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Chapter 8

BARRIERS TO TREATMENT AMONG CRACK-DEPENDENT AND OTHER DRUG- ABUSING INNER-CITY WOMEN

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Earlier chapters have discussed many health and social problems of women who use crack. However, very few clinical or community-based studies of substance abuse treatment needs and/or barriers to treatment for women who use crack or other drugs have been published. The first part of this chapter discusses the principal reasons for this deficiency and recent social developments associated with the women's movement that are generating new studies concerning women who use drugs. The remainder of the chapter presents findings from a study of the needs for health and human services and the barriers to services for women at risk for drug abuse problems.

For generations, drug abuse treatment programs have targeted their services almost exclusively toward men. Three factors have influenced this bias. First, rates of illegal drug use have always been higher among men. Second, many treatment referrals have come from courts and correctional agencies, where more than 80% of all defendants and inmates are men. Third, most drug abuse treatment systems in the United States are funded through male-dominated legislatures, managed by male administrators, and operated by male clinicians (Inciardi, Lockwood, & Pottieger 1993; Mondanaro, 1989; Rosenbaum, 1981).

At the same time, although research on substance abuse can be traced back at least six decades, the bulk of this work has been concerned with either alcoholism or heroin addiction among men. Furthermore, there is the long tradition in the substance abuse literature of ignoring gender as a drug use variable. When early research efforts on drug and alcohol problems did include women, a surprisingly large percentage of the work focused not on women's lives but on the impact of a pregnant woman's addiction on the health of the fetus (Ashbrook & Solley, 1979; Glynn, Pearson, & Sayers, 1983; Polit, Nuttall, & Hunter, 1976). The recent frenzy surrounding crack-exposed infants suggests this topic remains a strong focus of public attention, and a significant share of research funds continue to be devoted to the drug/pregnancy connection rather than drug treatment and prevention issues among women who are not pregnant (Johnson, 1991).

Through the close of the 1960s, one category of research on women and drug use that did receive some attention was clinical analyses of female heroin addicts and alcoholics as self-destructive, unstable, sexually maladjusted, insecure, socially immature, and other variations on a diagnosis of "inadequate personality" (Ashbrook & Solley, 1979; Burt, Glynn, & Sowder, 1979; Colten, 1979; Polit, Nuttall, & Hunter, 1976). Similar diagnoses were made of male heroin addicts and alcoholics, but such analyses were a markedly smaller percentage of all research on men. The literature of this period was in fairly strong agreement that although chemically dependent males were "sick," their female counterparts were even sicker (Austin, Macari, Sutker, & Lettieri, 1977). As Barbara G. Lex (1991) of Harvard Medical School pointed out in the specific case of alcohol, these allegations of greater psychological disturbance among women were being made at the same time that other researchers were presuming gender distributions were not important enough to report because chemical dependence was similar in men and women. Other researchers argued that substance abuse was essentially a male problem because sociocultural factors protected women from involvement in highly deviant behavior.

THE DRUG CRISIS AND THE WOMEN'S MOVEMENT

By the 1970s, research on women's drug problems began to change because of two social upheavals during the late 1960s: the American drug crisis and the women's movement. The explosion of drug use among high school and college students in the 1960s provoked a major change in how illicit drug use was explained. The emphasis shifted from psychopathology to peer groups and subcultures, making strictly psychiatric explanations of the use of heroin and other illicit drugs suspect. Several now classic ethnographic studies showed male heroin users as being not the passive, socially inadequate escapist of psychoanalytic theory, but alert, resourceful, purposive "hustlers"—"ripping and running," "taking care of business," engaged in that multitude of

activities required to secure heroin and avoid arrest (Agar, 1973; Feldman, 1968; Preble & Casey, 1969; Sutter, 1966). These studies of male street culture set the stage for research on how female heroin users and later female crack users viewed their own lives.

The drug crisis also led to the funding of the first large-scale epidemiological studies of illicit drug use. The results confirmed that many adolescents and young adults in the conventional household population were in fact using illegal drugs. Rates for marijuana use among female students, in particular, turned out to be surprisingly high—lower than rates for males, but much higher than had been predicted under the assumption that women are highly unlikely to engage in illegal activities. Further, rates of increase for most illicit drug use by young women were higher than those for young men in the 1967 to 1972 period (Cisin, Miller, & Harrell, 1978). This trend toward convergence of male-female rates apparently did not continue past the mid-1970s, but gender differences for all types of drug use remain much lower for youth than for older Americans (Colten & Marsh, 1984; Ferrence & Whitehead, 1980).

