



*Women and Adolescent Girls
With Substance Abuse Problems
in San Mateo County*

*The Commission on the Status of Women
The Drug Abuse Advisory Board
The Human Service Agency | Alcohol and Other Drug Services*

*Presented to the San Mateo County Board of Supervisors
Jerry Hill, President, Board of Supervisors*

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Acknowledgement of the community leaders contributing to this report::

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- *Donna Dean, San Mateo County Methadone Program*
- *And others.....*

Women and Adolescent Girls and Substance Abuse in San Mateo County

Executive Summary

Introduction

The Commission on the Status of Women, the Drug and Alcohol Advisory Board (DAAB), and the Human Service Agency/Alcohol and Other Drug (AOD) Services are pleased to present to the San Mateo County Board of Supervisors a report on the serious problem of addiction to alcohol and other drugs for women and adolescent girls in San Mateo County. We are grateful to the numerous individuals who were interviewed for this report. We did not want to only provide facts, figures and charts. This report records the voices of community leaders and how they are dealing with these issues. In this report we confront the issue of stigma associated with substance abuse problems. Local experts talked about the intense feelings of guilt, shame, fear, and internalized stigma that many girls and women with substance abuse problems experience. These emotions can lead to an immobilizing sense of isolation and ultimately prevent the adolescent girl or woman from asking for help.

Significant Findings:

- Commonly used drugs by adolescent girls and women in San Mateo County include alcohol, stimulants, heroin/opiates, tobacco, and marijuana. Adolescent girls and young adult women are reporting exposure to “ecstasy” and GHB, commonly called “the date rape” drug.
- The family needs help as well as the woman or adolescent girl with a substance abuse problem.
- Linkages among systems such as criminal justice, health, mental health, substance abuse, violence prevention, and others are needed to promote best practices and referrals to treatment.
- Adolescent girls and women who are in need of substance abuse prevention and treatment services can be identified throughout County systems and community-based organizations.
- There is a significant treatment gap in specialized services for adolescent girls and women. We also can increase the

number/percentage of adolescent girls and women within the existing substance abuse prevention and treatment system.

- The children of substance abusers are at a higher risk of developing substance abuse problems in adolescence or adulthood. If we can identify these children when their parents are in substance abuse treatment, in jail, or involved with health or human services, we can provide services to support healthy development and reduce their risk of addiction.
- The County could realize cost savings in health, criminal justice, human services, homeless services, and mental health services by addressing the related substance abuse issues early on.
- Misinformation and stigma can be confronted by providing accurate information regarding women and substance abuse and by creating an environment that is supportive of change.

Primary Recommendations

Knowledge gained in the process of compiling the report point to several priority areas and recommendations for next steps in the process:

- Promote prevention services for the children of substance abusers to help reduce their risk of developing substance abuse problems.
- Focus on adolescent girls and young adult women by providing education and outreach to promote the option of substance abuse treatment and prevention services.
- Promote legislation related to Proposition 36 (Substance Abuse and Crime Prevention Act) so resources will be available to provide specialized services to women and their children, particularly those with severe addiction and co-occurring problems such a mental illness, health problems, and homelessness.
- Encourage collaboration among all system entry points within the County.

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- Develop Residential and Outpatient Treatment Capacity for women and children that are family focused
- Recommendations are made throughout this report. Some of the recommendations will be implemented with existing resources or by collaborating with others. Other recommendations will require pursuing resources from Federal, State, Foundation or other sources. The Commission on the Status of Women, the Drug Abuse Advisory Board, and HAS/Alcohol and other drug services are committed to continue to work together regarding women and adolescent girls with substance abuse issues. We will work to reduce stigma and advocate for the needs of women and adolescent girls with substance abuse problems. We ask for assistance in reducing the budget cuts proposed by the Governor that will impact women, children, and families, and in developing a legislative strategy that addresses the high cost addiction treatment and the family and child needs of women involved with the proposition 36 project. Upon a request from the San Mateo County Board of Supervisors we will submit budget proposals for the various recommendations.

The Commission on the Status of Women

Kirsten Kieth, President
Dildar Gill Pisani, Vice President
Lisa Lopez Coffey, Director
Pat Obuchowski, Past President & Liaison to the Board

The Drug and Alcohol Advisory Board (DAAB)

Bernice Straub, Chair
Ken Pessa, Vice Chair
Judy Cohen, Secretary

HSA/Alcohol and Other Drug Services

Maureen Borland, Director Human Services Agency
Yvonne Frazier, Alcohol and other Drug Services Administrator

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“Photographer: Connie Hall
for the Women’s Recovery Association”.

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In October, 2000 the Commission on the Status of Women developed "The Report on the Health and Child Care Needs of Women in San Mateo County".

There are a number of important recommendations made in the October report that relate directly to this report including:

- Improve access to health benefits
- Make smoking cessation programs available to all women regardless of ability to pay
- Promote chronic disease prevention policies and programs that emphasize smoking cessation, limited alcohol consumption
- Commit additional resources to substance abuse prevention, intervention, and treatment
- Provide educational programs for children about substance abuse, and antismoking campaigns targeted to youth
- Insure availability of affordable mental health services to young women

A copy of this report can be obtained by calling (650) 363-4872.

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Stigma

Stigma is not just using the wrong word. It is about putting people down. It is about labeling. It is about repeating misinformation about addiction. It keeps people from asking for help or talking about things that are important to them.

Have you ever thought about how you talk about people with addictions?

What can you do to reduce the stigma?

Use respectful language. "Mary said she has a problem. She is going to counseling, I hope she gets better and comes back to work soon".

Make a commitment to talk about these issues and how they affect your profession.

Confront others if they express attitudes that stigmatize others.

Be willing to spend time creating change. It often takes years to accomplish a change in values. (Changing tobacco practices took years and years). Finish the conversation even if it is difficult and makes you uncomfortable.

Read the new research, go to web sites regarding women and substance abuse, study the issues.

Support others who want to talk openly about their recovery, make it easy!

Take a risk, talk from your life experiences.

Help us implement the recommendations in this report.

What not to do.

Don't use terms like doper, bottom of the barrel, or drunk.

Watch your language...She isn't a "bad mother", she is a "mother with a problem".

Hold out hope, not hopelessness. "What's the use, you'll never change", can be replaced with "you can try again, lots of people have setbacks".

A person with a "co-occurring" disorder should not be called "double trouble", that "dual", or "the one who takes meds", you can refer to her as someone who has both, for

instance, depression and a substance abuse problem. Both are highly treatable conditions.

True or False

1. A mother on methamphetamine and alcohol is more likely to neglect her children than a mother on alcohol and Valium. (True/False)

2. A woman involved with a partner who is abusing substances could raise the children and manage her life without stress due to her own sobriety. (True/False)

3. It is easier to treat a woman and her family suffering alcoholism than those with stimulant or heroin problems. (True/False)

4. We should wait until a crisis develops before we intervene because the woman and her family would then be more receptive to information and counseling. (True/False)

5. Proposition 36 (Treatment instead of incarceration for possession) is identifying women who fit the profile of a first time offender. (True/False)

6. If offered the opportunity, most women and families would seek treatment if they knew a slot was available. (True/False)

7. Fewer women in San Mateo County ask for treatment than could benefit from this service. (True/False)

8. Substance abuse can often times be prevented. (True/False)

9. Substance Abuse can be treated effectively, usually by one treatment experience. (True/False)

10. A substance abuse problem doesn't go away by itself. (True/False)

11. It doesn't do any good to push a woman towards treatment, you need to wait until she is ready. (True/False) Answers Page 29.

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An interview with Madelyn Martin, Deputy Director, Human Services Agency.

"As a human service professional for over 25 years, I was disappointed by how the stigma of substance abuse impacted me on a very personal level. My now grown daughter is an addict who is now successfully in recovery. Due to her addiction and the lifestyle it took her into, she has also been an AIDS survivor for 12 years. During my struggles with her, my attempts to get her help, my need for support, I never felt that I could disclose her illness, what our family was going through, our needs for support, service, and treatment. I was sure that it all reflected on me as a person and a parent and surely reflected on my professional abilities. Publicly, I made up lies about my daughter. I NEVER would admit to what an incredible impact her illnesses had on our family. This "burden" was an incredibly heavy weight to carry. Recently, my daughter and I have learned that it is part of our responsibility to share our story, to share our experiences. The stigma attached to her illness is something that must be shed in order for us all to learn from each other. The treatment she received during her recovery is what gave her back to us. I am proud and thankful for her work, the treatment and our ability to now be counted as survivors. I have learned that my experience does not detract from who I am personally or professionally. My experience has added to my understanding, compassion and professional knowledge and expertise."



Madelyn Martin
Deputy Director of Human Services Agency

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An interview with Yvonne Frazier, Alcohol and other Drug Services Administrator (Human Services Agency).

"My life has also been affected by the stigma of having a substance abuse disorder. In April of 2002 I will celebrate 25 years of sobriety. In 1967 I was arrested twice and convicted once for possession of a dangerous drug. I wasn't a "bad woman" I was an addicted woman. I didn't understand what was happening at the time. I must disclose this information on job applications. "Have you ever had an alcohol or drug problem or received treatment for a drug problem" is on almost every health or life insurance questionnaire. I think one of the reasons I am so supportive of the implementation of Proposition 36 (Treatment instead of incarceration for possession) is that I remember what it was like in 1967. Treatment at that time might have saved me an additional decade of drinking and using and the pain I created for my family. I think people now recognize that this is a health problem that is treatable and can easily be compared to other chronic health problems that have a behavioral component. The outcomes are often very good. One of the valuable lessons I learned in recovery was that although I will soon have 25 years of recovery, I had work to do every step of the way because getting sober was simply a first step, it is a lifetime journey".

Yvonne pointed out that on January 10th, Governor Davis unveiled the proposed State Budget for FY 2002-02. In his budget, the Governor attempts to address a \$12.5 billion funding gap due to a revenue deficit by proposing to reduce expenditures.

She is concerned that substance abuse services will be adversely affected. Programs serving youth, women and families, perinatal, and drug court are some of the areas to be reduced. The proposed cuts are in addition to cuts taken in May of 2001.

San Mateo County Alcohol and Other Drug Services conducts assessment, referral and linkage to substance abuse treatment for individuals referred from various Human Service Agency contact points. In reviewing the most recent referral data for the first six

months of 2001/2002 referrals to AOD for assessments and referral to substance abuse treatment were reported from: client self referral, CalWORKs, child welfare technician, employment service specialists, Family Self Sufficiency Teams, General Assistance, Vocational Rehabilitation Service, Drug Court (North and South), Juvenile Drug Court, Parole, Probation, Proposition 36, Mental Health, First Step Shelter, Maple Street Shelter, and others. More than 450 individuals have been assessed by alcohol and other drug social workers and referred for services this fiscal year. Each month Proposition 36 referrals will increase dramatically the numbers of assessments. Although the percentage male/female is very different depending upon the referral source, the overall percentage of women is 37%.

