

Department of Behavioral Healthcare, Development Disabilities & Hospitals

WOMEN AND THE ESCALATING OPIOID CRISIS

WHAT IS HAPPENING AND WHAT PROVIDERS NEED TO KNOW



Women and Substance Use

More often associated with DV and other violence, sexual abuse, risky sexual behavior, unwanted pregnancy, eating disorders, co-occurring disorders,

- ▶ Strongly linked with sexuality, including dominance and exploitation by men, sex trafficking common
- ▶ Easier access to legal, Rx medications
- ▶ Metabolize alcohol and drugs differently than men. Become intoxicated and addicted faster than men
- ▶ Different barriers to entering treatment, engagement, retention (e.g. responsibility for children, families)

Women's Services Network (WSN)

- ▶ WSN in each state, much inter-state communication
- ▶ Block Grant \$ set aside for women's services
- ▶ Women's treatment and prevention issues as the focus
- ▶ Developed *Guidance to States: Treatment Standards for Women with Substance Use Disorders*

<http://nasadad.org/2015/07/guidance-to-the-states-treatment-standards-for-women-with-substance-use-disorders/>

- ▶ Another Resource is:

<http://preventoverdoseri.org/provider/>

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FIRST RESPONDERS

PROVIDERS

SOCIAL MEDIA LIBRARY

CURRENT CAMPAIGNS

The rising number of drug overdoses in Rhode Island has created a public health crisis. **See the data.**

Women's Services - fundamentals

- ▶ Pregnant women priority for admission
- ▶ Gender-responsive programs are not simply "female only" programs that were designed for males
- ▶ A woman's sense of self develops differently in women-specific groups as opposed to co-ed groups
- ▶ All services should build on women's strengths/competencies and promote independence and self-reliance
- ▶ Women's unique needs and issues addressed in safe, trusting, supportive environment
- ▶ Primary motivation for women throughout life is toward establishing a basic sense of connection to others
- ▶ Experience of psychological connection based on empathy and mutuality in relationship
- ▶ A relational model emphasizes the central importance of relationships in women's lives

Family Issues for Women with SUD

Children have difficult home life with increased social risk factors and fewer protective factors in the home

- ▶ Health Impact: Neuro-developmental disorders (ARND), Psychopathology, Behavioral problems, Poor social relations/skills, Deficits in motor skills, Cognition and learning disabilities, Physical health consequences, and Lack of secure attachment.
- ▶ Social Impact: failure in school—truancy, lack of friends, withdrawal from classmates; delinquent behavior, (stealing or violence); frequent physical complaints—headaches/stomachaches; risk taking behaviors—abuse of drugs or alcohol, promiscuity/unsafe sex; aggression towards other children; depression or suicidal thoughts or behavior.

Self reports of poor mental health

Location	Male	Female
Connecticut	30.8%	38.4%
Massachusetts	31.9%	39.3%
New Hampshire	29.0%	38.1%
Rhode Island	30.6%	38.4%
Vermont	30.3%	38.5%

