

Detoxication of the Female Alcoholic: A Follow-up Study

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Summary

Over the six-month period following discharge from a detoxication centre, one-fifth of the 98 women studied were arrested, one-fifth were readmitted to the detoxication centre, one-quarter were admitted to outpatient programmes and over one-quarter entered residential treatment. The results are discussed in relation to previously reported follow-up findings on male detoxication residents.

In reviews of the alcoholism literature on psychosocial treatment outcome studies, several authors have noted the relative absence of research interest in the treatment of the female alcoholic [1, 2, 3, 4, 5]. A recent review by Annis and Liban [6] of English language publications which have appeared since 1950, was able to document only 23 treatment follow-up studies with sex-related data presentation. These outcome reports are restricted to follow-up studies of heterogeneous groups of female alcoholics admitted to hospital-based inpatient or clinic outpatient programmes.

The relatively disaffiliated female alcoholic at the lower end of the social stability continuum has occasioned serious empirical study by only a few investigators [7, 8, 9, 10, 11, 12, 13, 14, 15, 16]. Studies in this area have focused almost entirely on descriptive accounts of related medical, sociological and psychological variables. Historically, the lack of attention paid by social scientists to homeless women, many of whom are alcoholic, is probably related to the low proportion of such women found in most urban centres [11]. Blumberg, Shipley and Barsky [8] have suggested that a more protective attitude on the part of social welfare agencies and church organizations, together with the demand for female-related skills, housekeeper and sexual companion may account for the low proportion of women among the most homeless and disaffiliated in society.

In recent years in both Canada and the United States, detoxication centres catering to this population have emerged [17, 18, 19]. Although a large number of reports focusing on the male detoxication resident have appeared, no follow-up studies have been reported to date on the overall effectiveness of treatment-oriented detoxication centres for the female alcoholic.

The present paper presents a follow-up study of women admitted to an alcohol detoxication centre in a large Ontario community. The study was designed to describe the six-month post-detoxication careers of a representative sample of women in terms of their arrest rates for public drunkenness (and other offences) and their disposition within the criminal or health care systems; re-admission rates to a detoxication centre; admission rates and length of stay at residential and outpatient treatment facilities; route or referral (i.e. detoxication

centre vs. other referral source) to treatment facilities; and extent and pattern of multiple involvement with police, detoxication centres and treatment facilities.

Method

The sample of 98 women comprised all documented first admissions to a detoxication centre in Toronto during a four-month period. The documented cases represented 94 per cent of all first admissions to the centre over this period. Undocumented cases were largely women who stayed only a few hours at the centre and provided insufficient background information for study purposes.

Prior to discharge from the detoxication centre, each woman was interviewed and the following information was recorded: age, education, marital status, number of children, present accommodation, employment status, type of employment, alcohol consumption, number of months in jail, in residential treatment and in outpatient treatment during the past year, number of arrests for public intoxication during the past year, number of months employed during the past year, and referral source.

A search was made of treatment and arrest records of the women for a period of six months following their discharge from the detoxication centre. The date of birth and all known aliases of each woman were used in this search. Treatment records were sought from all agencies to which the detoxication centre has made referrals, as well as other health care agencies within a forty mile radius of Metropolitan Toronto known to be involved in the rehabilitation of women alcoholics. All agencies approached cooperated in providing the information required. In total, 12 residential treatment facilities (2 halfway houses, 1 industrial unit, 5 psychiatric hospitals, 2 public hospitals specializing in the treatment of alcoholism, and 2 short-term residences), 19 outpatient clinics, 7 police departments, and 1 detoxication centre provided six-month follow-up information on the women in the sample.

For each patient contact with a treatment agency, the following information was recorded: type of agency, dates of admission and discharge, length of stay in the case of residential facilities, and number of appointments in the case of outpatient departments, source of referral, and type of referral on discharge. The seven local police divisions provided documentation on women arrested during the follow-up period, including the number of arrests, the type of offences involved and their disposition.

Results

Characteristics of the follow-up sample

Most of the 98 women were Caucasian and between 26 and 55 years of age. Over one-third had completed high school and the majority had at least some high school education. About one-quarter had never married and almost 40 per cent were separated, divorced, or widowed. Two-thirds of the women reported having at least one child. Very few of the women (6%) had been in jail at any time in the past year, although a substantial percentage (41%) had been arrested for drunkenness. Almost all reported a current living address to which they could return.

During the preceding year, over one-quarter (28%) had entered a residential treatment facility and 10% had had contact with an outpatient clinic. About half (51%) had been brought to the detoxication centre by the police.*

Police arrests

Eighty per cent of the women were not arrested by the police during the six-month period following detoxication. Eight per cent of the 98 women were arrested two or more times; 5 per cent were arrested three or more times; and only one woman was arrested as frequently as once a month on average.

