

Testimony to the California Commission on the Status of Women

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Introduction

Thank you for the opportunity to provide testimony on substance use and substance use disorders among women. As a former director of a women's alcohol and other drug services programs, I know first hand the impact that substance use disorders have on the lives of women and their families. The State of California, Department of Alcohol and Drug Programs (ADP), is committed to addressing the alcohol and other drug prevention, treatment, and recovery needs of women and girls throughout California. Over the past 30 years, significant strides have been made towards our vision that *all women have access to participant/client-centered, comprehensive, gender-responsive, alcohol and other drug services*. Nevertheless, alcohol and other drug problems among women continue. In this testimony, we offer a statement of the problem, consequences and impact of women's substance use and substance use disorders, a description of ADP's Office of Women's Perinatal Services (OWPS), and recommendations to the California Commission on the Status of Women on how to reduce the affects of alcohol and other drug problems on women, their families, and their communities.

Statement of the Problem

Women in our Communities

In 2005, more than two million women, ages 12 and older, in California reported binge alcohol useⁱ and almost one million women reported illicit drug useⁱⁱ within the last month of taking the survey. Of those using illicit drugs or alcohol, approximately 979,000 met the criteria for substance abuse or dependence.ⁱⁱⁱ Women with alcohol and other drug problems are significantly more likely to have mental health and health problems, less likely to be employed, and are more likely to experience violence, homelessness, and arrest than other women. Substance-dependent women develop a physiological need for alcohol or drugs that results in their continued use despite extreme consequences. Women with substance use disorders experience tremendous stigma. Twenty-nine percent of women who identified a need for treatment, but did not receive treatment, identified social stigma as one of the barriers to accessing treatment.^{iv} Families of individuals with substance use disorders are also affected by the stigma of addiction.

In California in 2006, more than 76,000 women were admitted to publicly funded alcohol and other drug abuse treatment agencies.^v California admits more women to treatment than any other state. The number of women who need treatment, but are not receiving it, is more than 10 times the number of women who are receiving treatment.

Here in California an estimated 952,000 women would have benefited from, but did not receive, treatment for alcohol problems and 367,000 women would have benefited from, but did not receive, treatment for illicit drugs.^{vi}

Pregnant and Parenting Women

In California, an estimated 100,000 infants are born prenatally exposed to alcohol each year, and an estimated 20,000 to 60,000 infants are born prenatally exposed to illicit drugs.^{vii} When a pregnant woman uses alcohol or other drugs during pregnancy it can result in premature births, low-birth weights, and other health and developmental problems. Most children with in-utero exposure function within normal ranges and are not diagnosed with specific problems related to exposure; however as they are, they often exhibit behavioral, developmental, or neurological problems. Other infants are born with Fetal Alcohol Spectrum Disorders or are substance-dependent. Christopher Kalotra of the American University (2002) reviewed 35 studies and cost estimates for caring for alcohol or drug-exposed children.^{viii} The estimated cost ranged from \$750,000 to \$1.4 million in a lifetime for a child born alcohol or drug-exposed.

Of treatment admissions for women in California in 2006, 6 percent were pregnant and 35 percent of the women reported that they had children five years of age, or younger. Approximately one million children in California (11 percent) live with at least one parent with a substance use disorder. Children growing up with a substance-dependent parent are more likely than other children to experience financial problems, shifting of adult roles onto children, child abuse and neglect, inconsistent parenting, violence and disrupted environments, childhood trauma and stress. Children with parents that have alcohol or other drug problems are significantly more likely to develop alcohol and other drug problems themselves. Substance abuse issues often lead to involvement with California's Child Welfare system, sometimes necessitating that the child is removed from the home. According to the California Welfare Directors' Association, alcohol and drug problems, but mainly methamphetamine use, are a factor in 60 percent to 80 percent of the child neglect and endangerment caseload.

Consequences and Impact of Substance Abuse Problems for Women

According to a 2002 report, an estimated 80 percent to 85 percent of women offenders in prison were reported to have a substance abuse problem, and 62 percent used drugs in the month prior to the offense.^{ix} In 2004, there were more than 25,000 women under the jurisdiction of the California Department of Corrections and Rehabilitation, including 10,973 women in institutions. Rates of driving-under-the-influence (DUI), and arrests for DUI among women, have increased. In 1988, women made up 10.6 percent of arrestees; by 1997, the percentage had grown to 13.2 percent, and in 2005 women made up 17.3 percent of arrestees for DUI in California.

The impact that substance abuse has on the lives of individuals, families, and our communities, is difficult to measure, but often results in crime, involvement in the child welfare system, lost productivity, and increased health care costs. Additional consequences of alcohol and other drug problems among women include poor family relationships, unemployment, and reduced civic involvement.

