

# **Gender-Responsive Treatment for Women with Substance Use Disorders**

## **May 2007**

### **EXECUTIVE SUMMARY**

This document, which is based on literature and research, as well as the collective experience and expertise of some of Pennsylvania's providers of women's drug and alcohol treatment services, is meant to offer guidance by highlighting the critical components necessary for quality gender-responsive programming for women with substance use disorders. Co-authors Connie Bastek-Karasow, Executive Director of Libertae in Bucks County, and Rosa Davis, Executive Director of POWER in Allegheny County, led this effort on behalf of WATCH (Women and Their Children Heal). Members of WATCH contributed to the content of this document, as did Dr. Carolyn S. Carter. The editing and literature search were conducted by IRETA (The Institute for Research, Education, and Training in Addictions) and Dr. Carter.

**About WATCH:** *In 2002, a group of providers of drug and alcohol treatment and support services for women created a forum for addressing gender-specific issues. The name WATCH was selected, which stands for Women and Their Children Heal.*

*WATCH's mission is the enhancement of gender-specific alcohol and other drug treatment programs and the protection of mandated services for women, pregnant and parenting women, and their children. WATCH is comprised of leaders from various agencies across the Commonwealth of Pennsylvania, which provide services primarily to women, or which offer women-centered programming within the agency.*

#### **The Need for Gender-Responsive Care**

Nationwide, 4.5 million women are alcoholics, 3.5 million misuse prescription drugs and 3.1 million report regularly using illegal drugs (*The National Center on Addiction and Substance Abuse at Columbia University, 1996*). The gap between the number of men and women who use alcohol and other drugs has narrowed. Once considered an issue affecting only men, in 2000, girls and women constituted 40% of all alcohol users, 24% of the tobacco users and 5% of the illegal drug users (Substance Abuse and Mental Health Services Administration, 2001, pp. 1, 30, 38).

Studies show that services are most effective in treating substance use disorders in women when they are designed specifically for them. In addition to the general devastating effects of alcoholism and other drug abuse, women face issues that if not unique to them, are typically experienced differently as a group when compared to men. These issues include but are not limited to:

- Parenting
- Childcare
- Trauma (including physical and sexual abuse, domestic violence, rape, incest, etc.)
- Reproductive & Physical Health
- Mental Health

- Stigma
- Relationships
- Caregiving
- Low Self-Esteem
- Underemployment & Unemployment
- Homelessness

For women, substance abuse is often linked to early childhood trauma, sexual assault, unwanted pregnancies, child abuse and neglect, and the spread of AIDS (Carter, 2002a; Carter, 2002b; Chasnoff, Neuman, Thorton & Callaghan, 2001; Nelson-Zlupko, Kauffman, & Dore, 1995). For minority women, the issues are even more complicated. In order to be effective, providers must understand these relationships and the impact of race and culture, and offer women gender-responsive treatment that is not only sensitive to their needs, but reflects their lives, paying particular attention to these issues.

The issue of trauma alone, for example, has an enormous impact on the lives of women, and in particular on the recovery process of women with substance use disorders. It's reported that approximately 85% of women who enter substance abuse treatment report a history of trauma, most frequently early childhood sexual assault and domestic violence. Consider that prior to just a decade ago, treatment providers were advised not to address trauma with women in drug and alcohol treatment settings. Today, research and evidence-based strategies stress the importance of treating trauma concurrently with substance use disorders because not doing so seems to contribute to the rate of relapse in women.

### **The Purpose of this Document**

In 2003, WATCH decided to advocate for specific standards that could guide the Commonwealth's drug and alcohol treatment provider community in developing and implementing strategies for delivering quality gender-responsive care to women in substance abuse treatment settings.

This document integrates research in the field of women's addictions treatment and the collective expertise and practical experience of some of Pennsylvania's providers of women's treatment for substance use disorders.

The issues that are identified in this document are highlighted because they are unique to women or experienced differently by them as a group when compared to men. While we know that treatment that is gender-responsive and designed to reflect the lives of women and address the barriers they face has better outcomes for women, historically; most treatment has been based on men. WATCH wants to provide the opportunity to create gender-specialized systems of care for women in our Commonwealth that will result in treatment environments that reflect best practices and utilize evidenced-based strategies for treating substance use disorders in women.

We provide a rationale for the need to address each issue identified, as well as examples of gender-responsive approaches that contain key

components that we believe are necessary to effectively and sensitively treat substance use disorders in women. Doing so helps women reach their full potential, ultimately improving their lives and the lives of their children, families and communities.

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