CDC PUBLIC HEALTH GRAND ROUNDS

Addressing the Unique Challenges of Opioid Use Disorder in Women

January 17, 2017

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

The Opioid Overdose Crisis and the Federal Response

Karin A. Mack, PhD

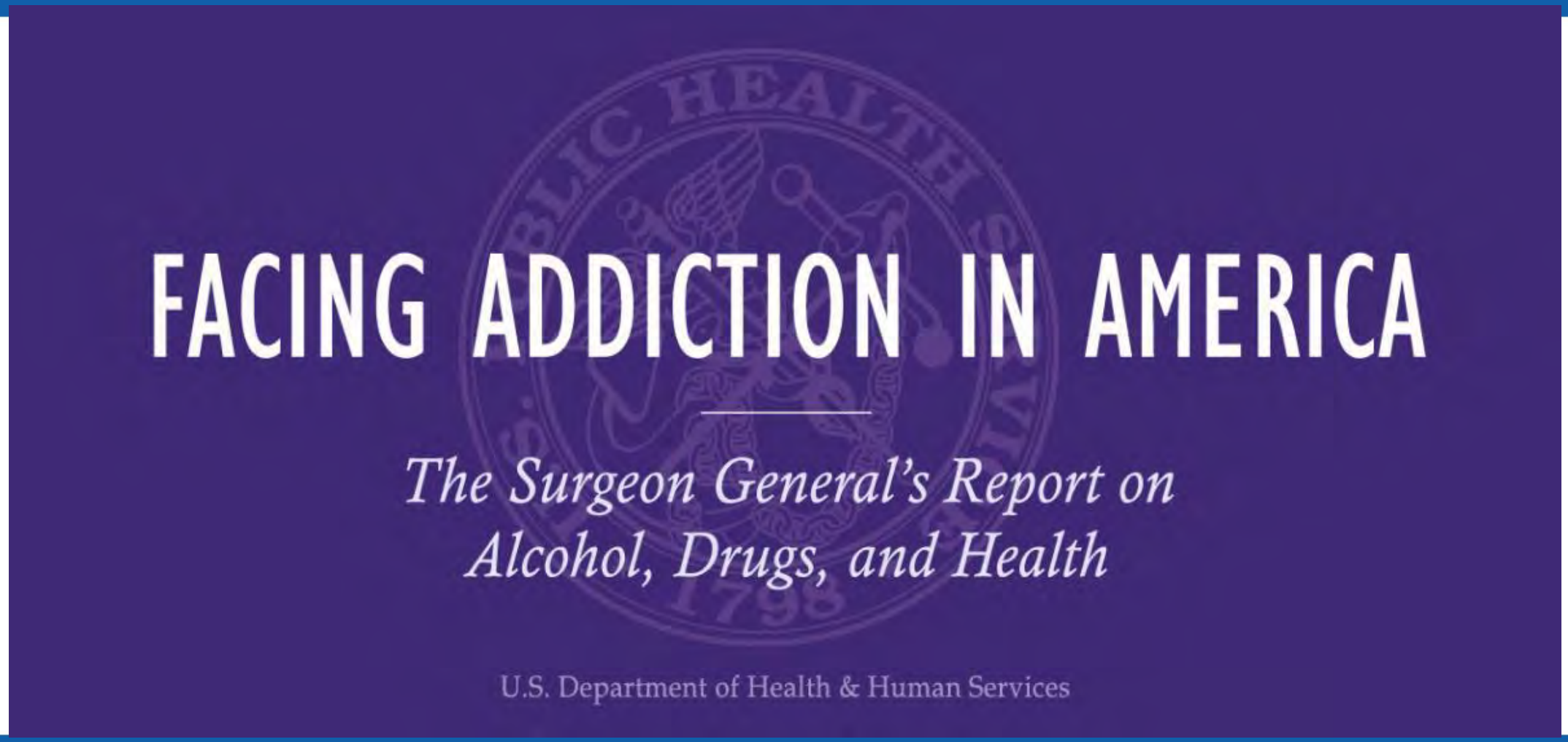
Associate Director for Science

Division of Analysis, Research, and Practice Integration

National Center for Injury Prevention and Control

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

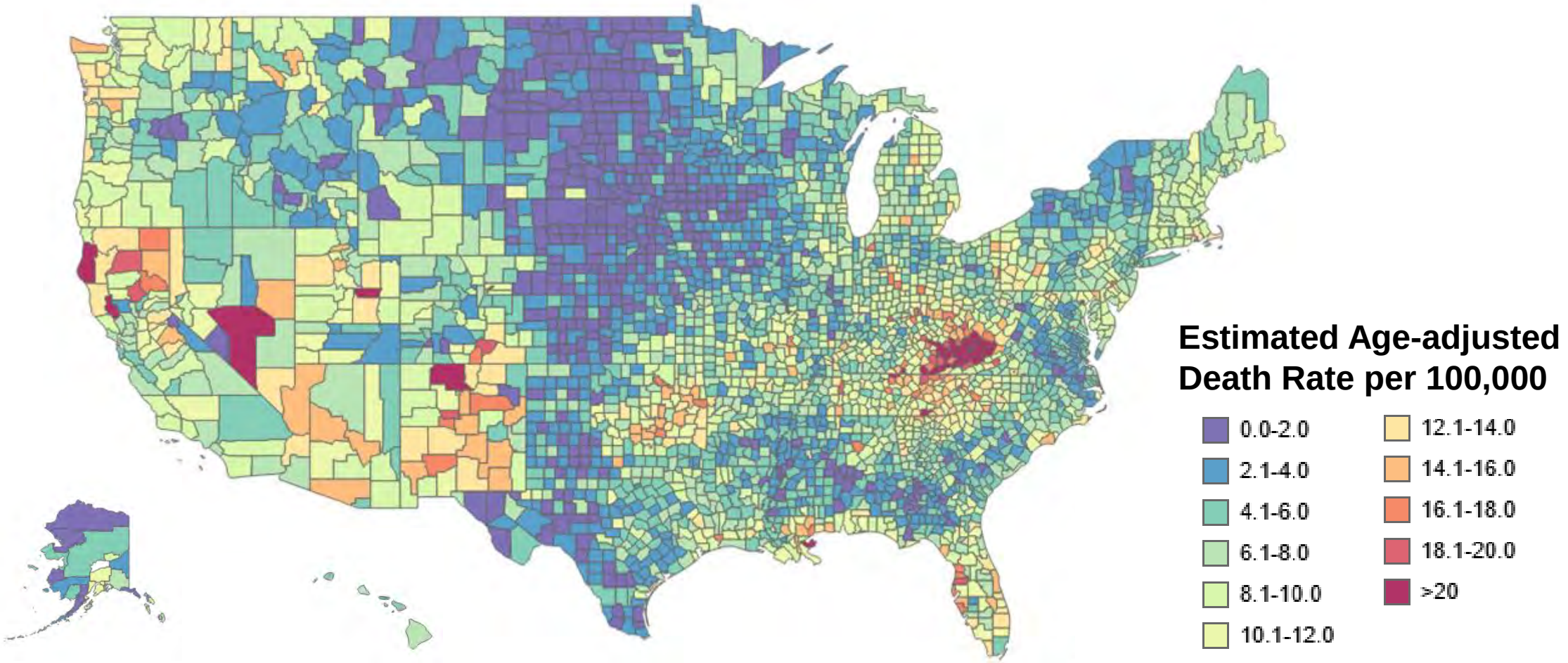
"We have to stop treating addiction as a moral failing, and start seeing it for what it is: a chronic disease that must be treated with urgency and compassion."
– Dr. Vivek H. Murthy, United States Surgeon General



Call 1-800-662-HELP or visit samhsa.gov/find-help

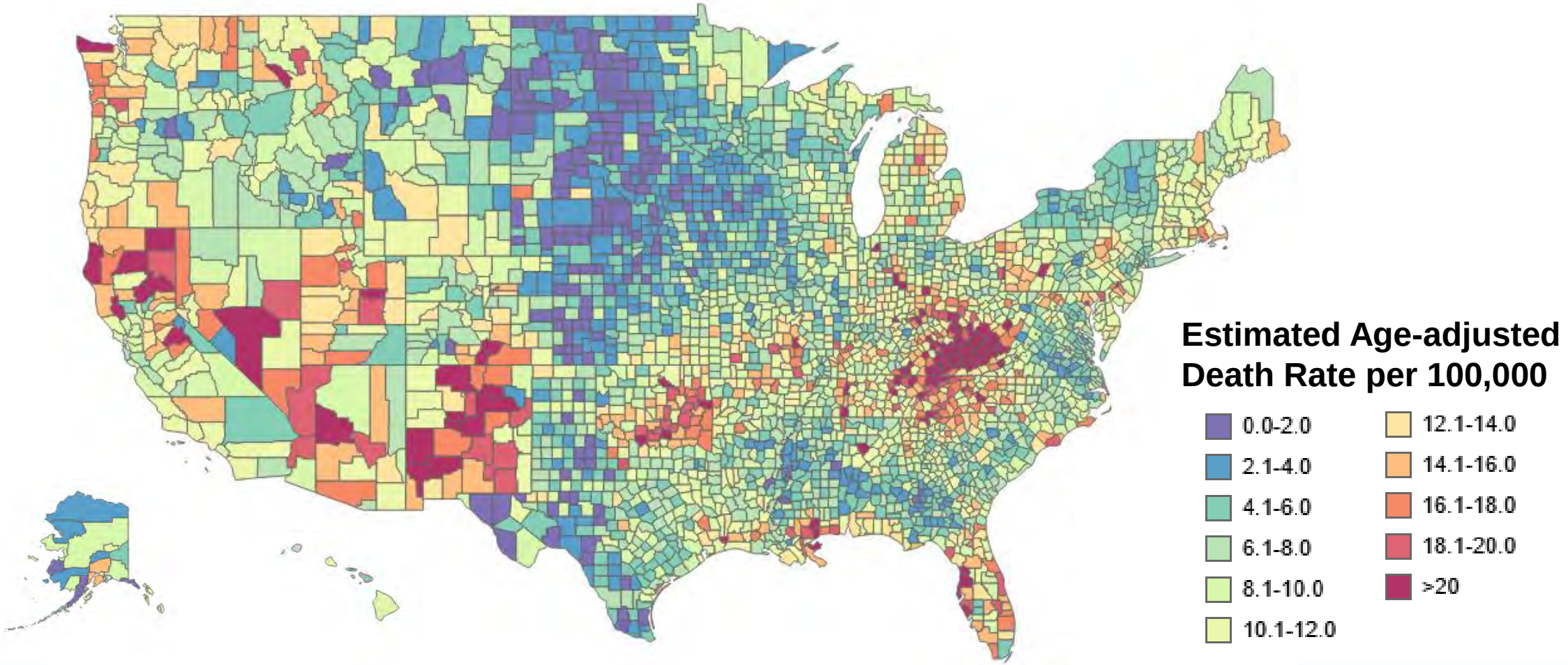
Changing Landscape of Prescription Drug Overdoses – Rise of an Epidemic

