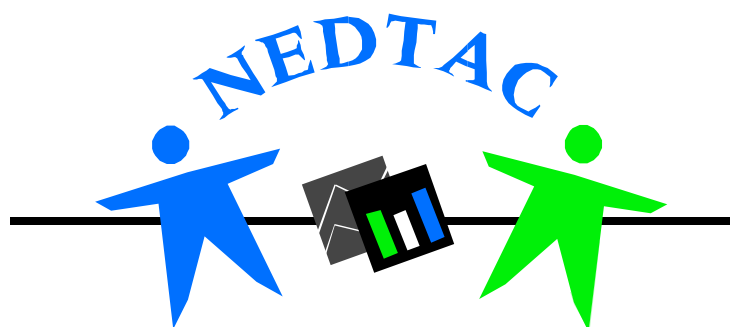


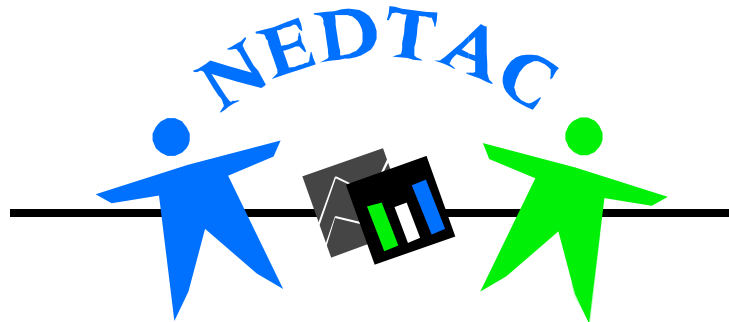
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**DRUG AND ALCOHOL TREATMENT
PROGRAMS FOR WOMEN:
CLIENT CHARACTERISTICS, PROGRAM
CHARACTERISTICS, AND TREATMENT OUTCOMES**

June 1997

**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**DRUG AND ALCOHOL TREATMENT
PROGRAMS FOR WOMEN:
CLIENT CHARACTERISTICS, PROGRAM
CHARACTERISTICS, AND TREATMENT OUTCOMES**

June 1997

This document was supported by the Center for Substance Abuse Treatment, Department of Health and Human Services, Caliber/NEDTAC Contract No. 270-94-0001.

CSAT
Center for Substance
Abuse Treatment
SAMHSA

TABLE OF CONTENTS

	<u>Page</u>
LIST OF EXHIBITS	
FOREWORD	i
ACKNOWLEDGMENTS	ii
I. INTRODUCTION	1
II. PROJECT GOALS	3
III. SUMMARY OF FINDINGS	4
1. Treatment System Characteristics	4
2. Client Characteristics	5
3. Program Characteristics	6
4. Treatment Duration and Completion	10
IV. CONCLUSION	12
1. Program and Policy Recommendations	12
2. Research Recommendations	13
APPENDIX: METHOD AND DATA SOURCES	15

FOREWORD

The Department of Health and Human Services Center for Substance Abuse Treatment (CSAT) Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to support the evaluation activities of CSAT's demonstration grantees and to advance the state of the art of evaluation of substance abuse treatment programs. A significant area of interest to CSAT and to the substance abuse treatment field is the documentation and analysis of treatment outcomes.

To support this interest, CSAT, through the NEDTAC contract, funded the Drug Abuse Research Center (DARC) of the University of California at Los Angeles (UCLA) to conduct a special effort on Treatment Outcomes, Methods Development, and Analysis. Reports in this series include:

- *Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers in Follow-up Studies*
- *Drug and Alcohol Treatment Programs for Women: Client Characteristics, Program Characteristics, and Treatment Outcomes*
- *Effects of Treatment Program and Client Characteristics on Client Retention.*

This report on drug and alcohol treatment programs for women examines the differences in client characteristics, program characteristics, and treatment outcomes for women in women-only treatment programs and for men and women in mixed-sex programs. The findings in this report contribute a great deal to our understanding of what kind of substance abuse treatment works for women under what circumstances.

We wish to thank M. Douglas Anglin, Ph.D., Christine E. Grella, Ph.D., and other UCLA DARC staff for their development of this report, and Ron Smith, Ph.D. and Jim Herrell, Ph.D. at the Center for Substance Abuse Treatment for their review and comment. For additional information, Dr. Grella may be contacted at DARC (310-825-9057).

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

ACKNOWLEDGMENTS

This project was funded through a sub-contract (#U461-37) between the UCLA Drug Abuse Research Center and the National Evaluation Data and Technical Assistance Center (NEDTAC), which is managed by Caliber Associates and funded by the Center for Substance Abuse Treatment (CSAT). The mission of NEDTAC is to develop and implement a program evaluation system and evaluation resource center for CSAT staff and CSAT grantees that will enhance substance abuse treatment service delivery and effectiveness. Its goals are to advance state-of-the-art substance abuse treatment evaluation technology, to enhance the quality of substance abuse treatment evaluation data and products, and to promote the use of substance abuse treatment evaluation data and products. NEDTAC's intended consumers are state drug and alcohol agencies, CSAT grantees, substance abuse treatment evaluators, and CSAT staff. This project was a special study sponsored by NEDTAC in order to meet the goal of promoting high-quality evaluation studies on topics of importance and relevance to individuals in the field of substance abuse treatment, both program providers and policy makers. We sincerely hope that the report has achieved this goal.

