(1), 28-36.

Nurses must recognize that substance-abusing women with a comorbid depression are likely to view the present, past, and future negatively, hold distorted views of the world, hold irrational false beliefs, and have a low self-esteem. Assisting women to recognize and own their feelings and accept responsibility for controlling them are crucial to changing their thoughts, feelings, and behaviors that contribute to low self-esteem and depression. Affirmations can be used to increase one's self-esteem through changing one's view of self and the world, and behavioral strategies can be used to change behavior and subsequently one's feelings.

Nelson-Zlupko, L., Dore, M.M., Kauffman, E., & Kaltenbach, K. (1996). Women in recovery. Their perceptions of treatment effectiveness. Journal of Substance Abuse Treatment, 13(1), 51-59.

Research with chemically dependent women over the past 2 decades indicates that women substance abusers have special characteristics and needs that warrant gender-sensitive drug-treatment approaches. While the potential benefit of such treatment seems clear, little empirical data is available on how women perceive the effectiveness of gender-sensitive specialized drug treatment. This article presents findings from an exploratory study of the present and past treatment experiences of 24 women in recovery. Results indicate that while some specialized services such as child care and women-only therapy groups are increasingly available, many drug-treatment programs fail to provide these services in a context that supports and promotes women. As a result, women in drug treatment continue to experience negative stereotyping and sexual harassment as their gender-specific needs remain ignored, silenced, or deemed pathological. Major gaps in drug treatment for women are discussed as are implications for the provision of effective gender-sensitive treatment.

Nishimoto, R.H. (1998). Who drops out of drug-user treatment research on women? Substance Use and Misuse, 33, 1291-1313.

Attrition or dropping out is an important methodological issue in drug-user treatment research. The purpose of this study was to describe and explain the degree of subject attrition—more

specifically, post-inclusion attrition—within the context of a research demonstration project that focused on a women’s sensitive approach to drug-user treatment. Demographic variables, psychosocial outcome measures, and two treatment variables were examined as possible predictors of attrition from research participation. Findings showed attrition rates increased from admission, peaked at 3-month follow-up, and then declined substantially by the 12-month follow-up period. A logistic regression analysis showed only treatment discharge status to significantly predict subject attrition.

Nyamathi, A., Flaskerud, J., Keenan, C., & Leake, B. (1998). Effectiveness of a specialized versus traditional AIDS education program attended by homeless and drug-addicted women alone or with supportive persons. *AIDS Education and Prevention*, *10*, 433-446.

This research examined the impact of including a supportive person on the outcomes of two culturally sensitive AIDS education programs, an education-only (traditional) program, and a program combining education with self-esteem and coping enhancement (specialized). Research participants in this quasi-experimental study included 241 homeless women, who were randomly assigned by residence (drug treatment program or shelter) to one of four treatment groups. The outcomes measured at baseline, 6, and 12 months were risk behaviors, cognitive factors, and psychological functioning. Study results demonstrated significant improvements at both six and 12 months for the entire sample in all psychological, behavioral, and cognitive outcome variables except active coping. Women in the specialized program improved more on AIDS knowledge and reduction in non-injection drug use than did those in the traditional program, but their active coping scores declined. Participation of a supportive person did not appear to have any effect on outcome.

O’Dell, K.J., Turner, N.H., & Weaver, G.D. (1998). Women in recovery from drug misuse: An exploratory study of their social networks and social support. *Substance Use and Misuse*, *33*, 1721-1734.

This cross-sectional research examined the effects of ethnicity, age, and primary drug (alcohol or other drug) on recovering women’s social network size and social support. Study participants were women in continuous recovery for a minimum of 6 months. Study findings demonstrated statistically significant increases in social network size and in the amount of social support received from pretreatment to posttreatment recovery periods. Ethnicity, age, and primary drug had little effect on social network size and amount of social support received.

Olenick, N., & Chalmers, D. (1991). Gender-specific drinking styles in alcoholics and non-alcoholics. *Journal of Studies on Alcohol*, *52*, 325-330.

This study examined sex differences in drinking style when considering both alcoholics and nonalcoholics (controls). The Alcohol Use Inventory was employed as a descriptive instrument.

Of the 16 primary scales, two result of significant interaction were obtained indicating sex differences in problem drinking practices corrected, as it were, for sex differences in problem drinking practices. Female alcoholics used alcohol to alter their mood more than did the alcoholic men, whereas women in the control group used it less for this purpose than did the male controls. The second interaction effect indicated that female alcoholics drank in response to marital difficulties much more than did male alcoholics. The control women, by contrast, demonstrated less of a likelihood to drink for this reason than did male controls.

Pivnick, A. (1996). Kinchart-sociograms as a method for describing the social networks of drug-using women. In E.R. Rahdert (Ed.), Treatment for drug-exposed women and their children: Advances in research methodology (NIDA Research Monograph No. 166, pp. 163-182). Rockville, MD: National Institute on Drug Abuse.

The kinchart-sociogram method elicits detailed information about the network of subjects' personal communities (framework of personal support and other systems), including information vital to assessing social support for HIV illness, the frequency of drug use among family members and friends, and sexual contact patterns relevant to HIV transmission risk. The object is to define these networks in terms of concrete social relations located in specific sites. However, the identification of an individual's personal social relationships does not necessarily imply interactions between constituent members as in traditional social network analysis. The kinchart-sociogram method permits a graphic and quantifiable description of complex social realities. By repeating the charting at regular intervals, the method permits prospective study of changes in social networks associated with changes in drug use patterns and, in the case of HIV infection, disease progression. The kinchart-sociogram method can elicit data that demonstrates the social nature of drug use and its expression in influential social contexts such as families, sexual relations, and households. In turn, the description of these social contexts suggests the development of treatment modalities that include sexual partners, children, and household members. (Author abstract modified)

Rouse, B.A., Carter, J.H., & Rodriguez-Andrew, S. (1995). Race/ethnicity and other sociocultural influences on alcoholism treatment for women. Recent Developments in Alcoholism, 12, 343-367.

This chapter discusses sociocultural influences on the availability, access, diagnosis, and treatment of alcoholism for women, particularly those in minority groups. Race/ethnicity and other sociocultural influences are presented in terms of the societal context and the counselor-client relationship. The latest data on heavy drinking, alcohol-induced mortality, and alcoholism treatment utilization are presented on African-American, Hispanic, and white women. Data are also presented on the ability to pay for treatment through insurance or earnings. Information on Native Americans and Asian/Pacific Islanders is included whenever possible.

Saunders, B., Baily, S., Phillips, M., & Allsop, S. (1993). Women with alcohol problems: Do they relapse for reasons different to their male counterparts? Addiction, *88*, 1413-1422.

A sample of 44 women and 50 men attending an alcohol treatment facility were assessed on a range of demographic, social, and psychological measures in order to determine whether women and men relapse for different reasons. Clients were monitored for a 3-month period after the initial intake interview, whereupon follow-up interviews were conducted. The data were analyzed by the use of survival analysis techniques. The results indicated that there were different predictors of relapse across the three levels of post-treatment alcohol use investigated. Gender differences were present at two of these levels. The implications of these differences are discussed.

Sullivan, W.P. (1994). Case management and community-based treatment of women with substance abuse problems. Journal of Case Management, *3*, 158-161, 183.

Although there has been increased sensitivity to the needs and issues that face women with substance abuse problems, this continues to be an understudied and underserved population. To effectively address the needs of women, special efforts must be made to attract women into treatment settings and retain them. Furthermore, treatment programs must address the unique needs of women and provide a holistic range of services to adequately serve them. This article argues that strengths-based case management, provided in unison with comprehensive community-based programs, shows promise as an effective strategy to address the needs of women in alcohol and drug treatment.

Thompson, A.S., Blankenship, K.M., Selwyn, P.A., Khoshnood, K., Lopez, M., Balacos, K., & Altice, F.L. (1998). Evaluation of an innovative program to address the health and social service needs of drug-using women with or at risk for HIV infection. Journal of Community Health, *23*, 419-440.

