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Drug Treatment for Women Offenders: Research in Brief

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March 30, 1994

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Acknowledgments: Support for this paper was provided by grant 92-IJ-CX-K018 from the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position of the U.S. Department of Justice.

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Drug abuse among women has become a problem of major proportions for the criminal justice system. The majority of women arrestees are arrested for drug offenses and crimes committed to support their drug habits, in particular theft and prostitution. According to Drug Use Forecasting (DUF) data, over half of these women test positive for drugs at the time of their arrest--in some cities, over three-quarters of women arrestees test positive (National Institute of Justice, 1993). Drug use is more prevalent among women arrestees than men. From 1982 to 1991, the number of women arrested for drug offenses increased by 89%, compared with an increase of 51% for men during the same period (Federal Bureau of Investigation, 1992). Similarly, the incarceration rate for women in state prisons has been increasing at a rate much greater than for men (Bureau of Justice Statistics, 1993).

Treatment for women offenders, whether in the community or in jail or prison, often consists of attendance at drug education classes and Alcoholics Anonymous or other 12-step meetings. Where more intensive treatment exists, the programs have frequently been established by men or modeled after programs intended for men. These programs do not meet the special needs of women, which, in addition to treatment for substance abuse, include services related to physical and sexual abuse, physical and mental health problems, limited education and vocational skills, and caring for their children. Although a number of programs have been established specifically for drug-abusing women offenders in the past few years, there remain serious gaps in the ability of the criminal justice system to meet the needs of women offenders with substance abuse problems.

With funding from the National Institute of Justice, the UCLA Drug Abuse Research Center (DARC) and National Development and Research Institutes, Inc. (NDRI) carried out a research project to understand more about drug treatment for women offenders. The research proposal had two major goals: (1) to understand the

needs of drug-abusing women offenders and the implications of those needs for the development of treatment programs for these women, and (2) to improve the capability of criminal justice agencies and community treatment programs to meet the various needs of drug-abusing women offenders. The research consisted of four main components: (1) a review of the literature on the needs of substance-abusing women offenders, (2) secondary analysis to determine the prevalence of drug use and need for treatment among women arrestees, (3) a national survey of drug treatment programs for women offenders, and (4) case studies of treatment programs that serve women in various legal statuses and treatment settings. This Research in Brief consists of brief summaries of each of these components of the research.

The Aggregate Needs of Drug-Abusing Women Offenders

Women offenders have a number of problems and needs, some of which men also have (e.g., drug dependence, poor health, lack of marketable skills), but the specific manifestations of these needs differ greatly for women, and women also have some special needs that men do not have. As concerns their health, for example, women need special services, such as gynecological examinations, prenatal, and postpartum care. Similarly, women may receive vocational counseling and job training, such training does not necessarily assist women offenders in obtaining meaningful and financially rewarding work. Of perhaps most relevance are the special needs associated with the fact that most women offenders have children and have primary responsibility for their care.

A broad picture of the special needs of drug-abusing women offenders was gathered from several sources covering women arrestees, women incarcerated in jails and prisons, women offenders in community-based treatment, and women in publicly supported drug treatment programs (see Wellisch, Anglin, & Prendergast, 1993). Taken together, these multiple data sources provide a reasonably accurate picture of the problems and needs of drug-abusing women in the criminal justice system.

Drug use and treatment. Most drug-abusing women offenders started abusing drugs and alcohol at an early age, and many used drugs, especially cocaine, on a daily basis prior to incarceration. In one survey (American Correctional Association, 1990), nearly three-quarters (72%) of respondents reported that they had used drugs at some time in their lives, and close to half reported that they had used drugs and/or alcohol at the time of their offense. About one-quarter of adult women offenders have spent some time in a drug or alcohol treatment program, which, however, has most likely been of limited duration and intensity.

Health problems. Many drug-abusing women have physical and/or mental health problems. In reviewing numerous studies, Mondanaro (1989) found that a high percentage of drug-dependent women who were admitted to drug treatment gave physical health reasons for entering. All drug users, and cocaine users in particular, are at increased risk for extreme weight loss, dehydration, digestive disorders, skin problems, dental problems, gynecological and venereal infections, tuberculosis, hepatitis B, hypertension, seizures, respiratory arrest, and cardiac failure (Daley & Przybycin, 1989). Women who share drug injection equipment or who engage in sex with HIV-positive partners are at risk of becoming infected with HIV and of passing on the infection to their newborns; the rate of HIV-positive women has been increasing (Wells & Jackson, 1992). Typically, indigent, drug-abusing women do not seek treatment for physical ailments until their condition is desperate.

Educational/vocational background. Most women offenders with drug-abuse problems are unemployed or work at low-paying jobs. Most have not completed high school, have inadequate vocational skills, and lack many of the skills and knowledge needed to function productively in society (American Correctional Association, 1990).