2002 Rapid Increase in Drug Overdose Death Rates by County



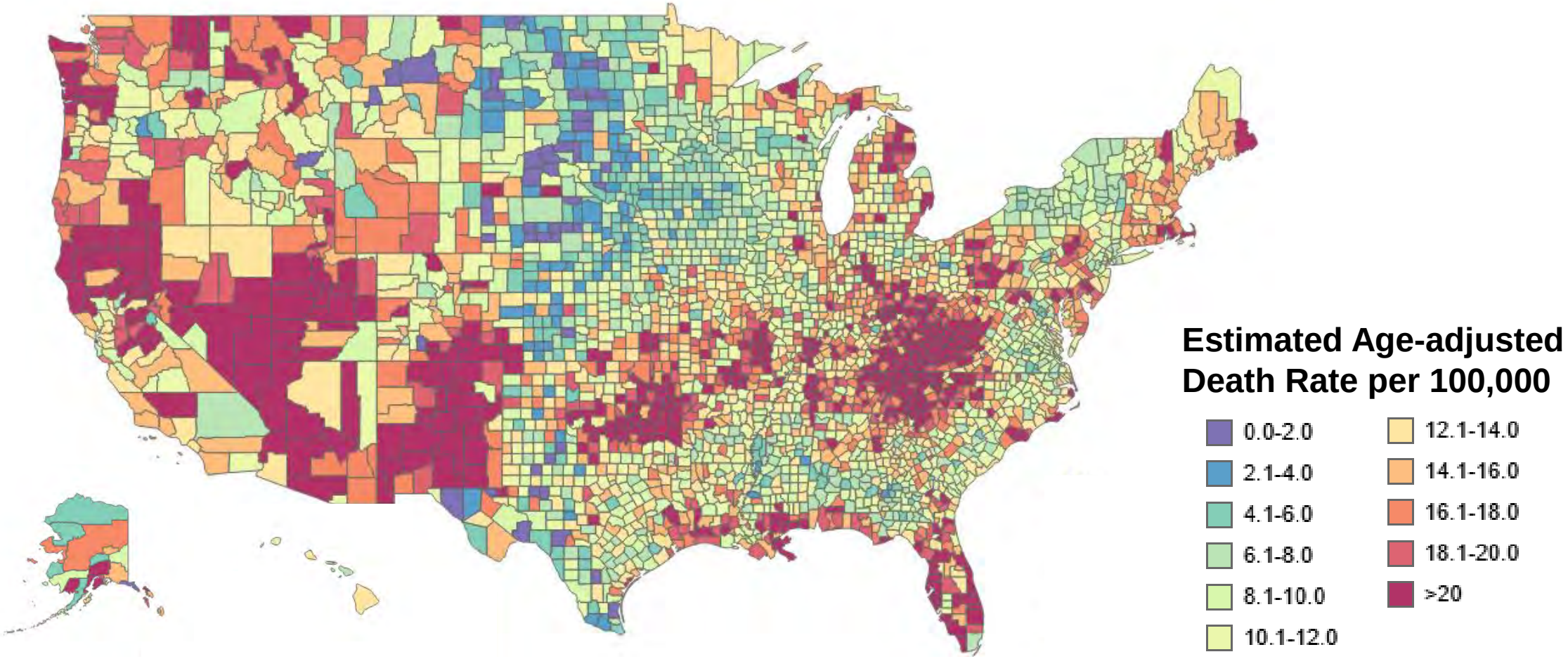
blogs.cdc.gov/nchs-data-visualization

2007 Rapid Increase in Drug Overdose Death Rates by County



blogs.cdc.gov/nchs-data-visualization

2014 Rapid Increase in Drug Overdose Death Rates by County



blogs.cdc.gov/nchs-data-visualization

The amount of opioid prescriptions dispensed has

QUADRUPLED

since 1999

But the pain that Americans report remains

UNCHANGED

www.cdc.gov/drugoverdose/data/prescribing.html

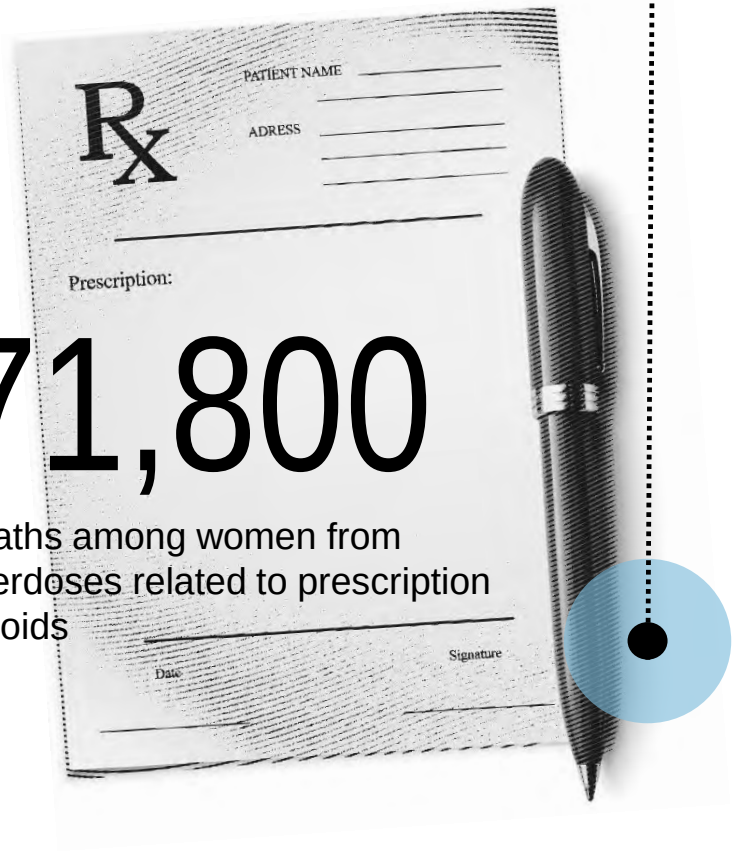
Quarter billion

opioid prescriptions in 2013

A Growing Epidemic Among Women

cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html

Since 1999, there have been more than



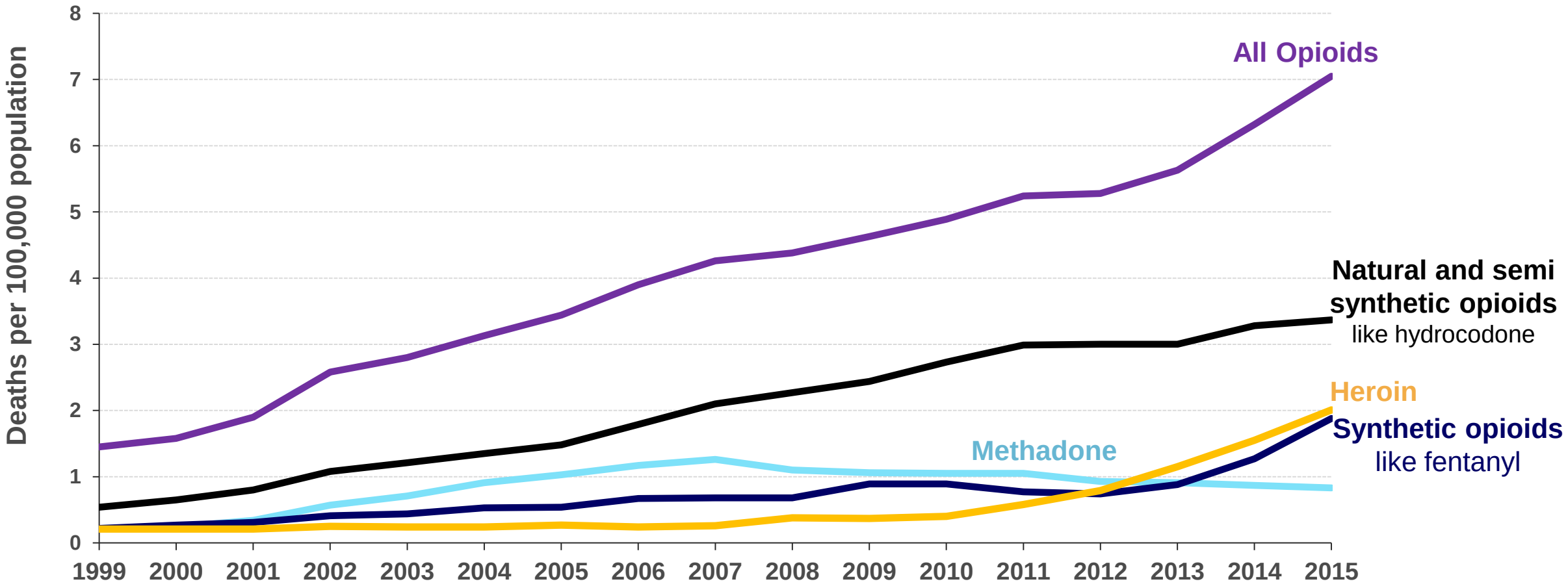
71,800

deaths among women from overdoses related to prescription opioids

Every year since 2007 more women have died from drug overdoses than from motor vehicle crashes

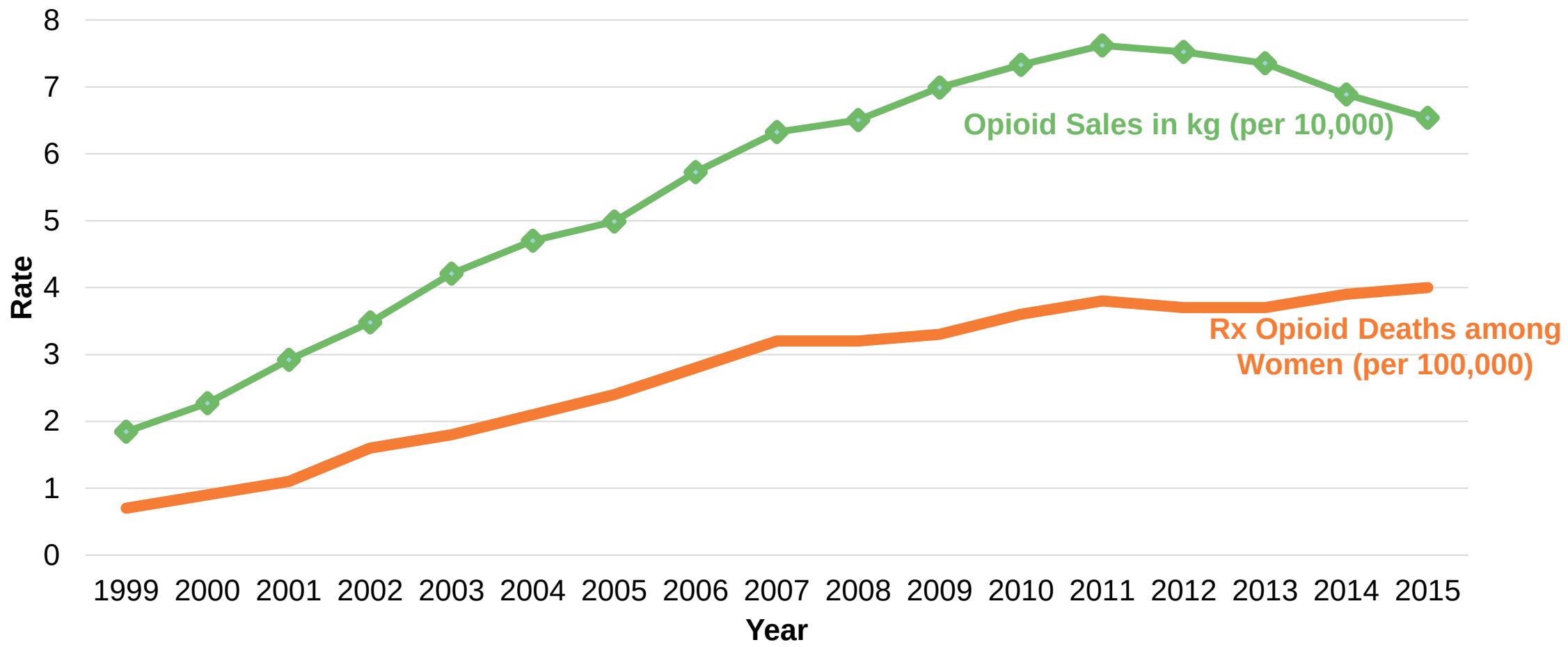
wonder.cdc.gov/mcd.html

Rise in Female Overdose Deaths and Recent Increase in Heroin and Fentanyl Deaths



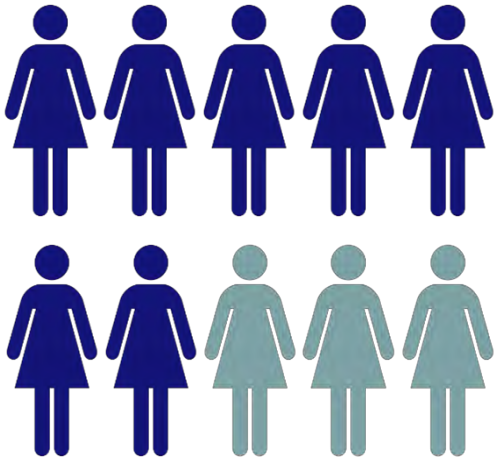
National Vital Statistics System Mortality File at wonder.cdc.gov/mcd.html