Drug-using women with or at risk for HIV infection have many competing unmet needs, especially for social services, drug treatment, and medical care. High-risk drug-using women were recruited through street outreach, at needle exchange sites, a prison, and local community based organizations in New Haven, Connecticut, for a study of the service needs of out-of-treatment drug users and the ability of an interactive case management intervention (ICM) to address those needs. Participants were administered baseline and follow-up interviews to identify their health and social service needs and the degree to which these needs were resolved. The women who chose to enroll in the interactive case management intervention (n = 38) did not differ demographically nor in their HIV risk behaviors from those not receiving case management (n = 73). Provision of ICM was most successful in meeting needs for supportive mental health counseling, basic services, and long-term housing. The impact of interactive case management was less evident for the acquisition of medical and dental services, which were accessed comparably by women not receiving the intervention. Overall, the women who enrolled in the ICM intervention showed a significant decrease in the number of unmet service needs as

compared to those who did not enroll. Multiple contacts were required by the case manager to establish trust and to resolve the unmet service needs of these high-risk women. Women with or at risk for HIV infection can be effectively engaged in an ICM intervention in order to meet their multiple unmet service needs, although such interventions are time-and-labor intensive.

Walfish, S., Stenmark, D.E., Sarco, D., Shealy, J.S., & Krone A.M. (1992). Incidence of bulimia in substance misusing women in residential treatment. International Journal of the Addictions, 27, 425-433.

The incidence of bulimia in 100 consecutive adult women entering a residential substance misuse treatment program was examined utilizing self-report data. Fourteen percent of the clients were diagnosed as having a concurrent eating disorder, seven times the community prevalence rate. The demographic variable of race was an important distinguishing characteristic, while age was not. Cocaine addicts had the highest rate of bulimia, while opioid addicts had the lowest. The clinical significance of these data for treatment and future research is discussed.

Weissman, G., Melchoir, L., Huba, G., and Needle, R. (1995). Women living with drug abuse and HIV disease: Drug abuse treatment access and secondary prevention issues. Journal of Psychoactive Drugs, 27, 401-411.

In collaboration with the National Institute on Drug Abuse, the Health Resources and Services Administration is conducting a multisite, longitudinal study on issues of service needs, service utilization, and access to care for drug abusers with HIV. This article discusses access to drug abuse treatment and HIV secondary prevention for 116 women interviewed during the study's first year in five U.S. cities. Using interview data from 115 service providers in those same cities, it also discusses drug abuse treatment availability and barriers to service expansion for drug users with HIV. Study findings indicate that there are highly significant gaps between the drug abuse treatment services these women feel they need and those they have been able to receive; these were particularly pronounced for drug detoxification and residential and outpatient drug-free treatment. Women who used crack cocaine or injection drugs had particularly high levels of need for residential and outpatient drug abuse treatment, while women who used crack were found to have significantly less experience with the drug abuse treatment system than IDUs. HIV secondary prevention was also found to be a critical need for these women, many of whom were engaging in behaviors that place them at risk for reinfection, infection with other diseases, and transmission to others. Providers indicated that lack of funding was the major barrier to expanding services for this population; other barriers, such as lack of ancillary services and transportation, were also noted. Two positive findings were that many drug abuse treatment agencies in these cities provide a wide range of ancillary services and that many different kinds of agencies offer drug abuse treatment services. (Author abstract)

Wells, D.V., & Jackson, J.F. (1992). HIV and chemically dependent women: Recommendations for appropriate health care and drug treatment services. International Journal of the Addictions, 27, 571-85.

Intravenous drug use is the single largest exposure category among women with AIDS in the United States (51 percent). Tragically, there may be insufficient appreciation of the issues unique to IV drug usage among women. Few drug treatment programs are specifically designed for women, and fewer still are aimed at HIV-positive women. Treatment models relevant to women in light of the AIDS epidemic should: include changes in admission criteria and treatment methods; provide comprehensive services (including parenting and employment skills workshops and access to health care); and incorporate research and evaluation components with planned dissemination of results.

Wilke, D. (1994). Women and alcoholism: How a male-as-norm bias affects research, assessment, and treatment. Health and Social Work, 19, 29-35.

A comprehensive discussion of women's alcoholism must include an understanding of how the male-as-norm bias has affected alcoholism research, assessment, and treatment. This bias defines male alcoholism as the standard by which female alcoholism is judged. Although alcoholism and treatment needs are unique in many ways, those differences are often minimized, ignored, or defined as abnormal in a male model of alcoholism. This article summarizes how a male-as-norm bias has affected research on women's alcoholism and shaped perceptions of women's alcoholic behavior and their responses to treatment. (Author abstract)

Wilsnack, S.C., & Wilsnack, R.W. (1991). Epidemiology of women's drinking. Journal of Substance Abuse, 3, 133-57.

Although U.S. and Canadian surveys conducted over the past 2 decades have found little evidence of major changes in drinking levels or drinking problems among women in general, change may be occurring within certain subgroups of women, for example, based on age, ethnicity, employment, or marital status. Women's drinking behavior shows significant linkages to aspects of women's social environments, including gender of co-workers and drinking behavior of significant others. The greater complexity of recent findings reflects the increasing maturation of epidemiological research on women's drinking.

**IV. PREGNANT AND POSTPARTUM WOMEN:  
SELECTED ANNOTATED BIBLIOGRAPHY**

#### **IV. PREGNANT AND POSTPARTUM WOMEN: SELECTED ANNOTATED BIBLIOGRAPHY**

American Medical Association, Chicago, IL., Board of Trustees. (1990). Legal interventions during pregnancy: Court-ordered medical treatments and legal penalties for potentially harmful behavior by pregnant women. Journal of the American Medical Association, 264, 2663-2770.

This article discusses court-ordered medical treatments and legal penalties for potentially harmful behavior by pregnant women. Topics include moral and legal responsibilities of the pregnant woman toward her fetus; ethical obligations of the physician in instances of treatment refusal; adverse consequences of seeking court-ordered obstetrical interventions in instances of treatment refusal; legal penalties as a response to substance abuse; treatment and education; state-assumed custody of exposed infants; and consideration of criminal or civil sanctions in exceptional cases.

Azimov, B. (1991). Regulation of maternal behavior: An attempt to punish pregnant women who use drugs or alcohol. Journal of Juvenile Law, 12, 1-15.

Cases that illustrate the punitive approaches taken against substance-abusing pregnant women are reviewed, including cases in which criminal prosecutions have been initiated against women who have allegedly committed felonies against their fetuses, cases in which criminal child abuse or civil child neglect statutes have been used to punish pregnant women, and cases in which courts have deprived mothers of custody of their children. Pending legislation based on fetal rights is discussed, and the issue of a fetus not being a person under the Fourteenth Amendment is considered. Problems created by these criminal sanctions are identified, including the probability that women will turn away from seeking prenatal care, the placement of infants in an overburdened foster care system, the violation of physician-patient confidentiality, the inability of pregnant addicts to get medical treatment, and the violation of the equal protection guarantee of the Fourteenth Amendment. Possible alternatives to resolving the problem of maternal substance abuse are suggested, including making reproductive health care services more accessible, redirecting funds currently used for punitive approaches into drug and alcohol treatment programs, and providing residential care facilities for pregnant women.

Bailey, D.A. (1992). Maternal substance abuse: Does Ohio have an answer? University of Dayton Law Review, 17, 1019-1053.

This article explores the problems currently facing the Ohio courts and the General Assembly in handling the problem of maternal substance abuse. Background information on the problem of maternal substance abuse is provided, focusing on the use of cocaine and crack among pregnant women. Recent Ohio cases that have dealt with the problem of maternal substance abuse are reviewed. Two of these cases originated in the juvenile court system, and a third case involved

the prosecution of a mother for criminally endangering her infant due to prenatal substance abuse. These cases illustrate the uncertainty over the appropriate way to handle the problem of maternal substance abuse. Pending legislation in the Ohio General Assembly is analyzed by addressing both sides of the debate over criminalization of a pregnant woman's prenatal conduct, comparing the proposed legislation to current Ohio law, identifying potential problems with the proposed bill's provisions, examining the standard of culpability under the proposed criminal provision in the context of the effects of cocaine addiction, and comparing the bill's penalty provisions to existing penalties under Ohio law. The conclusion is reached that proposed criminal sanctions for maternal substance abuse are not an appropriate response to the problem, and alternative solutions are suggested.

