

FRONTLINES

LINKING ALCOHOL SERVICES RESEARCH AND PRACTICE

Editor's Note

Women with alcohol problems have different treatment issues and needs than do alcohol-abusing men. This issue of *FrontLines* explores some of those differences and makes a case for gender-specific alcohol research. A special issue of the journal *Alcoholism: Clinical and Experimental Research*, which features many of the same authors and research topics, also investigates this subject in great detail.

In this issue of *FrontLines*, Wendy Smith of NIAAA and Constance Weisner of the University of

California at San Francisco provide an overview on alcohol problems in women by discussing the recent work of a special NIAAA expert panel that was convened specifically to address research gaps in this area.

Next, we have a series of Research Highlight articles. Laura Schmidt of the Alcohol Research Group reports on the impact of welfare reform on alcohol treatment for women. Rajita Sinha of Yale University discusses the unique issues surrounding women with alcohol problems who also have eating disorders. Frederic Blow and Kristen Lawton Barry of

the University of Michigan describe the special problems and needs of older women with alcohol disorders. Carol Cunradi of the Prevention Research Center discusses the association between domestic violence and alcohol and drug abuse and the many questions surrounding this relationship.

Finally, Bridget Grant of NIAAA provides a Data Watch report on the implications of age at drinking onset among males and females.

We hope that you find this issue of *FrontLines* interesting and informative.

COMMENTARY

Alcohol Problems in Women: Making the Case for Gender-Specific Research

*By Wendy Smith, Ph.D., NIAAA, and Constance Weisner, Dr.P.H.,
University of California at San Francisco*

As alcohol research increases its attention on alcohol problems among women, it has become apparent that alcohol use disorders affect women differently than they do men. Women who drink generally consume less alcohol and have fewer alcohol-related problems and dependence symptoms than men. But among the heaviest drinkers, women equal or surpass men in the number of problems that result from their drinking.

The consequences of drinking — both psychosocial and physiological — can be more serious for women. Not only do female alcoholics have death rates 50 to 100 percent higher

than those of male alcoholics, but a greater proportion of female alcoholics die from suicides, alcohol-related accidents, circulatory disorders, and cirrhosis of the liver.

During the development of the National Advisory Council on Alcohol Abuse and Alcoholism's national plan for health services research, crucial gaps in our knowledge about the needs of women with alcohol problems were identified. To address these gaps, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in November 1998 appointed a panel of experts to evaluate the state of the literature on alcohol problems in women. The panel's

work included a set of commissioned papers and formal critiques by discussants.

Panelists agreed that scientific progress in the alcohol abuse field is

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compromised when it does not consider the social and physical context of women's problems with alcohol. To further develop this discussion, the panel sponsored a roundtable session, *Alcohol Problems and Women's Lives: Evaluating the Context in Which Alcohol Problems Occur and are Treated*, at the annual meeting of the Research Society on Alcoholism (RSA) in June 1999. The exchange of information, ideas, and perspectives at this session enhanced the panel's efforts to identify treatment and research needs for women with alcohol problems.

After a thorough evaluation of the literature, the panelists identified critical gaps in five areas of research. Those areas are:

- research addressing gender-appropriate measures of women's alcohol problems and their responses to alcohol treatment;
- research focused on the integration of treatment services with other health and social services often used by women with alcohol problems;
- investigations into the need for and the effectiveness of gender-specific services;
- analyses of the impact of policy changes on women specifically; and
- research on vulnerable sub-groups of women.

Gender-Appropriate Measurement Issues

The commissioned papers by panelists provide compelling examples of the need for outcome measures and assessment tools that have been validated on samples of women. Measures and definitions of risky drinking versus alcohol dependence for female populations are especially problematic, particularly for sub-populations, such as elderly women.

