



Behavioral Health is Essential To Health



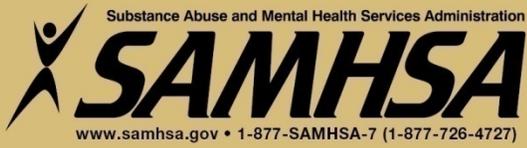
Prevention Works



Treatment is Effective



People Recover



health



Women Matter!

An Introduction to Women, Addiction, and Recovery



Women's Health, Wellness, and Recovery:

*An Introduction to Women's Substance Use
Disorders and Health*

May 6, 2015



Deborah Werner, M.A., PMP



Deborah Werner,
Project Director

**SAMHSA's TA and
Training on Women
and Families Impacted
by Substance Abuse
and Mental Health
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Logistics

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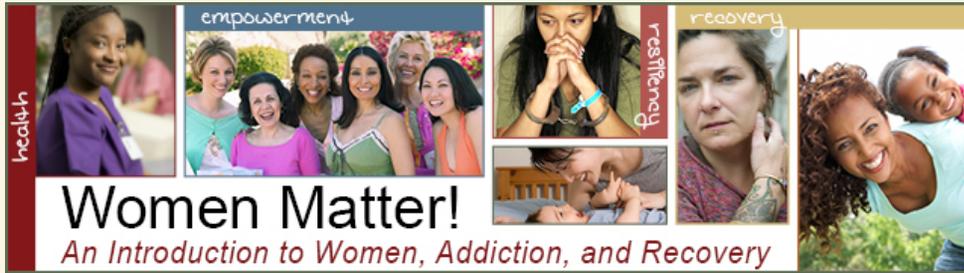
- During and after this webinar, join the conversation about *Women Matter!* and women's addiction on Facebook and Twitter with the hashtag #womenmatter2015



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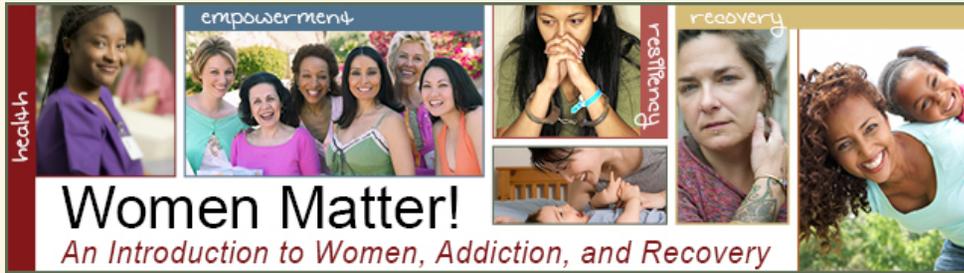
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- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- This webinar should not be considered a substitute for individualized client care and treatment decisions.



Purpose of Women Matter!

SAMHSA created this series to:

- Build the workforce's capacity to address the specific needs of women and provide gender-sensitive care; and
- Increase the national focus on, and understanding of, women's unique substance use and co-occurring disorders while offering concrete resources about the specific recovery needs of women.

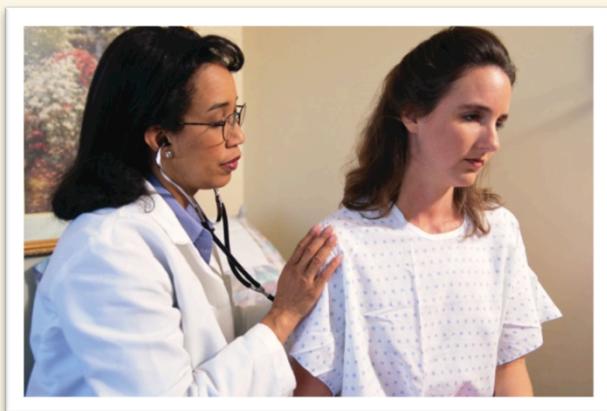


Webinars

- ❖ **Women in the Mirror: Addressing Co-Occurring Mental Health Issues and Trauma in Women with Substance Use Disorders**
- ❖ **Women Connected: Families and Relationships in Women's Substance Use and Recovery**
- ❖ **Women's Health, Wellness, and Recovery: An Introduction to Women's Substance Use Disorders and Health**
- ❖ **Gender-Responsive Co-Ed Treatment and Recovery for Women, June 9, 2015, 3:00–4:30 PM ET**
- ❖ **Women Unbarred: Recovery and Supports for Women Involved with Criminal Justice, July 23, 2015, 3:00–4:30 PM ET**



Today's Feature:



***Women's Health,
Wellness, and Recovery:
An Introduction to Women's Substance
Use Disorders and Health***

Hendree Jones, Ph.D.



Hendree Jones, Ph.D.

Executive Director of Horizons

*Adjunct Professor
Department of Psychology
and a Professor of Obstetrics
and Gynecology
University of North Carolina at
Chapel Hill*

Women and Substance Use Disorders: Health and Wellness



Hendrée E. Jones, PhD

**Executive Director, Horizons Program
Professor, Department of Obstetrics and Gynecology
School of Medicine, University of North Carolina at Chapel Hill**

Acknowledgements

- **Study patients and infants**
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 - R01 DAs: 015764,
015738, 017513, 015778,
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15832
- **Maternal Opioid Treatment:
Human Experimental
Research (MOTHER) Site
PIs and investigative teams**



Outline

- **Overview of co-occurring health concerns for women with substance use disorders**
- **Health and wellness in recovery**
- **Pregnancy and substance use disorders**

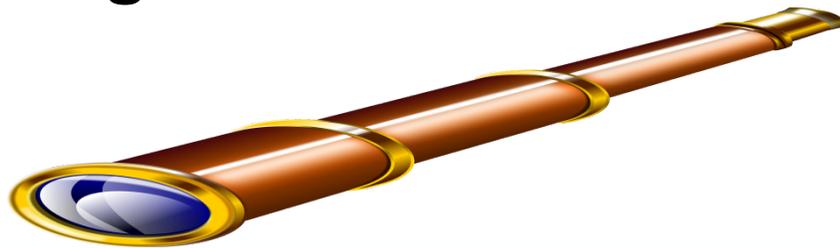


¹⁵ Physical Effects of Alcohol and Other Drugs

- **Use of both licit and illicit drugs stress the human body**
- **True for both women and men – for example, alcohol use can lead to liver damage for both women and men**
- **However: Women have different physiological responses to drugs, and greater risk for health-related issues**