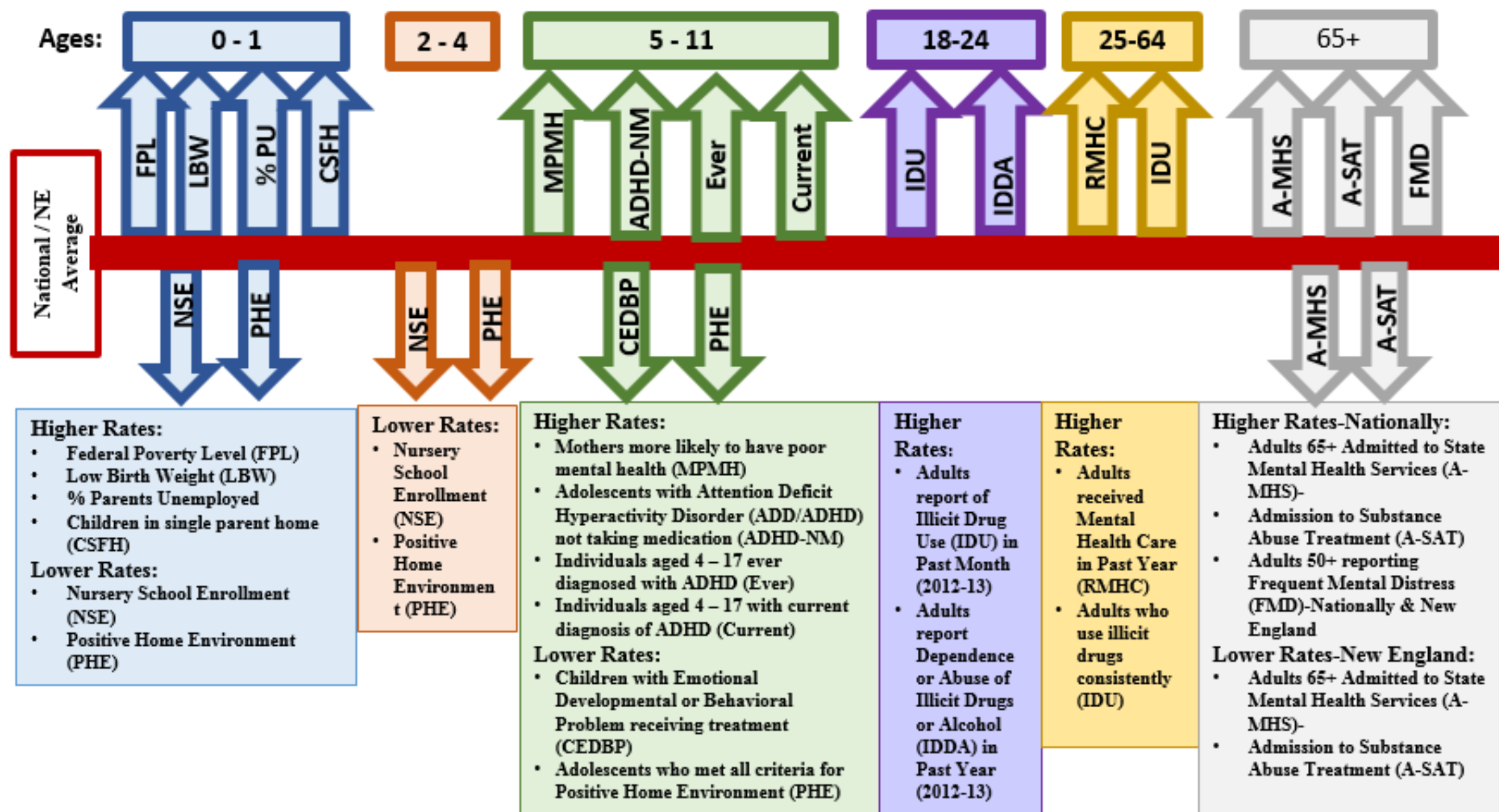
NOTES

Notes

Data represent adults ages 18 and over who reported that their mental health was "not good" between one and 30 days in the past 30 days.

Data based on the Behavioral Risk Factor Surveillance System (BRFSS), an ongoing, state-based, random-digit-dialed telephone survey of non-institutionalized civilian adults aged 18 years and older. For more information about BRFSS, go to <http://www.cdc.gov/brfss/index.html>.

RI Compared to New England & Nation



What is needed to help women with SUD

Source: *Rhode Island's Strategic Plan on Addiction and Overdose*, Rhode Island Governor's Overdose Prevention and Intervention Task Force

