

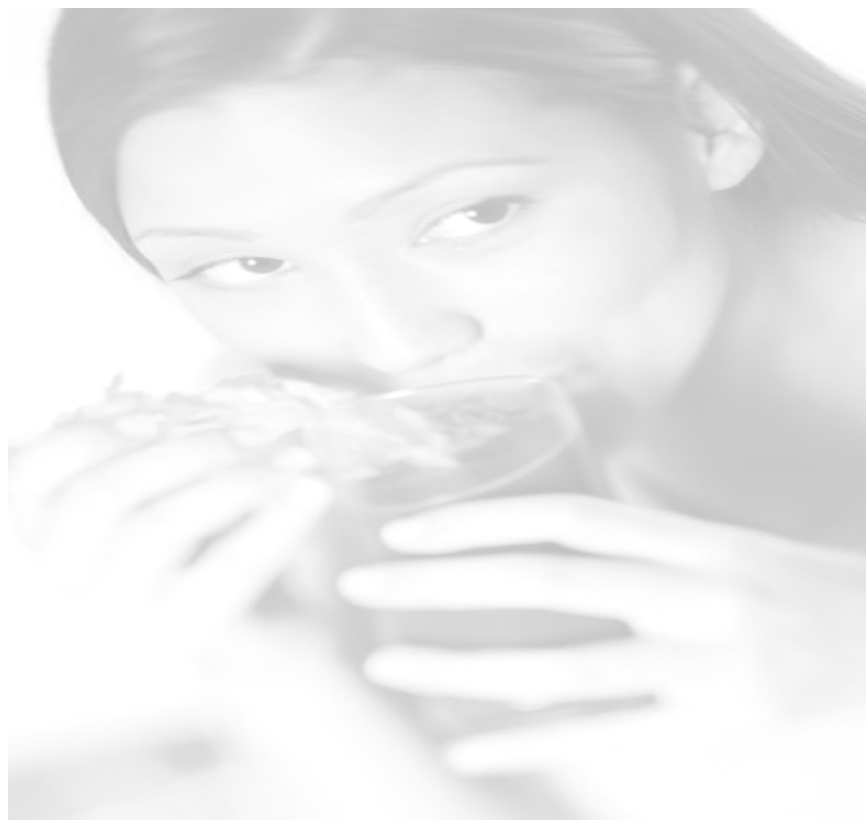
PROP

The Women's Project

Barrier Impact Analysis

FY 2006

(July 1, 2005 – June 30, 2006)



October 2006

Forward

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.
(National Institute on Drug Abuse (NIDA))

Introduction

Women are the fastest-growing segment of substance abusers in the United States: About 2.7 million American women abuse alcohol or drugs according to the federal Center for Substance Abuse Prevention.¹ According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), *about one-third of American women report regular alcohol consumption and 2.3 percent, or 2.5 million women, meet the criteria for alcohol dependence.*²

Researchers report substance abuse in women has a distinctive etiology, disease progression, and associated treatment needs. There is growing evidence that women are at an especially high risk for health and social problems caused by alcohol, tobacco, and other drugs, compared to their male counterparts. Findings like this appear to be beginning to influence the way substance abuse treatment is provided for women.

¹ About Health and Fitness. How Women Recover from Addiction, 2005. Avail at: <http://alcoholism.about.com/cs/women/a/blou030520.htm>

² Alcohol Alert: Number 62, July 2004, Alcohol—An Important Women’s Health Issue. Avail at: <http://pubs.niaaa.nih.gov/publications/aa62/aa62.htm>

In Maine in FY 2006, among women who entered treatment, over 50% reported alcohol use as their primary drug.

4% of women admitted to treatment in FY 2006 were pregnant at time of admission.

The developmental and psychological pathways that lead women to drug use are different than those of males. Female addicts/alcoholics exhibit more depression and suicidal tendencies than men, have a prevalence of physical or sexual abuse that surpasses men, and report a greater incidence of family substance abuse. Women get to treatment at much later stages of alcoholism than men, in part due to society's reluctance to acknowledge women alcoholics.

Women have some special needs that most treatment centers do not address.³ According to the Centre for Substance Abuse Treatment in Washington D.C., there are fourteen primary issues that alcoholic/addicted women need to address in treatment and recovery: Low Self Esteem - Powerlessness - Sexism - Family of Origin issues - Unhealthy Relationships - Violence - Incest - Rape - Sexuality - Recreation - Grief and Loss - Parenting - Vision For the Future - Life Planning.⁴