"There is currently a general nationwide shift from administering traditional entitlement welfare programs, such as CalWORKs and Medi-Cal to providing supportive services, including alcohol and drug services and enhanced employment tools as core components of public assistance programming. San Mateo County has been in the forefront of this next stage of Welfare Reform" **Maureen Borland, Director Human Service Agency**

Yvonne Frazier identified a number of reasons women in San Mateo County are difficult to engage in the treatment process.

- Histories of physical and sexual abuse
- Domestic violence
- Co-occurring mental disorders
- Generational substance abuse problems
- Programs designed for men may be generalized for women and children
- Fear of losing of children
- Limited family services at community agencies
- Internalized stigma about herself and asking for help
- When she asked for help, there was a waiting list for services, or the program could not serve her special needs
- Trying to maintain secrets within the family (violence, substance abuse, out of control children)

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Although it has been more difficult to engage women in the treatment process due to the barriers, once they are admitted into treatment in San Mateo County they show a greater compliance by staying longer and completing or graduating at a higher rate than the men in the treatment system.

Systemic Changes Needed

- All departments in San Mateo County need to be involved in the identification and referral of women and adolescent girls who have substance abuse problems.
- Policies and procedures need to be examined in terms of the impact on women/adolescent girls.
- The recommendations made throughout this report should be addressed and progress reported.
- Additional resources need to be secured for prevention and treatment.

Prevention

- Prevention activities and funding needs to be increased targeting adolescent girls, the children of substance abusers, and children who have parents incarcerated or who are in treatment, due to their substance abuse problem.
- The prevention redesign resulting in linking substance abuse prevention with family resources centers will reach new populations and the impact should be evaluated.

Early Intervention

- Encourage women and adolescent girls with developing substance abuse problems to engage in treatment early, in order to prevent the negative consequences of their addiction
- Improve linkages, for the purpose of identification and referral, with groups such as violence prevention, sexual assault services, county departments, crisis lines, and schools.

Specialized Women's Treatment

- Additional substance abuse treatment capacity is needed for women and their children. Capacity is particularly needed in outpatient, intensive outpatient and residential services.

- Child and family related services needs to be increased throughout the systems of care.
- Children of all ages need specialized services while their mothers is in treatment, as well as child care.
- Develop substance abuse treatment capacity designed to serve women and girls with co-occurring health and mental health problems.
- Increase the number of adolescent girls and women within the existing treatment/prevention system.

Improve services for women throughout the entire prevention/treatment system by:

- Providing training for substance abuse treatment providers and others on the special needs of women, adolescent girls, and their families.
- Promoting media/educational efforts to reduce the stigma regarding women and substance abuse
- Developing a cross-disciplinary training program.
- Increasing outreach activities to engage women and refer to needed services.
- Increase jail based services and post incarceration Treatment Placement.

Research Findings

San Mateo County is one of eleven counties participating in the California Treatment Outcome Project (Caltop) Research Project. The Women's Recovery Association is one of the participating programs. A research update released September 2001 reports the following findings statewide (University of California Los Angeles):

- Severity of problems decrease after treatment admission at 9-month (drug, alcohol, medical, psychiatric, family, legal, employment).
- Employment rates increase after treatment admissions.
- Frequency of drug use decreases over time.
- Frequency of arrests and hospital utilization decreases over time.

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An interview with Margaret Taylor, Director, Health Services.

- “Most important issue: recognition of the problem – girls and women tend to be “quieter” abusers, masking emotional and physical abuse/trauma with various substances, often doing so in a secretive way; those around them often don’t recognize the problem until it reaches an extreme level. The increase in the rate of involvement of adolescent girls in the juvenile justice system is both an indicator of growth of the problem and of our inability to identify symptoms early enough.”
- How has the Health Services Agency responded? By developing the Choices program for incarcerated women (education and treatment in a highly structured setting with community follow up); Pre-to-Three Substance Abuse Team (PAOT), that includes an AFLP component; teen clinics staffed with health and behavioral health professionals; dual diagnosis program in Mental Health with connections to AIDS/HIV project and Proposition 36 services; women’s dual diagnosis residential treatment program Women’s Recovery Association (WRA); training for all professional staff in agency to improve recognition and intervention.
- Gaps: residential programs for girls, juvenile justice residential alternatives, and homes for women and their children; day treatment for teens, especially with Probation/Mental Health/Alcohol and other Drug Services involvement. Women’s intensive outpatient dual diagnosis services staffed by those skilled in working with clients with serious mental illness.
- How can we work together?: with the help of our Mental Health Board and Drug and Alcohol advisory Board, bring the current situation to our elected officials. In addition, the State Office of Women’s Health, Women’s Health Council, and the Women’s Mental Health Policy Council are advocating for identification of gender

specific issues facing women and girls, public education and gender specific services.

- What’s most important?: educate our community to recognize and intervene, using appropriate local programs
- Data: “Community Health Assessment”, due out in April 2002; “Adolescent Asset Development Report”; “Children’s Report Card”, due out this year.

“Recently the state mental health community put on a conference about girls/women and early trauma. It was sold out. Two teen girls from San Mateo testified. The themes: they were abused and neglected as young children. There was intergenerational abuse and separation in their families. Substance abuse began in middle school, in secret. Eventually they acted out to the extent that school officials, probation, and family members had to intervene with out-of-home placement. What they both said helped them the most: an adult to listen.”

An interview with Glen Brooks, Central Regional Director, the Human Service Agency.

“Substance abuse issues are a major factor for women as they move towards self-sufficiency. The California Institute for Mental Health found in their study of one county that 19% of CalWORKs participants faced major substance abuse issues within the last two years. In a study of CalWORKs participants in another county, one researcher found that criminal history and heavy drinking was the #2 barrier to CalWORKs participants working. To address these issues the State has responded with a special allocation of funds for substance abuse services for welfare participants. San Mateo County has used these and other funds to help women leave a life of substance abuse dependency to develop economic and psychological self-sufficiency. Given that San Mateo County leads the State in welfare caseload decline, many remaining on welfare, need substance abuse services to move to the next step. We’ve got to provide assistance to women mired in substance abuse problems, providing them with the opportunity to improve their own lives and those of their families” .

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An interview with Steve Cervantes, Director Office of Housing, the Human Service Agency.

“Women in our homeless shelters are effected by substance abuse both directly and indirectly. Many of the shelter families are victims of domestic violence. The violent behavior has been acerbated by the abuse of drugs and/or alcohol. These families must flee their homes for safety reasons. Often the children can’t return to their normal schools. Homeless mothers that have substance abuse issues can’t parent effectively. Homelessness is a challenge in and of itself. We need to provide assistance to housing these clients, initially with the aid of homeless shelters, motel vouchers, working with our various providers like HIP Housing, Shelter Network, Clara Mateo Shelter for transitional housing, then ideally to assistance to our Moving to Work program providing long term housing assistance. Housing assistance should serve as a real self sufficiency goal to overcome the substance abuse issues”.

Women in Homeless Shelters



*Safe Harbor, a Temporary Shelter,
South San Francisco*

Homeless women, like their male counterparts, live on the margins of society. Local shelter demographics, which vary widely by location, indicate that between 14% and 30% of shelter clients are women. Even a decade ago, women and children were a small minority in homeless shelters but, by some estimates, women now head between 70-90% of homeless families. Additionally, women with children currently comprise the fastest growing segment of the homeless population. While many women become homeless for the same reasons as men, (e.g. substance abuse, mental health issues, unemployment), a significant number become homeless after

fleeing domestic violence. Battered women often find themselves without resources when leaving their abuser, especially if the flight was unplanned. According to a Ford Foundation study, 50 % of homeless women (and children) are fleeing domestic violence and abuse. The inability to secure safe shelter is further exacerbated if the woman has her own substance abuse and/or mental health issues to deal with.

A new program, The San Mateo County Homeless & Substance Abuse Services Collaborative, funded by a Federal grant from the Center for Substance Abuse Treatment (CSAT), takes a unique approach to address the needs of homeless women with substance abuse problems. Designed to bridge the service gap between shelter and treatment providers this program places two trained substance abuse counselors in each of three homeless shelters. These counselors will provide assessment, referral, pretreatment, case management, and structured treatment activities including substance abuse education, individual and group counseling. The counselors will be expected to demonstrate competency in a variety of issues relevant to homeless women, including trauma and abuse recovery, codependency, and family issues. The project also adds two long-term residential serving homeless women referred from the shelters. The substance abuse counselors will work with homeless service providers to increase linkages to related services including transitional housing, primary health care, and mental health services. The County of San Mateo Human Services Agency’s Alcohol and Other Drug Services is collaborating with the agency’s Office of Housing to help provide a seamless comprehensive program to the community.

In San Mateo County 4,663 homeless individuals were identified in 1996. This included 3,351 households made up of 3,521 adults and 1,142 children. Five thousand individuals reported experiencing an episode of homelessness during the past two years. Due to the high cost of living in the San Francisco Bay Area, with rents averaging \$1,800 for a 2-bedroom/1-bath apartment in San Mateo, it is difficult to find affordable housing in San Mateo County.

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An interview with Shelter Network

Approximately seven months ago a female client was referred to our shelter for singles. The client, Roberta (not her real name) had been here three previous times. In addition, she had been here before with her mother and other family members. All of her previous stays had ended with her relapsing.

Roberta came to the shelter with many different issues. She had a long history of substance abuse, sexual abuse, unemployment, mental health difficulties, as well as having lost custody of her children.

Most of the shelter staff worried that Roberta would relapse again. Roberta attended recovery meetings, obtained full time employment, and sought counseling for depression. Roberta began visiting her children on a regular basis. She moved from emergency to transitional housing where she saved enough money to get her own permanent housing.

Roberta is now a store manager and has remained clean and sober since her last time at our shelter. She is working on regaining custody of her children but realizes that she is not currently ready. She continues to struggle with issues around money management and depression. Her long-term goal is to regain custody of her children but for now she continues to work on her recovery and daily living skills.

An interview with Women's Recovery Association, Jolie Bou, acting Executive Director.

Jolie Bou identified a number of valuable services in the community such as the center for victims of sexual trauma at San Mateo County General Hospital. Many of the female addicts that they see have a history of sexual abuse.

Women's Recovery Alumnae Association is strong and helps model longer term recovery. They currently host 12-step meetings for young girls on Friday nights "We are survivors". Their staff goes into the schools to provide educational presentations on the

progressive nature of the disease of addiction. Some of the gaps WRA identified in providing services include a lack of mental health services for girls and women. There are a limited number of treatment beds for young girls and perinatal care available for women needing treatment and for pregnant women. It is important to provide training on related subjects such as codependency, eating disorders, and emotional health. The Women's Recovery Association offers girl specific and women specific services. Examples include domestic violence education, parenting programs, childcare, vocational rehabilitation, housing and legal issues.

