Addressing the Unique Challenges of Opioid Use Disorder in Women

Accessible version: https://youtu.be/w8f6zJdVbv8

January 17, 2017
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
“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
Changing Landscape of Prescription Drug Overdoses – Rise of an Epidemic
Rapid Increase in Drug Overdose Death Rates by County

blogs.cdc.gov/nchs-data-visualization
Rapid Increase in Drug Overdose Death Rates by County

Estimated Age-adjusted Death Rate per 100,000

blogs.cdc.gov/nchs-data-visualization
Rapid Increase in Drug Overdose Death Rates by County

Estimated Age-adjusted Death Rate per 100,000

blogs.cdc.gov/nchs-data-visualization
The amount of opioid prescriptions dispensed has QUADRUPLED since 1999

But the pain that Americans report remains UNCHANGED
Quarter billion opioid prescriptions in 2013
A Growing Epidemic Among Women

Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

www.cdc.gov/vitalsigns
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.
Rise in Female Overdose Deaths and Recent Increase in Heroin and Fentanyl Deaths

Deaths per 100,000 population

National Vital Statistics System Mortality File at wonder.cdc.gov/mcd.html
Sharp Increase in Opioid Prescriptions Associated with Increase in Deaths

Opioid Sales in kg (per 10,000)

Rx Opioid Deaths among Women (per 100,000)

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
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

[Source](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**
1. Set realistic goals for pain and functional status (e.g., walk around the block).
2. Check that non-opioid therapies tried and optimized.
3. Discuss benefits and risks (e.g., addiction, overdose) with patient.
4. Assess risk of harm or misuse:
   - Opioid-related factors with patient.
   - Check prescription drug monitoring program (PDMP) data.
   - Check other drug screens.
5. Set criteria for stopping or minimizing opioids.
6. Assess tolerable pain and function (e.g., PFC score).
7. Schedule initial reassessment within 1-2 weeks.
8. Prescribe short-acting opioids using lowest dosage on product labeling; switch duration to scheduled reassessment.

**If RENEWING without patient visit**
1. Check that return visit is scheduled ≤3 months from last visit.

**Evidence about opioid therapy**
- Efficacy of long-term opioid therapy for chronic pain is supported by evidence.
- Start with low-dose oral opioid in patients who have stopped or never used an opioid.
- Use non-opioid interventions: physical therapy, exercise, cognitive behavioral therapy, and counseling.

**Non-opioid therapies**
- Use alone or combined with opioids, as indicated.
- Non-opioid medications: NSAIDs, TCAs, SSRI, and anticonvulsants.
- Physical therapy (e.g., exercise therapy, weight loss).
- Behavioral treatment (e.g., CBT).
- Psychological therapy (e.g., TAU).
- Prophylaxis (e.g., long-term corticosteroids).

**Evaluating risk of harm or misuse**
- Known risk factors include:
  - Prior opioid prescription for non-medical reasons.
  - History of substance use disorder or overdose.
  - Mental health conditions (e.g., depression, anxiety).
  - Non-opioid benzodiazepine.

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

Funded State
Unfunded State

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 Activities

White Paper: Opioid Use, Misuse, and Overdose in Women

This paper was prepared for the U.S. Department of Health and Human Services Office on Women’s Health with contract support from NWIC at the University of Chicago. December 2016.

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
www.samhsa.gov/grants/grant-announcements/ti-17-014
sciencedirect.com/science/article/pii/S030646031630329X
Join The Movement: TurnTheTideRx.org

Calls to Action:

Pledge to combat opioid misuse

Recognize addiction as a chronic illness for which effective treatment exists

Surgeon General VADM Vivek Murthy, MD
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
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
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

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.
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
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

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
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
“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
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
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
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

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

<table>
<thead>
<tr>
<th>Say this ...</th>
<th>Not this ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use disorder</td>
<td>Alcohol or drug problem</td>
</tr>
<tr>
<td>Resourceful</td>
<td>Manipulative</td>
</tr>
<tr>
<td>Woman with a violent partner</td>
<td>Battered woman</td>
</tr>
<tr>
<td>Neonatal exposure or abstinence syndrome NAS</td>
<td>Neonatal dependency</td>
</tr>
</tbody>
</table>
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
SAMHSA Resources Sampling

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
Sex and Gender Differences

CAUTION
MEN AT WORK

Women work all the time-
Men have to put up signs when they work.
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.

