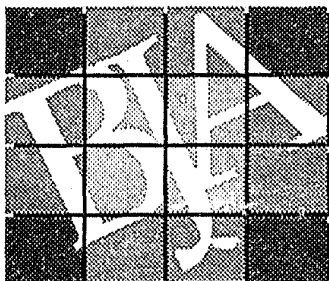


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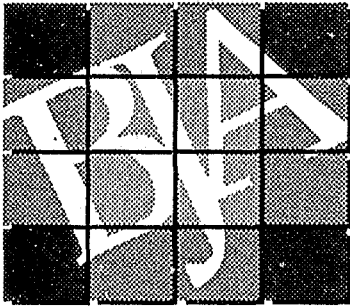


Bureau of Justice Assistance

**Implications of the
Drug Use Forecasting
Data for TASC
Programs: Female
Arrestees**

129671

MONOGRAPH



Bureau of Justice Assistance

Implications of the Drug Use Forecasting Data for TASC Programs: Female Arrestees

By: The National Consortium of TASC Programs

Report III: Third in a Series of Reports Funded
by the Bureau of Justice Assistance

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The Assistant Attorney General, Office of Justice Programs, establishes the policies and priorities, and manages and coordinates the activities of the Bureau of Justice Assistance, Bureau of Justice Statistics, National Institute of Justice, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

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L. Foster Cook
Project Director
Immediate Past President
National Consortium of TASC Programs



U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

Office of the Director

Washington, D.C. 20531

I am pleased to present this special report monograph analyzing the implications of data on female arrestees, gathered from the Drug Use Forecasting (DUF) system, for Treatment Alternatives to Street Crime (TASC) programs. This monograph adds to our substantial efforts to improve the case management of drug dependent offenders released into the community.

Most of the literature documenting the relationship between drugs and crime focuses on males. Yet, the relative rise in the rate of arrest and incarceration among females is troubling. Between 1985 and 1988, the number of women incarcerated in the nation's State and Federal prisons rose 41 percent. A 1988 report from the National Institute of Justice noted that female arrestees are more likely than men to test positive for illicit drugs.

This monograph should be of particular interest to those involved in providing treatment and reintegration services. For example, the monograph points to studies which show that "women with the most intense drug use tend to commit misdemeanor crimes, not felonies, and may therefore be less likely to be referred to TASC programs." The monograph goes on to suggest that many severely addicted women are going untreated because it is more difficult to find, and reach, them.

If these trends are indicative of future patterns, it is essential that more information about the circumstances surrounding female drug use and criminality be available to criminal justice officials. This monograph represents another step in that direction.

Sincerely,

Gerald (Jerry) P. Regier
Acting Director

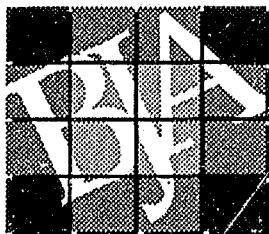


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EXECUTIVE SUMMARY

In the past several years, public attention has focused on the well-documented relationship between drug use and crime. However, the majority of the literature discusses this relationship only with respect to a male population. Although there is a clear correlation between female addiction and criminal activity, most studies have excluded female samples until recently.

Between 1985 and 1988 the number of women incarcerated in the Nation's State and Federal prisons rose 41%. In a 1988 report released by the National Institute of Justice, it was noted that women arrestees are more likely than men to test positive for drugs in general, and women are specifically more likely to test positive for cocaine or heroin. If these trends are indicative of future patterns, it is essential that the substance abuse field understand the unique circumstances surrounding female addiction and criminality.

As part of an ongoing research effort on the issue of criminality and addiction, a series of reports has been prepared by the National Consortium of TASC (Treatment Alternatives to Street Crime) Programs. These reports address a number of facets of the drug/crime problem through the analysis of data collected by TASC programs participating in the Drug Use Forecasting project (DUF). The present paper focuses exclusively on female offenders who use drugs, and discusses the treatment implications of these findings. The data¹ used in the report were obtained in 1988 and 1989 from DUF interviews and urinalyses of 745 women in Birmingham, Chicago, Phoenix, and Portland.

A number of characteristics emerge when studying the drug use and criminality of women. As with their

male counterparts, many addicted females engage in a variety of offenses including drug sale and possession, forgery, shoplifting, and larceny. Moreover, women are also motivated to commit crimes to obtain at least partial support for their addictions. With respect to specific drug use, it appears that women abuse a variety of drugs, and have generally been initiated into the "drug world" by their addicted male partners. In addition, while men may experiment with a drug before becoming addicted, women may be immediately induced into an addicted subculture. Thus, women who do try drugs, particularly heroin, are more likely than men to develop an addiction.

Demographic and Arrest Data. The women's demographic and arrest data should be considered when developing treatment regimens. First, there are two categories among the female arrestees studied: an older group of white females who commit misdemeanor crimes and abuse opiates, and a younger group consisting predominantly of single minority women who use cocaine and tend to commit felonious crimes. Second, the women with the most intense drug use tend to commit misdemeanor crimes, not felonies, and may therefore be less likely to be referred to TASC programs. There may be a need to explore ways of reaching these addicted women whose crimes may be less severe, but who need help nonetheless. Third, the majority of these women are either single, separated, or divorced; are unemployed; and may have primary responsibility for children. As with male arrestees, they have multiple needs outside of drug abuse treatment, such as education, job training, and child care.

Drug Use Data. The urinalyses, self-report data, and comparative analyses of drug use suggest several treatment implications for TASC programs. First, the data show that cocaine use is the most widespread problem in arrestees. However, the addictive potential of heroin for women may be higher than for men (or, at least, women are more willing to admit their addictions than men). In either case, there is little doubt that the drug abuse problem with female

¹ Of course, these data must be viewed with caution as they could simply mean that women were more likely to admit that they had injected drugs than men. The issue of the validity of the DUF data, covered in the previous report, leaves this an open question for now. Nevertheless, the results are in the expected direction and invite the possibility of further research.

arrestees is at least as severe as it is with men. Also, although the actual number of women arrested for crimes is less than men, their need for treatment is the same.

AIDS Risk. An important difference between the female and male drug user is the degree to which their substance abuse represents a significant AIDS risk. The Centers for Disease Control reports that intravenous drug use has been associated with the majority of AIDS cases among women. While male addicts run a substantial risk for contracting AIDS, women are in even greater danger for several reasons: 1) women are more inclined to live with an addicted partner and to share their drug paraphernalia (often with their addicted partners) than men; 2) addicted women have a greater tendency to engage in sex with multiple partners, at least some of whom are IV drug users, as a means of bartering for drugs; and 3) women who abuse drugs are at higher risk for HIV infection because of their susceptibility to other diseases such as gonorrhea, chlamydia, and herpes.

Therefore, treatment of the female drug abuser who injects drugs must address this issue and determine why she continues this practice in the face of overwhelming evidence that it places her at an extreme risk for HIV infection. Alternatively, if it is found that female addicts are not receiving basic information about AIDS risk, then such an education must become a routine part of treatment programs.

This brief discussion of the issues surrounding female addiction underscores the need for additional research focused on the specific problems of this population. Although addicted women share many characteristics with their male counterparts, they are a unique group with a distinct set of issues. These differences can be most pronounced within the substance abuse treatment setting where a world predicated largely on the needs of male addicts has failed to accommodate the requirements of female substance abusers.

INTRODUCTION

A significant part of the intense concern about drug use and its effects on American society has been generated by the well-documented relationship between drug use and criminality (cf. Clayton, 1981; Gandossy, 1980; Greenburg and Adler, 1974; Inciardi, 1986; RTI, 1976; Wish and Johnson, 1986). However, the majority of the literature discusses this relationship only with respect to a male population. Minimal research attention has been given to the connection between drug use and crime among women (Inciardi and Pottieger, 1986). Although there is a clear correlation between female addiction and criminal activity, most of the literature excludes female samples (Inciardi, Pottieger, and Faupel, 1982; James, Gosho, and Wohl, 1979). Recently, however, increases in numbers, the diversity and amount of crimes committed, the severity of their addictions, and a uniquely higher risk for AIDS are all reasons why more research attention should be focused on addicted female offenders.

Between 1985 and 1988 the number of women incarcerated in the Nation's State and Federal prisons rose 41% (O'Connor, 1989). Further, arrests of women for violent crime rose nearly 29% between 1984 and 1988. In a 1989 report released by the National Institute of Justice, it was noted that women arrestees are more likely than men to test positive for *any* drug, and when considering specific drugs, more likely to test positive for cocaine or heroin (NIJ, 1989). If these trends are indicative of future patterns, it is essential that the substance abuse field understand the unique circumstances surrounding female addiction and criminality.

In the public mind, prostitution has traditionally been the crime most readily associated with addicted female offenders. Studies of this relationship, however, imply a more diverse criminal profile. For example, a study of female arrestees addicted to narcotics identified four subgroups: 1) prostitutes/criminals: females who are prostitutes and commit serious crimes; 2) prostitutes: prostitutes without a history of serious crimes; 3) criminals: females with a

history of crime but who are not prostitutes; and 4) bag followers: women who are not prostitutes and who commit only minor offenses (File, McCahill, and Savitz, 1974). More recent research suggests that there is no readily apparent typology of criminal behavior applicable to the addicted female offender and that addicted women commit as much and sometimes more crime than men (Anglin, Hser, and McGlothlin, 1987; Inciardi, Pottieger, and Faupel, 1982).

As with their male counterparts, many addicted females engage in a variety of offenses, including drug sale and possession, forgery, shoplifting, and larceny (Datesman, 1981; Miller, 1981). Moreover, women are also motivated to commit crimes to obtain at least partial support for their addictions. In a study of four groups of women (addicts, prostitute-addicts, prostitutes, and female offenders), all four groups reported drug costs as a major percentage of their monthly expenses (James, Gosho, and Wohl, 1979). The commonality of these women's crimes was the speed at which they produced a cash return; drug sales, prostitution, larceny, and forgery all provide money immediately that can then be turned around quickly for a drug purchase.

It now appears that women are also more diverse in their drug use than was previously suspected. Although some studies found women to be more likely to choose psychotherapeutic or prescription drugs rather than illicit drugs, other research has indicated that this has changed. For instance, in one study, there were only minor differences in drug use patterns of men and women entering treatment programs (Moise, Reed, and Ryan, 1982). Another study found that polydrug use seems to be the primary pattern for both men and women (Inciardi, Pottieger, and Faupel, 1982).