Many recovering women find that after treatment they need help for depression, obsessive compulsive disorders or eating disorders. Studies included in the work of Ashley, Marsden and Brady (2003)⁵ suggest that women entering treatment are younger, and have lower education and employment levels, more health and mental health problems, greater exposure to physical and sexual abuse, and greater concerns about issues related to children than did men. They are more likely to have poor self concepts – low self-esteem, guilt and self blame – and high rates of mental health problems, like depression, anxiety, bipolar affective disorder, suicidal ideation, psychosexual disorders, eating disorders and post traumatic stress disorders.⁶

In addition, women are more likely than males to report greater dysfunction in the family of origin, lacking adequate role models for parenting, and demonstrate greater dependence on a partner for life skills tasks like managing money. As a result of these compounding complexities, researchers conclude that women entering treatment require specialized treatment plus an array of resources to help with specific issues.⁷

³ Rokelle Lerner, Women's Issues in Recovery. 2005. Avail at:

<http://alcoholism.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=alcoholism&zu=http%3A%2F%2Fweb2.ica.net%2Fhopeplace%2Fissues.html>

⁴ Ibid

⁵ Ashley, O.S., Marsden, M. E., and Brady, T.M. Effectiveness of Substance Abuse Treatment: Programming for Women: A Review. The American Journal of Drug and Alcohol Abuse Vol. 29, No. 1, pp. 19–53, 2003

⁶ Ibid

⁷ Ibid

After treatment women need services to assist them in sustaining their recovery and in rejoining the community

Despite the magnitude of their substance abuse problems, according to the SAMHSA National Household Survey on Drug Abuse, women represent just 43% of those seeking treatment. In Maine the ratio of women to men in treatment is even less. According to the Maine Office of Substance Abuse, while 51% of the State's population is female (Census 2000), women accounted for just 29.6% of the treatment admissions in FY 2006.⁸ Among those who entered treatment, over 50% reported alcohol use as their primary drug; and, 4% (208) of all women admitted to treatment in FY 2006 were pregnant at time of admission.

A review of the substance abuse and treatment literature, along with our own primary research on barriers to treatment indicate many reasons why women in need do not enter into treatment. According to the National Institute on Drug Abuse (NIDA), *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. Researchers have also concluded that traditional drug treatment programs may not be appropriate for women because they may not provide the unique mix of services that women need. NIDA 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:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Food, clothing, and shelter • Transportation • Job counseling and training • Legal assistance • Literacy training / education • Parenting training • Family therapy • Couples counseling | <ul style="list-style-type: none"> • Medical care • Child care • Social services • Social support • Psychological assessment / mental health care • Assertiveness training • Family Planning |
|---|---|

NIDA also reports 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. During these periods, *women particularly need the support of the community and 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.

⁸ Office of Substance Abuse, Treatment Data system statistics. Avail at: https://portalx.bisoex.state.me.us/jav/osa_tdsreports/home.do

The lack of access to needed services and supports has been identified as *a barrier to treatment*

In an effort to assist women in need of treatment in overcoming barriers to treatment, the Maine Office of Substance Abuse, back in 1996, funded a number of programs designed specifically to help women in need, gain access to substance abuse treatment programs. One of these projects is still viable, and working from a statewide perspective. That program is called The Women's Project, and is hosted by the Peoples Regional Opportunity Program (PROP), located in Portland, Maine.

The Women's Project's underlying premise is that for women in need of treatment, removal of internal and/or external barriers to treatment is likely to result in their accessing and maintaining treatment and recovery.

The Women's Project works to move women to treatment by: assisting them in identifying their barriers to treatment; developing a plan to remove or overcome those barriers; and providing ongoing support and guidance enabling women to implement and maintain their recovery plans. In addition, the program creates linkages with area service providers to facilitate collaboration around client needs; provides education around issues of health and self-care; and delivers education to area service providers on women's alcohol, and other drug issues to improve the level of their care to women clients.

Monitoring Program Effectiveness

Since 1997, in an effort to continually monitor its effectiveness and improve its methods of operation, The Women's Project has conducted an evaluation of its interventions. The primary intervention offered is staff assistance to clients in the identification of barriers to treatment, and facilitating ways to overcome or minimize these barriers. The Project's focus is to:

- ◆ Move additional numbers of women in need of treatment to treatment programming
- ◆ Help women in treatment, remain in treatment, and
- ◆ Assist women in maintaining their recovery goals.

The methodology employed by The Women's Project to accomplish its mission is to work with clients to identify their barriers, and provide assistance in ways to overcome or minimize these barriers. Services are provided through a team of registered nurses and licensed social workers. Forms of assistance typically include financial assistance for barriers like transportation and childcare, linking clients to other community services, and the provision of personal support and encouragement.

Through secondary and primary research, The Women's Project evaluators and staff developed a list of thirteen (13) conditions that are routinely reported by clients as barriers to treatment. Upon entry to The Women's Project, each client is assessed on the extent that each of the thirteen barriers impedes her treatment access.

