

A gender-specific substance abuse program for federally-sentenced women

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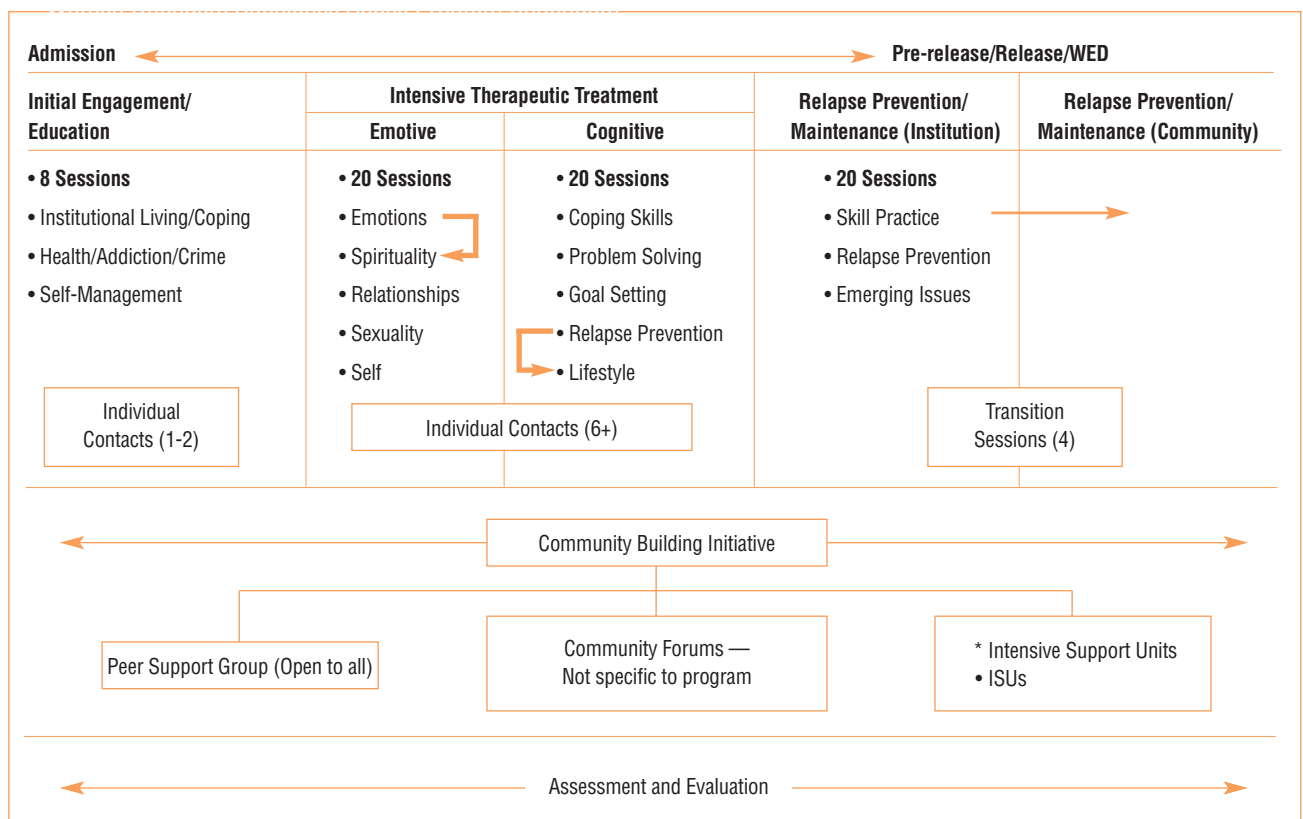
Substance abuse is a significant concern for women offenders. Estimates are as high as 80% with some groups reaching 80-90%. Women offenders who abuse substances have significantly more problems and are more likely to re-offend. For programming to be effective, it must recognize and respond to their unique needs and experiences. Correctional Services Canada (CSC) has responded with a comprehensive gender-based model — a systemic approach grounded in ‘connection’ and ‘community’. A national pilot is currently underway.

A little more than three years ago, CSC asked a panel of internationally recognized experts² to make recommendations regarding substance abuse treatment for women offenders. Experts agreed that a comprehensive gender-based design was needed, one that is multi-dimensional, incorporating both the intervention and the environment. Relational theory is fundamental to this approach and should be reflected in all aspects of programming. CSC accepted the panel’s recommendations and the

challenge to create a new program model began. Several members of the original panel have continued to work with CSC in an advisory capacity as this project unfolds.

