

tions should present a balanced message that does not blame women for their addiction problems, but instead recognizes the need for personal responsibility. To do otherwise only supports the woman's denial.

Materials should communicate an understanding of the stress that many women face in their everyday lives (e.g., poverty, discrimination, violence, unemployment, sexual or emotional abuse, problems with children) and acknowledge cultural or gender roles that contribute to or help lessen such stresses. Women often use alcohol or other drugs to "self-medicate" to deal with the effects of these stress factors. However, the lifestyle of substance abuse, particularly the use of illegal drugs, is itself a stressor. Outreach materials should inform women that there are ways to reduce and cope with stress, including understanding the factors over which they have no control.

All written materials about the program, such as pamphlets, brochures, and posters, should be culturally sensitive, easy to read, and relevant to women targeted for services. Because some substance-abusing women may have learning deficits or reading difficulties, the language should be simple and illustrations should be frequently used. Large print should be used in materials directed at older women. Materials should be published in Spanish and in other languages as appropriate for the target populations. Describe the services and activities offered by the program, or through referral, that meet women's needs. These may include the following:

- information on the substance abuse treatment modalities used in the program. Be specific about whether the program is inpatient or outpatient, the duration of the program, and what child care services are available;
- a description of comprehensive health care and social services provided for women and children and special

*All written materials about the program should be culturally sensitive, easy to read, and relevant to women targeted for services.*

services for pregnant and postpartum women, such as assistance in obtaining entitlements for themselves and their children, infant care and developmental education, parenting training, pre- and postnatal health care for pregnant women, and nutrition education during pregnancy;

- counseling and support group options for women, by women;
- referral and resource information, including telephone numbers that women can call for food, shelter, medical care, and other forms of help in addition to treatment; and
- information on facility accessibility and referral resources to wheelchair users and women with other disabilities. Many programs have purchased telecommunication devices (TDDs) so that women who are deaf can contact the program.

In addition to basic print materials, programs may develop and market public service announcements (PSAs) for radio and television. Collaborating with a local high school, community college, university, radio/television/cable station, or other businesses with a media center to produce professional quality audio and video PSAs that focus on substance abuse has been a highly successful approach. Success stories need to convey to women that they can confront addiction problems and begin their recovery process. If resources are available, develop a PSA targeted to women and adolescent girls in the criminal justice system that informs them about their rights and the services available. Produce a brochure and a PSA about the effects of alcohol and other drugs on an unborn child for distribution to pregnant women, mothers, and women of childbearing age. Advisory board members, advocacy groups (organized around the issues of women and substance abuse), alumnae association members, staff, and female clients can help develop and critique outreach materials.

---

Programs can employ or request voluntary services from artists in the community to help design posters and flyers for the program. Many programs use art created by alumnae. Often, public relations and advertising firms may be willing to provide services to nonprofit organizations as a way of contributing to the community and reaping a tax benefit. The program can also conduct focus groups, formal or informal, with women who reflect the demographics of the target community to pretest the concepts and information developed for PSAs and print materials. This helps to ensure their relevance and effectiveness and create a sense of "ownership" among women in the community.

*Often, public relations and advertising firms may be willing to provide services to nonprofit organizations as a way of contributing to the community and reaping a tax benefit.*

#### **4.3.4 Delivering the Message: The Message Must Reach the Women Targeted for Services**

In most cases, one-on-one personal contact will be the most effective way to encourage substance-abusing women to enter treatment. These personal contacts may be formal (e.g., making a presentation at a club meeting or at a community-based women's health service organization) or informal (e.g., striking up conversations with women in the places where they gather in the community). Examples of strategies for delivering the message include the following:

##### *Print Materials*

- distribute materials in locations such as schools, grocery stores, malls, college campuses, places of worship, homeless shelters, food banks, runaway houses, battered women's shelters, senior citizen centers, day care facilities, welfare and public aid offices, detention centers, youth and recreation centers, major employers, the YWCA, health clubs, local police stations, probation and parole offices, soup kitchens, laundromats, beauty parlors, restaurants, bars, and gas stations;

- have local supermarkets print messages on grocery bags or insert flyers in the bags;
- display posters describing the program's services with phone numbers on telephone poles throughout the community, in compliance with local regulations regarding posters;
- post brochures and posters on bulletin boards in convenience stores;
- encourage local businesses to include flyers in salary envelopes;
- leave materials for distribution in doctors' offices (especially ob/gyn clinics, family practitioners and pediatricians), public health clinics, physical rehabilitation hospitals, emergency rooms, WIC offices, and other locations providing health care and social services for women;
- print buttons and t-shirts with the program's logo on them to advertise the program. Distribute them to women and girls involved in other programs and institutions through a social event arranged with the institutions, such as a movie and a discussion session with refreshments; and
- distribute materials at meetings of clubs, churches, and schools (e.g., Junior Leagues, Parent Teacher Associations).

