



Fact Sheet



Women in Treatment

The data in this fact sheet are based on admissions and discharges from publicly funded and narcotic treatment services in California during state fiscal year 2007-08 as reported in the California Outcome Measurement System - Treatment (CalOMS-TX), unless otherwise noted.

"Substance abuse and addiction is by far the number one women's health problem, causing illness, injury and death and contributing to a whole host of related social problems," says Susan Foster, the director of policy research for the National Center on Addiction and Substance Abuse (CASA) at Columbia University. There are important gender differences in substance use disorders that are meaningful for screening, diagnosis, and course of illness, as well as treatment. Further, "Physicians are less likely to consider and diagnose addiction in women than in men".

Based on the National Survey on Drug Use and Health (NSDUH) 2007, an estimated 22.3 million persons aged 12 or older in the United States were classified with substance dependence or abuse in the past year -12 months prior to the survey (9.0 % of the population aged 12 or older). The prevalence of substance use disorders¹ for females was 5.7 percent. Substances include alcohol and illicit drugs, such as marijuana, cocaine, heroin, hallucinogens, inhalants, and the nonmedical use of prescription drugs.

Women in Treatment

This fact sheet provides a snapshot of California's female clients in publicly funded and narcotic treatment programs for alcohol and other drugs (AOD) treatment. The fact sheet was prepared using California

¹Based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994).

Outcome Measurement System – Treatment (CalOMS-TX) data for State Fiscal Year (SFY) 2007-08.

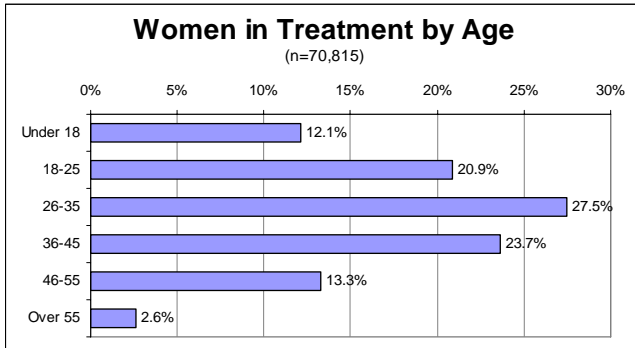
The CalOMS-TX data is collected at admission and discharge. Outcomes information is obtained by comparing outcomes questions provide at admissions with outcome data submitted at discharge for each treatment service. This data is collected each time a client enrolls in an AOD treatment service.

The data used for this fact sheet are based on admissions not unique client counts. A client is counted more than once if the client had more than one treatment admission and discharge during the selected reporting period. Admissions to detoxification services are excluded. Detoxification by itself does not constitute complete substance abuse treatment and is very short (usually several days to less than a week) in length. Therefore, including detoxification admissions would bias demographic characteristics in this fact sheet.

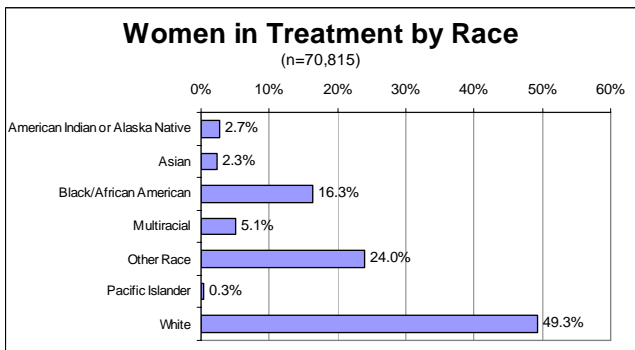
In SFY 2007-08 there were a total of 187,980 admissions to non-detoxification California publicly funded and narcotic treatment services of which 70,815 (37.7%) were for female clients.

Demographics

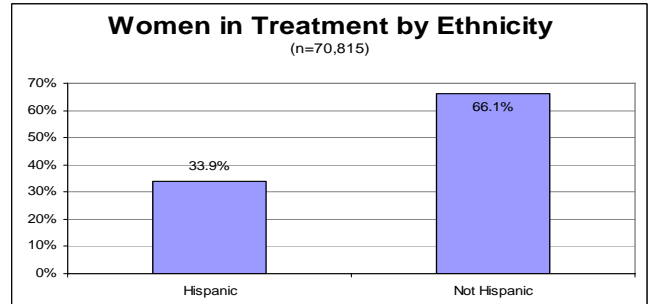
- More than half of the female clients admitted were for ages 26 to 45 (51.2%).
- Almost 21 percent of female clients were college age women (18-25 years old).
- Female clients under 18 made up 12 percent of the total.



