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Improving Substance Abuse Treatment for Women

by Brenda V. Smith

I. The Need for Change

Alcohol and other drug use among women of child-bearing age has increased dramatically, and, as a result, more pregnant women are faced with alcohol and other drug problems. The only known national estimate suggests that 11 percent of pregnant women used illegal drugs during their pregnancy. Although pregnant crack-addicted women have received the most media attention, the problem is no less serious for alcohol and other drugs.

Alcohol and other drug use during pregnancy has negative physical and psychological consequences for both the mother and the child. Alcoholic mothers are at risk of having infants with fetal alcohol syndrome, which includes mental retardation, growth retardation, and physical abnormalities. Addicted mothers are also less likely than other expectant mothers to obtain appropriate prenatal care and nutrition, resulting in high-risk pregnancies as well as low birth weight babies who are more at risk of infant mortality and childhood disability. These women and their children are also at high risk of AIDS—80 percent of women and children with AIDS became infected as a result of drug use—and other sexually transmitted diseases. There is also a strong correlation between alcohol and other drug dependence and a number of other social problems, such as child abuse and neglect, domestic violence, sexual abuse, and homelessness.

Many federal, state, and local officials have responded to the problem of increased drug use among pregnant women by seeking punitive sanctions against these women. These sanctions range from criminalizing drug use during pregnancy to placing newborns who test positive for drugs at birth, along with existing siblings, in the custody of the state. These punitive measures are ill-considered and short-sighted and will deter pregnant addicted women from seeking prenatal care for fear of negative consequences.

There is a consensus among advocates, health care professionals, and child and family welfare experts that pregnant women with alcohol and other drug problems need comprehensive treatment services that take into consideration the complexity of addiction as well as the medical, psychological, and economic needs of women and their children. Unfortunately, alcohol and other drug treatment programs that address the needs of women and their children are distressingly scarce. Even fewer treatment programs serve pregnant addicted women. A survey of existing drug treatment programs in New York City found that 54 percent refused to treat pregnant addicted women; 67 percent refused to treat pregnant addicts on Medicaid; and 87 percent denied treatment of pregnant women on Medicaid who were addicted specifically to crack. Fewer than half of the programs that did accept pregnant women made arrangements for prenatal care and only two programs provided child care, although it is well established that both prenatal care and child care are essential for successful intervention.

II. What Can Be Done?

There is widespread agreement that successful treatment programs for pregnant addicted women should use a coordinated multidisciplinary approach and provide a range of services targeted at not only the addiction or abuse, but at increasing the self-esteem and independence of the mother and at strengthening the bond between mother and child. Components of successful treatment programs for pregnant alcohol or other drug-dependent women include the following:

(1) formal linkages with appropriate medical care for mother and child that take into account the effects of addiction:

- obstetric and gynecological care, including screening and treatment for AIDS and other sexually transmitted diseases,
- perinatal care, and
- pediatric care for children (newborns, infants, and toddlers), including developmental assessment;

(2) alcoholism and other drug addiction treatment and counseling by staff who are sensitive to cultural, social, and emotional needs of women clients;

(3) facilities to allow newborns and/or existing children to live with mothers during treatment;

(4) child care for newborns and existing children (particularly important in outpatient treatment programs);

(5) services provided on sliding fee scale basis with Medicaid funding accepted;

(6) confidentiality of patients' medical history and treatment unless the patients' permission is obtained;

(7) parenting/child development education;

(8) vocational and educational training, counseling, and referral;

(9) transportation to center and other appointments (particularly important in outpatient programs in which pregnant addicted women may lack incentive to come to the program and in which the treatment program may be far from the woman's home);

(10) supportive services such as

- housing,
- public benefits, including housing assistance, medicaid, child care, food supplements (such as WIC), energy assistance, AFDC stamps, services for children with disabilities, transportation,
- counseling, including domestic violence, sexual assault, child abuse and neglect,
- support groups;
- (11) aftercare component for both mother and child;
- (12) mental health services; and
- (13) coordination with social service agencies.

Some Existing Programs for Pregnant Addicted Women

EMO/ARA Women & Children's Recovery House
807 S.E. 28th St.
Portland, OR 97214

(503) 231-9712

Contact: Nancy R. Anderson, Administrative Director

Opened in May 1989, the EMO/ARA Women & Children's Recovery House provides residential drug and alcohol treatment for women, including pregnant women. Women and their children, up to age 8, live at the facility, which can house a total of 19 women and children. In addition, the Recovery House holds weekly after-care sessions for program graduates. Women undergo a 12-step recovery program and attend classes designed to build their self-esteem and to teach them parenting skills. Although most of Recovery House's residents are indigent, those who can afford to pay do so according to their income. The program is funded in part by the Oregon Department of Corrections, the remainder by private funds.

