

PREVALENCE, SYSTEMS PLANNING, COLLABORATIONS

Prevalence/Statistics/Documentation of Need

Beals, J., S. M. Manson, et al. (2005). "Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations." Arch Gen Psychiatry **62**(1): 99-108.

BACKGROUND: The American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project (AI-SUPERPPF) estimated the mental health burden and associated help-seeking in select American Indian reservation communities.

OBJECTIVE: To determine the lifetime and 12-month prevalence of common DSM-IV disorders, their demographic correlates, and patterns of help-seeking in 2 culturally distinct American Indian reservation communities in the Southwest and Northern Plains.

DESIGN: Completed between 1997 and 2000, a cross-sectional probability sample survey. SETTING: General community. PARTICIPANTS: Three thousand eighty-four (Southwest = 1446 and Northern Plains = 1638) members, aged 15-54 years, of 2 tribal groups living on or near their home reservations were randomly sampled from the tribal rolls. Response rates were 73.7% and 76.8% for the Southwest and Northern Plains tribes, respectively. Main Outcomes Measures The AI-SUPERPPF Composite International Diagnostic Interview, a culturally adapted version of the University of Michigan version of the Composite International Diagnostic Interview, to assess DSM-IV diagnoses and help-seeking. RESULTS: Overall lifetime prevalence of AI-SUPERPPF DSM-IV disorders ranged from 35.7% for Southwest women to near 50% for both groups of men. Alcohol abuse and dependence were the most common disorders for men, with posttraumatic stress disorder most prevalent for women. Many of those with lifetime alcohol problems or posttraumatic stress disorder no longer met criteria for 12-month diagnoses. Significant levels of comorbidity were found between those with depressive and/or anxiety and substance disorders. Demographic correlates other than tribe, sex, and age were generally unrelated to disorder status. A majority of participants with lifetime disorders had sought help from mental health professionals, other medical personnel, or culturally traditional sources. CONCLUSIONS: Alcohol disorders and posttraumatic stress disorder were more common in these American Indian populations than in other populations using comparable methods. Substantial comorbidity between depressive and/or anxiety and substance disorders suggests the need for greater coordination of treatment for comorbid disorders.

O'Brien, M. S. and J. C. Anthony (2005). "Risk of becoming cocaine dependent: epidemiological estimates for the United States, 2000-2001." Neuropsychopharmacology **30**(5): 1006-18.

In this paper, we present new estimates for the risk of becoming cocaine dependent within 24 months after first use of the drug, and study subgroup variation in this risk. The study estimates are based on the National Household Survey on Drug Abuse conducted during 2000-2001, with a representative sample of US residents aged 12 years and older (n=114 241). A total of 1081 respondents were found to have used cocaine for the first time within 24 months prior to assessment. Between 5 and 6% of these recent-onset users had become cocaine dependent since onset of use. Excess risk of recent cocaine dependence soon after onset of cocaine use was found for female subjects, young adults aged 21-25 years, and non-Hispanic Black/African-Americans. Use of crack-cocaine and taking cocaine by injection were associated with having become cocaine dependent soon after onset of use. These epidemiologic findings help to quantify the continuing public health burden associated with new onsets of cocaine use in the 21st century.

Peek-Asa, C., C. Zwerling, et al. (2005). "A population based study of reporting patterns and characteristics of men who abuse their female partners." Injury Prevention **11**(3): 180-185.

Objective: This study estimates the prevalence of male abusive behavior reported by

men and their female partners and identifies characteristics of abusive men. Design: Baseline survey from a population based cohort study of general health. Setting: A rural county in Iowa, USA. Subjects: 572 men and their cohabitating female partners. Main outcome measures: Male-to-female physical, emotional, and sexual abuse reported by either partner. Results: In this cohort, 13.6% of men had performed at least one act of physical abuse and 34.9% emotional abuse. More than 45% of abusive men reported their own behaviors. Alcohol problems, antisocial personality characteristics, depressive symptoms, and financial stress were all positively associated with both physical and emotional abuse, but suicidal thoughts were less likely among abusers. Conclusion: Identification of common characteristics of abusive men may predict proclivity towards partner violence and barriers to behavior modification.

Teter, C. J., S. E. McCabe, et al. (2005). "Prevalence and motives for illicit use of prescription stimulants in an undergraduate student sample." Journal of American College Health **53**(6): 253-262.

To assess the prevalence and motives for illicit use of prescription stimulants and alcohol and other drugs (AODs), associated with these motives, the authors distributed a self-administered Web survey TO a random sample of 9,161 undergraduate college students. Of the study participants, 8.1% reported lifetime and 5.4% reported past-year illicit use of prescription stimulants. The most prevalent motives given for illicit use of prescription stimulants were to (1) help with concentration, (2) increase alertness, and (3) provide a high. Although men were more likely than women were to report illicit use of prescription stimulants, the authors found no gender differences in motives. Regardless of motive, illicit use of prescription stimulants was associated with elevated rates of AOD use, and number of motives endorsed and AOD use were positively related. Students appear to be using these prescription drugs non-medically, mainly to enhance performance or get high.

Waxmonsky, J. A., M. R. Thomas, et al. (2005). "Prevalence and correlates of tobacco use in bipolar disorder: data from the first 2000 participants in the Systematic Treatment Enhancement Program." 321-8, 2005 Sep-Oct.

