



Testimony

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**ADMS BLOCK GRANT:
Women's Set-Aside Does Not Assure
Drug Treatment for Pregnant Women**

Statement of
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Before the
Subcommittee on Health and the Environment
Committee on Energy and Commerce
House of Representatives



SUMMARY OF GAO STATEMENT

One of the most troubling aspects of the current drug epidemic in the United States is the number of women, especially women in their childbearing years, who are using drugs. While the extent of drug abuse among pregnant women is uncertain, annual estimates of the number of infants born annually that were prenatally drug-exposed range from 100,000 cocaine-exposed infants to as many as 375,000 drug-exposed infants.

CRITICAL BARRIERS TO DRUG TREATMENT: Drug-abusing pregnant women and mothers with young children face barriers that often prevent them from receiving treatment designed to address their needs, such as prenatal care, education and counseling on parenting issues, and care of children during treatment. One of the most critical barriers is the lack of adequate treatment capacity and appropriate services.

FUNDING FOR WOMEN INCREASES, BUT IMPACT UNKNOWN: To address the special needs of these women, the Congress, between fiscal years 1988 and 1990, increased the women's set-aside, from the ADMS Block Grant by almost 500 percent. However, the Congress does not have a clear picture from the Department of Health and Human Services (HHS) of how the women's set-aside is used or what impact it has had on the treatment of pregnant women and mothers with young children. This is because

- HHS has not clearly specified to the states what information they must provide; therefore, it lacks complete information from state annual reports on the extent to which the set-aside was used to provide services to women, especially pregnant women and women with dependent children;
- states do not know the number of pregnant women in need of drug treatment; and
- as currently designed, the women's set-aside does not assure that states will fund treatment specifically designed for pregnant women and mothers with young children.

GAO Recommendations

The Secretary of HHS should direct the Administrator, Alcohol, Drug Abuse, and Mental Health Administration, and the Director, Office for Treatment Improvement, to clearly specify annual reporting requirements for the states in a manner that allows for the national aggregation of reported data.

Matter for Congressional Consideration

The Congress may wish to amend the ADMS women's set-aside so that states are required to spend a certain percentage of the set-aside exclusively on treatment services for pregnant women and mothers with young children. To ensure there is no ambiguity in the language of the set-aside, the Congress should define what constitutes a program or service for these women.

Mr. Chairman and Members of the Committee:

I am pleased to be here to discuss our report, which is being released today, on the role of the ADMS Block Grant women's set-aside in addressing the treatment needs of drug-abusing women, especially pregnant women and mothers with young children.¹ A year ago, we reported on the problem of substance-abusing mothers and their infants--one of the most troubling aspects of our current drug epidemic.² While the extent of drug abuse among pregnant women is uncertain, estimates of the number of infants born annually that were prenatally drug-exposed range from 100,000 cocaine-exposed infants to as many as 375,000 infants drug-exposed.³ We found that there appears to be a large gap between the number of women who could benefit from drug treatment and the availability of treatment services designed to meet these women's needs. We concluded that the increasing number of drug-exposed infants has become a serious problem requiring a national response.

¹ADMS Block Grant: Women's Set-Aside Does Not Assure Drug Treatment for Pregnant Women (GAO/HRD-91-80, May 1991).

²Drug-Exposed Infants: A Generation at Risk (GAO/HRD-90-138, June 28, 1990).

³The first estimate appeared in the National Drug Control Strategy, (The White House, Sept. 1989); it does not mention the number of infants exposed to drugs other than cocaine. The second estimate was made by the president of the National Association for Perinatal Addiction Research and Education. Neither estimate is based on a nationally representative sample of births.

BACKGROUND

Created in 1981, the ADMS Block Grant is the primary federal program designed to fund drug treatment. The women's set-aside was established in 1984 at 5 percent of the total grant. The 1988 amendments increased the set-aside and required the states to spend at least "10 percent for programs and services designed for women (especially pregnant women and women with dependent children) and demonstration projects for the provision of residential treatment services to pregnant women." The ADMS Block Grant statute, however, does not define services "designed for women." From fiscal year 1988 to 1990, the Congress increased the appropriations for the ADMS Block Grant which had the effect of increasing the set-aside for women from \$24.4 million to \$119.3 million.

As you requested, we examined (1) the barriers facing pregnant women and mothers seeking treatment, (2) whether the Congress has the information it needs to oversee how states are using the women's set-aside to meet the treatment needs of women, and (3) whether the states have used the women's set-aside to provide specifically for women's treatment. I will discuss each of these issues in turn.

CRITICAL BARRIERS RESTRICT
TREATMENT OPPORTUNITIES FOR
PREGNANT WOMEN

A number of critical barriers may prevent pregnant women or mothers with young children from receiving treatment. These women have needs that may include prenatal care, education and counseling on parenting issues, and the care of children during treatment.