The papers also demonstrate the need for outcome measures that reflect the broader context of women's lives. For example, several panelists suggested that cost measures for alcohol abuse include not only the social costs experienced by alcohol-abusing women, but also those related costs experienced by their families and children – perhaps through several generations. Women's family roles also need to be considered when analyzing treatment

outcomes. Improved assessment of the intergenerational aspect of alcohol on women — that is, the effects on children, grandchildren, and parents in the context of women as caretakers — would make research findings more useful. Outcomes that include measures of psychological functioning (such as depression and

Female alcoholics have death rates 50 to 100 percent higher than those of male alcoholics.

anxiety) and physical functioning (such as related illness and physical injury) would help capture the full range of factors and conditions relevant to women's health. Measures and assessments related to domestic violence and victimization are especially needed. Finally, outcome measures pertaining to employment and occupational issues for women are also important.

Service Integration

The panelists and the roundtable discussants addressed gender differences in pathways to alcohol treatment. A compelling case was made that, due to greater comorbidity symptoms and to the way that women express and identify their alcohol problems, women use more health and social service institutions for addressing their problems than men.

Because women with alcohol use disorders tend to have multiple problems and service needs, it appears that more integrated treatment models would work better for these women. Research should include evaluations of how various problems affect service utilization, treatment response, and post-treatment outcomes, as well as the cost implications and cost-effectiveness of comprehensive services delivery.

Gender-Specific Services

Panelists and roundtable participants identified significant gaps in

the research on gender-specific treatment services and their impact on access and outcomes for women. This research is particularly crucial in an era of evidence-based medicine and managed care.

Impact of Policy Changes Affecting Women

Social policies regarding many areas of health and social welfare are changing dramatically, but relatively little is known about how shifts in public policy affect access and barriers to various types of treatment. Some studies have explored the effects of welfare reform on women with alcohol and drug problems, as well as the impact of changes in public funding mechanisms for health care. Still, more research is needed on the impact of policy changes at the national, state, and local levels with regard to treatment effectiveness, outcomes, access, and cost of services. Greater research attention to Medicare, Medicaid and the welfare system would shed light on high-risk and understudied populations. Suggested research inquiries include analyses of how service delivery systems at the state and local levels are related to service utilization by women, and how these relationships affect overall system utilization.

Understudied Populations

Several commissioned papers and expert panelists noted that key sub-groups of women have not been addressed by research. Pregnancy and comorbid psychological, physical, or other alcohol abuse problems have routinely been considered exclusion criteria in research trials. Sub-groups of women, including elderly, rural, ethnic minorities, low-income, women with eating disorders, adolescents, and lesbians have typically not been included in research trials in numbers large enough to be analyzed. Yet, as several articles in this issue make clear, these groups have unique and pressing needs.

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Alcohol and Drug Abuse Among Women on Welfare: Disentangling Myth and Reality

By Laura A. Schmidt, Ph.D., Alcohol Research Group

In the often heated debates over welfare reform, policy makers have attributed key problems of the welfare system, such as welfare dependency and the poor job prospects of recipients, to alcohol or drug addiction. However, research has not always supported these assumptions. In fact, research on the prevalence and impact of alcohol or drug abuse on welfare caseloads is scant.

In the past, most alcohol and drug abuse researchers focused their attention on other poverty populations, such as the homeless, public inebriates, and unemployed men. The 1996 welfare reform debate changed all that by casting a policy spotlight on alcohol and drug abuse. The new law (P. L. 104-193) transformed the Aid to Families with Dependent Children (AFDC) entitlement into Temporary Assistance for Needy Families (TANF), which provides up to five years of cash assistance. New reforms promote routine drug testing of welfare recipients, systematic screening of welfare applicants for alcohol and drug problems, and mandated addiction treatment. As a result of these and other changes, researchers have begun to seriously investigate alcohol and drug use in welfare caseloads.

The Burden of Abuse

Studies of AFDC women report rates of alcohol abuse that cluster around 12 percent, and very few show higher rates of alcohol problems in welfare samples than in comparable non-welfare samples. Rates of drug abuse range from 9 to 23 percent. Rates of both alcohol and drug problems are, however, disproportionately high in the population traditionally served by local General Assistance (GA) programs, which provide assistance for single adults not eligible for federal entitlements. These programs frequently serve as a final “safety net” for alcohol or drug abusers being removed from federal programs.