Another aspect of the 1960s drug crisis of particular consequence for research on women was heroin use. It now seems clear that the general increase in illicit drug use during this time was also a time of increase specifically in heroin use, with a major heroin epidemic peaking around 1968–1969 in large cities, and later in smaller cities (Greene, 1974; Hunt & Chambers, 1976). Further, heroin appears to be one of the illicit drugs for which usage rates grew faster for women than for men. This is indicated by national statistics—arrest rates for narcotic offenses, gender distributions of addicts appearing for treatment, epidemiologic studies of specific cities, and incidence of pregnant addicts admitted to hospitals (Colten & Marsh, 1984; Cuskey, Richardson, & Berger, 1979; Nurco, Wegner, Baum, & Makotsky, 1979; Prather & Fidell, 1978; Ramer, Smith, & Gay, 1972). By the mid-1970s women accounted for 25% or more of the heroin addicts appearing for treatment. Because this represented a one-third increase over figures reported only 10 years earlier, it became increasingly apparent to some clinicians that the particular treatment needs of women would have to be given more attention.

The second major influence on the study of drug use among women during the late 1960s was the feminist movement. Almost simultaneously with the drug crisis, a revived women's movement began to apply pressure for change in virtually every American institution from the federal government to the Miss America pageant (Deckard, 1975). In the social sciences, the movement sparked a series of feminist critiques of existing research, theory, and policy, and it stimulated new interest in all aspects of women's behaviors and experiences, including drug use.

An initial focus of feminist attention was the licit medical use of prescribed sedatives and tranquilizers by middle-class women and its relationship to the gender-roles embodied in physician prescribing patterns and pharmaceutical company advertising (Gutierrez, Patton, Raymond, & Rhoads, 1984; Hughes & Brewin, 1979). The resulting publicity helped educate both physicians and

female patients. However, it should be noted that this problem persists: Physicians still write more prescriptions for psychoactive drugs for women than men, more women than men are seen in emergency rooms with overdoses of prescription drugs, and it has been reported that the formerly middle-class problem of prescription drug misuse is now being seen in low-income women as a result of prescriptions written for women on Medicaid (Galbraith, 1991). Further, cynical manipulation of women's fears and desires still provide advertisers and manufacturers with huge profits from sales directly to women of over-the-counter stimulants and depressants, alcohol, and cigarettes (Kilbourne, 1991).

A second variety of early feminist studies of drug use reflected concern about the needs of women treated for drug use problems, including the growing number of female heroin addicts appearing in treatment centers, as noted earlier. Some of the first studies investigated how these women viewed their lives. These studies produced a series of horror stories about treatment programs: sexual exploitation, humiliation, sexual voyeurism by male staff and male clients, being used as an aid in the treatment of male addicts (e.g., role-playing exploitive situations), and being excluded from aspects of the program deemed unnecessary for women such as employment training (Eldred & Washington, 1975; Levy & Doyle, 1974). Partially as a result of these studies, several major research projects were funded by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to study ways in which drug treatment programs could serve women (Beschner & Thompson, 1981; Reed, 1981).

The 1975 to 1985 period also produced several new types of research on women and substance abuse. One type were studies of female heroin users who were not in treatment or prison. They included intensive interviews with prostitutes by Paul J. Goldstein and by Jennifer James, an ethnography of women heroin users on the street by Marsha Rosenbaum (which notably remains the sole such work, in contrast to the half dozen completed on men), and several large studies entailing street interviews with female heroin users as well as other female criminal offenders in the same communities (Goldstein, 1979; Inciardi & Pottieger, 1986; Inciardi, Pottieger, & Faupel, 1982; James, 1976; James, Gosh, & Watson, 1976; Rosenbaum, 1981). A second type of study repudiated the popular notion that the increased participation of women in the work force produced an increase in problem drinking among women (Ferrence, 1980; Ferrence & Whitehead, 1980; Fillmore, 1984).