Tracey's Place of Hope, their adolescent girl's intervention and residential treatment program, provides care specifically designed for the 14-17 year old age group. Women's Recovery Association provides education and prevention programs for adult women as well as teenage girls. The Family and Friends Program is integral to the success of their treatment. They treat the entire family. They provide outpatient and residential services for perinatal clients including therapeutic childcare and therapy groups for children.

Dave Anderson, Senior Deputy Probation Officer, San Mateo County Department of Probation said:

"Addiction is a family disease. As well as counseling, the Women's Recovery Association's services include a children's program, a teenage girls program, vocational rehabilitation, and a strong family program. That means the enablers/codependents are educated and treated also. In my many years of working with those who have substance abuse problems, it's clear that for recovery to happen all the effects of addiction must be addressed".

Women's Recovery Association identified a number of strategies important for dealing with women/girls such as girl specific services from prevention, intervention and treatment; funding services in middle and high schools; peer groups with trained educators; identifying co-existing mental health issues; and accurate information.

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Women's Recovery Association primary concerns are the economic stresses in the Bay Area such as housing for their clients, difficulties in coordination of service throughout health care systems, and dually diagnosed services. The link between trauma and substance abuse is very important one that needs further examination and a comprehensive model of intervention.

The stigma about addiction needs to be eradicated so that women and girls know this is a treatable illness, and they need to obtain services before the illness progresses. More support is needed for victims of trauma, abuse and neglect. Gender specific services are important because females more often face situations such as domestic violence that must be addressed within their substance abuse treatment process.



Proud staff look on as Claudette de Carbonel (far right), Program Administrator, congratulates a graduate of Tracey's Place of Hope, the Women's Recovery Association's adolescent girls' Substance abuse program.

An interview with Rhonda Ceccato, Executive Director Sitike Counseling Services

The most important issue facing women/girls in San Mateo County regarding substance abuse treatment and prevention is the lack of resources and services. Only six agencies provide gender specific treatment services and they are Free at Last, Service League, the Women's Enrichment Center, the Latino Commission, Women's Recovery Association, and Sitike Counseling Center. The services available do not come close to the need. Only Sitike Counseling Center and the Women's Enrichment Center provide intensive day

treatment while the others provide short term residential and only a few of the residential providers allow women to live with their children. Rhonda Ceccato sees a great need to expand both intensive outpatient and residential treatment for women and their children and for these services to be long term. Given that it is so difficult to open new programs due to "Not In My Back Yard" (NIMBY) issues we must expand outpatient resources. In addition, Rhonda sees a great need for mentoring programs for girls and women. Sitike has provided perinatal intensive day treatment services since 1992.

Rhonda shared the following story (identifying characteristics changed so as to protect confidentiality): A 26-year-old Filipino mother of two children on welfare enrolled through a referral from Child Protection Services. She had recently given birth to her third child, a drug exposed infant. She reported a ten-year history of methamphetamine, crack/cocaine, and alcohol use. At admission she was using methamphetamine daily upon admission. She wanted custody of her child while she tried to maintain abstinence. After successfully completing her program at Sitike Counseling Center she continued in aftercare and enrolled in a local community college. She has since graduated with honors and is continuing her education. There was time when she could not even dress her children.

The benefit of increasing funding to provide services to this population is that our communities will have healthier women and children, and non-drug addicted babies. There are numerous studies that have recently been published, one is from the SAMHSA article entitled "Substance Abuse Treatment Produces Healthy Mothers and Children". The article reports that drug and alcohol dependent women who are pregnant or who have children will reduce their alcohol and drug use as well as reduce involvement with the criminal. This and other studies find that the rates of premature delivery, low birth weight, and infant mortality improve for women who participate in treatment. If the treatment were not provided, money would be spent on medical and other costs. The treatment will also reduce the number of premature deliveries, death rates, and tax dollars. But most important, it saves the suffering for the woman, her family, and the community.

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An interview with Clarise Blanchard, Program Manager, Women's Enrichment Center

The Human Services Agency and Alcohol and Other Drug Services has worked with Family and Community Enrichment Services (FACES), to develop an innovative program to address the multifaceted needs of the remaining women on CalWORKs assistance.

The program, called the Women's Enrichment Center, is an intensive day treatment program designed specifically for women and their children with substance abuse and mental health issues, as well as experiences of violence and trauma. Approximately 15 women are enrolled in the program, which operates in 10-week sessions. Case management and aftercare services are also provided, as needed. In order to reduce barriers to treatment, transportation and childcare services are available.

The Women's Enrichment Center supports the women's efforts to make sense of their lives, to care for their children, and to successfully address difficulties impeding attainment of their goals.

Through the guidance of a multidisciplinary steering committee, representatives from child welfare, childcare, alcohol/drug services, mental health, and housing collectively discuss strategies for barrier reduction.

Clarise sees many valuable activities in the community such as the Center for Domestic Violence, self help groups, the Prenatal to Three Initiative, Planned Parenthood, and school based programs. Some of the gaps include transportation and childcare, engaging high-risk youth, and alcohol and drug free social activities.

FACES, Inc. focuses on family well-being. They have an active family therapy clinic, school based programs, psychological services, a pre to three program, child witness of domestic violence services (Healthy Homes), and the First Chance Program (an alternative to jail for individuals arrested for alcohol and drug related offenses, in addition to the day treatment services for women with

co-occurring mental health and substance abuse issues described above.

An interview with Michele Hill, Program Manager, The Latino Commission

Women are in need of better communication and understanding of the expectations of Child Protection Services, also they need to be able to focus on recovery in order build a stable foundation. Housing is always an issue. When the subject is a girl, a big plus would be self-esteem building and positive life alternatives at a young age. When the mother and father are having problems with drugs and alcohol, the girls in the family are put in situations that impact their lives, and often do not receive services until they become adults. Intervention at a younger age, or at the time the parents receive services, would help them through the recovery process, and help the children to view treatment as a positive step. The Latino Commission is currently accepting women with infants and have been able to view, first hand, the need for more intense parenting education to include the important process of building a loving relationship between mother and child. The Latino Commission operates three women's residential treatment facilities and a program that provides a recovery service reflective of the Latino culture. They deliver culturally focused alcohol and drug residential treatment and day treatment services for approximately 30 women in homes located in San Mateo County. Casa Maria serves nine women, Casa Adelita serves six women and Casa Izcalli serves six women. Women spend six months in residence, before returning to the community or entering the Latino Commission's transitional facility. Each women's residential home provides clean and sober living for women in recovery that provides a stable environment allowing the women an opportunity to prepare financially, and educationally to re-integrate back into the community. Each facility has a bilingual/bicultural setting. The program is designed to deliver a culturally proficient, reaffirmation model that is gender specific in treatment. The program offered by the Latino Commission reflects the agency's belief that recovery demands an understanding of one's culture, and respect of its' traditions.

Activities are geared to Latinos, keeping in mind such factors as language, religion, family

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roles, traditions, behaviors, and family history. The program includes family reunification, substance abuse treatment and employment readiness services.

An interview with Debbie Machold, Director of Youth and Family Assistance, Insights Program.

The age of adolescents being referred for treatment continues to drop. YFA continues to see an increase of younger aged youth being referred into their treatment programs. During the first six months of this fiscal year (July 1, 2001-December 31, 2001) 49% of the youth admitted to Insights outpatient program were 15 years of age or younger. It is known that many of these youth are at risk for gang activity, violence and substance use. The lack of adult supervision is an important issue. Children whose parent or parents have a substance abuse problem are higher risk of substance abuse.

YFA is working with freshmen and sophomore-aged women that attended high school in Burlingame and Daly City. Many of the girls are dealing with the issues of substance abuse and sexuality. These young women discuss how substance abuse may lead to risk behaviors and high-risk sex, even prostitution. They take more risks while on substances. Parties lead to alcohol and drug use and risky sexual behavior. Many young women are injecting Methamphetamines. They report that it is easy to get drugs on campus and that dealers are not necessarily high school students.

An interview with Remy Villareal, Program Manager of Women's Services at Asian American Recovery Services

Asian American Recovery Services offers an outpatient program in Daly City that targets Asian and Pacific Islander adult clients. We offer a six-month outpatient program for self-referred clients, drug court clients, and Prop. 36 clients. Services include: Tagalog-speaking services (group and individual counseling), family support groups, women's groups, and referral services.

Marie A. (not her real name) was a Filipina client who was referred through Child

Protective Services in need of substance abuse treatment. She had four children, and an infant that tested positive for methamphetamine. Her partner was abusive. She needed housing. Working through her treatment plan was complicated because she needed help and support in so many areas. But she worked hard to stay with the program. At first, retaining her was difficult because she needed to work on other issues. But she responded to increased sessions with the caseworker, which counseled her through program, and also provided support through referrals to other services. Her treatment plan included language-matched groups, counseling for violence issues, counseling for parenting skills. Constant support was important to her. There was a time when she would check in with the counselor on a daily basis. Eventually, she completed the program. Since then, she has retained custody of her children, and has found housing through a Section 8 program.

Adequate treatment for Asian and Pacific Islander women is difficult to accomplish. Shame and embarrassment, the perception that women should not be using or abusing drugs, is common in this community. Finding culturally or language-matched services is difficult, especially in women from recently immigrated families. Dual diagnosis is recognized in many of our women clients. Sexual abuse is highly prevalent among our women clients. Cases involving domestic violence are increasingly more apparent. Codependency is common. We have learned that when a woman presents as a substance abuser, there is a 90% chance that their partner or at least one of their family members is also abusing drugs. Lack of health care is common among women substance abusers.

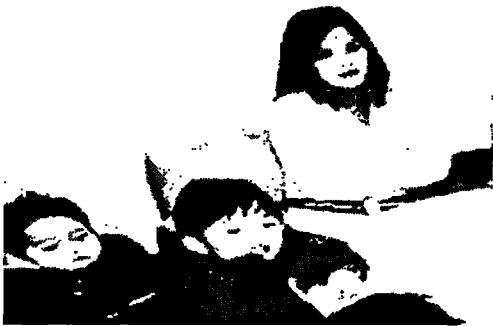
Because substance abuse in women is commonly associated with other issues such as childcare, housing, domestic violence, sexual abuse, health issues, and mental health issues, we believe that women's services require more intensity and more resources. The key to successful services are supportive and safe environments that tie together comprehensive resources to support women's needs. These services include substance abuse treatment, child care, health screenings and health care, violence shelter, food and housing support, legal aid, mental health, transportation, and

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parenting classes. Appropriate treatment requires several components:

- language and culturally-matched services
- matched support groups (e.g., new mothers, immigrant women, teenage mothers)
- multi-disciplinary staff
- coordinated case management (tracking the client through outside systems of referral)
- follow-up sessions

Ideally, San Mateo County could benefit from a one-stop shop for women in need of services. Immediate referrals to substance abuse resources, domestic violence resources, legal aid, mental health, and community clinics would be available to the many women in need of multiple services, or who seek one type of service but can be screened and engaged for other services. San Mateo County women clients could also benefit from the availability of more slots for higher levels of treatment, such as intensive outpatient, day treatment, and residential services. These intensive services better meet the need to engage women clients in need of multiple services.