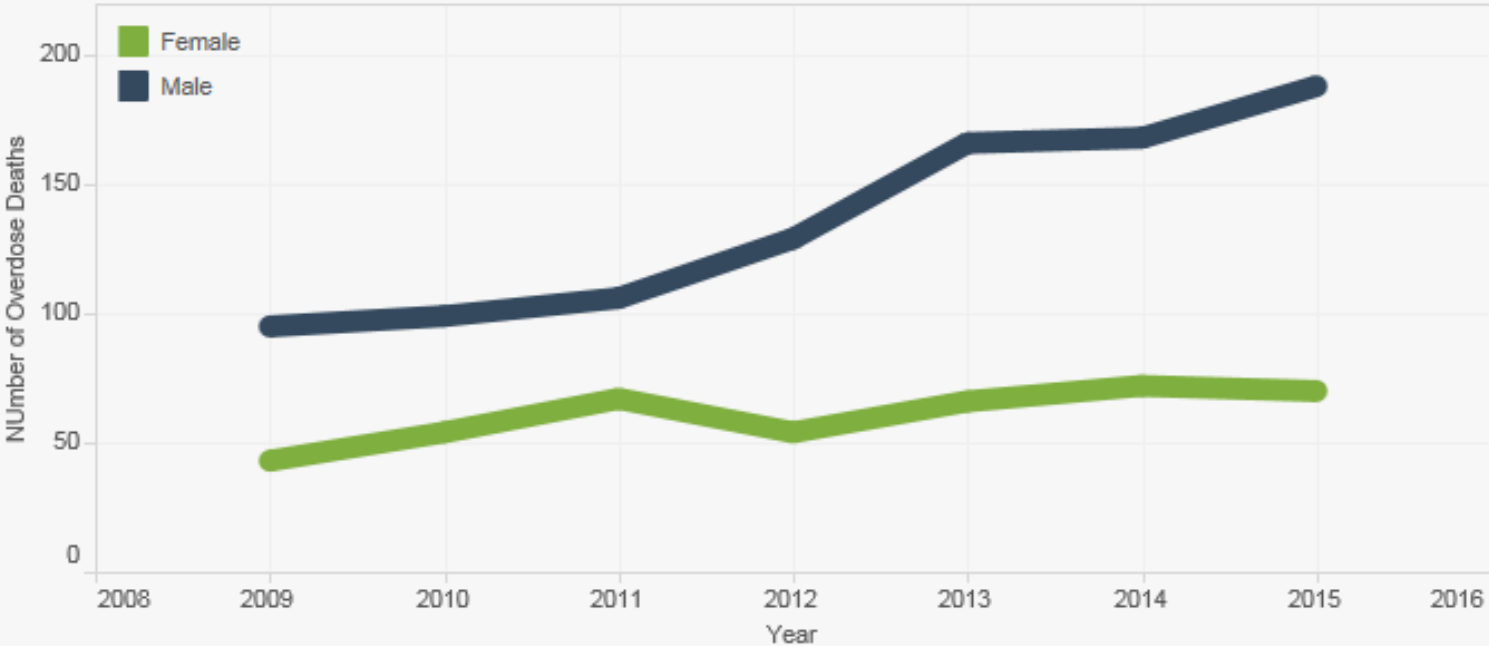
Several comments [from data collected for *Rhode Island's Strategic Plan on Addiction and Overdose*] reflected concerns about the lack of a coordinated, community-wide recovery support system for persons with substance use disorders, which encompasses other service delivery systems, including

- ▶ housing,
- ▶ education,
- ▶ criminal justice,
- ▶ child welfare,
- ▶ physical and
- ▶ behavioral health. Furthermore, there was a strong suggestion both in the surveys and at the community forum to provide recovery housing, safe housing for women and families with opioid use disorder, and regulation of sober houses.

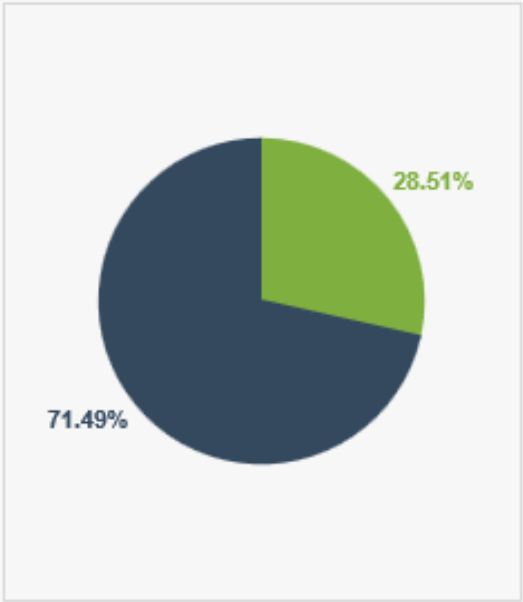
About 3 in 4 people who die of an overdose are men

Source (RIDOH)