The issue is further complicated by the drug use history and pattern of these women. A frequently repeated finding is that women are generally initiated into the drug world by their addicted male partners

(e.g., Anglin, Hser, and McGlothlin, 1987; Prather and Fidell, 1978; Rosenbaum, 1981; Suffet and Brotman, 1976). This sequence is important because while men may experiment with a drug before becoming addicted, women may be immediately inducted into an addicted subculture (Rosenbaum, 1981). Thus, for those women who try drugs, particularly heroin, there is a higher chance that they will develop an addiction compared to men (Rosenbaum, 1981; Ellinwood, Smith, and Vaillant, 1966).

Another important difference between the female and male drug user is the degree to which their substance abuse represents a significant AIDS risk. The Centers for Disease Control (CDC) reports that IV drug use has been associated with the majority of AIDS cases among women (Koonin, et al., 1989). While male addicts run a substantial risk of contracting AIDS, women are in even greater danger for several reasons:

- Women are more inclined to live with an addicted partner and to share their drug paraphernalia (often with their addicted partners) than men (Hser, Anglin, and McGlothlin, 1987). One study found that only one-third of the women sampled had ever shot heroin alone, while three-fourths of the men had done so (Rosenbaum, 1981).
- Addicted women have a greater tendency to engage in sex with multiple partners, at least some of whom are IV drug users, either as a direct or an indirect (prostitution) means of bartering for drugs (*Drug Abuse Report*, 1987). The intimate contact with higher numbers of people who are at risk for, or already have, AIDS places female addicts at greater risk than men. (See Des Jarlais, et al., 1987 for a discussion of AIDS risk factors in women and some qualifications detailed.) Impulse-driven sexual promiscuity, as a part of the drug subculture and as an economic prop for drug addiction, has also been associated with cocaine use, particularly crack cocaine (Morningstar and Chitwood, 1987).
- Finally, women who abuse drugs are also more likely to have cofactors associated with HIV infection (*Drug Abuse Report*, 1987). These include abscesses, hepatitis, endocarditis, gonorrhea, trichomonas, chlamydia, and

herpes, all of which are related to the drug use and sexual practices of addicted women. In effect, addicted women are also at higher risk for HIV infection because of their susceptibility to other diseases.

The increased risk for AIDS among women who use IV drugs and/or cocaine has begun to manifest itself in some rather grim statistics. In the most recent report issued by the CDC, 1989 saw an 11% increase over 1988 in new cases of AIDS for females (*Chicago Tribune*, February 5, 1990). Additionally, the number of heterosexual contact cases rose by 27% from the previous year's figures. These increases occurred at a time when the rate of new AIDS cases was dropping for the largest groups at risk, homosexual and bisexual men.

Although not addressed in this report, babies born to addicted women are another casualty. In the same 1989 CDC report, it was noted that 547 cases of AIDS transmission from mothers to newborns occurred, an increase of 17% over 1988 figures. The phenomenon of "cocaine babies" has become well-documented by the popular press. Born premature, underweight, and with undeveloped nervous systems, the damage to these children appears to be long-term and costly. Some of the first cocaine babies are now of school age, and first reports show that they continue to cognitively lag behind their peers, are irritable and impulsive, and have short attention spans. Over time, the cost to the educational system and to society may prove to be enormous.

This brief discussion of the issues surrounding female addiction underscores the need for additional research focused on the specific problems of this population. Although addicted women share many characteristics with their male counterparts, they are a unique group with a distinct set of issues. Their role in society has been historically different from men and, to a certain extent, their functioning in the deviant drug subculture reflects this same social disparity (Cuskey, Premkumar, and Sigel, 1972; Rosenbaum, 1981). As will be discussed later, these differences can be most pronounced within the substance abuse treatment setting where a world predicated largely on the needs of male addicts has failed to accommodate the requirements of female substance abusers (Cuskey, Berger, and Densen-Gerber, 1977; Waterson and Ettore, 1989).

As part of an ongoing research effort into the issue of criminality and addiction, a series of reports has been prepared by the National Consortium of Treatment Alternatives to Street Crime Programs (NCTP). These reports address a number of facets of the drug-crime problem through the analysis of data collected by TASC programs participating in the Drug Use Forecasting (DUF) project. In previous reports, these data have provided a springboard for discussing issues of concern to TASC and TASC-like programs.

The first NCTP report presented a broad overview of the DUF data gathered by TASC programs, and discussed the ways in which TASC programs were using the data to expand and deepen public awareness about the drug problem in both their communities and the country. The second report provided a more detailed examination of the socioeconomic and demographic patterns of drug use among male arrestees at four sites where the DUF project is administered by TASC programs. The treatment implications of the DUF data for males were discussed from multiple perspectives.

The present paper focuses exclusively on female offenders who use drugs and discusses the treatment implications of their DUF data for TASC programs in four general areas: demographics, arrest charges,

drug use, and treatment. As with the previous study, regional variations and the characteristics of female offenders who use cocaine and/or heroin will be noted within each section. Where relevant, the DUF data of female and male arrestees will be compared.

Two additional topics will be covered to address some of the unique issues and needs confronting addicted female offenders and the agencies that aim to help them. One section will be devoted to analyzing the behavior patterns of female offenders that place them at increased risk for AIDS: IV drug use and sex with multiple partners. Finally, as a way of augmenting the data obtained through the DUF project, a small informal field survey of a few TASC treatment providers was conducted to ascertain in an anecdotal fashion some of the general issues surrounding the provision of treatment to female substance abusers. The results of this survey are included as an adjunct to the treatment issues section in an attempt to provide a look at the day-to-day problems treatment providers face in caring for addicted women.

Prior to presenting the data, brief descriptions of the DUF project and TASC are provided. These descriptions will serve as a general framework for interpreting the data.

DESCRIPTION OF THE DUF PROJECT AND TASC PROGRAMS

The Drug Use Forecasting (DUF) Project

In early 1987, the National Institute of Justice (NIJ), in cooperation with the Bureau of Justice Assistance, implemented a national data system for tracking drug use trends in the arrestee population. The DUF system, currently operational in 24 cities, is an outgrowth of the pretrial services program in Washington, D.C., and the Manhattan Project, both of which pioneered regular urine testing to determine drug usage in arrestees. It involves the quarterly collection of information via administration of structured questionnaires and urine specimens from anonymous arrestee volunteers. The questionnaire data cover the areas of basic demographics, self-reported current and past use of drugs, substance abuse treatment history, current top charge at arrest, and AIDS risk behaviors such as needle sharing. At all but two sites (where local labs are utilized), urine specimens are sent to a common laboratory where they are uniformly analyzed through EMIT testing technology for the presence of 10 drugs. Additional gas chromatography testing is used to confirm a positive EMIT test result for amphetamines.

Results of the urinalyses and the self-report data are compiled quarterly and distributed to the participating cities. The information is then used to forecast national drug use trends and to aid city officials in allocating law enforcement, drug treatment, and prevention resources. DUF data² have substantiated earlier research that a high percentage of arrestees test positive for drug use, and, further, that drug use among the arrestee population is even higher than originally believed.

The Treatment Alternatives to Street Crime (TASC) Program

The TASC program was created in 1972 through the mutual efforts of the White House Special Action Office for Drug Abuse, the National Institute on Drug Abuse, and the Law Enforcement Assistance Administration. The mission of TASC is to reduce the criminality of drug-dependent offenders by maximizing the rehabilitative aspects of both substance abuse treatment and the criminal justice system. TASC realizes this mission by functioning as a bridge between the criminal justice system, with its concern for community safety and legal sanctions, and the substance abuse treatment system, with its concern for therapeutic relationships and the alteration of individual behavior. Through the TASC program, drug-dependent offenders are identified, matched with appropriate treatment resources, and compelled to comply with the justice system and the treatment provider under a distinctive case management plan. There are currently 168 programs at 130 sites (some sites have both adult and juvenile programs) in 22 States and 1 territory.

The National Consortium of TASC Programs is an association of TASC programs and those interested in the TASC concept. The purpose of NCTP is to promote the exchange of ideas, information, and research concerning TASC. In addition, NCTP has recently helped in the development of a broad profile of TASC clients and TASC programs through a cooperative agreement with the Bureau of Justice Assistance (BJA). Baseline data for this project were collected from 60% of all TASC programs, and a

² See note 1.

summary report of the findings was issued with the assistance and funding of BJA.

Coordinated by NCTP, there are currently four cities where TASC programs are responsible for the collection of DUF data: Birmingham, Chicago, Phoenix, and Portland. The information gathered from these sites has been used extensively to educate the public on the extent of drug use among arrestees and to advocate increased case management and treatment resources. This information has also been employed to recommend intervention systems at additional points in the criminal justice and corrections continuum.

SAMPLE COMPOSITION, DEMOGRAPHICS, AND ARREST DATA

Sample Composition

The procedure for obtaining DUF data has been described in detail in the second report (NCTP 1989). Briefly, questionnaire data from participating sites are gathered quarterly and then merged with each site's urinalysis results into SPSS system files. The files containing the merged data are then archived and placed on an electronic bulletin board system (PROCONF) where they are accessible for downloading by authorized users.

The data used in this report were obtained from recent multiple administrations of the DUF project at each of the four participating TASC programs. A detailed listing of the four sites and the collection periods used are shown in table 1. Except for Chicago, data were collected during 1988 and 1989. In Chicago, because of problems with gathering information from females, data were not available for 1989. The 10 files (1 per site per collection period) were downloaded from PROCONF and merged into a single file resulting in a sample of 745 cases. The

composition of the sample with regard to the individual site contribution is shown in table 2. As can be seen, the final sample was overrepresentative of Phoenix arrestees and underrepresentative of arrestees in Chicago. This bias should be considered in weighing the findings, as regional differences in demographics and drug use have been found with male arrestees (NCTP, 1989).