Psychosocial problems. Mondanaro et al. (1982), on the basis of previous studies, reported that a high proportion of drug-dependent women have been victims of rape (46%) and incest (28% to 44%, depending on the study). Addicted women tend to come from

families with a high incidence of mental illness, suicide, alcohol or drug dependence, and violence; as children, they were often exposed to physical and sexual abuse and to foster care placement (Bureau of Justice Statistics, 1990; Cuskey, 1982; Pearlman, West, & Dalton, 1982; Ryan, 1980). An investigation by De Leon and Jainchill (1982) across seven therapeutic communities showed that women clients had higher levels of emotional disturbance, more psychosomatic symptoms, and lower self-esteem than men clients. Low-self esteem among drug-abusing women has also been documented by other researchers (Lord-Zankowski, 1988; Sutker, DeSanto, & Allain, 1985).

Responsibility for parenting. Most drug-abusing women offenders are of child-bearing age. Most have children, and most are single mothers. Prior to arrest, most of the women had custody of their children, as compared to about half of CJS-involved men. Many of the mothers receive little or no help from the father(s) of the children; and most of the women expect to live with their children after release from prison (Bureau of Justice Statistics, 1990, 1993). Many drug-dependent women lack supportive family and social networks, and have limited or no financial resources. Often the children of these drug-abusing women carry their parent's child-rearing practices into adulthood, and frequently become drug abusers themselves, thereby perpetuating both drug abuse and dysfunctional parenting across generations (Bekir et al., 1993; Burns & Burns, 1988).

Criminal justice and child protective service involvement. A large percentage of drug-abusing women who seek treatment have been previously involved with the criminal justice system or with child protective services. The Los Angeles County Department of Children's Services, for instance, estimates that 60% to 80% of child abuse and neglect cases are from substance-abusing families (Ramirez & Sosa, 1991). Women in treatment, particularly those who have lost, or who are threatened with loss of, custody of their children are frequently in need of legal advice in dealing with child protective agencies (Reed, 1987).

The above needs have been found to characterize drug-abusing women offenders generally. At the program level, however, such aggregate needs do not necessarily apply to all clients. Individual women have differing needs, with different manifestations, and with different levels of severity. This diversity of needs on the individual level calls for assessment of client needs and then matching of clients to services designed to meet those needs. Without such procedures, most clients will not receive the kinds of services that they need, will receive the wrong treatment, or will receive an inappropriate level of service.

While many of the life experiences and needs of women differ from those of men offenders, historically, criminal justice institutional practices, services, and facilities were largely fashioned for men (Reed, 1987). Even today, few jails and prisons have separate inmate classification and intake procedures for women, even though women have unique needs and evidence different behavior from men in prison. Effective treatment programming for women offenders thus involves (or should involve) assessment of the special needs of these women and providing appropriate services. A primary goal of this proposed project was to determine the extent to which existing drug treatment programs for women offenders assess women's needs and identify the kinds of services that are provided to address those needs.

Estimates of Prevalence and Treatment Need

Nationwide estimates of the number of women offenders who use drugs and the number of these who are in need of treatment are important for understanding the scope of the problem, for determining the gap between need for treatment and available treatment slots, and for allocating scarce treatment resources. The current project attempted to provide a broader picture of prevalence and need by conducting secondary analysis of three datasets: the Drug Use Forecasting (DUF) program, the Uniform Crime Reports (UCR),

and the U.S. Census (see Hser, Prendergast, Anglin, Chen, & Hsieh, 1994, for detail on the methodology).[1]

For women arrestees, this procedure resulted in the following total estimates for the 200 largest cities in the United States in 1990: cocaine, 194,854; heroin, 58, 334; amphetamines, 33,508; any drug, 242,311; and injection drug use, 115,957. These 200 cities account for only about one-third of arrests reported to UCR, and limitations in the data and in the prevalence models make it difficult to project prevalence estimates from these 200 cities to the total population of women arrestees or to the total criminally involved population. As the model is tested and refined, however, it will be possible to develop more precise and more comprehensive estimates of drug use prevalence, particularly in rural areas.

