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Hispanic Parenting Women in Women-Only versus Mixed-Gender Drug Treatment: A 10-Year Prospective Study

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Abstract

The present study examined Hispanic substance-using parenting women treated in women-only (WO; $n=126$) versus mixed-gender (MG; $n=853$) programs and associated outcomes assessed 10 years after admission. Relative to other races/ethnicities of women admitted to the set of 40 California treatment programs in 2000–2002, Hispanic women were underrepresented in WO programs. Compared to those in MG programs, Hispanic women in WO programs demonstrated more severe treatment needs, indicated by their greater severity in drug and alcohol use, health and mental health problems, and criminal justice involvement at admission. They also had fewer economic resources (15% WO vs. 23% MG were employed, $p<.05$; 48% vs. 37% on public assistance, $p<.05$). Data based on administrative records covering 3 years pre-admission and 8 years post-admission showed that Hispanic women treated in WO programs had higher mental health service utilization over 8 years post-treatment admission, though no differences were found in trajectories of arrests and incarceration. In sum, long-term outcomes (in terms of criminal justice involvement) among Hispanic women in WO treatment were comparable to those in the MG treatment, despite greater service needs at admission. WO programs were able to engage more Hispanic women in use of mental health services. Future research should focus on factors limiting Hispanic women's participation in WO programs, which could suggest ways for improvement so as to benefit all Hispanic women in need of these special services.

Keywords

Long-term outcomes; Hispanic drug-dependent mothers; women-only programs; mixed-gender programs

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Statement 2: Contributors

Yih-Ing Hser conceptualized the study, directed analyses, and wrote significant portions of text. Samantha Hunt and Elizabeth Evans contributed to the literature review and discussion sections. Yen-Jung Chang conducted the statistical analysis. Nena Messina contributed to the study design and provided feedback on manuscript drafts. All authors contributed to and have approved the final manuscript.

Statement 3: Conflict of Interest

All authors declare they have no conflicts of interest.

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1. Introduction

Hispanic women are a rapidly growing ethnic group in the United States. Between 2000 and 2010, the Hispanic population accounted for over half of the nation's population growth, and Hispanics currently represent 16% of the U.S. population (U.S. Census Bureau, 2011). Research in the substance abuse field has explored drug and alcohol use patterns among Hispanics compared to other ethnicities (e.g., Amaro et al., 2005; Niv & Hser, 2006; Niv, Pham, & Hser, 2009; Wu et al., 2011). A smaller body of research focuses specifically on substance use behaviors and treatment needs of Hispanic women substance users and little is known about the long-term effectiveness of traditional drug and alcohol treatment programs for Hispanic women. In the past decade, women-only (WO) treatment programs have emerged to meet the unique needs of women, especially parenting women. Research on the effectiveness of WO programs is limited and results are mixed, but there is some evidence supporting positive treatment outcomes of WO programs, including improved treatment retention, better access to health services, and less substance use and criminal justice involvement post-treatment compared to traditional mixed-gender (MG) programs (Grella, 1999; Greenfield et al., 2008; Hser, Evans, Huang, & Messina, 2011; Prendergast, Messina, Hall, & Warda, 2011). Prior studies have not focused on Hispanic women's access to and participation in these specialized WO treatment programs, and no research to date has examined the long-term effectiveness of WO substance abuse treatment for Hispanic women. The present paper describes Hispanic women in WO versus MG treatment and associated outcomes assessed 10 years after admission.

1.1 Substance Abuse in Hispanic Women

Substance use rates among Hispanic women do not differ significantly from rates among other ethnicities, but Hispanic women may have greater difficulty accessing treatment and other health services, including substance abuse treatment, and thus may experience more severe consequences of their substance use: drug-related deaths, intentional and unintentional injuries, exposure to violence, increased health care costs, school drop-out rates, and crime (Alvarez, Olson, Jason, Davis, & Ferrari, 2004; SAMHSA, 2002; Zeng et al., 2009). Hispanic women substance users report fewer job-related skills, lower educational attainment, and fewer social resources than white women, further making Hispanic women vulnerable to the negative effects of substance use (Amaro et al., 2005; Ramirez & de la Cruz, 2003). Hispanic women report similar lifetime and recent (past 30 days) substance use rates as other ethnicities, but Hispanic women account for a disproportionately smaller percentage of women entering treatment (Alvarez et al., 2004; Amaro, Nieves, Johannes, & Cabeza, 1999; SAMHSA, 2002; SAMHSA, 2007; Wu et al., 2010).