The authors wish to thank Margaret Maglione of UCLA for her assistance in analyzing data from the UCLA Survey; Margaret Polinsky of UCLA for providing information regarding the UCLA Survey; Elizabeth Teshome and Jason Howard of UCLA for their assistance in producing the tables for the report; Rick Harwood of Lewin-VHI for his helpful feedback and suggestions; Ron Smith of CSAT for his review of the report and comments; and Sharon Bishop of Caliber Associates for her support of the project.

Individuals who wish to receive more in-depth information from the final report on method, data analysis, or findings can contact the first author at the UCLA Drug Abuse Research Center, 1100 Glendon Avenue, Suite 763, Los Angeles, California 90024, (310) 825-9057 (phone), grella@ucla.edu (e-mail).

I. INTRODUCTION

Until recently, public recognition of alcoholism and drug addiction among women was hindered by women's traditional association with the domestic sphere. Women who abused alcohol or other drugs were often shielded from public view by their families and their low level of participation in the paid workforce. This relative invisibility resulted in several unique aspects of substance abuse among women. First, because it diverges from expected norms of female behavior, substance abuse among women has been highly stigmatized, even more so than substance abuse among men. Since women who abused alcohol or other drugs also often engaged in other deviant behaviors, such as prostitution or criminal activity, this stigma was further compounded. Second, lack of recognition of alcohol and other drug problems among women meant that treatment programs less often encountered women and therefore developed treatment protocols primarily based on the assumption of a male client. Third, substance-abusing women who are pregnant and/or the primary care givers for their children face special obstacles to entering treatment and have more complicated service needs, which have been neglected within conventional treatment programs.

One outgrowth of the heightened awareness of alcohol and drug problems among women has been the development of treatment programs designed specifically for women. Such programs have proliferated within the past 20 years due to increased Federal and state funding directed to developing new programs and services specifically for women with substance abuse problems. Recent attention has also focused on the potentially harmful consequences of a mother's alcohol and drug use on her children, both prenatally and after birth. Programs designed specifically for pregnant and parenting women have been developed to address the needs of these women and their children. Although descriptions of treatment models for women have become more prevalent within the field of substance abuse treatment, little research has been conducted to assess the ways in which programs designed specifically for women differ from traditional mixed-sex programs or whether women receiving treatment from women-only programs differ in their characteristics and treatment outcomes from women in mixed-sex programs.

The original impetus for this project was to empirically test the hypothesis that programs developed specifically for women differ from conventional, mixed-sex programs. Further, since much of the recent literature on women's substance use has focused on the specific characteristics and needs of women who abuse alcohol or other drugs, another hypothesis concerned whether the characteristics of women in these programs differ from those of women in mixed-sex programs. Lastly, and of great interest, is the question of whether women receiving treatment in women-only programs are more likely to complete treatment than women in mixed-sex programs.

This report presents the project goals, a summary of the key findings from this study, a discussion of the relevance of the study findings for program and policy development, and suggestions for future research. A summary of the method used in the study is provided in the Appendix.

II. PROJECT GOALS

The project goals were to address the following questions:

- *Treatment system characteristics.* What proportion of the treatment system is composed of women-only programs? What proportion of women receiving treatment for alcohol and/or other drug problems do so from women-only treatment providers?
- *Client characteristics.* Do the characteristics of women clients in women-only programs and women clients in mixed-sex programs differ? Do the characteristics of women and men clients in mixed-sex programs differ?
- *Program characteristics.* Do the characteristics of women-only and mixed-sex programs differ across modalities and regions?
- *Treatment duration and completion.* Do women's rates of treatment duration and completion in women-only and mixed-sex programs differ? Do men's and women's rates of treatment duration and completion in mixed-sex programs differ?

Because information was also available in several of the databases on programs in which only men were enrolled, these programs were also included in the analyses for purposes of comparison.