Bassuk, E.L., Buckner, J.C., Perloff, J.N., & Bassuk, S.S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. *American Journal of Psychiatry*, 155, 1561-1564.

This study compared the prevalence of DSM-III-R disorders among homeless and low-income housed mothers with the prevalence of these disorders among all women in a national comorbidity survey. The authors used an unmatched case-control design for assessing 220 homeless and 216 housed mothers receiving public assistance. Homeless and housed mothers had similar rates of psychiatric and substance use disorders. Both groups had higher lifetime and current rates of major depression and substance abuse than did all women in the survey. Both groups also had high rates of posttraumatic stress disorder and two or more lifetime conditions. The prevalence of trauma-related disorders among poor women was higher than that among women in the general population. The authors conclude that programs and policies designed for low-income mothers should respond to the high prevalence of DSM-III-R disorders.

Birchfield, M., Scully, J., & Handler, A. (1995). Perinatal screening for illicit drugs: Policies in hospitals in a large metropolitan area. *Journal of Perinatology*, 15, 208-214.

More data are needed regarding the screening policies of perinatal units for illicit drugs, especially in states where positive drug tests are linked with child neglect. The process by which pregnant women and infants are selected for illicit drug testing has caused concern because it may lead to bias and over representation of certain populations in drug-using groups. To examine hospital policies for screening women and newborn infants in prenatal, labor, and newborn hospital units, the authors conducted a telephone and follow-up mail survey of 49 Chicago-area hospitals. Nurse administrators or clinical specialists were questioned about the criteria used to select mothers and infants for testing, the extent to which written, informed, or oral consent was obtained for drug tests, and the actions taken by hospitals in response to positive drug test results in infants. Variations in policy among hospital units were evident. The most frequently cited criteria for testing mothers and infants for drug use were verbal admissions of drug use, the health provider's suspicion of drug use, a positive diagnosis of human immunodeficiency virus or a sexually transmitted disease in the mother, or a combination of these criteria. Universal drug screening

may be a viable option when sanctions are the consequences of perinatal drug testing. The removal of sanctions, however, and a return to disclosure within a supportive client-caregiver relationship are the preferred options. (Author abstract modified)

Black, M.M., Nair, P., Kight, C., Wachtel, R., Roby, P., and Schuler, M. (1994). Parenting and early development among children of drug-abusing women: Effects of home intervention. *Pediatrics*, 94, 440-448.

Thirty-one drug-abusing women received an intervention that included biweekly home visits with a nurse beginning before delivery and ending 18 months after the birth of the child. Children received primary care in a multidisciplinary clinic. Goals of the intervention were to improve parenting, child development, use of available resources, and advocacy. Parenting behavior and attitudes were measured before the intervention and when the child was 3 months old. Child development was measured at 6, 12, and 18 months. When compared to 29 drug-abusing women who did not receive the intervention, women in the intervention group were slightly more likely to report being drug-free and to have followed through with primary care appointments for their children. At 6 months, infants in the intervention group obtained slightly higher cognitive scores than children who did not receive services, but at 12 and 18 months there were no differences in development.

Center for Substance Abuse Prevention. (1993). Maternal substance use assessment methods reference manual: A review of screening and clinical assessment instruments for examining maternal use of alcohol, tobacco, and other drugs. Rockville, MD: Author.

Written for social service providers who work with pregnant women and/or chemically dependent women, this manual provides examples of 40 different screening and clinical assessment instruments with a one-page abstract. The abstracts include information on source and ordering, an overview of the instrument, possible advantages and disadvantages of using the instrument, a discussion of developmental and/or psychometric components, and references. The guide also clearly delineates the difference between screening instruments and clinical assessment instruments, discusses the various issues involved in using self-reported data, outlines the evolution and application of evaluative criteria to review instruments, and addresses topics related to cultural sensitivity.

Chang, G., Carroll, K.M., Behr, H.M., & Kosten, T.R. (1992). Improving treatment outcome in pregnant, opiate-addicted women. *Journal of Substance Abuse Treatment*, 9, 327-330.

The efficacy of enhanced treatment for six pregnant methadone-maintained, opiate-dependent women was examined via comparison with six women receiving conventional methadone maintenance. Enhanced treatment consisted of weekly prenatal care, relapse prevention groups,

thrice weekly urine toxicology screening with positive contingency awards for abstinence, and therapeutic child care during treatment visits, in addition to treatment as usual, which included daily methadone, group counseling, and random urine toxicology screening. Study patients differed from the comparison group in terms of having: fewer urine toxicology screens positive for illicit substances (59 percent versus 76 percent), 8.8 versus 2.7 prenatal visits, and heavier (by 615 grams) infants. (Sociological Abstracts)

Cook, P.S., Peterson, R.C., & Moore, D.T. (1990). Alcohol, tobacco, and other drugs may harm the unborn. Rockville, MD: Center for Substance Abuse Prevention.

Written for health service providers, this book synthesizes the recent research findings of about 300 articles and monographs on the effects of perinatal drug exposure on the baby and the mother. Reliable estimates of substance use during pregnancy are difficult to ascertain and current estimates of the number of drug-exposed babies per year range widely from 40,000 (or 1-2 percent of all live births) to 375,000 (or 11 percent of all live births). These numbers account only for maternal use of illicit drugs and would be significantly higher if researchers included nicotine and alcohol.

Collins, R.C., & Anderson, P.R. (1991). Head Start substance abuse guide: A resource handbook for Head Start grantees and other collaborating community programs. Washington, DC: Government Printing Office.

This guidebook provides Head Start grantees and related collaborating agencies with a series of resources and basic information to make appropriate referrals to substance abuse programs. The book offers contacts, resources, bibliographies and guidelines for incorporating a substance abuse referral program.

Corse, S.J., McHugh, M.K., & Gordon, S.M. (1994). Enhancing provider effectiveness in treating pregnant women with addictions. Journal of Substance Abuse Treatment, 12, 3-12.

Prenatal care providers can play an important role in identifying, intervening, and making referrals for substance abuse problems among pregnant women. Although studies suggest that most addicted persons who need treatment do not receive it, innovative methods such as the one described here can help increase the number of pregnant women who engage in treatment, with likely benefits to the client, her unborn baby, and other children whom she may parent. A qualitative study of the implementation of an innovative model to prevent and treat substance abuse among pregnant women is presented. The study took place in a prenatal clinic staffed by nurse-midwives in a dense suburb setting serving a population largely covered by Medical Assistance. Results indicate that education, training, and structural changes in care delivery led to

changes in the attitudes and behaviors of nurse-midwives toward pregnant addicted women and increased their effectiveness.

Daley, M., Argeriou, M., & McCarty, D. (1998). Substance abuse treatment for pregnant women: A window of opportunity? Addictive Behavior, *23*, 239-249.

The use of substance abuse treatment services by pregnant and nonpregnant women was compared to explore the effects of pregnancy on treatment utilization and outcomes. Treatment service records for about 500 pregnant drug- and alcohol-dependent women and a matched comparison group of nonpregnant women were retrieved from a state management information system. Treatment services received by the two groups of women during a 6-month period following an index detoxification were tabulated and compared. Treatment services for pregnant women differed quantitatively and qualitatively from the services received by nonpregnant women over the six-month time period. After controlling for background characteristics and substance abuse history, pregnant women were two times more likely to be readmitted to detoxification, three times more likely to enter residential facilities, and five times more likely to enter methadone programs. For both groups, the use of outpatient and/or residential treatment services following discharge from detoxification significantly reduced the risk of subsequent detoxification admissions. The increased likelihood of admission to detoxification, residential, and methadone services suggests that treatment programs have improved access to care for pregnant women. Multiple detoxification admissions suggest, however, that some pregnant women have difficulty entering stable recovery. Given the brevity of the gestational period and the detrimental effects of drug and alcohol use on fetal outcomes, the use of continuing treatment services for pregnant women is strongly recommended. (Author abstract modified)

Department of Health and Human Services. (1992). Maternal drug abuse and drug-exposed children: A compendium of HHS activities. Rockville, MD: Author.