For foreign-born Hispanic women in the U.S., acculturation is positively associated with substance use, as traditional Hispanic cultural norms discourage substance use in women (Amaro et al., 1999; Amaro, Whitaker, Coffman, & Hereen, 1990; Scribner, 1996; Vega et al., 1998). While acculturation is complex and multidimensional (Caetano, Ramisetty-Mikler, & Rodriguez, 2009; Gil, Wagner, & Vega, 2000), it is generally agreed that the process of acculturation involves the adaptation of values and behaviors as a result of contact between two cultures (Berry, 2005; Gil et al., 2000). In the substance abuse and health research fields, acculturation has been operationalized as nativity, language fluency and preference, cultural preferences, and ethnic identity, among others (Caetano, 1987; Caetano et al., 2009; Gil et al., 2000; Lopez-Class, Castro, & Ramirez, 2011). Research on acculturation and drug abuse has found that recently immigrated Hispanic women report lower rates of substance use than women who are more acculturated or U.S.-born (Turner, Lloyd, & Taylor, 2006; Vega, Alderete, Kolody, & Aguilar-Gaxiola, 1998). Additionally, the link between acculturation and substance use may be more pronounced in Hispanic

women than men, suggesting women may be especially vulnerable to the influences of U.S. culture regarding drinking and illicit drug activity (Amaro et al., 1990; Lara et al., 2005; Turner et al., 2006; Vega et al., 1998).

1.2 Barriers to Treatment Services for Hispanic Women

As stated earlier, the Hispanic population is a rapidly growing ethnic group in the United States with accelerating rates of substance abuse (U.S. Census Bureau, 2011; Warner et al., 2006), but this group underutilizes mental health and substance abuse treatment services (Amaro et al., 2006; Wells, Klap, Koike, & Sherbourne, 2001). Hispanic women face both gender- and ethnic-specific barriers to substance abuse treatment. Compared with men, women substance abusers overall are more likely to suffer from co-occurring disorders and to have histories of childhood sexual and physical abuse—often resulting in mistrust of health professionals (Amaro et al., 1999; Green, 2006; Messina & Grella, 2006; Niv & Hser, 2007). Staton and colleagues (2003) reported that many substance-using women are racial/ethnic minorities with inadequate resources, thus limiting their access to community-based health systems. Women substance abusers have less education than men and fewer years of work experience and job skills (Amaro et al., 1999; Beckman & Amaro, 1986; Davis et al., 2002). These limitations adversely impact women's ability to be economically independent, inhibiting recovery from drug or alcohol addiction.

Hispanic women in substance abuse treatment tend to be younger than non-Hispanic women in treatment, and often lack economic opportunities, education, and other resources that promote health (Amaro et al., 2005; Amaro et al., 1999; SAMHSA, 2007). Compared to other ethnicities, Hispanic women are underrepresented in substance abuse treatment, specifically treatment programs offering specialized services for women (Lundgren, Amodeo, Ferguson, & Davis, 2001; Lundgren, Schilling, Ferguson, Davis, & Amodeo, 2003; SAMHSA, 2005; Weiss, Kung, & Pearson, 2003). However, Hispanic women involved with the criminal justice system or who previously received mental health treatment may be more likely to enter treatment programs offering higher levels of care, such as residential treatment (Lundgren, Amaro, & Ben-Ami, 2005). Compared to other ethnicities, Hispanic women are more likely to be involved with the criminal justice system and to attend substance abuse treatment under court-order (Amaro et al., 2005). Hispanic women often report familial concerns, especially the fear of losing custody of their children, as a deterrent to seeking substance abuse treatment (Alvarez et al., 2004; Kline, 1996). Treatment entry for Hispanic women may also be influenced by cultural values and norms, specifically values placed on the strength of the family unit. Hispanic women may be hesitant to enter treatment for fear of disappointing a spouse or family member by seeking help outside the family (Trepper, Nelson, McCollum, & McAvoy, 1997). More research is needed to better understand patterns and factors associated with treatment entry for Hispanic women.