Unlike the previous study of male felony offenders, this study utilized the data for all female arrestees, both felons and misdemeanants. There were two reasons for this difference: First, females are sampled in smaller numbers at each site in a ratio of about 1 female to every 5 males. The result is that the beginning sample sizes for female arrestees are much smaller. Thus, the data for misdemeanants were included in order to maximize the number of subjects and obtain a large enough N for meaningful analyses. Second, preliminary analyses of the data showed that the majority of arrests for prostitution were classified as misdemeanors. The exclusion of misdemeanants from the sample would therefore

Table 1
Collection Periods for Sample Data by Site

Site	Collection Periods	
	Month	Year
Birmingham	December	1988
	July	1988
	April	1989
Chicago	January	1988
	April	1988
Phoenix	January	1988
	April	1988
	March	1989
Portland	April	1988
	June	1989

Table 2
Summary of Original and Felony Sample Sizes by Site

Site	Collection Sample		Felony Sample	
	N	%	N	%
Birmingham	156	20.9	141	34.8
Chicago	65	8.7	36	8.9
Phoenix	315	42.3	129	31.9
Portland	209	28.1	99	24.4
Composite Sample Totals	745		405	

have resulted in the loss of most of the information on those subjects. Since prostitution has both historical and current significance (i.e., AIDS risk), there was added importance in examining the available information on subjects arrested for prostitution.

Of equal importance, however, was the desire to compare the DUF data for women with the data for men who were exclusively felons (NCTP, 1989). To allow for such a comparison, a subgroup of female offenders consisting of 405 felons was created from the original sample (see table 2). This second group was then used in all the comparative analyses.³

Demographics

Basic demographic information for the sample is shown in table 3.⁴ The majority of subjects were white (51.3%), with blacks comprising the next largest group at about 36% of the sample. The modal female arrestee was between 26 and 30 years of age with approximately 60% of the sample between 21 and 30 years of age. Most subjects were unmarried and reported their marital status as either single (47%) or separated/divorced (29%). Like the men (NCTP, 1989), most of the women were unemployed (42%) at the time of their arrest. Just over half the sample were arrested for felony crimes (54%).

The summary statistics on race mask some fairly significant regional differences, however. Over two-thirds of the subjects in Chicago (74%) and Birmingham (67%) were black, and less than one-third were white. The reverse was true in Phoenix and Portland, where whites were in the majority with blacks representing less than one-third of the subjects. Fewer differences were apparent in terms

of age, marital status, and employment. Portland had a larger number of young female offenders who fell into the age group of 15 to 20 years, while in Chicago, a larger number of the arrestees were single. Greater proportions of subjects in Chicago (55%) and Phoenix (51%) were unemployed while Birmingham (12%) had a relatively large number of subjects who were on welfare or Supplementary Security Income at the time of their arrest. In addition, Birmingham deviated significantly from the distribution of felons to misdemeanants with just over 90% of their subjects arrested for a felony offense.

As noted, arrestees who use cocaine and/or opiates are of special interest to TASC programs. They are also of concern to criminal justice agencies because of the high rates of crime that accompany addiction to cocaine and heroin (Anglin, Hser, and McGlothlin, 1987; Inciardi, Pottieger, and Faupel, 1982; Inciardi, 1986). To determine the demographic characteristics of female arrestees likely to be regular users of these drugs, subjects were divided into three groups depending upon whether they tested positive for cocaine or opiates and whether they admitted having a dependence on these drugs at the time of arrest.⁵ The three groups consisted of 1) **No Active Use**—those subjects who tested negative for both drugs and denied a current dependence on both (N = 313); 2) **Active Use of Cocaine**—those subjects who either tested positive for cocaine and/or admitted a cocaine dependence but *did not* test positive for or admit a dependence on opiates (N = 287); and 3) **Active Use of Opiates and/or Cocaine**—those subjects who tested positive for, or admitted a dependence on opiates either in lieu of or in conjunction with cocaine use/dependence (N = 145). As with previous reports based on the DUF data, the majority of subjects (70%) who tested positive for the presence of opiates also tested positive for cocaine (NIJ, 1990).⁶ The demographic figures broken out by these three groups are shown in table 4.

³ For many of the variables analyzed, some subjects had missing data. Therefore, in all the graphs and in tables where a missing data category is not explicitly listed, the N of subjects given represents the number of valid cases. Obviously, where there are missing data, this number will be less than the total number of possible cases.

⁴ Preliminary analysis revealed a large number of missing data for the variable of education level; almost half the subjects did not have information for this measure. This appears to be due to a problem with administration and to some changes with the DUF questionnaire during 1989. Though there is no reason to believe that these problems resulted in a systematic biasing of the data, the large number of missing cases and the increased potential for erroneous results precluded the inclusion of this variable.

⁵ A subject was considered dependent on heroin if she admitted a current dependence on any form of the drug including black tar heroin. Similarly, if subjects stated they were dependent on crack at the time of arrest, this was taken as an indication of a cocaine dependence.

⁶ In the study of male DUF offenders, four groups of subjects were created: the same as the three for this study and a fourth that included opiate users who were not found to be using cocaine. With this sample, however, too few subjects fell into this group to warrant its inclusion. Their data were simply collected with the data from subjects found to be using both opiates and cocaine.

Table 3
Female DUF Offender Demographics by Site

	Site									
	Birmingham		Chicago		Phoenix		Portland		Totals	
	N	%	N	%	N	%	N	%	N	%
Race										
Black	104	66.7	48	73.8	54	17.1	61	29.2	267	35.8
White	51	32.7	12	18.5	185	58.7	134	64.1	382	51.3
Spanish Speaking	0	0.0	4	6.2	45	14.3	4	1.9	53	7.1
Other	1	0.6	1	1.5	30	9.5	10	4.8	42	5.6
Missing Data	0	0.0	0	0.0	1	0.3	0	0.0	1	0.1
Age (In Years)										
15-20	10	6.4	7	10.8	31	9.8	33	15.8	81	10.9
21-25	43	27.6	16	24.6	93	29.5	45	21.5	197	26.4
26-30	48	30.8	24	36.9	85	27.0	57	27.3	214	28.7
31-35	31	19.9	11	16.9	55	17.5	42	20.1	139	18.7
36+	24	15.4	7	10.8	51	16.2	30	14.4	112	15.0
Missing Data	0	0.0	0	0.0	0	0.0	2	1.0	2	0.3
Marital Status										
Single, Never Married	72	46.2	45	69.2	133	42.2	97	46.4	347	46.6
Married	30	19.2	6	9.2	63	20.0	22	10.5	121	16.2
Separated, Divorced	42	26.9	10	15.4	101	32.1	62	29.7	215	28.9
Living Common Law	6	3.8	4	6.2	9	2.9	20	9.6	39	5.2
Widowed	6	3.8	0	0.0	7	2.2	8	3.8	21	2.8
Missing Data	0	0.0	0	0.0	2	0.6	0	0.0	2	0.3
Employment										
Full Time	39	25.0	16	24.6	93	29.5	33	15.8	181	24.3
Part Time	20	12.8	6	9.2	23	7.3	22	10.5	71	9.5
Odd Jobs	6	3.8	0	0.0	8	2.5	10	4.8	24	3.2
Mainly in School	3	1.9	3	4.6	7	2.2	2	1.0	15	2.0
Housewife*	8	5.1	3	4.6	10	3.2	12	5.7	33	4.4
Welfare, SSI*	19	12.2	0	0.0	11	3.5	17	8.1	47	6.3
Unemployed	43	27.6	36	55.4	160	50.8	71	34.0	310	41.6
In Jail or Prison	1	0.6	0	0.0	0	0.0	5	2.4	6	0.8
Other	16	10.3	1	1.5	3	1.0	37	17.7	57	7.7
Missing Data	1	0.6	0	0.0	0	0.0	0	0.0	1	0.1
Charge Class										
Misdemeanor	12	7.7	26	40.0	186	59.0	107	51.2	331	44.4
Felony	141	90.4	36	55.4	129	41.0	99	47.4	405	54.4
Missing Data	3	1.9	3	4.6	0	0.0	3	1.4	9	1.2
Total	156	20.9	65	8.7	315	42.3	209	28.1	745	100.0

*These two categories were added to later versions of the DUF questionnaire and were not available as options to all the subjects interviewed. Therefore, the percentages in these categories may be lower than the actual sample rates.

Inspection of table 4 reveals a number of differences between the three groups that are potentially interesting from a treatment perspective. The literature on cocaine use suggests that it has infiltrated minorities in a way that no other drug has, even heroin (Massing, 1989), and the data here support that. The highest percentages of black (49.5%) and Hispanic (8.4 %) subjects were in the cocaine group. On the other hand, whites were overrepresented in the group with No Active Use (58%) or with the group actively using opiates (63%). Cocaine users were also younger than opiate users; nearly 41% of the female cocaine users are 25 years of age or younger while only 17% of the opiate users fell into this same age range. Similarly, arrestees using cocaine were much more likely to be single (56%) than their opiate-using peers (31%). As a consequence, fewer subjects actively using cocaine reported being employed as housewives than in the other two groups. Employment showed an inverse relationship to intensifying drug use; opiate users are the least likely to be employed full time, while the No Active Use group had the highest rate of fully employed subjects. These findings are consistent with those from the study of male subjects (NCTP, 1989).

In general then, in terms of their demographics, the female cocaine users were most similar to the subjects in the No Active Use group while the opiate users were distinct. This generalization carries through to Charge Class, where the opiate users had a higher proportion of misdemeanants, whereas the reverse was true for the other two groups. What these data suggest is that female offenders who use drugs fall into two distinct groups: The first is comprised largely of young, single minority women who use cocaine and tend to commit more serious crimes. The second group consists of older women who use both opiates and cocaine. These women are mainly white, commit less serious offenses, and tend to be either married or divorced.

Arrest Data

The arrest data for the entire sample are shown in figure 1, which includes separate analyses of the top 10 felony and misdemeanor arrest charges. The most frequent charge was larceny theft occurring in about one-fourth of the subjects. This was followed by prostitution (15%), and drug possession (12%). The majority of crimes committed, however, were

property-related. The profiles of the top 10 arrest charges for felons and misdemeanants were somewhat distinct especially for the top arrest charge. For females arrested on a felony, drug possession was the most common charge. Females convicted of a misdemeanor were most often arrested for prostitution. Almost one-third of the misdemeanor arrests were for this charge. Thus, previous reports that may have appeared to conflict are true: women are committing a wide variety of crimes, but prostitution continues to be a common activity.

