

WORKSHOP ON RESIDENTIAL AND OUTPATIENT TREATMENT MODALITIES*

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THE PANEL DISCUSSED different treatment approaches and their appropriateness to the needs of substance-abusing women. Three programs specifically designed for women were presented: The Women's Center of the Montefiore Medical Center Hospital, the Pregnant Addicts and Addicted Mothers (PAAM) Program at Metropolitan Hospital, and Hale House in Harlem.

The *Women's Center program* illustrates outreach and peer support as a therapeutic modality. This program consists of a series of peer support groups where sociodrama is used to develop group interaction and increase the women's understanding of themselves and their relationships with others. Most important is that these peer support groups, with appropriate facilitation, determine their own agenda and, as a result, become their own agents of therapy. Natural leaders emerge, many of whom have become group facilitators and outreach workers who now function as program recruiters, liaisons between patients and staff, and home visitors. The Center recently established training opportunities for these women to become state certified as outreach workers. If designed and used appropriately, this modality gives clients a sense of purpose and belonging and educational and employment opportunities, which can produce positive changes in their lives.

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The Pregnant Addict and Addicted Mothers Program was established in 1974 to address the needs of opiate addicted women and their families. It advocates and embodies the concept of "one-stop shopping" and aims to strengthen the family unit. It seeks initially to focus on the strengths, rather than the weaknesses, of each client. It provides comprehensive care through a team of health professionals, all of whom are on one floor and are thus easily accessible to clients as well as to each other. It includes such specific services as obstetrical and gynecological care, pediatrics, social services, family support, parenting classes, prenatal classes, vocational and educational services, child care, HIV services and outreach. It assists women to negotiate the myriad of city agencies with which they have contact. It provides parenting skills education in the home within the structure of each individual family. It has recently added the provision of group and individual counseling and medical care for those women (and their families) who have been referred by the Family Court System because of crack/cocaine addiction of their infants at birth.

Hale House has for 21 years cared for infants born addicted to drugs. It operates a home for pregnant addicted women where emphasis is placed on the meaning of childbearing and childrearing within an Afrocentric context. Acupuncture is being examined as a component of drug treatment. It has established a separate program for HIV-positive women and their children that includes housing, support services, and advocacy. It has most recently added, in response to the need of mothers for housing, a 31-apartment complex for those who have completed drug rehabilitation, are employed, and have children in foster care. The goal of this program is to integrate women into drug-free lifestyles and to give them the opportunity to accept responsibility for caring for their infants at their own paces. After-school care, with an emphasis on education rather than athletics, is offered children as they are returned to their mothers.

The experiences and programs of the other panelists were then discussed.

Dr. Jainchill summarized a Public Health Association of New York City workshop on maternal substance abuse that identified five critical issues: modalities, staffing, siting, funding, and outreach. The essential points made were that types of modalities for pregnant women, local coordination of services, identification of needs and capacities, and new research were all issues that had to be addressed. Staff-related issues such as shortages, burn-out, low pay and status, and lack of training also need attention. Communities must be involved if sites are to be found for programs. The dearth of available funding and its fragmentation (prenatal, job training, substance abuse) are

also problems that must be resolved. And, finally, outreach efforts need to be intensified.

Dr. Minkoff reported on the results of a blinded survey of urine toxicologies, HIV seroprevalence, and serologies for syphilis performed on pregnant women at Kings County Hospital at the time of their delivery. Eleven and one half percent of the women had urines positive for cocaine; they were six times more likely to be HIV infected and six times more likely to have positive syphilis serologies than women with negative toxicologies. The impact on the foster care system was explored, since these women also tended on average to have more children than those who were cocaine negative. Although the overall rate of positive urines for cocaine was 11.5%, it was 50% for women without prenatal care. In this context, Dr. Minkoff reminded the group that while drug treatment may or may not be successful, early prenatal care does improve pregnancy outcome, and that related consequences of substance abuse such as syphilis can be treated successfully. It is therefore extremely important to intensify outreach within communities with high rates of substance abuse to get pregnant addicts into the health care system as early as possible.

Dr. Brown of the Addiction Research and Treatment Corporation called for a more rational approach to the delivery of substance abuse services and for the promulgation of substance abuse as a medical problem rather than as deviant or criminal behavior. The existence of the Division of Substance Abuse Services as an agency separate from the Department of Health was cited as an example of this dichotomous perception. Communities need help to understand substance abuse as a health issue; the benefits of substance abuse treatment should therefore be better marketed to all portions of the population.

The provision of special services to women only when they are pregnant, as is currently often the case, indicates that women are frequently valued solely for their reproductive capacity. Consequently, their total needs are not being acknowledged. The integration of services to address the biomedical, social, and behavioral aspects of women's lives is essential to the ability of programs to meaningfully engage them.

Dr. Brown called for more formalized evaluation of program activities since too often this consists merely of "counting heads." Efforts must be made constantly to review the impact services have on the quality of clients' lives and how these services can be improved. Adequate funding must be provided to enable programs to carry out this important function.

Outreach to communities is also essential, but should only be carried out

when programs can provide the identified substance abusers and their families the services they need.

Available services must be coordinated better to match clients with the most appropriate treatment modalities. Significant information is now available regarding the effectiveness of traditional treatment, and data are currently being collected on some of the newer approaches. The issue today is not so much what works, but rather what modality works best for which group. This can be viewed as the second generation of research in drug treatment, fine tuning the match between client and modality.

RECOMMENDATIONS

Develop and implement outreach strategies to engage substance-abusing women in care.

Integrate the delivery of the wide variety of services necessary to address the multifaceted needs of these women.

Acknowledge the total needs of the woman. That is, treatment should be provided to women regardless of their reproductive status and it should continue before, during, and after pregnancy.

Provide adequate funding for more formalized evaluations of service programs.

Encourage research into methods of matching clients with the most appropriate and effective treatment modalities.

Educate the community about the benefits of drug treatment and the benefits to the community of having drug treatment centers in their area.