*Media*

- write articles for the local newspaper on women, addiction, and health issues. Submit them to mainstream newspapers and periodicals as well as to publications for special population groups. Include information about the signs and symptoms of substance abuse and ways to get help;
  - encourage local newspapers and radio and television (TV) stations to advertise the program free of charge. Using local media in rural areas can be a particularly effective outreach
-

strategy because local newspapers and radio and TV stations reach women across large rural counties. Some newspapers may even provide free space;

- hand deliver the program's PSAs to TV and radio stations and try to meet with the person responsible for scheduling PSAs. Work with the station programmers to place the PSAs during programs that are most frequently viewed or listened to by the target populations;
- schedule the program's medical director or other staff members who are sensitive to women's issues as guests on local radio and television talk shows or call-in programs. This can be particularly effective in reaching older women, many of whom are devotees of talk shows; and
- use media outlets with specific target populations. For example, have program personnel fluent in Spanish speak on Spanish language radio and television programs to describe services for Hispanic women. Advertise program services in appropriate language on local radio stations that reach American Indian reservations.

### *Events*

- hold information/education sessions in community settings, such as places of worship, community centers, schools, senior citizen centers, and other safe, familiar environments for potential clients;
  - have a stand or booth at local health fairs, church gatherings, street fairs, and other community events. Answer questions and distribute information on women with substance abuse problems and the services that are available for them and their families;
  - hold a potluck supper or an open house at a neighborhood center or public housing community and invite neighborhood women to attend. Arrange to have a recovering
-

woman talk about her experience with substance abuse problems; and

- be sure events are held in locations that are accessible to persons in wheelchairs. Offer to provide sign language interpreters and other accommodations.

#### **4.3.5 Professional and Community Contacts**

The success of program outreach efforts will depend in large part on the strength of relationships with community-based groups and local, state, and federal service agencies. These groups and agencies will serve as major referral and support sources for the treatment program. The types of agencies to be contacted include: 1) public health and social services; 2) community-based programs for women; 3) the criminal justice system (e.g. the local probation and parole agency, public defenders, detention centers, and jails); 4) major employers; 5) charitable institutions (e.g. the Salvation Army, YWCA, Girl Scouts); and 6) places of worship. To develop liaisons with these organizations it would be appropriate to: 1) send a letter requesting a meeting and enclosing program materials; 2) meet with the appropriate personnel and explain the services provided by the program; 3) arrange to give a presentation or hold an event at the organization; and 4) maintain contact with the organization.

Other specific strategies include the following:

- invite health care providers working in the community to agency functions, community events, outdoor bazaars, and block parties;
- establish a relationship with child protection agencies to help identify women who need substance abuse treatment services and assist recovering women with family reintegration, if appropriate; and

- educate the housing authority about the importance of not evicting women with substance abuse problems, and promote the alternative of having women seek treatment and continuing care services.

#### 4.3.6 Reaching Women's Support Groups

The message must also reach and educate the substance-abusing woman's support group (family, significant others, friends, coworkers) and social systems (spiritual leaders, shelter personnel, law enforcement officials, physicians, pharmacists, visiting nurses, teachers, home health care aides, probation, and correctional officers, etc.). Specifically, an outreach program can reach support groups in the following ways:

- arrange for, facilitate, and/or recommend educational programs for physicians and other health care providers. Topics may include how to diagnose substance abuse and how to refrain from prescribing minor tranquilizers, benzodiazepines or sedative hypnotics for women who abuse alcohol and other drugs;
- encourage families, friends, and coworkers of substance-abusing women to contact the treatment program even if the women deny having a problem or resist help. These individuals may need counseling or other support for themselves. If the program does not have support available for the client's family or friends, the program can refer them to a support group for help (e.g. Al-Anon);
- develop a clear and specific list of symptoms of mental illness evidenced in women who abuse substances for physicians, psychiatrists, and psychologists. Delineate possible substance abuse connections in commonly misdiagnosed ailments such as depression, anxiety, and confusion. Share the list with other health care and treatment providers so they can refer women with dual disorders to substance abuse treatment programs;

- compile a roster of women program graduates and/or family members who can be organized into a community support network that will encourage women who need substance abuse treatment to enter a program; and
- collaborate with local hospitals and other service providers, including other treatment providers, and agencies to co-sponsor events related to women's health, economic issues, parenting responsibilities, family health, and empowerment.



