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Chemically Dependent Women in Maine

Maine Office of Substance Abuse

Dianne E. Stetson

Maine Office of Substance Abuse

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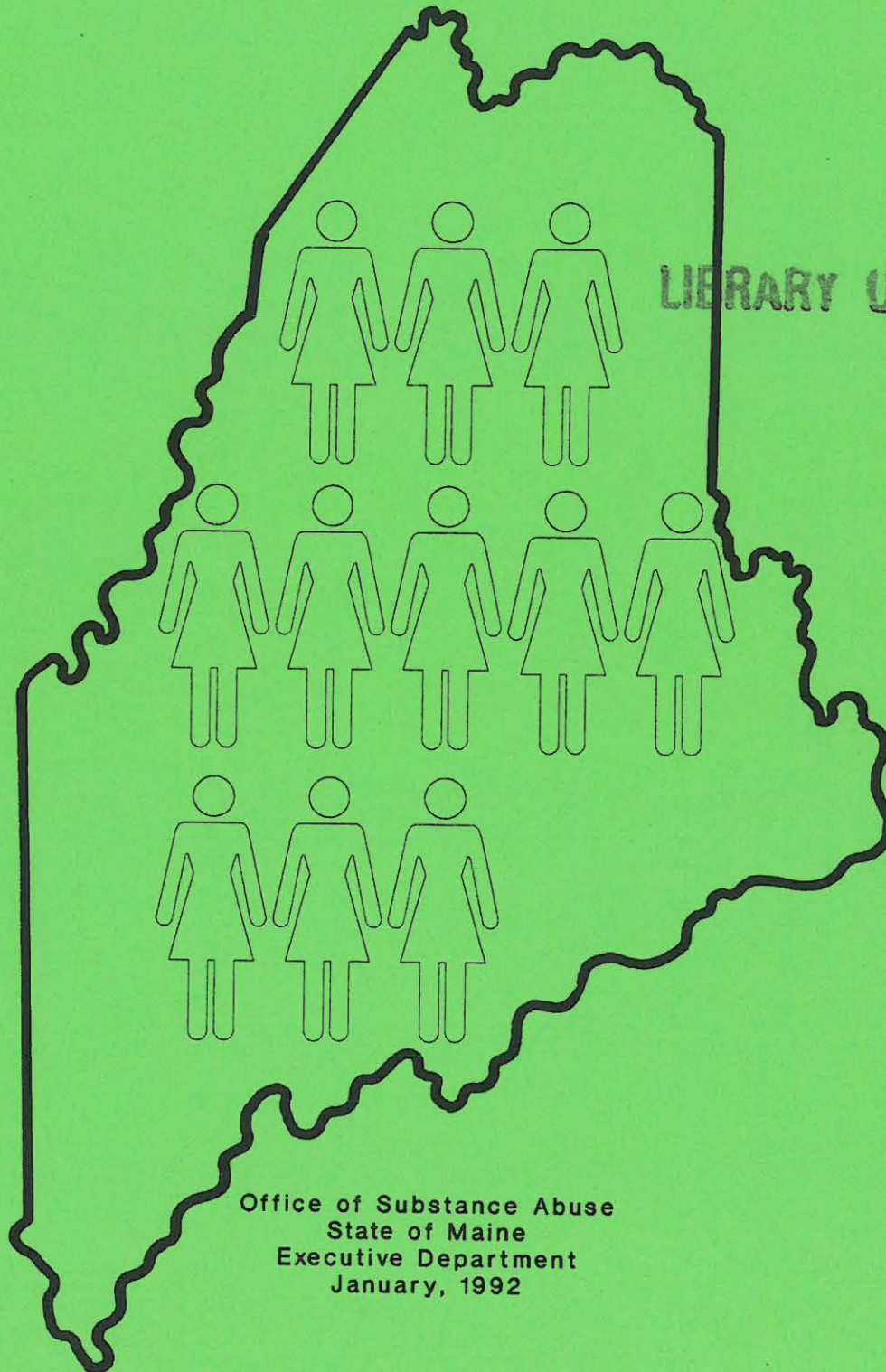
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Chemically Dependent Women in Maine



Office of Substance Abuse
State of Maine
Executive Department
January, 1992

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CHEMICALLY DEPENDENT WOMEN IN MAINE

A Special Report to the
Human Resources Committee

Prepared by
Dianne E. Stetson
Contract Manager
Office of Substance Abuse
Executive Department
State of Maine

PREFACE

During the regular session of the 115th Legislature, two bills were introduced to expand substance abuse treatment services for women. LD 64 and 259 sought to establish a halfway house for women, including pregnant women and mothers with young children. The bills came at a time when the state was experiencing difficult economic times and cutbacks in many program areas. It was recognized that establishing new programs while others faced significant cutbacks was not feasible. In addition, there was agreement between the bill's sponsors and the Office of Substance Abuse that expansion and/or restructuring of substance abuse treatment services for women needed to be based on an analysis of need, existing treatment services, and available resources. Therefore, the Office of Substance Abuse was directed in LD 64 to "conduct an assessment of the needs of chemically dependent women and to report its findings, along with a plan to address those needs, to the Joint Standing Committee on Human Resources by January 15, 1992."

This document is in response to that legislative directive.

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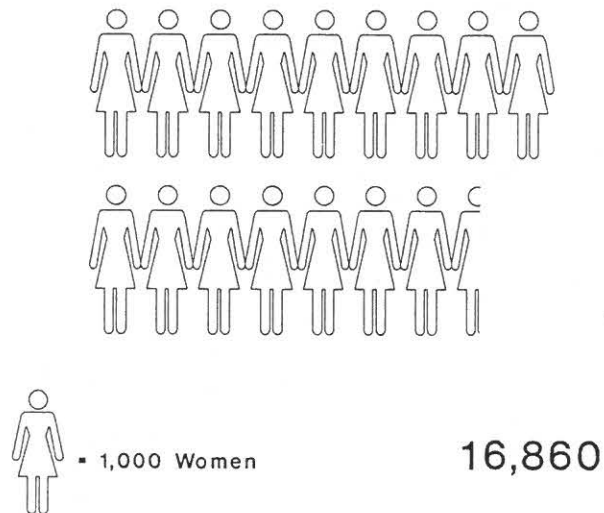
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EXECUTIVE SUMMARY

Estimate of Use:

It is estimated that over 430,500 women aged 12 and over used alcohol in the last year and approximately 281,000 used in the past month. According to the Third Special Report to the US Congress on Alcohol and Health, the rate of female problem drinkers is six per cent. If the six per cent figure is applied, of the number of Maine women who consumed alcohol in the past month, it is estimated that 16,860 are problem drinkers.

Estimated Number of Women
in Maine
Who Are Problem Drinkers



It is also estimated, based on The National Household Drug and Alcohol Use Survey, that 54,940 Maine women used an illicit drug in the last year and 24,300 used in the last month.

It also appears, according to national studies, that total substance abuse rates are about the same in rural and nonrural places.

Maine-specific studies reveal that the per capita rate of female substance abuse treatment admissions is highest in Piscataquis County while Cumberland County ranks sixteenth in the state. While conclusions should not be drawn from an isolated statistic, it is interesting to note that the availability of publicly supported treatment services does not appear to correlate with treatment admissions.

Maine/Multi-State Client Data:

Admissions for alcohol use represented over 71% of total treatment admissions in Maine while they accounted for only 49.5% of admissions in other states.

Adolescent admissions (<20 yrs.) in Maine were 11.7% of total admissions while they were 10.1% in the other states.

Age at first use in Maine was lower than the other reporting states.

Overall the average Maine female client had more years of education than the clients from other states.

More of Maine's women in treatment were employed than the other states.

More Maine women reported no use in the last 30 days than the women from other states.

Maine Client Specific Data:

\$709.00 was the average monthly income in the month prior to admission, well below the median income in Maine.

Less than half (41.5%) reported their primary source of income was from wages or salary.

37% reported their primary source of income was some form of public assistance.

16.3% reported they were unemployed and looking for work, and 51.5% were either not in the labor force or had given up seeking employment.

61% had children under the age of 18.

Nearly 3 out of 10 women admitted for treatment were involved in the criminal justice system.

17.3% have a concurrent psychiatric problem.

19.4% had been treated on an inpatient basis for a medical problem in the last year.

55.8% had one or more prior treatment episodes
77.9% were treated for alcohol abuse.
nearly half had a secondary substance abuse problem.
13.3% have used drugs intravenously

Treatment Resources:

There was no specific planned approach to address the needs of women until 1986. At that time the state utilized Federal Block Grant funds and opened a halfway house for women in Portland in addition to funding a residential rehabilitation facility in Windham and a halfway house in Bangor.

The majority (72.5% of women admitted to treatment in Maine) are treated at outpatient programs which serve both men and women.

Resource Gaps and Needs:

System problems and needs identified during the course of this study included:

More services for dual diagnosed women.

Residential programs that accept women and their children.

Closer relationships with the Department of Human Services protective and substitute care systems.

Transitional housing with case management and supportive services.

Transportation for clients.

Advanced training for clinicians specific to women's treatment issues.

More awareness by women and their families of existing treatment options.

Better screening and referral by health care professionals.

Special Populations:

During the interviews with system providers, one consistent theme ran throughout, i.e. the client presenting for treatment does not "just have" a substance abuse problem. The overwhelming majority of the clients have experienced multiple traumas and problems in their lives ranging from being the child of a substance abusing parent to physical and sexual abuse to a concurrent psychiatric disorder.