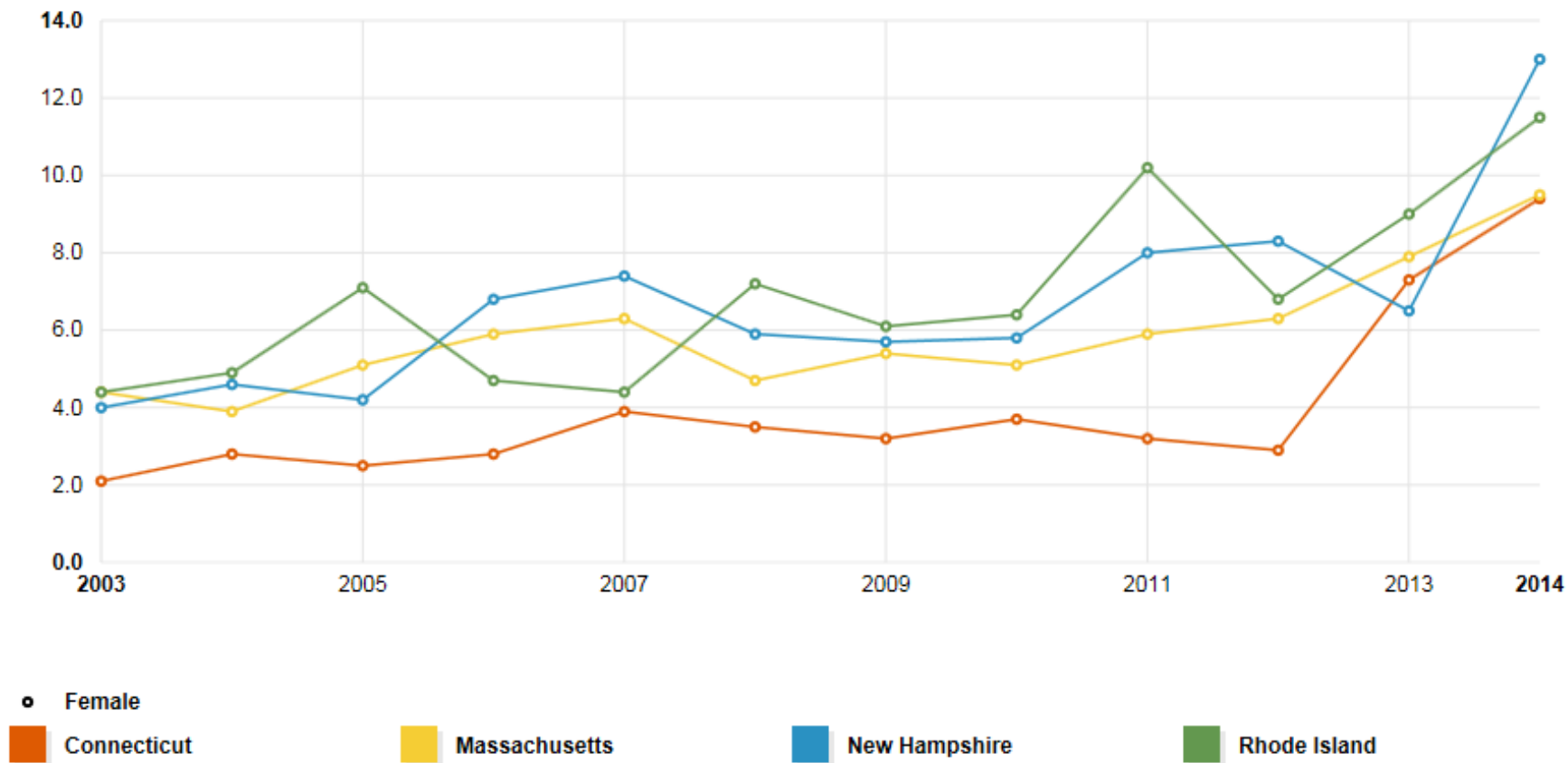
Overdose Deaths by Sex (2009-2015)



Total (2009-2015)



Rate of overdose deaths for women in New England




Source:

State Health Facts,
Henry J Kaiser Family
Foundation

Note: age-adjusted
rates per 100,000
population

Note: Deaths from
illegally-made
fentanyl cannot be
distinguished from
pharmaceutical
fentanyl in the data
source. For this
reason, deaths from
both legally
prescribed and
illegally produced
fentanyl are included
in these data.