Figure 2 represents the chart of the top 10 female felony arrest charges along with a chart showing the top 10 male felony arrest charges from the previous report. These charts highlight the fact that, similar to men, females are involved with committing a wide spectrum of crimes. Drug possession was the top charge for both groups and occurred at similar rates. In fact, the most striking aspect about the two profiles is how similar they are. Except for some small differences in order, men and women commit the same crimes. The only exceptions to this are that men are more likely to commit robbery and burglary, while women more often commit forgery.⁷

TASC and Treatment Implications

The DUF demographic and arrest data just presented suggest the following treatment implications:

- Drug use among female offenders seems to divide along two demographic lines: an older group of white females who commit misdemeanor crimes and abuse opiates, and a younger group consisting predominantly of single minority women who use cocaine and tend to commit felonious crimes. TASC and other treatment programs need to be aware of these two populations and be able to provide

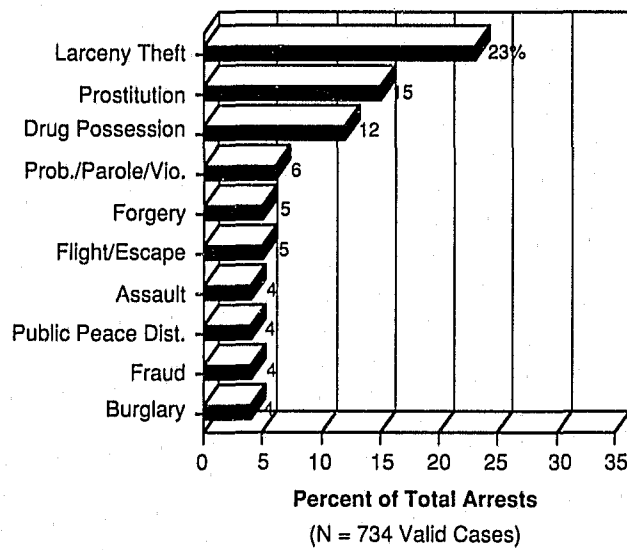
⁷ The comparative results for arrest data must be interpreted with some caution, however. Male subjects are undersampled for drug-related charges, while no such sampling strategy applies to women. This is because the smaller number of female offenders mitigates any further reduction through selective sampling. Therefore, it is possible that the sample figures do not accurately represent the population arrest data. The male population of arrestees may actually have a higher percentage of arrests for drug-related offenses and, consequently, lower percentages for the other crime categories.

Table 4
Female DUF Offender Demographics by Detected or Self-Reported Drug Use

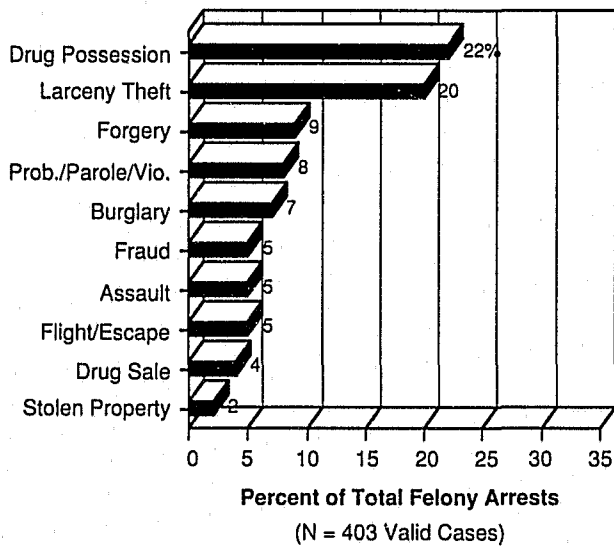
	No Active Use		Active Use of Cocaine		Active Use of Opiates and/or Cocaine		Totals	
	N	%	N	%	N	%	N	%
Race								
Black	88	28.1	142	49.5	37	25.5	267	35.8
White	181	57.8	109	38.0	92	63.4	382	51.3
Spanish Speaking	20	6.4	24	8.4	9	6.2	53	7.1
Other	23	7.3	12	4.2	7	4.8	42	5.6
Missing Data	1	0.3	0	0.0	0	0.0	1	0.1
Age (In Years)								
15-20	45	14.4	31	10.8	5	3.4	81	10.9
21-25	91	29.1	86	30.0	20	13.8	197	26.4
26-30	71	22.7	93	32.4	50	34.5	214	28.7
31-35	51	16.3	46	16.0	42	29.0	139	18.7
36+	53	16.9	31	10.8	28	19.3	112	15.0
Missing Data	2	0.6	0	0.0	0	0.0	2	0.3
Marital Status								
Single, Never Married	141	45.0	161	56.1	45	31.0	347	46.6
Married	62	19.8	27	9.4	32	22.1	121	16.2
Separated, Divorced	83	26.5	79	27.5	53	36.6	215	28.9
Living Common Law	17	5.4	14	4.9	8	5.5	39	5.2
Widowed	9	2.9	5	1.7	7	4.8	21	2.8
Missing Data	2	0.6	1	0.3	0	0.0	3	0.4
Employment								
Full Time	95	30.4	65	22.6	21	14.5	181	24.3
Part Time	31	9.9	24	8.4	16	11.0	71	9.5
Odd Jobs	11	3.5	6	2.1	7	4.8	24	3.2
Mainly in School	9	2.9	5	1.7	1	0.7	15	2.0
Housewife	16	5.1	6	2.1	11	7.6	33	4.4
Welfare, SSI	22	7.0	19	6.6	6	4.1	47	6.3
Unemployed	115	36.7	129	44.9	66	45.5	310	41.6
In Jail or Prison	1	0.3	4	1.4	1	0.7	6	0.8
Other	13	4.2	29	10.1	15	10.3	57	7.7
Missing Data	0	0.0	0	0.0	1	0.7	1	0.1
Charge Class								
Misdemeanor	135	43.1	123	42.9	73	50.3	331	44.4
Felony	175	55.9	158	55.1	72	49.7	405	54.4
Missing Data	3	1.0	6	2.1	0	0.0	9	1.2
Total	313	42.0	287	38.5	145	19.5	745	100.0

Figure 1
Female DUF Offender Arrest Charges

Top 10 Arrest Charges



Female DUF Offenders



Top 10 Misdemeanor Arrests

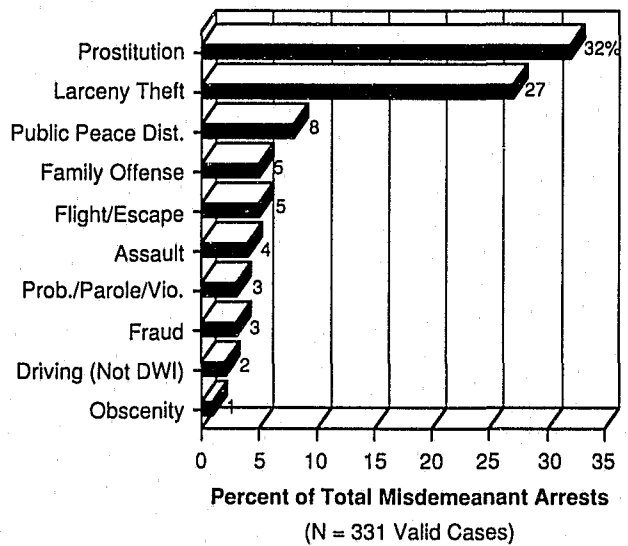
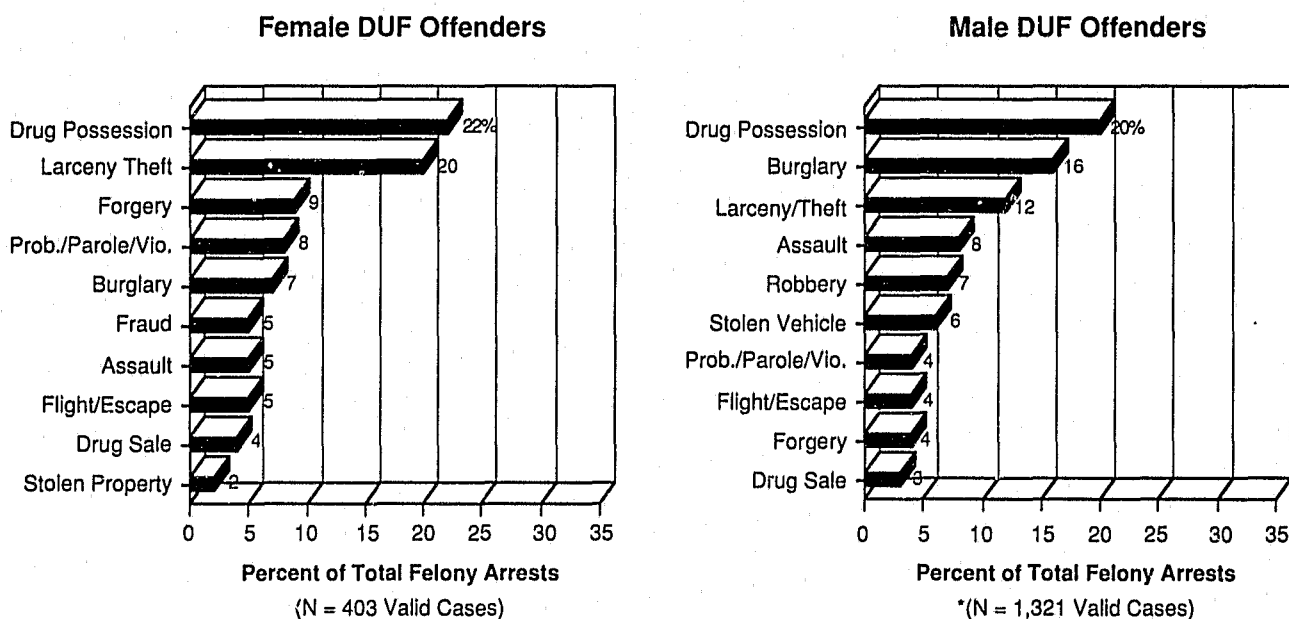


Figure 2
A Comparison of the Top 10 Felony Arrest Charges for Females and Males



*Male figures based on data analyzed in the second report (see NCTP, 1989).

appropriate services tuned to the needs of each group. Further work is needed to determine how these groups differ in their response to treatment, treatment needs, and how treatment can be made more effective. Indications from other studies are that the group of cocaine users may be the most difficult to engage in treatment programs (Gawin and Kleber, 1988).

- Ironically, the fact that the group with the most intense drug use (concurrent opiate and cocaine use) tends to commit misdemeanor crimes means that it may be less liable to be referred to TASC programs. There may be a need to explore ways of reaching these women who do not commit felonies as often as other female offenders, yet still have a serious drug problem and are in need of help.
- The majority of these women are either single or separated/divorced and are unemployed.