80% of the women at the Maine Correctional Center and 95% of the girls at the Maine Youth Center have substance abuse problems.

In FY 91 OSA-funded substance abuse treatment programs served 223 females under the age of twenty.

29.5% of all female substance abuse clients reported their first use of their primary drug at less than 14 years of age.

46 pregnant women sought treatment in FY '91, less than 10% of the estimated need.

351 women with children under the age of six were in substance abuse treatment in FY 91.

It is estimated that 33 infants are born each year with fetal alcohol syndrome, a life-time birth defect.

It is estimated that 660 infants are born in Maine each year with fetal alcohol effects.

It has been estimated that the life time costs of delivering services to one child with FAS is over \$500,000.

Recommendations:

It is recommended that:

All future need assessment studies include a focus on the treatment needs for adolescent and adult females, including pregnant and postpartum women.

OSA work with DHS to more accurately determine the extent of involvement of substance abuse in protective referrals and develop and implement mechanisms to refer those families for substance abuse treatment.

OSA work with the appropriate agencies to determine the extent of the role played by substance abuse in domestic violence.

FAS/FADE prevention programs be expanded state-wide.

The Department of Education and OSA ensure that substance abuse curriculum include emphasis on females.

Substance abuse prevention and treatment programs include emphasis on adolescent females.

OSA be more aggressive in the provision of information on available women's services, including the development of media campaigns and the updating of resource materials.

OSA with the assistance of Maternal and Child Health provide information and training to health care professionals on the screening, referral and treatment of their female patients.

Quality affordable child care programs for parents seeking substance abuse treatment be readily available.

OSA, with the assistance of DHS and treatment providers, redesign women's services in southern Maine.

OSA continue to emphasize women's services in existing contracts and all new RFP's.

That females involved in our correctional system have access to comprehensive substance abuse treatment.

OSA sponsored clinician training include an emphasis on appropriate assessment and treatment planning for women.

Section I. METHODOLOGY:

This needs assessment and plan was conducted as directed by the Legislature within the budgeted resources of the Office of Substance Abuse. Funds were not available to hire consultants or to conduct a study which would meet generally accepted research standards.

The methodology chosen included the following:

- . A review of national and state literature and studies of chemically dependent women and treatment modalities.
- . A review of the data collected by the Office of Substance Abuse from treatment providers through OSA's Maine Addiction Treatment System (MATS).
- . A review of the capacity and utilization of existing treatment services.
- . Interviews with the directors of Maine's women's treatment programs.
- . Interviews with clients.
- . Interviews with referral sources
- . Interviews with substance abuse prevention and treatment specialists.

Section II: DESCRIPTION OF DATA:

Section II. A. Estimate of Use:

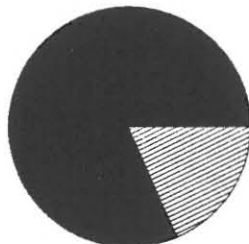
A needs assessment needs to logically begin with an effort to determine the level of use and abuse by the population. The studies used primarily in this effort were the National Household Survey on Drug Abuse: Population Estimates 1990, published by the National Institute on Drug Abuse and the State of Maine Alcohol and Drug Use Epidemiology: Using Key Indicators to Access County and State Needs, prepared by the University of Maine Substance Abuse Services for the Office of Substance Abuse and submitted to OSA in October of 1991.

The 1990 National Household Survey on Drug Abuse is the tenth study in a series of national surveys to measure the prevalence of drug use among the American household population aged 12 and over. The survey samples households in the 48 contiguous states but excludes persons living in group quarters or institutions. Therefore, significant populations such as the military, college students, the homeless, and correctional inmates are not represented. Estimates of illicit and nonmedical use of drugs are tracked as well as alcohol use. Use is broken down by age and sex but is not available by sex for each age group. Use is also estimated by region of the country.

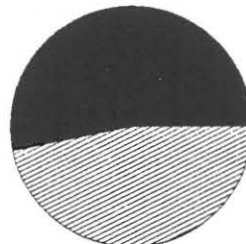
In the Northeast region 81.5 per cent of all females aged 12 and over reported alcohol use in the last year, while 53.2 per cent reported use in the last month. Use, of course, does not imply misuse, but the percentage of use can help researchers derive the number of substance abusers in the population of users.

Alcohol Use Females Age 12 and Over

Within Last Year
81.5%



Within Last Month
53.2%

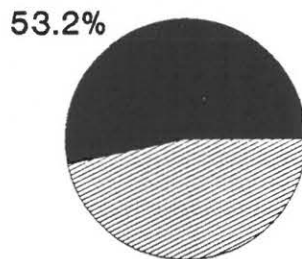


If the Northeast region estimates of use are applied to the 1990 census data for Maine, it can be estimated that over 430,500 women aged 12 and over used alcohol in the last year and approximately 281,000 used in the past month.

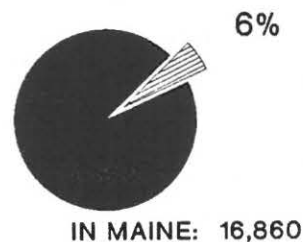
National studies have estimated that between 1.6 to 15 percent of women drinkers are "heavy drinkers."¹ According to the Third Special Report to the U.S. Congress on Alcohol and Health, the rate of problem female drinkers was 6 per cent.² It is generally recognized that this figure may be conservative. If the 6 per cent figure is applied to OSA's estimate of the number of Maine women who consumed alcohol in the past month, 16,860 of them are problem drinkers.

Alcohol Use Females Age 12 and Over

Within Last Month



Problem Drinkers

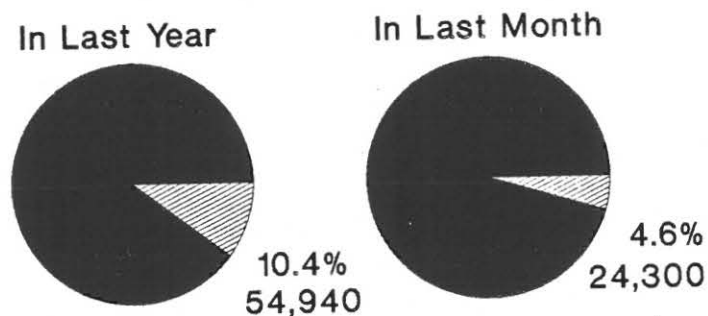


1 Klee, Linnea, Ames, Genevieve. "Reevaluating Risk Factors for Women's Drinking: A Study of Blue Collar Wives." American Journal of Preventive Medicine, 1987; 3(1) pg. 31

2 Noble E. (ed): Third Special Report to the US Congress on Alcohol and Health, Technical Support Document, U.S. Department of Health, Education & Welfare, June 1978

When we take a look at the prevalence of illicit or nonmedical use of drugs, the National Household Survey estimates that 10.4 per cent of the females in the Northeast aged 12 and over used in the last year and 4.6 per cent in the last month. If that estimate is applied to the 1990 Maine census figure, 54,940 women used an illicit drug in the last year and 24,300 used in the last month.

Illicit/Non-Medical Drug Use Females Age 12 and Over



It should be noted that caution must be taken when utilizing the above statistics. Estimates are being derived from the Northeast region statistics and are being applied to preliminary census data. However, even though the Northeast region contains major metropolitan areas unlike Maine, it may not present an unrealistic picture of prevalence of use. In a report to Congress, dated September 14, 1990 and entitled Rural Drug Abuse Prevalence, Relation to Crime, and Programs, the GAO stated, "Our main finding is that total substance abuse rates are about the same in rural and nonrural places".

For further explanation of the calculations used to estimate levels of use by women in Maine see Appendix A.