Despite the need for drug treatment, only a small proportion of women arrestees in DUF cities reported being enrolled in a treatment program. For instance, in Los Angeles in 1990, 19.7% of women arrestees said that they had ever been in drug treatment and 2.8% said they were currently in treatment--this despite the fact that 31.9% reported that they needed drug treatment (DUF data, unpublished analysis). A number of studies have documented the large gap between the number of CJS-involved individuals in need of treatment and the number of available treatment slots (e.g., Gerstein & Harwood, 1990; Harlow, 1991; Hser, Longshore, & Anglin, 1994; U.S. GAO, 1991). A recent Bureau of Justice Assistance (1991) report indicates that women arrestees (interviewed at four DUF sites: Portland, Phoenix, Chicago, and Birmingham) have had limited treatment

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1 Briefly, a prevalence model for separate drug use categories (cocaine, opiates, amphetamines, injection use, and any illicit) was developed by using regression analysis to related selected demographic variables from the U.S. Census and the respective drug use rates from the DUF programs (24 cities). Separate regression coefficients were estimated for each of eight subgroups of gender and offense categories. These coefficients were used in the final models to derive drug use prevalence rates for non-DUF cities. Multiplying prevalence rates by the number of arrestees determined from UCR provided estimates of the number of drug-using arrestees in each city.

experience. Nearly three-fourths (71%) have never been in treatment for substance abuse, and only 4% were in treatment at the time of their arrest.

Assessment and Services for Women Offenders in Treatment: A Nationwide Survey

In a further attempt to understand the current situation with regard to treatment for drug-abusing women offenders, we carried out a nationwide mail survey of programs that provided drug treatment and other services to women offenders (see Wellisch, Prendergast, & Anglin, 1993, for details on the survey). Programs to be included in the survey (conducted in late 1992 and early 1993) were identified from a review of the literature, recommendations of colleagues, and a mailing to directors of Treatment Alternatives to Street Crime (TASC) projects and to directors of state departments of corrections and state departments of alcohol and drug programs, asking them to identify drug treatment programs in their area that treated women offenders. In all, 336 programs were identified through these sources.[2] Two questionnaire forms were mailed to these programs, one for community-based programs and the other for corrections-based programs. From the usable questionnaires, data were available for analysis on 165 community-based programs, 16 jail programs, and 53 prison programs. Information was received on programs in 40 states (including the District of Columbia).

Although nearly all of the programs surveyed assess the drug use history and drug treatment history of women entering the program, assessment other areas of possible need, such as health care, psychological status, vocational skills, and difficulties in coping with problems, is less common. Most programs seldom use standardized instruments; instead, they tent to assess need on the basis of a clinical intake interview, supplemented by observation and information from client records. The failure of many programs to use a

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[2] This procedure identified four programs in Los Angeles County. But because another project at DARC was already conducting a detailed questionnaire survey of drug treatment programs in the county, we did not send our questionnaire to Los Angeles programs so as not to overburden them with having to answer two questionnaires at the same time.

standardized assessment protocol--either a published, validated instrument or one developed by the treatment staff--suggests that there is likely to be considerable variation in the kind and quality of information obtained on clients for various areas of need and that programs may have an insufficient information base on which to develop needed services and to match clients to appropriate services. At the same time, a number of programs said that they preferred to use instruments that they developed because standardized instruments did not adequately cover the needs, problems, and circumstances of their particular client population.

Although all of the programs provide various types of drug treatment services such as group and individual counseling, relapse prevention, and 12-step support groups, the level of intensity and the duration of treatment is usually limited, despite evidence that treatment improvement is positively related to length and intensity of treatment (Hubbard et al., 1989; Simpson et al., 1986). Furthermore, many of the programs provide a limited range of services, particularly those services that are of particular relevance for women. Some of the services needed by women that are often not provided include training in parenting, hygiene, nutrition, and empowerment; family planning; vocational counseling and training; prenatal and post-partum medical care; child care; transportation; and help with post-discharge housing arrangements. A noteworthy finding was that those programs that serve women only are more likely than those serving both women and men to provide services that meet the particular needs of women.

One of the main obstacles to women entering and remaining in treatment is the fact that the majority of programs do not provide any care for infants or children. Nursery and child-care facilities and live-in care for mothers and children were reported in less than half of the community-based treatment programs. Although there are difficulties in providing care for children--cost, staffing, space, community acceptance, licensing, occasional disruptions--it is important to note that nurseries and/or child care were provided by over two-thirds of the women-only outpatient programs, which was twice rate for programs that

served both sexes. This suggests that one of the main obstacles to making provision for children is attitudinal, that is, a male-oriented attitude that fails to adequately accommodate the needs of women and their children.

Treatment Systems for Women Offenders: Case Studies

To examine in greater depth how programs, singly and in combination, respond to the needs of drug-abusing women offenders, we conducted site visits to 30 drug treatment programs around the country. Our primary interests were in how organizations within the criminal justice and drug treatment system assess women's needs and in the kinds of programs and services provided to women offenders. In most cases, we selected clusters of programs in several jurisdictions, partly to use research time more efficiently, but mainly because of our interest in studying how local systems of treatment work to address the needs of women offenders. The purpose of the case studies was to document what was happening in the selected programs and systems; only incidentally did we attempt to determine the effectiveness of the programs in meeting the needs of women offenders.