Since 1997, The Women's Project has conducted both a pre and post client assessment to determine how successful they were, in the opinion of the client, in helping her access or remain in treatment, or maintain her recovery. Pre assessment results are compared to post assessment (administered on discharge, or at 3 months, whichever comes first) to determine if the program had any impact on reducing, minimizing, or eliminating barriers to treatment. Since we initiated this evaluation on Project efficacy, 1859 client records have been analyzed.

The following analysis is the most recent snapshot of how The Women's Project has performed in meeting its outcome objectives. This analysis of Barrier Scale data was completed on clients of The Women's Project who have received a 'progress' evaluation during FY 2006 (the twelve month period of July 1, 2005 through June 30, 2006). In total, 213 cases were reviewed for analysis.

Confirming the transient nature of this clientele, the Program experienced a 21% rate of attrition, where it lost contact with clients that entered the program sometime within the first three months of their enrollment. As a result, the following data reflects pre enrollment data on 213 clients, but post intervention data on 168 clients (79%).

FY 2006 Highlights

Highlights of the FY 2006 analysis include:

- A demonstrated positive impact on client barriers pre to post intervention. Every one of the tracked barriers demonstrated a decrease in score pre to post intervention.
- For overall helpfulness, clients scored the program at 8.33 out of a possible 10.
- Women entered the program scoring, on average, 4.17 barriers with scores of 7 through 10 for severity. Post intervention, women scored on average, less than 1 (.98) barrier at 7 through 10 for severity.
- Alcohol remains as the highest reported drug of choice, followed by Opiates, Cocaine and Heroin. 36% of clients reported alcohol as their drug of choice. 29% reported Opiates. Program staff notes that the majority of clients tend to use multiple substances.
- The top four barriers reported at entry in FY 2006 remained consistent from prior years, and included:

	Pre Barrier Score
Barrier	1 - 10
Financial	6.69
Transportation	6.04
Not knowing how or where to get help	5.44
Low Self-esteem	5.41

- Again for a second year in a row, the barrier demonstrating the greatest change in score, pre to post intervention was clients' recognition that their denial about their substance use was a barrier to their treatment.

Clients rated their substance use at entry to be 5.10 in severity on a 1 – 10 scale. Post intervention, clients rated their substance use a 1.55 in relation to their ability to get and or maintain treatment.

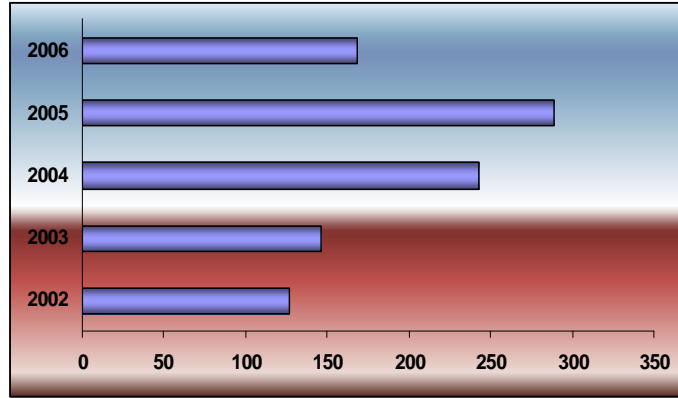
- The program made the highest impact on the barriers with the highest severity scores at entry, indicating the program is responsive and effective in meeting the most critical issues presented by clients at entry.

Impact on Barriers	Barrier Score at Entry	Impact Score
Financial	6.69	-1.58
Transportation	6.04	-1.60
Not knowing how or where to get help	5.44	-2.59
Low Self-esteem	5.41	-1.58
Substance Use Denial	5.10	-3.67

Analysis

Cases closed within study period – comparison to prior years

2006 -	168
2005 -	289
2004 -	243
2003 -	146
2002 -	127



Average Client age 33.39 years

Age range is from 20 to 63.

Minor Children in Household YES – 70% NO – 30%

In 2006, the percent of clients with minor children in the home increased to 70% from 61% reported in 2005.

Client Entered As

Primary Abuser	97.2%
An Affected Other	2.8%

Client entry characteristic also remained constant from 2005, when 97% also entered as a Primary Abuser.

Client Entry Reasons

The majority of women entered the program “in treatment”, indicating a need to continue their treatment was being hindered by barriers. As the following multi year chart demonstrates, this category has shown a steady increase since 2002.

In addition, although it took a slight downturn in 2005, the second highest scoring reason for entry was ‘to maintain recovery’. This category also has demonstrated steady growth over the past five years. The number of women entering the program to ‘get treatment’ continued in third place, and continues to decline.