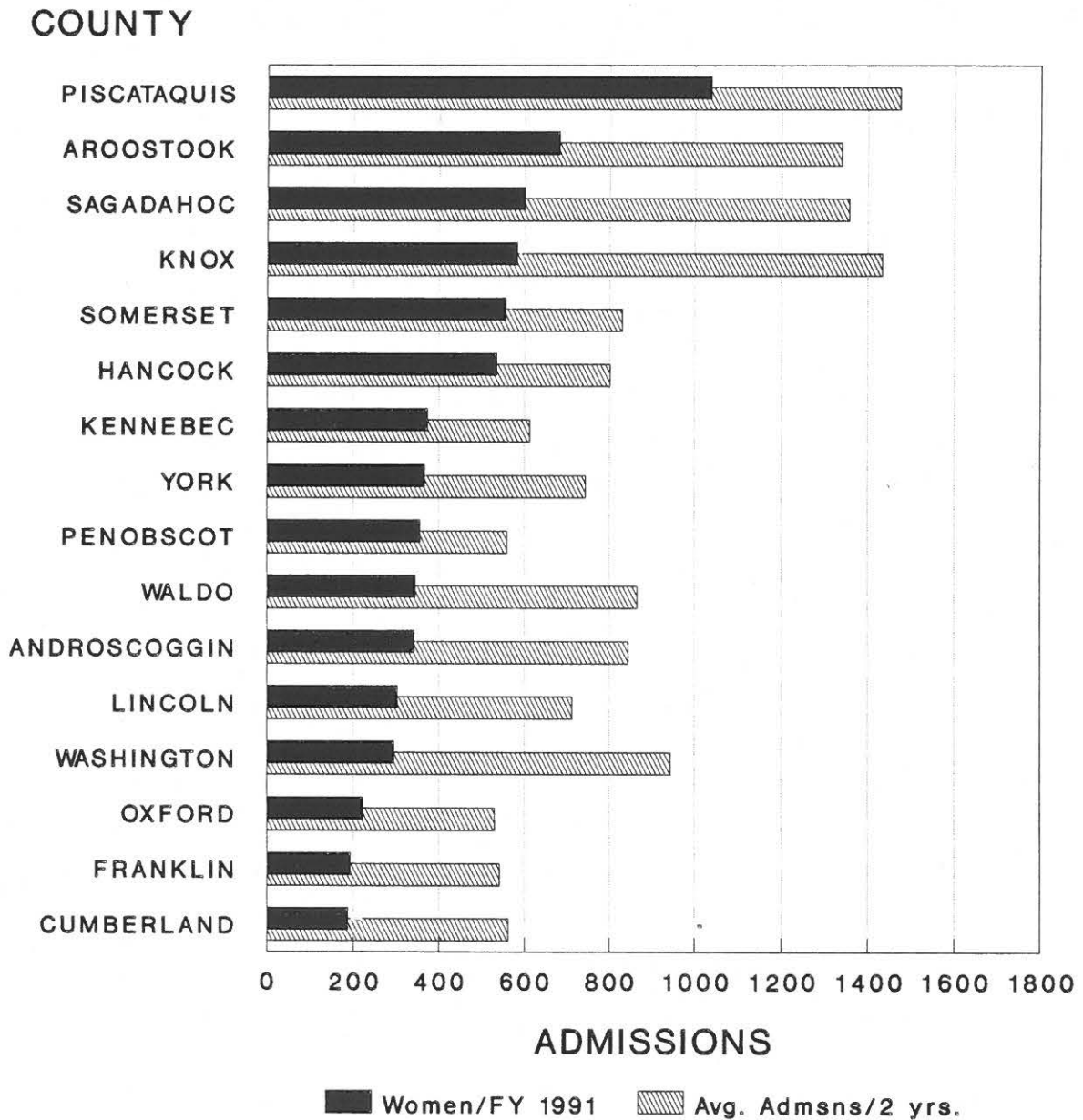
The University of Maine report for OSA used key indicators including mortality rates, criminal violations, treatment admissions, sales, and emergency run reports to assess level of need for substance abuse prevention and treatment for each county. The report unfortunately did not present the indicators by gender. However, there are elements of the report that can be of assistance in determining where prevention and treatment efforts need to be directed for not only females but for the entire population.

Oxford County had the highest alcohol related mortality rate, Penobscot County had the highest rate of OUI convictions, and York County had the highest rate of liquor law violations as well as the highest rate of drug violations. Piscataquis County had the highest percentage of treatment admissions and Kennebec County had the highest per capita rate of liquor sales. The remaining data that was tracked were the number of drug and alcohol related emergency medical services runs. Androscoggin County had the highest per capita number.

Based on the recent comprehensive county needs assessment, the one indicator that can presently be compared by gender is treatment admissions. The per capita rate of female admissions to treatment is highest in Piscataquis County, which is consistent with the overall rate. However, differences appear in other counties. Aroostook County rates fourth overall for admissions while it ranks second for female admissions. Cumberland County ranks fourteenth in the state for admissions while it ranks last for female treatment. While it is difficult to draw conclusions from an isolated statistic, it is interesting to note that availability of publicly supported treatment services does not appear to correlate with treatment admissions. It should also be noted that there are a relatively large number of private treatment providers in Cumberland County who do not report to the statewide substance abuse management information system. There may be significant numbers of both women and men who seek treatment at those programs which would result in an under-representation of treatment admissions.

Treatment Admissions Rates

No. of Women per 100,000 Population
by County of Residence



Source: Office of Substance Abuse
Key Indicators Study, UMO, 8/31/91
WM-CH-03

Section II. B. Client Profile:

A client profile gives us a picture of those individuals who seek treatment. It can provide information about client backgrounds, treatment needs and some limited information about treatment effectiveness. Client profile data is obtained from the statewide substance abuse management information system to which publicly supported treatment programs must report. Before considering that information it is helpful to look at national data in order to determine if Maine's female clients follow a national pattern or present significant differences.

The amount of gender specific research of substance abuse clients is limited. National studies often include females but many times do not report results by gender. In addition some studies such as the National Household Survey report use patterns by gender but not by gender by age group. The studies that have been conducted differ in findings but overall they reveal that substance abuse differs between men and women. Studies in the general population indicate that fewer women than men drink; however, there are statistics which suggest that there is an increase in drinking frequency and amount among younger women. It is estimated that of the 15.1 million alcohol abusing or alcohol dependent people in the United States, approximately 4.6 million (nearly one-third) are women. On the whole, women who drink consume less alcohol and have fewer alcohol related problems and dependence symptoms than men, yet among the heaviest drinkers, women equal or surpass men in the number of problems that arise from their drinking. While there is evidence to suggest that the age of onset of drinking problems is later for women than men, women appear to be more vulnerable than men to the physiological consequences of drinking, that is, women appear to develop more severe health effects after a shorter period of drinking than men.

Clinical data supported by several studies (Braiker, 1984; Beckman and Amaro, 1986) suggest a number of areas in which females differ from males, thereby suggesting differential programming needs. These findings indicate that women are more likely than men to have (a) primary affective disorders (as well as depressed/sad mood states); (b) serious liver disease; (c) marital instability; (d) instability of family of origin; (e) spouses with alcohol problems; (f) lower self-esteem; (g) a pattern of drinking in response to major life crises; (h) a history of sexual abuse; (i) opposition to treatment from family and friends; and (j) more child care responsibilities, which is inferred from data

indicating that women in treatment are more likely to be divorced and single heads of households than are men. Research has also shown similarities between men and women's drinking patterns. Both men and women who have never been married or who are divorced or separated are more likely to drink heavily and experience alcohol related problems than those who are married. Both genders report heavier alcohol use in the 18-34 age group while alcohol dependence is greater among the population aged 35-49.³ Both age and marital status are seen as important variables for establishing risk status and treatment response (Braiker, 1982; Harrison and Belille, 1987; Blume, 1987; Roman, 1988).

OSA was interested in comparing the demographic information on Maine's female clients with information obtained from the National Client Data System, a project of the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. The Institutes are attempting to rebuild a national client information system which will provide a consistent data set on substance abuse clients in all states. Maine is one of the few states which reports consistently to the Client Data System. NIDA was able to provide information on admissions between 7/7/90 and 6/30/91. Twenty-two states submitted data during this time period, however only eight states submitted the data on a consistent basis. The number of states submitting data varies from month to month, as does the number of records submitted. This data cannot be defined precisely as "national", however it does provide a multi-state comparison of the characteristics of female substance abusers admitted into treatment.

The following presents Maine data and multi-state data reported by NIDA. Maine statistics were converted by OSA into percentages of the total in order to be compared to the NIDA data.

When the data was compared the following information about female substance abuse clients emerged:

- . Admissions for alcohol abuse represented over 71% of total treatment admissions in Maine while they accounted for only 49.5% of the multi-state admissions.

- . The average age of female clients was lower in Maine than the other states; 31.1 compared to 32.06 for

3 Alcohol Alert. National Institute on Alcohol Abuse and Alcoholism. No. 10 PH 290. Oct., 1990; pg. 1

alcohol treatment and 28.92 compared to 29.88 for drug treatment.

. Adolescent admissions (< 20 yrs.) in Maine were 11.7% of total admissions while they were 10.1% in the other states.

. Age at first use in Maine was lower than the other reporting states. 25.9% of the Maine clients reported first use at less than 14 years of age compared to 17.4 per cent of the total multi-state female admissions.

. 43.4% of the Maine clients reported first use at under 16 years of age while 33.1% of the multi-state admissions reported first use by that age.

. Only 7.4% of the clients in Maine used cocaine/crack as their primary drug compared to 27.1% of the multi-state clients.

. Less than 1% of the admissions in Maine reported heroin as their primary drug while 10.6% of the multi-state admissions were for heroin treatment.