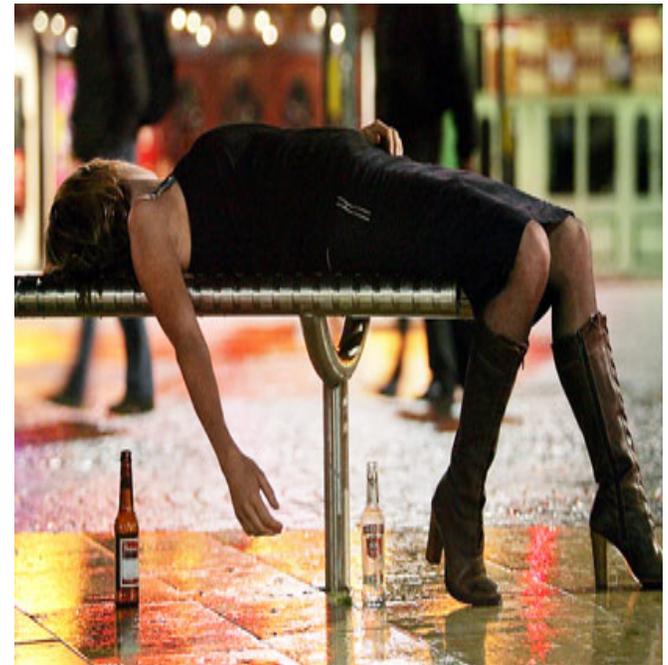
Telescoping

- **The amount of time between initial use and the development of physiological problems is shorter for women than men.**
- **The amount of time between initial use and the severity of the problems that develop from use of alcohol and drugs is shorter for women than men.**



Alcohol and Health Effects on Women

- Alcohol is one of the five (5) leading causes of morbidity and mortality worldwide.
- Women:
 - ▲ Are more susceptible to alcohol-related organ damage
 - ▲ Develop damage at lower levels of consumption over a shorter period of time
 - ▲ Who abuse alcohol experience an increased severity, greater number, and faster rate of development of health-related complications
 - ▲ Become more cognitively impaired by alcohol
 - ▲ Develop alcohol abuse and dependence in less time than do men: *telescoping*



(Chisholm et al., 2004; Piazza et al., 1989)

Acute and Chronic Health Conditions for Women

Chronic

Anemia
 Arthritis
 Asthma
 Cancer
 Cardiovascular disease
 Cirrhosis
 Chronic pain
 Dementia
 Dental Issues
 Diabetes
 Digestive problems
 Gout
 Gynecological issues
 High blood pressure
 Infectious disease (e.g.,
 tuberculosis, Hepatitis, HIV/AIDS, sexually transmitted diseases)
 Nerve damage
 Pancreatitis, Thyroid issues, Seizures, Skin issues

PAIN



Acute Conditions

Bronchitis
 Colds
 Ear infections
 Flu
 Headache
 Throat infections
 Sinus infections
 Vaginitis
 Urinary tract infections

Women: Increased Vulnerability

- ◆ **Neither alcohol dependence nor drug dependence show gender difference in prevalence – *but* women show severe psychiatric, medical, and employment problems.**
- ◆ **Age of onset of regular use does not show gender difference – *but* women who use opioids, cannabis, and alcohol enter treatment sooner after onset.**
- ◆ **Findings suggest the existence of an increased vulnerability in women to the adverse consequences of use of these drugs.**
- ↳ **Very few women who use drugs use only a single drug, and any investigations of use are complicated by a variety of personal, social, and environmental factors.**

Treatment Admissions for Women

Most women who have substance use disorders never receive treatment.

- ➔ **However, a large percentage of women admitted to drug use treatment report opioids or cocaine as their primary drugs of abuse .**

- ♦ **Self-referral, social service agencies, and the criminal justice system are the primary sources of referral.**

- ♦ **Women are also likely to be identified with a substance use disorder through child protective services.**

- ▲ **Women often identify stress, not drug use, as the primary reason to enter treatment .**

- ▲ **Women also exhibit more serious drug problems on treatment entry, as well as problems related to drug use, particularly medical and psychological problems.**

Co-occurring Mental Health Issues

- **Women are more likely than men to have co-occurring drug use and mental disorders.**
- **Women are more likely to have multiple co-morbidity (three or more psychiatric diagnoses, in addition to substance use disorder) than are men.**
- **Women who use drugs may be using them to self-medicate distressing affect.**
- **Anxiety disorders and major depressive disorders are the most common co-occurring diagnoses.**
- **Eating disorders and Post-Traumatic Stress Disorder (PTSD), a common reaction following exposure to violence and trauma, also often co-occur in women with drug use disorders.**



Substance Use Disorders and Depression

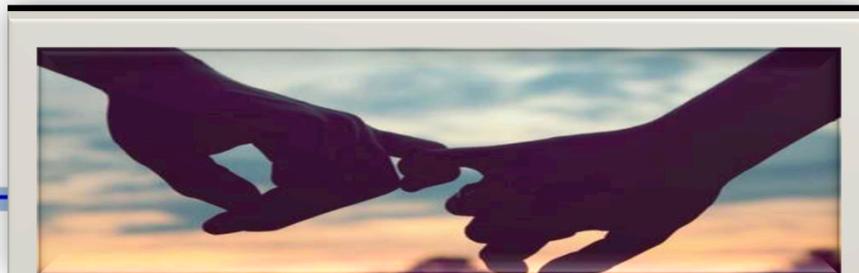
- Depression is estimated to co-occur in adults with opioid use disorder at somewhere between 15% and 30%
 - This rate may be even higher in adults with prescription opioid use disorder
 - Co-occurrence is higher in women than in men
 - A higher rate of injection drug use is found in adults with co-occurring opioid use disorder and depression
 - Adults with co-occurring opioid use disorder and depression are more likely to suffer more severe social and economic problems than individuals with opioid use disorder without depression
 - Lack of a treatment response is more likely for adults with co-occurring opioid use disorder and depression
- ↳ *Although we know less about co-occurring opioid use disorder and anxiety, the general picture appears to be quite similar.*

Suicide and Interpersonal Violence

- **More than 40% of individuals who enter treatment for opioid use disorder have a history of a behavioral disorder.**
- **In perhaps 80% these individuals, the behavioral disorder likely predates the opioid use disorder by 5 or more years.**
- **For pregnant women with opioid use disorder, depression and anxiety disorders are quite prevalent.**
- **The possibility of suicide needs to be directly addressed.**
- **Many of these women are in relationships with individuals who also use licit and illicit substances – and may subject the women to ongoing emotional, physical, and sexual abuse.**

Substance Use in Intimate Relationships

- **Social factors are important contributors to drug use in women.**
- **Women with SUD are more likely than men with SUD to have partners who use drugs.**
- **Some women continue using alcohol and illicit drugs to maintain the relationships. Interpersonal violence is a prevalent concern.**
- **Although alcohol and marijuana use often begins with peer pressure during adolescence, women are likely to be introduced to cocaine and heroin by men.**