- Menarche: 12.6
- First Intercourse: 17.4
- First Pregnancy: 22.5
- First Marriage: 25.1
- First Birth: 26.0
- Intend No More Children: 30.9
- Menopause: 51.3

Median Age of Event:
10 15 20 25 30 35 40 45 50 55

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serious Psychological Distress</strong> (past month)</td>
<td>6.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td><strong>Any Mental Illness</strong> (past year)</td>
<td>26.2%</td>
<td>17.3%</td>
</tr>
<tr>
<td><strong>Serious Mental Illness</strong> (past year)</td>
<td>5.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>Major Depressive Episode</strong> (past year)</td>
<td>8.5%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
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

Women Seeking Healthcare Have Concerns Across Multiple Health Domains

- Physical Health
- Mental Health
- Substance Use
- Sexual and Reproductive Health

Individuals Seeking Services
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

<table>
<thead>
<tr>
<th></th>
<th>Without Depression</th>
<th>With Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Expenditures</td>
<td>$20</td>
<td>$130</td>
</tr>
<tr>
<td>Medical Expenditures</td>
<td>$840</td>
<td>$1,290</td>
</tr>
<tr>
<td>Total Expenditures</td>
<td>$860</td>
<td>$1,420</td>
</tr>
</tbody>
</table>

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
### Shift Focus to Entire Life Course, Not Just Pregnancy

#### Prevalence of Reproductive Health Hits in Search Engines

<table>
<thead>
<tr>
<th></th>
<th>Reproductive Health</th>
<th>Sexual Health</th>
<th>Contraception</th>
<th>HIV</th>
<th>Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIDA</td>
<td>21</td>
<td>22</td>
<td>17</td>
<td>125,000</td>
<td>19,800</td>
</tr>
<tr>
<td>SAMHSA</td>
<td>55</td>
<td>29</td>
<td>43</td>
<td>3910</td>
<td>1350</td>
</tr>
<tr>
<td>ASAM</td>
<td>6</td>
<td>3</td>
<td>7</td>
<td>179</td>
<td>121</td>
</tr>
</tbody>
</table>

NIDA: National Institute on Drug Abuse  
SAMHSA: Substance Abuse and Mental Health Services Administration  
ASAM: American Society of Addiction Medicine  
Unpublished data
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
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=0.01). 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, Katherine 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)

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

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

---

### One Key Question® (OKQ®) Client Screening Questionnaire

**Baltimore City – PSEP Reproductive Health Initiative**

<table>
<thead>
<tr>
<th>Question 1: Would you like to get pregnant (or impregnate a partner) in the next year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Would you like to get pregnant (or impregnate a partner) in the next year?</td>
</tr>
<tr>
<td>- No (if checked, go to question 2)</td>
</tr>
<tr>
<td>- Yes (if checked, skip to question 3)</td>
</tr>
<tr>
<td>- I'm OK either way or Unsure (if checked, skip to question 4)</td>
</tr>
<tr>
<td>- Not applicable (menopause, sterilization, hysterectomy, currently pregnant/expecting, other: (if checked, questionnaire ends here)</td>
</tr>
<tr>
<td>- Declines to answer (if checked, questionnaire ends here)</td>
</tr>
</tbody>
</table>

*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. (A) 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
### Unique Clients

<table>
<thead>
<tr>
<th></th>
<th>N=134</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive need</td>
<td>82</td>
<td>61%</td>
</tr>
<tr>
<td>Received contraception</td>
<td>68</td>
<td>83%</td>
</tr>
<tr>
<td>Overall LARC among those with contraceptive need</td>
<td>45</td>
<td>66%</td>
</tr>
</tbody>
</table>

### Method choice

<table>
<thead>
<tr>
<th>Method</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nexplanon - Implant</td>
<td>28</td>
<td>41%</td>
</tr>
<tr>
<td>Mirena IUD</td>
<td>15</td>
<td>22%</td>
</tr>
<tr>
<td>Combined oral contraceptive</td>
<td>13</td>
<td>19%</td>
</tr>
<tr>
<td>Depo Provera</td>
<td>8</td>
<td>12%</td>
</tr>
<tr>
<td>Paraguard/copper IUD</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Hormone patch</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>
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