OBJECTIVE: Only a few small descriptive studies have examined the prevalence and correlates of tobacco use among bipolar patients. We predicted that poorly controlled manic, depressed and mixed states, and the presence of psychotic symptoms, would be associated with a greater prevalence of smoking among patients with bipolar disorder. METHOD: We examined the prevalence of smoking in a cross-sectional sample of 1904 patients with bipolar disorder enrolled in the National Institute of Mental Health's Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) database. We also examined the relationship between smoking and other factors including: bipolar subtype, current clinical status, illness severity (e.g., number of prior mood episodes), age of bipolar onset, gender, education, socioeconomic status, and concurrent substance use. RESULTS: At STEP-BD program entry, 31.2% of patients reported that they were smokers. Patients who were male, less educated, and/or had lower income were more likely to be smokers ($P < .01$). Additionally, patients with rapid cycling, comorbid psychiatric disorders, and/or substance abuse, and those experiencing a current episode of illness were more likely to be smokers ($P < .0001$). More lifetime depressive and manic episodes as well as greater severity of depressive and manic symptoms were associated with smoking ($P < .001$). Use of atypical antipsychotic medications was more prevalent among smokers ($P = .04$). CONCLUSIONS: Clinical and demographic variables are associated with smoking in this sample of bipolar patients. Longitudinal analyses are needed to determine how mood and bipolar symptoms interact with smoking over the episodic course of bipolar disorder. Additional studies should focus on whether controlling bipolar symptoms is associated with cessation of smoking.

Zucker, R. A. and M. M. Wong (2005). "Prevention for children of alcoholics and other high risk groups." Recent Dev Alcohol **17**: 299-320. [abstract not available]

Health Disparities and Gaps in Health Services

Kraemer, K. L., M. S. Roberts, et al. (2005). "Health utility ratings for a spectrum of alcohol-related health states." Medical Care **43**(6): 541-550.

Background: Preference-based utility ratings for health conditions are important components of cost-utility analyses and population burden of disease estimates. However, utility ratings for alcohol problems have not been determined. Objectives: The objectives of this study were to directly measure utility ratings for a spectrum of alcohol-related health states and to compare different methods of utility measurement. Design, Setting, and Subjects: The authors conducted a cross-sectional interview of 200 adults from a clinic and community sample. Methods: Subjects completed computerized visual analog scale (VAS), time tradeoff (TTO), and standard gamble (SG) utility measurement exercises for their current health, a blindness scenario, and for 6 alcohol-related health state scenarios presented in random order. The main outcome measures were the utility ratings, scaled from 0 to 1, and anchored by death (0) and perfect health (1). Results: The 200 subjects were middle-aged (mean, 41.14 years), 61% women, and racially diverse (48% black, 43% white). Utility ratings decreased as the severity of the alcohol-related health state increased, but differed significantly among the VAS, TTO, and SG methods within each health state. Adjusted mean (95% confidence interval) utility ratings for alcohol dependence (VAS, 0.38 [0.34-0.41]; TTO, 0.54 [0.48-0.60]; SG, 0.68 [0.63-0.73]) and alcohol abuse (VAS, 0.53 [0.49-0.56]; TTO, 0.71 [0.65-0.77]; SG, 0.76 [0.71-0.81]) were significantly lower than utility ratings for nondrinking, moderate drinking, at-risk drinking, current health, and blindness. Conclusions: Utility ratings for alcohol-related health states decrease as the severity of alcohol use increases. The low utility ratings for alcohol abuse and alcohol dependence are similar to those reported for other severe chronic medical conditions.

Larson, M. J., L. Miller, et al. "Physical Health Burdens of Women with Trauma Histories and Co-occurring Substance Abuse and Mental Disorders." The Journal of Behavioral Health Services & Research **32**(2): 128.

This paper documents the physical health burdens of participants in a large, federally funded cross-site study of specialized services for women with histories of trauma (physical or sexual abuse) and co-occurring substance abuse and mental health disorders. Nearly one half of the 2,729 women in the study (48%) reported serious physical illnesses and these physical illnesses frequently limited daily life activities or required use of special equipment. Nearly one-half (46%) rated their health status as only fair or poor. Given the prevalence of physical illnesses in this population, behavioral service providers should discuss with clients their overall health and how it might hinder their participation in treatment for trauma, substance abuse, and mental illness and policy-makers should consider this need when designing behavioral health requirements, setting reimbursement rates, and allocating funds.

Parthasarathy, S. and C. M. Weisner (2005). "Five-year trajectories of health care utilization and cost in a drug and alcohol treatment sample." Drug and Alcohol Dependence **80**(2): 231-240.

Background: The study examined the effect of individual characteristics on longitudinal patterns of health care utilization and cost among individuals entering chemical dependency (CD) treatment. Method: Structured interviews and computerized

administrative databases were linked to obtain severity, utilization and cost data. Total medical costs and their components were examined for the 6 months prior to intake through 5 years post-intake. Statistical analyses were conducted using the hierarchical linear modeling framework. Results: Age was positively correlated with total medical costs. Women had higher inpatient utilization and higher inpatient, primary care and total cost at baseline ($p < .05$). However, they had steeper decline in primary care costs. While age was not related to inpatient and ER use at baseline (after controlling for psychiatric and medical severity), older individuals had smaller declines in hospital days and inpatient cost over time. Individuals with high medical and psychiatric severity had higher utilization and costs ($p < .01$). Those who were abstinent had higher costs. Conclusions: There are important differences in patient characteristics and treatment Outcomes that influence utilization and cost trajectories. The relationship between medical severity at intake and primary care cost pre-intake among patients with drug and alcohol problems Suggests an opportunity to identify and treat drug and alcohol problems in primary care settings. It also suggests that medical evaluations and treatment should not be overlooked during CD treatment. The positive association between abstinence and trajectories of primary care and total medical costs suggests that maintaining abstinence over a long term requires some kind of continuing care either in primary care settings or via additional contacts with specialty CD departments.

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Workforce Issues

Bentley, K. J. "Women, Mental Health, and the Psychiatric Enterprise: A Review." Health & Social Work **30**(1): 56.

