

TCE NEWS

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T A R G E T E D C A P A C I T Y E X P A N S I O N

CLUSTERS ARE WHERE THE ACTION IS!

Are you a member of a cluster? If you are, you already know the benefits of membership. If you are not, this article provides some compelling reasons why you should join a cluster today. The purpose of a cluster is to promote sharing and collaboration around common interests. A cluster consists of grantees serving similar populations and addressing similar issues. A cluster coordinator once stated, "The clusters are where it's happening." Clusters provide the following benefits:

- ✍ Networking opportunities
- ✍ Similar group values
- ✍ Opportunities to form subclusters and spinoff interest groups
- ✍ Uniformity of outcomes for external reporting
- ✍ A cross-section of data available for analysis
- ✍ Services offered by other cluster members through referrals
- ✍ Shared cluster tool information
- ✍ Group unity resolving issues and addressing grantee needs
- ✍ A non-threatening environment for voicing issues
- ✍ Help with sustainability issues; cluster membership can lead to additional funding
- ✍ Exchange of information and lessons learned
- ✍ Open exchange between grantees and CSAT
- ✍ Opportunities for members to tell their stories
- ✍ A LISTSERV to communicate with other members
- ✍ An interagency quality assurance system
- ✍ Promotes grantee success
- ✍ Pooled resources, such as funding and staff
- ✍ A forum for discussion and resolution of:
 - ✍ Environmental issues
 - ✍ New legislative issues
 - ✍ New treatment initiatives
 - ✍ Brainstorming ideas
- ✍ Enhancement of treatment skills
- ✍ Shared treatment strategies
- ✍ Cross-site comparisons
- ✍ Data collection and analysis across multiple sites
- ✍ Technical assistance support
- ✍ Assistance in producing outcomes:
 - ✍ Data
 - ✍ Publications
- ✍ Opportunities for members to present and be featured at national conferences
- ✍ No cost to join

WHAT ARE YOU WAITING FOR? JOIN A CLUSTER TODAY AND ENHANCE YOUR EFFECTIVENESS!

Adolescent
Co-Occurring and Other Functional Disorders
Criminal Justice
Methadone/IVDUs
Native American
Women
Women's Subgroup on Children
TCE HIV
HIV Outreach

**JOIN THE IN-CROWD! JOIN A CLUSTER!
CALL (703) 575-4775 FOR AN APPLICATION TODAY.**

TREATMENT METHODS FOR WOMEN

Addiction to drugs is a serious, chronic, and relapsing health problem for both women and men of all ages and backgrounds. Among women, however, drug abuse may present different challenges to health, may progress differently, and may require different treatment approaches.

Understanding Women Who Use Drugs

It is possible for drug-dependent women, of any age, to overcome the illness of drug addiction. Those that have been most successful have had the help and support of significant others, family members, friends, treatment providers, and the community. Women of all races and socioeconomic status suffer from the serious illness of drug addiction. And women of all races, income groups, levels of education, and types of communities need treatment for drug addiction, as they do for any other problem affecting their physical or mental health.

Many women who use drugs have faced serious challenges to their well-being. For example, research indicates that up to 70 percent of drug abusing women report histories of being victims of physical and sexual abuse. Data also indicate that women are far more likely than men to report a parental history of alcohol and drug abuse. Women who use drugs often have low self-

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CSAT

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SAMHSA

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Center for Substance Abuse Treatment

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esteem and little self-confidence and may feel powerless. In addition, minority women may face additional cultural and language barriers that can affect or hinder their treatment and recovery.

Many drug-using women do not seek treatment because they are afraid. They fear not being able to take care of or keep their children, they fear reprisal from their spouses or boyfriends, and they fear punishment from authorities in the community. Many women report that their drug-using male sex partners initiated them into drug abuse. In addition, research indicates that drug-dependent women have great difficulty abstaining from drugs, when the lifestyle of their male partner is one that supports drug use.

Consequences of Drug Use for Women

Research suggests that women may become more quickly addicted than men to certain drugs, such as crack cocaine, even after casual or experimental use. Therefore, by the time a woman enters treatment, she may be severely addicted and consequently may require treatment that both identifies her specific needs and responds to them.

These needs will likely include addressing other serious health problems, for example, sexually transmitted diseases (STDs) and mental health problems. More specifically, health risks associated with drug abuse in women include:

- /// Poor nutrition and below-average weight
- /// Low self-esteem
- /// Depression
- /// Physical abuse
- /// If pregnant, pre-term labor or early delivery
- /// Serious medical and infectious diseases (e.g., increased blood pressure and heart rate, STDs, HIV/AIDS)

Drug Abuse and HIV/AIDS

AIDS is now the fourth leading cause of death among women of childbearing age in the United States. Substance abuse compounds the risk of AIDS for women, especially for women who are injecting drug users and who share drug paraphernalia, because HIV/AIDS often is transmitted through shared needles and other shared items such as syringes, cotton swabs, rinse water, and cookers. In addition, under the influence of illicit drugs and alcohol, women may engage in unprotected sex, which also increases their risk for contracting or transmitting HIV/AIDS.