These new investigations advance the understanding of the social psychology of drug and alcohol use among women and differences of substance use patterns of men and women. However, to some extent traditional research limitations have continued. Pregnancy and psychopathology appear to remain primary foci for some studies of drug use among women, and reports continue to appear with all male samples or, more commonly now, analyses that ignore gender.

Two major issues concerning drug use by women still have received little attention. They include treatment seeking and barriers to treatment. Recently, empirical research and public hearings have brought these concerns into sharper focus. Annual survey data from the National Household Survey on Drug Abuse document decreasing differences in drug use prevalence by gender (NIDA, 1990; SAMHSA, 1993). Increasingly, men and women are reported to use most types of substances at similar rates and frequencies. Female injection drug users, moreover, are at a high risk for HIV infection, and represent the primary source of HIV infection among infants (CDC, 1993; Corea, 1992; Faden, Geller, & Powers, 1991; McCoy & Inciardi, 1994; Miller, Turner, & Moses, 1990). And finally, congressional hearings and other public testimony have documented systematic biases against women in public health research, clinical trials, and basic service provision (Denenberg, 1993; Jonsen & Stryker, 1993; Novello & Wise, 1991). Because of women's fertility, reproductive, and other unique health issues, researchers typically considered men to be less problematic subjects in clinical trials. In a sense, men were considered the "normal" population to study.

This general societal view has significantly affected attitudes toward gender and drug abuse. Males have been viewed by decision makers as the population most at risk for drug abuse and its concomitant personal and social consequences. As a result, women have often been overlooked in drug treatment needs assessment research, and little is known about women and their treatment needs. Generally, male models of etiology and appropriate intervention are applied in programs for female clients, despite research that indicates considerable differences in female and male drug use etiology, specific service needs, and barriers to meeting those needs (Report Lists Barriers, 1993; Root, 1989; Toray, 1993; Wallen, 1992).

RESEARCH ON INNER-CITY WOMEN

As a consequence of this research and testimony, the federal government has become more sensitive to the specific health and human service needs of women, including drug-abusing women. For example, the NIDA and other agencies in the National Institutes of Health now require all grant and contract applicants to include adequate representation of women in study populations or to have defensible reasons for their exclusion. Furthermore, the federal block grant funding process now requires states to give the highest priority to serving women and their dependent children.

In a local area response to this federal initiative, and in an attempt to address the treatment deficits of women, the Southwestern Human Resources Commission of the State of Michigan Public Health Department commissioned a needs assessment study focusing on the service requirements of inner-city women at risk for drug abuse problems and the barriers they faced in their attempts to access treatment. The needs assessment utilized a mixed

methodology involving the collection of regional indicator data, key informant interviews, and surveys of women at high risk for drug abuse (see Kimmel, 1992; Mutch, McBride, Amey, & Gray, 1991; Mutch, McBride, Kilcher, Hartmann, Gray, & Amey, 1993). The analysis in this chapter focuses on the survey of women at risk for drug abuse in a tri-county area of southwestern Michigan—Berrien, Cass, and Van Buren counties. These data document drug abuse problems, treatment needs, and barriers to treatment of women who reside in inner city settings within non-metropolitan communities. Women were defined to be “at risk” if they were unemployed, had limited education, and had significant child-care responsibilities. To access the target population, a list of 22 relevant human service providers was compiled, drawn from public health, social welfare, and other relevant human service agencies.

The survey involved a 20-minute, self-administered questionnaire covering such areas as demographic characteristics, living conditions, traumatic childhood experiences, patterns of past and current drug abuse, frequency of current drug abuse, sources of drugs, treatment experiences, drug/alcohol use during pregnancy, service needs, and perceived barriers to drug treatment services.

Participation in the survey was both voluntary and anonymous. As an incentive to participate, certificates for food (provided by a local grocery store) were raffled among each agency’s participants. A total of 145 questionnaires were administered, of which 136 were completed.

STUDY LOCALE

The study area was three counties situated in the southwest corner of Michigan, along Lake Michigan and bordering the Indiana state line. The population of Berrien County, the largest of the three, was 173,678 in 1990. The other two counties, Cass and Van Buren, had populations in 1990 of 56,743 and 37,654, respectively. All three counties contain numerous rural communities, small towns, and villages. The largest city in the tri-county area is Benton Harbor, with a population of just under 15,000.