This article raises questions about how social workers can be more responsive to the needs and wants of women who struggle with mental, emotional, and behavioral disorders. Specifically, the article examines the history and theoretical context of mental health services for women, reviews lessons learned from women's own descriptions of their lived experiences with mental illness, and summarizes needed responses to the treatment needs of women. Recommendations are offered in areas of the general structure of the service delivery system, psychosocial and psychotherapeutic interventions, and psychopharmacology. [PUBLICATION ABSTRACT] KEY WORDS; clinical practice; mental health; psychopharmacology; women

Matthews, C. R., M. M. D. Selvidge, et al. "Addictions Counselors' Attitudes and Behaviors Toward Gay, Lesbian, and Bisexual Clients." Journal of Counseling and Development : JCD **83**(1): 57.

This study surveyed addictions counselors to determine factors that predict affirmative attitudes and behaviors with all clients and with gay, lesbian, and bisexual clients (GLB) in particular. Three factors were predictive with regard to all clients, and 5 factors were predictive with regard to GLB clients. Nonheterosexist organizational climate was the only factor predictive in both situations. The implications of these results are discussed

with regard to practice, research, and training. [PUBLICATION ABSTRACT]

Siebert, D. C. (2005). "Help seeking for AOD misuse among social workers: patterns, barriers, and implications." Soc Work **50**(1): 65-75.

Social workers experience alcohol and other drug (AOD) problems, yet little is known about how they deal with these issues. To begin to address this gap in knowledge, this study presents data from a sample of NASW members and describes how frequently social workers seek support for AOD problems, the kinds of assistance they typically obtain, how helpful they find the assistance, the barriers that discourage them from seeking help, and the relationship between help seeking and impairment. The data suggest that social workers do not frequently seek help, even when they are high-risk AOD users. Respondents reported a number of personal reasons for not obtaining assistance, but when they sought help, they found both peer support and formal treatment beneficial. Help seeking was also related to a variety of professional impairments. Implications for practice and research are discussed.

Cross Systems Support/Collaboration

Altshuler, S. J. "Drug-Endangered Children Need a Collaborative Community Response." Child Welfare **84**(2): 171.

The United States is facing an epidemic of the use of methamphetamine drugs. Child welfare has not yet addressed the needs of the children living in so-called "meth homes." These children are endangered not only from the chemicals involved, but also from parental abuse and neglect. Communities are recognizing the need for interagency collaboration to address the consequences of this epidemic. Spokane, Washington, has created a Drug-Endangered Children Project, whose mission is to implement a collaborative response among law enforcement, prosecutorial, medical, and social service professionals to the needs of drug-endangered children. This article presents the findings from the evaluation of the first year of the project, including a baseline assessment of the needs of drug-endangered children and the extent of community-based collaboration achieved. This article makes recommendations for future community-based partnerships to improve the well-being of drug-endangered children.

Kerwin, M. E. (2005). "Collaboration between child welfare and substance-abuse fields: Combined treatment programs for mothers." Journal of Pediatric Psychology **30**(7): 581-597.

Objective To review collaboration between child welfare and drug-abuse fields in providing treatment to mothers who abuse drugs and maltreat their children. Methods Literature review of studies examining effects of maternal drug abuse on parenting skills and outcomes of interventions for both maternal drug abuse and parenting skills. Results Parenting skills differ between mothers who do and do not abuse drugs, but these studies are primarily limited to mothers of infants and preschoolers. The evidence base for interventions to address both substance use and parenting in these mothers is growing, but more well-controlled studies are needed. Opportunities for improved collaboration between fields are presented. Conclusion Progress has been made toward collaboration to address drug abuse and parenting skills of mothers who abuse drugs, but more integrated strategies are needed, especially for mothers who use drugs and maltreat their children.

Markoff, L. S., N. Finkelstein, et al. "Relational Systems Change: Implementing a Model of Change in Integrating Services for Women With Substance Abuse and Mental Health Disorders and Histories of Trauma." The Journal of Behavioral Health Services & Research **32**(2): 227.

This paper describes the "relational systems change" model developed by the Institute for Health and Recovery, its implementation in Massachusetts from 1998-2002 to

facilitate systems change to support the delivery of integrated and trauma-informed services for women with co-occurring substance abuse and mental health disorders and histories of violence and empirical evidence of resulting systems changes. The federally funded WELL Project utilized relational strategies to facilitate systems change within and across three systems levels: local treatment providers, community (or region), and state. The WELL Project demonstrates that a highly collaborative, inclusive, and facilitated change process can effect services integration within agencies (intra-agency), strengthen integration within a regional network of agencies (interagency), and foster state support for services integration.

O'Connor, L. A., J. Morgenstern, et al. "Nothing About Me Without Me": Leading the Way to Collaborative Relationships with Families." Child Welfare **84**(2): 153.

This article discusses the National Center on Addiction and Substance Abuse's CASA Safe Haven(sm), an evidence-based, community-driven intervention program for children and families in child welfare whose lives have been adversely affected by substance abuse, and for staff in the agencies that work with them. CASA Safe Haven(sm) builds collaborative relationships that feature a blend of multidisciplinary teams that share responsibility for helping families; family group conferencing, in which families are equal and welcome participants in designing and driving a service plan; and the influence of family court to hold families and service providers accountable for progress. CASA Safe Haven(sm) is a framework for collaboration.

Child Welfare/Dependency Courts

Dohan, D., L. Schmidt, et al. (2005). "From enabling to bootstrapping: welfare workers' views of substance abuse and welfare reform." Contemporary Drug Problems **32**(3): 429.