FACTS FROM ASIAN AMERICAN RECOVERY SERVICES

- The drug of choice among Filipino adult women enrolled in Asian American Recovery Services is methamphetamine (speed).

Currently in our Youth Drug Treatment program, Project Oasis, 40% of the probation referred clients are females.

FREE AT LAST

Free At Last women's residential program provides services for seven women with their children (under the age 6) and nine single women that entail a highly structured schedule of activities and responsibilities and a total immersion in recovery. They provide a comprehensive continuum of services that rely on culturally sensitive strategies to address interrelated social, family, and health issues for African American community.

Free At Last programs serve over 4,200 people each year, predominantly African Americans, Latinos, and Pacific Islanders living in East Palo Alto, Belle Haven, North Fair Oaks, and Redwood City. The important issues facing women and girls in this community are; unsafe sex, STD's and other risky sexual behavior. Free At Last is an agency that strives to make a difference by providing services for women with children and single women. They provide residential housing, outpatient intense day treatment, and U-Turn youth outpatient program with collaboration from various agencies working with Free At Last. Many women do not seek treatment early and they wait until it is almost too late which indicates that there is an urgent need for more educational.

Women who have completed the program at Free At Last do well in their continuing care services after six to eight months in duration. Their primary goal is to rebuild families stressed and undermined by substance addiction, and to develop the parent's ability to support and maintain a stable, positive life for their children. Free at Last currently has a waiting list for each woman's residential home.



Recovery is a Family Issue

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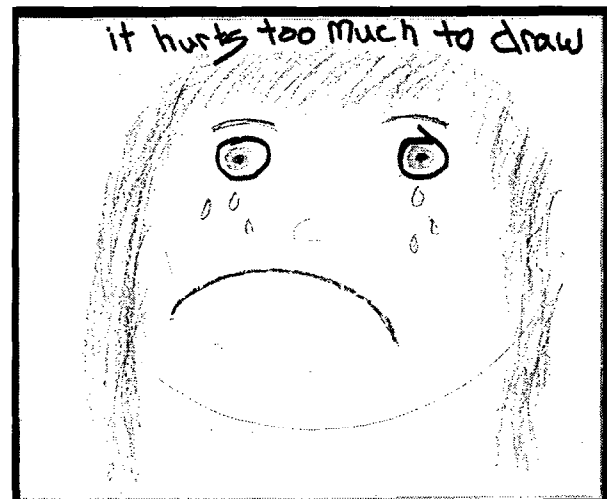
The Prevention of Alcohol and Other Drug Problems.

For adolescents, alcohol and drug use is associated with a range of negative health and social outcomes, including risky sexual behaviors that can lead to unplanned pregnancy, HIV, and the need for assistance. Risks can be even higher for adolescents whose parents have alcohol and drug problems, because they are statistically more likely to develop alcohol and drug problems themselves.

Substance Abuse Problems often repeat in families. It is important to break the intergenerational cycle of substance abuse. The children of substance abusers need special services because of the risk status. We have large numbers of individuals in treatment and their children should be a target of prevention activities. In addition, we have numbers of parents in jails that have children in the community. These children need specialized substance abuse prevention and other services. Funding is currently unavailable for these activities.

It is very important that the children have a safe place at school to discuss the issues that they are facing during their parent's recovery process. Children must know they are not alone and there are people that care about them and understand their situation. We must work to expand services that offers a safe place for children of substance abusers to process their feeling in group setting and to be educated on the disease of addiction. Educating children of substance abusers on the disease of addiction is extremely important in breaking the cycle of substance abuse. Children must have an understanding of their parents' recovery process to understand how to deal with their own feelings. The children should be taught at an early age that experimenting with substances could be very dangerous, since they are more likely to carry the problem to the next generation have environmental factors that contributed to addiction.

Just as the mother faces stigma, the children are also stigmatized and often learn to keep the issues secret.



When my mom is on drugs she is very thin and has rings under her eyes. Its scary.

Bottom: From Julie Scales Book, "Children's Place...At the heart of recovery."

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"Carrying the torch was like carrying the message of recovery... an honor", Kim Bravo, El Centro Adolescent Program.

"A process which promotes well-being by empowering people to confront life conditions and to lead satisfying and enriching lives".

This is the definition of Prevention that came out of a retreat of contracted prevention providers coalition in 2001.

Alcohol and Other Drug Services Prevention efforts that are specific to girls and young women currently include:

Youth and Family Assistance's Mis Hermanas program, a Latina focused program that provides school linked support groups to young women.

Hope Preservation, Inc; an African American focused program that provides mentoring services to young women of the North/Central San Mateo area.

El Centro De Libertad provides prevention services through their collaborative The Children's Place. The Children's Place Program targets young children of substance abusers between the ages of 6-11 years old. The Children's Place program offers a ten-week prevention education group to four schools in the Redwood City School District.

Other Alcohol and Drug Prevention Efforts are provided by:

- Asian American Recovery Services
- Burlingame Elementary School District-Project Project Tech
- Cabrillo Unified School District
- College of San Mateo Community District-SPARK Program
- Free At Last
- Southcoast Children's Center
- The YFA Drug and Alcohol Hotline
- Kares-Jefferson School District
- Children's Network for the 21st Century;
- Bay Area Community Resources (New Perspective)
- Nuestro Canto de Salud (El Concillio)

<i>Participants in 6th Grade and Above enrolled in AOD Prevention Programs Reporting the Use of:</i>	<i>Percentage</i>
Tobacco	60%
Alcohol	63%
Drugs	47%

Preliminary data from AOD contractors for FY 2000/2001. (n=624)

For FY 2002/2003, the continuum of Alcohol and Other Drug Prevention Services will include strong collaborative linkages to Family Resource Centers and other prevention efforts in the community. There will be a stronger focus on demonstrated needs in local communities and strategies that effect desired prevention outcomes, including modeling programs on best practices and research-based approached.

The Human Services Agency works with several school districts, cities, and local non-profit organizations to offer school-based social services in Family Resource Centers. Human Services Agency staff are located at sixteen Family Resource Centers throughout the County, from Daly City to East Palo Alto to Half Moon Bay. Child abuse prevention services available in the Family Resource Centers at school sites include human services, counseling, enrichment classes, home visiting, and health services. Alcohol and other drug prevention services may be available at these school based sites for FY 2002/2003.

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Prevention Recommendations:

- Additional resources are needed for the prevention of alcohol and drug problems.
- Provide services to the children of substance abusers and prevent the next generation from developing substance abuse problems.

Prevention Program Examples

Michelle Ninde, Senior Health Educator of STAY SAFE, a youth prevention program that targets Asian and Pacific Islander middle school and high school students of Bayshore, Daly City, and Pacifica.

Joanne is a 20 year old women working at a non profit health organization. She joined a drug prevention program as a 15 year old sophomore. She had below a 2.0 GPA and she was behind in credits. She also began dropping ecstasy during this time. Joanne spent four and a half years in after school life skills groups, youth leadership groups ,a program internship and ultimately was hired by the program. In this time she also came out to program staff and then her family that she was gay. Joanne recalls how an assertiveness workshop helped her become aware of how to voice her opinions in healthy ways. She also responded well to the youth development principles and strength based approaches employed by school and community based non profit staff.

The adolescents and youth Stay Safe work with include girls aged 13-18 in schools of North San Mateo County. Substance use, experimental and habitual, is not uncommon in their communities. There is a curiosity about drugs, and there is the recognition that drug use (any ATOD) can serve as a recreational activity, a social function, and/or an escape from stressors. Drugs such as alcohol, tobacco, marijuana, and ecstasy are perceived as relatively ordinary in the environment, that their supply is accessible.

In our groups and our interaction with the girls in our community, these seem to be prevalent issues in Intimate Relationships, Family Relationships, Friendships, Self Esteem, and Conflict with other girls.

Several of the young women we serve have admittedly engaged in unprotected sex and/or intimate relationships with several different partners. Further exploration of this topic linked this behavior to issues around low self-esteem. Some of our girls have also been involved in intimate relationships with older males. Often, these men introduce the girls to using and continue to supply the girls with the substance.

Difficulties in family relationships include issues as a result of acculturation, and differing roles and expectations. In addition, friendships are often in transition, due to peer pressure, risky ATOD behavior, and risky sexual behavior. Body image, societal roles assigned to females, and the impact of being a female of color affect the girls' self-esteem.

Many of the girls we serve come from families that have immigrated to the United States. The cultural gap between parent and child often pose challenges in the family relationships.

Recommendations:

- Providing funding and programs that will allow girls to come together around these issues and support one another. Creating and maintaining a safe space for young API women to explore their roles in the contexts of culture, gender, age and class. Establishment of widely accessible girls' support groups.
- Mentoring and empowerment programs and activities.
- Intervention services—the establishment of intervention services in the continuum of preventive care, routing the youth identified from prevention efforts in need of treatment services to programs they can access in their communities.
- Support for parents and families—parenting classes, individual and family counseling.

Prevention Program Examples – The children's Place

Since 1978 The children's Place program has been providing alcohol/drug prevention education and counseling services to over 3,000 children, 5-13 years of age, who are growing up in chemically dependent families in San Mateo County. The services are

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community based, strength based and focus on development of the healthy life skills. Groups are closed, structured, age appropriate and developmentally appropriate.

Schools groups are provided at 7 schools in Redwood City School District and other community groups are held at Sequoia Health and wellness Center. In addition the program offers a 5-day overnight camping experience for 30 children in July.

“In the United States alone, there are over eleven million kids living in alcoholic homes. Most silently and eloquently obey the cardinal rule of the addicted family, “don’t talk.” They are trapped in silence by a family that usually denies the existence of the illness, which grips it. These children often have no place to turn, as alcoholism wreaks its own terror, chaos, and pain. Further, they are high risk to eventually abuse alcohol and other drugs themselves, and thereby perpetuate the disease through their own children.

To break the cycle, children of alcoholics need to learn about addiction in an age-appropriate way, so they can realize that it’s not their fault and they are not to blame. They need safe ways to explore and express their anger, fear, hurt, guilt and shame. They need to know that there are other adults and kids who care about them, safe people who can help. Kids need to learn how to positively cope with problems at home, such as parental fighting, verbal violence, broken promises, blackouts, and neglect. These children need to learn how to take care of themselves and stay safe. To escape the world of isolation that has enveloped them they must grieve, be angry, cry and be comforted.