- Almost half of female clients were for White female clients and 16 percent for African American female clients.
- In twenty-four percent of female clients identified their race as "Other".



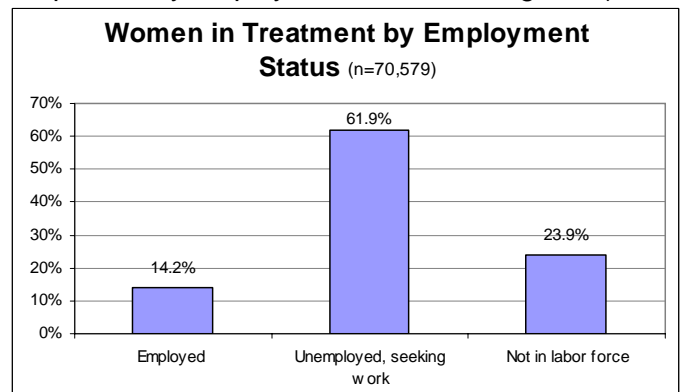
- In addition to race, CalOMS clients are asked to identify their ethnicity. Thirty-four percent of female clients identified themselves as Hispanic, i.e. Mexican American, Cuban, Puerto Rican, or other Hispanic category.



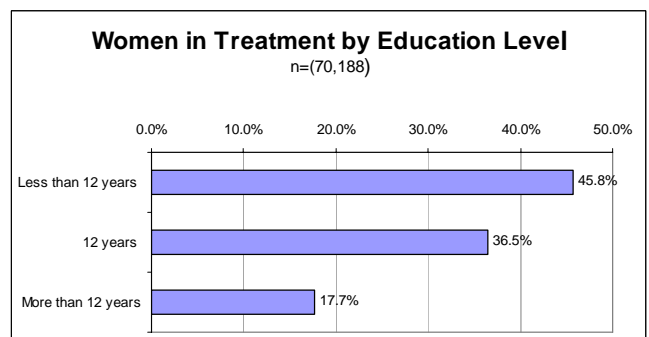
Characteristics

Employment/education

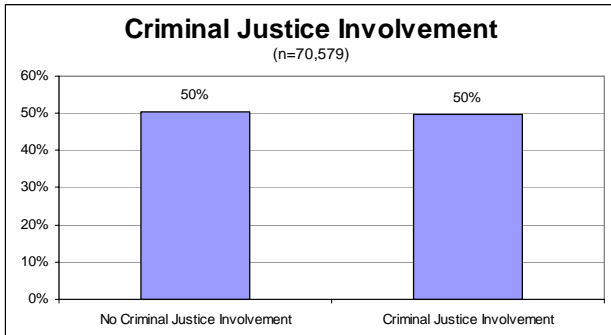
- Of the female clients in treatment, 14 percent were employed at the time of admission.
- Almost 62 percent were unemployed and 24 percent were not in the labor force (not previously employed and not seeking work).



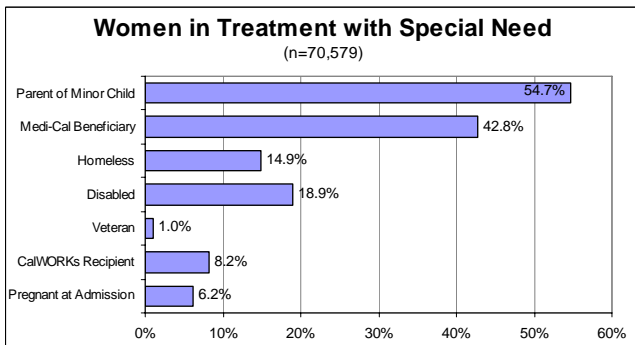
- Of the female clients admitted to treatment during 2007-08, 46 percent had less than 12 years of education, 36 percent had 12 years of education, and 18 percent reported some college education.



- Half of the female clients reported some involvement with the criminal justice system.

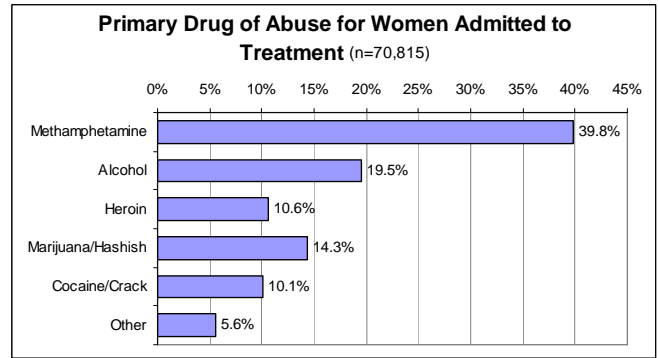


- Almost 55 percent of the female clients admitted had minor children.
- Nearly 43 percent of the female clients were Medi-Cal beneficiaries
- Fifteen percent of the female clients were for homeless clients and almost 19 percent reported at least one type of disability.
- In Six percent of female clients (4,367) were pregnant at the time they were admitted into a treatment program.
- CalWORKs recipients accounted for eight percent of the admissions.