1.3 Women-only Drug Treatment

In recent years, drug treatment programs have been developed to address the special treatment needs of women. Substance use in women has been associated with other adverse impacts such as high-risk sexual behaviors (Barry et al., 2008; Hernandez et al., 2009), detrimental parenting styles (De la Rosa et al., 2010), and intimate-partner violence (Gonzalez-Guarda, Peragallo, Urrutia, Vasquez, & Mitrani, 2008). Additionally, most women in substance abuse treatment are of childbearing age (SAMHSA, 2008). Many women have children and are typically the primary childcare providers (Hser et al., 2011). Traditionally, women are often reluctant to enter residential or detoxification treatment due to childcare responsibilities or fears regarding perceived child-custody risks (Greenfield et al., 2007; Grella, 1997). Additional barriers to seeking services include guilt and shame

surrounding their drug and alcohol use (Alvarez et al., 2007; Amaro et al., 1999; Kline, 1996).

Women-only programs (WO) offer a more supportive and empowering treatment approach compared to traditional mixed-gender (MG) programs (Grella & Greenwell, 2004). Specialized services may include trauma counseling, mental health counseling, parenting classes, pediatric/well-baby care, case management services, and employment counseling (Grella & Greenwell, 2004; Grella, Polinsky, Hser, & Perry, 1999). Recent studies have shown that women who attend WO programs have more severe substance addiction, fewer economic resources, less education, and are more likely to report severe emotional problems and recent abuse (Hser et al., 2011; Niv & Hser, 2007). Nevertheless, some studies have reported that women treated in WO compared to MG programs stayed in treatment longer, were more likely to report complete substance abstinence at treatment completion and had somewhat better treatment outcomes (Grella, 1999; Hser et al., 2011; Prendergast et al., 2011).

While current studies suggest encouraging outcomes associated with WO programs, no research to date has examined Hispanic women in WO versus MG programs. The study described in this article used longitudinal data collected in a large statewide treatment outcome study to examine baseline characteristics and long-term treatment outcomes among Hispanic women. Baseline data were analyzed to compare characteristics and problem severity in multiple key life domains (e.g., demographic characteristics, alcohol and drug use, treatment history, criminality, and medical, family, and psychiatric problems) of Hispanic women entering treatment in both WO and MG programs. Treatment outcomes for Hispanic women in both groups were measured using administrative data for arrests, incarceration, and mental health utilization over a period of eight years post-treatment entry, in contrast to three years prior to treatment admission. Specifically, we addressed the following research questions. First, what is the distribution of Hispanic women in WO vs. MG programs? Second, what are the characteristics and problem severity associated with Hispanic women treated in WO vs. MG programs? Finally, what are the long-term outcomes associated with these Hispanic women treated in WO vs. MG programs? Based on previous studies of women-only substance abuse treatment programs, we hypothesized that Hispanic women in WO programs would have greater problem severity at baseline and demonstrate better long-term treatment outcomes compared to Hispanic women treated in traditional MG treatment programs.

2. Methods

2.1 Study Design

CalTOP was a multisite, multicounty, prospective treatment outcome study which was part of the national Treatment Outcomes and Performance Pilot Studies [see Hser et al. (2002) and Evans and Hser (2004) for a detailed description of the CalTOP study and overall findings]. Recruitment began in April 2000 and lasted approximately two years, including all adult patients consecutively admitted to 43 substance abuse treatment programs in 13 counties in California. The programs consisted of 24 outpatient drug-free (i.e., non-methadone), 11 residential, 4 methadone maintenance, and 4 mixed-modality programs located in counties throughout California: Alameda, El Dorado, Kern, Lassen, Orange, Riverside, Sacramento, San Benito, San Diego, San Francisco, San Joaquin, San Luis Obispo, and San Mateo. These counties cover wide geographic locations (e.g., the northern, central, and southern regions of California) and include both urban and rural areas. Women were referred to the programs from multiple sources including criminal justice referral (37%), self referral (32%), and other community or provider referrals (31%); there were no differences in referral sources between women treated in WO vs. MG programs.