Sections of Benton Harbor are similar to inner-city areas of larger metropolitan areas. During much of the 20th century, Benton Harbor was the principal manufacturing city in the region, with numerous foundries and factories that produced both small and large home appliances. This industrial activity attracted laborers of many race/ethnic groups from throughout the country. During the past two decades, however, although many industries still maintain corporate offices in the area, almost all of the manufacturing work has moved to other locales where labor costs are lower. The official unemployment rate for the region is about 8%, with neighborhood surveys of Benton Harbor indicating rates as high as 50%. The regional household income was about \$27,000 as compared to the state average of just over \$31,000. Finally, the region has relatively high rates of sexually transmitted diseases, infant mortality, and teen violent crimes (Schmidt, 1994). In 1991 *Money* magazine ranked Benton Harbor 398th (out of 400) in its list of most livable cities in the United States.

Further, interstate highway 94 connecting Chicago and Detroit goes through two of the counties. Because this area is approximately halfway between Chicago and Detroit with many exits from the interstate into otherwise isolated communities, the area has traditionally been a transfer point for drugs. This is demonstrated with data from the Berrien County Forensic Laboratory, which analyzes all state and local law enforcement drug seizures in the area. The number of illegal drug seizure samples submitted to the lab increased from 2,539 in 1987 to 5,925 in 1993. The proportion of samples that contained cocaine increased from 18.2% in 1987 to 43.9% in 1993 (Annual Report of the Berrien County Forensic Laboratory, 1994). These data suggest that the context within which this study took place involved the increasing availability of drugs, particularly cocaine and typically crack.

FINDINGS

The 136 women surveyed had a median age of 25.3 years, with more than two-thirds under age 30. There were almost equal proportions of African Americans (47.1%) and whites (46.3%), with the remaining distributed among Hispanics, Native Americans, and Asians. Some 54% had at least a high school education or GED. Their primary sources of income included legal employment (30.8%), public assistance (48.9%), and support from spouses and relatives (15%), with such other sources as friends and relatives, social security, and illegal activities totaling just over 5%. Given that the target population was drawn from public agencies offering economic and social services, this distribution of demographic characteristics was not unexpected.

Most (84%) of the women had children, and the majority (54%) had two or more. Most cared for their children themselves or with help from parents or other relatives. Few of the women lived alone (14.9%), with the majority living exclusively with their children (19.4%) or with parents, spouses, friends, and/or relatives (65.7%). Almost half of the women (46.1%) reported having been emotionally abused as children, and 32.6% had histories of physical or sexual abuse. In addition, 37.4% reported their parents drank heavily, and 15.6% indicated their parents had used illegal drugs. One in 10 residents (10.9%) reported their parents had been incarcerated, and approximately one fourth (23.4%) of the respondents said they themselves had been incarcerated.

As indicated in Table 8.1, alcohol was the substance most commonly used by the women surveyed, with three fourths having "ever used" and two-thirds reporting some use in the past year. Marijuana was the most frequently used illegal drug, followed by crack or powder cocaine, and amphetamines. Injection drug use was uncommon in this population, as was the use of barbiturates and hallucinogens.

The data in Table 8.2 indicate that significant proportions of the women used alcohol or other drugs on a daily basis. One in four (25.7%) of the crack

TABLE 8.1 Drug Use: Lifetime (Ever) and Annual (in Last Year)
(Prevalence: N = 136)

	Lifetime	Annual
Alcohol	76.6%	65.4%
Marijuana	53.7	39.0
Inhalants	3.0	0.7
Amphetamines	10.3	6.7
Crack cocaine	24.8	23.2
Cocaine (noninjected)	11.7	5.8
Cocaine (injected)	3.6	1.5
Barbiturates	3.6	2.2
PCP	1.5	—
LSD	4.4	0.7
Heroin	2.2	1.4

users smoked the drug every day, and an additional 25.9% used crack one or more times a week.

Half of the women were introduced to drugs by a spouse or male friend, 30.8% were introduced by a family member or other relative, and the remaining 19.2% by female friends. In addition, 48.5% were provided with drugs by a spouse or male friend, 36.4% of the women obtained the drugs on their own, and 15.1% through a family member or female friend. Also, 67.4% of the women had friends who used drugs. These data suggest the use of drugs by these women occurs within a pattern of relationships supportive of drug use. (Data not presented in tabular form.)