This book contains information on programs established by the Department of Health and Human Services (DHHS) to address the problem of substance abuse among women, children, and families. It covers programs and projects administered by DHHS agencies and offices, including the Public Health Service, National Institutes of Health, Administration for Children and Families, Health Care Financing Administration, and the Office of the Secretary. Each program contains an entry showing the administering agency or office; program title; brief description of the purpose and scope of the program; a statement on the status of activities, funding, and evaluation efforts occurred during FY 1990-92; and contact name and telephone number.

Farkas, K.J., & Parran, T.V. (1993). Treatment of cocaine addiction during pregnancy. Clinics in Perinatology, *20*, 29-45.

The treatment of cocaine abuse among pregnant women involves attention not only to the cocaine use, but also to the pregnancy and constellation of medical and social problems substance-abusing women experience. Programs must address not only the drug treatment needs, but also recognize that cocaine-abusing pregnant women will soon be new cocaine-abusing mothers. It is imperative that women's programs include young children as part of the target group and integrate parent education and support to develop and strengthen women's abilities to nurture and protect children. Model programs, both residential and outpatient, that provide care and services for young children exist, but these programs are the exception rather than the rule. The intergenerational nature of substance abuse certainly argues for treatment not only for the mothers, but also for their children.

Feinman, C. (1992). The criminalization of a woman's body. Binghamton, NY: Harrington Park Press.

Three chapters address the debate of maternal rights versus fetal rights when the mother is addicted to drugs. "Prenatal Harm as Child Abuse?" takes the position that legal sanctions against pregnant women violate American moral values and contribute to the harm that they were intended to prevent. "Punishment and Welfare: Crack Cocaine and the Regulation of Mothering" discusses how laws criminalizing poor women who use drugs ignore the root of their problems. "Mothers and Children, Drugs and Crack: Reactions to Maternal Drug Dependency" focuses on the lack of drug treatment programs for women.

Field, T.M., Scafidi, F., Pickens, J., Prodromidis, M., Pelaez-Nogueras, M., Torquati, J., Wilcox, H., Malphurs, J., Schanberg, S., & Kuhn, C. (1998). Polydrug-using adolescent mothers and their infants receiving early intervention. Adolescence, 33 (129), 117-143.

This study investigated the effects of an intervention for polydrug-using adolescent mothers. The program included educational, vocational, and parenting classes; social and drug rehab; and day care for their infants while they attended school half-day. The drug-exposed infants were similar to the nonexposed infants on traditional birth measures, although they had inferior Brazelton Neonatal Behavioral Assessment Scale scores, including habituation, orientation, abnormal reflexes, general irritability, and regulatory capacity. The drug-exposed infants also spent less time in quiet sleep and more time crying and showing stress behaviors. Both the mothers and the infants in the drug groups demonstrated inferior interactions, and their dopamine and serotonin levels were significantly higher. As early as 3 months (following 3 months of intervention), the drug rehab mothers and their infants looked more like the nondrug group in their interactions; by 6 months, they looked similar on virtually every measure. At 12 months, the infants of drug rehab mothers (versus the drug control group) had superior Early Social Communication Scale scores and Bayley Mental scale scores, as well as significantly greater head circumference and fewer pediatric complications. The drug rehab mothers also improved on several lifestyle variables. They demonstrated a lower incidence of continued drug use and repeat pregnancy, and a greater number continued school, received a high school or general equivalency diploma, or were placed

in a job. Thus, a relatively cost-effective high school based intervention had positive effects on both adolescent mothers who had used drugs and their infants.

Finkelstein, N. (1993). Treatment programming for alcohol and drug-dependent pregnant women. International Journal of the Addictions, 28, 1275-1309.

National concern regarding the problem of alcohol and drug use during pregnancy has brought to the forefront the lack of treatment programs specifically targeted to pregnant women. Many programs are seeking guidance in establishing services for pregnant women. Research suggests that programs that provide comprehensive, coordinated, and holistic treatment are better able to draw pregnant women into care as well as provide more effective treatment. This paper presents an overview of written guidelines and protocols for treating chemically dependent pregnant women, including an elaboration of guiding principles for care. Unresolved policy issues are identified as well as recommendations for future research directions. (Author abstract)

Fogel, C.I. (1993). Pregnant inmates: Risk factors and pregnancy outcomes. Philadelphia, PA: Lippincott-Raven.

Women inmates face a variety of problems when it comes to pregnancy. Because of their demographic makeup, most incarcerated women are minorities, young, and addicted to drugs of some sort, including alcohol and cigarettes. By being in prison it is more difficult for them to receive prenatal care, especially drug treatment. This research studies the effects of prison life and the lifestyles of the inmates on pregnancy. For the most part, the pregnancies had favorable outcomes, but the researchers believe that those with the most difficulties had delivered prematurely and were not included in the study. They feel that more research needs to be done and that health care education, tailored for pregnant women, should be made available.

Horn, P.T., Mendelsohn, J., Bowers, M.I., Chappin, M., Schreir, J.R., Spalding, S.H., et al. (1993). Effectiveness of a targeted screening program in identifying infants with positive urine toxicology screening results in a regular neonatal nursery. Journal of Pediatrics, 123, 137-139.

The authors compared the effectiveness in identifying infants with positive results on urine screening for drugs of abuse of a universal screening program and a targeted screening program on the basis of clinical suspicion. A carefully run targeted screening program identified 24.3 percent of the admissions for toxicology testing and would have found all but two of the infants with positive results.

Jaudes, P.K., Ekwo, E., & Van Voorhis, J. (1995). Association of drug abuse and child abuse. Child Abuse and Neglect, 19, 1065-1075.

This article shows that children born to mothers who used drugs during pregnancy were at higher risk of subsequent abuse or neglect than were children from the general population. This is a retrospective-prospective study of abuse experiences of children born at an urban medical center between January 1985 and December 1990 to women who used illicit drugs during pregnancy. Children exposed in-utero to drugs were identified using results of toxicology screens from birth and maternal records. Evidence of abuse was obtained from the State Central Registry of Abuse and Neglect. The registry contained information on all reported cases of abuse or neglect, the types, findings, and outcomes of the investigations of reported cases. The outcome measure was whether the children had been abused or not during the study period. One hundred and fifty-five (30.2 percent) of the 513 children exposed in-utero to drugs were reported as abused or neglected and 102 (19.9 percent) had substantiated reports giving a rate of 84 abuse-and-neglect cases per 1,000 years of exposure. The study concludes that infants exposed in-utero to drugs have a higher than expected risk of subsequent abuse compared to children in the general population. (Author abstract modified)

Kandall, S.R. (1993). Improving treatment for drug-exposed infants. Rockville, MD: Center for Substance Abuse Treatment.

The primary focus of this report is in-utero exposure of infants to illicit drugs, especially cocaine, opiates, and heroin with brief discussions concerning the effects of methadone and alcohol exposure. In addition, this report summarizes medical and psychosocial services for drug-exposed infants up to 18 months of age and their families. It provides an overview of the problems faced by drug-exposed infants and their families and examines the following topics: medical management, follow-up and aftercare services, ethical and legal guidelines, and quality assurance.

Kilbey, M.M., & Asghar, K. (Eds.) (1992). Methodological issues in epidemiological, prevention, and treatment research on drug-exposed women and their children (NIDA Research Monograph No. 117). Washington, DC: National Institute on Drug Abuse.

This monograph provides a review of epidemiological, prevention, and treatment research on the effects of prenatal drug exposure on mother and child. It contains the results from the second of two NIDA-sponsored reviews to examine experimental design issues that affect research in the area of prenatal drug exposure. Twenty-five articles address the identification of research design and analysis; quantification of drug use; subject selection and retention; measurement; environment; intervention; and legal issues.

