



Women's Services Network

The Women's Services Network (WSN) is an organization of State Alcohol and Other Drug (AOD) Agency Representatives dedicated to the development and promotion of evidence-based practice that addresses the unique alcohol and other drug prevention, treatment, and recovery service needs of women and their families throughout their lifespan.

WSN Overview

The Women's Services Network (WSN) functions as a specialty network of NASADAD's National Treatment Network (NTN) dedicated to the overall goal of effective, socially responsive service delivery for all women. Specifically, the WSN:

- Promotes the integration of evidence-based, gender-responsive prevention, early intervention, treatment, and recovery services for women and their families across the lifespan
- Engages in State-to-State learning regarding issues facing women with substance use disorders, including pregnant and parenting women, and the urgent need to promote prevention, intervention, treatment, and post-partum services that are comprehensive, readily accessible, and cost-effective
- Advances the data collection and continuous quality improvement of clinical and recovery support practices that achieve better service outcomes for women, their families and communities
- Shares information on collaborative multi-systemic, multi-disciplinary, and holistic approaches that maximize the wellbeing of women.

The WSN is comprised of the women's service coordinators from across the country that have been appointed by their State Director to guide the development and the delivery of prevention, treatment, and recovery support services in their respective states.

The primary role of the WSN is to ensure that the unique treatment and prevention needs and concerns of women and their families are addressed. The WSN works to expand and improve the publicly-funded treatment and prevention systems and services, and to facilitate collaboration with other public and privately funded service agencies that serve women and their families. The NTN and WSN also work with the Center for Substance Abuse Treatment (CSAT) and other stakeholders to support and promote shared interests including expansion of effective and efficient treatment for substance use disorders that is comprehensive as well as culturally and gender appropriate.

Women with Substance Use Disorders

- Women get drunk faster, become addicted to alcohol more quickly and develop alcohol-related diseases such as hypertension and liver, brain and heart damage more rapidly than men. (Women Under the Influence; National Center on Addiction and Substance Use at Columbia, 2006)
- Physical and sexual trauma followed by post-traumatic stress disorder (PTSD) is more common in women than in men who seek substance use treatment (National Institute for Drug Abuse, 2009)
- Women with substance use disorders are more likely to experience the following co-occurring disorders: depression, dissociation, post-traumatic stress disorder, other anxiety disorders, eating disorders, and personality disorders. (Covington, 2008)
- Of the 13,720 substance abuse treatment facilities included in the National Survey of Substance Abuse Treatment Services, 31.5% have programs for adult women, and 12.7% have programs for pregnant and postpartum women. (N-SSATS, 2011)
- Of women who entered treatment in 2012, 71.6% were white, 17.1% were African American or black, 2.7% were American Indian, 0.5% were Asian, and 8.1% were another race or more than one race (TEDS, 2012)
- The principal source of referral for women includes: self-referral (37.9%), criminal justice (26.9%), substance use care provider (10.0%), other health care provider (8.2%), school (1.1%), employer (0.3%), and other community referral (15.6%) (TEDS, 2012)
- 47.8% of women who received treatment services in 2012 did not have health insurance coverage; 12.0% had private insurance, 31.2% had Medicaid, and 9.0% had Medicare or another insurance (TEDS, 2012)
- 46,727 women (8.4% of women receiving treatment services) received MAT in 2012 (TEDS, 2012)
- The service setting at admission for women includes: non-intensive outpatient (49.6%), 24-hour free-standing residential detox (15.2%), intensive outpatient (13.4%), short-term residential (9.8%), long-term residential (8.1%), inpatient (2.6%), ambulatory detox (1.0%), and non-detox rehab (0.3%) (TEDS, 2012)

WSN Executive Leadership

President karen.mooney@state.co.us	Karen Mooney CO
Immediate Past President Starleen.scott-robbins@dhhs.nc.gov	Starleen Scott Robbins (NC)
Vice President suzette.tucker@maryland.gov	Suzette Tucker MD
Secretary Christine.Scalise@dhs.state.nj.us	Chris Scalise NJ
Treasurer jennifer.m.foley@state.or.us	Jennifer Foley OR
Region I Representative CT, MA, ME, NH, RI, VT Lori.Dorsey@bhddh.ri.gov	Lori Dorsey RI
Region II Representative NJ, NY, PR maria.morris@oasas.ny.gov	Maria Morris-Groves NY
Region III Representative DE, DC, MD, PA, VA, WV martha.kurgans@dbhds.virginia.gov	Martha Kurgans VA
Region IV Representative AL, FL, GA, KY, MS, NC, SC, TN Natasha.Marvin@mh.alabama.gov	Natasha Marvin AL
Region V Representative IL, IN, MI, MN, OH, WI SmithA8@michigan.gov	Angie Smith-Butterwick MI
Region VI Representative AR, LA, NM, OK, TX Lisa.Ramirez@dshs.state.tx.us	Quinetta Womack LA
Region VII Representative IA, KS, MO, NE michele.tilotta@idph.iowa.gov	Michele Tiolotta IA
Region VIII Representative CO, MT, ND, SD, UT, WY barbara.shoupanderson@state.sd.us	Barbara Shoup Anderson SD
Region IX Representative AZ, CA, GU, HI, NV	
Region X Representative AK, ID, OR, WA PineSJ@dshs.wa.gov	Sarah Pine WA
NTN Representative flong@daodas.sc.gov	Frankie Long SC
NPN Representative Gail.Taylor@dbhds.virginia.gov	Gail Taylor VA
OTN Representative stacy.chamberlain@srs.ks.gov	Stacy Chamberlain KS
NASADAD Staff Liaison swickramatilake@nasadad.org crussell@nasadad.org	Heather Dougherty (Lead), Candice Russell
CSAT Project Officer Sharon.Amatetti@samhsa.hhs.gov	Sharon Amatetti

WSN Subcommittees

❖ **Learning Collaborative on Primary Care Integration**

Co-Chairs: Angie Smith-Butterwick (MI) and Valerie Robinson (DC)

Dedicated to sharing information about the integration of women's substance abuse services in primary care settings.

❖ **Pregnant and Parenting Women**

Co-Chairs: Shawna Pena (WY, shawna.pena@wyo.gov) and Karen Pressman (MA, karen.pressman@state.ma.us)

Dedicated to the education of policymakers and legislators regarding substance use during pregnancy, its social and economic impact on women, children, families, and societies, and the need to promote prevention and treatment services that are comprehensive, readily accessible and cost-effective.

❖ **Recovery Oriented Systems of Care for Women**

Co-Chairs: Jackie Doodley (OH, jdoodley@ada.ohio.gov), Bernestine Jeffers (WI, Bernestine.Jeffers@dhs.wisconsin.gov)

Dedicated to the integration of gender responsive prevention, early intervention, treatment, and recovery services for women and their families across the lifespan within a changing health care environment.

Links for More Information

- NASADAD: <http://www.nasadad.org>
- CSAT: www.samhsa.gov/about/csat.aspx
- Center for Substance Abuse Prevention (CSAP): www.samhsa.gov/prevention
- Center for Mental Health Services (CMHS): www.samhsa.gov/about/cmhs.aspx
- Children and Family Futures: www.cffutures.org
- National Center on Substance Abuse and Child Welfare: <http://ncsacw.samhsa.gov>
- National Institute of Corrections: www.nicic.org
- National Trauma Consortium (NTC): www.nationaltraumaconsortium.org/