Of the women reporting drug and/alcohol use in the past year, only a third said they received any type of treatment services. Of these, the majority were in treatment for 3 months or less, and almost all found treatment to be very (66.7%) or somewhat (31.1%) helpful. In addition, 43.3% of the alcohol users attended Alcoholics Anonymous meetings and another 17.7% attended

TABLE 8.2 Frequency of Drug Use in Last Year

	Monthly	1-3 x Mo.	1-5 x Wk.	Daily
Alcohol (N = 89)	27.3%	36.4%	18.2%	18.1
Marijuana (N = 53)	22.2	46.3	18.5	13.0
Inhalants (N = 1)	100.0	—	—	—
Amphetamines (N = 9)	58.3	16.7	25.0	—
Crack cocaine (N = 32)	11.1	37.0	25.9	25.7
Powder cocaine (N = 8)	22.2	22.2	33.3	22.2
Inj. cocaine (N = 2)	50.0	—	—	50.0
Barbiturates (N = 3)	50.0	50.0	—	—
LSD (N = 1)	100.0	—	—	—
Heroin (N = 2)	—	100.0	—	—

Al-Anon or Alateen meetings. Moreover, 19.4% of the drug users attended Narcotics Anonymous meetings and 5.8% attended Cocaine Anonymous meetings. All of the women attending these meetings found the self-help groups to be either very (70.5%) or somewhat (29.5%) helpful. (Data not presented in tabular form.)

Almost all of the women (96.2%) had had at least one pregnancy and two thirds had been pregnant at least twice. Half of the women reported they smoked during pregnancy; a fourth drank alcohol and 23% used other drugs during pregnancy. Of those who smoked, two thirds did so during all of their pregnancies; of those who drank, 44.1% did so during all of their pregnancies; and of those who used illicit drugs, 33% did so during all of their pregnancies. Those who used tobacco during pregnancy were likely to use every day (76.8%); 20% of those who drank used on a daily basis; and 22.2% of those who used drugs while pregnant used on a daily basis. The most likely self-reported outcomes of drug and/or alcohol use during pregnancy were miscarriages (17%) or low birth weight (80%), with half of the latter cases also involving other complications. (Data not presented in tabular form.)

TABLE 8.3**Human Service Needs**

(N = 110)

%

Basic Services	
Dental care	53.3
Housing	52.1
Medical care	43.5
Clothing	38.4
Transportation	34.7
Food	34.5
Legal assistance	18.5
Family Needs	
Day care for children	42.9
Parenting skills	27.4
Communication skills	20.9
Family therapy	17.4
Day care for senior citizens	8.1
Other short-term counseling	4.6
Education for children	38.3
GED	33.1
Substance Abuse Services	
Drug education/prevention	13.9
Self-help groups	8.9
Outpatient treatment	7.7
Detoxification	6.9
Inpatient treatment	2.7
Substance abuse screening	2.6
Substance abuse referral	2.6
Short-term counseling	1.8

TABLE 8.4

Human Service Needs
(N = 110)
%

Mentions	%
Limited or no transportation	60.7
Services not available in my neighborhood	52.3
Discourteous staff	44.9
Lack of child care	43.9
Hours not convenient	25.2
Dangerous neighborhood	8.4

Each woman was asked about her need for basic health and human services. The data document a need for services that ensure survival (Table 8.3). The majority expressed a strong need for housing and health care. Between 34% and 43% indicated a need for medical care (only a few physicians in the area accept Medicaid), food, clothing, housing, and transportation. Family needs such as education, child care, family therapy, and parenting and communication skill building also were needed. A strikingly low proportion expressed any need for substance abuse treatment services. These data indicate that for most of the women their basic needs of shelter, clothing, child care, and health care would have to be met before they would recognize the need for substance abuse treatment.

An important purpose of this study was to examine the perceived barriers to services reported by those in need of them. Availability and accessibility of services were major problems. The majority of women did not have social and health programs in their neighborhoods. As indicated in Table 8.4, transportation problems were listed by over 60% of the respondents as a barrier to service access. Because the towns and cities in the tri-county region are small, there is no mass transit system. There is a dial-a-ride service that residents may call, but departure and arrival times tend to be problematic, making the service unreliable for scheduled appointments.