Programs were classified as mixed-gender (n=32), women-only (n=8), and men-only (3) based on a program survey completed for each program. Administrative records of the women in these programs were updated in 2009 on arrests, incarcerations, and mental health services utilization.

2.2 Participants

CalTOP admissions included 4,448 parenting women (pregnant or having children under 18). Among these women, 979 (22%) were Hispanic; 126 were treated in WO and 853 were in MG. More than half (57.6%) did not complete high school, and the majority (82%) were not currently married. Only 22.3% were employed, and 38.4% received public assistance. The mean age at treatment admission was 31.1 (SD = 7.1) years. Methamphetamine was the most commonly reported primary drug (46.8%), followed by heroin (16.5%), alcohol (16.0%), marijuana (8.9%), cocaine (5.9%), and other drugs (5.9%).

2.3 Measures

Addiction Severity Index (ASI; McLellan et al., 1992)—The ASI is a structured interview that assesses problem severity in seven areas: alcohol use, drug use, employment, family and social relationships, legal, medical status, and mental health. A composite score was computed for each of the scales to indicate severity in that area; the range of scores is 0 to 1 with higher scores indicating greater problem severity. ASI was administered at intake.

Arrests and Incarcerations—Patients' involvement in the criminal justice system (e.g. arrests, incarcerations) was obtained from the Automated Criminal History System of the California Department of Justice (DOJ) and from the Offender Based Information System of the California Department of Corrections and Rehabilitation (CDCR).

Mental health—Information regarding mental health services and diagnoses was obtained from the California Department of Mental Health (DMH). DMH maintains the Client and Service Information (CSI), a database with services and psychiatric diagnoses for clients treated in mental health facilities that received DMH funds.

2.4 Analytic Approach

Group differences in demographics, substance use severity, and parenting status at intake were examined using chi-square tests (for categorical variables) and t-tests (for continuous variables). Trajectories of arrests, incarcerations, and mental health and drug treatment services utilization across 11-year period were generated for women in WO and MG programs. Growth mixture modeling was conducted using SAS PROC MIXED to examine 8-year trajectories after CalTOP enrollment for the WO versus MG programs. Baseline characteristics (e.g., age, employment, public assistance, treatment modality, prior treatment history) were included as covariates. Additional control variables included ASI mental health severity and past year mental health utilization for the post-admission mental health trajectories, and ASI legal severity, past year arrest and incarceration for the post-admission arrest and incarceration trajectory. Differences on intercepts and slopes of trajectories between the two programs were tested using F-statistic. Because growth curve models are not sensitive to point differences, supplemental tests were conducted to identify differences in specific time points. We provide significance findings for $p < .05$ and $p < .01$ accordingly.

3. Results

3.1 Racial Distribution in WO vs. MG

There were differences in race/ethnicity with a significantly smaller proportion of Hispanic women entering WO programs compared to other racial/ethnic groups. Hispanic women represented 22.2% of these 4,448 parenting women, but accounted for only 16.8% of women treated in WO programs (Table 1). This discrepancy suggests that Hispanic women were underrepresented in WO programs.

3.2 Demographics, Substance Use, and Treatment History

The MG group and the WO group did not differ in education and marital status. Hispanic women in WO programs were significantly older (32.5 vs. 30.9), fewer were employed (15% vs. 23%), and more were on public assistance (48.4% vs. 36.9%) than women in MG programs.

Upon entry into treatment, Hispanic women in WO programs had significantly greater alcohol and drug problem severity scores than did women in MG programs. Primary drug used differed between the two groups, with more methamphetamine users in MG programs and relatively more users of heroin attending WO programs. The two groups also differed in the type of treatment modality in which they received services. Over one-third of the women in WO programs were receiving treatment in residential settings and 24% were in methadone maintenance programs while the majority of women in MG programs were attending outpatient drug-free programs (77.6%). Women in WO programs also had a greater number of prior drug treatments (2.7 vs. 1.5) than women in the MG programs.