Laudet, A., Magura, S., & Whitney, S. (1998). Effectiveness of intensive services for substance-using women with cocaine-exposed infants. In Problems of Drug Dependence 1997. Proceedings of the 59th Annual Scientific Meeting (NIDA Research Monograph No. 178, p. 126). Washington DC: Government Printing Office.

Since substance abuse is making new and growing demands on the child welfare system, New York's Family Rehabilitation Program is aimed at addressing substance abuse in the context of clients' family needs; this is a multi-site, comprehensive services program for families with cocaine-exposed infants. Preliminary outcome data from an ongoing evaluation based on 73 percent of the 253 clients enrolled at baseline indicate that at 12-month post-admission follow-up, 40 percent of clients are still enrolled in the program; 10 months is the median enrollment length. While 78 percent of clients report no crack cocaine/cocaine use in the past month, 36 percent tested negative for cocaine by hair analysis (indicating the past month of use). Overall, retention time in New York's Family Rehabilitation Program appears excellent compared with traditional outpatient drug treatment or abstinence—between 36 percent and 40 percent of all clients at 1-year follow-up. Clients either completing or still enrolled in New York's Family Rehabilitation Program displayed significantly lower levels of cocaine/crack cocaine use than dropouts at 1-year follow-up, as measured by quantitative hair levels in a multivariate analysis. Employment and participation in school/training increased, and probation/parole status decreased, between baseline and follow-up for the sample as a whole.

Lynch, M., & McKeon, V.A. (1990). Cocaine use during pregnancy: Research findings and clinical implications. Journal of Obstetrics, Gynecology and Neonatal Nursing, 19, 285-292.

Cocaine's popularity has escalated drastically within the past decade, and pregnant women from all socioeconomic, racial, and cultural groups are among the burgeoning number of users. The pharmacologic properties of this highly addictive, mind-altering drug and its profound effects on the pregnant women and fetus are presented. Recent clinical research findings on cocaine use during pregnancy are reviewed, implications for nursing care are examined, and specific nursing interventions are identified. (Author abstract)

Marques, P.R., & McKnight, A.J. (1991). Drug abuse risk among pregnant adolescents attending public health clinics. American Journal of Drug and Alcohol Abuse, 17, 399-413.

This article describes a project that evaluated the drug abuse risk status and characteristics of pregnant adolescents at public health maternal clinics in Prince George's County, MD, from March 1988 to September 1989. Participants were 403 young women who were interviewed and referred to one of four optional interventions. Results indicate that 20 percent of the sample was either at high risk for abuse or was currently abusing alcohol or other drugs. Risk was equally represented across both the age range and marital status of the sample, but whites were overall at significantly higher risk than blacks. Post-hoc examination of risk correlates identified drug use in the home and past or current cigarette smoking to be strongly predictive of risk. Although parental drug use was the most frequently reported social environment drug influence factor, as risk status of the young women increased in severity, the parental influence factor declined and the significant-other influence factor increased. A separate sample of adult women was

interviewed for comparison to the youth sample. Results show that the adult sample had a risk profile similar to that of the adolescents. (Author abstract modified)

Martin, S.L., English, K., Anderson-Clark, K., Cilenti, D., and Kupper, L. (1996). Violence and substance abuse among North Carolina pregnant women. American Journal of Public Health, 86, 991-998.

Prenatal patients were studied to examine the proportion of women who had been violence victims, women's patterns of substance abuse (cigarettes, alcohol, and illegal drugs) before and during pregnancy, and relationships between violence and substance use. More than 2,000 prenatal patients in North Carolina were screened for violence and substance use. Relationships between violence and patterns of substance use before and during pregnancy were examined, as well as women's continuation of substance use during pregnancy as a function of violence and sociodemographic factors. Twenty-six percent of women had been violence victims during their lives. Before pregnancy, 62 percent of the women had used one or more substances; during pregnancy, 31 percent had used one or more substances. Both before and during pregnancy, violence victims were significantly more likely to use multiple substances than nonvictims. Continuation of substance abuse during pregnancy was significantly more likely among violence victims than nonvictims. The study concludes that care providers should screen women for violence as well as for substance use and should ensure that women are provided with appropriate interventions. (Author abstract modified)

Mason, J., Preisinger, J., Sperling, R., Walther, V., Berrier, J., & Evans, V. (1991). Incorporating HIV education and counseling into routine prenatal care: A program model. AIDS Education and Prevention, 3, 118-123.

This article discusses a prenatal clinic's program in a major urban teaching hospital to develop and integrate an HIV education and counseling program. The clients are mostly inner-city minority females who have been disproportionately affected by AIDS. Implementation of the patient program has required training and support for all professional staff. Staff training served as a foundation for this comprehensive patient program, which has reached all prenatal patients regardless of risk behavior. The program has succeeded in involving a large population of women in an educational program, has identified HIV-1 seropositive pregnant women through voluntary testing, and has provided them with the necessary medical and social work services. Principles of program development are identified for use in other settings. (Author abstract modified).

Mitchell, J.L. (1993). Pregnant substance-using women. Rockville, MD: Center for Substance Abuse Treatment.

This report discusses the drug treatment, medical care, and aftercare services needed by pregnant, substance-using women. Although the consensus panel recognizes that this problem cuts across

all socio-economic levels, they have chosen to focus on women served in publicly funded drug treatment programs. These women often face greater obstacles than mere substance abuse, including poverty, homelessness, single parenthood, poor nutrition, physical and sexual abuse, and limited social support. As a result of these compounding problems, case management and follow-up services are necessary for improving the quality of life of substance-abusing women and their families. The first chapter delineates alcohol and other drug treatment guidelines, arguing that clients need a comprehensive array of services and should not be viewed in isolation, but rather as part of a larger family. The second chapter presents standard obstetrical procedures necessary for the prenatal care of substance-using women. The final chapter discusses the legal and ethical guidelines involved in treating women and children, including confidentiality, reporting, and child protection.

Morrow, C.E. (1995). Preventive care in pregnancy. Primary Care, 22, 755-784.

Pregnancy provides unique opportunities for the initiation of preventive practices that can have long-standing implications for a pregnant woman, her infant, and the entire family. The physician has an obligation to evaluate the safety and appropriateness of interventions. This article examines routine prenatal care and its rationale.

Paltrow, L.M. (1992). Criminal prosecutions against pregnant women. New York, NY: American Civil Liberties Union.

This document describes the cases of 167 women from 24 states in the U.S. who have been arrested on criminal charges because of their behavior while pregnant or for being pregnant while addicted to drugs. Most of the prosecutions have occurred without specific laws upon which to base them. The rulings, in most instances, have gone unchallenged, causing a lack of legal precedent upon which to base specific statutes about the matter. Case summaries of prosecutions are listed by State. Florida and South Carolina account for a disproportionate number of cases. A summary of written orders and opinions, a summary of public policy statements, and a State prosecution chart are included.

Pettinati, H.M., Volpicelli, J.R., Filing, J.I., Markman, I., Luck, G.J., et al. (1998). Predicting treatment noncompliance in cocaine dependent mothers. In Problems of Drug Dependence 1997. Proceedings of the 59th Annual Scientific Meeting (NIDA Research Monograph No. 178, p. 340). Washington DC: Government Printing Office.

A study was conducted to identify pre-treatment characteristics that predicted treatment noncompliance in the first 6 weeks of addiction treatment for 84 crack-cocaine-dependent mothers, aged 18 or older, who were either pregnant or had at least one child less than 4 years old. Noncompliance was defined as failing to attend any treatment for 2 or more weeks during the first 6 weeks. Results revealed that the number of high-risk sexual behaviors these women had

engaged in during the 6 months prior to entering treatment was the best predictor of treatment noncompliance in the first 6 weeks of treatment. The second predictor of treatment attrition was the number of days of reported cocaine use in the 30 days prior to entering treatment. Women with both cocaine and significant alcohol use were more likely to drop out of treatment; however, there was a significant correlation between the number of days of cocaine use with the number of days of alcohol use in the 30 days prior to treatment.