Houston House
9 Notre Dame St.
Roxbury, MA 02119
(617) 445-3066

Contact: Social Justice for Women
Marianne Galvin, Director of Development
(617) 482-0747

This residential program located in Roxbury, Massachusetts, serves as an alternative to incarceration for 15 pregnant women recovering from alcoholism and other drug addiction. Houston House provides perinatal medical care, alcohol and other drug treatment, family services, and after-care services. The program also assists women in finding employment and housing. New mothers and their infants live at Houston House for 8 weeks after delivery and receive counseling for up to 9 months after reentering the community. Houston House is funded by the Massachusetts Department of Corrections along with private funds.

Jefferson Family Center
111 S. 11th St., Suite 6105
Philadelphia, PA 19107
(215) 928-8577

Contact: Loretta P. Finnegan, M.D., Director

The Jefferson Family Center, located at the Thomas Jefferson University Hospital, is an outpatient treatment program for women, including pregnant women, who are alcohol- or other drug-dependent. It provides obstetric and gynecological care, psychological counseling, and inpatient detoxification. The Center also treats infants born to alcohol- and other drug-addicted mothers and offers family counseling services.

Mandela House
P.O. Box 19182
Oakland, CA 94616
(415) 482-3217

Contact: Minnie Thomas, Director
Rita Nelson, Assistant Director

Mandela House is a residential facility for pregnant alcohol- and drug-dependent women and their newborn children. The program provides comprehensive treatment, including prenatal and perinatal care and education in child development,

Punitive measures are ill-considered and short-sighted and will deter pregnant addicted women from seeking prenatal care for fear of negative consequences.

with an emphasis on the special needs of drug-exposed children. The following services are also offered: transportation, job training, GED preparation, nutrition information, religious counseling, personal grooming, and individual and group drug and alcohol counseling. Women live in Mandela House with their infants for 12 to 18 months. The program is funded by a combination of county and private funds.

New Day of C.A.S.P.A.R.
242 Highland Ave.
Somerville, MA 02143
(617) 628-8188

Contact: Norma Finkelstein, Director
Eileen Brigandi

New Day is a residential program for pregnant women who have undergone detoxification. The facility can accommodate 10 women and their infants up to 6 months after delivery. Individual, group, and family counseling, alcohol and drug education, educational and vocational counseling and referrals, and parenting and child development classes are offered. Prenatal and obstetrical services are provided off-site by local hospitals. New Day also works with the Somerville Housing Authority to locate housing in the community. Funded primarily by the Massachusetts Department of Public Health, the program also derives some income from those of its residents who can afford to pay.

Odyssey House Family Center
666 Broadway, 10th Fl.
New York, NY 10012
(212) 477-9493

Contact: Benjamin Walker, Jr., Chief Executive Officer
William Stone, Research Associate

Odyssey House operates the only long-term residential treatment program in New York State for drug-addicted parents and their children. At the Family Center, pregnant women and parents with children up to age 5 spend approximately 12 to 18 months in residence. The program offers prenatal and postnatal care, pediatric services, day care, and educational and vocational services, in addition to drug and alcohol treatment. Odyssey House provides after-care services to graduates of the program.

The Perinatal Center for Chemical Dependence
Northwestern Memorial Hospital
Chicago, IL 60601

(312) 908-0867

Contact: Ira Chasnoff, Director
LaVon Coate

The Perinatal Center for Chemical Dependence is a hospital-based outpatient clinical research program that integrates alcohol and other drug abuse treatment and counseling into prenatal and pediatric medical care. A large interdisciplinary staff provides case management, prenatal care, social work services, outpatient alcohol and other drug abuse treatment and counseling, parenting skills, support groups, and extensive newborn and pediatric follow-up, including medical care, development testing, and physical therapy. Pregnant women are

asked to commit to the program through one-year postdelivery.

This list of existing programs for pregnant addicted women was developed by the Prevention/Education Committee of the National Coalition on Alcohol and Drug-Dependent Women and Their Children, with special assistance from the National Women's Law Center.

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Coalition on Alcohol and Drug Dependent Women and Their Children

Organizational Members—January 23, 1990:

Alan Guttmacher Institute
American Academy of Pediatrics
American Civil Liberties Union
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Prosecutors Research Institute
American Psychological Association
American Society of Addictive Medicine
Association of Maternal and Child Health Programs
Center for Child Protection and Family Support, Inc.
Center for Clinical Protection and Family Support
Center for Science in the Public Interest
Child Welfare League of America
Children of Alcoholics Foundation
Legal Action Center

NAACOG: The Organization for Obstetric,
Gynecologic and Neonatal Nurses
National Abortion Rights Action League
National Association of Alcohol and Drug Abuse
Counselors
National Association of State Alcohol and Drug Abuse
Directors
National Center for Prosecution of Child Abuse
National Parent Teachers Association
National Perinatal Association
National Council on Alcoholism and Drug Dependence
National Society of Genetic Counselors
National Women's Health Network
National Women's Law Center
Therapeutic Communities of America