## References

1. National Center for Health Statistics. (1993). *Health United States: 1992*. Rockville, MD: Department of Health and Human Services, Public Health Service, 291.
  2. Finklestein, N., PhD, MSW, Duncan, S.A., MSW, Derman, L., MPH, MSW, and Smeltz, J., MEd, CAC. (1990). *Getting Sober, Getting Well*. Cambridge, MA.: The Women's Alcoholism Program of CASPAR.
  3. *ibid.*
  4. U.S. Department of Commerce, Bureau of the Census. (1992). *Statistical Abstract of the United States: 1992*. Washington, DC: Government Printing Office, 381.
  5. Office of Substance Abuse Prevention Cultural Competence Series. (1992). *Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working with Ethnic/Racial Communities*. Orlandi, M., PhD, MPH, Ed. Rockville, MD: U.S. Department of Health and Human Service, Public Health Service.
  6. *ibid.*
  7. *Getting Sober, Getting Well*, 440.
  8. *Getting Sober, Getting Well*, 441.
  9. Arkin, E.B., and Funkhouser, J.E., Eds. (1990). Addendum to Chapter I: High Risk Teenagers. Office of Substance Abuse Prevention Monograph (5): *Communicating About Alcohol and Other Drugs; Strategies for Reaching Populations at Risk*. U.S. Department of Health and Human Services, Public Health Service, 89.
  10. Gopelrud, E.N., PhD, Ed. (1991). Office of Substance Abuse Prevention Monograph (8): *Preventing Adolescent Drug Use; From Theory to Practice*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 92-94.
  11. The Center for Substance Abuse Treatment. (1992). *Treatment Improvement Protocol (TIP) for Pregnant, Substance-Using Women*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.
  12. Sue, D. (1987). Use and Abuse of Alcohol by Asian Americans. *J. Psychoactive Drugs* 19(1) as cited in U.S. Department of Health and
-

- Human Services, Public Health Service. (1990). *Seventh Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services*. January, 1990. Rockville, MD.
  13. Sun, A. (1991). Issues for Asian American Women. In Roth, P., Ed., *Alcohol and Drugs are Women's Issues*, Vol. I. Metuchen, NJ: Scarecrow Press, 127-128.
  14. Kanuha, V. (1990). Compounding the Triple Jeopardy: Battering in Lesbian of Color Relationships. In Brown, Laura S., and Root, Maria P.P., *Diversity and Complexity in Feminist Therapy*. New York: Harrington Park/Hawthorne Press, 169-184.
  15. Fine, M., and Asch, A. (1988). Introduction: Beyond Pedestals. In Fine, M., and Asch, A., Eds. *Women with Disabilities: Essays in Psychology, Culture, and Politics*. Philadelphia, PA: Temple University Press.
  16. Fine, M., and Ashe, A. (1981). Disabled Women: Sexism Without the Pedestal. *Journal of Sociology and Social Welfare* 8(2), 233-48.
  17. Alcohol, Drugs, and Disability Project of the Pacific Research and Training Alliance. (1993). *Disabled Women with Alcohol and Other Drug Problems*. Berkeley, CA; (Unpublished Paper).
  18. *ibid.*
  19. *Getting Sober, Getting Well*, 498.
  20. For example, see *Getting Sober, Getting Well*, 508 -511.
  21. Depending on the number of employees, treatment programs also may be covered by the employment sections of the Americans with Disabilities Act (Title I for private programs and Title II for public programs).
  22. Eastern Paralyzed Veterans Association. (1993). *The Americans with Disabilities Act: Resource Information*. Jackson Heights, NY: Author. For additional free information pertaining to the ADA and produced by the U.S. Department of Justice and the Equal Employment Opportunity Commission, write the Public Access Section, Civil Rights Division, U.S. Department of Justice, P.O. Box #66738, Washington, DC 20035, or call (202) 514-0301.
-