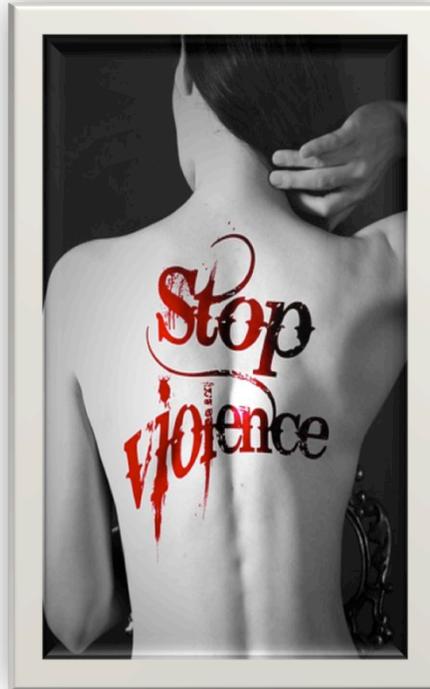
Effects of Interpersonal Violence

Psychological

- Anxiety
- Depression / Suicide
- PTSD
- Poor self-esteem
- Blame and guilt
- Uncontrollable emotions

Social

- Isolation / Withdrawn
- Few social interactions
- Rigid sex-role expectations



Physical/Stress Related

- Injury
- Sleep problems
- Nutritional / Low weight gain
- Substance abuse / Smoking
- Chronic pain
- Hypertension
- Inadequate prenatal care
- Miscarriage
- Pre-term labor
- Fetal fracture / Fetal death
- Placental abruption
- Uterine rupture

Screening for Interpersonal Violence

Recognize Risk of Violence

Women Abuse Screening Tool (WAST) – Short Form

- In general, how would you describe your relationship?
 - **A lot of tension**, some tension, no tension
- Do you and your partner work out arguments with...
 - **Great difficulty**, some difficulty, no difficulty
- ↳ Correctly classified 92% victim and 100% non-victim
- ↳ Takes 4 minutes to complete

If women endorse these or other questions indicating risk for violence

- Listen to her and believe her
- Acknowledge her feelings and let her know she is not alone
- Let her know that no one deserves to be abused
- Provide her with resources (hotline, women's shelter)

Summary of Co-occurring Health Issues

- **There are a myriad of health concerns for women who use substances**
 - **These include physical and mental health issues**
 - **All physical and mental health effects deserve consideration and evaluation for treatments**
-

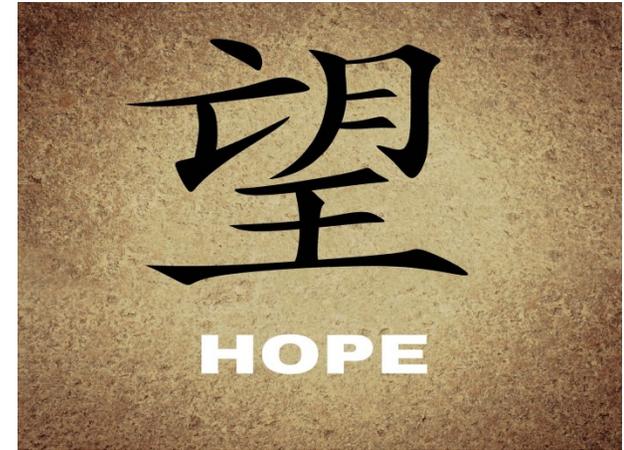
Health and Wellness in Recovery

- **Difference between drug abstinence and recovery**
- **Recovery includes taking and maintaining control of life**
 - Good health care
 - Living circumstances
 - Stress level
 - Healthy recreational activities
 - Purposeful living
 - Employment
 - Diet
 - Exercise
 - Sleep
 - Positive social supports
 - Relationships



Health and Wellness in Recovery

- **Recovery is a long-term process, inextricably intertwined with**
 - Normal human development
 - Intellectual growth & learning
 - Experience
 - Healing
- **See recovery in the context of the whole person**
 - Recovery can't be just the absence of a substance



Health and Wellness in Recovery

SAMHSA's Eight Dimensions of Wellness for everyone to incorporate into their lives.

These dimensions are:

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual



Engaging Women in Wellness

- **The lens through which we view the world shapes our reality**
- **Help women change the lens through which they view the world**
- **What does the brain focus on?**
- **Our external world only predicts 10% of our happiness**
- **Help women change their formula for success**

Engaging Women in Wellness

- **The absence of disease is not health**
 - **If happiness is on the other side of success, we will never get there**
 - **Positive brains perform better**
 - **Becoming more positive in the present results in better performance**
 - **Re-wire the brain for happiness**
-

Every day for 21 days:

- **Write down three new things you are grateful for**
 - **Journal gratitude – one positive experience that happened in the last 24 hours**
 - **Get physical exercise**
 - **Practice meditation**
 - **Do something nice for others**
-

Health and Wellness in Recovery

- **Person-centered, collaborative care improves outcomes for chronic conditions.**
- **Empowering women in clinical settings may help them develop better control and power in the rest of their lives.**
- **As women's personal control and power increase, women will be more likely to**
 - **Overcome the barriers they experience to staying drug free and in recovery.**
 - **Improve their quality of life, thus reducing the risk of relapse.**



- ***Current Concepts in positive mental health research:***
 - 1) Above normal
 - 2) Maturity
 - 3) Positive psychology
 - 4) Socio-emotional intelligence and successful object relations
 - 5) Subjective well-being
 - 6) Resilience
-

Substance Use during Pregnancy

- It is very rare to meet a woman who initiates drug use *during* pregnancy.
- The vast majority of women using drugs while pregnant do so because they are not able to stop using due to addiction.
- Do not assume the legality of a substance is related to the potential harms that a substance can have on the mother or fetus.
- Two of the substances we have the most documentation on their harms include tobacco and alcohol.
- However, even for alcohol, risk factors (e.g., maternal age, genetics, nutrition) other than alcohol exist and serve to mediate, moderate, or otherwise alter the effects of alcohol on the fetus and child.
- As with all substances, the potential effects on the mother, fetus, and child must be viewed in the context of the social determinants of health including the overriding influence of poverty and its radiating effects.

Tobacco
Alcohol
**Amphetamines/
Methamphetamines**
Benzodiazepines
Cannabis
Cocaine
Opioids