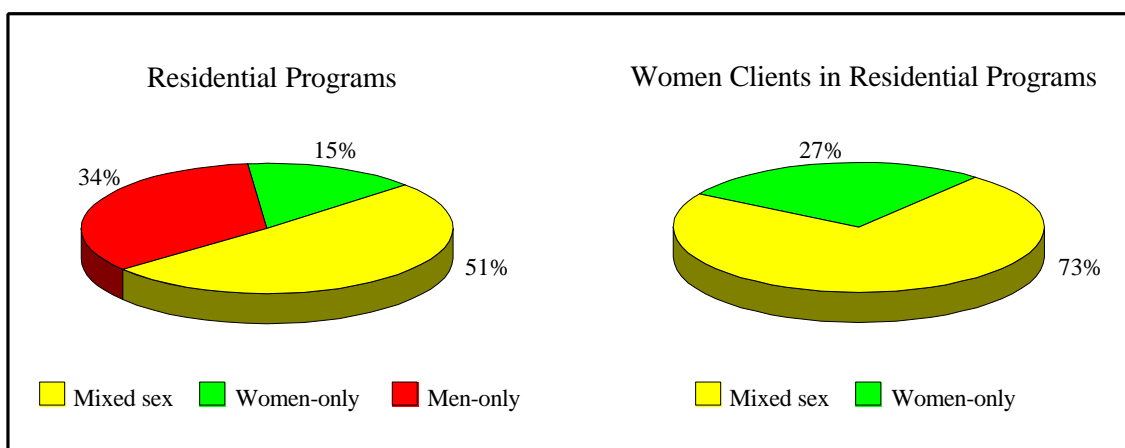
III. SUMMARY OF FINDINGS

Secondary analyses were conducted using several regional (e.g., Los Angeles County and California) and national databases. The analyses examined differences among women-only, mixed-sex, and men-only alcohol and drug treatment programs in several types of modalities (i.e., residential, outpatient drug-free, methadone maintenance, intensive outpatient, alcohol-only). (See Appendix for an in-depth description of the method.) Findings that were consistently demonstrated in analyses across the different databases are briefly summarized below. For simplicity of presentation, key findings are illustrated in graphs depicting findings for residential treatment programs only, which was the modality with the largest percentage of women-only programs.

1. Treatment System Characteristics

In general, women-only programs make up a small but not insignificant proportion of the alcohol and drug treatment system.

- Women-only programs account for approximately 15 percent of residential and less than 5 percent of outpatient and intensive outpatient programs



- Women accounted for about one-quarter of the clients in residential programs; about one-quarter of them were treated in women-only programs
- Women accounted for one-quarter to one-half of the clients in outpatient programs and about 5 percent were served in women-only programs

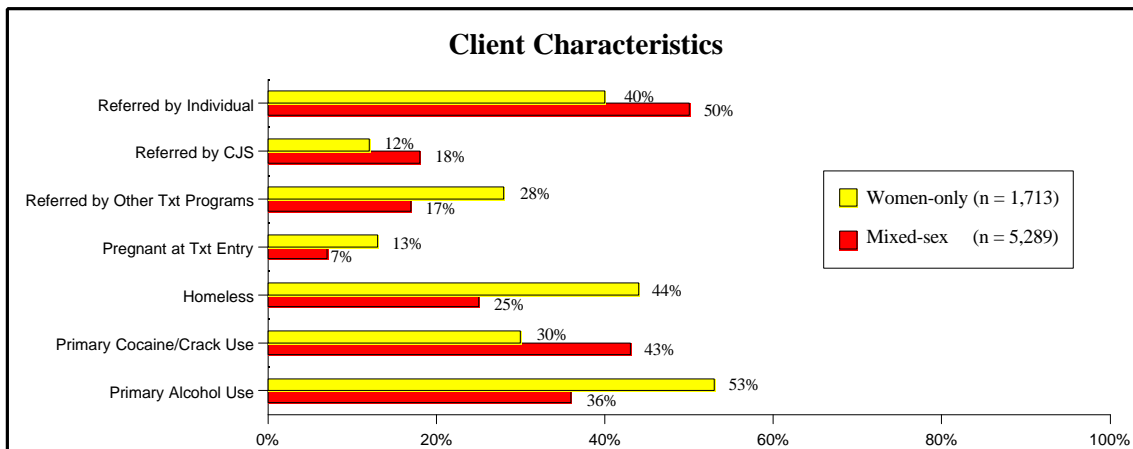
- There was a higher percentage of women-only residential and intensive-outpatient programs in the California surveys than in the national surveys.
- Men-only programs outnumber women-only programs in all treatment modalities.

2. Client Characteristics

The characteristics of women and men in alcohol and drug treatment programs reflected broader gender differences in society-at-large. Most prominent were the differences in economic and employment status. There were also clear and consistent differences in terms of alcohol and drug use by men and women across surveys. Women who received treatment from women-only programs have more complex service needs than women in mixed-sex programs.

- Compared with men in mixed-sex programs, women in mixed-sex programs were:
 - Less likely to be employed, unemployed, or looking for work
 - More likely to have children and to be living with them
 - More likely to be receiving treatment through public subsidy and less likely to pay for treatment either themselves or through private health insurance
 - Less likely to have a history of arrest or incarceration, to be on parole or probation, or to have been referred to treatment through the criminal justice system
 - More likely to have been referred to treatment by a health care provider, mental health provider, or other alcohol and drug treatment program
 - Less likely to report primary alcohol use, use of alcohol and other drugs for longer periods of time prior to entering treatment, daily use, injection drug use, and first drug use at an earlier age
 - More likely to report use of alcohol secondarily in addition to drug use.
- Compared with men and women in mixed-sex programs, men in men-only programs were:
 - Older
 - More often homeless or incarcerated.