From 1993 to 1994, the number of new AIDS cases among women decreased 17 percent. Still, as of January 1997, the Centers for Disease Control and Prevention had documented almost 85,500 cases of AIDS among adolescent and adult

women in the United States. Of these cases,

- /// About 62 percent were related either to the woman's own injecting drug use or to her having sex with an injecting drug user.
- /// About 37 percent were related to heterosexual contact, and almost half of these women acquired HIV/AIDS by having sex with an injecting drug user.

Treatment for Women

Research shows that women receive the most benefit from drug treatment programs that provide comprehensive services for meeting their basic needs, including access to the following:

- /// Food, clothing, and shelter
- /// Transportation
- /// Job counseling and training
- /// Legal assistance
- /// Literacy training and educational opportunities
- /// Parenting training
- /// Family therapy
- /// Couples counseling
- /// Medical care
- /// Child care
- /// Social services
- /// Social support
- /// Psychological assessment and mental health care
- /// Assertiveness training
- /// Family planning services

Traditional drug treatment programs may not be appropriate for women because those programs may not provide these services. Research also indicates that, for women in particular, a continuing relationship with a treatment provider is an important factor throughout treatment. Any individual may experience lapses and relapses as expected steps of the treatment and recovery process. However, during these periods, women particularly need the support of the community and the encouragement of those closest to them. After completing a drug treatment program, women also need services to assist them in sustaining their recovery and in rejoining the community.

Extent of Use

The National Household Survey on Drug Abuse (NHSDA)* provides yearly estimates of drug use prevalence among various demographic groups in the United States. Data are derived from a nationwide sample of household members aged 12 and older.

- /// In 1996, 29.9 percent of U.S. women (females over age 12) had used an illicit drug at least once in their lives (33.3 million out of 111.1 million women). More than 4.7 million women had used an illicit drug at least once in the month preceding the survey.

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✂ The survey showed 30.5 million women had used marijuana at least once in their lifetimes. About 603,000 women had used cocaine in the preceding month; 241,000 had used crack cocaine. About 547,000 women had used hallucinogens (including LSD and PCP) in the preceding month.

✂ In 1996, 56,000 women used a needle to inject drugs, and 856,000 had done so at some point in their lives.

✂ In 1996, nearly 1.2 million women had taken prescription drugs (sedatives, tranquilizers, or analgesics) for a non-medical purpose during the preceding month.

✂ In the month preceding the survey, more than 26 million women had smoked cigarettes and more than 48.5 million had consumed alcohol.

Source: National Institute on Drug Abuse, National Institutes of Health

* *NHSDA is an annual survey conducted by the Substance Abuse and Mental Health Services Administration. Copies of the latest survey are available from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.*

MYTHS, FACTS, AND ILLICIT DRUGS: WHAT YOU SHOULD KNOW

The Substance Abuse and Mental Health Services Administrations (SAMHSA) has joined with the Office of National Drug Control Policy, the Community Anti-Drug Coalitions of America, the National Institute on Drug Abuse, and the National Guard to sponsor a series of Webcasts on illicit drugs currently gaining popularity in American life.

In each Webcast, a panel of experts discusses the facts and misinformation about these drugs and responds to the concerns of community coalitions, community leaders, drug prevention and treatment providers, law enforcement officials, parents, caregivers and educators.

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Go to SAMHSA's Webcasts for information on meth, ecstasy, heroin, and marijuana at:

http://www.samhsa.gov/news/clickframe_fourdrugs.html

COLLABORATORY RESEARCH CENTER FOR SERVICE OPTIMIZATION

Instead of relying solely on research ideas generated by traditional academic researchers, drug and alcohol (D&A) programs need to take leadership in generating research topics that will be useful for optimizing service quality and effectiveness. Working in isolation, academic and research institutions are limited in generating questions that will induce greatest benefits to the D&A clients. These institutions will be inclined to produce "academic" and "scholarly" research reports that are largely useless for direct practice personnel and program administrators.

Traditional academic researchers are well-known for repeatedly committing two major errors: Type III (asking wrong questions and generating useless answers) and Type IV (over-emphasizing tribal findings while neglecting focus on meaningful findings.) Thus, genuine collaboration between D&A service providers and research institutions is essential for selection of relevant research questions and production of useful reports that will produce direct benefits to D&A clients and their family members.

In response to the above need, the Tadiso-University of Pittsburgh School of Social Work D&A Collaboratory Research Center was created to generate new knowledge and techniques that can be readily applied in services to D&A clients. To achieve continual improvement in service quality and effectiveness, the Research Center is responsible for conducting empirical assessments designed to optimize clinical and counseling effectiveness and maximize client outcomes. The Targeted Capacity Expansion (TCE) clients of Tadiso are direct beneficiaries of this research-based insight regarding client needs, empowerment, cultural competence, and service satisfaction.

Preliminary Assessment

Based on preliminary assessment, the collaborative research center has generated five assessment areas that are directly relevant to the organization's counselors and medical staff members.

A. Enhancement of Client Engagement Process

Historically, drug and alcohol counselors are trained to conduct a comprehensive intake assessment, determine client needs, provide counseling, assess client progress, and conduct client follow-up after service termination. However, too few counselors are trained adequately in the client engagement process, which may directly promote the client-counselor trust, commitment to intervention, and their reliance on the counseling services. Thus, research

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