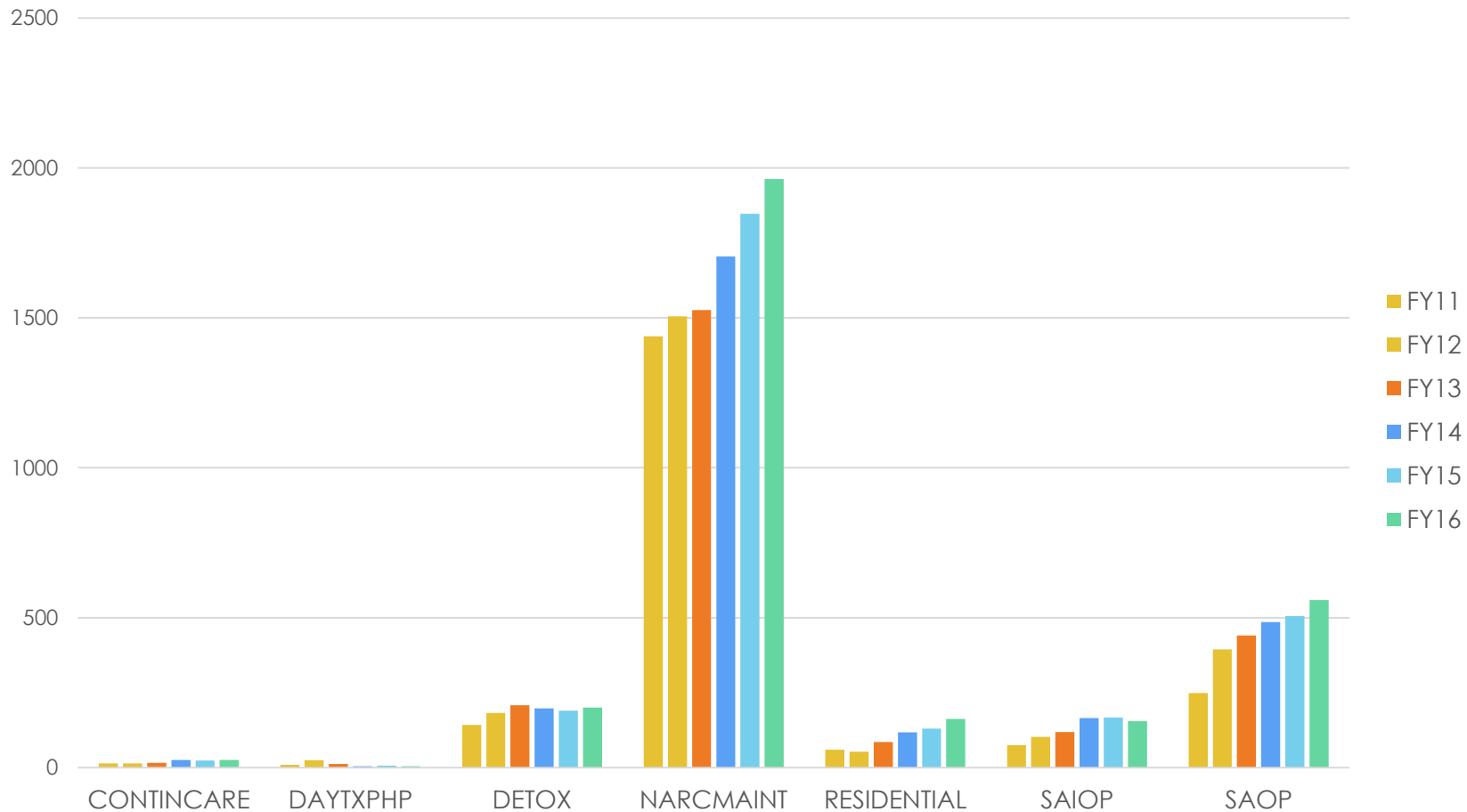
Characteristics of overdose events reported to the RI Department of Health through the state's 48-hour overdose surveillance system, April 1st, 2014 – July 31st, 2015