The good news is that the Children’s Place program provides these children the opportunity to develop the insights and skills described above. During the process they build upon their strengths, deepen resilience, and further their intrinsic beauty and worth.” Jerry Moe, M.A. 1998 The Children’s Place book...at the heart of recovery.

Youth Organizing and Leadership Services

Amy Benjamin, the San Mateo Friday Night Live Partnership County Coordinator for the Youth Leadership Institute, shares quotes from

the adolescent girls who participate in their youth council and youth tobacco coalition:

“I think that drug use among teens is increasing. And they are harming not only their physical health, but they are putting themselves in harmful environments.

“I lived through all of this in life and I’ve seen people die or their lives messed up for drugs.. smart people too.”

Through her work with the Youth Leadership Institute, Amy has identified a unique pressure faced by adolescent girls – the supportive and counseling role that they provide for each other. Many girls who face challenges and adversities in their own lives often turn to their peers to provide the guidance and support that they need. The lack of knowledge or availability of school and community resources has placed this burden of young girls having to provide support networks for one another, while dealing with issues faced in their own lives.

Friday Night Live has developed the following standards of practice that represent the quality of services or activities:

1. Youth will experience a safe environment
2. Youth will have opportunities for involvement and connection to community and school
3. Youth will have opportunities for leadership and advocacy
4. Youth will have opportunities to engage in meaningful skill building activities that are designed to capture the interest and participation of young people
5. Youth will have opportunities for caring and meaningful relationships among youth and with adults.

It is recommended that these standards of practice be adopted by programs working with young people in prevention programs.

Youth Information

Dedicated youth treatment is in short supply for young women in the San Mateo County Alcohol and Other Drug Treatment system. Of the 57 residential youth treatment beds six are for female only and 51 are available for young males or females. There are 72 dedicated

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outpatient youth slots that are available to both young women and young men.

In the Human Service Agency/Alcohol and Other Drug Services treatment database, we see a strong under-representation of young women in treatment. 30% of youth treatment admissions are females. 52% of the female youth in treatment report seeking treatment for both alcohol and other drug problems. 20% come to treatment for alcohol only and 28% for other drugs only. Marijuana shows up as the drug of choice for 46% of young women in treatment and methamphetamine for 12%.

The strongest referral source for youth in treatment is the criminal justice system. 63% of young women in treatment are criminal justice referrals while 19% are self-referred to treatment.

Older Women

"Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems in the country". Consensus Panel, US Substance Abuse and Mental Health Services Administration "Substance Abuse Among Older Adults 1998".

Among the over 60 population, as many as 17% misuse alcohol or medications.

Although they comprise only 13% of the population, older people consume 25-30% of all prescription drugs.

Older people consume at least 25% of all the over the counter medications available without prescription.

Older adults have treatment outcomes as good or better than younger people.

(Source/the American Society on Aging).

Photographer: Connie Hall for
the Women's Recovery



The older woman with an alcohol and drug problem is difficult to identify. Younger women are often identified because of problems with their families, an arrest, or a crisis. An older woman may surface in a different manner. Perhaps she falls, has health related problems that she is asking for treatment for, or overdoses on medications and alcohol. Sometimes the substance abuse problem is mistaken for other problems or aging.

Early onset alcoholics have been drinking during their adult life and account for many of the older alcoholics. However, many do not onset until later in life and begin a drinking problem later in life. Oftentimes a problem will onset when confronted with the loss of a partner or other crisis. The complications of an operation or hospitalization may result in numerous medications and lead to problems. Older adults may not have the family or employer that will intervene so health care providers, crisis lines, churches, and mental health clinics may be the place where the client surfaces. Many women of all ages are provided with drugs from physicians that they may become dependent upon.

Older women face stigma not only in terms of their substance abuse problem, but by negative attitudes and misinformation about aging.

Recommendations:

- Provide training on the alcohol and drug issues for older women.
- Increase the number of older women receiving treatment services.
- Improve the referral protocols between substance abuse treatment and physicians, health clinics, mental health clinics, crisis lines, etc., so that more older women are referred for services.

WOMEN AND TOBACCO

Problem Statement

According to the 2001 Surgeon General's Report on Women and Smoking, in 1999 smoking accounted for approximately 165,000 deaths among U.S. women. In 1987, lung cancer became the leading cause of cancer deaths among women, and by 2000, about 27,000 more women in the U.S. died of lung cancer (about 68,000) than breast cancer (about 41,000). Despite all the information about the devastating health consequences of smoking approximately 22% of U.S. women smoked cigarettes in 1998. In 2000, the smoking prevalence among high school girls in the U.S. was 29.7%. Smoking during pregnancy also remains a major public health problem with national smoking rates between 12.9% to 22%. Furthermore, among those women who quit during pregnancy only one-third remained smoke free after delivery. The current Healthy People 2010 goals for the U.S. include a 12% tobacco consumption rate among adults and 21% among adolescents.

In 1996, approximately 13.9% of women in San Mateo County smoked. (California Tobacco Survey, California Department of Health Services, Tobacco Control Section 1996). According to San Mateo County Healthy Kids Survey 1990-2000, smoking rates among 9th and 11th grade girls ranged between 13.8% among Asian girls, 19.6% among White girls, 23.7% among African American girls and 29.5% among Hispanic girls.

"When calling attention to public health problems, we must not misuse the word 'epidemic'. But there is no better word to describe the 600-percent increase since 1950 in women's death rates for lung cancer, a disease primarily caused by cigarette smoking. Clearly, smoking-related disease among women is a full-blown epidemic." David Satcher, M.D., Ph.D. Surgeon General.

In addition to the enormous loss of life, the financial burden for treating smoking related illnesses has been immense. The cost benefits of prevention activities have been significant. According to the California Department of Health Services Tobacco Control Survey, from 1990 to 1998, the California Tobacco Control

Program produced estimated savings of \$3.026 billion, or \$3.62 for every dollar spent on the program, in direct medical costs alone. Overall, savings from the Program during this period amount to \$8.38 billion in smoking attributable direct medical costs and indirect medical costs together. (Indirect costs are those arising from smoking-attributable lost days at work and smoking-attributable lost years of productive life due to premature death).

San Mateo County Resources

Currently, there are two programs in San Mateo County, which provide free smoking cessation services to County residents:

- San Mateo County Tobacco Prevention Program contracts with the American Lung Association (ALA) of San Mateo and San Francisco Counties to provide free tobacco cessation classes for all interested community members including adults and teens. The program provides free nicotine replacement therapy to qualified participants. Services are available in English and Spanish.
- The Smoke Free Start for Families Program, funded by the San Mateo County Children and Families First Commission, provides one on one counseling to pregnant and postpartum women to help them stop smoking and stay smoke-free after delivery. The program also provides assistance to household members living with children under the age of six. Services are available in English, Spanish and Tagalog.
- The California Department of Health Services, Tobacco Control Section currently provides intensive telephone cessation counseling to all California adults and teens through the California Smoker's Helpline, (1-800-NO BUTTS). Services are available in five languages.

Other resources include:

- Kaiser Permanente, the Health Plan of San Mateo, and Mills Peninsula Health Center all provide smoking cessation classes. Fees for the classes run between \$20 to \$90 depending on the program and health insurance status. The San Mateo County Tobacco Prevention Program has a free directory of all the local smoking

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cessation services available to the public.

Recommendations

1. Systematic Assessment of Tobacco Use

All County Clinics and San Mateo General Hospital should institutionalize a systematic assessment of all patients for tobacco use and/or secondhand smoke exposure. Protocol needs to be developed and implemented for advising all patients to quit smoking and referring patients to local smoking cessation programs with additional follow-up by the health care provider.

2. Increase Funding for Affordable/Free Smoking Cessation Services

“Clinical support of smoking cessation is as cost-effective as are other medical interventions such as mammography and treatment of high blood pressure”(Women and Smoking-A Report of the Surgeon General 2001). Currently, Smoke Free Start for Families and American Lung Association are the only free cessation programs for San Mateo County residence. The American Lung Association is the only program, which is open to the general public and provides free nicotine replacement therapy to qualified participants. The use of nicotine replacement therapy has been found to greatly enhance quit rates among smokers. According to Fiore et al. (1995), patients who used the nicotine patch were more than twice as likely to quit smoking than individuals wearing a placebo patch.

Additional cessation services need to be developed which address the special needs of women in our County, such as mental health clients and women in alcohol and drug treatment. There is also a need for more ethnically and culturally appropriate cessation programs, which will enable us to serve all San Mateo County residents.

3. Prevention Due to a lack of funding there are no anti-tobacco interventions currently being conducted by the San Mateo County Tobacco Prevention Program that specifically target women and young girls.

4. The need for targeted interventions is clearly illustrated by the high smoking rates among 9th & 11th grade girls in San Mateo

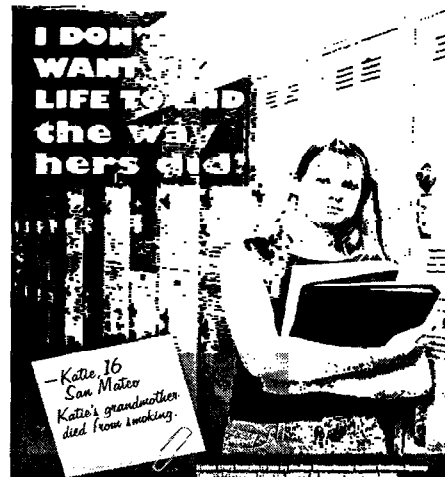
County as previously cited and the proven cost benefits of tobacco control activities.

5. New Policies to Reduce Secondhand Smoke Exposure

There are over 4000 chemicals in tobacco smoke including 43 known cancer-causing substances and over 400 other toxins. Children exposed to secondhand smoke have higher rates of upper respiratory infections, asthma, ear infections and Sudden Infant Death Syndrome. Due to the harmful effects of tobacco smoke it is imperative that policies are passed requiring all County foster care homes to be smoke-free.

6. Enforcement of Existing Tobacco Control Laws

It is vital that San Mateo County enforces existing city, state and federal tobacco control laws, which protect residents from secondhand smoke and prevent youth from gaining access to tobacco products. By routinely enforcing these laws throughout the County, women and girls will have less access to tobacco products and less exposure to secondhand smoke. Furthermore, this helps to change community norms regarding tobacco use. Of particular concern are: **AB188** which prohibits the smoking or the disposal of tobacco waste within the boundaries of a playground or tot lot sandbox area. **AB13** which prohibits the smoking of all tobacco products within all enclosed workplaces and **PC308(a)** which makes it unlawful to sell, give, or in any way furnish cigarettes or tobacco products to persons under 18 years of age.