Of the 39 charges brought, over three-quarters were for alcohol-related offences (i.e., drunkenness, other breaches of the Liquor Control Act, and impaired driving). Other crimes, such as against property or persons, accounted for the remaining 23 per cent of charges brought.

With the funding of detoxication centres and the governmental adoption of a social-welfare approach to public drunkenness, many believed that most persons arrested for drunkenness would be taken by the police to local detoxication centres. However, in the present sample of women who had formerly been admitted to a detoxication centre, only 24 per cent of those who had been arrested for drunkenness during the six-month post-detoxication follow-up period were returned by police to the centre. Despite the fact that the female beds at the centre were rarely full, the majority of female drunkenness arrestees were processed through the criminal justice system. In most of these cases (80%), the women were held in police custody (the 'lock-up') for several hours before receiving a summons for a court appearance, although in a minority of cases (20%), the women were not detained but simply issued a summons upon arrest.

Detoxication centre readmissions

Eighty-one per cent of the women were not readmitted to the detoxication centre over the six-month period following detoxication. Six per cent of the women were readmitted two or more times and 3 per cent were readmitted three or more times.

Post-detoxication referrals

The number of women accepting referrals following their first and subsequent admissions to the detoxication centre were verified through record searches of the receiving agencies. Of all admissions ($N = 128$) of the women for detoxication during the study period, 14.1 per cent resulted in confirmed referrals to rehabilitative agencies. The women were slightly less likely to have a confirmed referral following their first (13.3%) than a subsequent (16.7%) admission to the detoxication centre.

* A change in the Liquor Control Act of Ontario, 1971, empowered police to take inebriates to detoxication centres without the laying of a charge. However, public intoxication remains an offence in Ontario. At the discretion of the police, a charge can be laid and the accused may be summonsed for a court appearance or held over for trial and sentencing. Fines and jail terms for public intoxication are still common particularly among male offenders.

Most of the women who verbally accepted a referral while at the detoxication centre did present for admission at the receiving agency. The rates of confirmation of referrals, however, varied considerably between programmes from a high of 100 per cent arrival rate for referrals to short-term (crisis) residential facilities to a low of 60 per cent arrival rate at halfway house programmes and outpatient clinics. In general, the women were less likely to arrive at programmes which had waiting lists of one week or more.

Residential and outpatient treatment

In all, 26.5 per cent of the sample entered a residential treatment facility at some time during the follow-up period, and 24.5 per cent entered an outpatient programme. Admissions to psychiatric hospitals and public hospitals specializing in the treatment of alcoholism accounted for the great majority of these admissions. Surprisingly, of the women who entered a treatment programme during the follow-up period, less than one-third (29%) were referred directly from a detoxication centre.

Multiple admissions to residential programmes over the six-month period were not common. Among women entering residential treatment, the mean number of admissions was 1.3 and the average length of stay per admission was 3.7 weeks. Women stayed the longest in halfway houses (\bar{x} = 8.5 weeks), although their average length of stay in halfway houses fell short of the expected residency length of three to six months in these programmes. Their average length of stay in psychiatric hospitals (\bar{x} = 3.7 weeks) and public hospitals specialized in the treatment of alcoholism (\bar{x} = 3.2 weeks) corresponded well to the average length of programmes offered by these facilities.

Retention and readmission rates of the women in outpatient programmes were also examined. Among women entering outpatient treatment, the mean number of visits was 7.2. Fifty-eight per cent attended five or more appointments. The mean number of admissions per woman was 1.2.

It might be expected that women who entered residential or outpatient programmes would be less likely to be arrested or readmitted to the detoxication centre during the follow-up period. This was not found to be the case. Twenty-six per cent of women admitted to a residential or outpatient programme versus 20 per cent of those not treated were arrested by the police. Similarly, 32 per cent of those treated versus 16 per cent of those not treated were readmitted to the detoxication centre.

Multiple involvement with the health care and correctional systems

Over the six-month follow-up period, many of the women had multiple involvement across the various sectors of the health care system (i.e., detoxication centre, residential facilities, and outpatient clinics) and with the police. Table 1 summarizes the involvement of the women within each of these sectors, and the extent of their multiple involvement across sectors. Among women who entered residential treatment, 54 per cent were also found to have contact with an outpatient clinic, 27 per cent were readmitted to the detoxication centre, and 31 per cent

Table 1 Multiple involvement of women (N = 98) with police and health care services during six-month follow-up period

	N	Admitted to residential facility		Admitted to outpatient clinic		Readmitted to detoxication centre		Arrested by police	
		(N)	%	(N)	%	(N)	%	(N)	%
Admitted to residential facility	26	-	-	(14)	54	(7)	27	(8)	31
Admitted to outpatient clinic	24	(14)	58	-	-	(9)	38	(5)	21
Readmitted to detoxication centre	19	(7)	37	(9)	47	-	-	(5)	26
Arrested by police	20	(8)	40	(5)	25	(5)	25	-	-

were arrested by the police. As shown in Table 1, a similar profile emerged when groups involved in each sector were considered. It is clear that a relatively small number of women are responsible for a high frequency of contacts across the various sectors of the health care and correctional systems.