38 Treatment of Substance Use Disorders during Pregnancy

Substance	Treatment Approaches	Comments
Tobacco	<ul style="list-style-type: none"> ☒ Nicotine Replacement Therapy (NRT): nicotine gum, transdermal nicotine patches, nicotine nasal spray, nicotine lozenge, and nicotine inhaler ☒ Bupropion ☒ Varenicline ☒ Behavioral treatments have been shown to be effective: cognitive behavioral, contingency management ☒ 5As (Ask, Advise, Assess, Assist, Arrange) as a Brief Intervention 	<ul style="list-style-type: none"> ◆ Very limited data for NRT and bupropion use in pregnancy, and no data available for varenicline, both of which are FDA pregnancy category C ◆ Voucher-based reinforcement has been proven efficacious as a behavioral treatment
Alcohol	<ul style="list-style-type: none"> ☒ Medication-assisted withdrawal from alcohol use for pregnant women frequently uses a benzodiazepine (e.g., diazepam) as pharmacotherapy ☒ Psychosocial treatment should be considered as an integral component of any withdrawal strategy 	<ul style="list-style-type: none"> ◆ Pharmacotherapy (e.g., acamprosate, naltrexone, disulfiram) should generally not be used in pregnancy due to risk to the fetus ◆ Behavioral treatments have been found to be inferior to pharmacotherapy in non-pregnant women
Cannabis	<ul style="list-style-type: none"> ☒ Behavioral treatments have been shown to be effective: cognitive behavioral, contingency management 	<ul style="list-style-type: none"> ◆ No known efficacious pharmacotherapy
Cocaine	<ul style="list-style-type: none"> ☒ Behavioral treatments have been shown to be effective: cognitive behavioral, contingency management, Motivational Interviewing 	<ul style="list-style-type: none"> ◆ No known efficacious pharmacotherapy
Amphetamines/ Methamphetamines	<ul style="list-style-type: none"> ☒ Behavioral treatments have been shown to be effective: cognitive behavioral, contingency management, Motivational Interviewing 	<ul style="list-style-type: none"> ◆ No known efficacious pharmacotherapy
Benzodiazepines	<ul style="list-style-type: none"> ☒ Gradual taper with a long-acting benzodiazepine (e.g., diazepam) with the goal of being benzodiazepine-free at birth ☒ Psychosocial treatment should be considered as an integral component of any dose reduction strategy 	<ul style="list-style-type: none"> ◆ Behavioral treatments are thought to be inferior to pharmacotherapy
Opioids	<ul style="list-style-type: none"> ☒ Opioid agonist pharmacotherapy: Methadone, Buprenorphine ☒ Opioid antagonist pharmacotherapy: naltrexone ☒ Medication-assisted withdrawal (detoxification) 	<ul style="list-style-type: none"> ◆ Medication-assisted withdrawal has a known high failure and may only be appropriate in certain cases ◆ Behavioral treatments have been found to be inferior to pharmacotherapy

Medication Assistance for Opioid Use Disorder

- ***Maintenance pharmacotherapy*** on an opioid-agonist medication such as methadone or buprenorphine is defined as treatment with medication for an indefinite period by fixing and maintaining the level of the opioid in an individual, in order to avoid the craving and withdrawal symptoms that abstinence from illicit opioids would produce.
- ***Medication-assisted withdrawal*** (sometimes termed “detoxification” or tapering) provides consecutively smaller doses of a medication such as methadone or buprenorphine, as well as non-opioid-agonists to provide a “smooth” transition from illicit opioid use to a medication-free state.
- “Withdrawal from opioid dependence is uncomfortable, but not life-threatening for a woman who is not pregnant. However, for pregnant women who are opioid-dependent, abrupt withdrawal from opioids can be life-threatening to the fetus.”

Why Use Opioid Medications?

With opioid medications we are not replacing one addiction for another. Opioid medications are long-acting medication that help with the following:

- **CONTROL**

Medication-assisted treatment gives back control to the patient.

- **CONSEQUENCES**

Medication-assisted treatment helps the person focus on rebuilding her life.

- **COMPULSION**

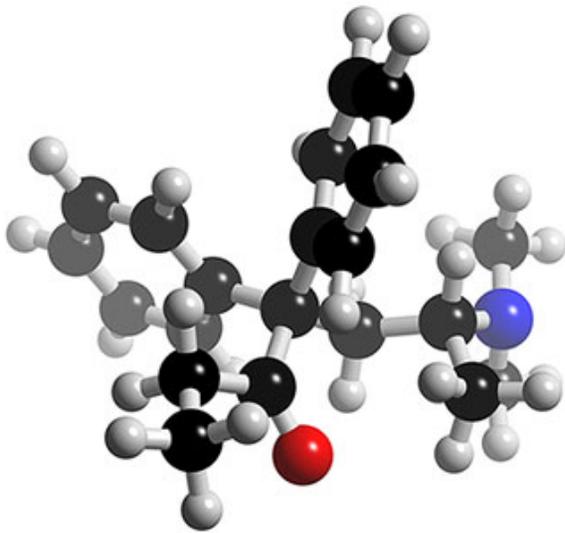
The person is no longer compulsively using opioids.

- **CRAVING**

A person's cravings are controlled.

Why Use Medication for Opioid Use Disorder?

Pharmacotherapy



- **Prevention of erratic maternal opioid levels lessens fetal exposure to repeated withdrawal episodes**
- **Reduces fetal exposure to illicit drugs**
- **With drug abstinence, other behavior changes can follow that decrease risks to mother fetus of infection from HIV, hepatitis, and sexually transmitted infections**
- **Reduces the incidence of obstetrical and fetal complications and improves outcomes**

Neonatal Opioid Withdrawal

Also known as Neonatal abstinence syndrome (NAS)



- **Neurologic excitability:**
hyperactivity, irritability, sleep disturbance
- **Gastrointestinal dysfunction:**
uncoordinated sucking, swallowing, vomiting
- **Autonomic signs:**
fever, sweating, nasal stuffiness

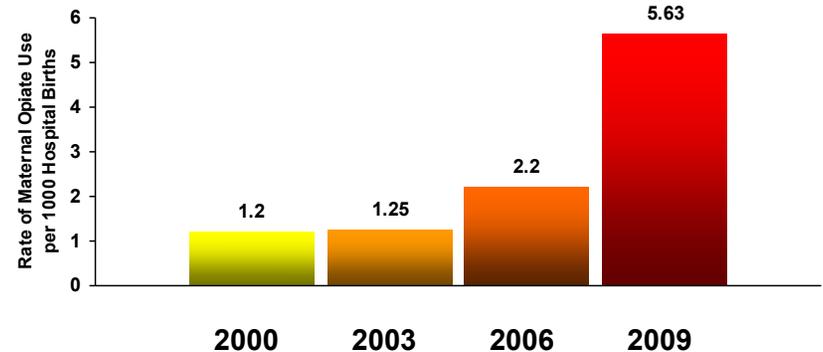
Current Context of Opioid Use during Pregnancy

Neonatal Abstinence Syndrome and Associated Health Care Expenditures United States, 2000-2009

Stephen W. Patrick, MD, MPH, MS
 Robert E. Schumacher, MD
 Brian D. Benneyworth, MD, MS
 Elizabeth E. Krans, MD, MS
 Jennifer M. McAllister, MD
 Matthew M. Davis, MD, MAPP