- Compared with women in mixed-sex programs, women in women-only treatment programs were more likely to:
 - Be younger
 - Be homeless
 - Be pregnant at treatment entry or while in treatment
 - Be on probation
 - Be receiving Medicaid
 - Have had previous alcohol or drug treatment
 - Have been referred to treatment by another treatment provider
 - Report methamphetamine as their primary drug (in California only).

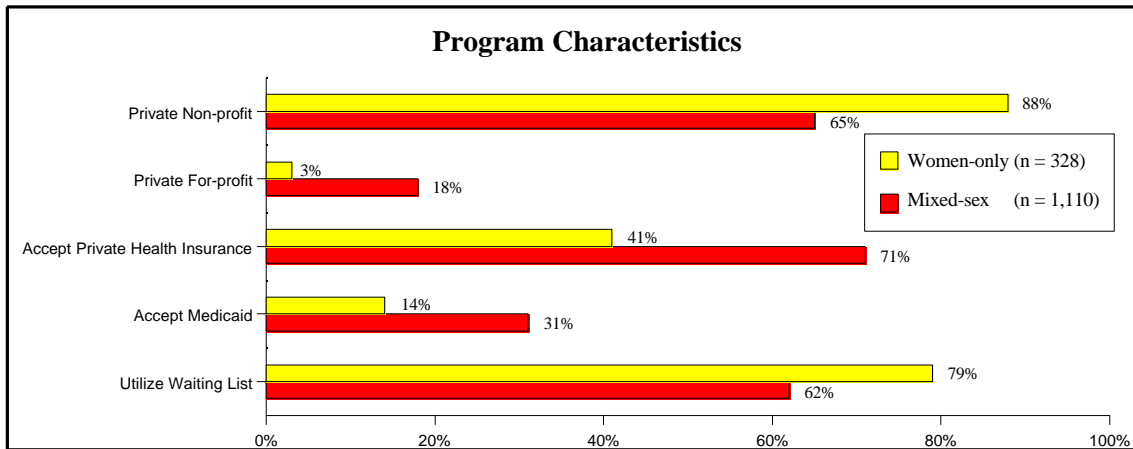


Percentages for residential programs. Source: CADDSS, 1987-1997

3. Program Characteristics

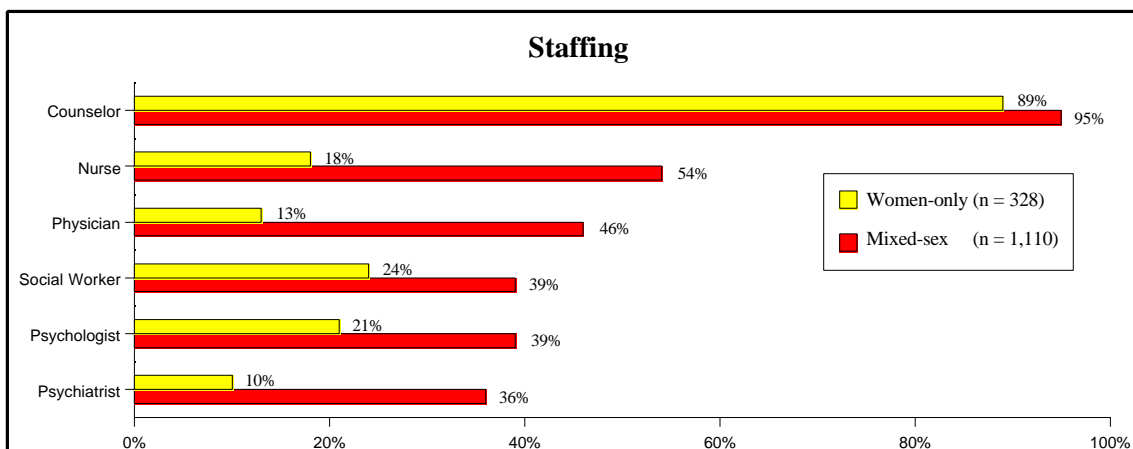
Women-only and mixed-sex programs differed in their sources of funding, staffing patterns, treatment capacity, and types of services. Women-only programs shared some common characteristics across treatment modalities, particularly regarding policies on fees and use of waiting lists.

- Women-only programs were more likely than mixed-sex programs to:
 - Use waiting lists
 - Use a sliding fee scale; however, they were less likely to charge fees
 - Be private, non-profit organizations, whereas mixed-sex programs were more often private, for-profit organizations
 - Accept payment through Medicaid and less likely to accept payment from private health insurance or other third party payers
 - Offer treatment for combined polydrug and alcohol use and less likely to offer treatment only for alcohol problems.