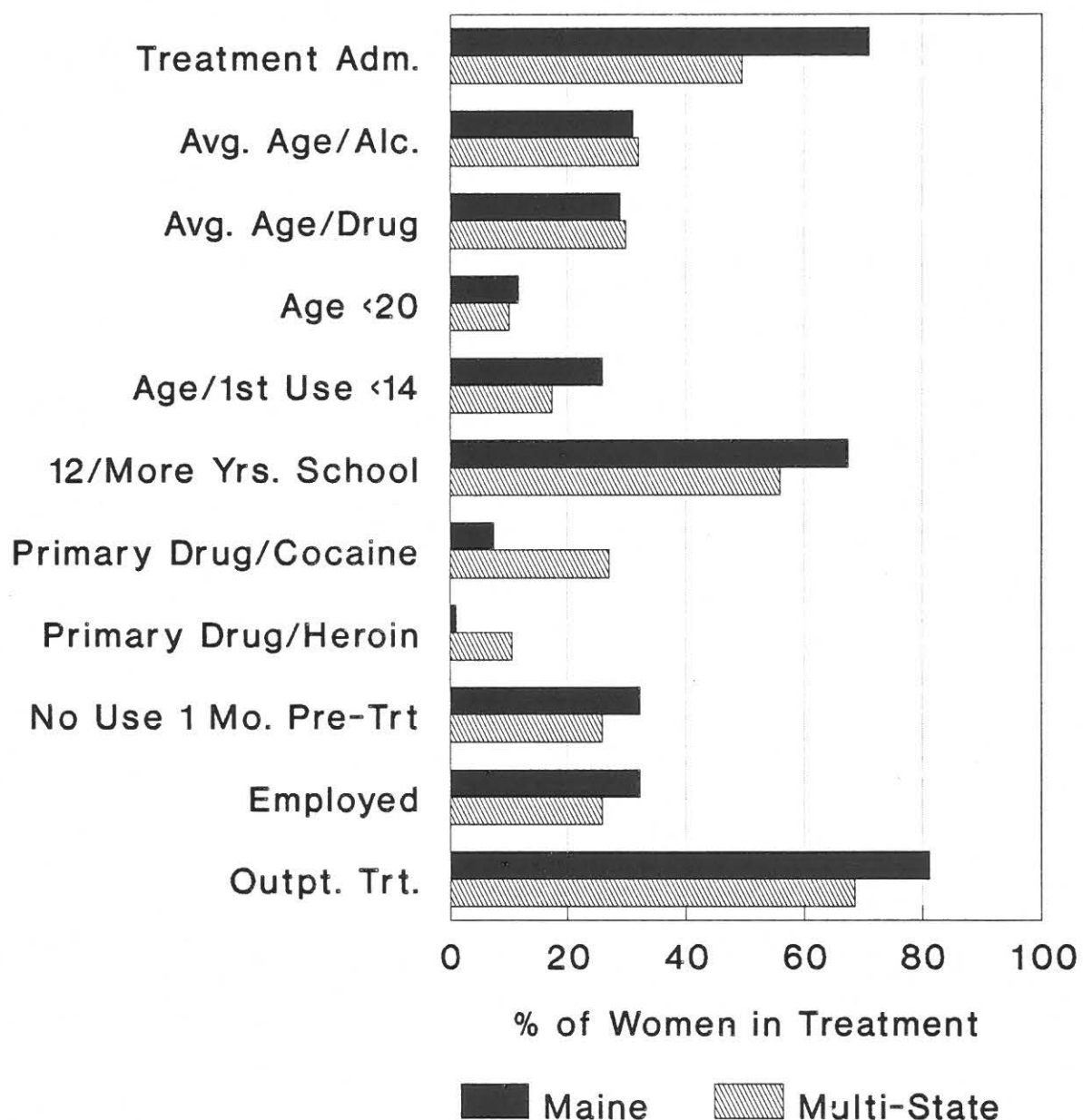
. Overall the average Maine female client had more years of education than the clients from the other states. 67.4% of the Maine clients and 55.9% of the multi-state clients had a high school education or better.

. 32.3% of Maine's women in treatment were employed while only 25.9% of the women in the other states held part time or full time jobs.

. 41.4% of the Maine clients and 23.1% of the clients from other states reported no use of their primary drug of choice in the month prior to admission.

. 81.2% of the Maine clients were treated on an outpatient basis while 68.5% of the multi-state clients were in an outpatient setting.

Selected Facts on Female Substance Abusers In Maine, Compared With 21 Other States



Source: National Institute on Drug Abuse

WM-CH-04

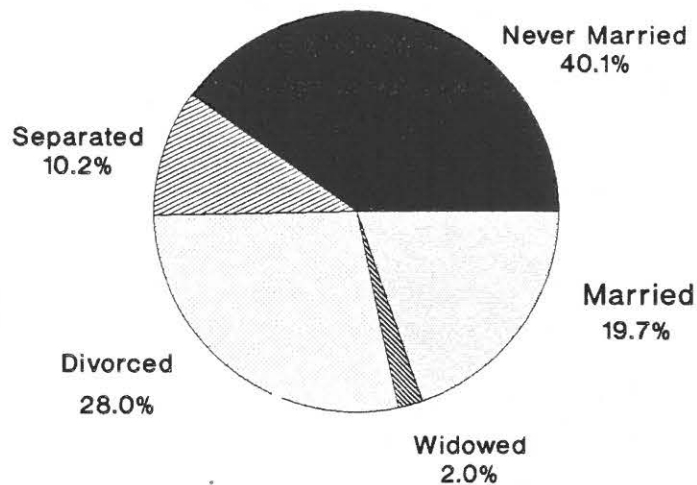
When Maine's statewide management information system statistics are considered, a more in-depth profile of female clients can be obtained.

336 WOMEN (14.8%) RECEIVED DETOX FROM ALCOHOL OR OTHER DRUGS

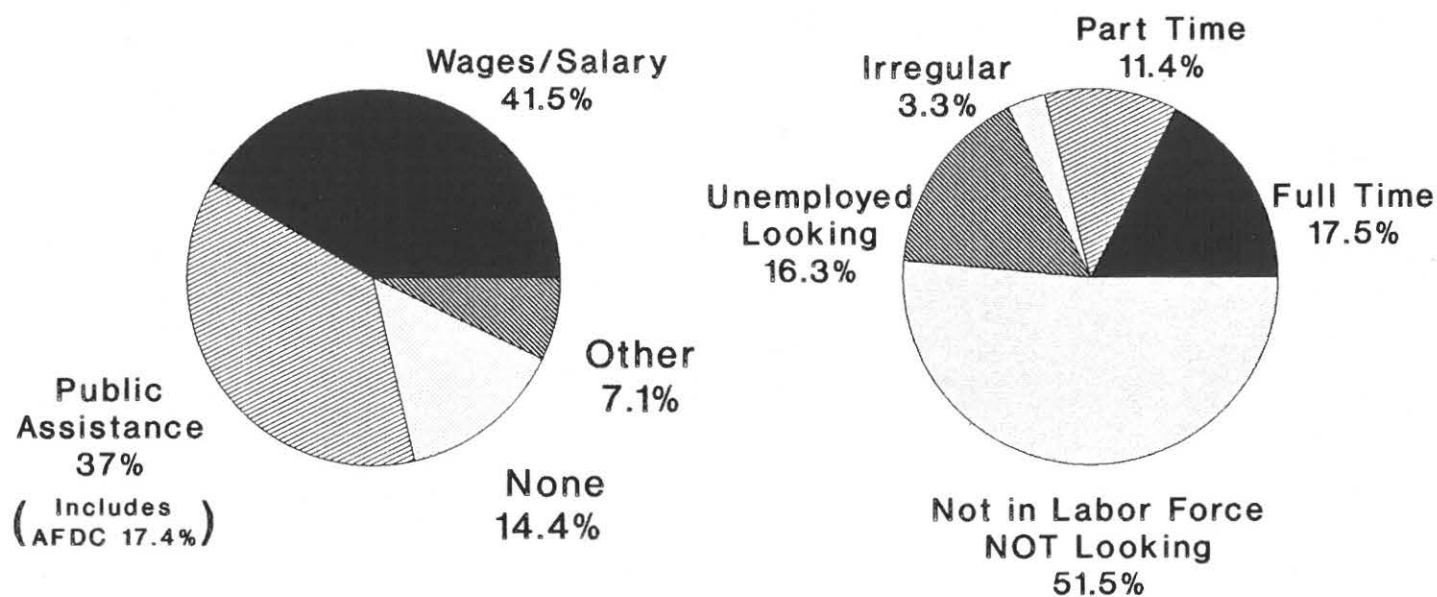
511 WOMEN (22.6%) WITH A SUBSTANCE ABUSE HISTORY USED SHELTER SERVICES

1416 WOMEN (62.6%) ENTERED TREATMENT FOR SUBSTANCE ABUSE IN FY '91

Marital Status
Women in Treatment



Income and Employment Status Women Admitted for Treatment



Income Status

Employment Status

Household Status:

61.8% reported 3 or more household members. This is significant since over 80% of the women reported never married, divorced, or separated

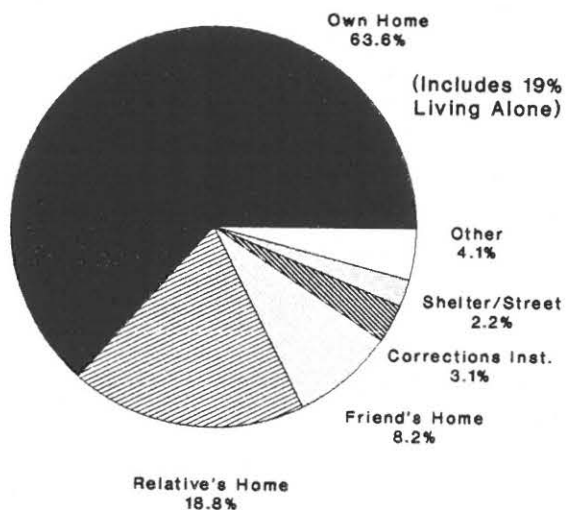
The average household size was 3.3 members

