



Women and Alcohol and Drug Use

- Each year, over 200,000 American women die as a result of alcoholism and drug dependence.
- More than 4 million women are in need of treatment for their addiction.
- Among girls ages 12-17, the nonmedical use of prescription painkillers, alcohol, methamphetamine, and most other illicit drugs now matches or exceeds that of boys.

Women and Substance Use Disorder

- While addiction is an equal opportunity disease, women become addicted differently. They...
 - Start using for different reasons
 - Progress faster
 - Recover differently
 - Relapse for different reasons than men
- Women progress faster than men into addiction, even when using a similar or lesser amount of substances.
- The beginning of women's drug-use is often related to their relationships.

Women and Drug Use

- Women with addiction are...
 - More likely than their male counterparts to have sexual and physical abuse histories.
 - Twice as likely as men to suffer from mood disorders, such as depression, along with their addiction.

 Addicted women face tremendous stigma that keeps many from getting the help they need.

Pregnant and Parenting Women and Chemical Using Pregnant Women Programs

Pregnant and Parenting Women Programs:

 Residential Treatment Centers that allow women to bring their children with to inpatient treatment.

Chemical Using Pregnant Women Programs:

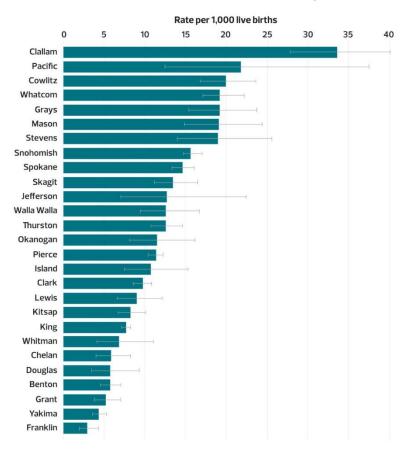
 A Medicaid funded inpatient hospital-based intensive detoxification and medical stabilization program.



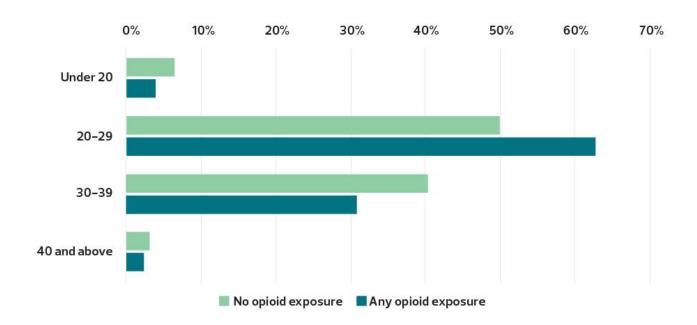
Parent Child Assistance Program

- During 2014-2017, 1,234 enrolled and 165 left (moved, disengaged, requested to leave)
 - 110 women were on a waiting list
 - 74% had been beaten by a partner
 - 64% were abused as children
 - 63% used heroin or opiates
 - 44% had unstable housing
 - 38% were beaten while pregnant
 - 29% had CPS involvement when they were children
 - Average Adverse Childhood Experience score in 2017:5.4

Women exposed to any opioid at birth hospitalization, rate per 1,000 live births in each county*, Washington, 2009-2014

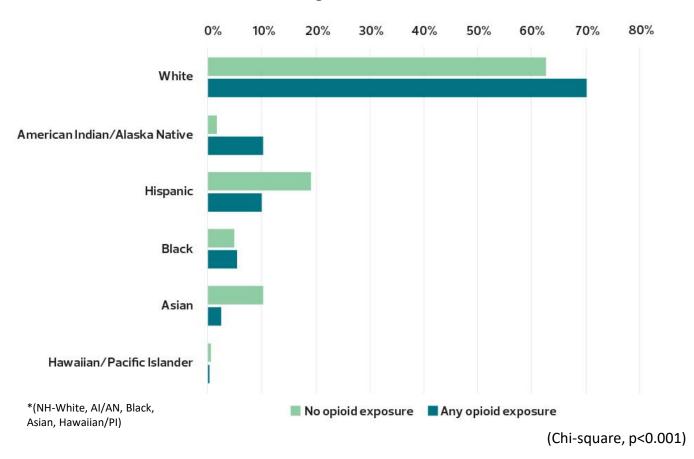


Percentage of women at birth hospitalization by age (years), Washington, 2009-2014