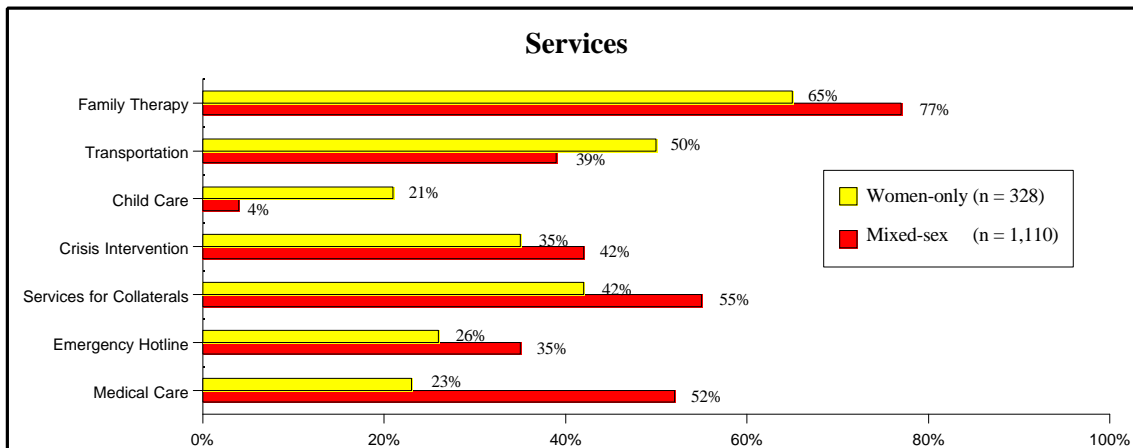
Percentages for residential programs. Source: NDATAUS, 1991

- Compared with women-only programs, mixed-sex programs were more likely to have on staff:
 - Counselors
 - Nurses
 - Physicians
 - Social workers
 - Psychologists
 - Psychiatrists.



Percentages for residential programs. Source: NDATAUS, 1991

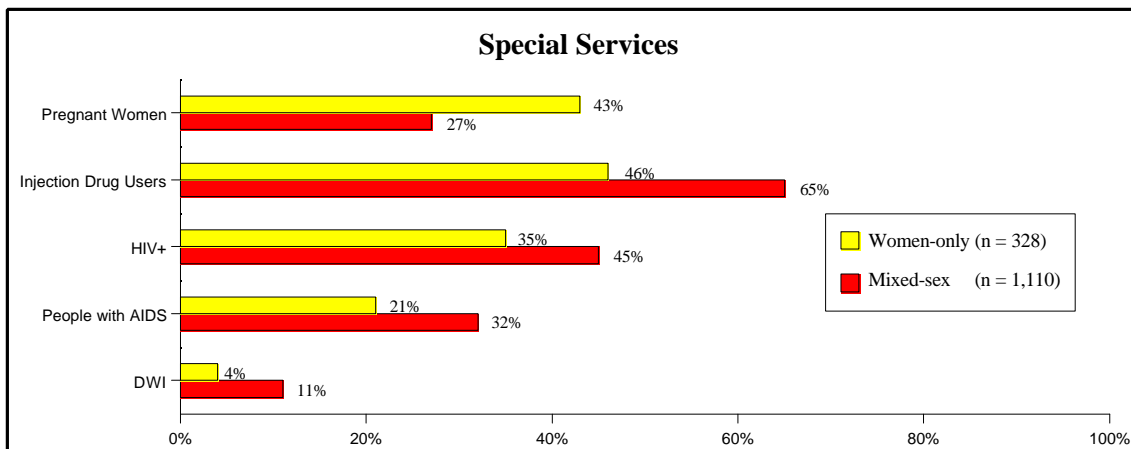
- Mixed-sex programs averaged more treatment capacity and had higher levels of funding than either men- or women-only programs.
- Men-only programs were more often connected with correctional facilities than either women-only or mixed-sex programs.
- Women-only programs reported longer planned treatment durations than either mixed-sex or men-only programs.
- Compared with mixed-sex programs, women-only programs were more likely to provide the following services:
 - Prenatal care
 - Pediatric care
 - Postpartum care
 - Parenting classes
 - Child care activities
 - Transportation assistance
 - Peer support groups or self-help groups.



Percentages for residential programs. Source: NDATUS, 1991

- Compared with women-only programs, mixed-sex programs were more likely to provide the following services:
 - Family therapy

- Services for collaterals
 - Emergency hotlines
 - Crisis intervention
 - Legal services
 - General medical services.
- Compared with mixed-sex programs, women-only programs were more likely to provide special services for pregnant women, whereas mixed-sex programs were more likely to provide special services for:
- Injection drug users
 - People who are HIV-positive or who have AIDS
 - People arrested for driving while intoxicated.