In the United States, a trope of "deservingness" shapes policy related to public aid and substance abuse. In recent decades, poor people with substance use problems have increasingly been seen as "undeserving." Federal welfare reform, passed in the mid-1990s, is an important exemplar of this trend. Welfare reform empowered line workers to directly and indirectly withhold aid from people with substance use problems. This paper uses in-depth interviews with workers to explore their views of these new policies. Workers generally applauded welfare reform's renewed attention to deservingness, including program emphases on client self-sufficiency and personal accountability and policies that time-limited cash aid and mandated working. They felt that these changes allowed them to stop "enabling" substance abuse and to encourage clients with alcohol and drug problems to bootstrap their way into jobs. Workers' embrace of these policy changes appears likely to shape how substance abuse problems are addressed within the welfare system.

Gottfredson, D. C., B. W. Kearley, et al. (2005). "The Baltimore City Drug Treatment Court: 3-year self-report outcome study." Eval Rev **29**(1): 42-64.

This study reports results from interviews with 157 research participants who were interviewed 3 years after randomization into treatment and control conditions in the evaluation of the Baltimore City Drug Treatment Court. The interviews asked about crime, substance use, welfare, employment, education, mental and physical health, and family and social relationships. Program participants reported less crime and substance use than did controls. Few differences between groups were observed on other outcomes, although treatment cases were less likely than controls to be on the welfare rolls at the time of the interview. Effects differed substantially according to the originating court.

Herz, D. C. and J. E. Walsh (2004). "Faith-based programs for reentry courts: A summary of issues and recommendations." Juvenile and Family Court Journal **55**(4): 15-25. [not gender-

specific, but may be of interest]

In 2002, the Bush Administration directed the Department of Justice to include faith-based organizations in its distribution of funds earmarked for programs targeting the prevention and treatment of juvenile delinquency and substance abuse. Among the initiatives most likely to be affected by this new policy are reentry court programs that endeavor to reintegrate juvenile delinquents into their communities by placing them within local neighborhood-based programs. However, reentry court personnel and leaders of faith-based organizations are likely to encounter numerous challenges as they try to establish appropriate programming. In this article, we discuss the current understanding of First Amendment jurisprudence governing the federal funding of faith-based organizations and summarize key issues identified by a National Council of Juvenile and Family Court Judges' workgroup on faith-based programming that are necessary for including faith-based organizations within a reentry court's continuum of care. We also discuss several concerns that reentry court personnel and faith-based organizations should consider as they seek to maximize the impact of their programs.

Lundgren, L. M., R. F. Schilling, et al. (2005). "Evidence-based drug treatment practice and the child welfare system: the example of methadone." Soc Work **50**(1): 53-63.

This article examined the extent to which methadone maintenance (MM) is considered a treatment alternative for drug-dependent parents, as reflected in the social work and child welfare literature and in child welfare policies. Findings were derived from a review of 15 social work journals published from 1996 through 2002 and from a review of child welfare policies in 27 states in regard to treatment recommendations for substance-abusing parents. These reviews found that 23 articles focused on child welfare-substance abuse issues; no article specifically discussed MM as a treatment option for heroin-using parents; and of the 27 states, only three included methadone as a treatment option in their child welfare policy recommendations. Practice and policy recommendations are discussed.

Marsh, J. C. and D. C. Cao (2005). "Parents in substance abuse treatment: Implications for child welfare practice." Children and Youth Services Review **27**(12): 1259-1278.

Substance abuse treatment in parents of young children is an important element of child welfare services. This study compares the predictive factors of post-treatment drug use in organizational, service and individual characteristics between parents and non-parents, mothers and fathers. The analysis sample is derived from the National Treatment Improvement Evaluation Study (NTIES), a longitudinal study designed to evaluate the implementation and effectiveness of the specialty substance abuse service system. The results show that treatment duration and the frequency of counseling available in treatment facilities are the most predictive factors for parents when other factors are controlled. Further, treatment duration, onsite service availability, and frequency of counseling available are significant factors in predicting post-treatment drug use for fathers, but not for mothers. These findings have implications for improving substance abuse treatment services for parents in child welfare settings.

Metsch, L. R. and H. A. Pollack (2005). "Welfare reform and substance abuse." Milbank Q **83**(1): 65-99.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) changed the nature, purpose, and financing of public aid. Researchers, administrators, and policymakers expressed special concern about the act's impact on low-income mothers with substance use disorders. Before PRWORA's passage, however, little was known about the true prevalence of these disorders among welfare recipients or about the likely effectiveness of substance abuse treatment interventions for welfare recipients. Subsequent research documented that substance abuse disorders are less widespread among welfare recipients than was originally thought and are less common than other

serious barriers to self-sufficiency. This research also showed significant administrative barriers to the screening, assessment, and referral of drug-dependent welfare recipients. This article summarizes current research findings and examines implications for welfare reform reauthorization.

Somervell, A. M., C. Saylor, et al. (2005). "Public health nurse interventions for women in a dependency drug court." Public Health Nurs **22**(1): 59-64.

There is an increasing number of children placed in foster care due to abuse and neglect. Parents of these children often have difficult drug abuse problems leading to the removal of their children. The cost of caring for these children is staggering, reaching an estimated \$24 billion. One program in Northern California that has been created to assist parents is dependency drug court. This research utilized qualitative and quantitative data to identify the perceived needs of women who have graduated from this dependency drug court (n = 50) and what they think the public health nurse (PHN) could do to intervene in the difficult process of going through dependency drug court and reunifying with their children. Two main themes emerged from select interviews with former drug court recipients who were functioning as "mentor moms" (n = 4). Common barriers contributed to stress during recovery, and specific strategies promoted reunification and program success. Among strategies recommended by the mentor moms was a suggestion for PHNs to bridge the information gap through regular reports on the development and health of their children during the time they reside in foster care.