3.3 Psychosocial and Psychiatric Functioning

The two groups did not differ in regard to the number of children they had under the age of 18 (2.7). Women attending WO programs had greater medical problem severity and legal problem severity. The majority of these women had been arrested over the lifetime, with women in WO programs (84%) more likely to have been arrested compared to women in MG programs (75%). Women attending WO programs also had greater psychiatric difficulties than did women in MG programs upon admission into treatment ($p < 0.01$). Specifically, they were more likely to report taking psychiatric medication, experiencing depression, anxiety, cognitive difficulties, and less ability to control violent behaviors compared to women in MG programs ($p < 0.05$).

3.4 Long-term Outcomes

Hispanic women in both WO and MG programs showed significant reductions in arrest after treatment with no difference between mothers in WO and MG programs being arrested during years after treatment (see Figure 1). Mixed-effects modeling results confirmed that arrest trajectories significantly decreased across years ($p < 0.01$). However, both the intercept and slope of arrest trajectories were not significantly different between programs. Similarly, the trajectories of incarceration also demonstrated no different patterns between the two groups (see Figure 2). In terms of mental-health services, trajectories after treatment enrollment significantly decreased across years ($p < 0.01$). However, both intercept and slope of mental-health service trajectories were not significantly different between programs, except that mothers in WO demonstrated greater mental health service utilization than those in MG programs in several years (3, 5, & 7) post-treatment (Figure 3).

4. Discussion

Compared to other ethnic/racial groups, Hispanic substance-using parenting women in this study were underrepresented in women-only programs. This finding is consistent with prior literature showing Hispanics generally underutilize treatment services, and in this case, services that are designed specifically to address and support women's special needs and problems. Also consistent with prior studies is the finding that Hispanic women treated in WO programs faced greater problem severity in many key life domains than those in the MG programs. Nevertheless, long-term outcomes did not seem to differ among the two groups demonstrating that WO programs may fill an important need among this population.

Demographic and other characteristics of the study sample of Hispanic women presenting for treatment were consistent with those reported in other studies (Amaro et al., 2005; Amaro et al., 1999). Hispanic women in the present study sample were young, unemployed, and the majority held less than a high school diploma. Consistent with previous literature, Hispanic women had low socioeconomic status and few economic resources. Women in the sample had an average of 2.7 dependent children (under 18), and almost one-quarter of the women had more than 4 children. However, many of these Hispanic mothers were not living with their children (50%) or had lost parental rights (17%).

Consistent with prior research on the general population of women substance abusers in treatment, Hispanic women in WO programs demonstrated greater problem severity than those entering MG programs (Hser et al., 2011; Niv & Hser, 2007). More than three-quarters of Hispanic women in the study sample had an arrest history, and this was particularly high (84%) among women entering WO programs. More than half had serious depression (59%) or anxiety (51%), and almost one-quarter reported a suicide attempt. For the WO group, nearly three-quarters of women reported serious depression (75%) or anxiety (72%). Mental health service utilization considerably increased among Hispanic women in WO programs after treatment entry and remained consistently higher in subsequent years than those in MG programs, suggesting that WO programs may provide or encourage greater access to mental health services for these women to address their psychiatric problems. Most encouraging, despite the greater problem severity, and therefore greater need for services, Hispanic women in WO programs demonstrated similar long-term outcomes in their trajectories of criminal justice involvement (e.g., arrest, incarceration) as those who were treated in MG programs.

Many factors, including socioeconomic status, access to medical care, geographic location, migration and acculturation, and exposure to stress, contribute to racial/ethnic health disparities (Williams, 2002). Hispanic women's access to health services that are empirically supported and linguistically and culturally competent has been a major challenge (Añez et al., 2005, Gloria & Peregoy, 1996; Sue, Arredondo, & McDavis, 1992; Volkow, 2006). In our study, while 22% of women receiving substance abuse treatment were Hispanic, Hispanic women represented just 17% of those attending WO programs. WO programs offer a more intensive, specialized approach to treatment for substance-abusing women. More outreach and education are needed to improve access to or participation in WO programs for Hispanic women with all levels of need.