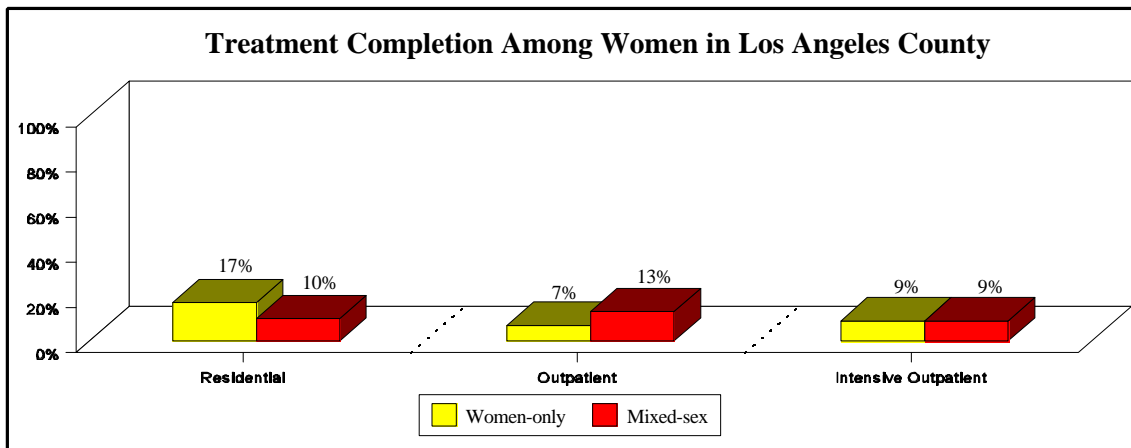
Percentages for residential programs. Source: NDATAUS, 1991

4. Treatment Duration and Completion

Data on time spent in treatment and completion status upon departure were available in the regional data sets for Los Angeles County and the state of California and in a national database for mixed-sex programs only.

- Compared to women in mixed-sex treatment programs, women in women-only programs:

- Averaged more days in residential programs (in Los Angeles County)
- Demonstrated no difference in treatment duration in outpatient programs (in Los Angeles County) and in intensive outpatient programs (in Los Angeles County and in California)
- Averaged fewer days in outpatient programs (in California).
- Compared to women in mixed-sex programs, women in women-only programs in Los Angeles County were:
 - More likely to complete residential treatment
 - Less likely to complete outpatient drug-free treatment
 - Just as likely to complete treatment in intensive outpatient programs.



- There were no differences in the rates of treatment duration and completion among men and women in mixed-sex methadone programs.
- Women were less likely than men to complete mixed-sex alcohol treatment programs.
- Compared to men and women in mixed-sex programs and women in women-only programs, men in men-only programs were:
 - Less likely to complete treatment in residential programs
 - Less likely to complete treatment in outpatient programs
 - More likely to complete treatment in intensive outpatient programs.

IV. CONCLUSION

The emergence of women-only treatment programs within the last two decades reflects the increased attention paid to the specific needs of women with alcohol and other drug problems and the recognition that traditional mixed-sex programs often fail to address these needs. Although women-only treatment programs account for a minority of programs within the overall treatment system, they provide treatment to a significant number of clients. Several characteristics of these programs differ from those of mixed-sex programs, often in ways that reflect broader socio-economic gender differences, e.g., women-only programs are less likely to receive payment through private health insurance and more likely to receive funding through state subsidies, such as Medicaid. Women-only programs are consistently more likely to offer services specific to the needs of women who are pregnant or parenting, such as prenatal care and child care.

Women in treatment were more likely than men to report polydrug use and use of alcohol secondarily and, interestingly, only in mixed-sex alcohol treatment programs were women found to have poorer treatment outcomes than men. This finding suggests that programs that treat individuals with primary alcohol problems have the least success in addressing women's specific treatment needs. The rates of treatment duration and completion varied across modalities; however, women in women-only residential programs were more likely to complete treatment and to stay in treatment longer than women in mixed-sex residential treatment programs. These findings suggest that women-only programs, particularly residential programs, enhance the likelihood of treatment completion among women who need the specific services that are more often provided in these programs.

1. Program and Policy Recommendations

Program providers and policy makers can use these findings to evaluate how well current treatment programs meet the specific needs of women. Programs that provide treatment to both men and women can increase their sensitivity to women's treatment needs by providing more in-depth assessment of issues specific to women at treatment admission and in treatment planning. For women who are pregnant or parenting, services such as child care and parenting classes may increase the willingness of these women to enter and complete treatment. Because women with alcohol or other drug problems usually have fewer economic resources than men, programs that provide sliding scale fees, transportation assistance, and vocational training may enhance the ability of women to successfully participate in treatment. Staff training on women's issues is crucial to maintaining an awareness of the psychosocial issues relevant to women in treatment for

alcohol and drug problems, such as issues related to self-esteem, sexual and physical abuse, psychiatric comorbidity, and economic self-sufficiency.