23.2% had children under the age of 6

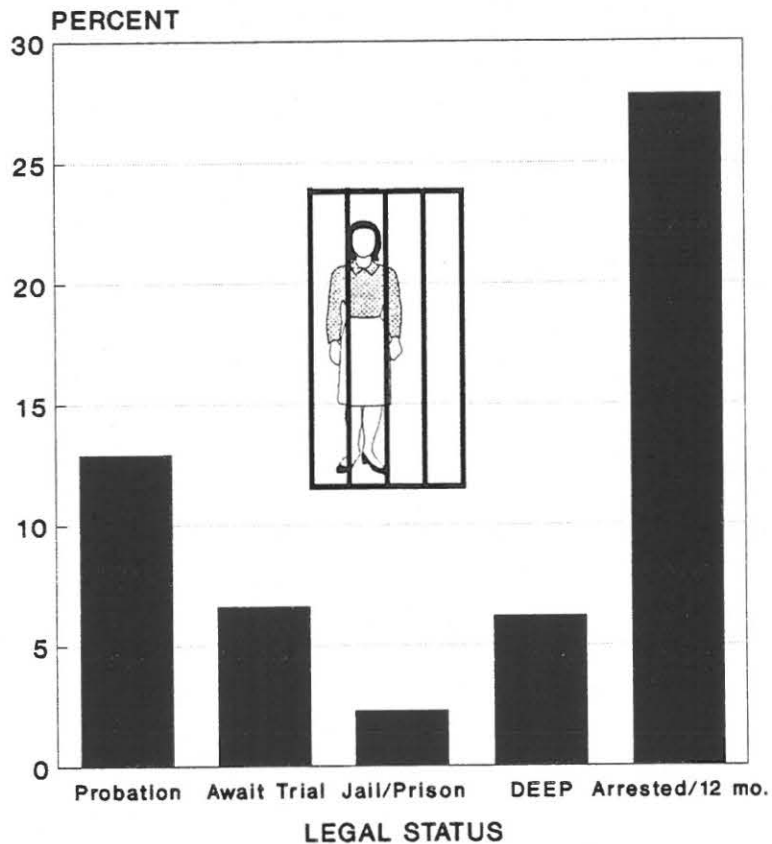
37.7% had children between the ages of 6 and 17

3.3% (48 clients) reported they were pregnant

Living Arrangements



Legal Status Women Admitted for Treatment



Office of Substance Abuse
Maine Addiction Treatment System
WM-CH-09

Accompanying Conditions:

17.3% have a concurrent psychiatric problem

Female clients have been treated in a physicians office an average of 2.7 times in the last year

Female clients have been treated in an emergency room an average of once per client in the last year

19.4% have been treated on an inpatient basis for a medical problem

8.7% have been treated in a psychiatric hospital

Treatment Status:

55.8% had one or more prior substance abuse treatment episodes

15.4% had 3 or more treatment episodes

77.9% were treated for alcohol abuse

8.1% were treated for marijuana/hashish use

7.4% were treated for cocaine/crack use

Less than 1% was treated for heroin use

Nearly half (48.2%) had a secondary substance abuse problem in addition to their primary problem

13.3% have used drugs intravenously

Related Problems:

28.9% reported their substance abuse had caused problems with their spouse

24.1% reported their substance abuse had caused problems with their family

11.3% reported their substance abuse had caused problems at work

Clients had missed an average of .9 days of work or school in the last month because of their substance abuse

It would appear from the information available through the substance abuse management information system that the "typical" client of OSA funded treatment agencies faces multiple challenges. She is unmarried with dependents, her income averages less than nine thousand dollars annually, she is underemployed, she has sought treatment at least once before, and she is likely to have an accompanying secondary substance abuse or mental health problem.

Individual Client Profiles

Statistics are a valuable resource when attempting to define a client group, but statistics alone cannot give the whole picture. During the course of this study and throughout the last eighteen months, OSA staff has had the opportunity to interview many of the individuals who seek services from Maine's substance abuse programs. OSA owes a debt of gratitude to those women who agreed to share their histories and treatment experiences. They offered valuable insight. Following are the profiles of four clients who represent the diversity of the population.

Client 1:

Client 1 is in her mid forties and has had multiple treatment experiences. She is a former teacher and has joint custody of an adolescent daughter. She attributes her loss of her position and her marriage to alcohol abuse. She related that her decision to seek residential treatment after she relapsed following outpatient treatment, was the final factor in the breakup of her marriage. While she shares joint custody of her daughter, her ex husband allows little contact. She lost her house in the divorce settlement and recently was involved in a serious accident and is unable to work for an extended period. She has been evicted from her apartment and is now living in transitional housing. She has maintained sobriety for one year and would like to begin substitute teaching following her recovery from her injuries.

Client 2:

Client 2 is in her late thirties and is a health care worker. She related that she was a "closet drinker" for several years before she faced the fact that her drinking was becoming a problem. She is married to a partner who drinks heavily and they are the parents of a fifteen year old girl. When she sought treatment, she went to her doctor who consulted with a substance abuse program medical director and referred her to an outpatient program. She stated that initially she wanted her treatment to be as secretive as her drinking. She was impressed with the expertise of her counselor and related that her counselor mandated her attendance at AA by the end of her first month of treatment. She was very uncomfortable with the thought of attending and admitting her condition in "public." But she has found AA to be a valuable support and she is now more comfortable about discussing her alcoholism with friends and family. Her husband is not supportive of her

treatment and refuses to acknowledge that she has a problem. She has been sober for one year. Her treatment is covered at an 80% level by her health care plan. She has maintained good work performance throughout her outpatient counseling.

Client 3:

Client 3 is in her early thirties. She has never married but has lived with various partners. She began drinking at fifteen and believes it started to become a problem for her around the age of seventeen. Her mother tried to intervene while she was in her teens but was unsuccessful. She drank at increasing levels throughout her twenties and had no desire to seek treatment. The factors that made her finally try treatment were the loss of her job due to her excessive absences from work and her declining health. She was a food service worker at a private college. No referral was ever made to the EAP program by her supervisor prior to her dismissal, although she later learned a male coworker did receive EAP services and a leave of absence to seek treatment. She has sought treatment at outpatient, intensive outpatient, residential, halfway and extended care programs. Until she entered transitional housing she had not been sober for longer than 30 days. She has maintained sobriety for 90 days and is working part time.

Client 4:

Client 4 is in her early thirties and is the single mother of a twelve year old girl. She receives AFDC and lives with her daughter in her own apartment. Her parents and three siblings are alcohol dependent. She sought treatment when her daughter was five. She was advised to seek substance abuse treatment after her alcohol use and depression caused her to seek treatment at an emergency room multiple times. She found a private counselor and received individual counseling. She later sought a female counselor to deal with her issues of abuse. She attends AA regularly and is now volunteering at a substance abuse program. She would like to return to school and become a substance abuse counselor. She has been sober for seven years. In the last two years her sister became abstinent and very recently one brother began residential treatment. She would like to express the need for good quality child care programs for parents who decide to seek substance abuse treatment. The availability of a Head Start program allowed her to attend counseling and AA.

Section II C. Available Treatment Resources

In 1985 the Office of Alcohol and other Drug Abuse Prevention (the office which was responsible for the allocation of state and federal substance abuse prevention and treatment funds at that time) reallocated 5% of the Block Grant funds to new or expanded services for women. Most service providers were required to develop an individual agency plan to reallocate funds within their specific program areas, in whatever way each felt would be most beneficial to women and least destructive to current services. In 1986 OADAP used Block Grant funds to open a new halfway house for women in the Portland area. OSA continues to provide funds for a halfway house for women in Bangor. Until January of this year OSA provided funding for a short-term residential rehabilitation program in Windham exclusively for women.

The specialized women's treatment programs include:

Evodia House, Halfway House, Portland, 13 beds
Diocesan Human Relations Services, Inc.

Total FY 91 budget: \$325,531 OSA funds: \$256,742

Evodia House provides a supportive living environment for women who are in the early stages of recovery from chemical addictions. Admission is restricted to women over 18 years of age who have had at least 10 days of sobriety. No woman is denied admission due to inability to pay for services. Length of stay is 3.5 to 6 months. The program uses community services, linking women up with providers who will continue working with the women after their discharge. AA programs are a major component of treatment.

In-house services include: case management/counseling; group education and self-disclosure meetings; structured activities (autobiography, step-work assignments, food preparation, recreation); assertiveness and communication skills; parenting training; and household responsibilities.

Upon admission, women progress through a three phase system, which allows for gradually increasing responsibilities. Women are assisted in securing work or training and permanent housing.

Pregnant women are accepted at Evodia House; however, since there is no provision for children to be housed at Evodia, alternative housing arrangements are made for the woman following delivery. Two pregnant women were reported to have been served in FY '91. Women who are still parenting and are not involved with the child protective system must make their own child care arrangements. The majority of women who enter Evodia do not still have responsibility for dependent children. They may have voluntarily relinquished custody or the state may have placed the children in foster care or assumed permanent custody. Visits from children are allowed by Evodia and in some cases are supervised by DHS.

In state FY '91 Evodia provided 3,509 bed days, approximately 74% of the licensed capacity. Thirty-four women were admitted and eleven completed their program.

Wellspring, Half-way House, Bangor, 13 beds
Wellspring, Inc.

Total FY 91 Budget: \$271,290 OSA funds: \$216,550⁴

Wellspring's halfway house program provides transitional services to recovering women substance abusers who are residents of the state of Maine. The program assists clients in the maintenance of sobriety through an intense and highly structured residential program comprised of counseling, education, and discussion groups, referrals to appropriate community resources, and psychotherapy. One week of treatment is equal to a minimum of 20 hours of therapeutic treatment services.

Health care services are provided through written agreements with area agencies. Opportunities are provided for learning basic living skills, knowledge of proper diet and meal preparation, use of leisure time, and interpersonal relationship skills. Educational services provided include remedial education, GED preparation, lectures, films, classes, workshops, physical education, and tutoring.

Parenting skill training is provided for women with minor children.

4 OSA funds both men and women's halfway houses at Wellspring. The total budget figure has been divided by half to get the estimated figure for the women's program.

