



Helping Pregnant Substance Users Access Treatment: Creating a NYC Provider Network

- **Track:** #3 Coordination and Linkages
- **Date & Time:** August 25, 2008 at 8:45 am
- **Moderator:** Diane M. Rudnick, NYSDOH
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Women, Substance Use & Treatment: Unique Challenges

- Background
- Issues
- Differences
- Barriers
- Trauma
- Pregnancy
- Good News



Women & Substance Use: Background Separate & Unequal

- **“Women are not small men”**
 - Until recently the vast majority of addiction work was based on men. It was assumed that whatever held true for men would apply as well to women. This bias occurred throughout health care, not just addiction.
 - Women w/addiction differ dramatically from men in their treatment needs.
 - There are gender differences in the causes, progression and effective methods of treatment for substance use disorders among women.



Women & Substance Use: Background

- Even when women openly used drugs and often became addicted to them, they were given diagnoses other than addiction, e.g. hysteria
- The 12-step movement was founded by men for men; treatment programs were designed for men; assessment & research focused on men; until the 1960-70's women's programs did not exist.
- In the early years, it was not uncommon for programs to limit the acceptance of women to the wives & girlfriends of male clients as an incentive for men to enroll & remain in treatment.



Women & Substance Use: The Good News & The Bad News

The Good News:

- Women have lower rates of addiction than men.
- They are more likely to benefit from treatment.

The Bad News:

- For women, SA is linked to sexual assault, unwanted pregnancies, & diseases such as lung cancer, cirrhosis & HIV/AIDS, skyrocketing prison populations & child abuse & neglect.
- Women are more likely to suffer serious negative effects from addiction, even if they use less and start at a later age.
- Less likely to get support for their recovery & are more likely to have emotional difficulties in addition to addiction.
- Women's rate of addiction is increasing at a rapid rate, esp. among young women & girls.



The Bad News...

(and there's more of it).

- **Women's bodies process alcohol differently.** (Due to influences of female hormones, diff. processing of alcohol in stomach, less H₂O & more body fat) After drinking same am't, more alcohol in blood. More concentrated- does more damage to organs (Gomberg and Nirenberg 1993).
- **Women are more likely to develop health problems from addiction than men.** Women alcoholics more likely to suffer liver disease, cognitive impairment & physical injury, Much more quick to develop anemia, malnutrition, hypertension, stroke, heart disease & peptic ulcer from alcohol.



Barriers

- Women are known to have a harder time entering addiction treatment due to child-care pressures, lack of money and transportation (Schober and Annis 1996).
- Less likely to be encouraged to enter treatment by family and friends.
- Pregnant substance using women may be jailed or lose custody of their children.
- Women tend to come into treatment much later in their addiction than men, often exhibiting chronic, deteriorating conditions. They frequently enter treatment as a result of a crisis, such as a breakdown in health, a domestic assault, the threat of losing their children or an encounter with the law.



Barriers (cont.)

- Barriers facing women today are similar to those 40 yrs. ago. Their greatest fear is not caring for or losing their children. Other persistent barriers remain greater social stigma, lack of money or health insurance, inadequate transportation, housing, pregnancy, eldercare obligations and lack of treatment services sensitive to gender needs.
- Women receive the most benefit from treatment with services that are sensitive to their needs, including women-only therapy groups & female staff trained to help meet their needs such as child care, transportation, parenting training, job counseling, family planning, literacy, legal assistance etc.



Substance Use and Trauma

- Numerous studies have found that women in substance use treatment are twice as likely as other women to report a history of childhood physical or sexual abuse, whereas a similar association does not exist in men.
- Substance use and physical/sexual abuse seem to be bi-directional: a prior history of trauma (sexual/physical abuse) may predispose a woman to drug and alcohol problems, while drug and alcohol use may predispose a woman to trauma.



Substance Use and Trauma (cont.)

- Possible mediators of this association include resulting depression, anxiety, conduct disorders and PTSD.
- Sexual abuse, untreated trauma and the attendant stigma often result in reluctance or failure to seek medical care.



Pregnancy & Substance Use

- Of the 4 million women who give birth annually, 1 in 8 uses alcohol, tobacco or other drugs 1 week before delivery.
- Licit and illicit drug use contribute to perinatal complications, neuro, respiratory, seizures, SIDS & learning disorders.
- Long term consequences vary from drug to drug.
- Socioeconomic conditions are also major contributors.



Pregnancy & Substance Use (cont.)

- Unfortunately treatment programs for pregnant women, are rare. While there is often tremendous social judgment of pregnant women who use substances, there is extremely little care available to them.



Pregnancy & Substance Use (cont.)

- Poor women are particularly impacted. A recent survey of public child welfare agencies across the US was able to find tx. for only 20% of pregnant women addicts (Drug Strategies 1998).
- The guilt & self blame among pregnant women for harming their children can last a lifetime, yet often they are unable to get help when they need it.
- Criminal prosecution of pregnant women who use substances has been widely condemned by the medical field. It prevents women from seeking help for addiction and prenatal care during pregnancy and ultimately increases harm to the unborn child (Blume 1997a;Paltrow 1998).



Good News

Not Always Recovery vs Family

- **New programs sensitive to the needs of women are being developed.**
- **Knowledge is growing about how best to treat women with addiction.** Programs are starting to address the multiple needs of women users, including: trauma history, co-occurring disorders such as depression & anxiety, parenting, job training, medical care & domestic violence- rather than just providing female version of male centric addiction treatment.
- **Treating women effectively can have a positive impact on their children.** Addiction prgms designed to address the needs of pregnant women have a + effect on both mother & child (Clark2001). If a SA women receives tx, the cost of health care services for her child in the first 2yrs of life are 1.4 times lower than if no treatment.
- **If a woman is able to keep custody of her children, she is more likely to succeed in tx (Drug Strategies 1998).** Similarly, if women are allowed to keep their children with them in residential tx, less likely to drop out & are more successful after treatment (Coletti et al. 1997).

Good News

Community Action for Prenatal Care (CAPC)

- This workshop will present one example of new programs and a provider network that recognizes and responds to the myriad needs of pregnant substance users.



Acknowledgments

- CAPC clients
- CAPC providers
- Substance Use Provider Community
- AI colleagues



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