Sharp Increase in Opioid Prescriptions Associated with Increase in Deaths



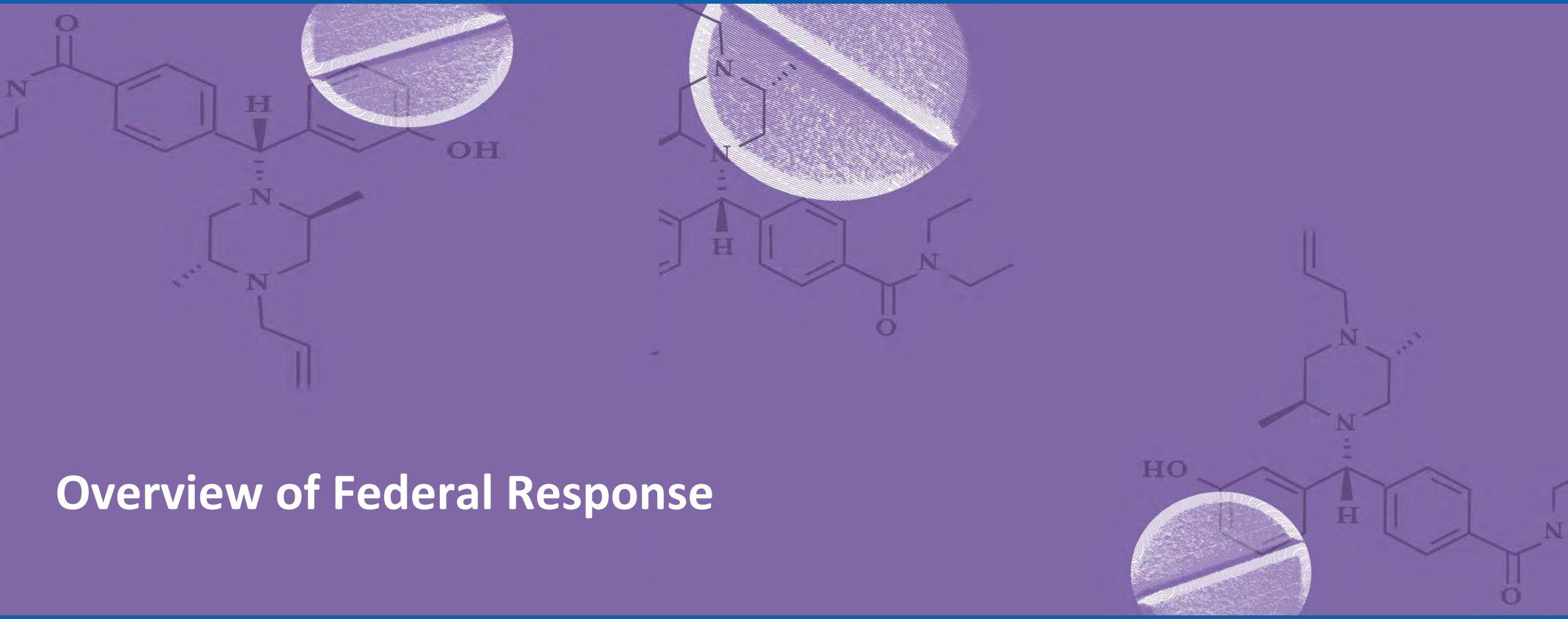
Rx: Prescription
cdc.gov/vitalsigns/painkilleroverdoses/index.html
wonder.cdc.gov/mcd.html

A Major Risk Factor for Heroin Use



7 out of 10 women
who used heroin in the past year also misused opioids in the past year

Jones CM. *Drug Alcohol Depend*. 2013 Sep 1;132(1-2):95-100

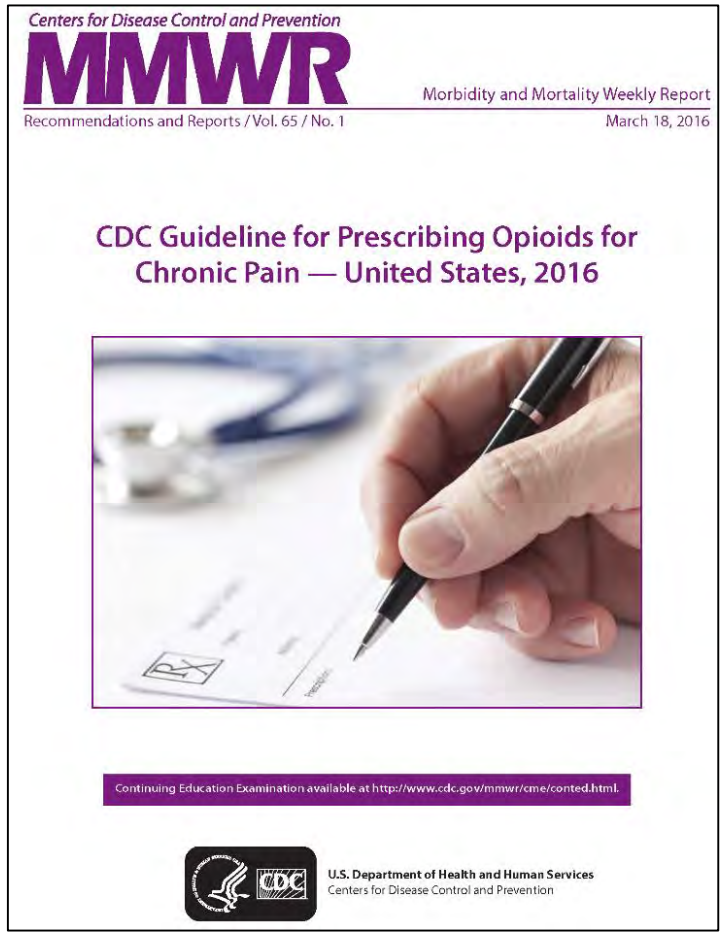


Overview of Federal Response

Three Pillars of CDC's Opioid Prevention Work

- Improve data quality and track trends
- Strengthen state efforts by scaling up effective interventions
- Support healthcare providers with resources

CDC Guideline for Prescribing Opioids for Chronic Pain


Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 65 / No. 1

March 18, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Altmetric Score
altmetric.com/

cdc.gov/drugoverdose/prescribing/guideline.html

Three Key Principles of the Guideline

- **Non-opioid therapy preferred for chronic pain**
  (Outside of end-of-life care)

- **Lowest possible effective dosage should be prescribed**

- **Providers should closely monitor all patients prescribed opioids**
  - Use of prescription drug monitoring programs (PDMPs)

CDC Guideline Implementation

1

Translation and Communication

2

Clinical Training

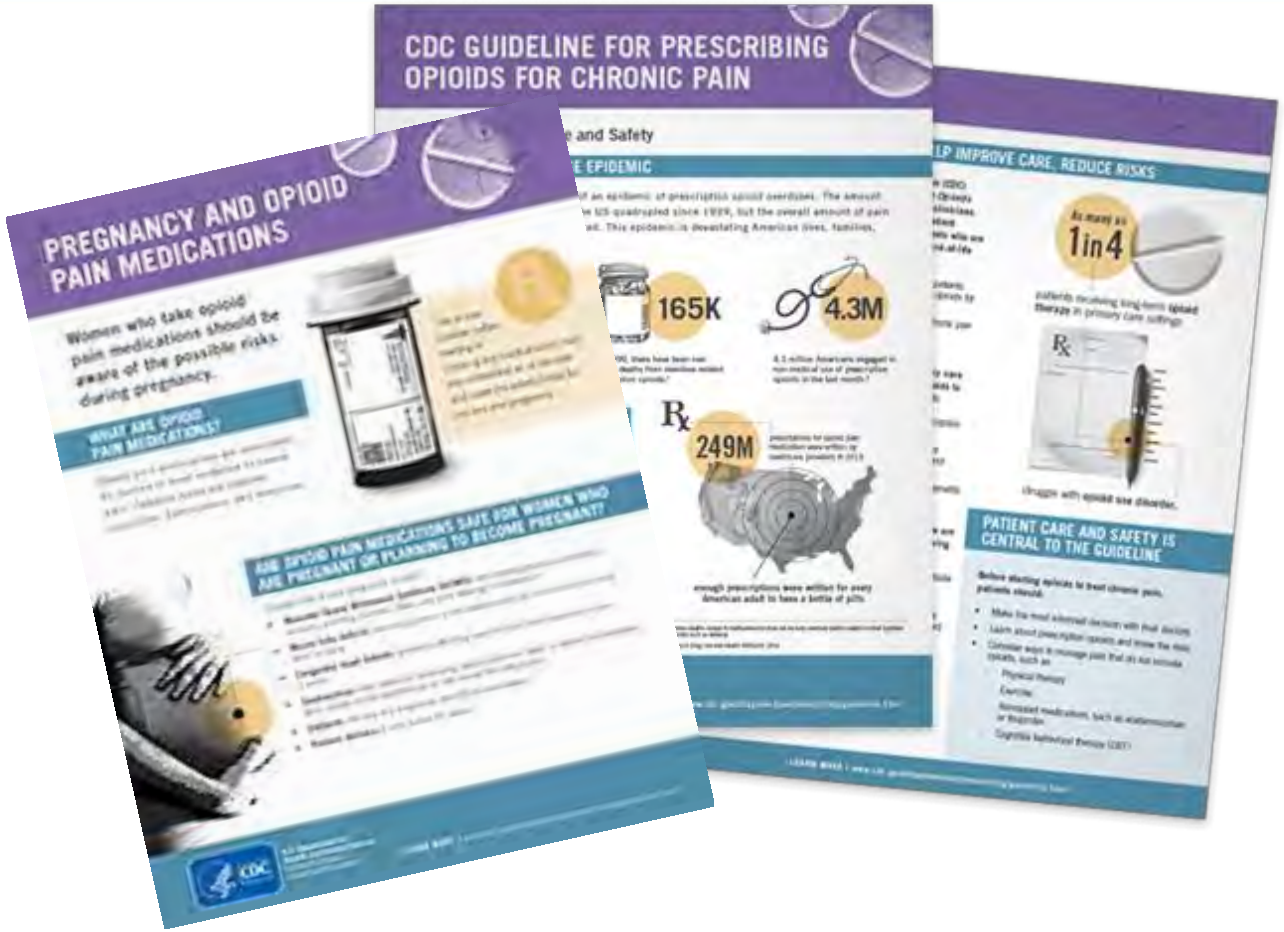
3

Health System Implementation

4

Insurer Implementation

Educational Resources



- **Patient materials**
  - Graphics and messages
  - Fact sheets
  - Posters
  - Podcasts
  - Infographics

www.cdc.gov/drugoverdose/prescribing/resources.html

Tools and Materials

Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥ 3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
- ☐ Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- ☐ Set criteria for stopping or continuing opioids.
- ☐ Assess baseline pain and function (eg, PEG scale).
- ☐ Schedule initial reassessment within 1–4 weeks.
- ☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

- ☐ Check that return visit is scheduled ≤ 3 months from last visit.