Stevens, S.J., & Arbiter, N. (1995). A therapeutic community for substance-abusing pregnant women and women with children: Process and outcome. Journal of Psychoactive Drugs, 27, 49-56.

The fact that women of childbearing age make up a large proportion of the alcohol-and other drug-using population has gained national attention. Since treatment for addicted pregnant women and women with children has become a Federal priority, treatment programs of various modalities have opened their doors to this population. One promising treatment modality is the therapeutic community (TC). This article briefly describes Amity, a TC for women and children that provides long-term residential TC treatment for addicted pregnant women and women with children. Amity currently has 65 women and 50 children living together in treatment on a 23-acre ranch. Descriptive data including demographic information and data on violence are presented. Preliminary outcome data are detailed, comparing drop out and treatment completion on such variables as alcohol and other drug use, rearrest, employment, child custody, and involvement in support groups. A pattern of behavior involving experiences in violent episodes and alcohol and other drug use is illuminated and discussed. Ideas for further research are suggested. (Author abstract)

**V. RESIDENTIAL WOMEN AND CHILDREN:  
SELECTED ANNOTATED BIBLIOGRAPHY**

## V. RESIDENTIAL WOMEN AND CHILDREN: SELECTED ANNOTATED BIBLIOGRAPHY

Burman, S. (1992). Model for women's alcohol/drug treatment. Alcoholism Treatment Quarterly, 8, 87-99.

An all-women's treatment program for alcohol and drug abuse is presented as a viable alternative to treating women in traditional mixed-gender programs. Women's unique experiences, problems and special needs can best be addressed in women-sensitive treatment settings. All women's programs provide an opportunity for women to gain a separate sense of self, empowerment, and ability to make important changes that are necessary in their quest for recovery.

California State Health and Welfare Agency, Sacramento. Interagency Task Force on Perinatal Substance Abuse. (1991). Options for recovery. Services for alcohol and drug abusing pregnant and parenting women and their infants. Sacramento, CA: State of California.

This report focuses on a collaborative 3-year pilot project by California State departments, local agencies, and community-based providers to prevent or reduce the effects of alcohol and drug use on pregnant and parenting women and their infants. The project consists of five sites in the counties of Alameda, Los Angeles, Sacramento, and San Diego. Background information on the project is provided; the design of the project is described; and the goals, accomplishments, challenges, and changes for the first year of the project are summarized. An update on the current year's activities in expanding the project to two more sites and selecting the county recipients for planning grants is also provided. A directory of the lead project agencies and the participating State agencies and service providers also accompanies the report, as does a list of individuals in California who have expertise in perinatal alcohol and drug abuse.

Center for Substance Abuse Prevention. (1993). Maternal substance use assessment methods reference manual: A review of screening and clinical assessment instruments for examining maternal use of alcohol, tobacco, and other drugs. Rockville, MD: Author.

Written for social service providers who work with pregnant women and chemically dependent women, this manual provides examples of 40 different screening and clinical assessment instruments with a one-page abstract. The abstracts include information on source and ordering, an overview of the instrument, possible advantages and disadvantages of using the instrument, a

discussion of developmental and/or psychometric components, and references. The guide also delineates the difference between screening instruments and clinical assessment instruments, discusses the various issues involved in using self-reported data, outlines the evolution and application of evaluative criteria to review instruments, and addresses topics related to cultural sensitivity.

Department of Health and Human Services. (1992). Maternal drug abuse and drug exposed children: A compendium of HHS activities. Rockville, MD: Author.

This book contains information on programs established by the Department of Health and Human Services to either directly or indirectly address the problem of substance abuse among women, children, and families. It covers programs and projects administered by DHHS agencies and offices, including the Public Health Service, National Institutes of Health, Administration for Children and Families, Health Care Financing Administration, and the Office of the Secretary. Each program contains an entry showing the administering agency or office; program title; brief description of the purpose and scope of the program; a statement on the status of activities, funding, and evaluation efforts that have occurred during FY 1990-92; and the contact name and telephone number.

Developing approaches to treating pregnant drug-abusing women. (1991, January-February). ADAMHA News, 5.

The National Institute on Drug Abuse (NIDA) has funded 20 research demonstration programs nationwide to develop and identify effective treatment approaches for drug-abusing young women of childbearing age as well as pregnant women, postpartum women, and their infants. Each research program is offering drug abuse treatment plus a range of medical and social services. Each program tests the relative effectiveness of one particular service, such as offering the client vocational training or having a case manager coordinate her treatment. The research involves randomly assigning half the women to receive the added services. By comparing the treatment success and retention rates of clients receiving the extra benefit with clients who do not, the differential effectiveness of the extra service can be determined. A Florida program has targeted an area that keeps pregnant drug-abusing women who are already mothers from entering residential treatment: a lack of child care facilities in the treatment program. The Florida program has developed on-site child care facilities, and it is studying whether women who have access to

the facilities are more likely to enter and remain in treatment and to have more successful outcomes than women who must live apart from their children.

Future of Children. (1993). Drug-exposed infants. Future of Children, 3, 208-213.

This article contains three sections that examine issues related to drug-exposed infants. The first section examines recent attempts to prosecute women who use illegal drugs during their pregnancy under criminal and civil child abuse laws, and the reasons most of these cases have not been successful in gaining convictions are discussed. Similarly, state legislatures have not been successful in passing laws that find pregnant women who abuse drugs guilty of criminal actions. However, access to drug treatment programs for pregnant women has been expanded judicially and legislatively. The second section briefly reviews recent findings on the biologic and behavioral effects on infants of prenatal exposure to cocaine. The third section examines the relationship between an increase in the number of foster care children and the number of drug-exposed infants; the use and effectiveness of kinship care placement, a situation in which a child's relatives act as foster parents; and the implementation and effectiveness of shared family care arrangements, which usually involve the placement of children and mothers in residential programs.

Glider, P., Hughes, P., Mullen, R., Coletti, S., Sechrest, L., et al. (1996). Two therapeutic communities for substance-abusing women and their children. In E.R. Rahdert (Ed.), Treatment for drug-exposed women and their children: Advances in research methodology (NIDA Research Monograph No. 166, pp. 32-51). Rockville, MD: National Institute on Drug Abuse.

Issues encountered by two Perinatal-20 Treatment Research Demonstration Program grantees, Amity, Inc., and Operation PAR, in developing clinical laboratories for research demonstration programs in two therapeutic communities for substance abusers. Both research demonstration programs proposed randomized clinical trials to determine the efficacy of permitting substance-abusing women to bring one or more of their children to live with them in a therapeutic community. Substance-abusing pregnant women and women with children admitted to a therapeutic community had better than expected post-discharge outcomes. Improved outcomes included decreased substance use and criminal behavior, increased employment, and improved self-concept, mother-child relationships, and parenting skills. These outcomes improved with

longer stays in the residential program. In 1982, Amity permitted women to bring their children into its therapeutic community residence and found that the women dramatically increased their length of stay. The ways Amity and Operation PAR developed laboratories in their therapeutic communities for randomized clinical trials to test the hypothesis that admitting substance-abusing women into a therapeutic community with their children would increase the women's retention in treatment and improve the long-term outcomes for them and their children. Problems encountered and their solutions are described.

Harvey, C., Comfort, M., & Johns, N. (1991). Family resource coalition report. Philadelphia, PA: Philadelphia Parenting Associates.

Historically, residential drug and alcohol (D/A) treatment regimens emphasized individual responsibility while encouraging the surrender of individual needs to the recovery process. The administrative guidelines in D/A programs tended to ignore normal parenting needs. Although residential program staff generally accept the fact that they are responsible for parent and child, their focus is usually on the adult. Training sessions on parent support and education for treatment staff should be incorporated into every residential program. Parenting workshops should encourage mothers to discover and exercise their power as parents.

Hiller, M.L., Rowan-Szal, G.A., Bartholomew, N.G., & Simpson, D.D. (1996). Effectiveness of a specialized women's intervention in a residential treatment program. Substance Use and Misuse, 31, 771-783.