Few studies speak to the assump-

tion that women who abuse alcohol and drugs are at higher risk for becoming dependent upon welfare. Here the results are mixed. Research has shown higher rates of abuse among long-term recipients, compared with new recipients. The NIDA household survey found modest associations between illicit drug use and the propensity to seek AFDC over time. However, the NIAAA-sponsored Welfare Client Longitudinal Study (WCLS) found no evidence of a relationship between alcohol and drug abuse and the amount of time women remained on AFDC during a six-year period. But when a woman with a drinking or drug problem did leave welfare, it was less likely that she left because she had found work.

Evidence from the WCLS also suggests that the orientation of some welfare programs can promote a “revolving door” pattern of welfare use among recipients with alcohol or drug problems. Although the WCLS found no relationships between alcohol or drug abuse and patterns of welfare use within the AFDC population, alcohol or drug abuse was a strong predictor of repeated returns to welfare in the GA population. This was because of GA’s stricter work participation and paperwork requirements, which alcohol or drug abusers often failed to meet. As the new TANF program moves toward increasing demands on its clients, we can expect to see similar problems.

Effects on Treatment

Welfare reform is having a tremendous impact on addiction treatment — in some respects increasing and in others decreasing access to services. Welfare departments traditionally have provided little screening and referral for women with alcohol or drug problems. That is changing. Many welfare administrators have begun to view alcohol and drug treatment as a crucial tool for meeting federal mandates to move recipients

into the workforce. Some states and counties have enriched their substance abuse screening, referral, and treatment services to TANF recipients. And many use economic “sanctions” — that is, reducing or withholding welfare payments — to compel women to stay in addiction treatment. The effectiveness of these sanctions is virtually untested.

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Other aspects of welfare reform are likely to decrease treatment access for low-income women. The removal of recipients with alcohol and drug disabilities from SSI and SSDI, prohibitions on providing assistance to drug felons, and changes in the Medicaid application process have added new economic barriers to obtaining services. Welfare reform’s more punitive approach to dealing with substance abuse may also be creating an environment that discourages women from seeking help.

The growth of integrated service arrangements that combine welfare, child welfare, and addiction treatment services is another byproduct of the new program linkages being forged under welfare reform. Although these types of arrangements may reduce transportation difficulties, red tape, and incomplete referrals, they may also mean a loss of autonomy for addiction treatment providers. In addition, tensions around philosophical differences and treatment objectives are likely to emerge between treatment providers and welfare workers.

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Alcohol and Eating Disorders in Women: Filling in the Research Gaps

By Rajita Sinha, Ph.D., Yale University School of Medicine

Women with alcohol use disorders are more likely than women in the general population to have a range of psychiatric problems, including eating disorders. In fact, research suggests that young alcoholic women with eating disturbances represent a complex clinical subgroup of alcoholics who are distinct in their socio-demographic characteristics, clinical course, and symptoms. Alcohol and eating disorders often co-occur within the context of other psychiatric problems, and multiple neurobiological systems appear to be involved. However, significant gaps remain in our understanding of the link between alcohol and eating disorders. Meanwhile, treatment for each disorder has developed independently, without specific attention to the need to address their co-morbidity.

A Proven Link

A substantial body of literature demonstrates that alcohol abuse and eating pathologies co-occur at a higher than expected rate, ranging from 35 percent to 40 percent in several studies of hospitalized alcoholic women to as high as 71 percent in a Japanese sample of young inpatient and outpatient alcoholic women. My colleagues and I further confirmed this association by assessing a community sample of 201 young women. Like other researchers, we found that women with alcohol diagnoses were more likely to also have eating disorder diagnoses. They were more likely to express dysfunctional attitudes toward eating, weight, and body shape, and to show greater anxiety related to pathological eating habits and behavioral symptoms of eating pathology.

Some research into treatment effectiveness also supports a link between alcoholism and eating pathologies. For example, naltrexone, which is used to treat alcoholism, may be beneficial in the treatment of a subgroup of bulimics. However, the efficacy of

naltrexone specifically in the treatment of alcoholic women or in the treatment of bulimia has not been established. Using a randomized, double-blinded, controlled design, Dr. Stephanie O'Malley and I are conducting an NIAAA-funded trial to assess the efficacy of naltrexone in 120 alcoholic women to determine whether it has benefit for alcoholic women, especially the subgroup with eating disorders.