Although the DUF data do not provide information on dependents, the clinical experience of TASC programs suggests that many have primary responsibility for children as well. As with male arrestees, the demographic profile is one where there are multiple treatment needs, not simply drug abuse treatment. Addicted female offenders who come to the attention of TASC will require assistance in finding suitable employment either through basic education, job training, or placement and probably also with child care. The fact that many may be attempting to manage without much of a social network or family for support also suggests that substance abuse treatment might meet with more success if it were combined with a more extensive network of services operating as a surrogate support system.

DRUG USE

This section will present the data on drug use for the urinalysis results and for some of the self-report data collected on the DUF questionnaire. Both sets of results will be compared with the data for male arrestees.

Urinalysis Results

The results of the urine testing for the sample in aggregate and by site are presented in table 5. As

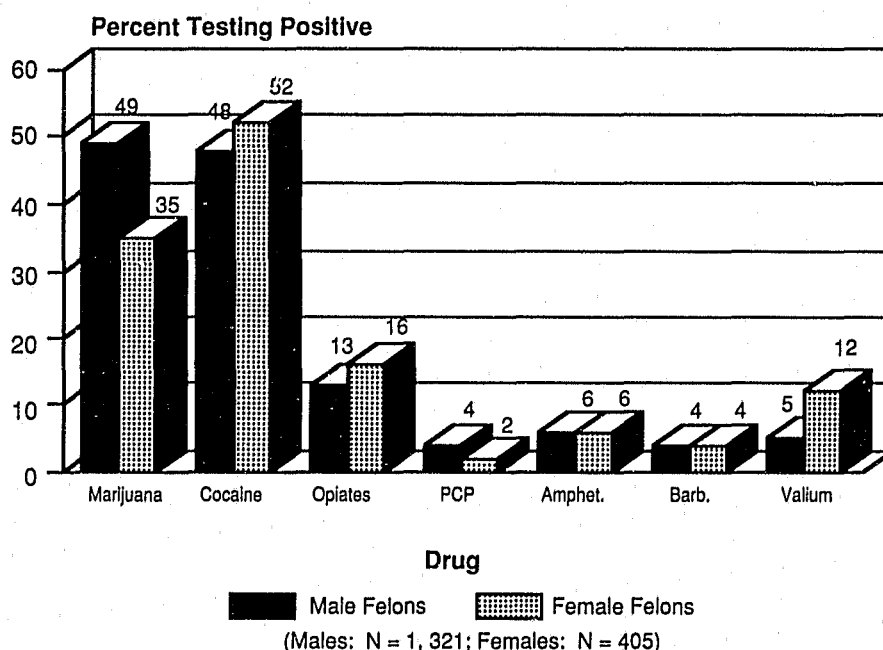
can be seen, the rate of drug use among these arrestees is extremely high. Almost three-fourths of the sample tested positive for any drug (72%) and when marijuana is factored out, virtually two-thirds continued to show positive urinalysis results. The results for each drug are equally clear: cocaine (52%) was the most frequently used drug, surpassing marijuana (34%). In decreasing order the next most prevalent drugs used were opiates (17%), Valium (11%), amphetamines (7%), barbiturates (2.3%), and PCP (2%). Polydrug use was also quite common as

Table 5
Urinalysis Results for Selected Individual Drugs and for Polydrug Use by Site

Drug	Site									
	Birmingham (N = 156)		Chicago (N = 65)		Phoenix* (N = 315)		Portland* (N = 209)		Total (N = 745)	
	N	%	N	%	N	%	N	%	N	%
Any Drug Including Marijuana	102	65.4	54	83.1	224	71.1	159	76.1	539	72.3
Any Drug Excluding Marijuana	87	55.8	52	80.0	190	60.3	140	67.0	469	63.0
Marijuana	43	27.6	25	38.5	114	36.2	73	34.9	255	34.2
Cocaine	70	44.9	50	76.9	152	48.3	117	56.0	389	52.2
Opiates	13	8.3	12	18.5	47	14.9	54	25.8	126	16.9
PCP	0	0.0	7	10.8	4	1.3	0	0.0	11	1.5
Amphetamines	2	1.3	0	0.0	23	7.3	28	13.4	53	7.1
Barbiturates	8	5.1	7	10.8	0	0.0	2	1.0	17	2.3
Valium*	26	16.7	3	4.6	17	7.8	0	0.0	46	6.6
Polydrug	N	%	N	%	N	%	N	%	N	%
2+ Drugs Including Marijuana	48	30.8	33	50.8	108	34.3	96	45.9	285	40.4
2+ Drugs Excluding Marijuana	29	18.6	18	27.7	56	17.8	59	28.2	162	23.0

*Portland, 113 cases; Phoenix, 218 cases. Excludes 193 cases not tested in Portland and Phoenix. Percentages for these two sites are based only on valid cases.

Figure 3
A Comparison of Urinalysis Results Between Male and Female DUF Felony Offenders



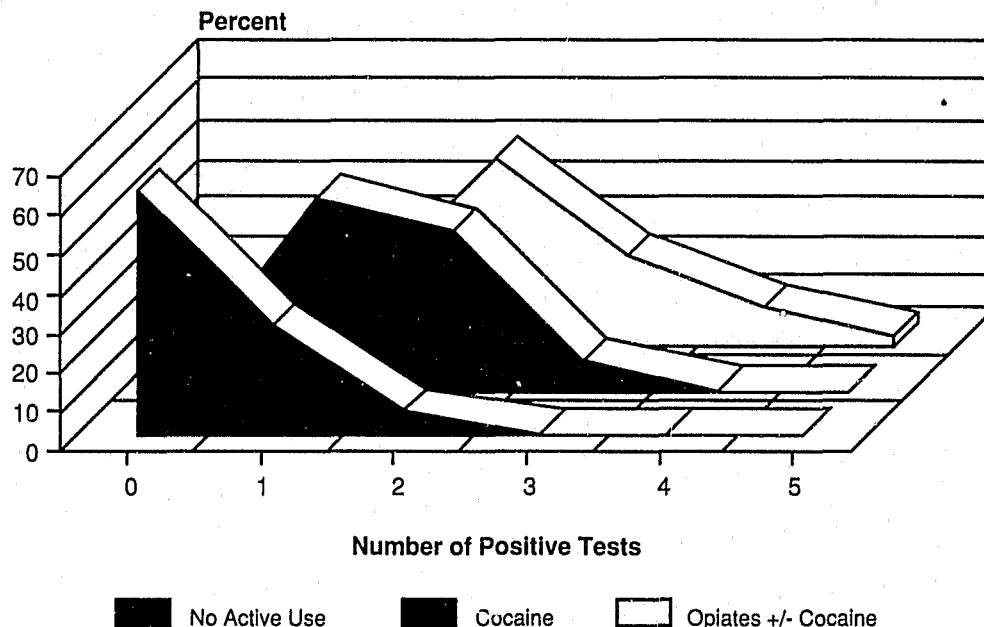
40% of the sample tested positive for two or more drugs, including marijuana, with 27% continuing to test positive for more than one drug when marijuana was excluded.

Regionally, there was again significant variation between the four sites. Chicago arrestees had the highest rate of overall use and had a substantially higher rate of cocaine use than the other three sites. Portland appears to have the next most significant problem, as over one-fourth of its sample (26%) tested positive for opiates and the rate of amphetamine use at this location was almost twice as high as the next nearest site (13%) compared to 7% in Phoenix. With respect to amphetamine use, these results are consistent with the previous studies in that this drug seems confined at the present time to the western sites and has not yet become a part of the drug culture in either Birmingham (1%) or Chicago (0%). Birmingham had its own unique ripple in that its arrestees used Valium (11%) much more than at any location. Phoenix had the next highest at 8%.

In spite of these differences, however, it cannot be said that any of the sites have a low rate of drug use among their female arrestees. Perhaps the implications of these figures and the magnitude of the drug problem for these women can be made more clear if expressed in the language of probability. At the site where cocaine use was the lowest (Birmingham, 45%), the odds are about even (a coin flip) that any given female arrested will test positive for cocaine. In Chicago these odds increase to 3 to 1, meaning that for every four women arrested, three will test positive for cocaine use within the previous 72 hours. These are almost exactly the same odds for drug use of any kind across all four sites. At any given time, at any of these four sites, three out of four female arrestees will test positive for the use of some drug, while two out of five will test positive for two or more drugs.

The urine tests of the females arrested on felony charges were then compared to the urinalysis results for the male felons. The results of this comparison are shown in figure 3. Once again, the similarity between the two groups is impressive. More women

Figure 4
Polydrug Use by Detected or Self-Reported Use
of Cocaine and Opiates by Females



test positive for the two harder drugs (cocaine and heroin) and for Valium, while men more often test positive for marijuana.

Turning again to the groupings of female subjects by their detected or self-reported drug use, the question of polydrug use was examined from another perspective. In figure 4, the frequency of occurrence of the number of positive urinalysis tests for all subjects is plotted by drug use group. For example, about 25% of the subjects in the No Active Use group tested positive for the presence of one drug other than cocaine or opiates, while over 30% of the subjects in the cocaine group tested positive for the presence of two drugs. The data also show that polydrug use was greatest in the Opiates group, where almost 20% of the subjects tested positive for three drugs and about 8% tested positive for four drugs. The basic point illustrated by figure 4 is that the more one uses drugs (as indicated by cocaine and opiate use), the more types of drugs one uses. In addition to using both

opiates and cocaine, subjects in the opiate group are more likely than other subjects to use other drugs such as barbiturates, marijuana, and amphetamines. Because of this, these subjects would seem to represent the greatest challenge to treatment agencies, given the degree of their polydrug use.

More speculatively, it may be that the pattern of use shown in figure 4 represents a progressive phenomenon. As previously stated, subjects in the Opiates group are somewhat older than the other subjects. It may be that over time, as an addiction to cocaine and/or opiates develops and deepens, the predominant use of a preferred drug or drugs gives way to a more opportunistic pattern of use, whereby virtually any mood-altering substance becomes part of the daily regimen. The number of different types of drugs used may depend solely on whatever is readily available at the time. In this scenario, the use of opiates and cocaine appears to occur within the larger context of the use of any available, if less preferred, substances.

Self-Reported Drug Use

Data on the self-reported drug use of selected drugs for the entire sample are shown in table 6.⁸ There is not much here to contradict the urinalysis data: high percentages of arrestees admitted to having tried marijuana (80%) and cocaine (62%). Over one-fourth said they had tried heroin (26%) and another one-fifth said they had at least one experience with crack (20%) and uppers (21%). These figures are comparable to those reported for the male offenders (NCTP, 1989) and again highlight the extent of drug use among these women.