Studies demonstrate that treatment is cost-effective. The California Drug and Alcohol Treatment Assessment (CalDATA) found that for every dollar spent on treatment, \$7 was saved.^x Another study examining the cost savings of residential programs for pregnant women, and women with children, found that for every \$1 spent there were \$3.71 in savings through reduced welfare costs, crime, foster care, and low-birth weight births.^{xi}

ADP's Office of Women's and Perinatal Services

Significant progress in the areas of research, program development, collaborative planning, and policy initiatives has been made over the past 30 years to address the needs of women with substance use disorders and their families. Often California has been at the forefront of the nation in identifying effective approaches to meeting the needs of women.

In May 2007, in recognition that all women need access to comprehensive, gender-responsive, age-appropriate, strength-based services, ADP established the Office of Women's and Perinatal Services (OWPS) as an expansion of the Office of Perinatal Substance Abuse. This was the first of a number of enhancements to improve alcohol and other drug services for women of all ages, their children, and their families.

In December 2007, OWPS convened a panel of experts in women's treatment to develop a framework for standards of care. The framework includes core standards of treatment for all programs that serve women as well as a "gold standard" for women's only programs that wish to provide a higher level of service. The core standards will be included in overall treatment standards that are currently in the regulations development stage and will be implemented in approximately two to five years.

Programs that receive federal or state perinatal funds are part of the California Perinatal Services Network (PSN) and are responsible for implementing the Perinatal Services Guidelines. The OWPS oversees the California PSN, which utilizes approximately \$43 million in perinatal substance abuse funds. There are 314 programs, which receive federal or state perinatal funding as part of the PSN. Key informants interviewed for the Perinatal Environmental Scan in 2006 felt that programs involved with the PSN have more gender-responsive, comprehensive, services for women and families than non-participating programs.

Other programs serving women receive funding from Drug Medi-Cal, SAPT, SACPA, and a variety of other public and private resources.

California's perinatal service delivery system is based on a continuum of services that includes prevention, treatment, and aftercare.

Prevention. Prevention funds are provided to the counties to plan, and implement, a range of strategies to prevent and reduce community alcohol and other drug problems. In many communities, collaborative partnerships have formed with maternal, child, and adolescent health (MCAH) agencies to reduce alcohol and drug use during pregnancy.

Treatment. There are a range of treatment services offered in California including residential, outpatient, day treatment, and medication-assisted treatment. Gender-responsive treatment addresses the needs of women with substance use disorders.^{xii}

Aftercare. Perinatal programs realize that substance use disorders are a chronic, relapsing disease. Aftercare is an important service that aims at reducing the incidence of relapse by providing clients with group therapy and individual counseling on a continuing basis.

California admits a higher percentage of women into treatment than any other state in the nation, but the majority of facilities who serve women do not offer a woman-specific program or group. Having a woman-specific program or group is a minimal measure of a treatment agency's gender-responsiveness. In 2006, there were 1,820 treatment agencies in California, of which 644 (35.4 percent) identified as offering a woman-specific program or group, and 383 (21 percent) had a specialized program or group for pregnant women.

Collaboration with Other Departments

Women with substance use problems typically have a host of other problems as well. Collaboration with the other service delivery systems which impact women allows for the development of policies and programs which more effectively meet women's complex needs. ADP is currently involved with numerous collaborative efforts to systemically address substance abuse and related problems. These collaborations include efforts to address the needs of families affected by substance use (e.g., participation on the Blue Ribbon Commission on Foster Care; the Child Welfare Council), prevention and intervention in alcohol and drug use during pregnancy (Fetal Alcohol Spectrum Disorders Taskforce; work with Maternal, Child and Adolescent Health), collaborative services for women with co-occurring violence, or mental health disorders (Co-Occurring Joint Action Council; Domestic Violence Taskforce); prevention and youth services (Governor's Prevention Advisory Council; State Interagency Team); Gender Responsive Work Group with the California Department of Corrections and Rehabilitation as well as numerous other efforts to address women's needs in health, mental health, and criminal justice.

Recommendations

Based on the significant impact that substance abuse has on women and their families, we respectfully request the California Commission on the Status of Women to consider the following recommendations:

- Include substance abuse and women as part of the Commission's policy agenda. Substance abuse underlies many serious problems and is highly correlated with childhood trauma, homelessness, mental health, health, and employment/education problems for women. Addressing substance

abuse improves the effectiveness of other services and, most importantly, allows women to experience improved economic and social well-being.