Tyuse, S. W. and D. M. Linhorst (2005). "Drug Courts and Mental Health Courts: Implications for Social Work." Health & Social Work **30**(3): 233. **[does not mention gender differences, but may be of interest]**

In recent years communities across the United States have instituted specialized criminal courts for defendants with substance abuse disorders and mental illness. These specialized courts seek to prevent incarceration and facilitate community-based treatment for offenders, while at the same time protecting public safety. The authors describe two types of specialized courts: drug courts and mental health courts. They critically examine the strengths and weaknesses of these courts and conclude with implications for social work education, practice, research, and advocacy.

Wells, K. and R. Shafran "Obstacles to Employment Among Mothers of Children in Foster Care." Child Welfare **84**(1): 67-96.

This article reports on a study of obstacles to employment among mothers with children in foster care, relying on standardized measures, has a cross-sectional design, and includes a sample of 158 mothers. The analysis shows a high prevalence of obstacles; identifies three co-occurring obstacles, each involving substance abuse, that are related to a low probability of employment (p d .05); and reveals that employment and access to transportation are related to higher income relative to mothers' needs (p d .05).

Criminal Justice

Benda, B. B. "Gender Differences in Life-Course Theory of Recidivism: A Survival Analysis." International Journal of Offender Therapy and Comparative Criminology **49**(3): 325.

This study of 300 women and 300 men graduates of a boot camp finds that there are noteworthy gender differences in predictors of tenure in the community without criminal recidivism in a 5-year follow-up. The Cox proportional hazards models show that urban residence, childhood and recent abuses, living with a criminal partner, selling drugs, stress, depression, fearfulness, and suicidal thoughts are stronger positive predictors of recidivism for women than for men. Men are more likely to return to prison because of criminal peer associations, carrying weapons, alcohol abuse, and aggressive feelings.

Job satisfaction and education lengthen time in the community more for men than women, whereas the number of children and relationships are more important to tenure in the community for women. The implications for the findings for theory are discussed.

Blitz, C. L., N. Wolff, et al. (2005). "Gender-Specific Behavioral Health and Community Release Patterns Among New Jersey Prison Inmates: Implications for Treatment and Community Reentry." American Journal of Public Health **95**(10): 1741.

We describe behavioral health diagnoses and community release patterns among adult male and female inmates in New Jersey prisons and assess their implications for correctional health care and community reentry. We used clinical and classification data on a census of "special needs" inmates (those with behavioral health disorders) in New Jersey (n=3189) and a census of all special needs inmates released to New Jersey communities over a 12-month period (n=974). Virtually all adult inmates with special needs had at least 1 Axis I mental disorder, and 68% of these had at least 1 additional Axis I mental disorder, a personality disorder, or addiction problem (67% of all male and 75% of all female special needs inmates). Of those special needs inmates released, 25% returned to the most disadvantaged counties in New Jersey (27% of all male and 18% of all female special needs inmates). Two types of clustering were found: gender-specific clustering of disorders among inmates and spatial clustering of ex-offenders in impoverished communities. These findings suggest a need for gendered treatment strategies within correctional settings and need for successful reentry strategies.

Case, P., D. Fasenfest, et al. "Providing Educational Support for Female Ex-Inmates: Project PROVE as a Model for Social Reintegration." Journal of Correctional Education **56**(2): 146.

The number of female prisoners continues to grow in the United States, yet most examinations of how to increase reintegration and reduce recidivation focus on the needs of the predominantly male prisoner population. As a result, prison education programs and post-release environments often leave women unprepared and facing special risks. This study reviews the experience of one post-release program, Project PROVE, which focuses on the needs and special circumstances of female ex-inmates, how those circumstances may be barriers to successful reintegration and continued education, and reviews what is needed to promote employment as a critical factor for successful reintegration post release. These include family concerns, parenting issues and employment discrimination as well as more personal barriers such as illness and substance use. Successful social integration is further exacerbated by limited agency funding sources in a social environment that is increasingly unsympathetic to the needs of the post-prison population.

Chan, M., J. Guydish, et al. (2005). "Evaluation of Probation Case Management (PCM) for Drug-Involved Women Offenders." Crime and Delinquency **51**(4): 447.

Based on availability of case management services, drug involved women offenders entered either a probation case management (PCM) intervention (n = 65) or standard probation (n = 44). Participants were placed in the case management condition until all slots were filled, then placed in standard probation until case management slots opened. Participants were interviewed at program entry and at 6 and 12 month follow up using measures of substance abuse, psychiatric symptoms, and social support. Results showed modest change over time in both conditions, but PCM did not result in more services or treatment, or better outcomes than standard probation. These findings are discussed in the context of study limitations and in the context of state initiatives like those in Arizona and California designed to apply treatment as an alternative to incarceration.

Freudenberg, N., J. Daniels, et al. (2005). "Coming Home From Jail: The Social and Health Consequences of Community Reentry for Women, Male Adolescents, and Their Families and

Communities." American Journal of Public Health **95**(10): 1725.

Each year, more than 10 million people enter US jails, most returning home within a few weeks. Because jails concentrate people with infectious and chronic diseases, substance abuse, and mental health problems, and reentry policies often exacerbate these problems, the experiences of people leaving jail may contribute to health inequities in the low-income communities to which they return. Our study of the experiences in the year after release of 491 adolescent males and 476 adult women returning home from New York City jails shows that both populations have low employment rates and incomes and high rearrest rates. Few received services in jail. However, overall drug use and illegal activity declined significantly in the year after release. Postrelease employment and health insurance were associated with lower rearrest rates and drug use. Public policies on employment, drug treatment, housing, and health care often blocked successful reentry into society from jail, suggesting the need for new policies that support successful reentry into society.