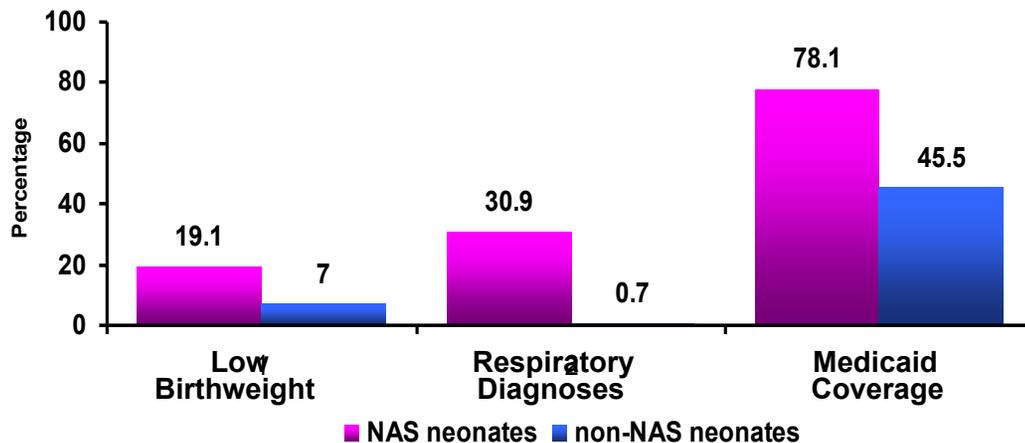
- **Context** Neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome that occurs in newborns exposed to opioids in utero.
- **Design** A retrospective, serial, cross-sectional analysis of a nationally representative sample of newborns with NAS.
- **Objectives** To determine the national incidence of NAS and antepartur opiate use and to characterize trends in national health care expenditures.
- **Clinical conditions** were identified using ICD-9-CM diagnosis codes.
- **NAS and maternal opiate use** were described as an annual frequency per 1000 hospital births.

Weighted National Estimates of the Rates of Maternal Opiate Use per 1000 Hospital Births per Year

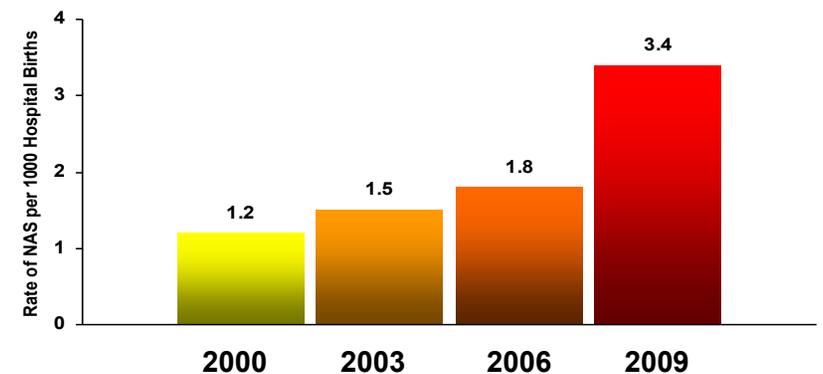


in the United States – one infant every hour – suffers from neonatal abstinence syndrome (NAS)

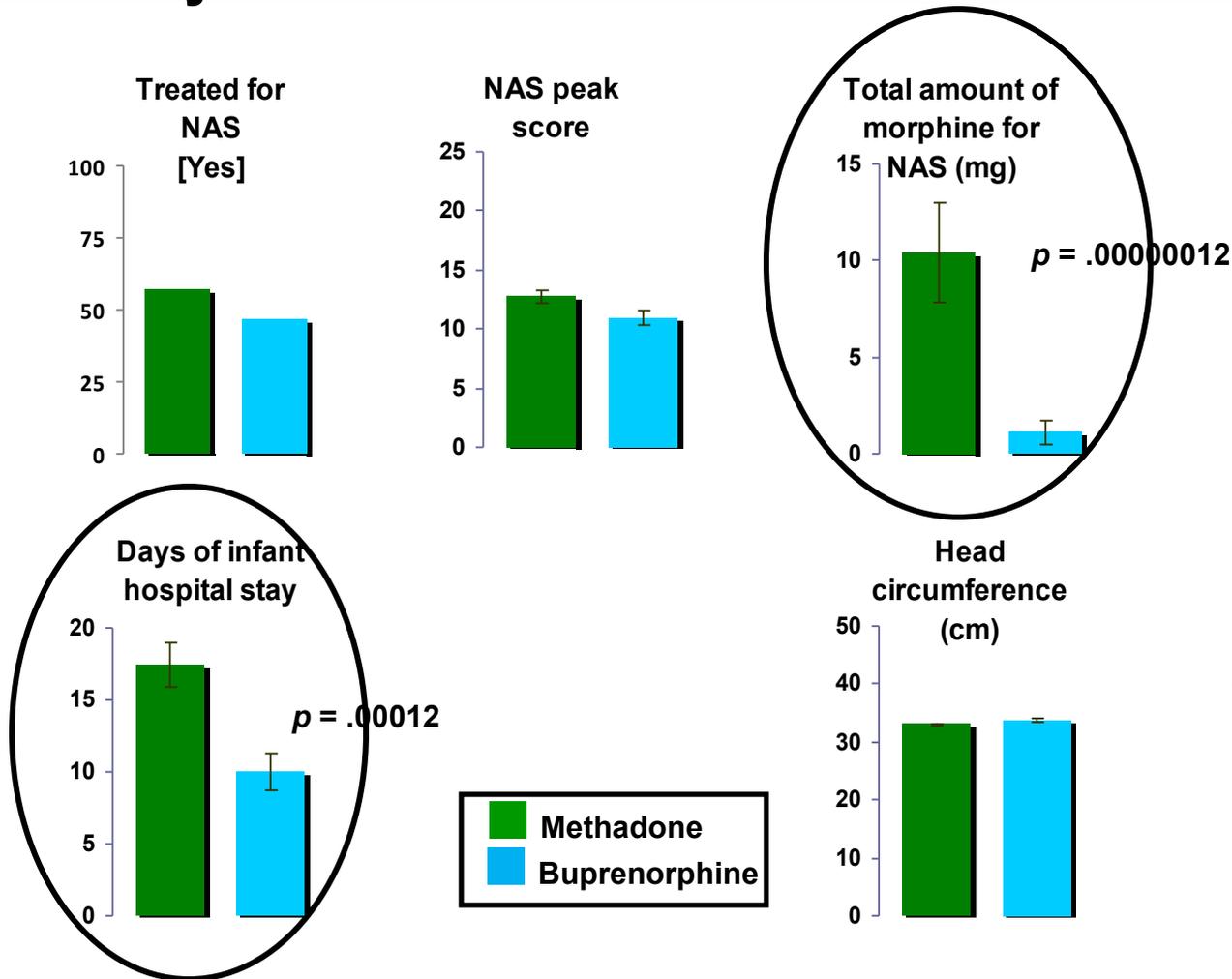
Low Birthweight, Respiratory Diagnoses, and Medicaid Coverage in 2009



Weighted National Estimates of the Rates of NAS per 1000 Hospital Births per Year