Programs designed specifically for women offer an alternative treatment approach which may be more attractive and effective for some women than conventional treatment approaches. Women entering these programs tended to report more complicated and severe problems at admission compared with women entering mixed-sex programs, such as being pregnant, homeless, or on probation. Thus, these programs may require additional resources to address these client needs, even though they usually provide treatment to fewer clients. Further, treatment approaches used within women-only programs need to be adapted to encompass variations among women, such as differences based on age, ethnicity, geographic location, sexuality, parental status, and alcohol and drug use history.

Within an era of decreasing public resources for treatment and increasing emphasis on managed health care and cost containment, the cost effectiveness of treatment programs for women is an important question. Treatment providers and policy makers need to consider the relative costs and effectiveness of providing specialized programs and services to meet women's specific needs. While such specialized programs may require supplemental resources in order to address the broader range of needs of women, such as for child care, mental health treatment, and vocational training, the costs of these services must be evaluated against the costs of not providing services that will effectively engage women in treatment and address the issues that accompany their substance abuse.

2. Research Recommendations

Future research on women-only treatment programs should explore in more depth the following questions in order to understand the relationship of client needs, treatment services, and treatment outcomes:

- How do women-only programs assess a client's needs?
- Do women-only programs provide services specific to the client's needs?
- Do women in women-only programs who receive services specific to their needs demonstrate better treatment outcomes than women receiving non-specific services?

The data on client characteristics available for analyses and reported in this report were limited to the most general characteristics of clients collected at treatment admission. In order to conduct a

fuller evaluation of the relationship of client characteristics, treatment services, and treatment outcomes among women in women-only programs, more in-depth data needs to be collected on issues identified in the literature as salient among women who abuse alcohol or other drugs, such as:

- Lifetime and current assessment of psychiatric comorbidity and prior mental health treatment
- History of past and/or current physical or sexual abuse
- Number of children, parenting responsibilities, child care resources, need for parenting assistance
- Employment history, vocational needs, barriers to employment
- Self-esteem, dependency, social support, and quality of relationships with others
- HIV risk behaviors, ability to make choices regarding condom use, shared injection drug use and disinfection practices.

Similarly, the data on treatment outcomes used in this study was limited to treatment duration, type of discharge, and the status of clients at treatment discharge. More in-depth assessments of treatment outcomes need to include:

- Status at treatment discharge regarding alcohol and drug use, family stability, psychological functioning, economic resources, social support
- Longer-term posttreatment outcomes.

In order to enrich our understanding of how women experience treatment within both women-only and mixed-sex programs, we also need to collect in-depth qualitative data on their evaluation of the utility of various program elements, such as case management services, individual and group counseling sessions; the effectiveness of staff, both professional and non-professional; and the quality of ancillary services, such as medical, legal, and vocational.

APPENDIX: METHOD AND DATA SOURCES

Analyses consisted of comparisons of the characteristics of women-only, mixed-sex, and men-only treatment programs and of the clients enrolled in these programs. Programs were categorized by treatment modality, with some variability in program classification across databases.

Databases. Analyses were conducted using four different databases that represented local (county), state, and national data:

- *UCLA Drug Treatment Program Survey (1993-94).* This survey was conducted by the UCLA Drug Abuse Research Center to describe the characteristics of drug treatment programs in Los Angeles County. Programs included in the survey had to serve adults (clients over 17), not require a primary diagnosis of alcoholism, and provide formal treatment services beyond assessment, referral, education, or self-help. Of 354 drug treatment programs identified in the county, 294 responded to the survey for an 83% return rate. The 24-page survey included questions on survey respondents (program directors and administrators), program characteristics, program policy, philosophy, treatment emphasis, staffing, clientele, types and intensity of services provided, intake and treatment planning, and funding.
- *California Alcohol and Drug Data System (CADDSS) (1987-1994).* CADDSS is a cumulative data reporting system that gathers information on clients in state-funded and/or licensed alcohol and drug treatment programs for the federal Client Data Set. Programs report to the CADDSS system on a monthly basis and the database is continually updated by the state. The system includes basic demographics on clients, as well as information on drug use, discharge status, treatment duration, and referral source. Analyses were conducted using CADDSS data for the Los Angeles County region and for California.
- *National Drug and Alcoholism Treatment Unit Survey (NDATUS) (1991).* NDATUS is funded by the National Institute on Drug Abuse and conducted annually. The NDATUS survey collects one-day census data on program provider and client characteristics from private and publicly funded alcohol and drug treatment programs in the United States, including Puerto Rico. Data collected include modality, services, total client capacity, current number of clients, client demographics, and special populations served (e.g., HIV-positive, pregnant women, youth). Information on staffing patterns, funding sources, payment methods, and waiting lists are also included. NDATUS provides comprehensive information on the characteristics of drug and alcohol programs nationwide and can be broken down by region, such as city or state. Analyses were conducted using data from NDATUS for the Los Angeles County region, for California, and for the United States.