Of 907 overdose incidents in 2015, 310 or 34.2% were women

Source: RI DOH

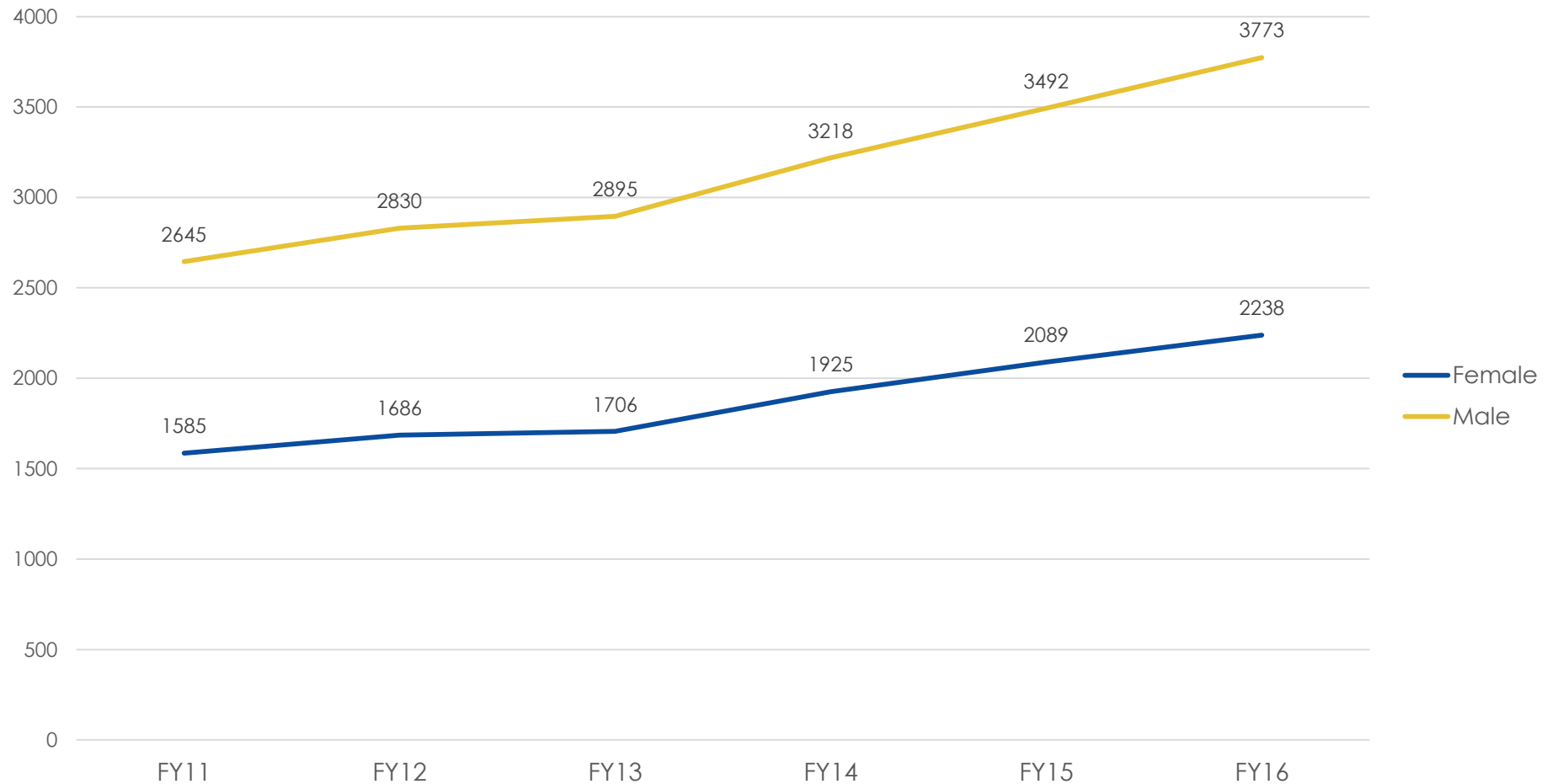
Trends of service modalities being accessed by women in RI