Wellspring will accept pregnant women until the birth of the child. The mother is assisted in finding alternative living arrangements. No pregnant women were reported to have been served in FY '91.

In state FY '91 Wellspring provided 3311 bed days, approximately 70% of licensed capacity, to 35 women. Thirty-three women were discharged during the same time period. Nine were reported to have completed their treatment goals.

Crossroads for Women, Short Term Residential Treatment,
Windham, 3 detox beds and 10 residential beds, outpatient
services
Pine Tree Alcoholism Treatment Center

Total FY 91 Budget: \$492,722 OSA Funds: \$237,800

Crossroads is a freestanding, nonprofit, multi-service agency providing a variety of substance abuse services specific to women. Crossroads primarily provides residential detoxification and rehabilitation services to women in acute distress from the effects of alcohol and other drugs. The program is designed to provide a diverse, comprehensive educational and supportive approach to women whose lives are impacted by the trauma of substance, sexual, and/or physical abuse. In addition, there is an outpatient component which provides services to women and their families. Counseling services have also been provided to the local school system and Maine Youth Center referrals. Staff also provide fetal alcohol and drug effects training to a variety of groups throughout southern Maine.

In state FY '91 Crossroads provided 631 bed days of detoxification services, approximately 58% of licensed capacity. Residential treatment bed days delivered totaled 1205, 33% of licensed capacity. Eighty-four women were served in the residential program. Thirty-three clients (91% female) were seen in the outpatient program.

Pregnant women are served by Crossroads. Because the program is short term, delivery during treatment has not been an issue. Two pregnant women were served in FY '91.

There are no provisions for children to reside with their parents at Crossroads. Women entering treatment with

dependent children most often find care with relatives or friends.

In December, 1991 Crossroads was closed to client service because of state general fund budget cuts. Restoration of some funds will be utilized to redesign women's services in southern Maine to assure that the population most in need of treatment is able to access it. See the recommendation section for more detail.

Sara's Place, Transitional Housing, Winslow,

Sara's Place is a nonprofit organization which depends on support from community resources including individuals, businesses, foundations and government agencies. The program opened in November, 1991 and is located at the Sisters of Saint Joseph Provincialite in Winslow. It is a transitional living facility for women recovering from the disease of alcoholism or other drug abuse and is available to recovering women whether they have been through a treatment facility or not. The facility currently has one paid staff person and a cadre of volunteers. The building provides the potential of providing a variety of services to a significant number of women and children.

Other Treatment Options:

The majority (72.5%) of women in Maine are treated in outpatient programs which serve both men and women. OSA licenses substance abuse treatment outpatient programs throughout the state. Currently women account for 1 out of 4 of all outpatient clients.

In addition there are coed emergency shelter programs in Alfred, Lewiston, and Bangor and extended shelter programs in Alfred and Bangor that provide services to women with substance abuse problems. Those facilities served 511 women with identified substance abuse problems in FY '91. OSA funds detox programs in Lewiston and Bangor that accept women. Three hundred and fifty-three (353) women received detoxification services in FY '91. An extended care facility in Waterville that serves late stage substance abusers served 13 women in FY '91, out of a total of 36 clients served.

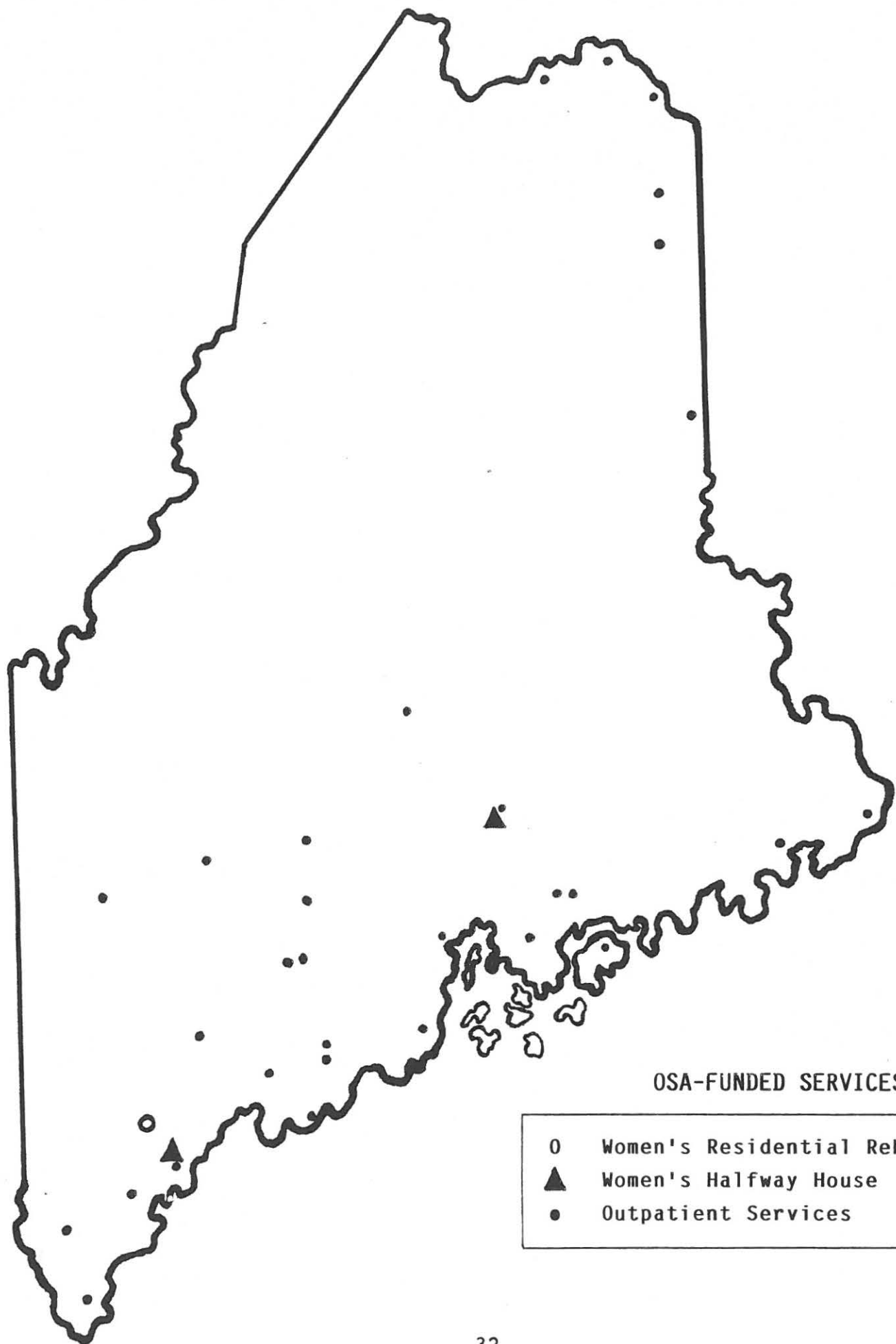
There are OSA-funded coed residential rehabilitation programs in Bath and Limestone. The Bath program served 20 women and the Limestone program served 25 in FY '91. The Aroostook County program will accept parents with their children. The facility also carries a residential child care license.

The map on the following page demonstrates the distribution of funded women's treatment services, including general substance abuse outpatient programs, throughout the state.

The table below demonstrates the number of women served in each service setting.

Emergency Shelter	276
Extended Shelter	235
Detox	336
Outpatient	1070
Intensive Outpatient	38
Residential Rehab	139
Resid. Rehab/Adol.	30
Halfway House	69
Extended Care	70
 Total	 2263

In addition there are private residential and nonresidential treatment programs serving both sexes. Because the private programs are not required to report to OSA's MATS system, it is very difficult to determine how many women are served by those programs. It is believed by substance abuse system professionals that many women prefer to seek treatment at private programs and with private practitioners. While it is difficult to assure that all private services are known to OSA, the majority of both public and private treatment programs are listed in the publication Alcohol and Drug Abuse Services in the State of Maine, published by OSA. The service list is too lengthy to attach as an appendix to this report but may be obtained separately.



OSA-FUNDED SERVICES

- | | |
|---|----------------------------|
| ○ | Women's Residential Rehab. |
| ▲ | Women's Halfway House |
| ● | Outpatient Services |

Supportive Services:

Many of the treatment programs form informal or formal service agreements with other social service programs in their area in order to better serve their clients. Vocational rehabilitation services are often cited by agencies as particularly valuable. Medical needs are usually addressed in the treatment planning process and referrals are made when necessary to health care providers. Many programs incorporate educational training, basic life skills training, and parenting training which is provided by program staff within their agencies while a few agencies bring in outside resources.

In 1988 the Department of Human Services created a state wide child care voucher program designed to assist low and moderate income parents with their child care expenses. The program is administered by 10 child care agencies throughout the state. A sliding fee scale is used to determine the amount of assistance a parent will receive. Vouchers may be used at any registered or licensed child care facility. When the program was designed, special category vouchers were included as well as generic low income vouchers. Included as a special category are vouchers for parents who are receiving substance abuse treatment. Annually over \$50,000 is allocated for the substance abuse vouchers. Utilization of the substance abuse vouchers has varied greatly by region. Some areas have experienced an ongoing demand for the vouchers while other areas have had almost no utilization. Special category vouchers lose their specific identity after the first six months of the contract period if they have not been utilized. There is often a waiting list for the generic child care voucher so the substance abuse vouchers often get utilized for other child care needs. The Office of Substance Abuse, with the assistance and cooperation of the Department of Human Services, needs to develop more effective ways of communicating the availability of the vouchers to parents in treatment or seeking treatment.