A report synthesizing the findings from the case studies, together with write-ups of the individual case studies, is available elsewhere (Falkin et al., 1994). The following discussion highlights key findings from the case studies, particularly as regards assessment and services.

Whether women offenders obtain the services that they need depends not only on the availability of services, but also on the ability of programs to identify their clients' needs and match them to appropriate services. The case studies identified a number of themes in regard to identification, assessment, and matching. First, programs or referral services must make special efforts to recruit eligible women offenders, particularly those in jail, if they are to receive treatment. Second, some women are excluded from receiving needed services either because the community does not have the programs to provide these services or because programs have eligibility criteria that screen out women with certain conditions (e.g., pregnancy, violent crimes, dual diagnosis). Third, there is no uniform

procedure or instrument for identifying women's needs, nor is there a commonly accepted theory-based method for matching clients to programs and services. Third, the methods that programs do use, despite their diversity, are helpful in identifying women's needs and in referring them to available services (though not necessarily to all services that are needed). Fourth, programs that provide treatment to women express a variety of views on the appropriateness and effectiveness of programs that serve women only.

The programs that we visited provide a variety of services, in addition to drug treatment, that are indented to meet the various needs of women, although there is considerable variation among programs as to which services are offered and whether particular services are offered on-site or through referral. Across programs, the services that are commonly provided include drug education, individual and group counseling, 12-step support groups, and various combinations of ancillary services such as medical and dental care, relapse prevention, HIV education and counseling, acupuncture, remedial education, and job training. In addition, programs are increasingly providing services that address the specific needs of women offenders, such as support groups for rape and incest survivors, child care, housing assistance, income and employment assistance, and gender-specific medical care. The provision of these services, particularly those that are more relevant to the needs and situation of women, is intended to help the women lead stable, drug-free lives with a sense of empowerment, effective coping skills, and a strong support network.

Few, if any, programs are able to provide all the services that women need at the program site, whether located in the community or in a jail or prison. Programs in jails or prisons must usually coordinate with other units in the institution to provide medical, psychiatric, vocational, and other services; they also have to establish ties with community providers if continuity of care for clients is to be assured after release. Community-based programs, even those that are considered to be comprehensive, must refer clients to other organizations and agencies for specialized services. From a systems perspective, the more

the various service providers work together, the smaller the performance gaps will be and the more likely it is that women will receive the services that they need to recover from drug abuse and to improve their level of personal, family, and social functioning.

The case studies were able to identify three main strategies that programs used to link clients to other service providers in the community or in the institution (though other strategies are undoubtedly available). These include (1) individual assistance to assist clients in obtaining services, usually on an ad hoc basis, (2) case management to help clients negotiate among the various agencies and organizations that need to be accessed, and (3) networking and brokering with other programs, agencies, and organizations to enhance existing services and to obtain additional services for clients.

Finally, the site visits to the various programs and jurisdictions uncovered a number of performance gaps in the provision of treatment for women offenders. First, while there has been considerable expansion in treatment capacity for women offenders, the number of available slots still falls far short of demand, particularly for women who are pregnant, have children, are mentally ill, are homeless, or have a history of violence. Many programs either cannot accommodate such women or exclude them through their eligibility criteria. Second, most jurisdictions lack adequate case management and other referral and monitoring services need to to make effective linkages among criminal justice, drug treatment, and other agencies. Third, despite some improvements, women's treatment and recovery are hindered by a lack of adequate support services, including child care, transportation, educational and vocational training, and transition programs for women leaving institutions. Fourth, although there is a clear trend toward making treatment for women offenders (and women generally) more gender sensitive, there are still some mixed-gender programs and a few women-only programs that have a male-oriented approach to treatment.

Conclusion

Increasing numbers of women offenders with drug abuse problems are entering the criminal justice system. These women have multiple problems in addition to their substance abuse; many are also pregnant or have young children in their care. Without treatment, most of these women will continue abusing drugs and committing crimes, and, despite good intentions, will be unable to provide their children with adequate care and nuturing. Currently, the availability of treatment for women offenders falls far short of what is needed, and the treatment that is available does not necessarily offer the types of services that women need. In addition, women encounter barriers to entering treatment, probably foremost being lack of child care at the programs and inadequate transportation.

Expanding the treatment options for women offenders and improving the treatment that they receive will require funding for additional resources, program development and technical assistance, and research into more effective ways of assessing women's needs, delivering appropriate services, and monitoring progress. Because of the multiple problems of women offenders and the multiple agencies that are involved in addressing those problems, the treatment system for women offenders (and, indeed, for drug abusers generally) needs to move towards a more systems-oriented approach to service delivery that emphasizes linkages and coordination among programs and agencies, joint planning and resource allocation, and continuity of care for clients throughout the system.

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