If DUF subjects admit to having ever tried a drug, they are then asked whether they have ever developed a dependence on that drug and at what age the dependence began. The results for these items reveal a stable pattern of first use and first dependence. Initial drug use or experimentation with alcohol and marijuana begins at about 16 years of age, followed by use of PCP, barbiturates, and uppers at around 18 or 19 years of age (all figures reflect mean scores). The

use of the harder drugs, cocaine and heroin, typically occurs at around 20 years of age. The pattern of dependence is harder to gauge because for some of the drugs (e.g., PCP, barbiturates, and uppers), only small percentages of subjects admitted to developing a dependence. However, these data show that the first dependence on alcohol and marijuana occurs in the subjects' early twenties (when harder drug use is beginning), followed by the development of cocaine and heroin dependency in their midtwenties. If the figures for age of first use and age of first dependence are compared, it can be seen that there is a much shorter period between the times of first use and dependence on cocaine and heroin (typically about 2 years) and the times of first use and dependence on marijuana and alcohol (typically about 4 to 5 years).

It is important to point out that the percentages in the column labeled "Ever or Now Dependent" are not based on the total sample but rather on the proportion of subjects who admitted ever using a drug and then becoming dependent on that drug. These data thus provide a measure of the self-reported addictive potential of each drug. According to these figures, heroin appears to be the most addictive drug, as over half of all subjects who initiated heroin use went on to develop a dependence. Next is cocaine for which about one-third of the subjects said they became

⁸ In analyses of data not presented, the four sites were compared on the variables shown in table 6. There were no apparent intersite differences found, so that these data were subsequently excluded from the discussion.

Table 6
Self-Reported Drug Use and Dependency Patterns
for Sampled Female DUF Offenders

Drug	Ever Tried?		Mean Age First Tried	Ever or Now Dependent?		Mean Age First Dependent
	N	%	Years	N	%	Years
Alcohol	677	90.9	15.8	100	15	22.4
Marijuana	592	79.5	16.1	60	10	20.8
Cocaine	463	62.1	22.5	149	32	26.4
Crack	146	19.6	23.1	42	29	24.7
Heroin	196	26.3	22.0	101	52	24.1
PCP	99	13.3	18.9	3	3	24.0
Barbiturates	116	15.6	18.1	15	13	18.6
Uppers	158	21.2	18.5	15	9	30.9

addicted. The remainder of the drugs shown in table 6 are well below these figures, though, of these, alcohol—the only legal drug in the table—was highest at 15%.

Reflecting on the meaning of these data, the patterns described suggest that women offenders begin their drug use careers with alcohol and then marijuana, but most do not feel that they ever develop a dependency on these two drugs. Instead, for a sizable number, this early experimentation is *associated* with the later use of harder drugs that do often lead to the development of an addiction. Using the language of probability again, the chances are even (50%) that any female arrestee who has tried heroin will become addicted to that drug.

How do these figures compare to those reported for men? A number of studies have suggested that women are often introduced to drugs by their boyfriends or male companions and, as a result, their first use of a drug occurs at a later time than for men (Hser, et al., 1987). To determine if the DUF data supported this finding, the ages first tried, age first dependent, and percentages developing a dependence were plotted by drug for the samples of male and female felons. The results of these plots are shown in figure 5. Referring to the top left graph first, it can be seen that with the exception of crack, men generally begin their drug use at an earlier age than women. Thus, these findings offer support for previous research which demonstrated that females are frequently introduced to drugs by males (cf. Hser, et al., 1987).

This same order holds for the age of first dependence; women become addicted at a later age than men for all the drugs assessed here. This finding, however, is not consistent with previous studies that suggested that women develop addictions faster than men (Anglin, Hser, and McGlothlin, 1987; Ellinwood, et al., 1966). If this had been the case, the lines showing the age of first dependence for men and women would have converged. Instead, men and women maintained their same relative positions; men start earlier and develop an addiction earlier, women start later and develop an addiction later. It should be pointed out though that these earlier studies focused solely on narcotics addiction. In any case, this cannot be construed as particularly good news, since the time between first use and addiction is still short for both men and women.

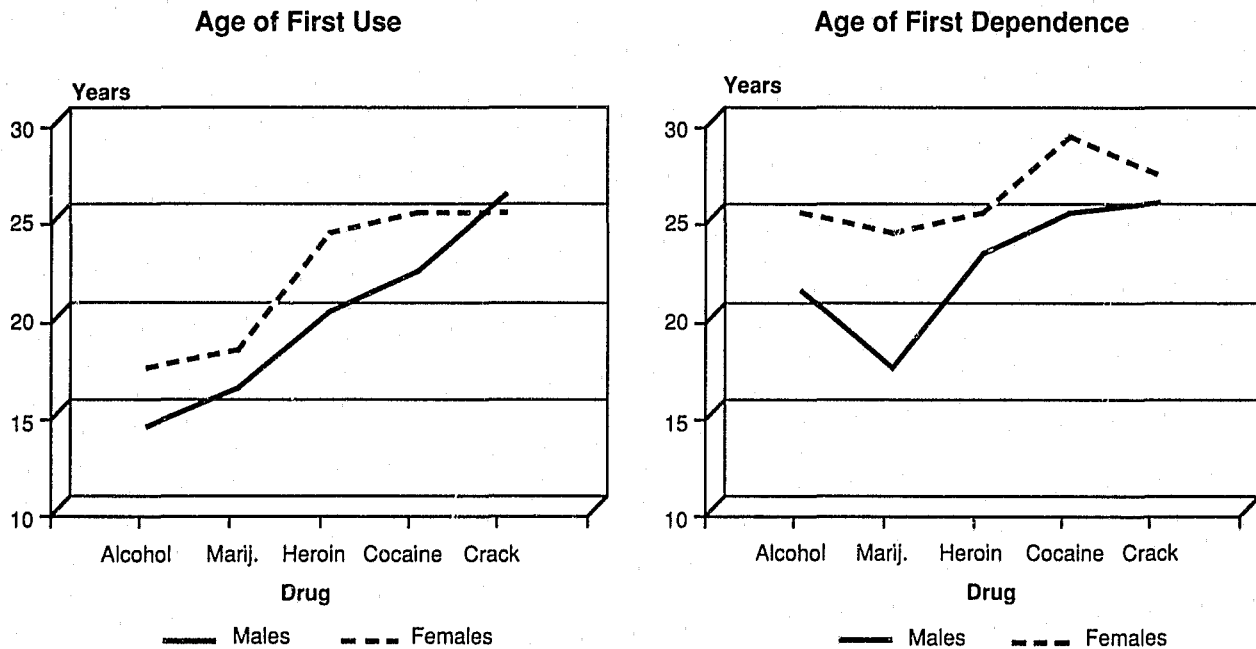
At the bottom chart in figure 5, it was found that higher percentages of women than men who try heroin or cocaine go on to develop an addiction. This is especially true for heroin where, again, half the women reported becoming addicted compared to 40% of the men.

TASC and Treatment Implications

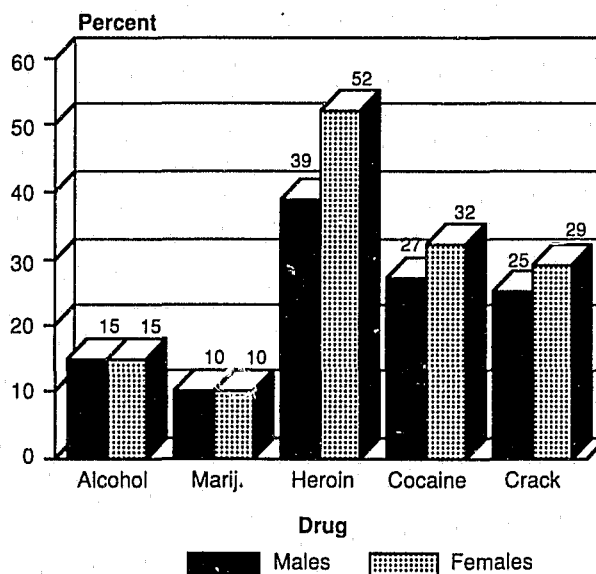
The urinalysis, self-report data, and comparative analyses suggest the following treatment implications for TASC programs:

- The data presented in this section highlight that cocaine use is the most widespread problem in arrestees. This is the same for women as for men. However, the addictive potential of heroin for women may be higher than for men (or, at least, women are more willing to admit their addictions than men). In either case, there is little doubt that the drug abuse problem with female arrestees is at least as severe as it is with men. Also, as the arrest information showed, these women commit a considerable number of crimes. Though the actual number of women arrested for crimes is less than men, their need for treatment is the same. This information points to the need for expanding TASC services to assess, monitor, and treat women.
- The fact that many women begin their drug use as a result of a relationship with a man may mean that they are more susceptible to the influence of others when it comes to using drugs. This may be important during treatment where the issue of dealing with and breaking free from a pathological relationship with a male addict may need to be addressed.
- Women develop their addictions at a later time than men but the fact that a larger proportion of them do develop an addiction demonstrates a need to intervene earlier in the cycle, perhaps during the experimental phases of drug use, which appear to be in the middle to late teens. Some type of intervention could be targeted toward these early users who perhaps have not begun to use heroin or cocaine but are likely to do so and to become addicted.

Figure 5
A Comparison Between Male and Female Arrestees on Age of First Use, Age of First Dependence, and Percent Dependent



Percent Developing a Dependence of Those Who Report Ever Using a Given Drug



WOMEN AND THE RISK OF AIDS

As discussed, female addicts are at multiple risk for contracting AIDS. This is because they are more inclined to share their drug paraphernalia and to support their addictions by engaging in sex with multiple partners. The latter can occur either as a direct exchange of sex for drugs or via prostitution. The phenomenon of engaging in promiscuous sex has been especially tied to the use of cocaine, whereby the street name "coke whore" is used to describe women who engage in this practice. The DUF data were examined to see if, in fact, there is a relationship between intensified drug use and more frequent sex; and to see what the DUF data say about how women compare to men in their propensity for injecting drugs and sharing needles.

