



Activating Philanthropic Support of Women Experiencing Addiction

Written by Sarah Twardock, MBA

Substance use disorders affect all ages, races, and socioeconomic groups worldwide. However, certain populations experience unique complexities with respect to SUDs – and women are one of these groups.

While generally men are likelier than women to use drugs, women tend to develop a chemical dependence more rapidly than men. They are also likelier to enter treatment with more severe comorbid medical and behavioral conditions.¹ To add to these challenges, clinical research has historically excluded women, meaning that treatment interventions were not developed with women's potentially differing needs in mind.² For example, women may not have the childcare or financial support they need to remain in treatment. They may also fear losing custody of their children, or being charged with a prison sentence (in federal prison, the majority of women are serving time for nonviolent drug offenses).³ These outcomes can lead to multigenerational trauma and devastation, and they present significant barriers to seeking lifesaving care.

Although important steps have been taken to include women in clinical research and to establish policies and programs that improve their outcomes, the philanthropic community can play a meaningful role in advancing support for women experiencing addiction. Philanthropy should take action to:

- Scale programs that work,
- Advance policies that support quality treatment access and protect women from punitive approaches, and
- Provide seed capital to pilot promising service innovations that meet the unique needs of women.

Programs that Work

Drive improved access to evidence-based treatment: A number of evidence-based SUD services, such as the FDA-approved opioid use disorder (OUD) medications methadone and buprenorphine, are just as safe and effective for women (including pregnant women) as they are for the general population. Philanthropy can help to improve access to these underutilized services by supporting programs that promote uptake by patients and providers. For example:

- [ATLAS™](#) (Addiction Treatment Locator, Assessment, and Standards Platform) is an online platform that helps patients and their loved ones navigate to high-quality addiction treatment.
- [Get Waivered](#) is a national campaign led by Massachusetts General Hospital to encourage emergency department physicians to obtain waivers to prescribe buprenorphine using targeted outreach, digital nudges, and other tools of behavioral science.

Support programs tailored for women and families: Research suggests that a number of interventions, including SUD treatment integrated with health and family services (e.g., prenatal care and education, parenting skills training, etc.), home visiting programs, family skills training interventions, and family treatment drug courts, can improve outcomes for both women and children.⁴ Philanthropy can help scale these services by funding organizations that deliver them and support women's access to care. For example:

- [Children and Family Futures](#) is a systems-building organization, providing consulting, technical assistance, strategic planning, and evaluation services for programs and agencies working at the intersection of child welfare, behavioral health, and court systems.
- [See Her Bloom](#) is an online community to empower Black women experiencing opioid use disorder to heal and renew through storytelling, resources, and guidance for accessing care in California.
- [Nurse-Family Partnership](#) and the [Strengthening Families Program](#) are experienced in delivering data-driven interventions for women and families.
- [A New Way of Life](#) supports the many women rebuilding their lives after being incarcerated for low-level drug offenses.

By providing programmatic funding for effective organizations like these to scale their services, philanthropy can help ensure greater access to evidence-based treatment for women and support the health and well-being of future generations.

Policy and Systems Change

Beyond programmatic investments, philanthropy can play a critical role in ensuring that the policy infrastructure supports treatment access for all women, particularly pregnant women and mothers. Laws and policies that take a punitive approach to pregnant women and mothers who use drugs are historically prevalent in the U.S., and they can alarmingly impede access to treatment and pre- and perinatal care. The 2018 Family First Prevention Services Act represented an important step towards reducing foster care entries, keeping families together at the national level, and shifting the country away from punitive approaches.

Philanthropic funders can support implementation of these policy objectives for mothers with SUDs at the state and local level by funding organizations that work in this space. For example:

- [Guttmacher Institute](#) conducts policy analyses and provides oversight of these issues.
- [Drug Policy Alliance](#) advocates for increased treatment access for pregnant women and more opportunities for families to stay together while parents address problematic drug use.
- [Legal Action Center](#) provides legal and support services for mothers at risk of losing their children due to SUD.

Investing in a supportive and well-enforced policy infrastructure is essential to overcoming the chilling effects of systems that have historically moved too quickly to break apart families due to treatable SUDs.

Service Delivery Innovations

Finally, philanthropy is well-positioned to provide early seed funding for service delivery innovations that have strong potential to **increase treatment engagement and retention for women**. For example, little research has been conducted to determine whether providing childcare as part of SUD treatment improves

outcomes. However, based on the strong logic model and data from one quasi-experimental study (Marsh et al., 2000), childcare can make it easier for women to attend treatment on an ongoing basis and is a promising recovery support.⁵

Additionally, digital SUD treatment has been increasingly recognized as a critical means to **address provider workforce shortages and lower barriers to initiating treatment**—particularly in light of the COVID-19 pandemic and the corresponding exponential growth in telehealth usage. While the digital SUD space is still relatively young, numerous provider and patient advocacy groups are calling for the **continuation of telehealth policy flexibilities** implemented under COVID, due to strong impact potential for the SUD population at large, and particularly for groups like women that may experience unique barriers to in-person treatment retention. Initial results from certain digital programs have demonstrated stronger patient retention than what is typically seen in traditional in-person programs.

Philanthropic dollars can be an important source of patient capital for young SUD programs to test these promising service delivery innovations, provide scholarships to patients in need, and prove out their model to achieve long-term sustainability. Ultimately, these investments will be needed in order to build an efficient, sustainable treatment system that supports women where they are and can meet the demands of our nation's substance use disorder crisis. Philanthropy is uniquely equipped to move funding nimbly into the programs, policies, and innovations that women need today.

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