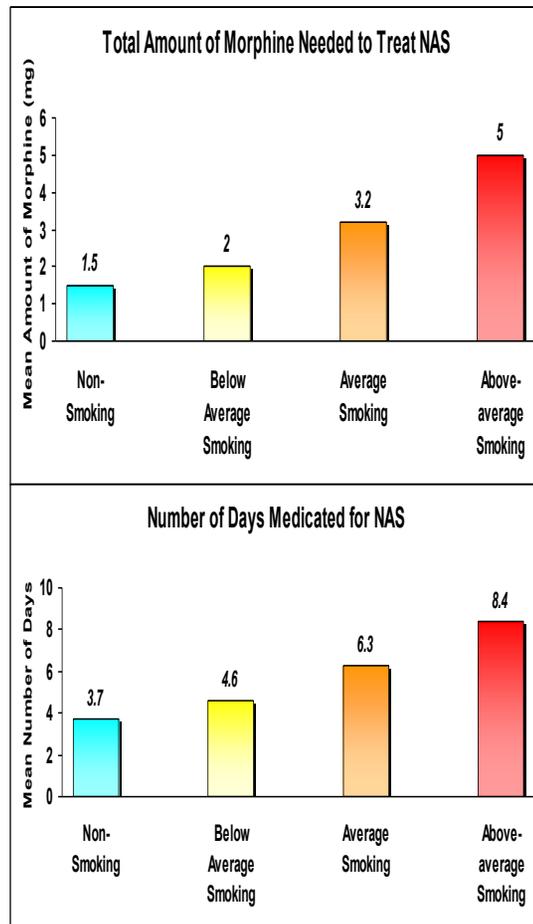
Primary Outcomes



- Compared with methadone-exposed neonates, buprenorphine-exposed neonates
 - Required 89% less morphine to treat NAS
 - Spent 43% less time in the hospital
 - Spent 58% less time in the hospital being medicated for NAS
- Both medications in the context of comprehensive care produced similar maternal treatment and delivery outcomes

Notes: Significant results are encircled. Site was a blocking factor in all analyses. The O'Brien-Fleming α spending function resulted in $\alpha = .0091$ for the inferential tests of the Medication Condition effect for the 5 primary outcome measures at the conclusion of the trial.

NAS: Smoking Cigarettes



RESULTS

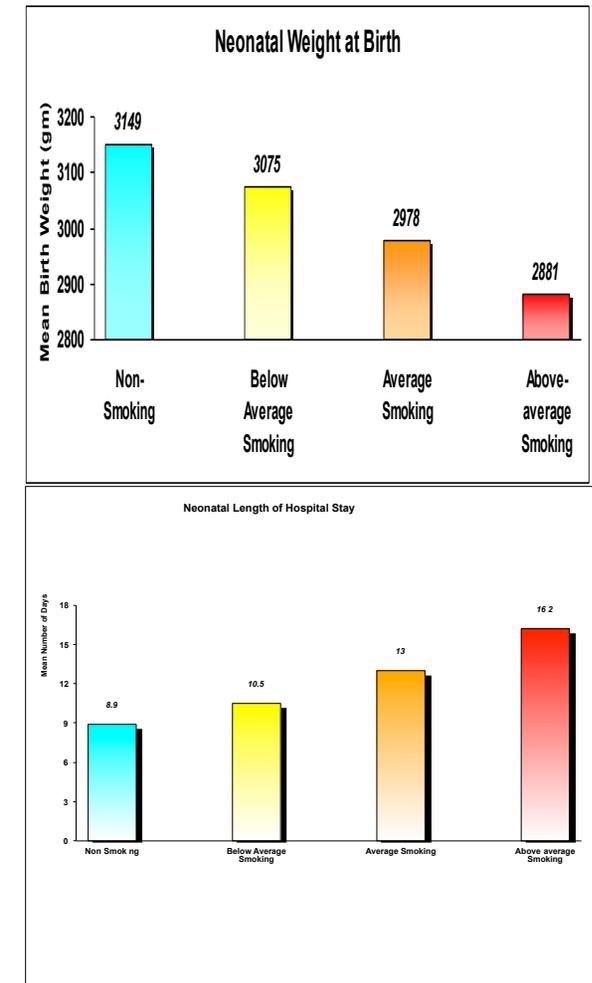
Average daily number of cigarettes smoked in the past 30 days was

+ Significantly positively related to:

- Total amount of morphine needed to treat NAS
- Number of days neonate was medicated for NAS
- Neonatal length of hospital stay

- Significantly negatively related to:

- Neonatal weight at birth



OLS and Poisson regression analyses were used to test average daily number of cigarettes smoked in the past 30 days at $\alpha = .05$, adjusting for both Medication Condition and Site. Below-average cigarette smoking was defined as 6 cigarettes/day (-1 SD), average cigarette smoking as 11 cigarettes/day (Mean), and above-average cigarette smoking as 21 cigarettes/day (+1 SD).

Take-home Messages



- ▶ **Substance use disorders are treatable illnesses for women.**
- ▶ **There are multiple physical and mental health issues to consider when caring for women with substance use disorders.**
- ▶ **Medications for opioid use disorder can be an important part of a complete treatment for women.**
- ▶ **NOW is a treatable condition that deserves more study to find the most optimal medications and treatment protocols.**



Nancy Goler, M.D.



Nancy Goler, M.D.

***Board Certified Obstetrician/
Gynecologist***

***Regional Medical Director
for Kaiser Permanente's Early
Start Program***

***Assistant Regional Clinical
Director of Appointment and
Advice Call Center***

Improving Birth Outcomes: Coordinated SBIRT Approaches to Care

Early Start, Kaiser Permanente:
Northern California Region

Nancy C. Goler, MD
The Permanente Medical Group
Regional Medical Director, Early Start
Kaiser Permanente, Northern California
May 6, 2015



Agenda

- **Overview of Kaiser Permanente Northern California**
- **Understanding SBIRT**
- **Early Start: SBIRT on Steroids**
- **The Benefits of Early Start**

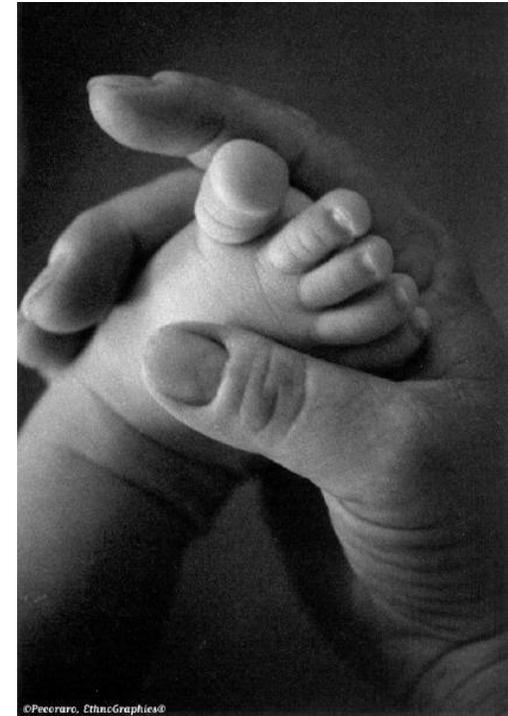
Kaiser Permanente Northern California

- Membership: Approximately 3.7 million members
- Births 2014: Approximately 38,000
 - Preterm rate: 8.8%
 - C-section rate: 26% (CA & national avg 33% or higher)
- Location
 - 15 hospitals with labor and delivery units
 - 42 outpatient clinics
 - Coverage approximately 50,000 drivable sq. miles



Early Start Mission

We believe that every woman deserves a non-punitive health care environment, such that she has access to services and support to have an alcohol, tobacco, and drug-free pregnancy, allowing the delivery of a healthy baby.