Furthermore, existing treatment services frequently were unacceptable. Approximately half (44.9%) of the respondents said agency staff were disrespectful. Demeaning attitudes toward a woman's problems and sexual flirtation or harassment by male clients and staff were primary difficulties. A lack of child care was also a prominent problem for many of the women.

DISCUSSION

In order to address fully the drug treatment service needs of at-risk women, it is important to suspend stereotypical assumptions about standard service needs and listen to the women themselves (Hendrickson, 1992). The primary needs

reported by the women in this survey were medical and dental services, food and clothing, as well as housing and child care. The primary barrier to services was a general lack of access because of either inadequate transportation or the absence of services in respondents' neighborhoods. In addition, women indicated the need to be treated with respect. Providers need to listen to these women and provide gender-specific and effective services. Providers must recognize gender differences in the etiology and maintenance of drug use.

Because of the way the sample for this survey was drawn, the data probably underestimate the needs and barriers to treatment. The respondents were women who appeared for services. At least on the day of the survey, they were able to find transportation and overcome other barriers.

Attempts to meet the substance abuse treatment needs of women in similar circumstances should include the following:

1. Substance abuse treatment must include active, continuous assistance—such as case management—to access basic shelter and health-care needs.
2. The provision of transportation for regularly scheduled treatment appointments is necessary. In many areas the lack of regularly scheduled public transportation to treatment locales is a major barrier, particularly for poor women.
3. Treatment services for women should include child care. Survey and clinical data document that women at the highest risk for substance abuse are in their childbearing years, and many have one or more children (Levy & Rutter, 1992; Sonderegger, 1992).
4. An increase in the number of female staff and specific training in gender and drug use issues would be beneficial. Staff training should focus on male/female differences in substance abuse etiology, barriers to services, and specific treatment needs.
5. Treatment programs must be sensitive to institutional sexism that may pervade male-oriented service programs. Issues of respect, appropriate forms of sexual interaction, and the potential for sexual harassment in treatment programs must be addressed.

REFERENCES

- Agar, M. (1973). *Ripping and running: A formal ethnography of urban heroin addicts*. New York: Seminar Press.
- Annual report of the Berrien County Forensic Laboratory*. (1994). Submitted to the Berrien County Commission by Andrews University Forensic Laboratory, Berrien Springs, MI.
- Ashbrook, D. L., & Solley, L. C. (1979). *Women and heroin abuse: A survey of sexism in drug abuse administration*. Palo Alto, CA: R & E Research Associates.
- Austin, G. A., Macari, M. A., Sutker, P., & Lettieri, D. J. (Eds.). (1977). *Drugs and psychopathology*. Rockville, MD: National Institute on Drug Abuse.