Our findings indicate underutilization of WO treatment by Hispanic women, despite their problems in many key life areas that may be better addressed in WO programs. In a previous study (Chang et al., 2010) comparing CalTOP mothers across racial/ethnic groups, we found that Hispanic women in California drug abuse treatment reported comparable drug use severity but had more dependent children than other racial/ethnic groups. Similar to findings reported by others (Amaro et al., 2005; Amaro et al., 1999), many of these Hispanic women

are single mothers responsible for caring for multiple children under the age of 18. Motherhood is a central role in Hispanic culture and Hispanic women cite as significant motivators their desire to reunify with children or improve parent-child relationships (Amaro et al., 1999; Trepper et al., 1997). It is paradoxical then that WO programs, which offer specialized services for women with children, are underutilized by Hispanic substance abusing women. More research is needed to understand why Hispanic women are underrepresented in WO programs and what can be done to increase treatment utilization.

We acknowledge several study limitations. First, the counties and treatment programs that participated in CalTOP were not randomly selected. CalTOP sample characteristics, however, resemble those of the statewide treatment population in terms of gender, ethnicity, age, employment status, primary drug type, and legal status (Hser et al., 2002). Therefore, we do not believe this has any significant bearing on our findings. Second, the study was not a randomized design. Future studies should consider using a randomized study design to compare the relative effectiveness of the two program types. Third, the long-term outcomes are based on administrative records only, which are vulnerable to over- or under-reporting of behaviors (McCarty, McGuire, Harwood, & Field, 1998; Saunders & Heflinger, 2004). Nevertheless, similar procedures have been applied in prior work (Hser & Evans, 2008), and consistent with other literature on the uses of administrative data for research purposes (e.g., Evans et al., 2010; McCarty et al., 1998), we have found that administrative data contribute valuable information, particularly in the investigation of service system interactions and outcomes among substance abusers as they unfold and influence each other over the long term (Evans et al., 2010). Finally, the study did not have measures such as country of origin, level of acculturation, or women's preference for WO versus MG programming. As a group, Hispanics are highly heterogeneous and treatment outcomes may differ between nationalities. Factors associated with acculturation, including language fluency and preference, immigration status, family relationships, and social support, likely influence both access to and outcomes of treatment. This information may be important for interpreting and understanding the study findings and to inform the development of interventions to address the issues identified (e.g., underrepresentation in WO programs); future studies should consider collecting such measures.

WO programs make up a small proportion of programs within the overall substance abuse treatment programs but serve an important function in providing services to women who appear to have more severe problems and may not seek treatment in traditional MG programs. Studies show better outcomes for women completing WO programs, despite the greater problem severity of women who self-selected into WO programs. No studies to date, however, have examined the effectiveness of women-only programs for Hispanic women. Our study found that Hispanic women in WO programs reported more severe problems with alcohol, drugs, the legal system, and psychiatric illness, in addition to economic problems, consistent with general findings of women in WO programs. However, despite more severe problems at baseline, treatment outcomes for women in WO programs were similar to those from MG programs. Both groups demonstrated similar decreased involvement in the criminal justice system over time. Moreover, Hispanic women from WO programs demonstrated higher mental health service utilization than those from MG programs. These findings suggest the importance of WO programs in meeting the special needs of Hispanic, low-income mothers and their children. More research is needed to understand why Hispanic women are less likely to enter woman-only treatment as well as other, more intense drug and alcohol treatment programs. Interventions are needed to overcome access barriers to WO treatment in order to increase Hispanic women's participation in WO programs and optimize treatment outcomes.

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Highlights

- Examined long-term treatment outcomes for Hispanic substance-using parenting women.
- Compared treatment outcomes for women-only vs. mixed-gender programs 10 years post-treatment.
- Relative to other women, Hispanic women were underrepresented in WO programs.
- Criminal justice outcomes were comparable for Hispanic women treated in WO and MG programs.
- Hispanic women in WO programs had higher mental health service utilization.

Figure 1.
Percent of arrest over time

Figure 2.
Percent of incarceration over time

Figure 3.
Percent using mental health services over time

Table 1

Racial/Ethnic Distribution in Mixed-Gender (MG) versus Women-Only (WO) Programs.

	Women in MG Programs (n=3,688)	Women in WO Programs (n=760)	Total (n=4,448)
Race/Ethnicity **			
Hispanic	23.3	16.8	22.2
White	54.4	60.5	55.5
African American	16.5	15.7	16.3
Other	5.8	7.0	6.4

*
p<0.05,**
p<0.01

Table 2

Demographics, Substance Use, and Prior Treatment at Baseline.

