

Exploring less coercive opportunities to increase access to addiction treatment for women

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Background

Large proportions of treatment referrals come from the criminal justice system, but community resources including health and social services can also facilitate access to addiction treatment services. Prior literature demonstrates that receipt of cash assistance has been associated with accessing addiction treatment services among low-income substance-using mothers after the welfare reform in the 1990s. We sought to examine which health and social services can facilitate access to addiction treatment services.

Methods

We used the National Survey on Drug Use and Health (NSDUH) from 2015 to 2018. The analyses included women 18 to 44 years of age. We assessed whether the utilization of addiction treatment services differed according to women's participation in social services (Supplemental Nutrition Assistance Program (SNAP), cash assistance, non-cash assistance, and Medicaid) and conducted sub-population analyses by their pregnancy status. A weighted logistic regression model estimated odds ratios for addiction treatment access in the past year among women by different social service utilization, adjusted by age, race, residence in urban/rural area, household income, year, and criminal justice involvement in the prior year.

Results

Only 3% of women (age 18-44) accessed addiction treatment services for their illicit drug use during the past year. 27% of women who used illicit drugs in the past year responded they participated in one or more assistance programs and Medicaid. Women's odds of accessing addiction treatment services were greater if they had SNAP (AOR: 3.46 95% CI: 2.48-4.83) or Medicaid (AOR: 2.83 CI: 1.93-4.14).

Conclusion

Preliminary results show that there is an association between receipt of social assistance programs, particularly SNAP, and women's access to addiction treatment services among illicit drug users. Medicaid coverage was also associated with greater likelihood of accessing addiction treatment. We need more research in understanding how to increase opportunities to engage more women in addiction treatment services.

Planning of health education strategies, interventions, and programs
Program planning
Public health or related public policy
Social and behavioral sciences