The result is a design capable of responding to a wide range of complex needs. It is gender responsive in all respects (content, staffing and culture). Gender responsive, in this context, refers to an environment that reflects a comprehensive understanding of the realities of women’s lives. The institutional milieu is used to reinforce program goals and offer opportunities to add an experiential dimension to treatment where learning and living are integrated. From admission to warrant expiry, this model offers a virtually seamless continuum of matched interventions geared to empowering women to make healthy lifestyle choices.

The following outline briefly describes the program continuum, content, and the relationship between the components of this integrated and systemic response:



Initial Engagement and Education: Connecting with women in within the first day or two of admission can dramatically affect how a woman feels about her environment. This initial contact is an important opportunity to offer support and motivation. While building motivation is always important, it is particularly so in the early days of incarceration. In this Module, the use of drugs and alcohol is addressed broadly and include reference to important health issues such as infectious disease and FAS/D. Because most women offenders are affected directly or indirectly by substance use, whether through a partner, a parent, or a child, this Module is offered to all women in the institution. At minimum, they will be living with many women who do have an addiction.

Intensive Therapeutic Treatment: Offered to women with a moderate to high substance abuse need, this module, which is co-facilitated, integrates those areas that are based in the personal/emotional domain with cognitive-behavioural learning. Rather than treating these needs as independent, the program is designed to weave the two together. Emotions, Spirituality, Relationships, Sexuality and Self are explored in tandem with skill acquisition, changing attitudes, problem solving and preventing relapse. In this way, programming treats substance abuse within a holistic frame of reference.

Relapse Prevention/Maintenance: Similar to Engagement and Education, this module is geared to the needs of all women offenders and builds on the assumption that the principles of behaviour change and maintenance of change are consistent across behaviours and is, therefore generic in content. Relapse prevention and self-regulation strategies are used to enhance strengths, solidify coping strategies and increase self-awareness. With continuous entry, women can begin this module in the institution and complete it in the community. It also functions as an alternative to suspension or revocation for those women who relapse while in the community.

Peer Support and Community Forums: These are less formal and are intended to offer continuous support in an environment where women can explore and access resources outside of the formal program agenda. Based on self-help models, these activities promote mutual support and opportunities to recognize and celebrate achievements. Peer support and community forums are an extension of the broader interest in community building as a means to create or strengthen positive community culture.

CSC contracted with the Centre for Addiction and Mental Health to develop an extensive state-of-the-art program curriculum that is firmly rooted in gender-based principles and recognized best practices in the treatment of addiction. An Implementation Committee was also established with representation from all regions sectors in CSC. This working group has also been instrumental in the preparation of demonstration sites, including the development of operational guidelines and the identification of related resource needs.

All five regional facilities for women offenders agreed to pilot WOSAP. In May of 2003, 12 skilled and enthusiastic program delivery officers were trained and programming implementation began a few weeks later. In September of 2003, 12 community sites were identified and training was again provided to program facilitators who would then deliver Relapse Prevention/Maintenance in the community.

The first year of a two year pilot is near completion and, while there have been a few hiccups, the unique aspects of WOSAP are rapidly becoming part of the program landscape and the response is promising. From June to December 31, 2003, 26 cycles of Engagement & Education and 5 cycles of Intensive Treatment were delivered. In most sites, Maintenance was just beginning. While it is too early to comment on outcome, preliminary indications suggest that program goals targeted are being met. Program satisfaction ratings are very high and facilitators' logs suggest that program content is both challenging and effective. Program completion rates are also a positive sign with the average rate for Education at 93% and 82% for Intensive Treatment (women who do not complete are typically paroled prior to cycle completion). A second round of training was held in May/June, 2004, ensuring that sites are equipped to provide continuous programming. A comprehensive evaluation is planned at the completion of the demonstration period. Considerable interest has been expressed in WOSAP by other jurisdictions, both provincially and internationally. In the interim, the work continues. ■

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² Panel of experts — Dr. Stephanie Covington, La Jolla, California, U.S.A., Dr. George Parks, Seattle, Washington, U.S.A., and Dr. Virginia Carver, Ottawa, ON Canada.