	Hispanic Women in MG Programs (n=853)	Hispanic Women in WO Programs (n=126)	Total (n=979)
Mean age (SD) *	30.9 (7.1)	32.5 (7.3)	31.1 (7.1)
Education, %			
Less than high school	57.6	57.9	57.6
HS completed or GED	32.1	31.0	32.0
College	10.3	11.1	10.4
Marital status, %			
Married	18.0	17.6	17.9
Never married	48.7	45.6	48.3
Previously married	33.3	36.8	33.8
Employed, % *	23.3	15.1	22.3
On public assistance, % *	36.9	48.4	38.4
ASI alcohol score (SD) **	0.12 (0.21)	0.20 (0.27)	0.13 (0.22)
ASI drug score (SD) **	0.13 (0.12)	0.17 (0.12)	0.13 (0.12)
Primary drug use, % **			
Alcohol	15.5	19.1	16.0
Methamphetamine	48.4	35.7	46.8
Cocaine	6.5	2.4	5.9
Heroin	14.1	32.5	16.5
Marijuana	9.1	7.9	8.9
Other drugs	6.5	2.4	5.9
Treatment modality, % **			
Methadone Maintenance	6.0	23.8	8.3
Outpatient	77.6	45.2	73.4
Residential	16.4	31.0	18.3
Prior treatment history (SD)			
Number of alcohol treatments (SD)	0.5 (1.6)	0.7 (2.3)	0.5 (1.7)
Number of drug treatments (SD) **	1.5 (2.9)	2.7 (4.1)	1.6 (3.1)

*
p<0.05,**
p<0.01

Table 3

Family Relationships, Medical, and Criminality at Baseline.

	Hispanic Women in MG Programs (n=853)	Hispanic Women in WO Programs (n=126)	Total (n=979)
ASI family score (SD)	0.20 (0.23)	0.21 (0.23)	0.20 (0.23)
Serious problems with partner/spouse – previous 30 days, %	20.2	22.2	20.4
Number of children under 18, % **			
0 ^a	0.5	3.2	0.8
1–3	75.4	70.6	74.7
4+	24.2	26.2	24.4
Mean (SD)	2.7 (1.7)	2.7 (1.7)	2.7 (1.7)
Number of children living with you - previous 30 days, %			
0 ^a	50.8	50.0	50.7
1–3	43.5	42.1	43.3
4+	5.8	7.9	6.0
Mean (SD)	1.0 (1.4)	1.1 (1.5)	1.1 (1.4)
Children living with someone else by child protection court, %	39.9	36.5	39.4
Parental rights were terminated, %	17.0	15.1	16.8
ASI medical score (SD) *	0.16 (0.28)	0.23 (0.33)	0.17 (0.29)
Criminality/ legal system involvement			
ASI legal score (SD) **	0.14 (0.19)	0.18 (0.20)	0.15 (0.19)
Ever arrested, % *	75.2	84.1	76.3

^aIncludes pregnant women*
p<0.05,**
p<0.01

Table 4

Psychiatric Symptoms at Baseline.

	Hispanic Women in MG Programs (n=853)	Hispanic Women in WO Programs (n=126)	Total (n=979)
ASI psychiatric score (SD) **	0.20 (0.23)	0.29 (0.24)	0.21 (0.24)
Psychiatric medications – lifetime, % *	23.2	33.3	24.5
Psychiatric symptoms - lifetime, %			
Serious depression **	56.2	75.4	58.6
Serious anxiety **	48.1	72.2	51.2
Hallucinations	11.5	12.7	11.6
Trouble understanding, concentrating, or remembering **	35.4	55.6	38.0
Trouble controlling violent behavior *	37.8	49.2	39.2
Serious thoughts of suicide	24.2	23.0	24.0
Serious thoughts of suicide - past 30 days	5.6	9.5	6.1
Attempted suicide	23.1	28.6	23.8
Attempted suicide – past 30 days *	1.3	4.0	1.6

*
p<0.05,

**
p<0.01