The most critical barrier, according to state officials, is the lack of adequate treatment capacity and appropriate services among drug treatment programs for pregnant women and mothers with young children. The demand for programs designed for pregnant women exceeds the available supply.

Other barriers that restrict treatment opportunities include (1) resistance to placing drug treatment facilities in various communities, (2) transportation problems, and (3) the women's fear of criminal prosecution if they identify themselves as drug users. Overcoming these barriers may help women to seek treatment.

DATA INSUFFICIENT TO CLARIFY

USE OF SET-ASIDE PROGRAM

Has the ADMS Block Grant set-aside helped to overcome the primary barrier--the lack of adequate treatment slots for women, particularly pregnant women and mothers? Unfortunately, we don't know. Because HHS has not obtained the needed information from the states, it is unable to provide the Congress with a clear picture of how the women's set-aside is used or what impact it has had on the treatment of pregnant women and mothers with young children.

The law requires that states, in annual reports to HHS, provide detailed information on new or expanded programs for women; and authorizes HHS to specify the form and content of the reports.⁴ However, for the fiscal year 1989 ADMS Block Grant annual report, HHS did not clearly identify what information was required, and many states did not provide information on treatment designed for mothers or other women. Moreover, 29 states did not report specifically on new or expanded treatment for women. Despite this, HHS accepted 24 of

⁴Under the ADMS Block Grant, states are required to prepare and submit to HHS annual reports on their use of the block grant, including the women's set-aside, "in such form and contain such information as the Secretary of HHS determines...." States must also provide in their annual reports a detailed description of new or expanded alcohol and drug abuse programs and services using the women's set-aside (42 U.S.C. 300x-5(a)).

these reports as complete. However, we can't tell whether these states had new or expanded programs that they didn't report or whether they had no such programs.

We reviewed the states' annual reports in order to provide a summary of services to this Subcommittee.⁵ However, these annual reports did not contain the information needed to determine the extent to which the set-aside was used to provide services for pregnant women and drug-abusing mothers. Of the 50 state annual reports, 25 made no mention of services provided to pregnant women and women with children.

Further, the various report formats used by the states made it impossible to aggregate the data so as to present a clear national picture of the treatment needs of women, pregnant women, and mothers with young children.

STATES DO NOT KNOW NUMBER OF PREGNANT
WOMEN IN NEED OF TREATMENT

In the course of our work, we visited seven states, and found that none of them had determined the number of pregnant

⁵In the 50 reports submitted through February 1991, we reviewed sections related to the women's set-aside for fiscal year 1989, the most recent year available.

drug-abusers who require treatment.⁶ Although, the states are not required to, gathering this information would enable them to make more informed decisions about allocating funds to address their problems.

ADMS WOMEN'S SET-ASIDE DOES NOT ASSURE
TREATMENT DESIGNED FOR PREGNANT WOMEN
OR MOTHERS WITH YOUNG CHILDREN

Comprehensive and consistent information is lacking, but on the basis of our visits to seven states, it appears that the women's set-aside does not assure that states will fund treatment specifically designed for pregnant women and mothers with young children. This is because the set-aside encourages, but does not require, states to fund treatment specifically designed for these women. In addition, the set-aside does not define what constitutes a program or service specifically designed for pregnant women or women with children.

The seven states we visited varied in their use of the women's set-aside. Two states--South Carolina and Texas--did not use the women's set-aside to fund treatment programs specifically designed for pregnant women or mothers with young children. However, officials from both states told us that they had

⁶Two states--South Carolina and Texas--have begun studies to determine the number of substance-exposed infants born statewide.

complied with the women's set-aside since the costs of treating women represented at least 10 percent of their ADMS Block Grant funding. In South Carolina, none of the 56 treatment programs were designed for pregnant women and women with dependent children.

RECOMMENDATION

To better assure that the Congress is given a clear picture of how the funds for the ADMS Block Grant women's set-aside are used, we recommend that the Secretary of Health and Human Services direct the Administrator, Alcohol, Drug Abuse, and Mental Health Administration, and the Director, Office for Treatment Improvement, to specify annual reporting requirements for the states in a manner that allows for the national aggregation of reported data. States should be required to report on (1) all treatment programs for pregnant women and women with children and new or expanded treatment programs or services for women--whether women in general, pregnant women, or women with dependent children and (2) the number of drug-abusing pregnant women and women with dependent children.

MATTERS FOR CONGRESSIONAL CONSIDERATION

Should the Congress decide that pregnant women and mothers with young children need special funding priority for drug treatment, it may wish to consider the following:

- Amend the ADMS women's set-aside so that states are required to spend a certain percentage of the set-aside exclusively on treatment services for pregnant women and mothers with young children.
- Clarify the language of the set-aside by defining what constitutes a program or service specifically designed for women, pregnant women, or mothers with young children.

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Mr. Chairman, this concludes my statement; I will be pleased to respond to any questions you may have.