Figure 6 shows by drug the percentage of female arrestees who said they inject that particular drug. The data show that 40% of the sample said that they have injected drugs at one time or another. Judging from the other figures shown, the majority of these cases probably are attributable to the injection of cocaine and/or heroin. In figure 7, the injection rates for male and female felons are compared. Without exception, larger percentages of DUF female felons had injected drugs than men.⁹ The issue of needle sharing is addressed in figure 8, which compares the responses of male and female felons to the question: "How often do you share your needles or works?" The findings support previous research. Women from the DUF sample who said that they do inject drugs had a tendency to share their needles more often than men. This is especially true at the extreme where subjects said that they share their needles most of the time. The percentage of women falling into this category (11%) was over twice that of the men (5%).

⁹ See note 1.

The second risk factor, the relationship between drug use and multiple sexual partners, can be examined from several different perspectives using the DUF data. First, one would expect that if this relationship were direct, more intense drug use would lead to greater involvement in prostitution, and be related to a higher number of sexual partners in general. To see if this was true for the female DUF sample, the three drug use groups were compared in terms of the percentages arrested for prostitution and the number of sexual partners they had during the past year. In making this comparison, it is assumed that the three groups represent a continuum of increasingly intense drug use. The first group did not test positive for or admit to using either cocaine or heroin. They are considered to be the least intense in terms of their drug use. The third group, labeled Opiates and/or Cocaine, tested positive or admitted to using opiates at the time of arrest. Additionally, as noted, a majority (70%) of this group also tested positive for or admitted to recent use of cocaine. These female arrestees represent the most intense drug use in the sample. The Cocaine group, which tested positive for or reported a current dependence on cocaine, fell between these two extremes. The fact that polydrug use was highest in the Opiates group and lowest in the No Active Use group (see figure 4) suggests that this scheme is a valid way of classifying subjects according to the intensity of their drug use.

Figure 9 (left side) reveals that as the intensity of drug use increases, so does the probability of involvement with prostitution. Almost one-quarter of the group using opiates at arrest were charged for prostitution compared with only 11% of those who had no detected opiate or cocaine use. In figure 9 (right side), the distribution of the number of sex partners is shown. Here again, the relationship holds. The greater the involvement with drugs (heroin and cocaine), the higher the likelihood of sexual engagement with increasing numbers of partners. This is especially true at the extreme point of 21 or more partners in the past year.

Figure 6
Percentage of Female Offenders Who Have Ever Injected
Drugs by Type of Drug

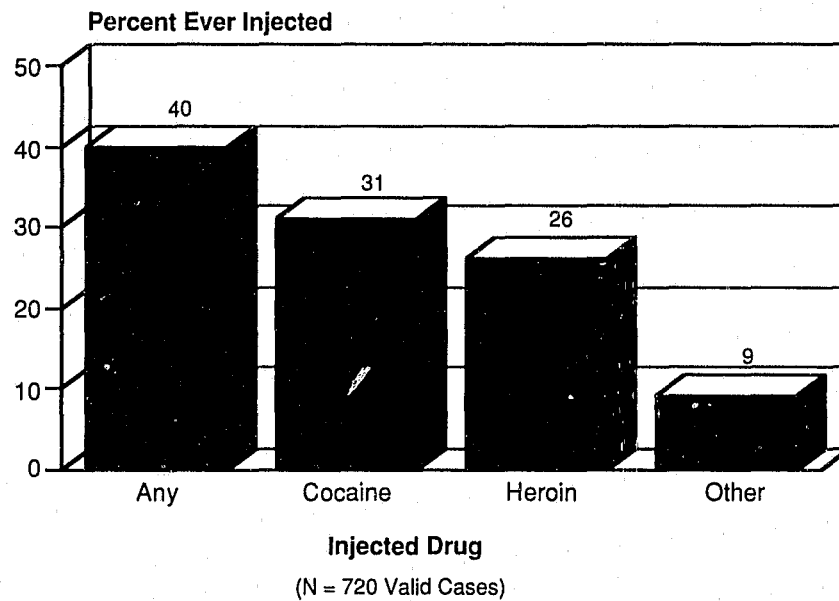


Figure 7
A Comparison Between Male and Female Felons Who Have Ever Injected
Drugs by Type of Drug

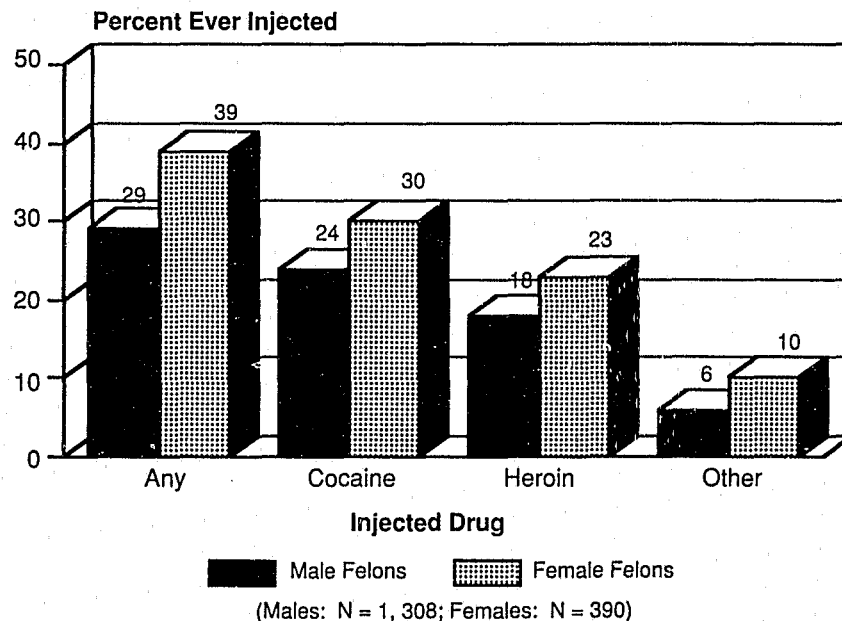


Figure 8
A Comparison Between Male and Female Felons
on Needle-Sharing Practices

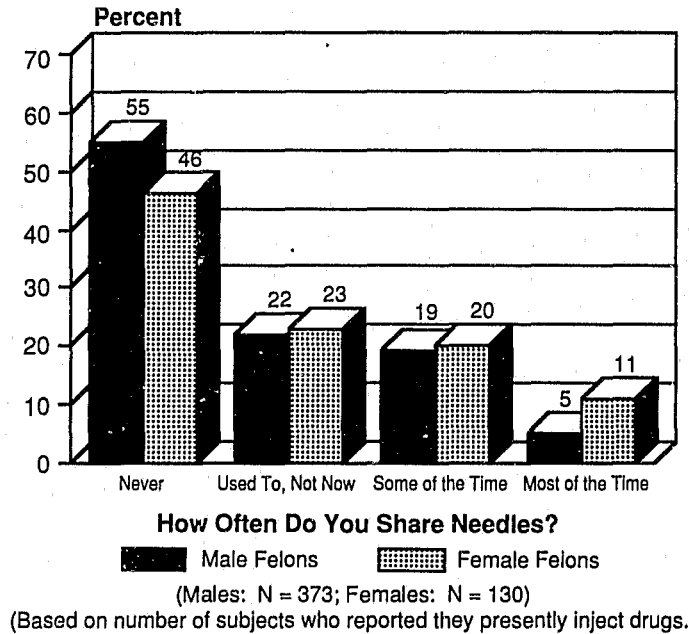


Figure 9
Percentage Female Arrests for Prostitution and Number of Sex Partners
by Detected or Self-Reported Use of Cocaine and Opiates

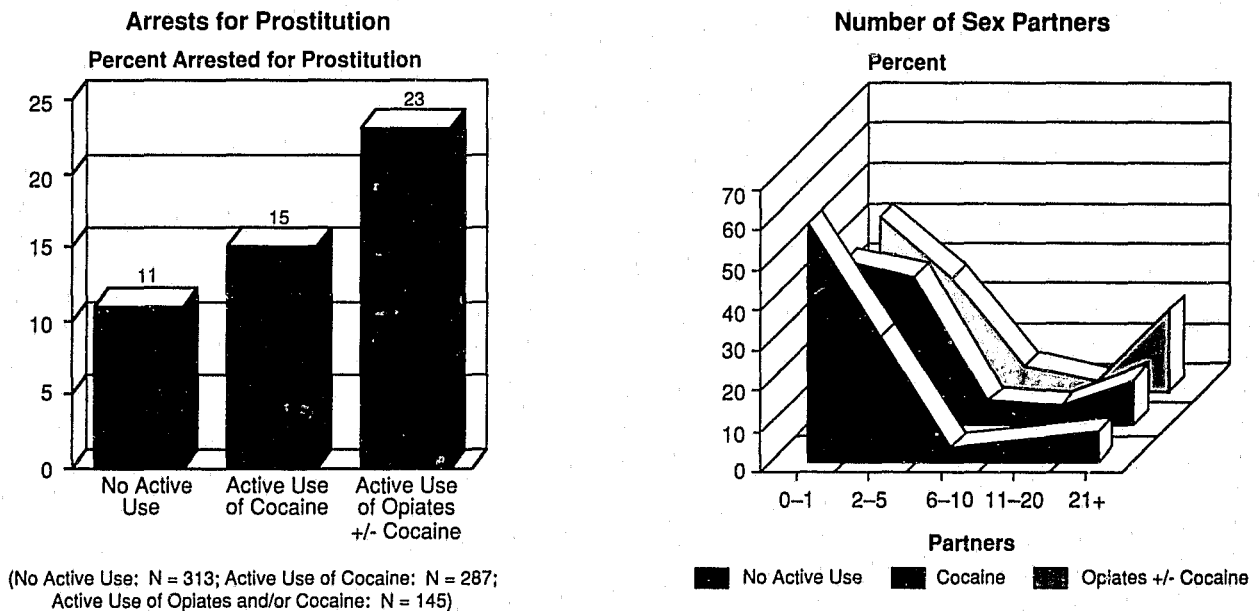
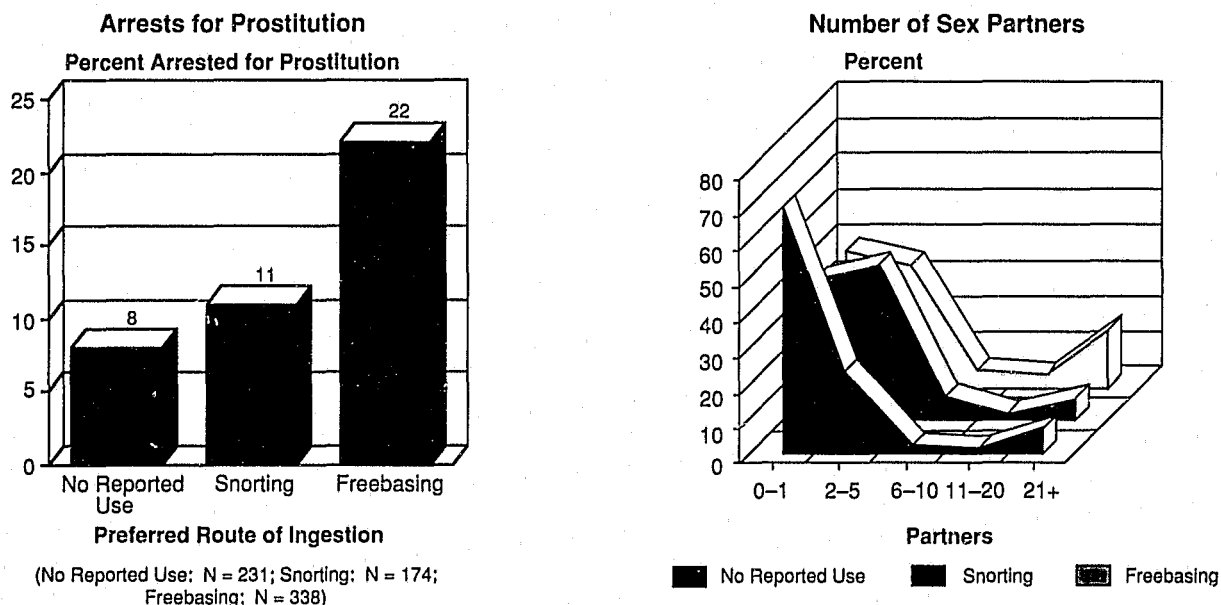