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- *Benefits of long-term opioid therapy for chronic pain not well supported by evidence.*
- *Short term benefits small to moderate for pain; inconsistent for function.*
- *Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.*

NON-OPIOID THERAPIES

Use alone or combined with opioids, as indicated:

- Non opioid medications (eg, NSAIDs, TCAs, SNRIs, anti convulsants).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Known risk factors include:

- Illegal drug use; prescription drug use for nonmedical reasons.
- History of substance use disorder or overdose.
- Mental health conditions (eg, depression, anxiety).
- Sleep-disordered breathing.

www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf
cdc.gov/drugoverdose/prescribing/app.html

Training Resources: Webinars

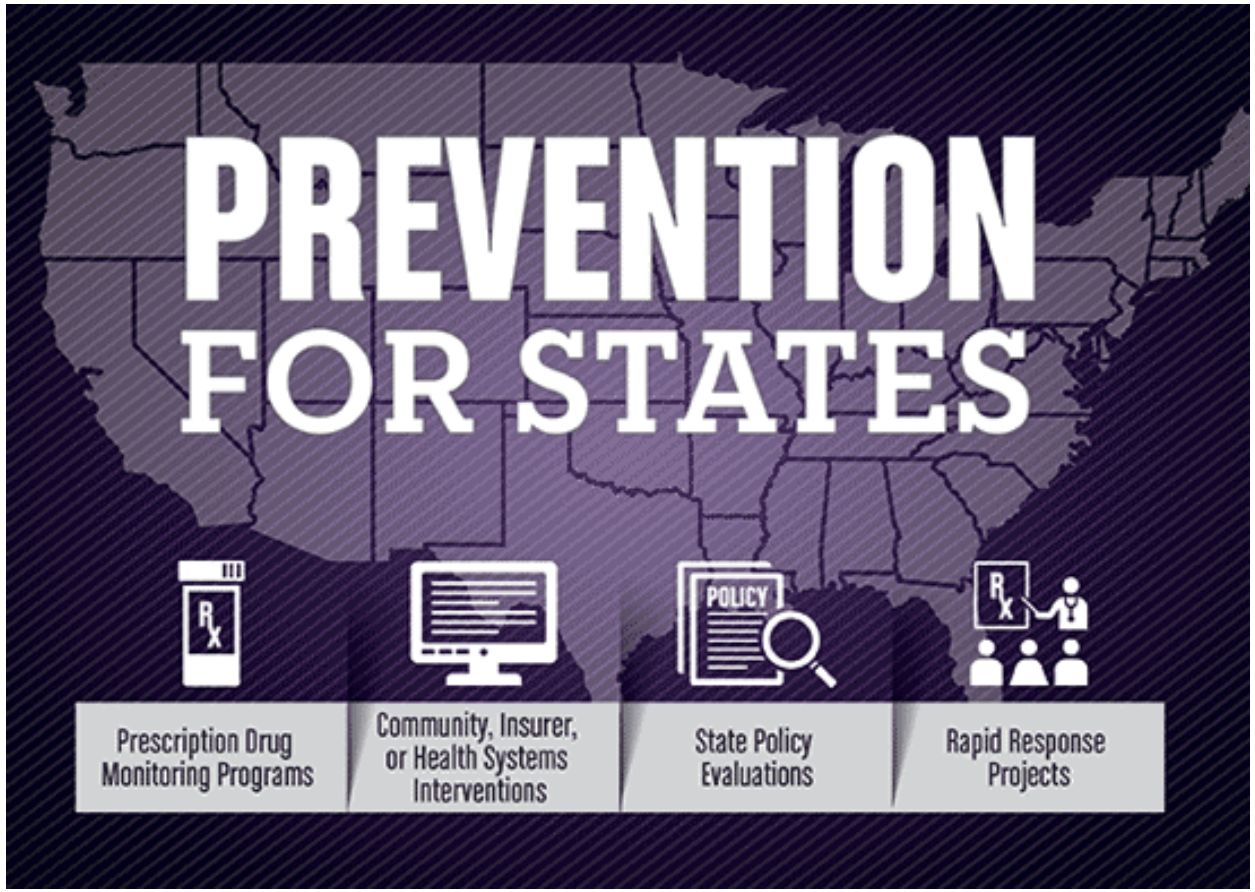
Topics include:

- Non-opioid treatments for chronic pain
- Dosing and titration of opioids
- Strategies to reduce opioid overdoses
- Effectively communicating with patients

emergency.cdc.gov/coca/calls/opioidresources.asp

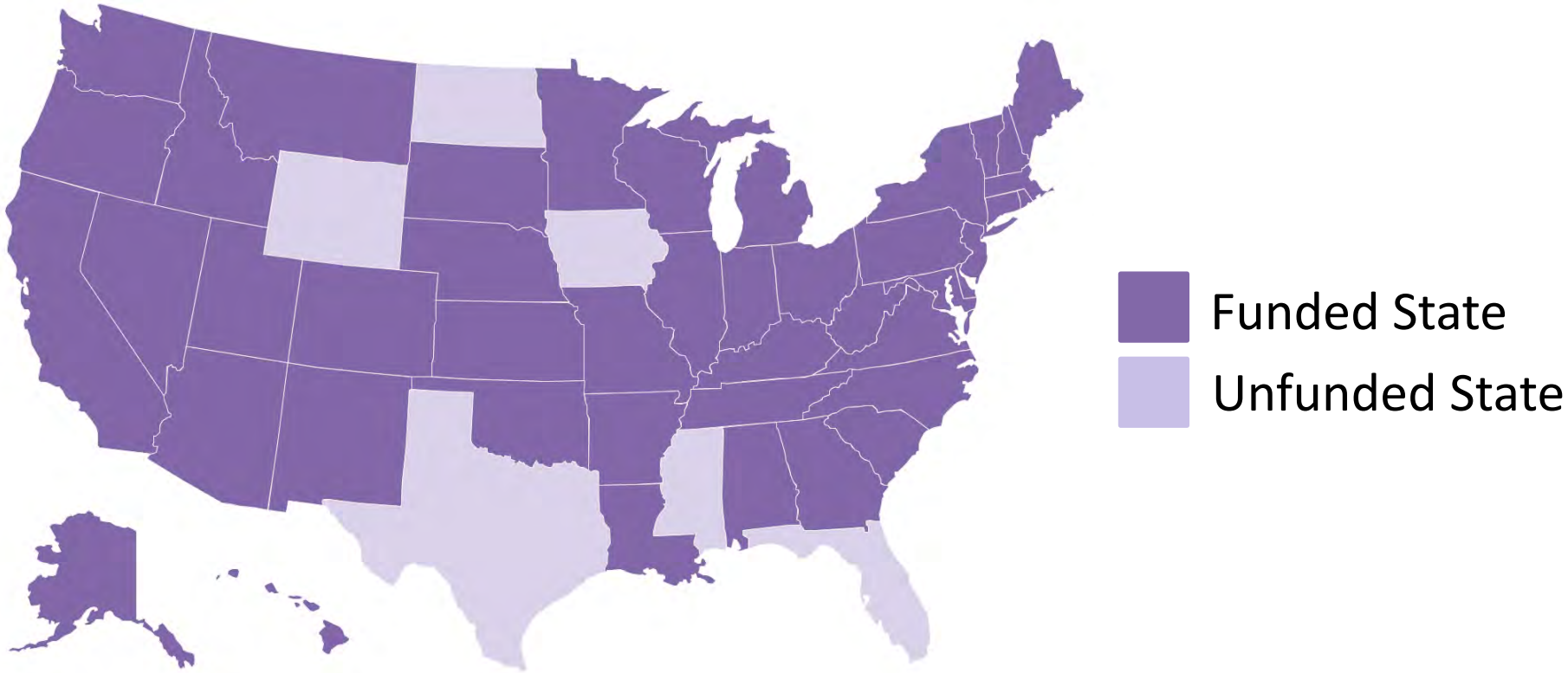
CDC Overdose Prevention for States Initiative: Components

- Prescription drug monitoring programs (PDMPs)
- Community, insurer, or health system interventions
- State policy evaluation
- Rapid response projects



cdc.gov/drugoverdose/states/state_prevention.html

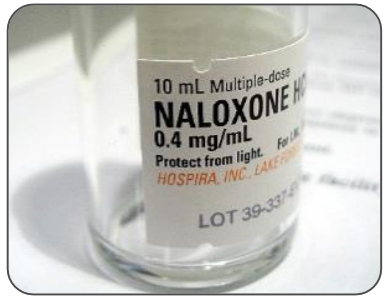
CDC Overdose Prevention in States Initiatives



cdc.gov/drugoverdose/states/state_prevention.html

HHS Secretary's Opioid Initiative: Focus on Three Priority Areas to Save Lives

Provide resources to assist health professionals in making informed prescribing decisions



Increase use of naloxone (Narcan® and others)

Expand use of Medication-Assisted Treatment (MAT) (e.g., buprenorphine, methadone)

HHS: U.S. Health and Human Services
aspe.hhs.gov/opioid-abuse-us-and-hhs-actions-address-opioid-drug-related-overdoses-and-deaths

HHS Activities

Department of Health and Human Services

Substance Abuse and Mental Health Services Administration

State Targeted Response to the Opioid Crisis Grants

Short Title: Opioid STR

(Initial Announcement)

Funding Opportunity Announcement (FOA) No. TI-17-014

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.788

PART 1: Programmatic Guidance

Note to Applicants: This document MUST be used in conjunction with SAMHSA's "Funding Opportunity Announcement (FOA) PART II: General Policies and Procedures".

Key Dates:

Application Deadline	**Applications are due by February 17, 2017.**

NIH National Institutes of Health
Turning Discovery Into Health

HHS: U.S. Department of Health and Human Services
womenshealth.gov/files/documents/white-paper-opioid-508.pdf
www.samhsa.gov/grants/grant-announcements/ti-17-014
sciencedirect.com/science/article/pii/S030646031630329X

Join The Movement: TurnTheTideRx.org

Surgeon General VADM
Vivek Murthy, MD

TURN THE TIDE

Calls to Action:

Pledge to combat opioid misuse

Recognize addiction as a chronic illness for which effective treatment exists

Comprehensive Approaches to Care of Women with Substance Use Disorders

Linda Frazier, RN, MCHES, CADC

Chair, Alcohol, Tobacco, and Other Drugs Section,
American Public Health Association
Director, Addictions Initiatives, Advocates for Human Potential

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Women Need Gender-Responsive Approaches

1. **Women benefit from approaches that account for both biological (sex) and psychosocial (gender) differences associated with their substance use**

Women Need Treatment, Behavioral Interventions and Supportive Environments

2. **Women with opioid use disorders require access to**
   - Medication-assisted treatment

   AND
   - Effective, trauma-informed behavioral interventions
   - Safe settings that allow them to continue to care for their children

Recovery Support Needs to Address Women's Multiple Roles in Society

3. **Treatment and recovery support may include**
   - Care coordination
   - Safe housing
   - Domestic violence services
   - Child care
   - Transportation
   - Parenting support
   - Opportunities to connect with other women in recovery

Biologic Differences Create Increased Risks for Women

- **Substance use in women progresses more quickly to dependency and to the onset of medical problems and disorders**
  - Smaller body mass, and higher fat-to-water ratio
  - Differences in metabolism, absorption, and elimination
- **Women can have more severe withdrawal and have higher risk of opioid overdose**

store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426
archives.drugabuse.gov/NIDA_Notes/NN0013.html

Gateways to Initiation of Substance Use Are Different

- **Women more likely than men to define selves in terms of their relationships and obligations**
- **Influence of intimate partners in starting substance use**
- **Influence of relationships**
  - Family, friends, and peers who use
- **Women more likely to move in and out of periods of problematic use**
- **Trauma history often beginning in childhood**

Price A, Simmel C. *Partners' influence on women's addiction and recovery: The connection between substance abuse, trauma, and intimate relationships*. 2002, Berkeley, CA: University of California at Berkeley.

Downs W, Miller B. In Wekerle C, Wall, AM. *The violence and addiction equation: Theoretical and clinical issues in substance abuse and relationship violence.* 2002, New York, NY: Brunner-Routledge.

Girls and Drug Use

- Drug use is increasing among adolescent girls and women at higher rates than for men and boys
- This increase is also reflected in increasing rates of criminal justice involvement and incarceration of girls and women

drugabuse.gov/news-events/podcasts/2010/04/nih-podcast-shines-light-prescription-drug-abuse-in-women?page=1

Women's Pathways to Use

- **Co-occurring disorders**
  - More likely for women than men
  - Women have higher rates of depression, anxiety
  - May use substances to relax, reduce stress, focus attention, increase confidence
  - May use substances in relation to eating disorders or body image concerns
    - Seeking effects such as weight loss, increased energy
- **Heavy use of prescription medications**
  - Especially for older women

centeronaddiction.org/addiction-research/reports/formative-years-pathways-substance-abuse-among-girls-and-young-women-ages

Women and Prescription Drugs

- **Healthcare professionals tend to miss signs of addiction in females**
  - Especially in older women and younger girls

- **Females are more likely to**
  - Be prescribed a drug by a physician
  - Receive long-term prescriptions for sedatives and analgesics for depression, anxiety and other disorders

Simoni-Wastila L. *J Womens Health Gend Based Med*. 2000 Apr;9(3):289-97.
casacolumbia.org/articlefiles/380-Formative_Years_Pathways_to_Substance_Abuse.pdf
who.int/mental_health/prevention/genderwomen/en/

Screening Brief Intervention and Referral to Treatment (SBIRT)

- **Screening** assesses severity of use and identifies appropriate level of treatment
- **Brief intervention** raises awareness regarding use and motivates behavior change
- **Referral to treatment** provides access to treatment, recovery supports, and specialty care as needed

samhsa.gov/sbirt
store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT-/SMA13-4741

Gender Differences In Seeking Care

- **Unlike men, women commonly report stigma as one of the top reasons they do not seek treatment for substance use disorders**
- **Women seeking treatment report high rates of childhood victimization, histories of sexual abuse, and current danger (47%) from violent partners**
- **Women tend to enter treatment at a much later stage of addiction, with more serious health complications due to accelerated physiological damage**

womenshealth.gov/; https://archives.drugabuse.gov/NIDA_Notes/NN0013.html
store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426
Downs W, Miller B. In Wekerle C, Wall, AM. *The violence and addiction equation: Theoretical and clinical issues in substance abuse and relationship violence.* New York, NY: Brunner-Routledge.