"Time Out For Me!," a specialized psychoeducational treatment found to be effective with women in an outpatient methadone clinic, was tested for generalizability to a residential drug- user treatment program. The 6-session module was first given to an experimental group (n = 11) and compared to a control group (n = 10). The treatment was associated with increases in knowledge of human sexuality, assertiveness, and communication skills, more positive attitudes toward being assertive and practicing safer sex, and increased self-esteem. Thus, Time Out appears to be an effective treatment enhancement for women in residential treatment.

Hughes, P.H, Coletti, S.D., Neri, R.C., Urmann, C.F., et al. (1995). Retaining cocaine-abusing women in a therapeutic community: The effect of a child live-in program. American Journal of Public Health, 85 (8, Pt. 1), 1149-1152.

A clinical trial examined whether retention of cocaine-abusing women in a therapeutic community can be improved by permitting their children to live with them during treatment. Fifty-three women were randomly assigned to either the standard community condition (n=22), in which children were placed with the best available caretaker, or the demonstration condition (n=31), in which one or two of the children lived with their mother in the community. Survival analysis distributions indicated that demonstration women remained in treatment significantly longer than standard treatment women. (Mean length of stay was 300.4 days versus 101.9 days, respectively.)

Kandall, S.R. (1993). Improving treatment for drug-exposed infants. Rockville, MD: Center for Substance Abuse Treatment.

The primary focus of this report is in-utero exposure of infants to illicit drugs, especially cocaine, opiates, and heroin with brief discussions concerning the effects of methadone and alcohol exposure. In addition, this report summarizes medical and psychosocial services for drug-exposed infants up to 18 months of age and their families. It provides an overview of the problems faced by drug-exposed infants and their families and examines the following topics: medical management, follow-up and aftercare services, ethical and legal guidelines, and quality assurance.

Mitchell, J.L. (1993). Pregnant substance-using women. Rockville, MD: Center for Substance Abuse Treatment.

The report is part of the Center for Substance Abuse Treatment's "Treatment Improvement Protocol" (TIP) series. This TIP discusses the drug treatment, medical care, and aftercare services needed by pregnant, substance-using women. Although the consensus panel recognizes that this problem cuts across all socio-economic levels, they have chosen to focus on women served in publicly funded drug treatment programs. These women often face greater obstacles than mere substance abuse, including poverty, homelessness, single parenthood, poor nutrition, physical and sexual abuse, and limited social support. As a result of these compounding problems, case management and follow-up services are necessary for improving the quality of life

of substance-abusing women and their families. The first chapter delineates alcohol and other drug treatment guidelines, arguing that clients need a comprehensive array of services and should not be viewed in isolation, but rather as part of a larger family. The second chapter presents standard obstetrical procedures necessary for the prenatal care of substance-using women. The final chapter discusses the legal and ethical guidelines involved in treating women and children, including confidentiality, reporting, and child protection.

Stevens, S.J., & Arbiter, N. (1995). A therapeutic community for substance-abusing pregnant women and women with children: Process and outcome. Journal of Psychoactive Drugs, 27, 49-56.

The fact that women of childbearing age make up a large proportion of the alcohol and other drug-using population has gained national attention. Since treatment for addicted pregnant women and women with children has become a Federal priority, treatment programs of various modalities have opened their doors to this population. One promising treatment modality is the therapeutic community (TC). This article briefly describes Amity, a TC for women and children that provides long-term residential TC treatment for addicted pregnant women and women with children. Amity currently has 65 women and 50 children living together in treatment on a 23-acre ranch. Descriptive data including demographic information and data on violence are presented. Preliminary outcome data are detailed, comparing drop out and treatment completion on such variables as alcohol and other drug use, rearrest, employment, child custody, and involvement in support groups. A pattern of behavior involving experiences in violent episodes and alcohol and other drug use is illuminated and discussed. Ideas for further research are suggested. (Author abstract)

Szuster, R.R., Rich, L.L., Chung, A., & Bixconer, S.W. (1996). Treatment retention in women's residential chemical dependency treatment: Effect of admission with children. Substance Use and Misuse, 31, 1001-1013.

In the U.S., there has been an increased interest in the development of treatment programs that admit chemically dependent women with their children. The Salvation Army Family Treatment Services in Honolulu, HI, has had a long history of admitting women both with and without their children to long-term residential treatment. This has provided an opportunity to study the differences in treatment retention between these two groups. Subjects were 130 females who

participated in treatment between 1988 and 1993. Analyses were conducted to determine whether there were different outcomes for women with children in treatment and women without children in treatment, with regard to type of discharge and length of time in treatment. Results were significant and clearly indicated better retention rates for women who participated in treatment with their children.

**VI. WOMEN IN THE CRIMINAL JUSTICE SYSTEM:  
SELECTED ANNOTATED BIBLIOGRAPHY**

## **VI. WOMEN IN THE CRIMINAL JUSTICE SYSTEM: SELECTED ANNOTATED BIBLIOGRAPHY**

American Medical Association, Chicago, IL. Board of Trustees. (1990). Legal interventions during pregnancy: Court-ordered medical treatments and legal penalties for potentially harmful behavior by pregnant women. Journal of the American Medical Association, 264, 2663-2770.

This article discusses court-ordered medical treatments and legal penalties for potentially harmful behavior by pregnant women. Topics include moral and legal responsibilities of the pregnant woman toward her fetus; ethical obligations of the physician in instances of treatment refusal; adverse consequences of seeking court-ordered obstetrical interventions in instances of treatment refusal; legal penalties as a response to substance abuse; treatment and education; state-assumed custody of exposed infants; and consideration of criminal or civil sanctions in exceptional cases.

Azimov, B. (1991). Regulation of maternal behavior: An attempt to punish pregnant women who use drugs or alcohol. Journal of Juvenile Law, 12, 1-15.

Cases that illustrate the punitive approaches taken against substance-abusing pregnant women are reviewed, including cases in which criminal prosecutions have been initiated against women who have allegedly committed felonies against their fetuses, cases in which criminal child abuse or civil child neglect statutes have been used to punish pregnant women, and cases in which courts have deprived mothers of custody of their children. Pending legislation based on fetal rights is discussed, and the issue of a fetus not being a person under the Fourteenth Amendment is considered. Problems created by these criminal sanctions are identified, including the probability that women will turn away from seeking prenatal care, the placement of infants in an overburdened foster care system, the violation of physician-patient confidentiality, the inability of pregnant addicts to get medical treatment, and the violation of the equal protection guarantee of the Fourteenth Amendment. Possible alternatives to resolving the problem of maternal substance abuse are suggested, including making reproductive health care services more accessible, redirecting funds currently used for punitive approaches into drug and alcohol treatment programs, and providing residential care facilities for pregnant women.

Bailey, D.A. (1992). Maternal substance abuse: Does Ohio have an answer? University of Dayton Law Review, 17, 1019-1053.

This article explores the problems currently facing the Ohio courts and the General Assembly in handling the problem of maternal substance abuse. Background information on the problem of maternal substance abuse is provided, focusing on the use of cocaine and crack among pregnant women. Recent Ohio cases that have dealt with the problem of maternal substance abuse are reviewed. Two of these cases originated in the juvenile court system, and a third case involved the prosecution of a mother for criminally endangering her infant due to prenatal substance abuse. These cases illustrate the uncertainty over the appropriate way to handle the problem of maternal substance abuse. Pending legislation in the Ohio General Assembly is analyzed by addressing both sides of the debate over criminalization of a pregnant woman's prenatal conduct, comparing the proposed legislation to current Ohio law, identifying potential problems with the proposed bill's provisions, examining the standard of culpability under the proposed criminal provision in the context of the effects of cocaine addiction, and comparing the bill's penalty provisions to existing penalties under Ohio law. The conclusion is reached that proposed criminal sanctions for maternal substance abuse are not an appropriate response to the problem, and alternative solutions are suggested.

Bureau of Justice Assistance. (1995). Treatment and rehabilitation: Highlighted programs from the state annual reports. Washington, DC: Author.

This is a directory of innovative programs funded by the Bureau of Justice Assistance (BJA) through the Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program. These programs are to be used as a model for others. Many of the programs concern treatment for the hard-core drug user, including those of all ages and both genders that are incarcerated.