In addition, in July, 1991 the Legislature passed a resolve directing the Department of Human Services to allocate a portion of the new federal child care block grant funds for child care services for parents in substance abuse treatment. The Office of Substance Abuse needs to work with DHS to determine the most appropriate use of those funds.

Section II. D. Resource Gaps and Needs

During interviews with treatment providers, they were asked to identify what they perceived as system problems and needs. The following were identified:

A consortium should be formed which focuses on substance abuse services for Maine women.

More services for dual diagnosed women.

Residential programs that accept women and their children.

Closer relationship with DHS protective and substitute care systems.

More effective male/female relationship therapy.

Three quarter (transitional) housing with case management and supportive services.

Transitional housing in central Maine.

Shelter services in central Maine.

Transportation for clients in order to reach services.

Advanced training for clinicians specific to women's treatment issues.

Safe (drug-free) housing.

More public awareness of substance abuse problems facing women.

More awareness by women and their families of existing treatment options.

Better screening and referral by health care professionals.

Less restriction of treatment options by third party payors.

Section III: SPECIAL POPULATIONS

A. The Female Offender



In January of 1991 the Department of Corrections' Task Force on Female Offenders released a report entitled Female Offenders, An Afterthought. The report offered valuable insight on the prevalence of substance abuse problems in the female offender population.

When the task force surveyed the forty-two adult females incarcerated at the Maine Correctional Center in October of 1989, they found 80% of them had a substance abuse history. What is also interesting are the similarities between the OSA female client profile and the MCC profile.

	OSA	MCC
Average age:	30.5	29.75
Marital Status		
Married	24.7%	20 %
Single	37.9%	33 %
Divorced/Sep	38.2	43 %
Children	60.9%	73 % ⁵

OSA female clients in FY '91 reported the following involvement with the legal system:

12.9% were on probation

6.6% were awaiting trial

2.3% were in jail or prison

27.8% had one or more arrests in the last 12 months

15.7% had been arrested for OUI in the last 12 months

At the time of the Task Force's report the Maine Correctional Center had a substance abuse staff consisting of five contractual positions and three state positions, of

5 Maine. Female Offenders - An Afterthought. Department of Corrections. Report of the Task Force on Female Offenders, Augusta, January, 1991; pg. 7

which two were clerical and one was a Licensed Substance Abuse Counselor (LSAC) Supervisor. The six counselors were providing services to approximately 150 to 175 substance abuse program participants each month. All treatment and support groups were coed. It was reported to the task force that female clients were uncomfortable discussing their experiences within the coed groups and the task force recommended that female-oriented treatment and support groups should be established.

A similar profile of the adolescent female offender was prepared by the Task Force from information in the August, 1988 Interdepartmental Council report of a study of juvenile justice clients in the correctional system as of March 3, 1986. A total of 1645 clients were included in the study, which included youth under the supervision of Probation & Parole and those residing at the Maine Youth Center. Females comprised 14% of the study population. The following table is taken from the Task Force report and is based on information in the Interdepartmental Council study.

Comparison of Selected Characteristics of All Females
in Study with Those at MYC

	All Females in Study	Females at MYC
Average Age	16.4	15.9
Drug problems in Family	44%	55%
Drug Problems for Client	41%	95%

ALCOHOL AND/OR OTHER SUBSTANCE ABUSE WAS IDENTIFIED AS A
PROBLEM FOR 95% OF THE GIRLS AT MYC

At the time of the Task Force report, there was one full time counselor serving the girls at MYC. However, the girls were not provided the opportunity to participate in a well defined and comprehensive substance abuse treatment program as is offered to the boys in the Cottage 3 Substance Abuse Program. It was recommended by the Task Force that sufficient substance abuse counselors be available to provide services to all girls at MYC who need such services and that a substance abuse aftercare program for girls who have left MYC be developed.

Section III B. Adolescents

In state FY '91 OSA funded substance abuse treatment programs served 223 females (15.1% of total admissions) under the age of twenty.* They were served in the following settings:



	Number	Percent of Total
Outpatient	144	64.6%
Residential		
Rehabilitation	45	20.2%
Halfway House	6	2.7%
Emergency Shelter	6	2.7%
Extended Shelter	3	1.3%
Detox	19	8.5%
Total	223	100 %

The clients served had the following primary substance abuse problems:

	Number	Percent of Total
Alcohol	137	69.2%
Marijuana/Hash	33	16.7%
Cocaine/Crack	14	7.1%
LSD	5	2.5%
Meth/Speed	5	2.5%
Other Drugs	4	2.0%
Total	198*	100.0%

* Detox and Emergency Shelter clients are not included in the total.

It should be noted that the only service setting where females account for 50% of the population served are in the adolescent residential rehabilitation programs. It should also be remembered that 29.5% of all female substance abuse clients reported first use of their primary drug at less than 14 years of age.

Section III. C. Pregnant/Postpartum Women



One of the most challenging populations to estimate and to reach are pregnant women with substance abuse problems. Each year approximately 17,000 infants are born in Maine. At a world-wide incidence rate of 1.9 per 1000 births, it can be estimated that 33 children are born each year in Maine with fetal alcohol syndrome. It is believed that fetal alcohol effects occur 20 times more frequently than fetal alcohol syndrome. If this estimate is valid for Maine 660 infants would be born each year with FAE. It has been estimated that the lifetime costs of delivering services to one child with FAS ranges from \$596,000 to \$3.3 million.

In Maine, one out of every 15 teens become pregnant each year. It is estimated that two thirds of pregnant teens under age 15 and nearly one half of 15 to 17 year olds do not receive prenatal care in their first trimester. The pregnant teen is particularly at risk for substance abuse and other related problems. Focus should be directed to educating staff of agencies dealing with pregnant teens of the risks of substance abuse during pregnancy and the services that are available to their clients.

We do know how many pregnant women are reported to the OSA MATS system by state-funded treatment agencies. In FY 91, 46 pregnant women entered substance abuse treatment. If the percentages used to estimate problem drinkers in the general population (see page 12) are applied to pregnant women, there are over five hundred pregnant problem drinkers at any one time. OSA funded programs are serving less than ten per cent of them.

Pregnant Women by Primary Drug Treatment FY '91

	Number	Per Cent
Alcohol	36	78%
Marijuana	5	11%
Cocaine/Crack	5	11%

Of course not all of those pregnancies would result in infants with adverse outcomes but the chances are high that there will be some. We also know that 351 women with children under the age of six were in substance abuse treatment during the same time period. Their children may

be considered at high risk for fetal alcohol syndrome and fetal alcohol/drug effects.

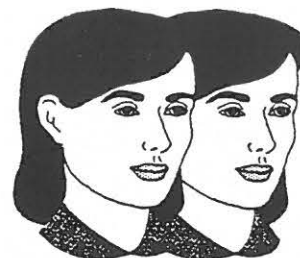
It is generally accepted that the adverse effects of alcohol and drug exposure prenatally run along a continuum with the complete fetal alcohol syndrome at one end of the continuum and more subtle cognitive and behavioral effects on the other.

The long term prognosis for children with FAS is not hopeful. Research at the University of Washington, Seattle examined behavior, intellectual, and physical characteristics of 61 patients with FAS. The population ranged in age from 12 to 40 years of age. Results showed that significant psychosocial problems and lifelong adjustment problems affected the majority of the patients. Average academic functioning was at the early grade school level and most required remedial help. The average intelligence quotient was 68. Researchers noted a particular lack in arithmetic skills and extreme difficulty with abstractions such as cause and effect. None of the patients was able to live independently.

Patients displaying the less dramatic physical and intellectual characteristics of FADE often are misdiagnosed. They are often the children who are labeled hyperactive and learning disabled.

The Department of Mental Health and Mental Retardation, recognizing that FAS is one of the leading causes of mental retardation and is preventable provides funding to two FAS/FADE projects in Maine. Crossroads, a residential rehabilitation program in Windham, is funded to provide FAS/FADE education to its clients, community, and professional organizations. Acadia Health in Bangor also receives funding to do training and education. In addition they conduct screenings and evaluation of children with suspected FAS/FADE. In FY '91 75 children were referred to the project. They ranged in age from 12 days to 21 years. Forty were found to have fetal alcohol effects. One was diagnosed with the full-blown fetal alcohol syndrome and 5 were still too young to determine the extent of effects from exposure prenatally. Fifty-five of the referrals came from the Department of Human Services. The remainder came from adoptive and biological parents or relatives.

Section III D. Dual Diagnosis:



During the interviews with system providers, one consistent theme ran throughout, i.e., the client presenting for treatment does not "just have" a substance abuse problem. The overwhelming majority of the clients have experienced multiple traumas and problems in their lives ranging from being the child of a substance abusing parent to physical and sexual abuse to a concurrent psychiatric diagnosis. They may be dealing with an abusive relationship, and the challenges of low income, and single parenting as well as their substance abuse. A woman seeking treatment must deal with all of these factors in her life. Finding the appropriate treatment is challenging for her and the agencies she encounters.