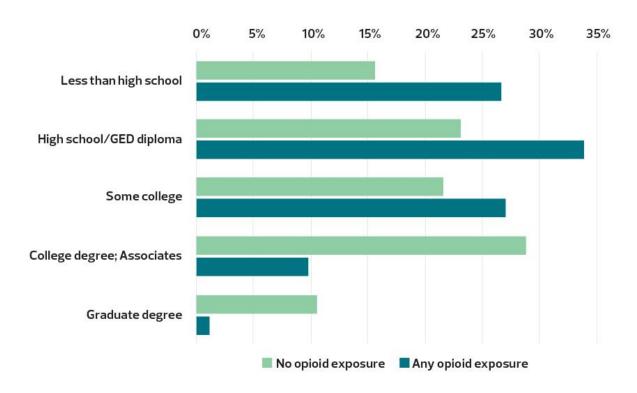


(Chi-square, p<0.001)

Percentage of women at birth hospitalization by race-ethnicity, Washington 2009-2014

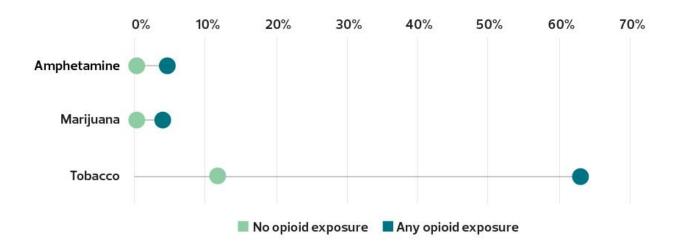


Percentage of women at birth hospitalization by education level, Washington, 2009-2014

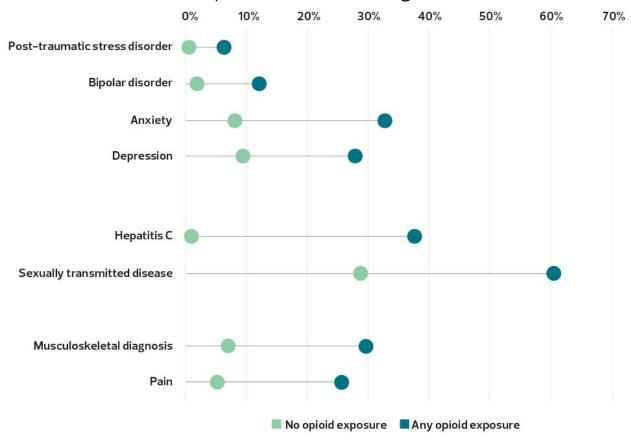


(Chi-square, p<0.001)

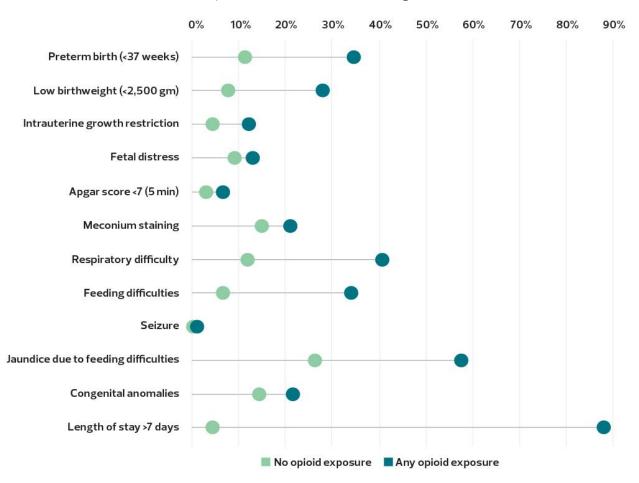
Percentage of women who use other substances, at birth hospitalization, Washington, 2009-2014



Percentage of women with other co-occurring medical conditions at birth hospitalization, Washington, 2009-2014



Percentage of women by fetal and newborn outcomes at birth hospitalization, Washington, 2009-2014





In a 2010 study,

86%

of women who gave birth while misusing opioids said the pregnancies were unintended.