SBIRT: What is it?

- Screening (S)
- Brief Intervention (BI)
- Referral to Treatment (RT)

SBIRT: Why Use It

- Evidence based
- Identify levels of risk associated with alcohol or substance use
- Based on self-assessment and follow-up questions as needed:
 - No risk
 - Problematic use
 - Abuse
 - Dependence
- Patients decrease use and decrease risky behaviors
 - Prevention of accidents, disease, and other health risks

SBIRT: Goals

- Educate people about the risks of alcohol and other drugs
- Make people aware of their use and whether it may be creating health risks for them
- Decrease general use so as to reduce the societal risk and burden of the effects of overuse
- Identify individuals who have dependence and provide rapid access to care

SBIRT in Pregnancy: Is It Different?

What is the goal in pregnancy?

SBIRT in Pregnancy: Goal

Prevention of maternal and neonatal morbidity and mortality

- Fetal Alcohol Effects Syndrome
- Neonatal abstinence withdrawal
- Placental abruption
- Preterm labor and its sequelae
- Long-term developmental delays
- Stillbirths



SBIRT in Pregnancy

COMPLETE ABSTINENCE
ASAP and certainly **BEFORE DELIVERY**

There is no luxury of time: We often only have 6 months or less to achieve what can sometimes take a lifetime

Early Start

SBIRT on Steroids

Early Start: Coordinated SBIRT Care

Within 12 months of implementation, Early Start will not only **improve outcomes** for the mothers and babies to whom you provide medical coverage, it will also provide a **net cost benefit** for you

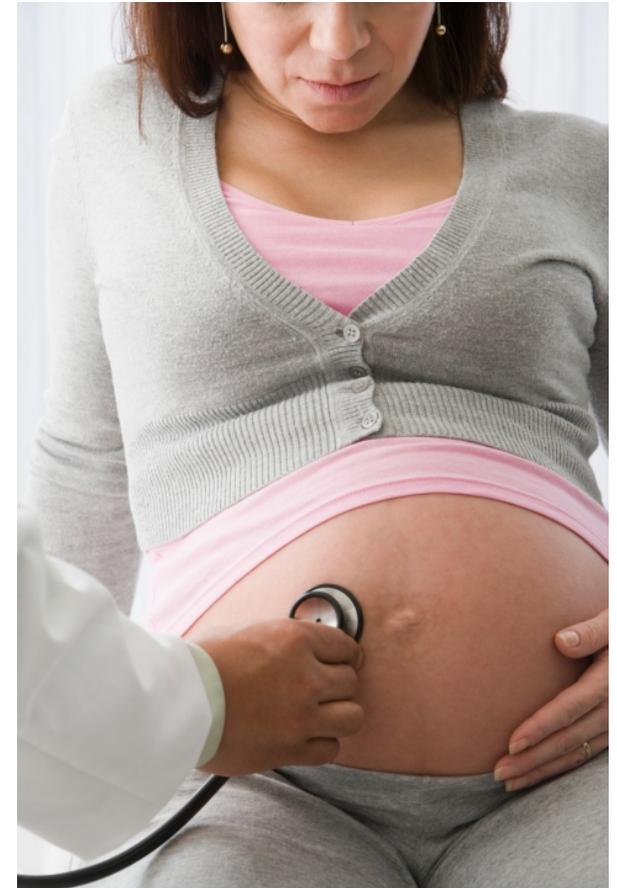
Early Start: Core Innovations Since 1990

- **Universal Screening of ALL pregnant women**
- **Place a licensed mental health provider in the department of Ob/Gyn**
- **Link the Early Start appointments with routine prenatal care appointments**
- **Educate all women and providers**



Early Start Innovation: Screening

- **Universal Screening of ALL pregnant women**
 - Prenatal Screening Questionnaire (PSQ)
 - Urine toxicology (with consent)
 - Note: Only 2% of our positive tox screens have a negative screening questionnaire
- Removes judgment
- Wide net approach



Early Start Innovation: Brief Intervention

- **Multi-stepped approach**
 - Intake member of the healthcare team reviews questionnaire and books appointment with the Early Start Specialist at the same time as the next prenatal appointment with the Obstetrician.
 - Obstetric clinician reviews PSQ and toxicology report and discusses in a transparent, non-judgmental way the concerns and that she would like the member to see the Early Start Specialist.
 - Early Start Specialist performs a 45-60 minute psychosocial assessment, determines risk of use in pregnancy, and provides education and referral as needed.

Early Start Innovation: Referral to Treatment

- **Early Start Specialist and Obstetrician Provider provide referrals, as appropriate**
 - Continued follow up with the Early Start Specialist
 - Referral to quit lines for cigarette use
 - Women with SUD by DSM V to chemical dependency programs
 - KP services for addiction
 - Medical treatment for opiates
 - Community Services
 - Support groups (e.g.. AA, NA)



Early Start Innovation: Key to Success

- **Remove barriers to services**
 - Co-location of Early Start Specialist
 - No cost share
 - Utilization of telephone and video appointments
 - Entire obstetric team committed to process
 - Extensive education of all members of the OB team



Early Start: Does it work?

- **NET COST BENEFIT**
 - Lower overall cost structure b markedly decreasing neonatal hospital costs more than the cost of providing the prenatal intervention
- Improves maternal and infant outcomes
- Reduces the utilization of medical and social resources
- Enhance provider satisfaction and efficacy



Early Start Research

➤ **Early Start: A Cost-Beneficial Perinatal Substance Abuse Program**

N Goler MD, MA Armstrong MD, V Osejo BS, YY Hung PhD, M Haimowitz LCSW, A Caughey MD. *Journal of Obstetrics and Gynecology, Volume 119, No 1, Jan 2012; pp 102-110*

➤ **Substance Abuse Treatment Linked with Prenatal Visits Improve Perinatal Outcomes: A New Standard.**

N Goler MD, MA Armstrong MD, C Taillac LCSW, V Osejo BS. *Journal of Perinatology, April 2008*