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Women involved with the Criminal Justice Systems

An interview with Don Horsley, Sheriff

"In my experience as both a law enforcement official and as a parent, there are very few options for help. If a woman has a substance abuse problem and her family is working with her to get her into a treatment facility, the family generally has one of two choices: pay for residential treatment or find a community based organization that has space available. If you have the financial resources, you can find residential treatment, if you are relying on your Medical Insurance from your employer, you will find that your "health" plan doesn't cover substance abuse. Your other choice, if you are lucky enough to find a community based organization with space available, is to find a community based organization such as Delancy Street. But, places like Delancy Street, while successful for many, don't meet the needs of every substance abuser. In fact, places like Delancy Street are not based on a medical/mental health model. If the woman is dual diagnosis, it is extremely difficult to find both appropriate private pay residential that is affordable for a middle class family and similarly it is difficult to find an appropriate community based organization with residential treatment facilities think that most people don't understand the disease of substance abuse. Most think that it is simply a matter of choice. It may be for some or for casual substance abuse, but for chronic substance abusers, the causes and needs are extremely complex. Perhaps the reasons that places like Delancy Street are successful for some is that it is a supportive community and the "group" keeps all of the members under their protective wing. As I understand it, members choose to live their lives as part of the Delancy community. I wish that I had more answers, but I don't.

An interview with Steve Shively, Lieutenant

The issues of substance abuse and crime in general are on the rise with women. Statistics here at Women's Correctional Center show us that over the past few years the amount of women in custody has had a distinct increase. Nationally the rates are soaring. In fact if we

continue to increase at our present rate Women's Correctional Center will be at capacity in a year and a half. We can surmise from this that women are participating in substance abuse and other related crimes more and are being actively prosecuted. The men have well developed support programs for substance abuse because there are many more men at present in custody for related crimes and in the past it was a male dominated phenomenon. Well no more, as in the rest of society these crimes have become equal opportunity. As women have become more liberated and more empowered with independence over the years they are participating more aggressively in all phases of life, which unfortunately includes substance abuse. Eventually as the rate of women in custody continues, which is increasing at a higher rate than males, we will have as many women in custody as men. The major and troublesome difference between men and women is that over half the female inmates in custody have children under eighteen, and the majority of the mothers were the primary caregivers at the time of their arrest. The forced separation from their children can be the most painful punishment they will have to endure. Some of these children go to relatives and the mothers will stay in touch. Others are sent to foster care; and once there, parental rights can be terminated. Not infrequently, women enter correctional facilities pregnant and give birth while serving their sentence. The infant is removed soon after birth and the mother child bonding period is cut short. Here at Women's Correctional Center, we usually have between four and seven women in custody at any time that are pregnant. This rapid rise of women inmates has created staff shortages and has decreased the programs, space, time and health care available. Once a comfortable staff inmate ratio has created problems and shortages in fulfilling all the needs of the women in custody. Here at Women's Correctional Center I am approached continually to talk about new programs, however with the full schedule we have with limited space we have a hard time accommodating all of these requests. We do have a well rounded program schedule for women in the women's jail, but the way we think and handle women inmates will need to progress if we are to be effective and successful in providing programs for women.

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An Interview with Sherilynn Freitas, Assistant Chief Probation Officer

Most important issues: By the time girls enter the juvenile justice system they are in high need of multiple services. Their addiction or abuse of controlled substances often stems from other underlying emotional and/or mental health problems. Research shows patterns of dysfunctional homes, sexual and/or physical abuse, and low self-esteem. Girls who use controlled substances become sexually active at earlier ages, and they often direct any depression they are feeling inward which is why it takes them longer to enter the system.

How have we responded: 1) We expanded juvenile drug court to reach more youth. 2) We have opened an assessment center that will assist in diverting youth from the Court and linking youth and their families to community services including substance abuse counseling. 3) We are in the process of designing the new Youth Center which will include both a residential /dual diagnosis treatment program and a girl's program that will have gender specific programming.

Service Gaps:

- Support groups for parents of youth who have substance abuse problems.
- Job training for girls to raise self-esteem.
- Peer support groups for teen girls who have suffered sexual abuse (there is immediate crisis work but not any long term groups).
- Need for education in the schools regarding use of drugs and/or alcohol and date rape drugs.
- Residential resources that can serve as a respite home in lieu of long term placement for youth with substance abuse problems.
- Groups focusing on healthy relationships for girls with SA problems (which would prevent involvement in domestic violence later on). Need to involve successful youth in assisting others who are struggling.

Recommendations:

Knowing that by the time girls enter the system they have significant problems, educational outreach and prevention are the

only ways to reach girls in their early stages of use and addiction. More funding needs to be spent on providing services to youth on high school campuses and middle schools that prevent girls from reaching for drugs and alcohol as a solution to other core issues.

An Interview with Commissioner Patricia Bresee, Dependency Court

Unfortunately we are seeing an increase in the number of girls coming before the juvenile court for delinquent behavior. Although each case is unique, there are some common threads in the histories and current conduct of these girls. All too often they have been the victims of sexual or physical abuse, or both. They are turning to "friends" to fill the needs for trust and solace, and these friends are quick to offer alcohol and other drugs as means to ease pain. The addictive conduct takes other forms such as self-mutilation and indiscriminate sexual activity. What does this mean for these girls and for our community? It means more sexually transmitted disease, more teen parents, and polydrug use and addiction. It also promises more drug-addicted babies and young people unable to cope with the responsibilities of parenthood. Victimized girls form alliances with victimizers, and the pattern is established.

An interview with Elizabeth Gheleta, Executive Director of the Service League of San Mateo County:

Elizabeth Gheleta, Executive Director of the Service League of San Mateo County, stated that in the jail women are receiving groups by volunteers from Alcoholics Anonymous and Narcotics Anonymous. The in-jail treatment program, Hope House, provides many women with services. A treatment readiness program was started to link women with community based treatment as they leave. Her agency helps the women in jail by addressing spiritual concerns as well. A few of the problems Elizabeth points out are fewer in custody services for women, as compared to the male jail, and a lack of support from significant others. Many of the women are involved with men who also have substance abuse problems.

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She points out that we need to establish support systems that involve the woman in recovery beyond the initial alcohol and drug treatment phase. Because the woman is often a mother, her healthy recovery will significantly affect the next generation.

DRUG COURT

Drug Court has been implemented in San Mateo County since 1995 when the first court began in South County. Currently Drug Court is held for Adults on Mondays in North County and on Tuesdays and Thursdays in South County.

Juvenile Drug Court

Since the inception of Juvenile Drug Court in 1997, 140 males and 98 females have gone through the program. Of those 98 girls (41%) 59 or 60% were successful in their completion of the program. Of the successful participants, 50% were White and 28% Hispanic. The majority of the successful participants were between the ages of 15 and 17. The age breakdown of the girls age 13-1;14 -6; 15-27;16-20; 17-28; 18-7; 19-2; Unknown -7. Data from the San Mateo County Crime Report indicates that female offenders comprise one-fourth (25%) of all offenses. However, the Drug Court female population, as a subset of the larger population, comprise 41% of all drug offenses. Given these statistics, a girl entering Drug Court is most likely Caucasian (50%) and 17 years old (29%). 6 out of 10 girls graduate successfully from the Drug Court and are terminated from probation.

Adult Drug Court

Although our county contractors provide specialized treatment for women, Drug Court clients are overwhelmingly male. Looking at the variables for successful completion, women are challenged by their relationship with children. Fifty one percent of the females in Drug Court and 32% of the males have children. Most are unmarried or separated or divorced. Between 1995 and 1998 618 clients passed through the program. Of the graduates (n=257) 33% are female. This indicates a 47% success rate for females compared to a 39% success rate for males. So, once in the program, women tend to do a bit better than

males. Since women who have their auxiliary needs met may be more able to concentrate more fully on their treatment, the more intensive casework done in Drug Court may assist their recovery process.

Most recently, figures indicate that the majority of women in Drug Court are 36 and over and white. In an earlier period, January 1 through June 30 of 2000, there were more women in the 18-24 age range.

Much like their counterparts in Treatment Court (Prop 36-SACPA), women in Drug Court are faced with difficulties in balancing their treatment needs with their family responsibilities.

Baseline Data for Women in Drug Court as of January 29, 2001

Race/ Ethnicity	18-24 years old	25-35 years old	36 and older	Total
White	2	11	12	25
African-American		3	1	4
Hispanic	2	1	3	6
Native American				0
Asian/Pacific Islander	2	1	2	5
Total	6	16	18	40

Women represent 29% of Drug Court Client's as of this date (Men = 99)

Sample Period from January 1, 2000 – June 30, 2000

Race/ Ethnicity	18-24 years old	25-35 years old	36 and older	Total
White	3	6	3	12
African-American			2	2
Hispanic	1		2	3
Native American				0
Asian/Pacific Islander	1			1
Total	5	6	7	18

Women represent 20% of Drug Court Clients for this reporting period (Men = 73)

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Proposition 36 (Substance Abuse and Crime Prevention Act)

Proposition 36, also known as the Substance Abuse and Crime Prevention Act (SACPA) implemented subsequent to a voter referendum, has challenged many assumptions about substance use in our county. The assumption that the need for treatment would be of less serious cases was unfounded and the assumption that more of the clients would be early treatment also proved false. As of January 25, 2002, 60% of clients referred for Prop 36 treatment in San Mateo County were assigned to Level II, outpatient, and 28% to residential. The expectation had been that residential would have been less of the referrals.

Of those referrals, women sent to Proposition 36 Treatment Court in San Mateo County have almost replicated numerically those numbers in the state. Only 25% of all those referred Prop 36 treatment are women. This is slightly lower than the 30% level statewide. As of the January report, there are 265 clients in P-36 Treatment. Of those, women comprise 25% (n=66). The referrals for Level II are 50% and those for Level III are 25%. The remainder either have not been referred as of this report, were awaiting ASI's or failed to appear.

Although the reports do not capture the number of clients, male or female with children, it is the intent of Alcohol and Other Drug Services to capture and track that information as we improve our data collection system. Anecdotally, several of the female clients have had concerns about their childcare arrangements in order to allow them to be in a treatment program, and although there are women only programs in the county with provision for children they do not accommodate the entire need. Additionally there have been concerns for women with older children, some of whom have been placed in treatment causing involvement with Children's Protective Services due to a lack of available care. In addition to childcare the children need counseling, Alcohol & Other Drug prevention services, and placement if the mother is rearrested or goes into residential care.

Particular concerns in dealing with women clients in P-36 are similar to other women seeking treatment. A dearth of information on the specificity's of women's differences is challenging to providers. One of the most obvious issues is the care of their children while they are in treatment.

Lack of child care, lack of information due to isolation and a fear of losing her children if she gets help all have been shown to be contributory to women receiving treatment.