Figure 10
Percentage Female Arrests for Prostitution and Number of Sex Partners
by Preferred Route of Cocaine Ingestion



The next issue to be addressed looks at whether the same relationship is true for intensifying cocaine use. The AIDS risk literature has explicitly identified cocaine use as instigating increased sexual activity in women (Morningstar and Chitwood, 1987). The DUF questionnaire does not elicit responses about the amount and frequency of cocaine use, the usual measures for calculating intensity of use. However, subjects are asked about their preferred method of cocaine ingestion, which, as implied by Kleber (1989), can be used as a yardstick for measuring intensity. Subjects who smoke or inject cocaine are probably more intense users of cocaine (i.e., use cocaine more often and in greater amounts) than subjects who snort or insufflate the drug. For the purpose of these analyses, subjects were regrouped according to their preferred method of cocaine ingestion: 1) no cocaine use; 2) snorting as the preferred route; and 3) freebasing as the preferred route. These three groups were then compared on the percentage of arrests for prostitution and the frequency distribution of the number of sex partners. The results are shown in figure 10. The data are consistent with the hypothesized relationship: Among women, the more intense

the use of cocaine, the greater the likelihood that they will be involved in prostitution and the higher the number of sexual partners they will have.

TASC and Treatment Implications

The data and analyses conducted in this section lay out several emphatic points with respect to treatment:

- First, women do engage in the risky practice of needle sharing to a greater extent than men. Some research has shown that knowledge about AIDS transmission is widespread among IV drug users (Friedman, Des Jarlais, and Sotharan, 1986). Treatment of the female drug abuser who injects drugs, then, must determine why she continues this practice in the face of overwhelming evidence that it places her at an extreme risk of HIV infection. Alternatively, if it is found that female addicts are not receiving basic information about AIDS risk, then such education must become a routine part of treatment programs.

-
- Second, women also appear to use sex as a way of obtaining drugs. Prostitution bears a relationship to increased drug use in general, and to intense cocaine use in particular. The majority of the charges for prostitution were classified as misdemeanors. This means that many, if not most, of these women will not come to the attention of TASC programs until they are charged with a more serious crime. There needs to be special attention given to reaching this group of offenders, possibly through some type of cooperative arrangement between the criminal justice system and TASC or TASC-like programs.

SUBSTANCE ABUSE TREATMENT HISTORY AND PERCEIVED NEED

Finally, the last area for review includes a brief look at the treatment histories of the female arrestees and their perceived need for treatment. As mentioned, a special section describing the results of an informal field survey of TASC treatment providers will be included as well.

Table 7 shows the results from three of the DUF questionnaire items pertinent to this area. Though not shown here, these data are almost identical to those for the male arrestees and invite the same commentary. The majority of these women (71%) had never been in substance abuse treatment and at the time of arrest only about 4% were in treatment. These figures were relatively consistent across sites. When

subjects were asked whether they needed some type of substance abuse treatment now, just over 31% responded that they did. While this is encouraging, it is far from the number of subjects it should have been. This figure, 30%, represents only a little more than half the women who tested positive for cocaine *alone*, not counting any of the other drugs. It seems that like men, a large proportion of women deny that they have a drug problem and that they need help. As a beginning point, however, about one-third of the sample do admit a problem and do recognize the need for treatment. Perhaps the point to start extending treatment services to female offenders in need begins with these women.

Table 7
Treatment History and Perceived Need for Treatment by Site

	*Portland		Phoenix		Chicago		*Birmingham		*Total	
	N	%	N	%	N	%	N	%	N	%
Have You Ever Had Treatment?										
No	63	65.6	224	71.1	46	70.8	71	75.5	404	70.9
Yes, Drug Only	23	24.0	55	17.5	13	20.0	17	18.1	108	18.9
Yes, Alcohol Only	5	5.2	16	5.1	1	1.5	1	1.1	23	4.0
Yes, Drug and Alcohol	5	5.2	20	6.3	4	6.2	5	5.3	34	6.0
Data Not Obtained	113	54.1	0	0.0	1	1.5	62	39.7	176	23.6
Are You in Treatment Now?										
Yes	6	2.9	20	6.3	2	3.1	3	1.9	31	4.2
Do You Need Treatment Now?										
No	137	65.6	206	65.4	38	58.5	107	68.6	488	65.5
Yes, Drug Only	50	23.9	57	18.1	17	26.2	36	23.1	160	21.5
Yes, Alcohol Only	6	2.9	13	4.1	2	3.1	4	2.6	25	3.4
Yes, Drug and Alcohol	10	4.8	19	6.0	5	7.7	6	3.8	40	5.4
Data Not Obtained	6	2.9	20	6.3	3	4.6	3	1.9	32	4.3

*Because of the large amount of missing data in Portland and Birmingham, columns with asterisks indicate where the percentages for the first question were adjusted to reflect only the number of valid cases.

TREATMENT SURVEY

A small informal survey was conducted throughout the country to ascertain the opinions of TASC program professionals on whether current substance abuse treatment is adequate for meeting the needs of the addicted female offender. Special thanks are extended to Pat Craft of Iowa, Manuel Fernandez of Texas, Bob Lefkin of California, Janice Sanders of Florida, Andrew Corizzi of New York, Louise Sokal of New York, and Janet Gilles of Illinois for their time and cooperation in the survey.

Although there was some variation in the intensity of the responses, there were two points uniformly stated: 1) child care must be included in a successful treatment regime; and 2) women addicts suffer a much greater degree of stigmatization than do male addicts. In some ways, the two are interrelated.

One may wish to assume an addicted mother is a "bad mother" and, by some standards, it is likely true. These women, however, are probably single mothers with primary caretaking responsibility. Despite their drug use or criminal behavior, they are interested in their children's welfare. They are immensely reluctant to commit to a program that denies them their children for a long period of time. In fact, their entering treatment might be cause for the State to initiate hearings for either temporary or permanent custody. If a woman fears the State system, does not have relatives or friends with whom to leave the children, and the treatment facility does not provide for child care, the woman has few options.

Several of the respondents also mentioned problems with reunification when the mother and child are separated over time. The mother will likely feel guilty about leaving the child, and the child may feel anger, resentment, or embarrassment about the episode. These issues, coupled with extremely low self-esteem, complicate the therapeutic needs of the female addict.

In addition to these legitimate worries, the addicted female offender is often viewed with contempt and

disrespect. If she is a mother as well, that contempt is multiplied by a belief that she must also be neglectful, if not abusive. The community, the criminal justice system, and her contemporaries are likely to view her as hard, wild, or a whore. While men may be seen as "sowing their wild oats," the same tolerance is not extended to women. Frequently, this double standard is carried into the treatment community where other male clients, if not the staff, have the same beliefs about the female user.

All of these issues combine to make women unlikely candidates for successful treatment. The respondents consistently stated that women stay in treatment for shorter periods of time than men and that much of the treatment available to women is either inappropriate or insensitive to the needs of the female client. This was especially discussed with reference to therapeutic communities (TC).

Although TC's have shown much success with male addicts, it appears that they do not meet the needs of the woman client for several reasons: 1) TC's do not permit children to be a part of the community; 2) the structured system whereby clients earn the privilege to obtain outside help does not meet such unique and immediate needs as eating disorders or medical problems; 3) often, TC's are operated by former male addicts who stereotype the female addict; and 4) the confrontive nature of the TC can feel like an abusive situation to the woman and cause her to cower from, rather than participate in, treatment. As many of these women come from either physically or emotionally abusive relationships, a more nurturing environment may be necessary.

All the respondents agreed that women were probably at a higher risk of contracting HIV infection than men. Though IV drug use and sharing drug paraphernalia were mentioned, the majority reported sexual activity as the riskier behavior for women. As one person stated, "Even in what may seem to us a pathological relationship, the woman will remain true to her man. He in turn, as part of the macho image, will have many sexual partners."

Although several respondents commented that women frequently connect with men for the purpose of obtaining drugs, two people made an important distinction in the "drug for sex" dynamic. It was reported that the female participant was barely postadolescent, while the male was in his late twenties or early thirties.

As mentioned, these comments are based on a very small and informal survey of TASC practitioners; they cannot be construed to represent a uniform opinion or truth. They do seem, however, practical and insightful and their implications for TASC and treatment programs should not be ignored. If treatment is to succeed with the addicted female offender, it should be early, preventive, and sensitive to the emotional and physical needs of women. The dynamics that have formed the rehabilitative world to date are predicated on a male model that has not needed to address such issues. As demonstrated in this paper, women are moving toward equal participation in the criminal and drug world, and the traditional systemic response may need to be modernized.

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