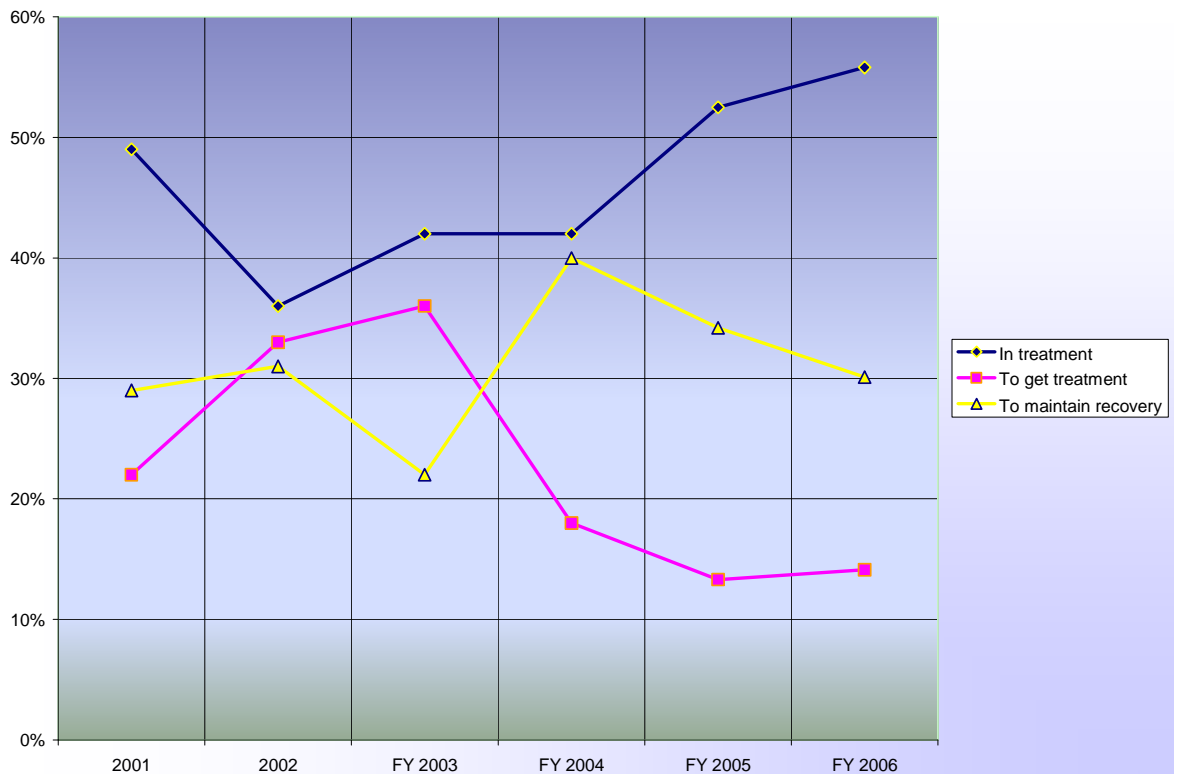
FY 2006 Entry Reasons

To continue treatment (in treatment) - 55.8%

To maintain Recovery - 30.1%

To get treatment - 14.1%

Multi Year Entry Reason Comparison



County of Origin

Clients entered the program from twelve of Maine's sixteen counties. Forty-five percent (44.5%) of clients entered from Cumberland County. Twenty percent (20.4%) entered from Penobscot County. Combined, these two counties accounted for approximately 65% of all clients. There was a marked increase of clients from Cumberland County in 2006 compared to 2005 (45% vs 29%).

No clients entered from Waldo, Franklin, Oxford and Sagadahoc counties.

County	%	County	%
Androscoggin	3.8%	Oxford	0%
Aroostook	0.9%	Penobscot	20.4%
Cumberland	44.5%	Piscataquis	0.5%
Franklin	0%	Sagadahoc	0%
Hancock	3.3%	Somerset	1.9%
Kennebec	6.6%	Waldo	0%
Knox	2.4%	Washington	4.3%
Lincoln	0.5%	York	10.9%

Drug of Choice

Alcohol was reported as the drug of choice by 36.2% of clients. Opiates were reported as the drug of choice by 29% of clients. Cocaine comes in third this year, reported by 10% of clients.

Cocaine demonstrated an increase in reported drug of choice in FY 2006, with 10% of clients reporting its use. Oxycontin and Heroin demonstrated drops in reported drug of choice percentages from 15% in 2005 to 4% and 6% respectively.

Opiates demonstrated an increase in 2006, reported as drug of choice by 29% of clients as compared to 20% in 2005. Crystal Meth also increased from 0.2% to 2%.

