Introduction
Over the past decade the study of substance misuse in women has highlighted gender differences that are relevant to the best gender specific practice of treatment (Zilberman et al., 2002). In addition to treatment content, the style of treatment delivery needs to be different for women; women’s programmes are seen as more effective if they focus on empowerment, support, skills building and strength identifying rather than confrontation (Pelissier and Jones, 2005).

Greater effectiveness has been demonstrated for women-only programmes that address problems common to substance abusing women (Greenfield et al., 2007) but there is a paucity of literature on treatment outcomes for dual diagnosis women treated in secure settings.

While controlled treatment trials to establish the effectiveness of psychological interventions for substance misuse with psychiatric comorbidity are required (Cleary et al., 2008) there is also a need for more research of standard clinical practice (Weingardt and Gifford, 2007).

Aim
To assess the effectiveness of a manualised CBT substance abuse treatment programme designed for women in medium security.

Method
Assessment of pre-post changes following treatment using substance specific and other outcome indicators.

Service Settings and Participants
The Women’s Service, St Andrews Healthcare is an independent charitable hospital, the secure pathway of care for women has two medium secure wards.

Medium secure patients who had identified substance misuse as a care plan issue and who’s past history of use was risk relevant (Wheatley, 1998) were offered the option of group treatment once their mental state had stabilised.

Understanding and Overcoming Substance Use Treatment Programme
The substance misuse group is part a suite of gender specific manualised treatment programmes developed to address the needs of women in secure settings with problems of polysubstance misuse (Long et al., 2008).

It draws upon cognitive behavioural integrated treatments for dual diagnosis (Graham et al., 2005), relapse prevention (Marlatt and Gordon, 1985) and gender specific issues relating to trauma, mental health (including self harm), index offence and lifestyle.

Discussion
Treatment was successful in engaging two thirds of patients to complete treatment in readiness for conditions of lower security and potential exposure to alcohol and other drugs.

The approach used combined a relatively brief (when compared to other medium secure programmes e.g. Oddie and Davies, 2009) but intensive intervention set in the context of a range of manual driven treatments that address gender specific issues that impact on women’s mental health and psychosocial adjustment e.g. Interpersonal Effectiveness; Social Problem Solving; Dealing with Feelings (Long et al., 2008).

Issues remain regarding the timing and intensiveness of treatment.

The possibility remains that the non-completers were the victims of the iatrogenic effects of mistimed CBT (Morris and Moore, 2000). The finding that all non-completers had drugs, other than alcohol as their main substance of use may reflect findings that relate retention/outcome to fewer and less severe drug problems (e.g. Mertens and Weisner, 2000) or the fact that gender specific interventions enhance retention/outcomes for only certain subgroups of women (Greenfield et al., 2007). Research with larger samples may highlight this relationship in secure settings with women.

Limitations of this study include a lack of objective data on drug use, the absence of a control group and a small and possibly non-representative sample of women. Further, like many such studies, it focuses on a component of overall treatment at particular points in a patient’s treatment “career”.

Overall however, the study provides further support for the value of cognitive behaviour therapy for forensic patients who complete treatment (McMurran, 2007) and reinforces the notion that gender specific interventions must be combined with empirically validated approached (Johns et al., 2009).

Results
Positive outcomes were identified for treatment completers (n=23) in terms of improved substance-related self-efficacy, [assessed using The Drug Taking Confidence Questionnaire (Sklar & Turner, 1999)], lower perceived costs and greater benefits of change [assessed using The Alcohol and Drug Taking Consequences Questionnaire (ADTCQ; Cunningham et al., 1997)]. These differences, which were not evident in the non-completer group (n=11), were paralleled by positive clinical changes on subscales of the BPRS (Brief Psychiatric Rating Scale – Expanded [BRPS; Lukeoff et al., 1986]) and the Camberwell Assessment of Need – Forensic Version (CANFOR; Thomas et al., 2003).