Friedman, S. H., M. D. Shelton, et al. (2005). "Gender differences in criminality: Bipolar disorder with co-occurring substance abuse." Journal of the American Academy of Psychiatry and the Law **33**(2): 188-195.

Outpatient interviews to collect criminal history data were conducted with 55 women and 77 men who had the dual diagnosis of rapid-cycling bipolar disorder with co-morbid substance abuse disorders (DD-RCBD), to ascertain gender-related similarities and differences. Fifty-three percent of women and 79 percent of men reported that they had been charged with a crime, and nearly half of those charged had been incarcerated. Men with DD-RCBD were more likely to have committed a felony and had a trend of committing more misdemeanors. Although women with DD-RCBD were less likely to have a criminal history than their male counterparts, they were far more likely to have a criminal history than were women in the general population. Implications from this pilot study include the need for earlier identification of bipolar disorder and for the increased availability of psychiatric and substance abuse services within correctional facilities.

Grella, C. E., J. A. Stein, et al. (2005). "Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders." 43-53, 2005 Mar.

This article explores relationships among exposure to childhood abuse and traumatic events, adolescent conduct problems and substance abuse, and adult psychological distress and criminal behaviors in a sample of substance-abusing women offenders (N=440). Latent variable structural equation models revealed direct relationships between several childhood traumatic events and greater adolescent conduct problems and substance abuse. Conduct problems predicted more adult criminal behavior, and adolescent substance abuse predicted higher levels of current psychological distress. There were direct relationships between several types of traumatic events and current psychological distress and between traumatic events and specific criminal behaviors. Ethnic differences were also found, suggesting different pathways to criminal behavior. The findings underscore the need to provide trauma-related services for substance-abusing women offenders. Copyright (c) 2005 APA, all rights reserved.

Hanlon, T., K. O'Grady, et al. (2005). "Incarcerated drug-abusing mothers: Their characteristics and vulnerability." The American Journal of Drug and Alcohol Abuse **31**(1): 59.

Although the number of mothers with histories of drug addiction who are incarcerated has grown substantially in recent years, there is little information on their unique characteristics and vulnerability. Undertaken to address this issue, this study examined data on 167 incarcerated drug-abusing mothers from Baltimore City who had volunteered for a parenting program offered at a Maryland correctional facility. Prior to entering this program, mothers who consented to participate completed a battery of

assessment measures, which included an extensive interview covering their early developmental and current experiences, along with standardized instruments measuring psychological adjustment and parenting satisfaction. Analyses of these data focused on the link between risk/protective factor information drawn from the early development experiences of the mothers and their current adjustment status. Results revealed significant relationships between higher risk levels and less favorable current adjustment. Implications of the findings of the study for both prevention and clinical intervention efforts targeting both mothers and their children are discussed.

Needels, K., S. Jarnes-Burduy, et al. (2005). "Community case management for former jail inmates: Its impacts on rearrest, drug use, and HIV risk." Journal of Urban Health-Bulletin of the New York Academy of Medicine **82**(3): 420-433.

Dramatically increasing incarceration rates in the United States have led to large concentrations of formerly imprisoned people in poverty-stricken urban areas. Therefore, identifying ways to help inmates who exhibit multiple, serious problems and who are at great risk of experiencing poor postrelease outcomes is especially important to urban communities, as well as to service providers and policymakers concerned about these communities. Our research provides evidence about the effectiveness of one strategy, called Health Link, which recruited adult women and adolescent men while they were incarcerated in a New York City jail and offered case management services during the especially challenging first year after release. About 1,400 participants who enrolled during a 3-year period were randomly assigned either to a group that was eligible for intensive discharge planning services and community-based case management services or to a group eligible for less-intensive discharge planning and no community-based services. We investigated whether the availability of these services reduced rates of drug use, HIV risk, and rearrest. Using data from interviews and hair analysis to measure impacts during a 1-year follow-up period after clients release from jail, we detected increased participation in drug treatment programs and weak evidence for reduced drug use. However, we did not observe reductions in rearrest rates or in activities with high risk of HIV infection. We conclude that a well-executed case management program can make modest differences in a few short-term outcomes of former inmates. However, the intervention did not lead to the hoped-for changes across a range of outcomes that would clearly indicate greater success in community reintegration or improved health.

Wasserman, G. A., L. S. McReynolds, et al. (2005). "Gender differences in psychiatric disorders at juvenile probation intake." Am J Public Health **95**(1): 131-7.

OBJECTIVE: We identified gender differences in psychiatric disorders among youths at probation intake. METHODS: We measured disorders with the Voice Diagnostic Interview Schedule for Children among 991 randomly selected youths (200 girls) at probation intake in 8 Texas counties. Logistic regression analyses predicted diagnostic clusters by gender, adjusting for demographics and offense characteristics. RESULTS: Demographic and offense characteristics explained small but interpretable and specific variance in diagnostic profile. Girls' rates of anxiety and affective disorders were higher than boys' (odds ratios = 0.59 and 0.32, respectively). Girls with violent offenses, compared with other groups, were 3 to 5 times as likely to report anxiety disorders. CONCLUSIONS: Among youths with conduct problems, girls demonstrated an elevated risk for co-occurring anxiety or affective disorder.

California

Bogart, L. M., A. H. Kral, et al. (2005). "Sexual risk among injection drug users recruited from syringe exchange programs in California." Sex Transm Dis **32**(1): 27-34.