Reported Drug of Choice	2005	2006	Reported Drug of Choice	2005	2006
Alcohol	37%	36%	Marijuana	3%	3%
Oxycontin	15%	4%	Methadone	1%	0%
Heroin	15%	6%	Sedatives	0.4%	0%
Percocet	2%	0%	Crystal Meth	0.2%	2%
Opiates	20%	29%	Xanax	0.4%	0%
Vicodin	1%	0.5%	Cocaine	2%	10%
Crack	2%	5%	All other	1%	5%

Drug of Choice by County

With the exception of Hancock and Washington Counties, all counties demonstrate a preference for alcohol (36% of sample). In Washington County, the preferred substance among Project clients was Opiates.

The largest number of clients (91) came in from Cumberland County. Their drug choices were: Alcohol (35% of clients selecting it as their drug of choice), followed by Opiates (31%) and Cocaine (13%).

Penobscot County provided the second largest number of clients with 43, preferring Alcohol, Opiates, Cocaine and Heroin.

Cases Per County - Drug of Choice

County	Drug												Total
	Alcohol	Oxycontin	Heroin	Opiates	Vicodin	Crack	Marijuana	Crystal Meth	ETOH	Cocaine	Klonopin	AO	
Androscoggin	1	0	1	1	0	1	2	0	0	1	0	1	8
Aroostook	1	1	0	0	0	0	0	0	0	0	0	0	2
Cumberland	32	2	5	28	0	7	1	1	1	12	0	2	91
Hancock	1	0	1	4	0	0	0	0	0	1	0	0	7
Kennebec	6	0	0	3	0	0	1	1	2	0	0	1	14
Knox	2	0	0	2	0	0	1	0	0	0	0	0	5
Lincoln	0	0	1	0	0	0	0	0	0	0	0	0	1
Penobscot	13	3	4	12	1	1	1	2	0	4	0	2	43
Piscataquis	1	0	0	0	0	0	0	0	0	0	0	0	1
Somerset	3	1	0	0	0	0	0	0	0	0	0	0	4
Washington	2	1	0	6	0	0	0	0	0	0	0	0	9
York	13	1	0	5	0	1	0	0	0	2	1	0	23
Total	75	9	12	61	1	10	6	4	3	20	1	6	208
Percent	36%	4%	6%	29%	0.4%	5%	3%	2%	1.4%	10%	0.4%	3%	100%

Multiple Barriers

Women entering the Project consistently present with a number of serious issues, indicating the complexity of their lives. On average, women entering the program reported having at least 4.17 barrier issues that they scored at a 7 or higher, indicating they perceived these issues as serious barriers to their treatment.

Thirty-five percent (35%) of the clients presented with 4 to 6 barriers scored at from 7 to 10 in seriousness. Twenty percent (20%) reported seven or more barriers as serious. Seven percent (7%) of clients reported no barriers at a 7 to 10 score.

At Intake, % clients scoring	
No barriers 7 to 10	7%
1 or more barriers at 7 to 10	93%
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1 to 3 barriers at 7 to 10	38%
4 to 6 barriers at 7 to 10	35%
7 to 9 barriers at 7 to 10	16%
10 or more barriers at 7 to 10	4%

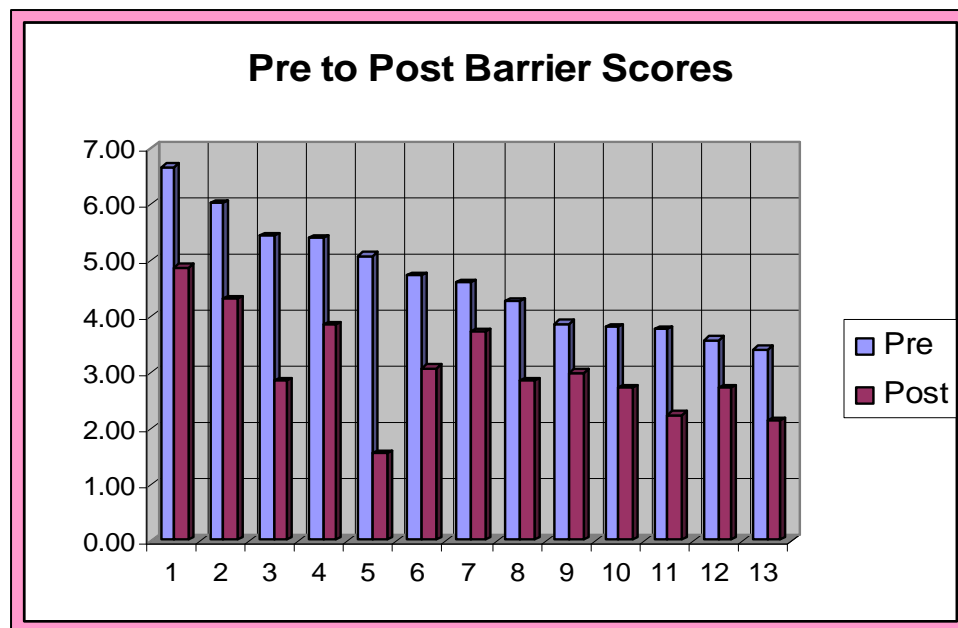
Barriers with Highest Impact Scores

The five highest scoring barriers at entry were:

1. Lack of money (financial)
2. Transportation
3. Not knowing where or how to get help
4. Low self-esteem
5. Denial about their substance abuse

These were also the barriers receiving the highest impact scores, indicating project resources were effectively applied to the most serious client issues. Every barrier identified by clients demonstrated a decrease in score post intervention

	Pre	Post	Impact
1. Financial	6.69	4.89	-1.80
2. Transportation	6.04	4.32	-1.72
3. Not knowing where or how to get help	5.44	2.85	-2.59
4. Low self-esteem	5.41	3.86	-1.55
5. Substance use denial	5.10	1.55	-3.55
6. Housing	4.73	3.09	-1.64
7. No one to turn to	4.60	3.73	-0.87
8. Relationship problems	4.27	2.85	-1.42
9. Fear what others might think	3.88	2.99	-0.89
10. Fear - losing children	3.82	2.72	-1.10
11. No recovery hope	3.78	2.25	-1.53
12. Guilt - leaving children	3.59	2.72	-0.87
13. Child care	3.42	2.13	-1.29



Multi-Year Comparison – Highest Scoring Barriers

Four barriers have been consistently identified as the top four issues over the past six years – finances, transportation, not knowing where or how to get help, and low self-esteem.

FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Financial	Financial	Financial	Financial	Financial	Financial
Transportation	Not knowing	Not knowing	Not knowing	Transportation	Transportation
Low Self-esteem	Transportation	Transportation	Transportation	Not knowing	Not knowing
Not knowing	Low Self-esteem	Low Self-esteem	Low Self-esteem	Low Self-esteem	Low Self-esteem

The Women’s Project demonstrated an overall 34% reduction in client average barrier scores to treatment from pre to post intervention.

Overall (Av) Barrier Score Pre Intervention

4.67

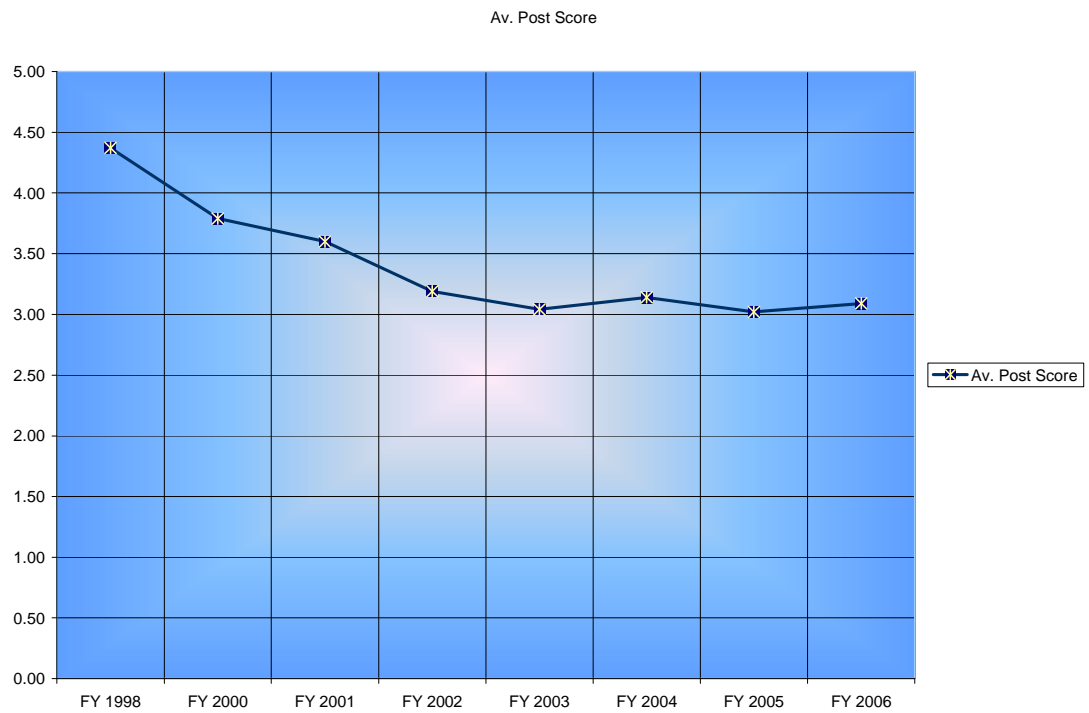
Overall (Av) Barrier Score Post Intervention