Summary and Discussion

A follow-up study was conducted of 98 women first admissions to a detoxication centre in Toronto. A comprehensive search was made of all record files on the women held by police. Treatment records were sought from all agencies to which the detoxication centre had made referrals, as well as all health care agencies within a forty mile radius known to be involved with women alcoholics. In total the records of seven police departments and 31 treatment agencies were searched. Over the six-month period following detoxication: 1. 20% of the women were arrested, with 5% having three or more arrests; 2. 19% of the women were readmitted to the detoxication centre, with 3% having three or more readmissions; 3. 27% of the women entered residential treatment and 25% were admitted to outpatient programmes; 4. direct referrals from the detoxication centre to residential and outpatient treatment programmes accounted for less than one-third (29%) of the treatment admissions; and 5. a small number of women accounted for multiple contacts across the various sectors of the health care and correctional systems. Since contacts outside the immediate geographical area were not documented, the observed rates of involvement must be considered conservative figures.

The present study on the female alcoholic parallels a previously reported follow-up study on over 500 male admissions to detoxication centres in Ontario [20]. Both studies employed similar data collection and analysis techniques. It is, therefore, of interest to compare the outcome figures of the two studies.

The arrest frequency of the female sample was less than half that observed over a comparable six-month post-detoxication follow-up period for the male

detoxication sample. This finding reflects the much lower female population rates for drunkenness arrests [21]. The rates of involvement of the female sample in various sectors of the health care system tended to be lower than those reported for males. Nineteen per cent of women compared with 52 per cent of men were readmitted to a detoxication centre within six months. Similarly, 27 per cent of women versus 37 per cent of men entered residential treatment. Only in admission to outpatient programmes was the female rate observed in the present study (25%) as high as the previously reported rate for males (23%). The reason for the observed sex difference in admission rates to detoxication and residential programmes is not entirely clear. Availability of female beds could not account for the finding since female bed occupancy figures were very low during the study period. Although a few of the women had child care responsibilities that precluded their entry into residential programmes, this situation applied to only a small minority of women. The most likely explanation appears to lie in the observation that the women in the sample were more likely than the men to have alternative housing arrangements available to them – typically, at the residence of a somewhat more stable male companion.

In terms of the 'revolving door' pattern that has frequently been found to characterize male inebriates, considerably lower treatment readmission rates, and arrest rates were observed among the female sample. Multiple contacts within the health care and correctional systems following detoxication were restricted to a relatively smaller percentage of women than men. It is possible that some of the difference may be attributable to the small number of short and long-term facilities available to women thereby restricting the number of stations on the treatment loop for women alcoholics.

There was evidence that retention of the women in residential and outpatient programmes is not the acute problem observed among male inebriates [20, 22, 23]. This would be expected based on the higher level of social stability that characterized the female sample. Retention rates in rehabilitation programmes among the present female detoxication sample compared well with those reported for general alcoholic populations [24, 25].

As was indicated in the earlier study of male inebriates [20], the detoxication centre was shown to be playing a significant but nevertheless relatively minor role in integrating women into the health care system. The majority of women (71%) who entered treatment during the six-month follow-up period did so via referral sources other than the detoxication centre. This is not surprising given that most detoxication residents had contact with treatment agencies prior to their admission to a detoxication centre and were familiar with existing treatment resources.

It was noted in the earlier study of males discharged from detoxication centres [20] that most of the men who were subsequently arrested for drunkenness were processed through the criminal justice system rather than being readmitted to a detoxication centre. In total, only 13 per cent of male drunkenness arrestees were taken by police for detoxication, while the remaining majority were detained and/or summonsed. The present study found that a somewhat higher percentage (24%) of women who were arrested for drunkenness during the follow-up period were taken to a detoxication centre. This higher proportion of female compared to male drunkenness arrestees taken for detoxication may re-

flect, in part, a more protective, rehabilitative attitude of police towards the female drunkenness offender. Nevertheless, the overall percentage for females, as for males, is disappointingly low. The results are particularly surprising given the ample availability of detoxication beds for women in the area studied. Clearly, even within jurisdictions with adequate detoxication resources for women, a state of partial decriminalization of public drunkenness is operational in Ontario. Under such circumstances, the proposed benefits of a social-welfare approach to public drunkenness cannot be realized.

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