

CESAR BRIEFING

Substance Abuse Treatment for Women with Children

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What are the unique needs of substance-abusing women with children?

Women with children experience unique barriers to accessing and succeeding in substance abuse treatment. For most women, concern for the child is the main motivating factor in deciding whether to enter treatment. Yet without adequate childcare arrangements, many women feel they must delay entering treatment or leave treatment prematurely.¹

Does childcare improve treatment effectiveness?

Programs that bring women together with their children are thought to be more effective at retaining women in their programs and have demonstrated long-term benefits such as reduced drug use, increased employment and earnings, and decreased illegal activity. Studies conducted in Maryland and nationally have evaluated both residential and outpatient treatment programs that are tailored to meet women's needs by providing childcare or allowing children to visit or live at the treatment centers with their mothers.

Mellwood House, a women's therapeutic community run by Second Genesis in Upper Marlboro, allows children to live with their mothers in the treatment facility. CESAR's evaluation of Mellwood House found that women who completed the 6-month residential treatment program were significantly more likely than program "drop-outs" to be employed, insured, and drug-free at follow-up. Furthermore, by allowing children to live in the facility, Mellwood House attracted many women who were previously not receiving treatment services.² Similar findings have been demonstrated nationally.³

In national studies, programs that provide a range of services to address the needs of women and their families in treatment have shown higher rates of post-treatment abstinence.^{4,5} These types of findings have led the federal Center for Substance Abuse Treatment to include childcare among the critical components of alcohol and drug treatment for women.

How available is childcare in treatment programs?

Women face many barriers to accessing drug treatment, one of which is the uncertainty surrounding the care of their children if they are to enter drug treatment. This perception is real, and can have unsettling consequences for children without alternative caregivers.

Nationally in 2002, less than 9% of all treatment centers surveyed offered childcare.⁶

What treatment programs in Maryland provide childcare?

In Maryland, childcare was offered at 20 out of 332 (6%) treatment facilities surveyed in 2000.⁷ Out of the 20 programs with childcare, 5 were halfway houses and 5 were hospital-based. The majority accepted Medicaid (n=17, 85%) and/or received public funding (n=15, 75%). Mellwood House is one example of a treatment program that accommodates the needs of women with children, as noted above. In

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addition, three other Maryland programs serving women with children were highlighted in 1999 by the Legal Action Center in a report focusing on moving substance-abusing women from welfare to work.⁸

- At Avery House in Rockville, a women's halfway house that allows children to live with their mothers, between 85% and 90% of women began full- or part-time employment or school within the first 30 days of arriving at the program.
- The Center for Addiction and Pregnancy (CAP) in Baltimore provides on-site childcare as part of its residential and outpatient programs for pregnant women. Women in this program were nearly twice as likely as non-treated women to be drug-free at delivery, and their infants had better birth outcomes such as birthweights (400 grams higher) and gestational age at delivery (three weeks older).
- The Center 4 Clean Start in Salisbury is an intensive outpatient program for pregnant women with children. The program is jointly operated and funded by four rural county health departments.

What more needs to be learned?

While there is evidence to support the notion that bringing children together with their mothers in treatment encourages entry into treatment and completion of the program, no studies, to our knowledge, have systematically examined the effects on the children themselves. Additionally, several studies in this area are somewhat dated, so more recent research would be helpful to characterize how many treatment programs in Maryland allow women to bring children to treatment and the long-term consequences of this practice.

¹ Center for Substance Abuse Treatment. (1994). *Practical approaches in the treatment of women who abuse alcohol and other drugs*. Rockville, MD: Center for Substance Abuse Treatment.

² Nemes, S., Herman, A., Wish, E.D., Schwartzmann, L, Petronis, K., & Piatetski, J. (July 8, 1999). *Mothers in drug treatment with their children: Evaluation of Second Genesis Mellwood*. College Park, MD: Center for Substance Abuse Research.

³ Hughes, P.H., & Coletti, S.D. (1995). Retaining cocaine-abusing women in a therapeutic community: The effect of a child live-in program. *American Journal of Public Health*, 85 (8), 1149-1152.

⁴ Grella C.E., Joshi, V, & Hser, Y. (2000). Program variation in treatment outcomes among women in residential drug treatment. *Evaluation Review*, 24 (4), 364-383.

⁵ Marsh, J.C., D'Aunno, T.A., & Smith, B.D. (2000). Increasing access and providing social services to improve drug abuse treatment for women with children. *Addiction*, 95 (8), 1237-1247.

⁶ Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS). (2003). *National survey of substance abuse treatment services (N-SSATS): 2002. Data on substance abuse treatment facilities*. DASIS Series: S-19, DHHS Publication No. (SMA) 03-3777. Rockville, MD: SAMHSA.

⁷ SAMHSA, OAS. (2001). National Survey of Substance Abuse Treatment Services (N-SSATS) 2000. Data on substance abuse treatment facilities. Online dataset accessed January 27, 2004, at <http://www.icpsr.umich.edu/cgi-bin/SDA12/hsda?samhda+nssats00>.

⁸ Legal Action Center. (May 1999.) *Steps to success: Helping women with alcohol and drug problems move from welfare to work*. New York: Legal Action Center.