Culture and Substance Use Disorders

"The complex interplay of culture and health—as well as the influence of differing attitudes toward, definitions of, and beliefs about health and substance use among cultural groups—affects the psychosocial development of women and their alcohol, drug, and tobacco use and abuse."

–*Addressing the Specific Needs of Women* (TIP No. 51),

SAMHSA's Center for Substance Abuse Treatment

TIP: Treatment Improvement Protocols
SAMHSA: Substance Abuse and Mental Health Services Administration
store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426

Core Principles of Gender-Responsive Care

Gender-responsive care:

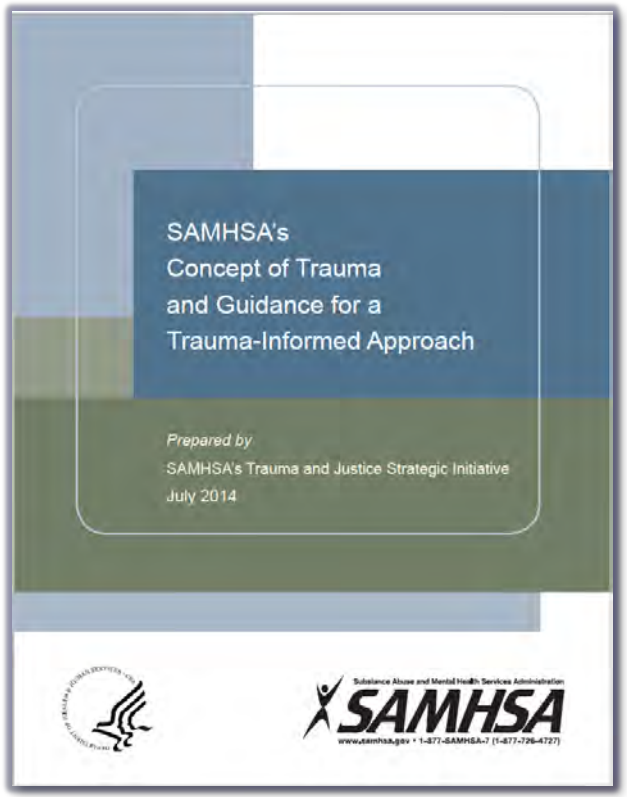
1. **Addresses women's unique experience**
2. **Is trauma-informed**
3. **Uses a relational approach**
4. **Is comprehensive**
5. **Provides a safe healing environment**

store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426

Six Principles of Trauma-Informed Care

Trauma-informed care:

1. **Safety**
2. **Trustworthiness and transparency**
3. **Peer support and mutual self-help**
4. **Collaboration and mutuality**
5. **Empowerment, voice, and choice**
6. **Cultural, historical, and gender issues**



store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

Selected Evidence-Based Practices

- Pharmacotherapies (i.e., medication-assisted treatment)
- Screening Brief Intervention and Referral to Treatment (SBIRT)
- Motivational approaches
- Cognitive Behavioral Therapies
- Family therapies
- Contingency management
- Telehealth and technological applications
- Peer support

store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426
McHugo GJ, Kammerer N, Jackson EW, et al. *J Subst Abuse Treat*. 2005 Mar;28(2):91-107.

Major Dimensions that Support Recovery

- **Health**—learning to manage one's diseases or symptoms, abstain from use of alcohol, illicit drugs, and non-prescribed medications, and make healthy choices that support physical and emotional well-being
- **Home**—have a stable and safe place to live
- **Purpose**—meaningful activities, such as a job, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- **Community**—having relationships and social networks that provide support, friendship, love, and hope

Recovery Support – Hope is Foundational

- Knowing that someone else overcame similar challenges gives women the slightest bit of optimism that things could get better
- Developing self-efficacy and patient activation
- Success begets success

Words and Actions Matter

"Words are important.
If you want to care for something, you call it a flower,
if you want to kill something, you call it a weed."

– Don Coyhis, Recovery Advocate, Educator, President and Founder of White Bison

apna.org/i4a/pages/index.cfm?pageid=5293
whitebison.org/

Change How We Label Something and We Change How We Think of It

Say this …	**Not this …**
Substance use disorder	Alcohol or drug problem
Resourceful	Manipulative
Woman with a violent partner	Battered woman
Neonatal exposure or abstinence syndrome NAS	Neonatal dependency

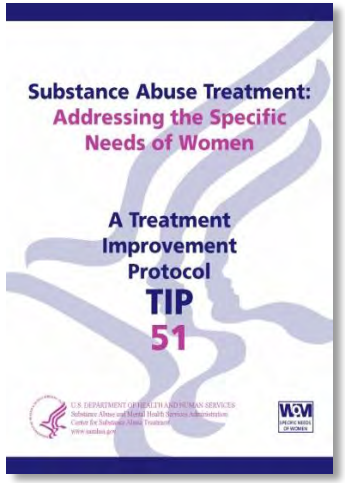
Kelly JF, Saitz R, Wakeman S. *Alcoholism Treatment Quarterly*, 2016;34 (1):116-123
Pérez LG, Abrams MP, López-Martínez AE, et al. *J Trauma Stress*. 2012 Dec;25(6):641-8

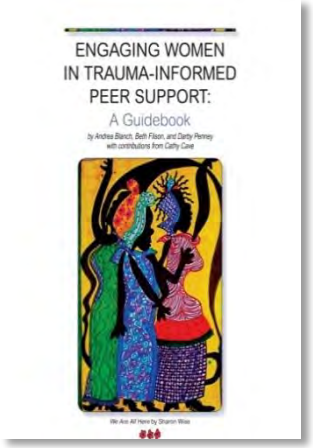
Putting Principles into Practice

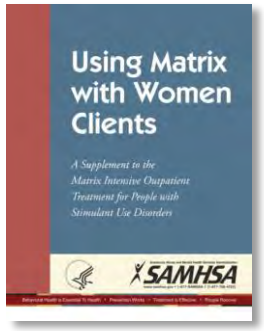
- **Medications combined with behavioral therapies and ongoing recovery supports**
- **Further integration of primary care, mental health and SUD's services and supports**
- **Bringing comprehensive, gender-responsive, trauma-informed and family-centered services to scale**

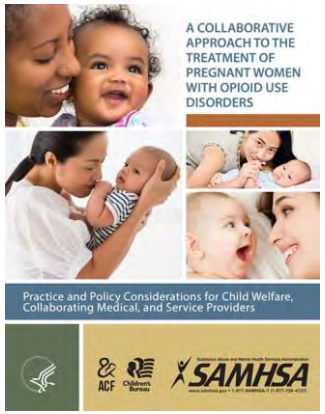
SUD: Substance Use Disorders

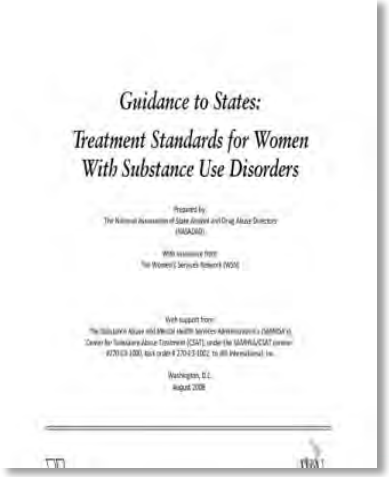
SAMHSA Resources Sampling

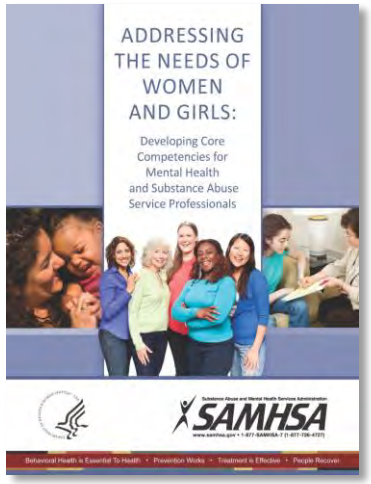


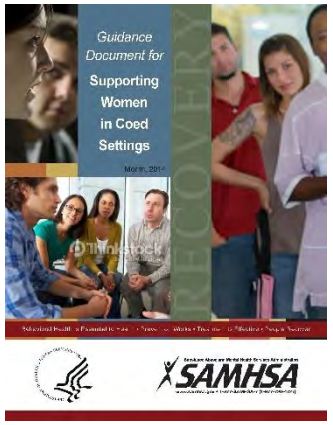












Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

www.samhsa.gov/women-children-families

Prevention of Substance Use Through Integration into Healthcare

Mishka Terplan, MD, MPH, FACOG, FASAM

Professor, Obstetrics and Gynecology, and Psychiatry

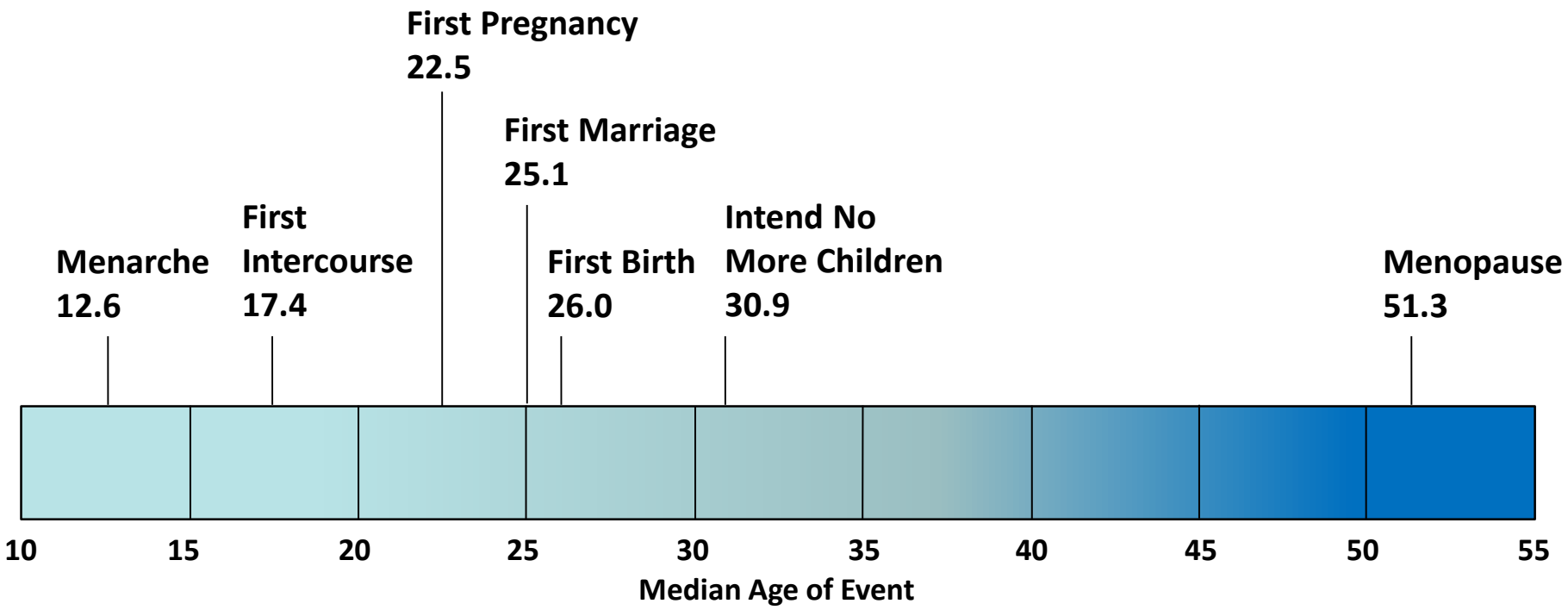
Virginia Commonwealth University

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Sex and Gender Differences

Focus on Women's Needs Over Their Life Course

The typical woman spends 5 years pregnant, postpartum, or trying to get pregnant, and 30 years trying to avoid getting pregnant