In addition, it appears that serotonin re-uptake inhibitors such as fluoxetine, commonly used to treat major depression, have been shown to reduce alcohol consumption and depressive symptoms in depressed alcoholics, and bingeing and purging behavior among bulimics. It's possible that this class of medications may have specific benefit for women with comorbid alcoholism and eating disorders, but this has yet to be established.

There is virtually no published research on integrated psychological approaches for treating alcoholic women with eating disorders. Short-term psychotherapeutic approaches, such as cognitive-behavioral therapy, have proved successful in reducing alcohol intake and relapse and are recommended in conjunction with pharmacological treatment. Studies have also shown cognitive-behavioral therapy to be efficacious in treating eating disorders. An integrated approach might be effective in treating both disorders.

I dentifying Research Gaps

Despite significant gender differences in drinking patterns, rates of alcohol consumption, biologic and psychosocial determinants, recovery patterns, and treatment outcomes, research on the specific efficacy of various treatment approaches in women is seriously lacking. This is especially true for the large subgroup of women with social and psychological problems that form the context for alcohol and eating disorders. Three sets of research issues are particularly relevant here:

■ **Assessment.** Little is known about the time course of bingeing and drinking symptoms in alcoholic women with eating pathologies. Nor is it clear whether or how these two sets of symptoms interact and affect each other. One reason for this lack of understanding is that treatment studies on women with eating disorders frequently exclude substance abuse and alcohol treatment studies do not usually assess for eating disorders. Adequate attention should be given to the assessment of both disorders in treatment and research settings. In addition, better and shorter screening instruments are needed.

■ **Treatment Effectiveness.** Research to date has not adequately addressed what effect the presence of either disorder has on the treatment of the other. For example, there are no studies examining the influence of eating disorders on alcoholism treatment outcomes or the long-term prognosis of the subgroup of alcoholic women with eating disorders. In addition, studies should be conducted to determine whether comorbid patients specifically benefit from an integrated psychotherapy approach. The efficacy of new pharmacological treatments should be studied for both disorders together.

■ **Co-morbid Psychiatric Disorders.** It would be useful to know whether treatment outcomes differ among alcoholic women with different psychiatric co-morbidities and how these women use various treatment services.

Clearly, a great deal remains to be learned about the co-occurrence of alcoholism and eating disorders in women. Research to date indicates that much can be gained by examining these disorders together, both in terms of advancing the state of our knowledge in this area and in improving treatment outcomes for women with these problems.

Health Services Issues in the Intervention and Treatment of Older Women with Alcohol Problems

By Frederic C. Blow, Ph.D., and Kristen Lawton Barry, Ph.D., University of Michigan

Record numbers of adults over 60 are seeking health care for acute and chronic conditions. Older women represent the largest single group of health care utilizers in this country. Although alcohol use problems in older women have been thought to affect very few people, prevalence estimates indicate that the rates for at-risk and problem drinking are higher than previously believed.

Prevalence estimates of risk drinking in older women generally range from less than 1 percent to 7 percent, meeting DSM criteria, to 12 percent of older women screening positive for at-risk drinking in primary care samples. It is important to note that rates of risk drinking as high as 12 percent warrant an expanded approach to alcohol screening and brief advice and interventions with this population. As the health care system moves toward more managed models of care, there is a growing need to develop brief, structured strategies to deal with older women who are at risk.

Reports of alcohol abuse in older women have varied widely. A 1998 study by the national Center on Addiction and Substance Abuse at Columbia University (CASA) suggested that, of the 25.6 million women over age 59 in the U.S., 1.8 million (7 percent) abused alcohol and 2.8 million (11 percent) abused psychoactive drugs. Older women are more likely to be hospitalized for problems related to substance abuse than for heart attacks. In addition, older women are prescribed and consume more psychoactive drugs, particularly benzodiazepines, than men and are more likely to be long-term users of these substances.

Unique Barriers to Care

Older women have specific risks and vulnerabilities to alcohol use, including a swifter progression to alcohol-related illness. However, women in later life who have alcohol problems

are under-screened and under-diagnosed, have significant barriers in accessing health care, and respond differentially to standard formal alcohol treatment protocols.