- *Drug Services Research Survey (DSRS) (1990)*. DSRS was designed to obtain information on drug abuse treatment providers and client characteristics to supplement information from the 1989 NDATUS. The survey consisted of two major components, a facility-based survey of 1,183 providers and a person-based survey of approximately 2,200 clients discharged from treatment. In the first component, a nationally representative sample of 1,183 drug treatment programs in the 1989 NDATUS universe was selected for telephone interview. The questionnaire included point prevalence data for March 30, 1990, and annual data for the most recent 12-month period for which data were available. Information sought included treatment modalities offered and clients served in each modality, services provided to special populations (e.g., IV drug users, pregnant females, etc.) and waiting list information. In the second component, a subsample of 120 programs was selected for site visits to verify information collected in the telephone survey and to abstract patient-level information on characteristics of and services provided to a sample of 2,222 clients discharged from treatment during the 12-month period from September 1, 1989, through August 31, 1990. Analyses were conducted using the national sample.

Treatment Modalities. Analyses were conducted within type of treatment modality. Program modalities were classified according to the following definitions (note, not all modalities were available in all of the databases):

- *Residential:* A long-term program where clients live together in a highly structured environment, often for a year or longer.
- *Outpatient Drug-free:* A community-based treatment program where counseling and other services are offered on an outpatient basis in a drug-free environment.
- *Intensive Outpatient:* An intensive, drug-free, structured non-residential treatment program, typically provided five days or evenings a week. Also sometimes referred to as “day treatment” programs.
- *Methadone Maintenance:* A program where methadone is given on an outpatient basis for clients on a maintenance regimen.
- *Alcohol-only Programs:* (in DSRS only) These programs provide treatment for individuals with a primary diagnosis of alcohol abuse or dependence. Information is not available to determine whether these programs provide inpatient or outpatient treatment.
- *Combination Modality Programs:* (in DSRS only) These are programs in which treatment is provided through more than one type of modality, e.g., inpatient and outpatient treatment.

Program Gender Composition. Programs were classified as either: women-only, mixed-sex, or men-only on the basis of their reported client gender composition at the time each survey was conducted. Thus the definition of a program as single-sex or mixed-sex was not determined on the basis of program policy but on the basis of current enrollment. It is possible that some of the programs classified as single-sex in practice admitted individuals of either sex, but at the time of the survey had clients of only one sex enrolled in treatment.

Statistical Analyses. Statistical tests were performed to compare differences in client characteristics, program characteristics, and treatment outcomes across women-only, mixed-sex, and men-only programs within modalities. Chi square tests were performed with categorical variables and t-tests and ANOVAs were performed with continuous variables. Because of the large number of statistical tests performed, findings have only been reported and discussed where $p < .01$.

Methodological Considerations. Findings on the characteristics of programs and clients in single-sex and mixed-sex programs varied across the databases, which may have stemmed in part from:

- *Regional differences.* The databases intentionally covered different regions: the UCLA survey, CADDIS-LA, and NDATUS-LA collected data from Los Angeles County; CADDIS-CA and NDATUS-CA collected data from California; and NDATUS-US and DSRS-US collected data from treatment programs throughout the United States.
- *Historical differences.* The databases contained data collected at different time points, varying from 1990 (DSRS) to 1993 (UCLA survey). Differences in findings across databases may reflect changes in client characteristics, program characteristics, and treatment outcomes over time.
- *Sampling differences.* Each database employed a different means for identifying and sampling programs to survey. Differences across data bases may reflect the differing collection of programs sampled in each survey. For example, the UCLA survey only included drug treatment programs, while the other surveys included alcohol treatment programs as well. The UCLA survey, NDATUS, and DSRS surveyed public and private programs, while only publicly funded or licensed programs report to CADDIS.
- *Differences in program categorization.* While most of the treatment modalities were consistent across the different surveys (e.g., residential, outpatient, methadone maintenance, and intensive outpatient), some were unique (e.g., alcohol-only, combination modality). There was also some variation in how modalities were defined. For example, hospital inpatient programs were included in the residential

treatment modality in CADDs, NDATUS, and DSRS, but were not included in the residential modality in the UCLA Survey. Also, the outpatient modality in NDATUS and DSRS included clients receiving outpatient methadone treatment as well as those in outpatient drug-free treatment, but clients receiving outpatient methadone treatment were separated from clients in outpatient drug-free treatment in the UCLA Survey and CADDs. Furthermore, since program gender composition was based on the number of clients of each gender who were enrolled at the time of the survey, the same programs may have been categorized differently depending on the gender composition of clients enrolled at the time of each survey.

The perspective offered in this document is solely that of the author(s) and does not reflect the policies or views of the Federal government, or any of its Departments or Agencies.