El-Bassel, N., Ivanhoff, A., Schilling, R.F., Gilbert, L., et al. (1995). Correlates of problem drinking among drug-using incarcerated women. Addictive Behaviors, 20, 359-369.

The association between drug use—regular use of crack cocaine or heroin—and problem drinking was examined in a sample of 159 sentenced women at Rikers Island Correctional facility in New York City. Using logistic regression, this study tested the association between drug use and alcohol use, controlling for psychological variables (sexual abuse history, negative and positive

coping skills, and depression), familial drug use (number of family members currently abusing drugs, and those currently abusing alcohol), and demographic variables and criminal history. The association between current, regular crack use and problem drinking approached significance in the final model, which adjusted for criminal behavior, demographic, familial abuse, and psychosocial variables. The results of this study point toward childhood sexual abuse, negative coping skills, and familial alcohol abuse as variables related to problem drinking among incarcerated women. (Author abstract)

El-Bassel, N., Schilling, R.F., Ivanoff, A., Chen, D.R., Hanson, M., & Bidassie B. (1998). Stages of change profiles among incarcerated drug-using women. *Addictive Behavior*, *23*, 389-394.

This study investigated the utility and psychometric properties of the University of Rhode Island Change Assessment Scale (URICA) in a sample of 257 female inmates from a large urban prison. It addressed three major issues: whether URICA captures stages of change among female offenders with a recent history of drug abuse; whether distinct, reliable subgroup profiles would emerge from a cluster analysis of the URICA scale; and whether women in these clusters would differ in their demographic characteristics, drug-use patterns, or psychological symptoms. Results indicate that the URICA is a useful, reliable, and valid tool to assess stages of change in drug-using incarcerated women. Consistent with other studies conducted with different populations, the scale yielded five distinct stages: precontemplation, contemplation, preparation, action, and maintenance. Cluster analysis using the hierarchical agglomerate method classified the subjects into five clusters, which correlated with subjects' psychological symptoms. Intervention implications of URICA are discussed. (Author abstract modified)

El-Bassel, N., Gilbert, L., Schilling, R.F., Ivanhoff, A., and Borne, D. (1996). Correlates of crack abuse among drug-using incarcerated women: Psychological trauma, social support, and coping behavior. *American Journal of Drug and Alcohol Abuse*, *22*, 41-56.

This study examined the relationship between psychological trauma and crack abuse among 158 women with a recent history of drug use who were incarcerated in a New York City jail facility. Interviewers obtained data on demographics, drug use, psychological trauma history, criminal history, social support, and coping behavior. Three-fourths of the sample had used crack three or more times a week for the past month; a quarter had used other drugs, predominantly heroin, three or more times a week in the past month. Multiple logistic regression analysis assessed the

association between adult psychological trauma variables (loss of custody of youngest child and lived in streets prior to arrest) and regular crack use in three sequential models. After adjusting for social support, coping behavior, demographics, and criminal history, women who had lost custody of their youngest child were 3.3 times more likely to be regular crack users. Women who demonstrated more negative coping behavior and perceived themselves as having less emotional support were also more likely to be regular crack users. The association between childhood traumas (i.e., childhood sexual/physical abuse, parental alcohol abuse) and regular crack use was also assessed using multiple logistic regression. No significant associations were found between these childhood psychological traumas and regular crack use in both the unadjusted and adjusted models. Study findings underscore the importance of assessing environmental, interpersonal, and intrapersonal factors in tailoring treatment strategies for users of crack and other drugs. (Author abstract modified)

Feinman, C. (1992). The criminalization of a woman's body. Binghamton, NY: Harrington Park Press.

Three chapters address the debate of maternal rights versus fetal rights when the mother is addicted to drugs. "Prenatal Harm as Child Abuse?" takes the position that legal sanctions against pregnant women violate American moral values and contribute to the harm that they were intended to prevent. "Punishment and Welfare: Crack Cocaine and the Regulation of Mothering" discusses how laws criminalizing poor women who use drugs ignore the root of their problems. "Mothers and Children, Drugs and Crack: Reactions to Maternal Drug Dependency" focuses on the lack of drug treatment programs for women.

Fogel, C.I. (1993). Pregnant inmates: Risk factors and pregnancy outcomes. Philadelphia, PA: Lippincott-Raven.

Women inmates face a variety of problems when it comes to pregnancy. Because of their demographic makeup, most incarcerated women are minorities, young, and addicted to drugs of some sort, including alcohol and cigarettes. By being in prison it is more difficult for them to receive prenatal care, especially drug treatment. This research studies the effects of prison life and the lifestyles of the inmates on pregnancy. For the most part, the pregnancies had favorable outcomes, but the researchers believe that those with the most difficulties had delivered prematurely and were not included in the study. They feel that more research needs to be done and that health care education, tailored for pregnant women, should be made available.

Freudenberg, N., Wilets, I., Greene, M.B., & Richie, B.E. (1998). Linking women in jail to community services: Factors associated with rearrest and retention of drug-using women following release from jail. Journal of the American Medical Women's Association, 53(2), 89-93.

This study examined the effects of preexisting social and health characteristics and the type of services received on retention in community aftercare for drug-using women released from jail to low-income communities. Rearrest rates for program participants were compared to a group of women not eligible for services because of their residence outside the target communities. Women who enrolled in residential programs with onsite drug treatment and other social services after release were compared to women who enrolled in less comprehensive services. The residential treatment group participated in the program significantly longer (276 versus 180 days) than women in other types of services. Women in residential programs were significantly more likely to have used crack or cocaine in the 30 days prior to arrest than women in other types of programs (84% versus 59%), but few other prior differences among the different treatment groups were noted. Therefore, differences in outcome are unlikely to be attributed to pre-existing differences in risk profile. Women who participated in postrelease services were significantly less likely to be rearrested in the year after release than a comparable group of women who participated in jail services, but were not eligible for postrelease services (38% versus 59%). (Author abstract modified)

General Accounting Office. (1991). Drug treatment: State prisons face challenges in providing services. (1991). Washington, DC: Author.

This report determines the extent to which state prisons provide drug treatment to inmates with substance abuse problems; the types of treatment services provided and planned; and the availability of aftercare services for released inmates. State prison officials face a number of difficulties in enhancing treatment for their inmate populations, including: inadequate funding for state prison drug treatment programs; the need to reconcile security considerations with the need to provide treatment; and the lack of coordination and funding to provide aftercare.

Jordan, B.K., Schlenger, W.E., Fairbank, J.A., & Caddell, J.M. (1996). Prevalence of psychiatric disorders among incarcerated women. II. Convicted felons enter prison. Archives of General Psychiatry, 53, 513-519.

No unbiased estimates of the rates of psychiatric disorder among women prison inmates are available. Nonetheless, available data suggest that some psychiatric disorders are prevalent in this population. The objective of the study was to determine the rates, risk factors, and outcomes of specific psychiatric disorders among women prison inmates. Inmates were found to have high rates of substance abuse and dependence and antisocial and borderline personality disorders compared with women in community epidemiologic studies. Rates among inmates were also somewhat elevated for mood disorders but not for anxiety disorders. The rate of reports of lifetime exposure to traumatic events was also high. Rates of disorder tended to be higher among white than among African-American women. High rates of substance abuse, psychiatric disorder, and psychological distress associated with exposure to traumatic events suggest that women in prison have a need for treatment for substance abuse and other mental health problems. (Author abstract modified)

Paltrow, L.M. (1992). Criminal prosecutions against pregnant women. New York, NY: American Civil Liberties Union.

This document describes the cases of 167 women from 24 states in the U.S. who have been arrested on criminal charges because of their behavior while pregnant or for being pregnant while addicted to drugs. Most of the prosecutions have occurred without specific laws upon which to base them. The rulings, in most instances, have gone unchallenged, causing a lack of legal precedent upon which to base specific statutes about the matter. Case summaries of prosecutions are listed by State. Florida and South Carolina account for a disproportionate number of cases. A summary of written orders and opinions, a summary of public policy statements, and a State prosecution chart are included.

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