- ADP encourages the Commission to advocate for gender-responsive approaches in all areas of service delivery. Women are most effectively served in programs that are strength-based, relational, comprehensive, and sensitive to their unique needs. Programs also must be culturally and age-relevant, and available to individuals of diverse backgrounds and all ages.
- Encourage the adoption of priority services for families involved with the child welfare system. This is a recommendation of the Blue Ribbon Commission on Foster Care. Timely interventions in families involved with child welfare have significant impact on the lives of children. Parents involved with reunification and teens in foster-care with substance abuse problems, should receive priority on waiting lists for all services, including substance use treatment. These families cannot wait.^{xiii}
- Promote cross-systems collaboration to service vulnerable women and families. Encourage the development of collaborative approaches to addressing the multiple needs of women with substance use disorders and their families. Collaborative services include substance abuse, mental health, domestic violence, criminal justice, trauma, social services, health, education, and employment.
- Acknowledge that substance abuse is a health problem. Join the Recovery Month celebration, advocate for women with substance use disorders, and fight the stigmatization of women with substance use disorders.

Thank you for the opportunity to present this testimony and our recommendations. We look forward to our continued collaboration with the Commission.

ⁱ Extrapolated from Office of Applied Studies (OAS). (2007). Overview of findings from the 2005 National Survey on Drug Use and Health (NSDUH). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA).

ⁱⁱ Ibid.

ⁱⁱⁱ Ibid.

^{iv} National Survey of Drug Use and Health, Data Files, 2003-2005.

^v California ADP Fact Sheet: Women in Treatment, May 2007. Represents admissions and not individual clients. An individual admitted to treatment twice in the same year would be counted as two admissions. Fact Sheet available at: www.adp.ca.gov.

^{vi} Extrapolated from OAS, SAMHSA. (2007). Estimated Number of Persons Needing, but not Receiving, Treatment for Illicit Drug Use in Past Year based on NSDUH 2004, 2005. Retrieved from: <http://www.oas.samhsa.gov/2k4state/vars.htm>.

^{vii} Werner, D., Young, N.K., Gardner, S., Chang, R., B Boles, S., Otero, C., Dennis, K., Ortegon, M. Nava, D.; *Perinatal Environmental Scan: A Snapshot of California's Perinatal Alcohol and Other Drug Problems, Services and Policies*, California ADP, 2007.

^{viii} Kalotra, C.J. (2002) "Estimated Costs Related to the Birth of a Drug and/or Alcohol Exposed Baby," Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at American University. Spa.american.edu/justice/pubindex2.php.

^{ix} The Little Hoover Commission (2004). Breaking the barriers for women on parole. Retrieved from: <http://www.lhc.ca.gov/lhcdir/177/report177.pdf>.

^x Gerstein, DR, Johnson, RA, Harowwd, H, Fountain, D, Suter, N. Malloy, K (1994) "Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment" California ADP.

^{xi} Herrell JM, Burgdorf K, Porowski AW (eds) (2004). "Special section: Residential substance abuse treatment for pregnant and parenting women." *Evaluation and Program Planning*, 27(2), 187-247.

^{xii} Sources include:

Collins, C.C., Grella, C.E., & Hser, Y.I. (2003). Effects of gender and level of parental involvement among parents in drug treatment. *American Journal of Drug and Alcohol Abuse* 29(2):237-261.

Covington, S.S. (2006, September). What is Different About Women? Creating Gender-Responsive Services. Presented at California Conference on Alcohol and Other Drug Prevention, Treatment and Recovery 2006. Sacramento, California.

CSAT (2000). Substance Abuse Treatment and Domestic Violence. Treatment Improvement Protocol Series 25. DHHS Publication No. (SMA) 00-3406. Rockville, MD: SAMHSA.

Grella, C.E. (2004). "Current Issues in Research on Substance Abuse Treatment for Women." Presented at California ADP, Women's Constituent Committee Forum, October 24, 2004, in Sacramento, California.

Herrell, J.M., Burgdorf, K., & Porowski, A.W., eds. (2004). Special section: Residential substance abuse treatment for pregnant and parenting women. *Evaluation and Program Planning* 27(2):187-247.

Jackson, V. (2004). Residential treatment for parents and their children: The village experience. *Science and Practice Perspectives* 2(2):44-53.

Metsch, L.R., Wolf, H.P., Fewell, R., McCoy, C.B., Elwood, W.N., Wholer-Torres, B., Petersen-Barton, P., & Harkins, H.V. (2001). Treating substance-using women and their children in public housing: Preliminary evaluation findings. *Child Welfare* 80(2):199-220.

United Nations Office on Drugs and Crime (2004). Substance Abuse Treatment and Care for Women: Case Studies and Lessons Learned. ISBN 92-1-148194-5. Sales No. E.04.XI 24. New York: United Nations Publications. www.unodc.org/pdf/report_2004-08-30_1.pdf.

Young, N., Gardner, S., & Dennis, K. (1998). Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy. Washington, D.C.: Child Welfare League of America. Children and Family Futures compiles research summaries of articles published in the scientific literature that address gender-responsive treatment and other topics relevant to perinatal services. Available at: http://www.cffutures.com/calwcf/research_policy.shtml.

^{xiii} Additionally, we are already mandated to provide immediate, priority, services to pregnant women seeking substance abuse treatment.