- **Research cohort of 49,261 pregnant women: Jan 1999 to June 2003**

Early Start Research: Results

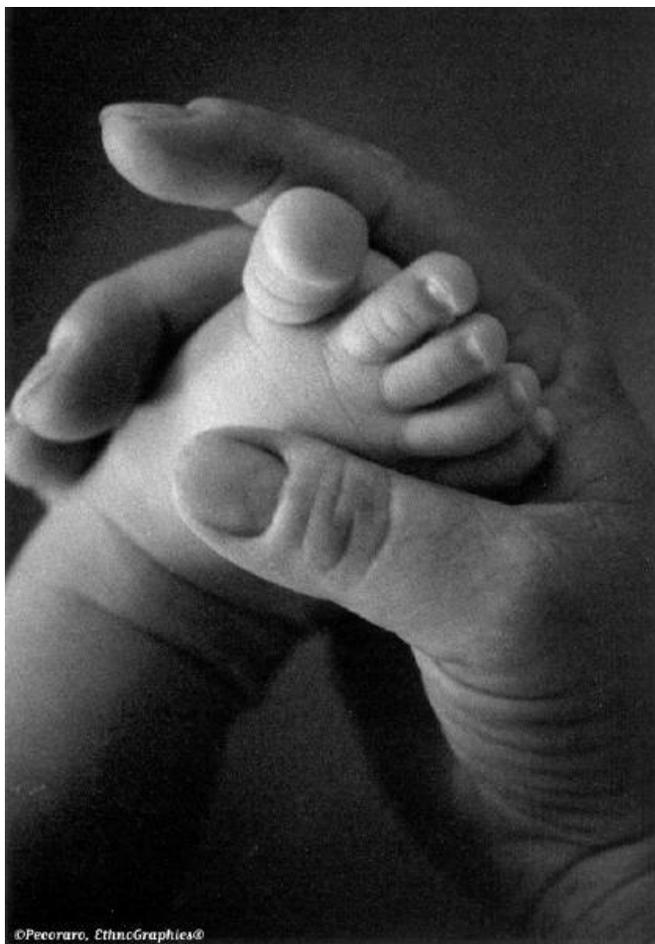
- **Decrease preterm birth by >50% (17.4% to 8.1%)**
- **Decrease need for neonatal ventilation by >50% (6.9% to 3.2%)**
- **Decrease rates of placental abruption by 7-fold (6.5% to 0.9%)**
- **Decrease rates of stillborn by 14-fold (7.1% to 0.5%)**
- **Net cost benefit of \$5,900,000 annually**



Known Barriers

- Reassignment of resources
 - Hospitals are not motivated to save costs by moving funds to the outpatient setting
 - Willingness to risk new budget for greater savings
- Denial at all levels of health care providers
 - Denial of substance abuse and dependency as a disease
 - Denial that intervention will work
 - Denial that woman want the help
- Considered a very difficult patient population
- Others

Q&A



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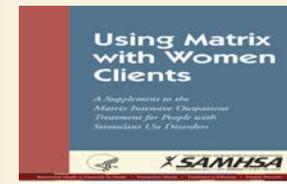
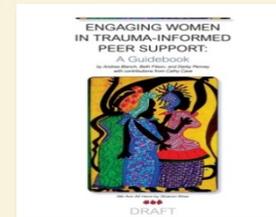
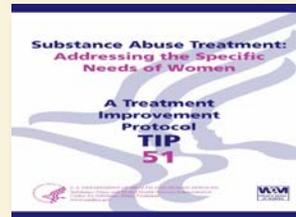


Questions and Discussion



Women Matter!
An Introduction to Women, Addiction, and Recovery

Related SAMHSA Resource Centers



Women Children and Families Training and Technical Assistance Site

<http://www.samhsa.gov/women-children-families>

SAMHSA-HRSA National Center for Integrated Health Solutions

<http://www.integration.samhsa.gov/>

National Center on Substance Abuse and Child Welfare

<https://www.ncsacw.samhsa.gov/>

FASD Center for Excellence

<http://www.fasdcenter.samhsa.gov/>

Selected Resources

Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals

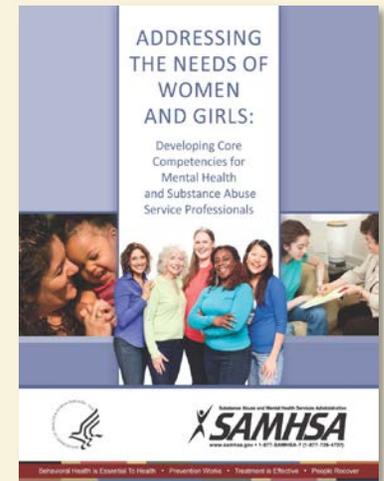
<http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf>

Introduction to Women and Substance Use Disorders online course

<http://www.healthknowledge.org>

TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women

<http://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA14-4426>



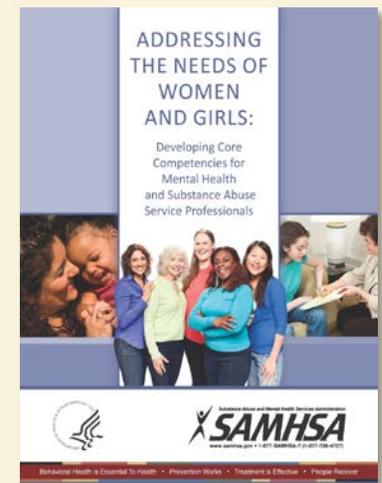
Selected Resources Part 2

RWC/PPW Cross Site Evaluation

<http://www.samhsa.gov/sites/default/files/women-children-families-rwc-ppw-cross-site-fact-sheets.pdf>

Guidance for States: Treatment Standards for Women with Substance Use Disorders

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



Other Related National Resource Centers

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) <http://www.samhsa.gov/nctic>

National Center on Domestic Violence, Trauma and Mental Health
<http://www.nationalcenterdvtraumamh.org/>

The National Abandoned Infants Assistance Resource Center
<http://aia.berkeley.edu/>

National Institute on Drug Abuse (NIDA) <http://www.drugabuse.gov/>

NIDA Women and Sex /Gender Differences Work Group
<http://www.drugabuse.gov/about-nida/organization/workgroups-interest-groups-consortia/women-sexgender-differences-research-group>

Additional Resources

Treatment Improvement Protocol 57: Trauma-Informed Care in Behavioral Health Services

<http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Engaging Women in Trauma-Informed Peer Support: A Guidebook

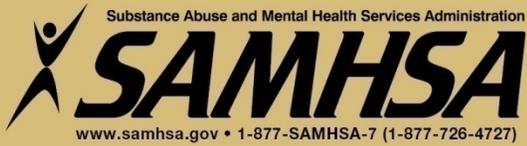
<http://www.nasmhpd.org/Publications/EngagingWomen.aspx>

Women in America: Indicators of Social and Economic Well-Being

http://www.whitehouse.gov/sites/default/files/rss_viewer/Women_inAmerica.pdf

Announcements

- Please complete a brief satisfaction survey at <https://www.surveymonkey.com/r/WomensHealthWellRecovery>
- You will receive an email from Go to Webinar in the next hour that contains this link. It is also available in the chat box.
- The survey will be available for completion until Wednesday, May 13. If you are seeking CEU credits, you must complete it by close of business on that day.
- All qualified attendees for today's training will receive an email with instructions for obtaining your certificate of attendance by May 27.



Women Matter!

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Join us for the Next Women Matter! Webinar:

Gender-Responsive Co-Ed Treatment and Recovery for Women

June 9, 2015