Older women have specific risks and vulnerabilities to alcohol use, including a swifter progression to alcohol-related illness.

The stigma related to alcohol problems for this age cohort can affect their attitudes toward their own alcohol use problems. It may also affect the attitudes and behaviors of family members and health care providers toward older woman with alcohol use problems. For example, CASA has found that less than 1 percent of primary care physicians in a large national study even considered a substance abuse diagnosis when presented with the typical early symptoms of alcohol and prescription drug abuse in older women.

Older women have less insurance coverage than men. Older women are often more isolated than older men and are less likely to drive while intoxicated or engage in other behaviors that might reveal an alcohol problem.

Because of the range of drinking patterns in older women and the barriers to care, a spectrum of alcohol interventions needs to be available. These include prevention and education for those who are abstinent or low-risk drinkers, minimal advice or brief structured interventions for at-risk or problem drinkers, and formal alcoholism treatment for drinkers who meet criteria for abuse or dependence. Most older female drinkers who have problems related to alcohol use can be considered at-risk drinkers and generally do not meet criteria for abuse or dependence.

To date, two randomized controlled trials have investigated the effectiveness of brief alcohol interventions with older adults in primary care settings. These studies found that brief alcohol interventions were effective for both men and women.

New Directions For Research

In a rapidly changing health care environment, new research is critical if we are to meet the challenge of safeguarding the health of at-risk older women. Among the areas where more research is needed:

- the misuse of psychoactive prescription medications,
- interactions of medications and alcohol,
- depression and anxiety as warning signs of substance abuse,
- co-occurring physical illnesses, the role of alcohol and drugs in cognitive impairments, and
- the role of alcohol in family relationships and potential elder abuse.

These studies are needed in varying health care settings, including primary care, hospitals, and home health care delivery systems.

We also need more age- and gender-sensitive measures that assess alcohol use and consequences. In addition, there is a serious need for the development of consistent, replicable outcome measures for new studies of brief alcohol advice and intervention. This will advance previous work on innovative brief advice approaches targeted to older women. These techniques have to better address ethnically diverse, rural, and urban populations. The use of newer technologies for screening, intervention, and follow-up are all strategies that should be tested to maximize outcomes for this vulnerable population.

References are available from Dr. Blow at fredblow@umich.edu.

Domestic Violence and Alcohol and Drug Abuse: Understanding a Dangerous Relationship

By Carol B. Cunradi, M.P.H., Ph.D., Prevention Research Center

Among young American women, domestic violence is a leading source of injury and death. It is associated with a range of factors that include individual psychological characteristics, societal and individual norms regarding violence and conflict resolution, and socioeconomic factors such as poverty and unemployment. Domestic violence also has a strong association with alcohol and drug abuse – one that researchers have been trying to understand for some time.

Violence is not uncommon among American couples – in fact, just the opposite. Research conducted during the past 25 years reveals a range of violent behaviors that are prevalent among American couples. For example, the 1985 National Family Violence Survey estimated that 8.7 million couples had experienced one or more physically violent episodes during the previous year. These episodes included acts not likely to result in injury — throwing an object at one’s partner; pushing, shoving, or grabbing one’s partner; and slapping one’s partner — as well as acts that carry a higher risk of injury — kicking, biting, or hitting; beating; choking; forced sex; threatening with a knife or gun; and using a knife or gun. It should come as no surprise, then, that women are much more likely to be injured or murdered by an intimate partner than by a stranger.

Research Reveals A Strong Association

The link between alcohol, drugs, and domestic violence has long been noted. In particular, male alcohol use is an important correlate of domestic violence. Severity of assault and injury have also been linked to male alcohol use. In addition, male drug use, especially cocaine use, has been correlated with domestic violence and injury. At least one study found that male alco-

holics in treatment who were physically violent with their partners had greater alcohol problem severity, earlier alcohol problem onset, and engaged in more binge drinking than their non-violent counterparts.

Women in violent relationships are also more likely than women in non-violent relationships to have an alcohol or drug abuse problem. Several studies have found that rates of illicit drug use among women in violent relationships were double or triple

Women in violent relationships are more likely than women in non-violent relationships to have an alcohol or drug abuse problem.

those of women in the general population. One recent study found that alcohol-related problems (alcohol dependence symptoms and drinking-related social consequences) were more prevalent among women who had experienced domestic violence in the previous year than among women who had not. In this study, the association between the presence of alcohol problems and the occurrence of domestic violence held even after statistically adjusting for the influence of other factors, including level of alcohol consumption. This suggests that alcohol problems, rather than level of alcohol consumption, may be the more relevant factor to consider in the alcohol-domestic violence association.

What are the implications of this research for understanding the nature of alcohol and drug abuse and domestic violence? First, despite a strong association, there is no evidence that alcohol and drug abuse “causes” domestic violence. Studies show that domestic violence is a com-

plex problem associated with a wide range of factors; alcohol and drug abuse is one of those factors. Second, the sequence of events regarding alcohol and drug abuse and domestic violence needs to be clarified. In other words, women who abuse drugs and alcohol may be at greater risk for domestic violence; on the other hand, women in violent relationships may abuse drugs and alcohol as a coping strategy, or to anesthetize themselves in response to violence. These relationships still need to be untangled in future studies.

Providing Treatment Services For Victims

Understanding the issues raised by domestic violence is crucial for the successful delivery of alcohol and drug abuse treatment services to women. For example, women in violent relationships may be unable or unwilling to seek treatment because of their partner’s threats or their own perceived danger. In addition, victimized women may suffer from concomitant mental health problems, such as post-traumatic stress disorder. These problems need to be recognized and treated by skilled staff. Physical injuries that have long-lasting cognitive, psychological, or physical effects may also inhibit a woman’s ability to adhere to a treatment regimen.

These issues have implications for treatment staff as well. All treatment personnel should receive culturally sensitive training on screening, diagnosing, and assessing past or current domestic violence among their female clients. They also need to know how to deal with critical gender issues that may arise during treatment. For example, women who have experienced domestic violence may have difficulty developing a trusting relationship with treatment providers, particularly if they are male.

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Age at Drinking Onset and the Development of Alcohol Dependence Among Males and Females

By Bridget Grant, Ph.D., Ph.D., NIAAA

The younger the age at drinking onset, the greater the chance that an individual will develop alcohol dependence at some point in life. This was the major finding of a 1997 study conducted by NIAAA and based on the NIAAA-sponsored National Longitudinal Alcohol Epidemiologic Survey (NLAES), a national sample of more than 43,000 respondents.

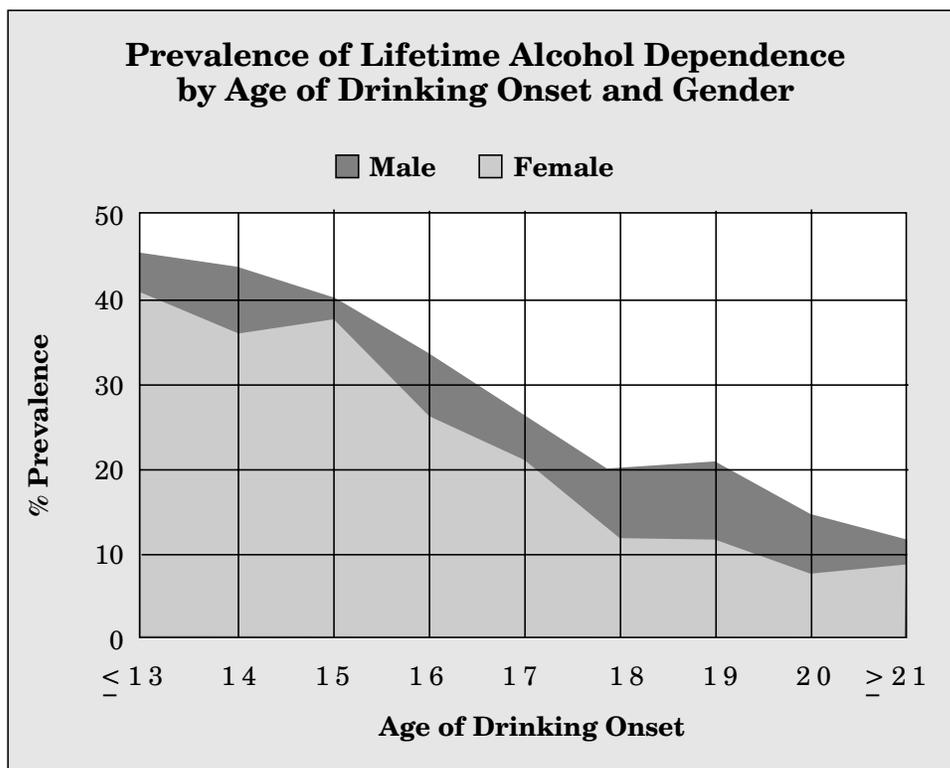
One question that arises from this earlier NIAAA study is whether the relationship between early onset drinking and alcohol dependence pertains equally to males and females. Figure 1 shows that although the relationship is stronger among males, the odds of developing alcohol dependence for each age at drinking onset do not differ between males and females. In both sexes, the prevalence of lifetime alcohol dependence decreased sharply as a function of increasing age at drinking onset. Of those male and female respondents who began drinking at age 13 or younger, 45 percent and 41 percent, respectively, would go on to develop dependence at some time in their lives. For those who started drinking at age 21 and older, prevalence was 13 percent for men and 7 percent for women.

Multivariate linear logistic analyses were conducted to assess the contribution of age at drinking onset to the odds of lifetime dependence for each gender, controlling for the effects of race, age, duration of drinking, cur-

rent drinking status, and family history of alcoholism. Results showed that the odds of lifetime alcohol dependence were reduced 14.7 percent among males and 13.2 percent among females for each year that drinking onset was delayed.

These results identify preadolescence and adolescence as a particularly vulnerable period for drinking initiation, one that is strongly associated with a higher risk of developing

alcohol dependence. Future research should ascertain whether the delay in drinking onset or other associated factors account for the inverse relationship between drinking onset and risk of lifetime alcohol dependence. It also remains to be seen whether various factors differentially affect the relationship between age at drinking onset and the development of alcohol dependence among males and females.



Cunradi

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Similarly, mixed-gender treatment groups may not be the optimal therapeutic setting for women who have experienced male violence.

The prevalence of domestic violence is an important public health issue.

Research demonstrates that alcohol and drug abuse is strongly linked with domestic violence, although questions remain concerning the nature of that relationship. Recognizing and responding to the

special needs and issues that women from violent relationships bring to treatment may aid in their recovery from alcohol and drug abuse – and, hopefully, lower their risk for future victimization.

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Summary

The evaluation of alcohol treatment services for women emerging from the deliberations of the expert panel and the RSA roundtable have clearly documented the importance of interdisciplinary research. This research takes into consideration the particular social and physical context of women's lives, and uses measurement tools and outcome measures appropriate for women. Development of gender-tested measurements, gender-relevant treatment services, and gender-appropriate outcome evaluations is necessary to ensure that women are receiving the services they need. The inclusion of women from geographically and ethnically diverse subject populations, as well as from sub-groups who have traditionally been excluded from health research, is critical in the development of scientifically sound, research-based knowledge of the treatment of women with alcohol problems.

This article is adapted from "Women and Alcohol Problems: A critical analysis of the literature and unanswered questions," Alcoholism: Experimental and Clinical Research (in press).

References are available from Dr. Smith at 301/443-8771, or by email at wsmith@willco.niaaa.nih.gov.

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Unanswered Questions

Welfare reform is fundamentally changing the recovery and economic futures of low-income women with addiction problems. But our understanding of these changes is fragmented, and there is still a great deal that we don't know about the role that addiction treatment programs play in a system geared toward moving women from welfare to economic self-sufficiency.

We must be cautious in drawing conclusions about alcohol or drug abuse, women, and welfare from the fairly limited body of research available today. Even as our understanding of these issues grows, the situation will continue to change with new economic and policy developments. The early, apparent successes of welfare reform have, after all, been confounded by an unusually strong economy that creates employment opportunities for women with limited skills. The real test will come when the economy is less robust, when jobs are more difficult to find, and when women with alcohol or drug problems reach the time limits of their eligibility for federal aid.

References are available from Dr. Schmidt at 510/642-0576 or by email at lschmidt@arg.org.



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