Adapted from: Gold RB, Sonfield A, Frost JJ, et al. *Guttmacher Institute*, Feb 2009. guttmacher.org/sites/default/files/report_pdf/nextsteps.pdf

Gender and Behavioral Health Burden

Diagnosis	Percent Reporting	
	Female	Male
Serious Psychological Distress (past month)	**6.0%**	**4.1%**
Any Mental Illness (past year)	**26.2%**	**17.3%**
Serious Mental Illness (past year)	**5.0%**	**3.0%**
Major Depressive Episode (past year)	**8.5%**	**4.7%**

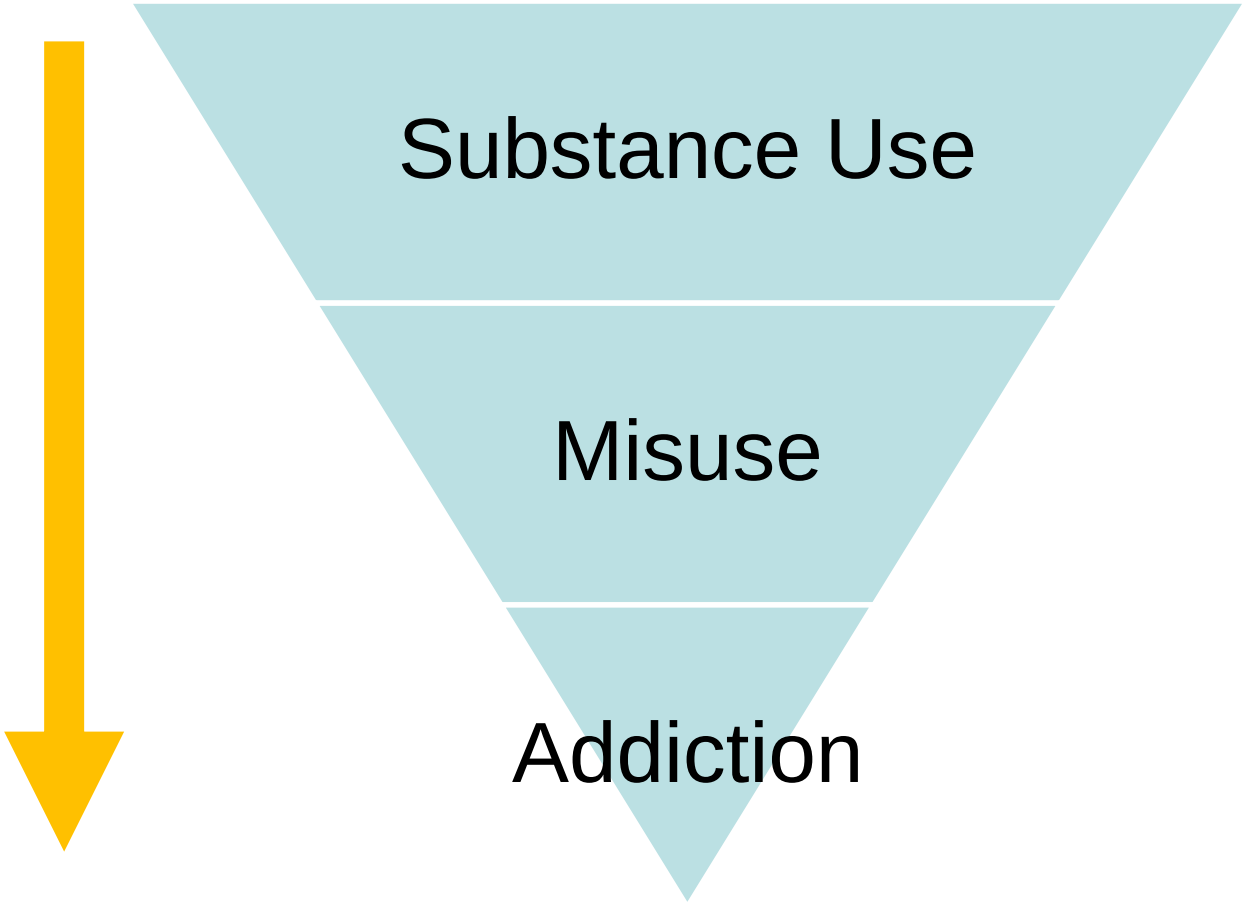
National Survey on Drug Use and Health 2014, 2015

Opioid Epidemic Is Increasingly Young, White, and Female

- **Women of reproductive age (15–44 years) receive more prescription medications than men**
- **More women than men are initiating opioid misuse**
- **In 2015:**
  - 0.9 million males
  - 1.2 million females
- **3,300 women per day**

National Survey of Drug Use and Health, 2015

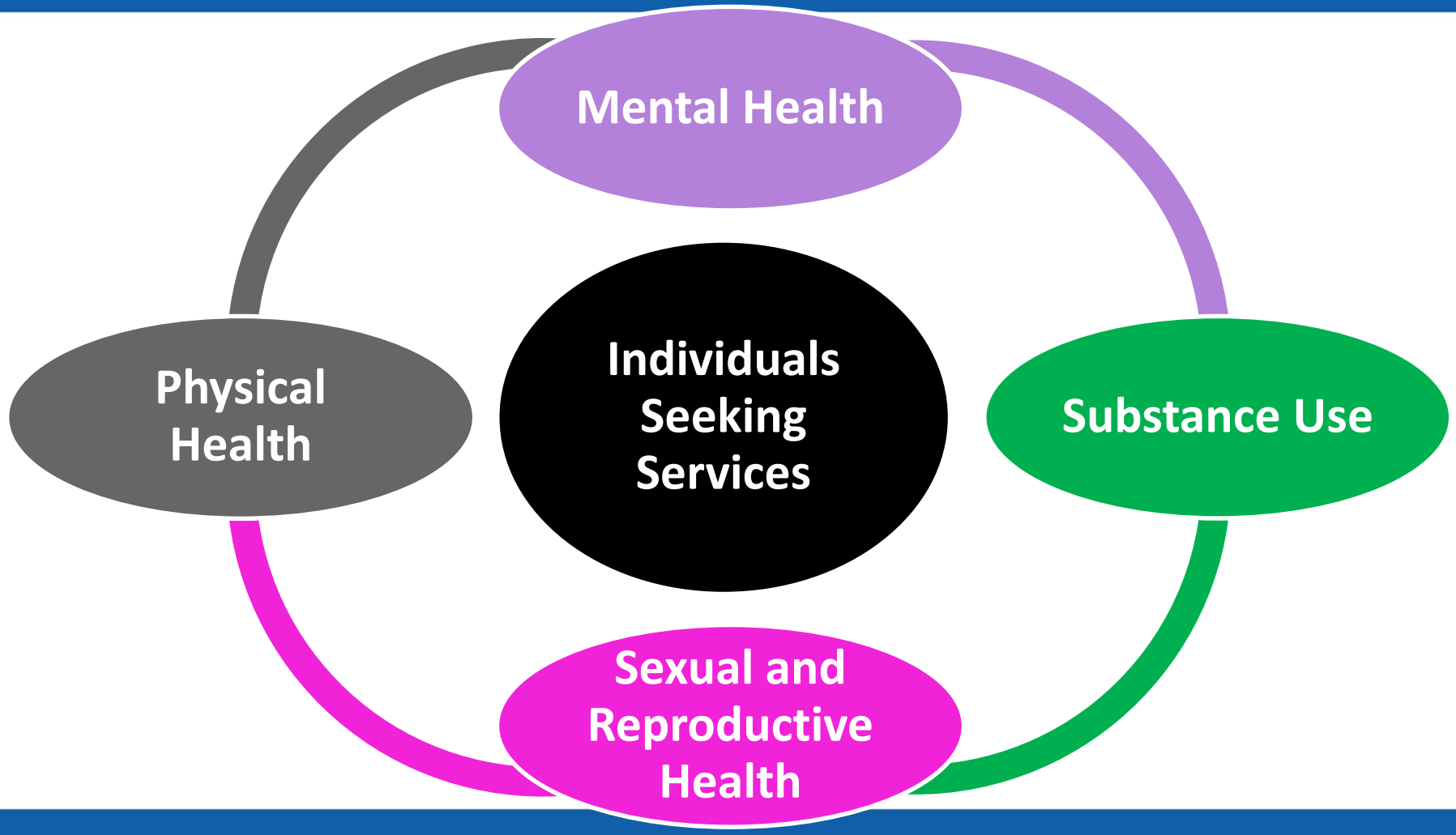
Reproductive Health along a Substance Use Continuum



- **Adolescents who use substances more likely to:**
  - Be sexually active
  - Engage in risky sex
- **Substance misuse and HIV acquisition**
- **Women in treatment for addiction:**
  - Less overall contraception used
  - Less effective contraception methods
  - Unplanned pregnancy more likely

National Survey on Drug Use and Health 2015; CDC Youth Risk Behavior Surveillance System 2012;
Meyer JP, Springer SA, Altice FL. *J Womens Health (Larchmt).* 2011 Jul;20(7):991-1006.
Terplan M, Hand DJ, Hutchinson M, et al. *Prev Med.* 2015 Nov;80:23-31

Women Seeking Healthcare Have Concerns Across Multiple Health Domains

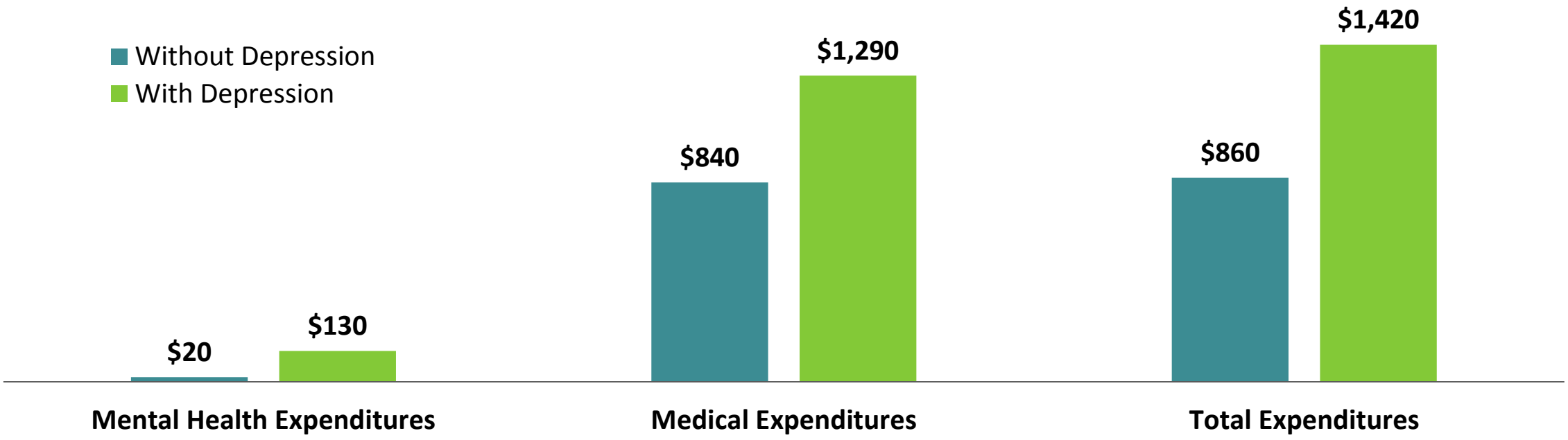


Contemporary Healthcare System: United States

- **Providing care in silos**
  - Does not meet the needs of individuals
  - Inefficient
  - Costly