Women Driving under the Influence



The Woman who drove this automobile had been at a party drinking and using drugs. She said she is happy to be alive and able to raise her two children.

There were 3587 Driving Under the Influence arrests in the County. 82% male and 18% female. The number of convictions have dropped from 1995 4163 arrests to 3587 in 1999.

Parolee Women (BASN)

The Bay Area Service Network provides substance abuse treatment for parolees with funds provided by the State of California Department of Alcohol and Drug Programs and the Department of Corrections. It is intended to provide parolees with treatment and recovery services throughout various modalities.

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Oftentimes a woman is arrested for a crime that is directly related to her substance abuse (possession, sales, Driving Under the Influence) or as a result of her substance abuse (petty theft, prostitution). The cycle of addiction will bring many individuals to repeated incarceration, particularly if their substance abuse is left untreated. For women released from the California prison system, the challenges are great. There are many reasons why parolees may fail to get treatment. For instance, they face multiple stigmas due to their substance abuse and their prison record. It is harder for them to find work and they have issues with reuniting with their families. In addition, their need for other services such as mental health and housing is important. The Bay Area Service Network (BASN) provides services for both male and female parolees. During Fiscal Year 2001/2002 417 parolees were treated, 82 were female. Of the 82 treated parolees, 35 were homeless.

Welfare reform guidelines require that individuals previously charged with a drug felony are not eligible for certain public benefits such as food stamps. This presents challenges for the woman as well as the treatment agency. Parolees are ineligible for subsidy housing programs.

Proposition 36 will also increase the number of Parolees entering the treatment system for both men and women.

Recommendations for improving services to Female Parolees:

- Improve access for children of women entering treatment or being reincarcerated with groups such as Pal Care, Family Service Agency, Pre to Three, and the Children's Place.
- Improve access for female parolees in need of affordable housing opportunities such as HIP, Moving to Work, shelter assistance, and Transition Living.
- Provide training on the needs of Female Parolees and their families, which will include Parole Officers, Treatment Providers, and others. Reduce the stigma associated with being a Parolee so that this does not interfere with treatment seeking behaviors.

- Many of the parolee women will need treatment in order to succeed in making the transition to employment. They need treatment as well as vocational training.

Juvenile Women (Out of Home Placements)

A review of the Local Action Plan (Out of home placements) show results for 75 female juveniles by the Interagency Placement Review Committee (Probation, Mental Health and Social Services) between January 1 and September 30, 98 show the following:

The typical profile is a white juvenile between fifteen and sixteen years old, with significant family conflict, a runaway, truant, substance abuse problems, and educational difficulties. Factors most associated with youth placements are the caregiver substance abuse problem, family housing problems, and neglect.

Juvenile Probation Department Data

Reviewing 51 cases show 61% of women of color between the ages of 14-18 years show a 94% school failure/truancy/drop out. 94% had unstable families, and 84% had mental health and substance abuse problems. 61% lived prior to placement in East Palo Alto, Redwood City and Menlo Park.

The profile and characteristics of at risk adolescents females compares remarkably well with profiles derived from the American Correctional Association, 1990; Minnesota Advisory Task Force on Female Offender and Corrections, 1994; Girls Inc:

Most of the young women are poor, undereducated, unskilled and are disproportionately women and girls of color. Many come from impoverished urban environments, have been raised by single female heads of households, or have been in foster placements. The characteristics of at risk adolescent females have been identified as follows:

- Age 13-18 years
- History of victimization, especially physical, sexual, and emotional
- School failure, truancy and drop out
- Repeated status offenses, especially running away

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- Unstable family life, including family involvement in the criminal justice system, lack of a connection, social isolation
- History of unhealthy dependent relationships, especially with older males,
- Mental health and substance abuse problems
- Economically marginalized populations

Young Women involved in the Mental Health and Juvenile Justice Systems with Alcohol and Drug Issues

Many complex issues face young women today in the various substance abuse, mental health, and Juvenile justice systems. However several fundamental themes emerge to enhance our understanding of the most critical aspects of female specific experiences. First adolescent females in contact with the juvenile justice system who experience complicated mental health, substance abuse, and primary health needs do not fare well in systems designed for boys. Anecdotal evidence and current research both suggest that there are profound differences between male and female adolescents in gender socialization, environmental stressors, and development.

In addition many of these young women present complicated clinical profiles as a result of pervasive violence in their lives. The predominance of abuse, subsequent posttraumatic stress, depression, suicidality, low self esteem, self injury and substance abuse is frequently compounded by poverty, poor scholastic retention, and relatively few community resources. This information strongly suggests that gender specific differences in behavior lead adolescent females into patterns of abuse extremely difficult to break. Finally management protocols designed primarily for males can easily re-stimulate pre-existing conditions (such as post traumatic stress syndrome) in females, creating high risks for decompensation and rapid trauma-response cycles.

Gaps and barriers:

Adolescent Alcohol and other drug treatment capacity limited;

Gender Specific Treatment Limited;

Co-occurring services (mental illness and substance abuse) capacity limited;

Denial on the part of adolescent girls and their family members;

Stigma and Peer Acceptance;

Developmental Issues to be incorporated into the treatment process;

Peer group may have the norm of using alcohol and other drugs;

Parents also have an active substance abuse problem;

A tendency to generalize adult services to adolescent services.

Gender Juvenile Crime in San Mateo County

Since 1993, juvenile females have comprised around one-fourth the total number of juvenile offenses. Even though this percentage has remained fairly constant, the rate of boys arrested over the past seven years is decreasing faster than the rate of girls. When this data is broken down by gender, the need for enhanced local responses for female juvenile offenders is evident. For example, although the arrests for all juveniles decreased by 31.6% from 93-99, arrests for young women during the same period was 36% compared to 32% for their male counterparts. The decrease in arrests for felonies during the same period was 35% as compared to 47% for male offenders. Although the actual numbers of arrests are going down, we can see that the rate of decline is moving faster for the boys than for the girls. San Mateo County is slightly higher than the state and national statistics relating to the percentage of female arrests compared to total juvenile arrests. In California, females represented 24.3% of all juvenile arrests in 99, while in San Mateo County females represented a slightly higher percentage of 25%. (San Mateo County Crime Report October 2001. Criminal Justice Council of San Mateo County).

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Women Injecting Drugs

32% (N/769 or 231 women) of the admissions for a heroin primary drug problem during last fiscal year were women. 60% (N/45 27 women) of the admissions for Opiates and Synthetics were women. Other drugs can easily be injected. The California Alcohol and Drug Data System (DAADS) indicated that 22% of the female admissions reported using needles in the last year. Sharing dirty needles can lead to HIV and other infections.

Donna Dean works for the San Mateo County Methadone Program. She stressed that enrollment in methadone treatment reduces criminal activity, and illicit substance use. She pointed out that the efficacy of narcotic replacement treatment is often not recognized in communities.

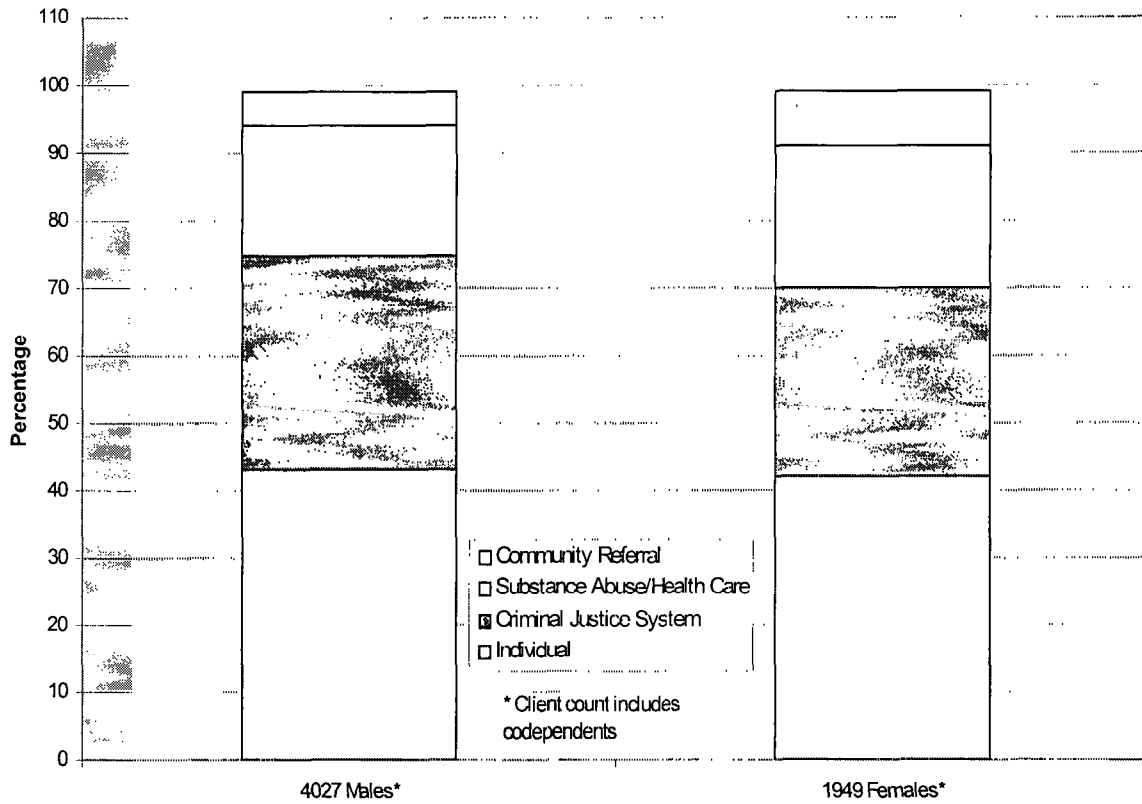
A client who is injecting drugs should not be placed on a waiting list. They are at risk for overdose, infection, arrest, and other negative consequences.