- Beschner, G. M., & Thompson, P. (1981). *Women and drug abuse treatment: Needs and services*. Rockville, MD: National Institute on Drug Abuse.
- Burt, M., Glynn, T. J., & Sowder, B. J. (1979). *Psychosocial characteristics of drug-abusing women*. Rockville, MD: National Institute on Drug Abuse.
- Centers for Disease Control and Prevention (CDC). (1993, October). *HIV/AIDS Surveillance*, 5.
- Cisin, I., Miller, J. D., & Harrell, A. V. (1978). *Highlights from the national survey on drug abuse: 1977*. Rockville, MD: National Institute on Drug Abuse.
- Colten, M. E. (1979). A descriptive and comparative analysis of self-perceptions and attitudes of heroin-addicted women. In *Addicted women: Family dynamics, self-perceptions, and support systems* (pp. 7-36). Rockville, MD: National Institute on Drug Abuse.
- Colten, M. E., & Marsh, J. C. (1984). A sex-roles perspective on drug and alcohol use by women. In C. S. Widom (Ed.), *Sex roles and psychopathology* (pp. 219-248). New York: Plenum Press.
- Corea, G. (1992). *The invisible epidemic*. New York: HarperCollins.
- Cuskey, W. R., Richardson, A. H., & Berger, L. H. (1979). *Specialized therapeutic community program for female addicts*. Rockville, MD: National Institute on Drug Abuse.
- Deckard, S. B. (1975). *The women's movement: Political, socioeconomic, and psychological issues*. New York: Harper & Row.
- Denenberg, R. (1993). The community: Mobilizing and accessing resources and services. In F. L. Cohen & J. D. Durham (Eds.), *Women, children, and HIV/AIDS* (pp. 251-262). New York: Springer.
- Eldred, C. A., & Washington, M. N. (1975). Female heroin addicts in a city treatment program: The forgotten minority. *Psychiatry*, 38, 75-85.
- Faden, R., Geller, G., & Powers, M. (1991). *AIDS, women and the next generation*. New York: Oxford University Press.
- Feldman, H. W. (1968). Ideological supports to becoming and remaining a heroin addict. *Journal of Health and Social Behavior*, 9, 131-139.
- Ferrence, R. G. (1980). Sex differences in prevalence of problem drinking. In O. J. Kalant (Ed.), *Research advances in alcohol and drug problems: Vol. 5. Alcohol and drug problems in women* (pp. 69-124). New York: Plenum Press.
- Ferrence, R. G., & Whitehead, P. C. (1980). Sex differences in psychoactive drug use: Recent epidemiology. In O. J. Kalant (Ed.), *Research advances in alcohol and drug problems: Vol. 5. Alcohol and drug problems in women* (pp. 125-201). New York: Plenum Press.
- Fillmore, K. M. (1984). "When angels fall": Women's drinking as cultural preoccupation and as reality. In S. C. Wilsnack & L. J. Beckman (Eds.), *Alcohol problems in women* (pp. 7-36). New York: Guilford.
- Galbraith, S. (1991). Women and legal drugs. In P. Roth (Ed.), *Alcohol and drugs are women's issues: Vol. 1. A review of the issues* (pp. 150-154). Metuchen, NJ: Women's Action Alliance and The Scarecrow Press.
- Glynn, T., Pearson, H. W., & Sayers, M. (Eds.). (1983). *Women and drugs*. Rockville, MD: National Institute on Drug Abuse.
- Goldstein, P. J. (1979). *Prostitution and drugs*. Lexington, MA: Lexington Books.
- Greene, M. H. (1974). An epidemiologic assessment of heroin use. *American Journal of Public Health*, 64 [Suppl.], 1-10.

- Gutierrez, S. E., Patton, D. S., Raymond, J. S., & Rhoads, D. L. (1984). Women and drugs: The heroin abuser and the prescription drug abuser. *Psychology of Women Quarterly*, 8, 354-369.
- Hendrickson, S. P. (1992). Women's voices: A guide for listening to chemically dependent women. *Women and Therapy*, 12, 73-85.
- Hughes, R., & Brewin, R. (1979). *The tranquillizing of America: Pill popping and the American way of life*. New York: Warner Books.
- Hunt, L. G., & Chambers, C. D. (1976). *The heroin epidemics*. New York: Spectrum.
- Inciardi, J. A., Lockwood, D., & Pottieger, A. E. (1993). *Women and crack-cocaine*. New York: Macmillan.
- Inciardi, J. A., & Pottieger, A. E. (1986). Drug use and crime among two cohorts of women narcotics users: An empirical assessment. *Journal of Drug Issues*, 16, 91-106.
- Inciardi, J. A., Pottieger, A. E., & Faupel, C. E. (1982). Black women, heroin and crime: Some empirical notes. *Journal of Drug Issues*, 12, 241-250.
- James, J. (1976). Prostitution and addiction: An interdisciplinary approach. *Addictive Diseases*, 2, 601-618.
- James, J., Goshu, C. T., & Watson, R. (1976). The relationship between female criminality and drug use. In Research Triangle Institute (Ed.), *Report of the panel on drug use and criminal behavior* (pp. 441-445). Springfield, VA: National Technical Information Service.
- Johnson, S. (1991). Recent research: Alcohol and women's bodies. In Paula Roth (Ed.), *Alcohol and drugs are women's issues: Vol. 1. A review of the issues* (pp. 32-42). Metuchen, NJ: Women's Action Alliance and The Scarecrow Press.
- Jonsen, A. R., & Stryker, J. (Eds.). (1993). *The social impact of AIDS in the United States*. Washington, DC: National Academy Press.
- Kilbourne, J. (1991). The spirit of the czar: Selling addictions to women. In P. Roth (Ed.), *Alcohol and drugs are women's issues: Vol. 1. A review of the issues*. Metuchen, NJ: Women's Action Alliance and The Scarecrow Press.
- Kimmel, W. A. (1992). *Need, demand and problem assessment for substance abuse services*. Rockville, MD: Office for Treatment Improvement.
- Levy, S. J., & Doyle, K. M. (1974). Attitudes toward women in a drug abuse treatment program. *Journal of Drug Issues*, 4, 428-434.
- Levy, S. J., & Rutter, E. (1992). *Children of drug abusers*. New York: Lexington Books.
- Lex, B. W. (1991). Some gender differences in alcohol and polysubstance users. *Health Psychology*, 10, 121-132.
- McCoy, C. B., & Inciardi, J. A. (1994). *Sex, drugs, and the secondary spread of AIDS*. Los Angeles: Roxbury.
- Miller, H. G., Turner, C. F., & Moses, L. E. (Eds.). (1990). *AIDS: The second decade*. Washington, DC: National Academy Press.
- Mondanaro, J. (1989). *Chemically dependent women: Assessment and treatment*. Lexington, MA: Lexington Books.
- Mutch, P. B., McBride, D. C., Amey, M., & Gray, J. (1991). *The status of substance use in Berrien County*. Report to Project SAIL. Institute of Alcoholism and Drug Dependency, Andrews University, Berrien Springs, MI.
- Mutch, P. B., McBride, D. C., Kilcher, C. L., Hartmann, A., Gray, J., & Amey, M. (1993). *Women's needs for substance abuse services in Berrien, Cass, and Van Buren counties of southwestern Michigan*. Institute of Alcoholism and Drug Dependency,