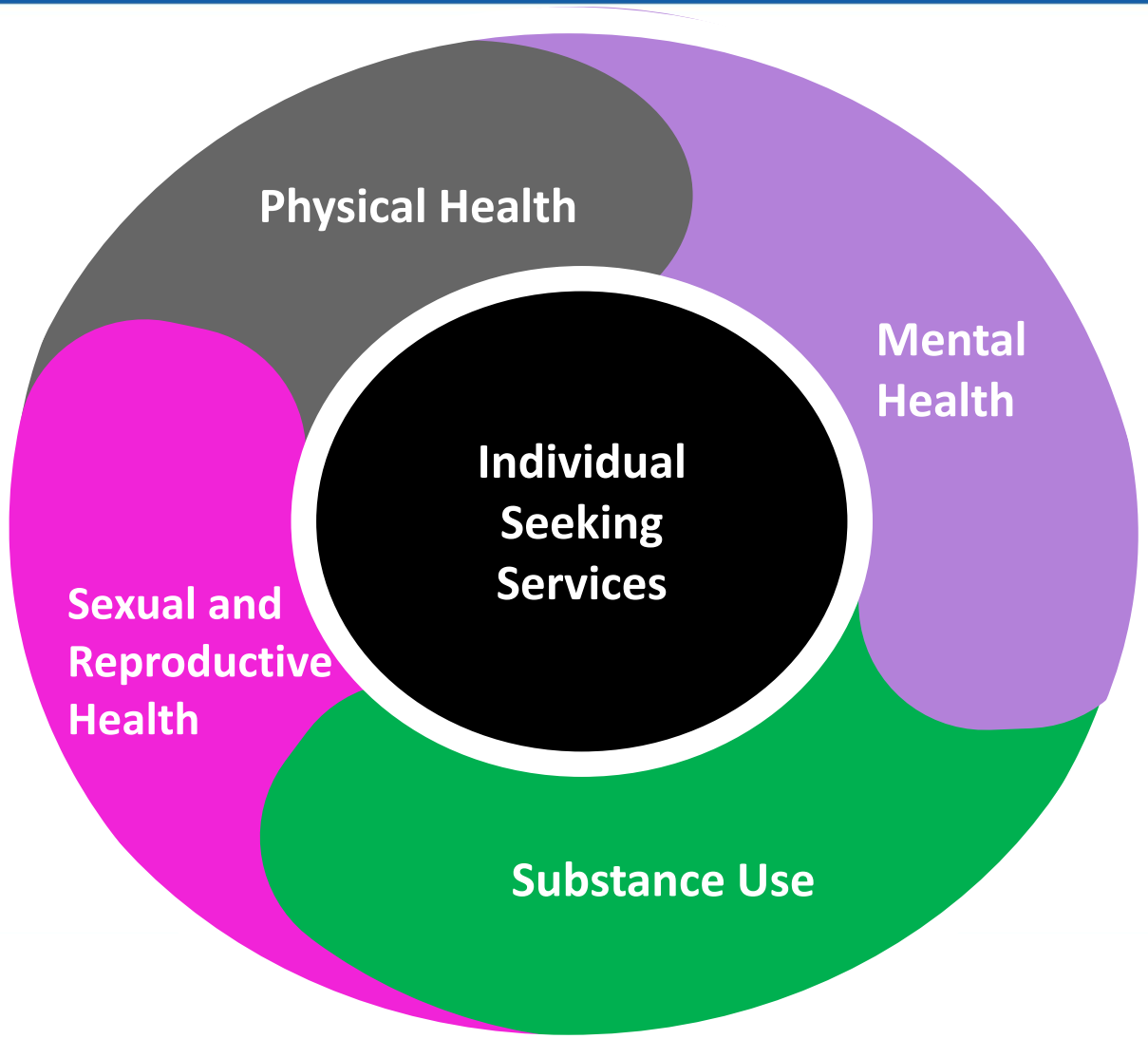
Unmet Mental Health Needs Contribute to Increased Overall Healthcare Costs

Monthly Healthcare Expenditures for Chronic Conditions, with and without Comorbid Depression, 2005



integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf

Solution is Integration of Mental Health, Substance Use, and Primary Care Services



U.S. Healthcare Reform: The Affordable Care Act (ACA)

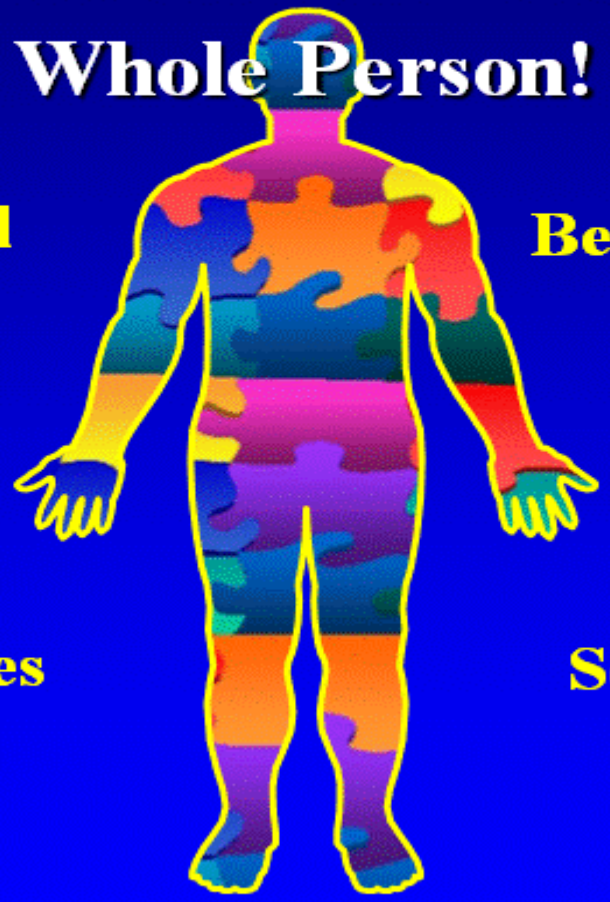
- **Integration**
  - Behavioral health: mental health and addiction
  - Somatic and behavioral health
  - Reproductive health integration
- **Parity**
  - Reimbursement for primary care and mental health-related services, including substance use treatment
  - Medicaid expansion
    - Contraceptive coverage

Treating a Biobehavioral Disorder Must Go Beyond Just Fixing the Chemistry

We Need to Treat the Whole Person!

Pharmacological Treatments (Medications)

Behavioral Therapies



Medical Services

Social Services

In Social Context

NIDA

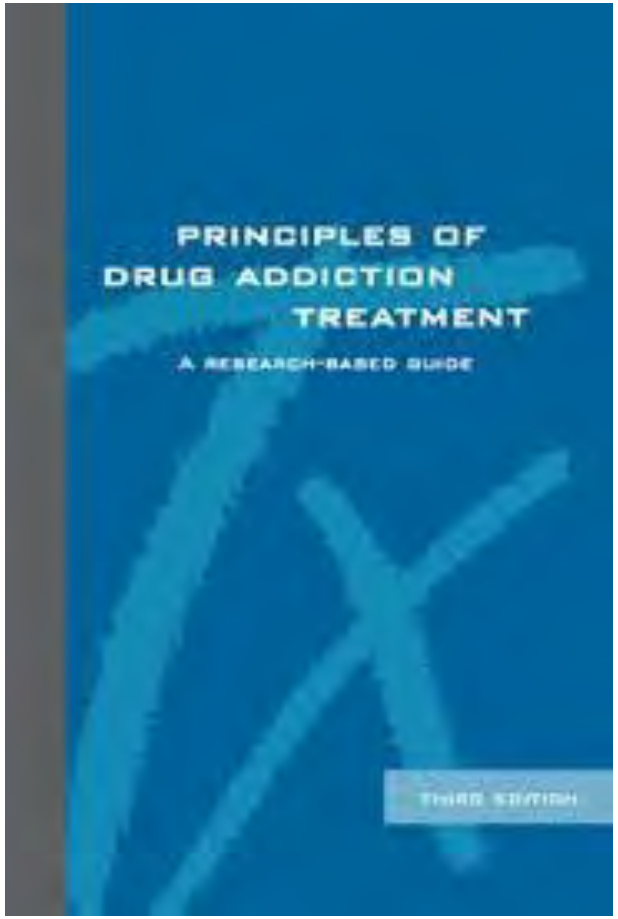
Shift Focus to Entire Life Course, Not Just Pregnancy

Prevalence of Reproductive Health Hits in Search Engines

	Reproductive Health	Sexual Health	Contraception	HIV	Pregnancy
NIDA	21	22	17	125,000	19,800
SAMHSA	55	29	43	3910	1350
ASAM	6	3	7	179	121

NIDA: National Institute on Drug Abuse
SAMHSA: Substance Abuse and Mental Health Services Administration
ASAM: American Society of Addiction Medicine
Unpublished data

NIDA Principles of Drug Addiction Treatment



4. EFFECTIVE TREATMENT ATTENDS TO MULTIPLE NEEDS OF THE INDIVIDUAL, NOT JUST HIS OR HER DRUG ABUSE. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

13. TREATMENT PROGRAMS SHOULD TEST PATIENTS FOR THE PRESENCE OF HIV/AIDS, HEPATITIS B AND C, TUBERCULOSIS, AND OTHER INFECTIOUS DISEASES, AS WELL AS PROVIDE TARGETED RISK-REDUCTION COUNSELING, LINKING PATIENTS TO TREATMENT IF NECESSARY. Typically, drug abuse

NIDA: National Institute on Drug Abuse
drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface

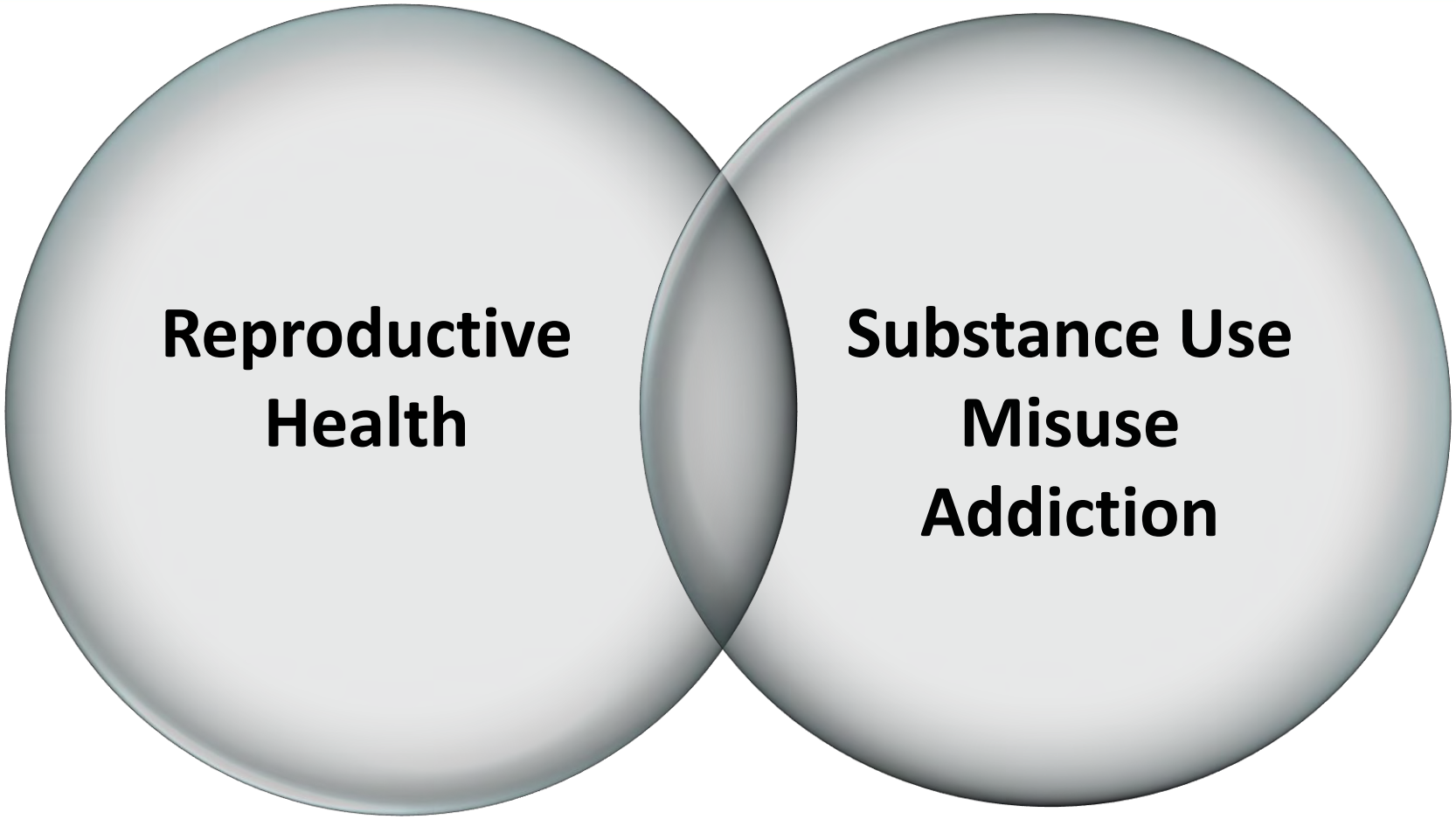
Gap Between Principles and Practice

- **Recognition of**
  - Need for holistic practice, but certain domains more included
  - Importance of integration, but reproductive health and contraception lag