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1. False. Any of these drugs could be a co-factor in neglect. Addiction to methamphetamine, alcohol, or valium are all very serious problems and any one or any combination could contribute to other problems, neglect being only one.
2. False. A substance abuser will affect dramatically numerous other individuals such as a child, spouse, or employer. In a close relationship she would be impacted by her partners problem. The woman may require counseling or need to participate in Alanon for assistance. Family, friends, and a good support system may help her cope with the situation.
3. False. All of these addictions are serious (alcoholism, stimulants, or heroin problem). Treatment must be individualized and numerous things considered such as severity. When providing family services, others in the family may have issues needing attention as well such as untreated alcoholism.
4. False. It is less expensive and less complicated to treat a problem early on. In addition, we may be able to prevent other difficult situations such as incarceration or the development of a related health problem if treated early. Waiting for a crisis may be too late because the crisis may be a driving under the influence accident, an overdose, or other life threatening experience.
5. False. As mentioned in this report, women are entering the proposition 36 system with multiple needs as well as serious addictions requiring level II or Level III treatment.
6. False Unfortunately this is a problem that almost always includes denial and minimization and people delay asking for treatment even when treatment is available. They also may associate the signs and symptoms with other conditions and not make the connection that the way they feel is related to their drug or alcohol use (I am just tired, I can't sleep....I don't know why, I'll snap out of it soon, it's just like me to fall down these stairs..."). The woman may have internalized some of the negative stereotypes about having a alcohol and drug problem and want the problem to be anything but an AOD problem. The family may also not act promptly in seeking help.
7. True Many women and adolescent girls are in need of treatment who are not receiving treatment. This is due in part to a capacity gap. However, other things contribute to this such as women and adolescent girls delaying asking for help due to stigma or other issues. Women are often busy caregiving to others and don't always take care of their own treatment needs.
8. True. There are many things that may prevent the development of a substance abuse problem. However, a substance abuse problem can not always be prevented.
9. True. A substance abuse problem can be treated effectively. The second part is False. It usually takes more than one episode of treatment. Like many health problems, an individual may need treatment encounters on more than one occasion and with various levels of intensity depending upon what is going on. Relapse can be part of the process of recovery.
10. True. Most health problems do not go away without treatment. A substance abuse disorder requires treatment.
11. False. Many women are coming into treatment due to welfare to work, drug court, proposition 36, juvenile drug court. A woman does not need to be a self referral for a positive outcome to treatment.

Women and Adolescent Girls and Substance Abuse in San Mateo County

Chart 1.
Admissions to Substance Abuse Treatment, by Sex and Referral Source FY00-01

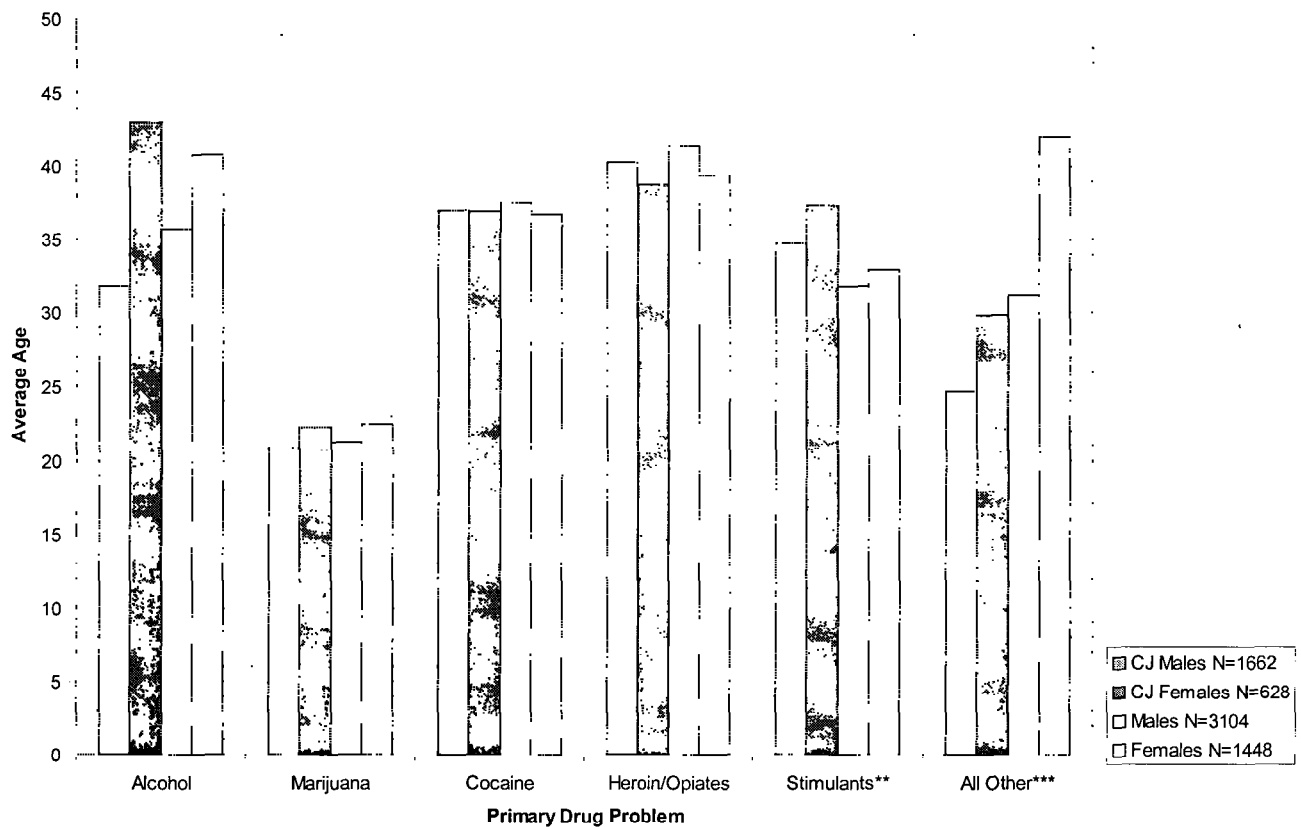


Women and Adolescent Girls and Substance Abuse in San Mateo County

Chart II – All Clients Treated and Criminal Justice Involved Clients* Average Age at Admission by Primary Drug Problem FY00-01

Other Stimulants. The average age of clients coded as Methamphetamine as their primary

Chart 2
All Clients Treated and Criminal Justice Involved Clients*
Average Age at Admission by Primary Drug Problem
FY00-01



* Criminal Justice Involved is defined as the following responses to the California Alcohol and Drug Data System (CADDs) Item 12 Legal Status; 2 Under parole supervision by California Department of Corrections (CDC); 3 On parole from any other jurisdiction; 4 On probation from any federal, state or local jurisdiction; 5 Admitted under diversion from any court; 6 incarcerated

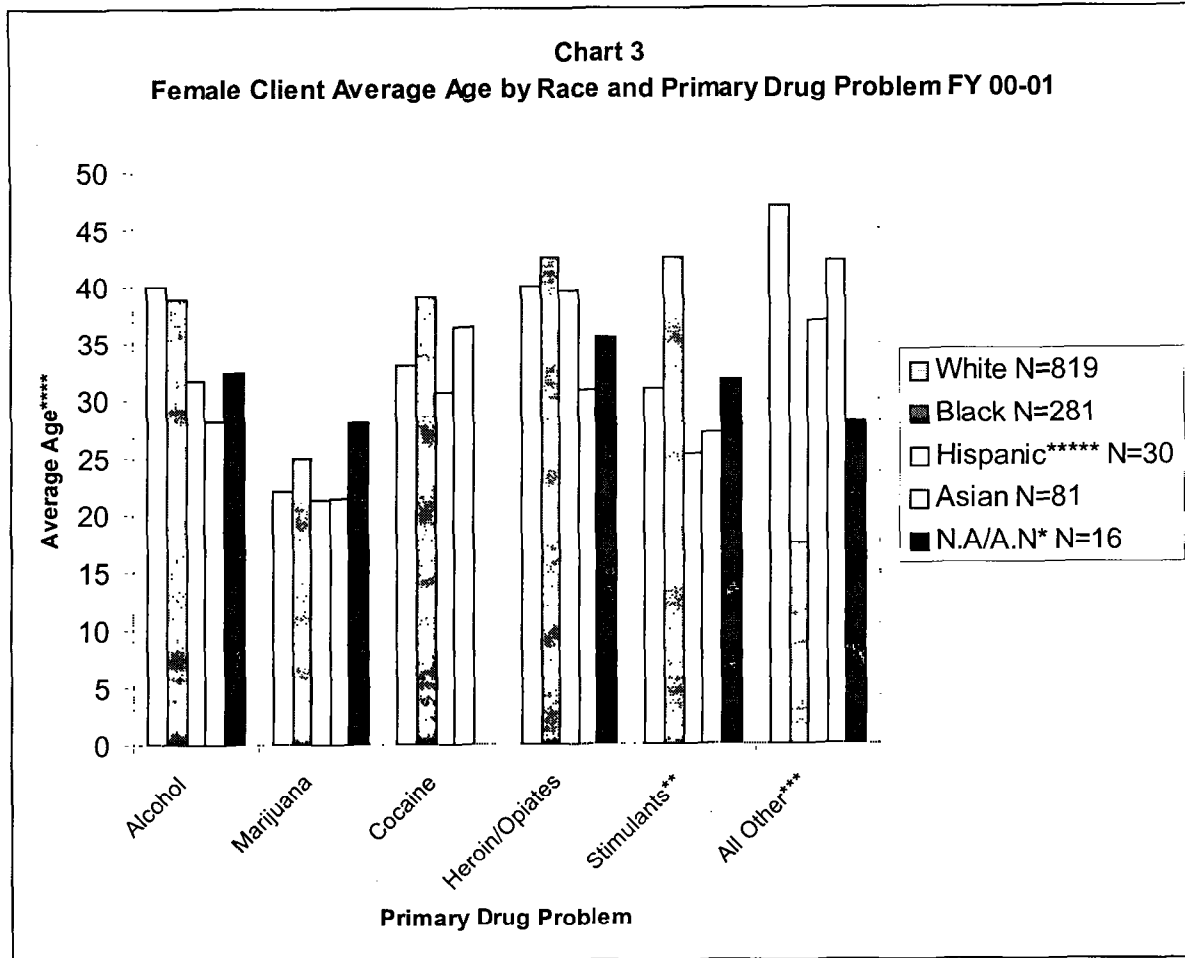
** Stimulants are defined as Methamphetamine, Other Amphetamine,

drug problem at admission to treatment is 32 for males (N=264) and 37 for females (N=138).

*** All Other is defined as the following categories from the CADDs drug codes; Barbiturates, Other Sedatives, or Hypnotics, PCP, Other Hallucinogens, Tranquilizers (Benzodiazepine), Other Tranquilizers, Inhalants, Over-The-Counter, and Other

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Chart III –
Female Client Average Age by Race and
Primary Drug Problem FY 00-0



* Native American/Alaskan Native

** Stimulants are defined as Methamphetamine, Other Amphetamine, Other Stimulants. The average age of clients coded as Methamphetamine as their primary drug problem at admission to treatment is 32 for males (N=264) and 37 for females (N=138).

*** All Other is defined as the following categories from the CADDs drug codes; Barbiturates, Other Sedatives, or Hypnotics, PCP, Other Hallucinogens, Tranquilizers

(Benzodiazepine), Other Tranquilizers, Inhalants, Over-The-Counter, and Other

**** There were 225 female clients (or 16%) over the age of 45.

***** The Hispanic category includes clients who selected Mexican/Mexican American, Cuban, Puerto Rican, or Other Hispanic/Latino as their ethnicity