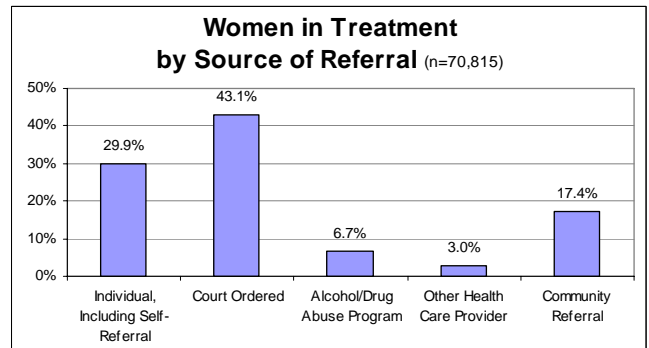
Primary Drug of Abuse

- Methamphetamine (40%) by far was the most common primary drug of abuse for female clients admitted to treatment, followed by alcohol (20%) and marijuana/hashish (14%).



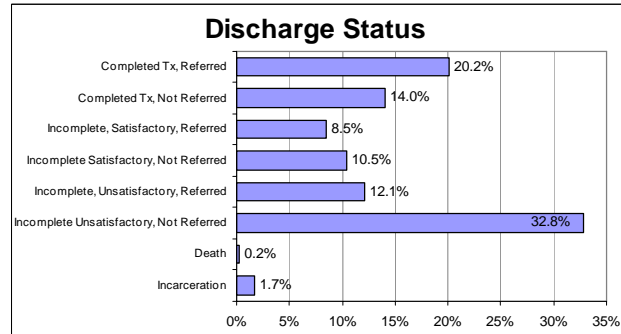
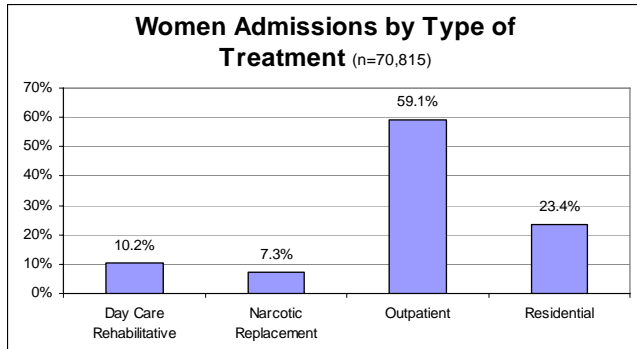
Source of Referral

- Court referred admissions accounted for 43 percent of female clients admitted.
- Self referred was the next highest source of referral at 30 percent.
- Over 17 percent of female clients admitted were referred by community programs.



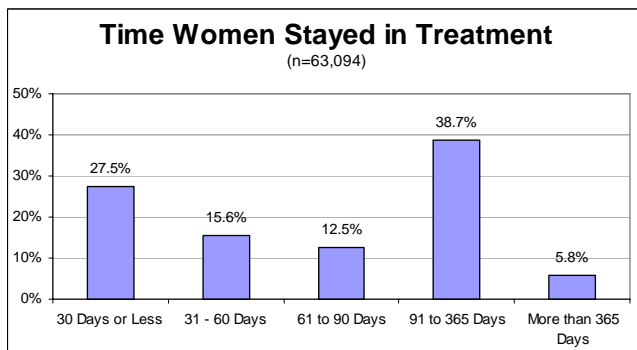
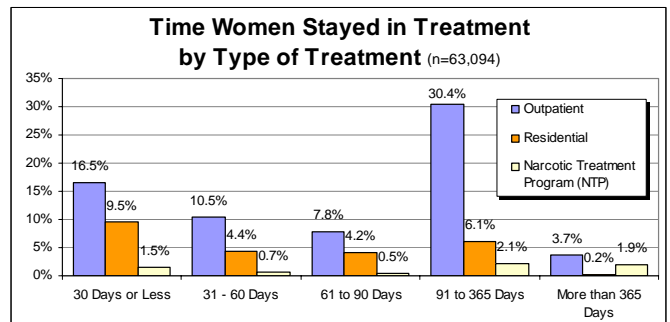
Type of Service/Modality

- Almost 60 percent of female clients admitted were to outpatient treatment programs and a little over ten percent of female clients admitted were to an intensive type of outpatient treatment program.
- Residential treatment accounted for 23 percent of female clients admitted.
- Only seven percent were admitted to a Narcotic Treatment Program (NTP).