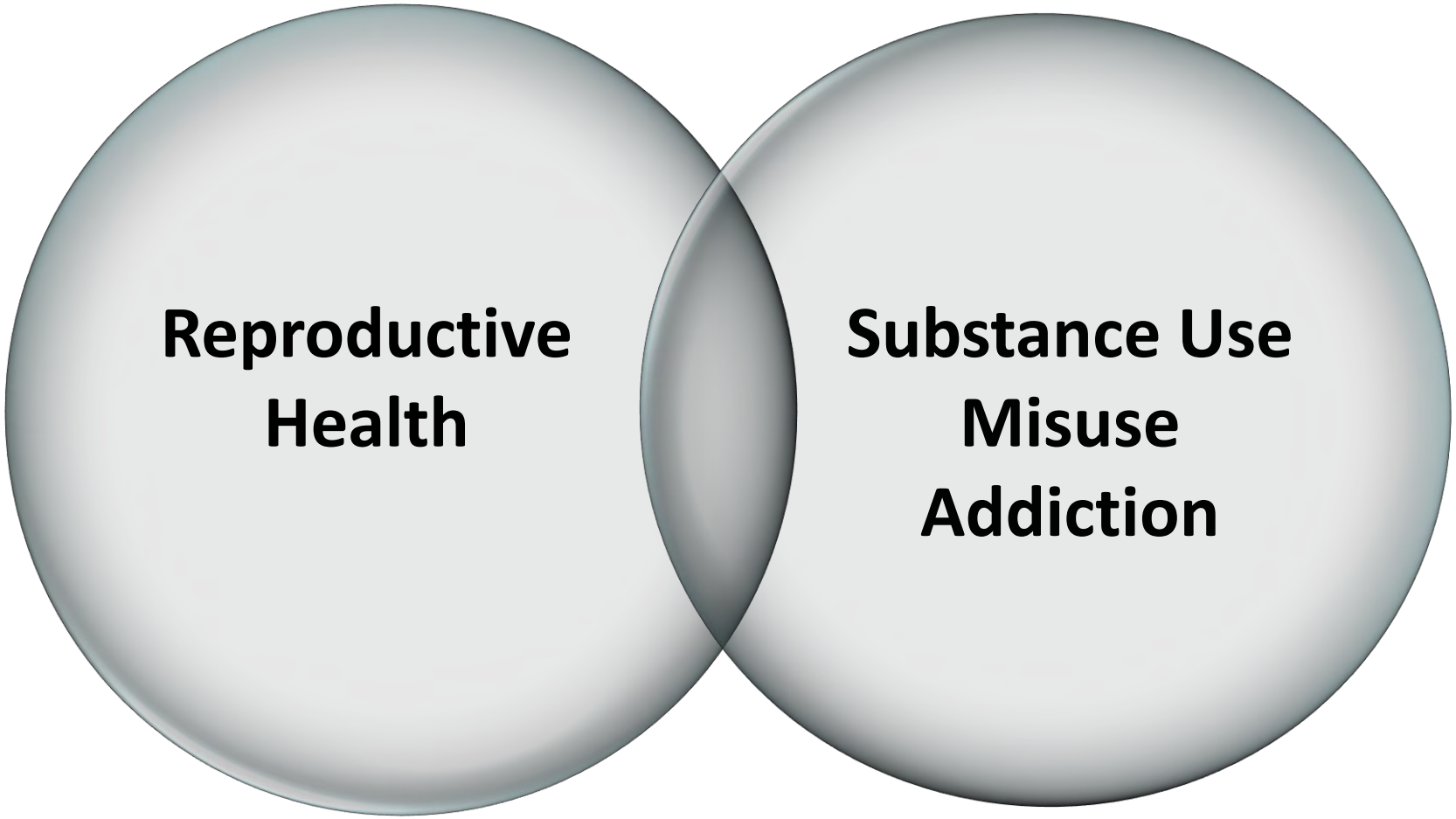
- **Inequities within reproductive health**
  - Negatively affect women with substance use disorders
  - Play out across the life course

Reproductive Health

Substance Use
Misuse
Addiction


Reproductive Health
Substance Use Misuse Addiction

Opportunities for Public Health at the Intersection of Reproductive Health and Substance Use



Public Health at the Intersection of Reproductive Health and Substance Use

- **Bringing the silo of reproductive health into public health programming for people who use drugs**

- **Baltimore City Health Department**
  - Syringe Exchange Program

Public Health at the Intersection of Reproductive Health and Substance Use

- Baltimore City Health Department Reproductive Health Project on the Van
- Integrating family planning with syringe exchange

Injectable Contraceptive Continuation among Female Exotic Dancers Seeking Mobile Reproductive Health Services

Caitlin E. Martin, MD, MPH
Jennifer J. Han, ScM
Chris Serio-Chapman, BS
Patrick Chaulk, MD
Mishka Terplan, MD, MPH

Abstract: **Objectives.** We describe depot medroxyprogesterone acetate (DMPA) continuation patterns among female exotic dancers receiving reproductive health services at a mobile syringe exchange. **Methods.** Clients initiating DMPA between November 2009 and August 2012 were identified retrospectively *via* chart review. Life table analysis measured continuation. Client characteristics were compared using chi-square tests. **Results.** Sixty nine clients were identified; 72% were African American and 63% were younger than 25. At three months, 36% of the study sample continued DMPA; those continuing were more likely to be White (p=0.01) and receive other services (p=.01). The 12-month cumulative continuation probability was 0.09. Considering those who had received an injection, continuation proportions were higher (46% at 6; 71% at 12 months). **Conclusions.** A subset of female exotic dancers may favor DMPA as a long term contraceptive. Integrating mobile reproductive health services into public health programs can help fulfill the unique health needs of this high-risk population.

Contraception and Clean Needles: Feasibility of Combining Mobile Reproductive Health and Needle Exchange Services for Female Exotic Dancers

| Eva Moore, MD, MSPH, Jennifer Han, ScM, Christine Serio-Chapman, BS, Cynthia Mobley, MD, MPH, Catherine Watson, MSW, and Mishka Terplan, MD, MPH

Young women engaged in exotic dancing have a higher need for reproductive health services than women not in this profession, and many also use drugs or exchange sex for money or drugs. Few report receiving reproductive health services. We describe a public health, academic, and community partnership that provided reproductive health services on needle exchange mobile vans in the "red light district" in downtown Baltimore, Maryland. Women made 220 visits to the vans in the first 21 months of the program's operation, and 65% of these visits involved provision of contraception. Programmatic costs were feasible. Joint provision of needle exchange and reproductive health services targeting exotic dancers has the potential to reduce unintended pregnancies and link pregnant, substance-abusing women to reproductive care, and such programs should be implemented more widely. (*Am J Public Health*. 2012;102:1833–1836. doi:10.2105/AJPH.2012.300842)

dancers and their need to engage in higher risk sex work to obtain money for drugs. Rates of HIV and other sexually transmitted infections (STIs) are high among sex trade workers, as are rates of unwanted pregnancies.[5] Exotic dancers differ from other sex trade workers because of the club environment, which can be

Martin CE, Han JJ, Serio-Chapman C, et al. *J Health Care Poor Underserved*. 2014 Aug;25(3):1317-27.
Moore E, Han J, Serio-Chapman C, et al. *Am J Public Health*. 2012 Oct;102(10):1833-6.

Integrating Contraception with Syringe Exchange

- Innovative prevention services in nontraditional setting
- $85 per client, including clinician costs and supplies
- Potential to reduce unintended pregnancies
- Link pregnant women who use drugs to prenatal care

Moore E, Han J, Serio-Chapman C, et al. *Am J Public Health*. 2012 Oct;102(10):1833-6.

Public Health at the Intersection of Reproductive Health and Substance Use

- **Addiction treatment is an opportunity to improve reproductive health**
  - Decrease infectious disease transmission (especially HIV and HCV)
  - Decrease unintended pregnancies
  - Prevent substance exposed pregnancies

- **Bringing the silo of reproductive health into addiction treatment**
  - Integrating family planning into treatment
  - Baltimore Reproductive Health Initiative

HIV: Human immunodeficiency virus
HCV: Hepatitis C virus

Baltimore Reproductive Health Initiative

- Screening
- Education
- Service Delivery

- Funded by Abell Foundation

Screening Tool for Family Planning Needs

One Key Question:
Would you like to get pregnant in the next year?

Question is

- **client-focused**
- **nonjudgmental**
- **closed-ended**

Baltimore City – PSEP Reproductive Health Initiative
One Key Question® (OKQ) Client Screening Questionnaire

Site:	☐ Recovery Network ☐ Gaudenzia	**Today's Date:**	
Birth Year:			
Sex (at birth):	☐ Female ☐ Male ☐ Intersex	**Ethnicity:**	☐ Hispanic/Latin@ ☐ Non-Hispanic/Latin@
Gender:		**Race:**	

1. Would you like to get pregnant (or impregnate a partner) in the next year?

- ☐ No (*If checked, go to question 2*)
- ☐ Yes (*If checked, skip to question 3*)
  I'm OK either way or Unsure (*If checked, skip to question 4*)
- ☐ Not applicable (menopause, sterilization, hysterectomy, currently pregnant/expecting, other: _____ (*If checked, questionnaire ends here*)
- ☐ Declines to answer (*If checked, questionnaire ends here*)

If client answered "***no***" to question 1:

2. (A) Are you using a birth control method right now?
- ☐ Yes. What type?: _____
- ☐ No

(B) If yes, are you happy with your birth control method?
- ☐ Yes
- ☐ No and not interested in change
- ☐ No and looking to change

If client answered "***yes***" to question 1:

3. Are you taking folic acid or a Prenatal Multivitamin?
- ☐ Yes
- ☐ No

4. Are you receiving pregnancy planning (preconception health) counseling with a clinician?
- ☐ Yes
- ☐ No

5. If no, would you like to be linked to a pregnancy planning (preconception health) counselor?
- ☐ Yes
- ☐ No

Service Delivery

Unique Clients	N=134	Percent
Contraceptive need	82	61%
Received contraception	68	83%
Overall LARC among those with contraceptive need	45	66%
Method choice		
Nexplanon - Implant	28	41%
Mirena IUD	15	22%
Combined oral contraceptive	13	19%
Depo Provera	8	12%
Paraguard/copper IUD	2	3%
Hormone patch	2	3%

IUD: Intrauterine device
LARC: Long-acting reversible contraceptive
Unpublished data

Conclusions

- Opportunities for prevention at intersection of reproductive health and substance use, misuse, addiction

- Through integration – move toward greater equality and addressing injustices

CDC PUBLIC HEALTH GRAND ROUNDS

Addressing the Unique Challenges of Opioid Use Disorder in Women

January 17, 2017

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention