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Substance Abuse and Its Effect on Women

Executive Summary



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N*J WomenCount's* initial application of its research model assesses the status of women as related to substance abuse, targets analysis of substance abuse among women who are mothers, and makes specific policy recommendations. Recent restructuring of government departments and increasing state responsiveness to the issue of women and drug abuse suggest that circumstances may improve for affected women and their children. As an example, the New Jersey Child Welfare Reform Plan of 2004 asks the Division of Youth and Family Services (DYFS) to improve its workers' understanding of the interrelationship among family-risk factors such as substance abuse, mental health issues, housing problems, and domestic violence.

Prevention, education, and access to treatment services are society's best methods for eliminating the harsh toll that substance abuse takes on women and their families. But as this issue of *NJ WomenCount* will illustrate, many New Jersey women who struggle with substance abuse still do not have accessible treatment services and resources. The reasons are complex and touch on health and social matters that concern all women in New Jersey—as well as legislators, doctors, educators, treatment providers, and policymakers.

Leadership

Women leaders advocate for women's issues.

Research shows that women in leadership positions advocate for women's issues and policies that affect women's lives, a fact that both female and male legislators perceive.¹ According to Susan Carroll, a leading researcher of women in politics, "women legislators have given more priority than men to legislation on health care and the welfare of families and children."²

New Jersey's low percentage of women legislators makes it vitally important to promote women's leadership in the state.

Substance abuse transcends gender, but certain issues are specific to women. As the mothers and primary caregivers of children, women face obstacles to obtaining help that men do not necessarily encounter. Women in need of treatment must plan not only for themselves but, in nearly half the reported cases, for children as well. Almost one in two women in treatment in New Jersey are mothers, and most of that number are single mothers.

Policy Recommendations

Programs advocating for women leaders in New Jersey government are essential:

- It is important for New Jersey to draw women into public office at all levels. Their presence and leadership will increase awareness of policies concerning issues important to women, including substance abuse.

Structure

Women who struggle with substance abuse do not have accessible services and resources.

Private community based organizations, government agencies, and other entities have been working together to end substance abuse and increase specialized services to women. Although these groups are strengthening the effectiveness of their partnerships, having enough available and accessible treatment opportunities remains a challenge for all concerned. In 2000, almost 20,000 women had unmet needs for treatment.

Half of all women admitted to New Jersey treatment facilities are mothers, most of them single mothers. Women struggling to overcome substance abuse are often faced with harsh choices; they are often without accessible treatment programs that include transportation and child care as part of a continuum of care. Many mothers fear prosecution and losing custody of their children, thus leading them further away from treatment. In 2004, forty-six of the 331 treatment facilities in the state accepted pregnant and postpartum women.

In 2003, a working conference focusing on the state of women's health in New Jersey identified four main barriers to treating substance abuse among women in the state:

- (1) need for services such as transportation and child care,
- (2) access to insurance,
- (3) need for supportive care that minimized the effects of discrimination or language barriers, and
- (4) need for a long-range philosophy and plan of prevention and treatment.

Policy Recommendations

Develop plans and policies that will close the service gap between demand and availability and increase specialized treatment modalities.

- Recent changes in child welfare policies that pertain to substance abuse evaluation and treatment are promising. The continuation of reforms directly affecting women are critical.
- Develop program standards and accountability through outcome measurements.

Develop policies regarding the treatment of substance abuse that prevent the need for disrupting families and continue to strengthen the goal of family reunification.

- Develop comprehensive policies and effective strategies designed to enhance outcomes for women with children and pregnant women seeking treatment. Focus on the co-occurring problems including domestic violence, housing needs and poverty; Design programs to provide transportation and child care.
- Develop training curriculum for substance abuse workers on the issues of domestic violence, housing needs and poverty.

Develop as an alternative to a mandatory sentencing policy, mandatory treatment and community service for nonviolent drug offenders.

Support

Substance abuse has a harsh impact on women and society.

Substance abuse is not an issue that can be understood nor defeated in isolation. It takes a toll on individual lives and on society at large. One-fourth of deaths in the United States are attributed to alcohol, tobacco, or illicit drug use. The economic costs to society are staggering; substance abuse costs the U.S. economy \$414 billion per year.³

In addition to deaths and economic implications, "more than 75 percent of domestic violence victims report that their assailant had been drinking or using illicit drugs at the time of the incident."⁴ Of actual arrests, alcohol and drugs were involved in 29 percent of domestic violence cases in 2004. Furthermore, children were present in 30 percent of those domestic violence offenses and involved in 5 percent of them.⁵

Nationally, most child welfare workers have not been trained in assessing or dealing with substance abuse.⁶ However, the New Jersey Child Welfare Reform Plan of 2004 asks the Division of Youth and Family Services (DYFS) to improve its workers' understanding of the interrelationship among family-risk factors such as substance abuse, mental health issues, housing problems, and domestic violence. Currently eight agencies funded by either a block grant women's set-aside or the DYFS initiative offer residential programs for women and their children under five years of age. In all other treatment programs, additional support is needed for the children.

Health concerns at birth and during childhood, disruptions of families, living in poverty, and exposure to domestic violence often occur with substance abuse and have a negative affect on children. According to *Innovators*, a national organization that addresses substance abuse, "children from families with substance-abusing parents are more likely to have problems with delinquency, poor school performance, and emotional difficulties than their peers from homes without substance abuse."⁷

In 2004, a reported 32,746 people in New Jersey had HIV/AIDS. Of those cases, 31 percent were exposed to the virus by drug injection and of those drug users 35 percent were female. Overall, women account for 36 percent of people in New Jersey living with HIV/AIDS.⁸

In addition, thirty-six percent of New Jersey prisoners are incarcerated for drug offenses, compared to 20 percent nationally. From 1990 to 2002 the percentage of incarcerated women in New Jersey rose by 52 percent (31 percent for men), with the top offenses being drug-related; The high rate of incarceration for drug offenses in New Jersey is primarily due to our state's mandatory minimum sentencing laws.⁹ The Justice Policy Institute reports that an estimated two-thirds of New Jersey prisoners need drug treatment and 59 percent need treatment for alcohol abuse. In 2001, there were 1359 therapeutic community beds in six different prisons, up from 329 as recently as 1998.¹⁰

Policy Recommendations

Information gathering for unanswered questions that can help target future strategies to address substance abuse and its effect on women is recommended.

- Interested community based organizations, governmental entities, and individuals suggest that the following areas and questions may provide fertile ground for ideas to develop additional study of women and substance abuse. What is being done to address substance abuse in New Jersey prisons? What happens to incarcerated pregnant women with substance abuse problems? What types of services are offered to imprisoned women with substance abuse problems? How effective are these programs? How many children are in foster care as a direct result of a parent's substance abuse? What happens to children when their mothers do not receive treatment for substance abuse? To what extent is substance abuse a consequence of negative coping strategies after a sexual assault?

Legislation

In the 2006–2007 legislative session, two bills before the New Jersey Assembly and Senate required health insurers to cover alcohol and drug treatment. Assembly Bill A-2512, sponsored by Assembly persons Gordon, Johnson, and Manzo¹¹ "revises statutory mental health coverage requirements and requires all health insurance to cover alcohol and drug addiction treatment under the same terms and conditions as for other diseases or illnesses."¹² New Jersey Senate Bill S-807, sponsored by Senators Joseph F. Vitale and Barbara Buono, revises "statutory mental health coverage requirements and requires all health insurers and the State Health Benefits Plan to cover treatment for alcoholism and other substance-use disorders under same terms and conditions as for other diseases or illnesses."¹³ This legislation helps to remove one identified significant barrier to substance abuse services for working women and mothers by increasing access to services for them through health insurance coverage.

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