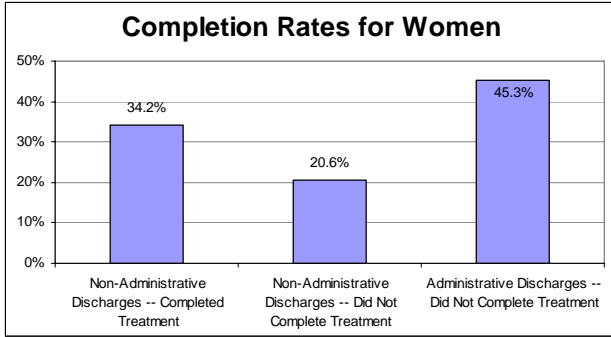
Discharge Data

- The majority of female clients who were discharged (39%) in SFY 2007-08 stayed in treatment between 91 and 365 days.
- Twenty eight percent stayed in treatment 31 to 90 days.
- A little over one fourth stayed in treatment up to 30 days.



- The majority of female clients discharged (69%) in SFY 2007-08 received outpatient treatment services, while 24.2 percent received residential treatment as shown in the following

- Of the female clients discharged during SFY 2007-08, 34.2 percent completed their treatment plan and achieved their goals.
- A little over 20 percent did not complete treatment, but were referred to a different program to continue with treatment services.
- Under half (45.3%) of the discharges for female clients were administrative discharges. An administrative discharge occurs when a client ceases to appear for treatment services in which they are enrolled. Under such circumstances, providers determine the last date the client was seen and complete an abbreviated discharge record to indicate the client left treatment prior to their planned discharge date



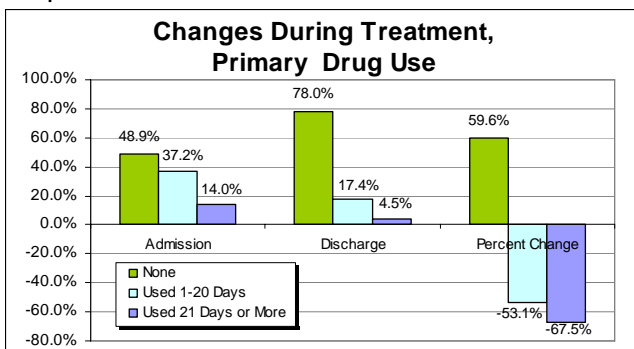
The next chart displays the discharges in more detail.

Treatment Outcomes

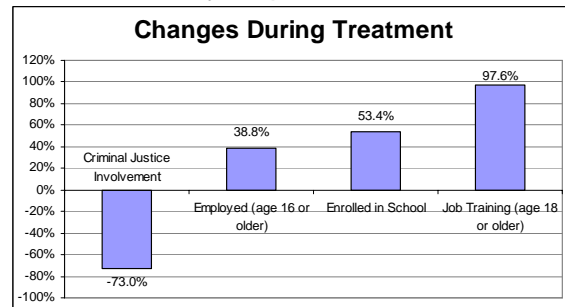
This section reports the changes in primary drug use and other life domains for female clients in treatment. Changes during treatment were calculated by comparing responses to outcome questions provided at admission with responses provided at discharge. Each outcome question gathers information about clients' behaviors in the preceding 30 days.

Comparing the use of primary drug 30 days prior to admission and 30 days prior to discharge shows:

- Abstinence from the primary drug increased almost 60 percent,
- The number of those who used the primary drug between 1 to 20 days decreased 53 percent,
- The number of those who used the primary drug 21 days or more decreased 67.5 percent.



- Female client's involvement in the criminal justice system, based on number of arrests and days incarcerated, was 73 percent lower at discharge than at admission.
- Employment among female clients in treatment (age 16 or older) was 39 percent higher at discharge compared to admission.
- Enrollment in school increased by 53 percent, and
- Participating in job training (age 18 or older) increased by 98 percent.



- During treatment, use of support activities among increased by 38.5 percent.
- Health problems of female clients in treatment were 42 percent lower at discharge compared to admission. This reduction in health problems was the result of fewer emergency room visits, overnight hospital stays, and physical health problems reported at discharge compared to admission.
- The incidence of homelessness among female clients in treatment between admission and discharge declined by nine percent.