Source:
RI Behavioral Health
On-Linde Database



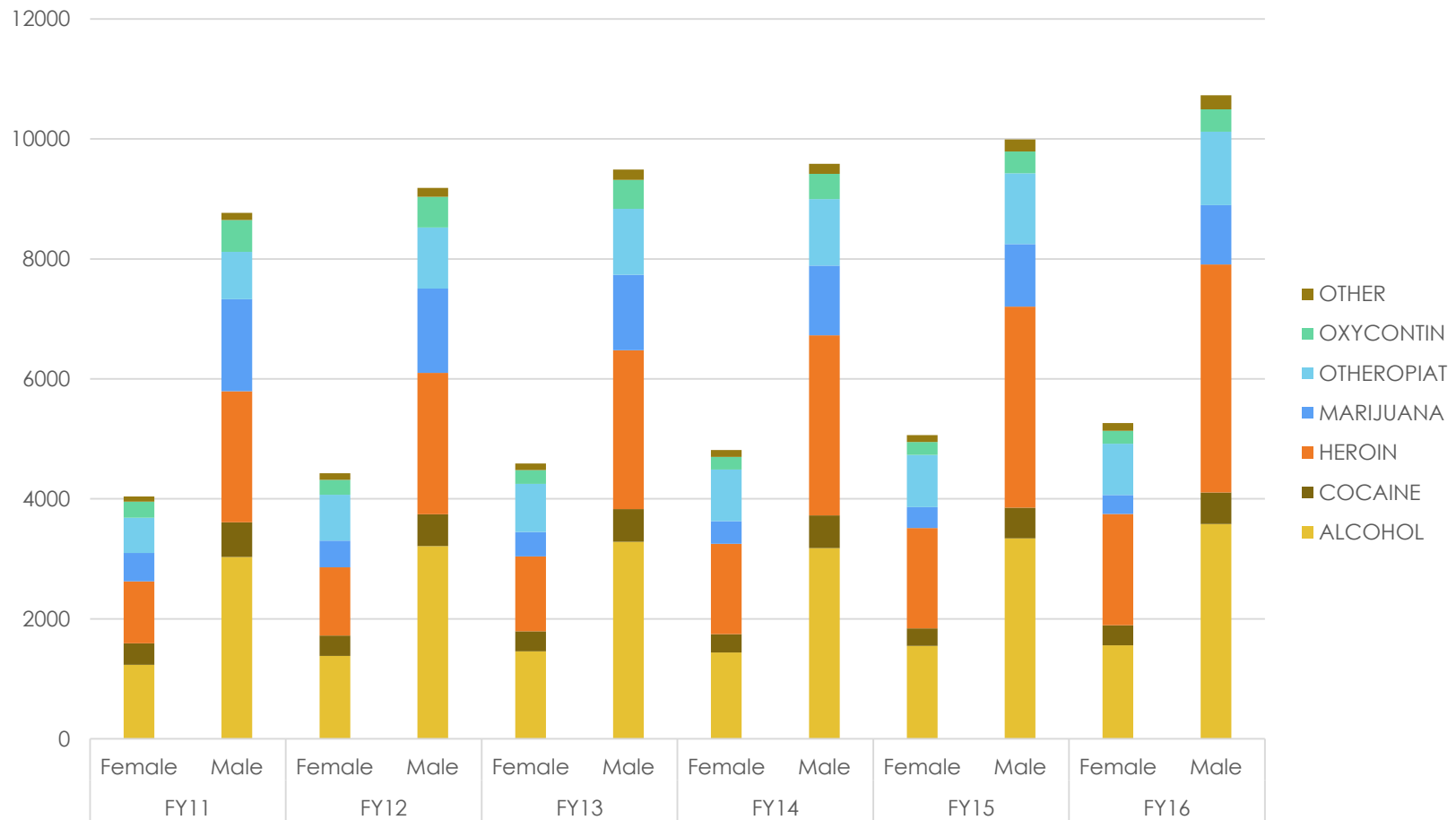
Number of Persons receiving Medication-Assisted Treatment