3.07

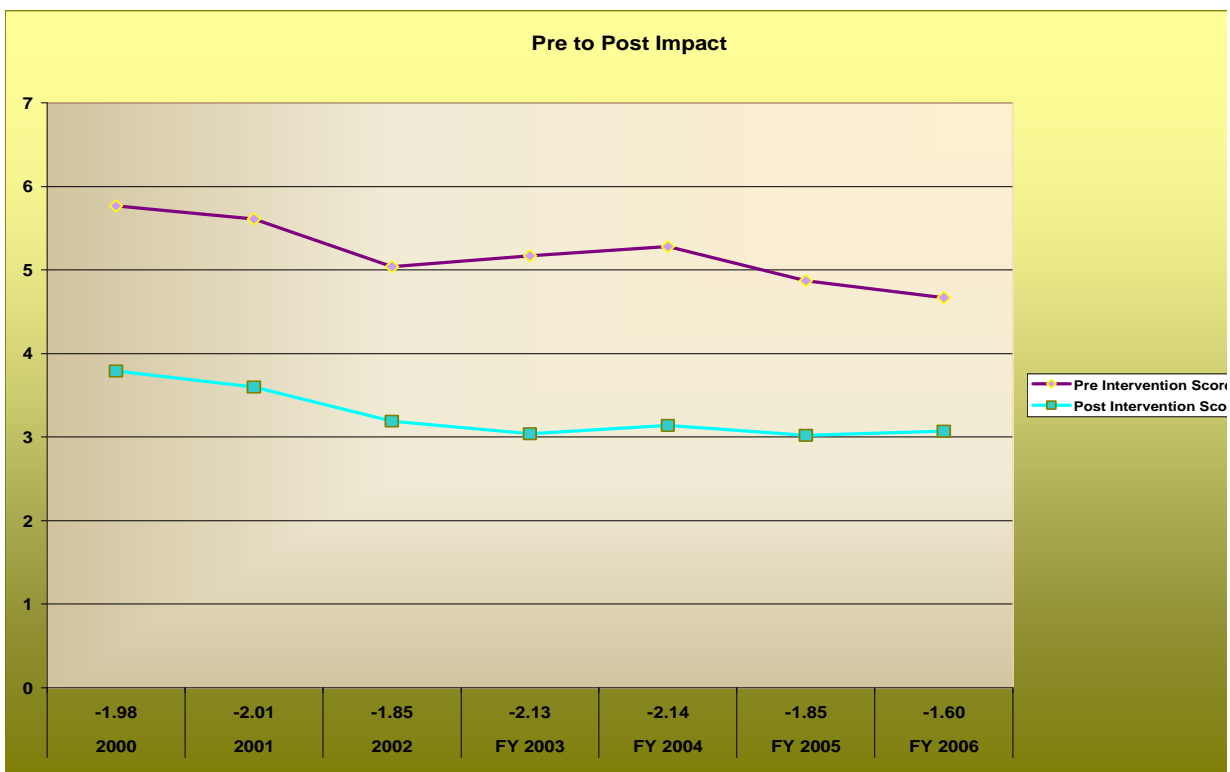
Overall (Av) Barrier Impact

- 1.60

The multi-year trend of impact scores (post intervention) demonstrates a consistent pattern of improvement. This trend appears to indicate the program is becoming more adept, over time, at assisting clients, consistently improving in its ability at assessing, reducing and/or removing barriers to treatment.



The average change in score in FY 2006 was 1.60 - its lowest level since 1998. This is most likely due to the average decrease in the mean pre score, which has also been on a downward trend since 1998.



	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Av. Pre Score	5.77	5.61	5.04	5.17	5.28	4.87	4.67
Av. Post Score	3.79	3.60	3.19	3.04	3.14	3.02	3.07

Overall - Program Helpfulness

Clients are asked, post intervention, to score the Project's 'helpfulness' in reducing their barriers. The Project has consistently demonstrated high levels of client satisfaction. In FY 2006, the overall score was 8.33 out of a possible 10.

(Helpfulness scale = 1 to 10)

FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
8.08	8.33	8.58	9.10	8.72	8.33

Substance Use

As noted earlier, client recognition that their denial about their substance use was a serious barrier to their treatment and recovery scored, again for the second year, with the highest change score, pre to post.

	Pre	Post	Change
Substance use	5.16	1.56	-3.60

The substance use question is worded as: "Before enrollment in this program, how much of a problem was your denial about substance use to getting/maintaining treatment or help? And now?"

Substance Use - Denial

During the period 2001 to 2004, denial about substance use was ranked, on average, at number 8 out of 13 barriers tested; the average change in score, pre to post was (-1.45), indicating clients did not, even after receipt of program services, see their substance use as a serious barrier to treatment.

In 2005, denial about substance use moved up to number 5 barrier at intake; and the change score demonstrated a (-3.89), indicating a realization among clients that their use hindered their attempts at treatment access.