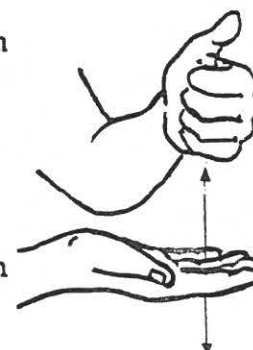
When the data available in the MATS system are examined, it reveals that 8.7% of the female clients seen by OSA-funded agencies were also treated in a psychiatric hospital within the last twelve months. Seventeen and three tenths percent (17.3) of all female substance abuse admissions were also considered to have a concurrent psychiatric problem. (It should be noted that admissions to detox and emergency shelter are not included in this percentage.) It is reported by the Evodia House director that it is not unusual to have 50% of his clients with a concurrent psychiatric disorder.

Section III. E. Lesbian Population:

Client input indicates that the lesbian population, when receiving substance abuse treatment services, often experiences inappropriate counseling from staff and discriminatory treatment from other clients. It was related that too often the focus of the counselor is on the sexual preference of the client as the problem instead of the chemical dependency. The problem does not appear program specific but prevalent throughout the treatment system.

Section III. F. Hearing Impaired:

Although OSA provides funding for interpreter services in contracts of \$100,000 or more, system providers report difficulty with obtaining interpreter services for their hearing impaired clients. There also appears to be a perception of hearing impaired parenting clients that they



perception of hearing impaired parenting clients that they may be at particular risk of becoming referred to protective services if they seek treatment for their substance abuse.

Section III. G. Protective Referrals

According to information supplied by the Department of Human Services, of the four thousand (4000) referrals investigated by the Department of Human Services in FY '91, one thousand (1000) were identified as substance abuse related. Statistics available through OSA's substance abuse management information system identify only 125 referrals to substance abuse treatment made by the protective unit to OSA funded treatment programs in the same time period. Other states have reported well over 50% of the protective cases were substance abuse related. There appears to be under identification of cases and a problem with referral to treatment. OSA and DHS need to identify what steps can be taken to ensure that identification and referral is part of the protective system and that appropriate evaluation and treatment options are available for both the parent and child.



Section IV. SYSTEM ISSUES AND RECOMMENDATIONS:

A. Need and Demand Assessment

It was apparent during the preparation of this report that there were many questions and issues beyond the resources that were able to be allocated to this project. The state is fortunate that there will be upcoming opportunities to perform a more scientific epidemiological study of the need and demand for substance abuse treatment. The Office for Treatment Improvement of the Alcohol, Drug Abuse and Mental Health Administration will make available to every state over the next three years resources to conduct such a study. The recommendations relating to need assessment are as follows:

Recommendation 1: The design of the Maine epidemiological substance abuse treatment need and demand assessment include a focus on the treatment needs for adolescent and adult females. In order to determine the prevalence of substance use during pregnancy, it is recommended that a blind urine screen of a representative sample of pregnant women be included.

Recommendation 2: In the future the key indicator study conducted by the University of Maine be gender specific.

Recommendation 3: The future client outcome follow-up study to be funded by OSA includes interviews with female clients specific to their treatment experience as it related to their gender-specific issues and the treatment barriers they may have encountered. In addition all pregnant chemically dependent women in the treatment system should be contacted to determine the effectiveness of their treatment experience and the outcome of their pregnancy.

Recommendation 4: OSA should work with the Child Protective Unit of the Bureau of Child and Family Services, Department of Human Services, to more accurately determine the extent of involvement of substance abuse in protective referrals, and to develop and implement mechanisms that will provide for the referral of the parents and children in need of treatment.

Recommendation 5: OSA should work with the appropriate agencies to determine the extent of the role played by substance abuse in domestic violence incidents.

Section IV. B. Prevention

The only prevention programs currently oriented to women are the FAS/FADE programs funded by the Department of Mental Health and Mental Retardation. Prevention programming within the schools and the communities reach females and males; however, there is a need to consistently provide information to Maine's young women about the gender-specific effects of alcohol and drug use and the skills to help build a life style that will be substance abuse resistant. It is recommended:

Recommendation 6: The FAS/FADE prevention programs should be continued and expanded statewide. Funding for the expansion should be sought from the Alcohol, Drug Abuse and Mental Health Administration and the project should be jointly sponsored by the Department of Mental Health and Mental Retardation, the Office of Substance Abuse, the Department of Human Services, and the Department of Education.

Recommendation 7: The Department of Education, assisted by the Office of Substance Abuse, should review existing substance abuse curriculum to ensure that information specific to the effects of alcohol and other drug use on females is given sufficient emphasis.

Recommendation 8: The Office of Substance Abuse should ensure that prevention programs funded by OSA include emphasis on adolescent females and, in particular, school dropouts and pregnant or parenting teens.

Recommendation 9: The Alcohol and Drug Abuse Clearinghouse should review and update prevention materials geared to females. In addition, a media campaign should be developed by the Clearinghouse aimed specifically at women to inform them of gender specific substance abuse issues. The campaign should be run on a regular basis with periodic updates.

Recommendation 10: OSA, with the assistance of Maternal and Child Health as well as other appropriate agencies, provide periodic information and workshops to doctors, physicians' assistants, nurse practitioners, midwives and other health care professionals regarding the screening, referral, and treatment of patients using alcohol and other drugs during pregnancy.

Section V. C. Treatment

During FY 91 females comprised 32.2 per cent of all substance abuse admissions excluding emergency shelter where they comprised only 6.2 per cent of the admissions. This percentage is somewhat above the percent of women clients in traditional alcoholism treatment centers nationally and is in line with the proportion of female to male alcoholics (30 percent women to 70 percent men). Maine appears to be allocating its treatment resources in accordance with traditional estimates of need. In Section II. Estimate of Use, it was estimated that there are approximately 16,860 female problem drinkers in Maine and 24,300 women who used drugs illicitly or for a non-medical use. A nonscientific but widely used estimate of demand for treatment is that about 20% of all people in need of treatment are ready to seek it. If this estimate is used, there are about 3,300 women ready to seek treatment for their alcohol use and 4,800 for illicit or nonmedical use of drugs. It would appear that publically funded programs are meeting approximately 25% of the demand.

Why then do we have some underutilized treatment services for women?

There are probably many causes and some of them are beyond the scope of this report and the state's ability to impact, but there are some things that can be done.

Recommendation 11: OSA should take the lead to inform the public of the treatment options available to women. The Clearinghouse could serve as the central referring unit for women's treatment services. The media should be used on a regular basis to profile specific treatment options and the Clearinghouse should be widely promoted as the entry and referral point.

Recommendation 12: The Bureau of Child and Family Services, with the assistance of OSA, should promote the availability and use of the child care voucher program for parents in substance abuse treatment. Unused substance abuse voucher funds should not be used for generic child care assistance but reallocated for specific child care services for substance abusing parents and their children. In addition, a portion of the new federal child care block grant funds should be reserved for substance abuse agencies that wish to offer child care programs. BCFS and OSA should work to

insure that any child care program offered by substance abuse treatment programs is of the highest quality.

Recommendation 13. The Crossroads residential rehabilitation program for women which operated at 33% of residential bed licensed capacity in FY '91 should be redesigned to more effectively reach the women in Region I who need substance abuse treatment. OSA, with the assistance of the Bureau of Child and Family Services central office and Region I Child Protective and Sub-Care Units, should work with the Crossroads Board of Directors and Executive Director to design a "one-stop" entry point for all women in Region I referred to protective services who have substance abuse problems. The program could provide evaluation, treatment, and case management to women and their children as well as training of protective and sub-care workers in the screening for substance abuse related child abuse and neglect cases. In addition, training could be offered by program staff to area foster parents who are caring for children with substance abusing parents.

Recommendation 14. OSA should continue to emphasize women's treatment in existing contracts with service providers and should review the special population percentage for women in performance-based contracts. Emphasis should also be given to women's services in RFP's for new or replacement services.

Recommendation 15. The Department of Corrections, with the assistance of OSA, ensure that comprehensive substance abuse services are available to the females involved in the corrections system.

Recommendation 16: OSA-sponsored training for clinicians should include an ongoing emphasis on appropriate assessment and treatment planning for women.

Recommendation 17: Transitional housing including both case managed and independent living units should be developed throughout the state.

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Appendix A. Estimate of Use Calculations

Alcohol Use:

630,078	females in Maine (1990 US census)
- 101,813	females under 12
<hr/> 528,265	females 12 and over
528,265	
.815	estimated percent of alcohol use in
	last year in Northeast (1990
	National Household Survey)
<hr/> 430,536	females who drank in last year
528,265	
.532	estimated percent of female alcohol
	use in last month in Northeast
<hr/> 281,037	females who drank in last month
281,037	
.06	estimated percent of problem
	drinkers (US Congress report)
<hr/> 16,860	problem drinkers

Drug Use:

528,265	females 12 and over
.104	estimated percent of users in last
<hr/>	year in Northeast (Household
54,940	Survey)
528,265	
.046	estimated percent of users in last
	month in Northeast (Household
<hr/> 24,300	Survey)

Office of Substance Abuse
Executive Department
Ronald G. Speckmann, Director
State House Station #159
Augusta ME 04333
Tel: (207) 289-2595

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000 et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), and the Age Discrimination Act of 1975, as amended (42 U.S.C. §6101 et seq.), the Office of Substance Abuse does not discriminate on the basis of race, color, national origin, handicap, or age in admission or access to or treatment or employment in its programs or activities. The Department of Human Services' Affirmative Action Officer has been designated to coordinate our efforts to comply with the U.S. Department of Health and Human Services regulations (45 C.F.R. Parts 80,84, and 91) implementing these Federal laws and can be contacted regarding further information at 221 State Street, Augusta, Maine 04333, [207] 289-3488).

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