Preventing Unintended Pregnancies

Needle Exchange and Family Planning

- Program sustainability
- Access to start and discontinue method

Pregnancy Intention Screening

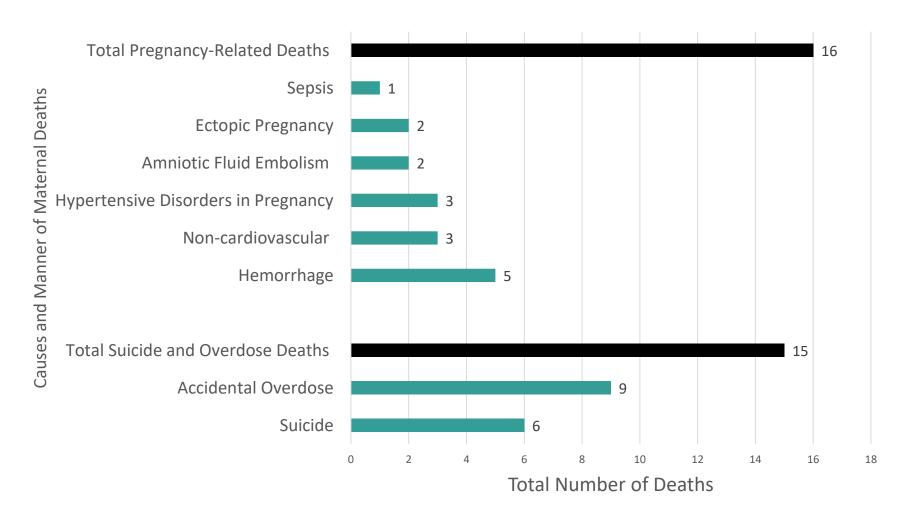
 Expand clinics that routinely ask women if they want to get pregnant

Immediate Postpartum LARC

 Expand the number of hospitals that offer this service.



Comparing Maternal Deaths: Pregnancy-related, Suicide, Overdose



Washington State Maternal Deaths 2014 & 2015.

Maternal Care

Prenatal providers

- Train and support providers
 - Medication assisted treatment
 - Group prenatal care
 - Hub-and-spoke model with medical directors

Clinician bias

- Quality improvement efforts
- Conference with women who are in recovery

Coordinate services

- Between agencies and those providing care.
- Link pregnant women to programs



Rate of Babies Diagnosed with Neonatal Abstinence Syndrome in Washington State

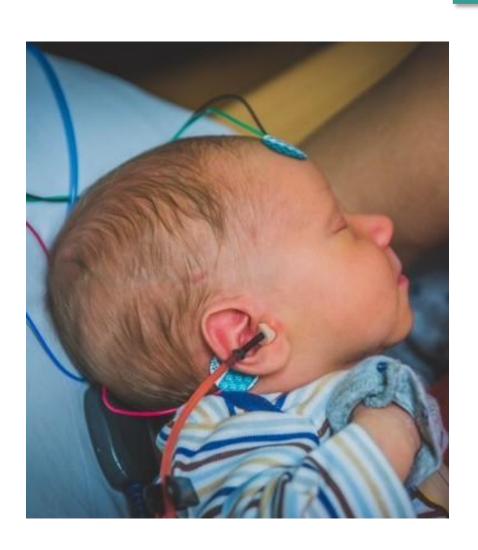


Source: DOH Comprehensive Hospital Abstract Reporting System

Note: Includes infants born to mothers receiving appropriate treatment for drug use, receiving prescriptions for other health conditions, or misusing drugs. Use of opioids, benzodiazepines, antidepressants, barbiturates and/or alcohol can result in infant drug withdrawal. Excludes infants born with NAS after release from birth hospitalization.

Definition: 2000-Q32015 ICD9CM diagnosis code 779.5; Q42015-2016 ICD10CM diagnosis code P96.1

Infant Care



Develop policies to promote mothers rooming-in with babies in withdrawal

- Look at billing metrics
- Work with WSHA and hospitals for QI

Quality Improvement with social services

 Partner with Children's Administration to increase consistency in child removal practices.

Breastfeeding quality improvement

- Clarify best practice standards
- Clinician education

Link postpartum women to community programs

References

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