OBJECTIVE: The objective of this study was to examine correlates of sexual risk among

injection drug users (IDUs). STUDY: A total of 1445 IDUs were recruited from California syringe exchange programs. RESULTS: Consistent condom use was independently related to being HIV-positive, having multiple sex partners, not having a steady partner, not sharing syringes, and not injecting amphetamines for men; and engaging in sex work, not sharing syringes, and not having a steady partner for women. Having multiple recent sexual partnerships that included a steady partner was related to engaging in sex work, speedball injection, and amphetamine use among men; and younger age, having had a sexually transmitted disease (STD), engaging in sex work, and using alcohol among women. Having heterosexual anal sex was related to having had an STD, having multiple sexual partners, using amphetamines, and syringe-sharing for men; and younger age and amphetamine use for women. CONCLUSIONS: Comprehensive prevention interventions addressing multiple sexual and injection risk behaviors are needed for IDUs.

Burgard, S. A., S. D. Cochran, et al. (2005). "Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women." Drug Alcohol Depend **77**(1): 61-70.

BACKGROUND: Mounting evidence suggests that lesbians and bisexual women may be at especially elevated risk for the harmful health effects of alcohol and tobacco use. METHODS: We report findings from the California Women's Health Survey (1998-2000), a large, annual statewide health surveillance survey of California women that in 1998 began to include questions assessing same-gender sexual behavior. RESULTS: Overall, homosexually experienced women are more likely than exclusively heterosexually experienced women to currently smoke and to evidence higher levels of alcohol consumption, both in frequency and quantity. Focusing on age cohorts, the greatest sexual orientation disparity in alcohol use patterns appears clustered among women in the 26-35-year-old group. We also find that recently bisexually active women report higher and riskier alcohol use than women who are exclusively heterosexually active. By contrast, among homosexually experienced women, those who are recently exclusively homosexually active do not show consistent evidence of at-risk patterns of alcohol consumption. DISCUSSION: Findings underscore the importance of considering within-group differences among homosexually experienced women in risk for tobacco and dysfunctional alcohol use.

Hser, Y. I., E. Evans, et al. (2005). "Treatment outcomes among women and men methamphetamine abusers in California." Journal of Substance Abuse Treatment **28**(1): 77-85.

This prospective longitudinal study examined treatment outcomes among 1,073 methamphetamine-abusing patients (567 women, 506 men) from 32 community-based outpatient and residential programs in 13 California counties. Data were collected at intake and at 3 months and 9 months after admission. With one exception, improvements from baseline to follow-up were observed in all areas measured by the Addiction Severity Index for both women and men in either modality. Compared to men, women demonstrated greater improvement in family relationships and medical problems, and similar improvement in all other areas, despite the fact that more women were unemployed, had childcare responsibilities, were living with someone who also used alcohol or drugs, had been physically or sexually abused, and reported more psychiatric symptoms. Implications for service improvement are discussed.

Wolfe, E. L., T. Davis, et al. (2005). "Mortality risk associated with perinatal drug and alcohol use in California." J Prenatal **25**(2): 93-100.

OBJECTIVE: To analyze the relationship between perinatal drug/alcohol use and maternal, fetal, neonatal, and postneonatal mortality. STUDY DESIGN: Linked California discharge, birth and death certificate data from 1991-1998 were used to identify drug/alcohol-diagnosed births. Mortality relative risk (RR) ratios were calculated and

logistic models were generated for mortality outcomes. RESULTS: Among 4,536,701 birth records, 1.20% contained drug/alcohol discharge diagnostic codes (n=54,290). The unadjusted RRs for maternal (RR=2.7), fetal (RR=1.3), neonatal (RR=2.4), and postneonatal (RR=4.3) mortality were increased for drug/alcohol-diagnosed births. After controlling for potential confounding, the odds of maternal death for cocaine use (OR=2.15) remained significant as did amphetamine (OR=1.77), cocaine (OR=1.43), polydrug (OR=2.01) and other drug/alcohol use (OR=1.79) for postneonatal mortality. CONCLUSIONS: The association of cocaine use with maternal mortality and any drug/alcohol use with postneonatal mortality supports screening and identifying women using illicit drugs and alcohol during pregnancy. Increased collaboration with drug treatment programs and closer follow-up for drug-using women and their children may improve mortality outcomes.

Substance Abuse Policies/Legislation

Berger, M. T. "Coming Out of the Shadows: Rethinking Gender, Deviance, and Feminist Critical Policy Studies." NWSA Journal 17(1): 212.

Berger reviews several books, including *From Witches to Crack Moms: Women, Drug Law, and Policy* by Susan Boyd; *Using Women: Gender, Drug Policy, and Social Justice* by Nancy Campbell; *Drug Misuse and Motherhood* edited by Hillary Klee, Marcia Jackson, and Suzan Lewis.

Campbell, C. I. and J. A. Alexander (2005). "Health services for women in outpatient substance abuse treatment." Health Services Research 40(3): 781-810.

Objective. To evaluate how a sample of outpatient substance abuse treatment units respond to organizational and environmental influences by adopting and implementing treatment services for women. Data Sources. The National Drug Abuse Treatment System Survey from 1995 and 2000, a national survey of outpatient substance abuse treatment units. Study Design. Health services for women are the dependent variables. The predictors include organizational and environmental factors that represent resource dependence and institutional pressures for the treatment unit. Logistic regression and Heckman selection models were used to test hypotheses. Data Collection. Program directors and clinical supervisors at each treatment unit were interviewed by telephone in 1995 and 2000. Principal Findings. Units that depended on specific funding for women's programs and that depended on government funds were more likely to adopt, but not necessarily implement, women's services. Methadone units and units that train more staff to work with women were more likely to adopt as well as implement women's services. Private not-for-profit units were more likely to adopt some services, while for-profit units were less so. However, in general, neither for-profit nor not-for-profit units significantly implemented services. There was evidence that the odds of adopting services were greater in 2000 than 1995 for two services, but were otherwise stable. Conclusions. There is considerable variation in the adoption and implementation of women's services. In addition, not all adopted services were significantly implemented, which could reflect limited organizational resources and/or conflicting expectations. This also suggests that referral mechanisms to these services, and therefore access, may not be adequate. Government funds and specific funds for women's programs are important resources for the provision of these services. Women's services appear more available in methadone units, suggesting that regulation has been influential and that the recent methadone accreditation system should be evaluated. Staff training may be one strategy to encourage implementation of these services. For the most part, the adoption of services for women did not change between 1995 and 2000.