Source:
RI Behavioral Health
On-Line Database



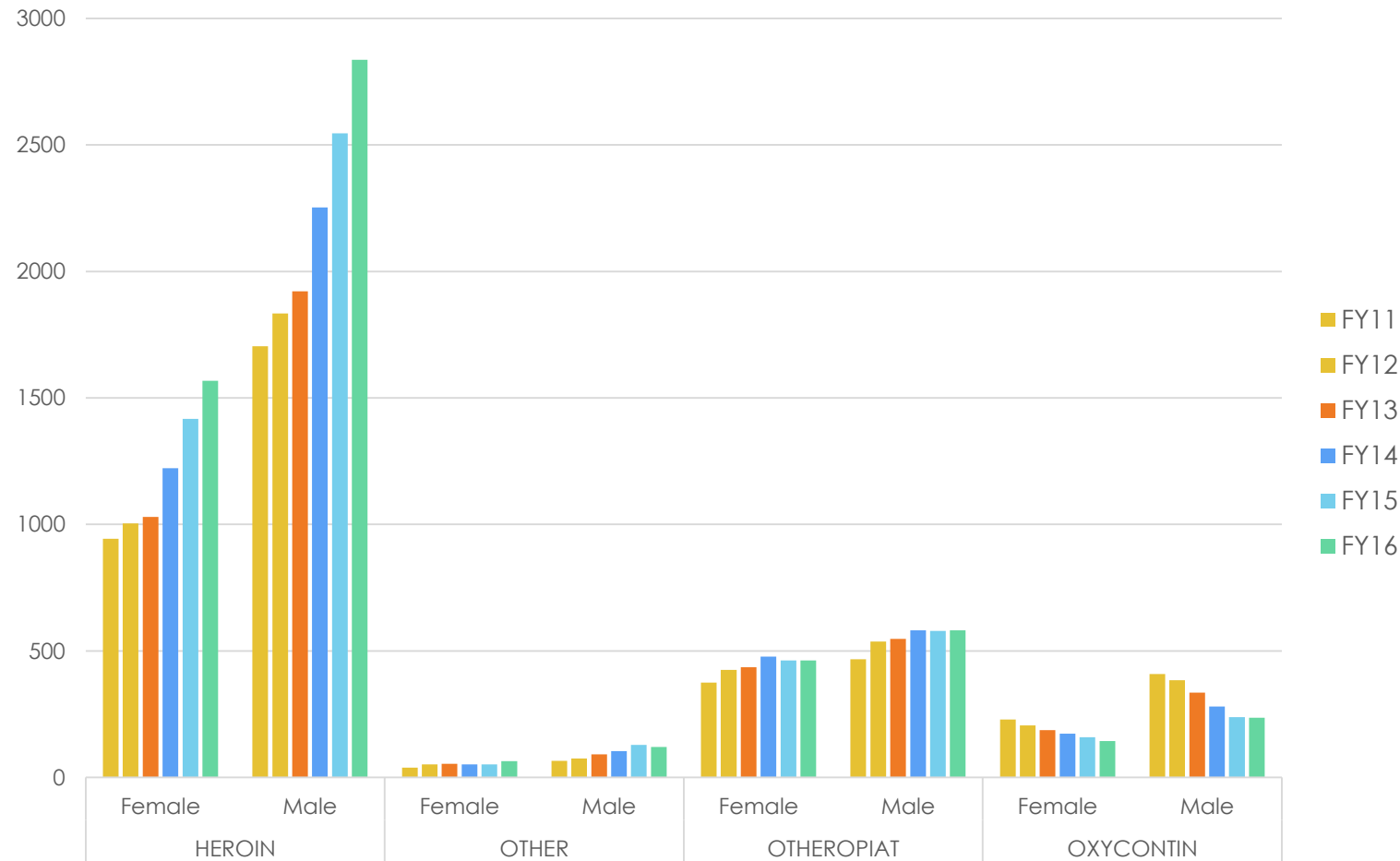
Primary Substance by Enrollees in Substance Abuse Treatment Programs

Source:
RI Behavioral Health
On-Line Database



Primary Substance by Enrollees in Methadone Treatment Programs

Source:
*RI Behavioral Health
On-Line Database*



Work done to date on addressing these issues

- ▶ Data-driven prevention programming
- ▶ Naloxone distribution
- ▶ Peer support for overdose in hospitals
- ▶ Centers of Excellence
- ▶ Integrated Health Homes and Assertive Community Treatment
- ▶ Value-based purchasing
- ▶ Certified Community Behavioral Health Clinics

Where we hope to be in the future

Short-term goals (6 months)

- ▶ Build Business Case for Longer Lengths of Stay in Women's specific residential
- ▶ Incorporate reproductive Health into OTP Health Homes
- ▶ Look at established stakeholder groups to determine where women's services belongs.
- ▶ Include information on women's specific services on OD website, bring that to BHDDH website.
- ▶ Expand messaging to alternative sites – senior centers, physicians, etc.

Mid-term goals (12 months)

- ▶ Establish tiered certification standards for women's treatment programs focusing on levels of EBP incorporation and comprehensiveness of services delivery to develop rates and LOS structure through MCOs.
- ▶ Develop centralized Behavioral Health Crisis and Assessment Center to improve access
- ▶ Create text line for teens and transition aged youth for SUD access issues/questions
- ▶ Increase number and diversity of Peer Recovery Specialists

Long-term goals (2-3 years)

- ▶ Develop Women's Only Recovery Center
- ▶ Develop women specific center of excellence.

Thank You!

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► Questions?

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