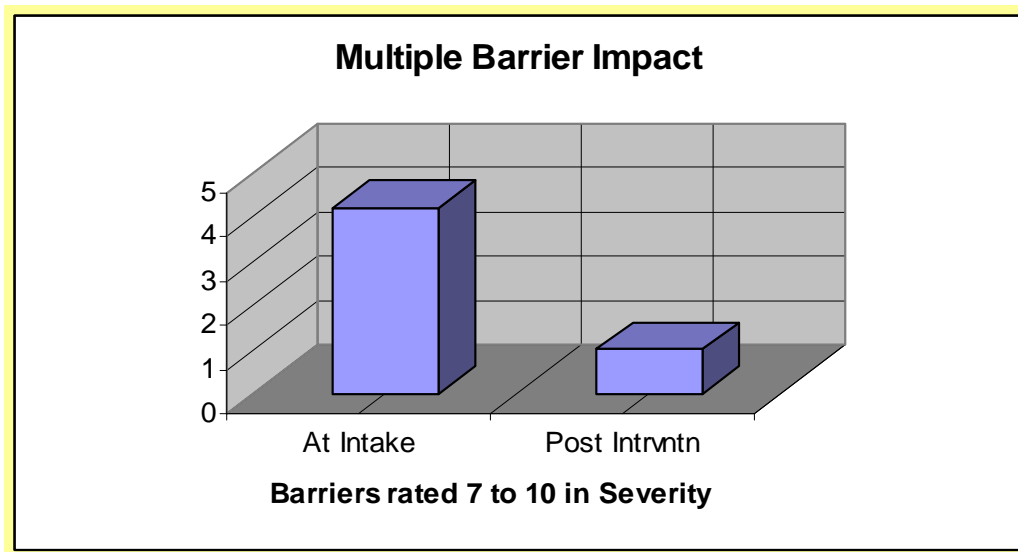
In FY 2006, denial about substance use remained at number 5 barrier at intake and the change score (-3.55) continues to demonstrate client’s realization that their use hindered their attempt at treatment access.

Substance Use Denial						
	2001	2002	FY 2003	FY 2004	FY 2005	FY 2006
Pre to Post Change Score	-2.18	-1.32	-1.98	-1.55	-3.89	-3.55
Pre Score Rank out of a total of 13	8	9	7	9	5	5

Multiple Barrier Impact

At pre intervention, clients presented with an average of four (4.17) barriers with scores of from 7 to 10 for seriousness.

At post intervention, clients scored an average of less than 1 (.98) barrier at 7 to 10 in seriousness.



Women with Minor Children Present

Women with minor children demonstrated the same ranking of the top scoring barriers to the total sample. As in last year, women without children ranked financial problems as well as not knowing where and how to get help higher than women with children. Women without children scored the balance of the top five barriers slightly lower than women with children. As has been the case since 2000, child care scored low as a barrier for women with children.

Barrier Score Comparison (pre score)			
	Full Sample	Women with Children	No Children Present
Financial	6.69	6.66	6.71
Transportation	6.04	6.06	6.00
Not knowing where or how to get help	5.44	5.30	5.81
Low self-esteem	5.41	5.40	5.44
Substance use denial	5.10	5.44	4.19
Housing	4.73	4.77	4.67
No one to turn to	4.60	4.62	4.51
Relationship problems	4.27	4.32	4.16
Fear what others might think	3.88	3.96	3.60
Fear - losing children	3.82	4.41	2.14
No recovery hope	3.78	3.99	3.27
Guilt - leaving children	3.59	4.21	1.66
Child care	3.42	4.11	1.29

Note: The lowest score a barrier can receive is a ‘1’, which indicates the issue is not a barrier. When women with no children present in the home score a child related issue at higher than a ‘1’, we assume she has children but they are not in her custody at this time.

Comparison of Impact (Change) Scores

	Women with Children	Full Sample
Substance Use	-3.94	-3.67
Transportation	-2.80	-1.60
Not knowing where or how to get help	-2.52	-2.59
Financial	-2.20	-1.58
Low self-esteem	-1.99	-1.58
Housing	-1.78	-1.34
Fear what others might think	-1.75	-0.91
Relationship problems	-1.75	-1.30
Fear - losing children	-1.62	-0.81
No recovery hope	-1.47	-1.48
Child care	-1.28	-1.22
Guilt - leaving children	-1.01	-0.96
No one to turn to	-0.83	-1.01

Multiple Barriers (women with children)

Average number scored at 7 or higher at intake	-	4.44
Average number scored at 7 or higher at discharge	-	1.05

Overall Helpfulness (women with children)

Overall - Program Helpfulness (scale 1 to 10)	-	8.32
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Women with children scored the Program essentially the same in helpfulness as the sample as a whole (8.32 vs 8.33)