Heinrich, C. J. and E. Fournier (2005). "Instruments Of Policy And Administration For Improving Substance Abuse Treatment Practice And Program Outcomes." Journal of Drug Issues 35(3):

485.

The call for practice improvement in substance abuse treatment is motivated by the ultimate goal of achieving consistently positive post-treatment outcomes. A central hypothesis of the empirical investigation in this study is that consumer-level outcomes are affected either directly or indirectly through clinical practice, by factors originating at the policy and organizational level. Four broad categories of policy and program administration (funding, service technology and delivery, organizational structure, and leadership) that facilitate or hinder the implementation of practice improvements are investigated. Models hypothesizing that the effects of policy and program administration will vary according to the treatment goals and corresponding measurement of outcomes are tested. Using newly available data that link program- and consumer-level measures, the empirical analysis shows statistically significant direct effects of program and policy factors on outcomes as well as effects of these variables on treatment practices that have significant implications for treatment outcomes.

Vimpani, G. (2005). "Getting the mix right: family, community and social policy interventions to improve outcomes for young people at risk of substance misuse." 111-25, 2005 Mar. [Societal responses to the existence of substance misuse fluctuate between harm minimisation and prohibition. Both approaches are predominantly downstream reactions to substance misuse that focus on the supply of harmful substances and the containment of misuse through treatment, rehabilitation or punishment. Until recently, little attention has been paid to the upstream individual, family, relationship, community or societal antecedents of substance misuse (which often overlap with those for other adverse life outcomes, such as unemployment, antisocial personality disorder and mental health problems) that have operated during earlier life. A growing body of evidence highlights the overlapping biological and experiential antecedents for substance abuse and other poor outcomes as well as the trajectory-changing protective factors that can prevent risks being translated into destiny. Risk minimisation and protection enhancement embedded in family and social systems are the essential building blocks of a set of early intervention strategies that begin antenatally and continue through the developing years of childhood, adolescence and young adult life, that have been shown to be effective in improving many outcomes in development, health and well-being. Much remains to be done to enable the promise of effective universal and targeted early intervention to be translated into policies, programs and practices that could be life-changing for citizens bogged in the mire of substance misuse and their children. Realistic, timely investment, influenced by the best scientific evidence indicating what works, for whom, under what circumstances, an increased degree of collaboration within and between governments and their agencies to enable "whole of government" responses in partnership with community-based initiatives are essential along with investments in multidisciplinary program evaluation research that will enable evidence-informed policy decisions to be tailored to the needs of individual countries.

Research/Evaluation

Donovan, D., M. E. Mattson, et al. (2005). "Quality of Life as an Outcome Measure in Alcoholism Treatment Research." Journal of Studies on Alcohol(15): 119.

Objective: The present article reviews the literature to date dealing with quality of life (QoL) as it relates to drinking behavior, alcohol use disorders and treatment outcome. Method: Articles using the term "quality of life" to describe a status or outcome construct for individuals diagnosed with or being treated for alcohol use disorders or that used one or more instruments considered to reflect patients' QoL were identified primarily through Psychological Abstracts, MEDLINE and the National Institute on Alcohol Abuse and Alcoholism's ETOH archival database. Results: Thirty six studies, published between 1993 and 2004, met these criteria. Twelve different QoL measures were used. Frequent

heavy drinking or episodic heavy drinking (e.g., five or more drinks per occasion) patterns were associated with reduced QoL. Alcoholics had lower levels of QoL compared with general population norms or with other chronic health conditions. This relationship appears to be moderated by a number of sociodemographic and client characteristics, such as age, education, gender and co occurring psychiatric disorders. Alcohol dependent individuals experience improvements in QoL across treatment and with both short term and long term abstinence. Despite these improvements, many alcoholic individuals' QoL is unlikely to equal or exceed that of normative groups. Also, among hazardous and harmful drinkers, achieving and maintaining a marked reduction in drinking, even without complete abstinence, is associated with significant increases in QoL. Conclusions: QoL represents an important area to consider in assessing individuals with alcohol use disorders and in evaluating alcoholism treatment outcome.

Grella, C. E., Y.-I. Hser, et al. (2005). "How Can Research-Based Findings Be Used To Improve Practice? Perspectives From Participants In A Statewide Outcomes Monitoring Study." Journal of Drug Issues **35**(3): 469.

This paper reports on the perspectives of substance abuse treatment providers and administrators who participated in a collaborative project to implement a statewide outcome monitoring system, the California Treatment Outcome Project (CalTOP). Program providers and county administrators were invited to discuss their perceptions regarding the relationship of research to treatment practice following completion of the project. Themes identified from this research-practice meeting were augmented by observations from program site visits and focus groups conducted with project participants during start-up. Participants articulated a range of actual and potential applications for using outcome data to improve treatment practice and to inform policy development, stressed several ways in which they could build upon the data-collection infrastructure developed for the project, and identified potential areas for continued program and staff development based on outcome findings. Future steps include identifying the organizational and workforce characteristics related to a program's readiness to incorporate research-based practices.