- A Report to the Southwestern Michigan Commission of the Michigan Public Health Department, Andrews University, Berrien Springs, MI.
- National Institute on Drug Abuse (NIDA). (1990). *National household survey on drug abuse*. Rockville, MD.
- Novello, A., & Wise, P. H. (1991). Public policy issues. In P. A. Pizzo & C. M. Wilfert (Eds.), *Pediatric AIDS: The challenge of HIV infection in infants, children, and adolescents* (pp. 745-755). Baltimore: Williams and Wilkins.
- Nurco, D. N., Wegner, N., Baum, H., & Makotsky, A. (1979). *A case study: Narcotic addiction over a quarter of a century in a major American city 1950-1977*. Rockville, MD: National Institute on Drug Abuse.
- Polit, D. F., Nuttall, R. L., & Hunter, J. B. (1976). Women and drugs: A look at some of the issues. *Urban & Social Change Review*, 9, 9-16.
- Prather, J. E., & Fidell, L. S. (1978). Drug use and abuse among women: An overview. *International Journal of the Addictions*, 13, 863-885.
- Preble, E., & Casey, J. L., Jr. (1969). Taking care of business: The heroin user's life on the street. *International Journal of the Addictions*, 4, 1-24.
- Ramer, B. S., Smith, D. E., & Gay, G. R. (1972). Adolescent heroin abuse in San Francisco. *International Journal of the Addictions*, 7, 461-465.
- Reed, B. G. (1981). Intervention strategies for drug dependent women. In G. M. Beschner, B. Glover Reed, & J. Mondanaro (Eds.), *Treatment services for drug dependent women* (Vol. 1, pp. 1-24). Rockville, MD: National Institute on Drug Abuse.
- Report lists barriers to treatment for women. (1993, November). *The Journal*, Addiction Research Foundation, Toronto, p. 1.
- Root, M. P. P. (1989). Treatment failures: The role of sexual victimization in women's addictive behavior. *American Journal of Orthopsychiatry*, 59, 542-549.
- Rosenbaum, M. (1981). *Women on heroin*. New Brunswick, NJ: Rutgers University Press.
- Schmidt, A. (1994). *The health statistics of Berrien County*. Berrien Springs, MI: Berrien County Health Department.
- Sonderregger, T. B. (Ed.). (1992). *Perinatal substance abuse: Research findings and clinical implications*. Baltimore: Johns Hopkins University Press.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (1993). *National household survey on drug abuse*. Rockville, MD.
- Sutter, A. G. (1966). The world of the righteous dope fiend. *Issues in Criminology*, 2, 177-222.
- Toray, D. A. (1993). Gender effects in diagnosing alcohol abuse and dependence. *Journal of Clinical Psychology*, 49, 298-308.
- Wallen, L. (1992). A comparison of male and female clients in substance abuse treatment. *Journal of Substance Abuse Treatment*, 9, 2-7.