SUBSTANCE MISUSE IN MICHIGAN

FAMILY PLANNING CONFERENCE
THE SCOPE OF THE PROBLEM IN MICHIGAN

Over 27,000 women in Michigan sought treatment in FY2017.

Of those, XXXX were pregnant or parenting.

1,200 were pregnant

Over half of the pregnant and parenting women are involved in the child welfare system.
WOMEN IN MICHIGAN

Primary substance of abuse is heroin for all women.
50% of non-PPW women were in medication assisted treatment
70% of PPW were in medication assisted treatment

For all women entering treatment, 45% had at least one identified mental health disorder.

30% of pregnant and parenting women in treatment have at least one mental health disorder.
HISTORICAL OPIOID USE

• MAIN ERAS OF OPIOID USE IN THE USA
  • 1800’S: 66-75% OF OPIOID USERS WERE WOMEN
  • 1940-50’S: NEW YORK SAW LARGE INCREASE IN TEENAGE OPIOID USE
  • 1969-70’S: OPIOID USE BY VIETNAM VETERANS
  • 1996-NOW: PAIN AS THE 5TH VITAL SIGN AND PAIN MEDICATION ACCESS
CURRENT OPIOID USE AND WOMEN IN THE USA

COMPARSED TO MEN, WOMEN ARE MORE LIKELY TO:

• REPORT CHRONIC PAIN
• BE PRESCRIBED PRESCRIPTION PAIN RELIEVERS
• BE GIVEN HIGHER DOSES
• USE THEM FOR LONGER TIME PERIODS
• HAVE A SHORTENED DURATION BETWEEN OPIOID USE INITIATION AND SEEKING HELP FOR AN OPIOID USE DISORDER
• LESS LIKELY TO RECEIVE NALOXONE FOR AN OVERDOSE
OPIOID MISUSE AND WOMEN IN THE USA

CDC Vital Signs reports:

- Nearly 48,000 women dies of prescription painkiller overdoses between 1999 and 2010.
- Deaths from prescription painkiller and overdoses among women have increased more than 400% since 1999, compared to 265% among men.
- For every woman who dies of a prescription painkiller overdose, 30 go to the emergency department for painkiller misuse or abuse.
DEFINITION OF ADDICTION

• ADDICTION IS A CHRONIC BRAIN DISORDER AND NOT SIMPLY A BEHAVIORAL PROBLEM INVOLVING TOO MUCH ALCOHOL, DRUGS, GAMBLING, OR SEX.

• OUTWARD BEHAVIORS ARE ACTUALLY MANIFESTATIONS OF AN UNDERLYING DISEASE THAT INVOLVES VARIOUS AREAS OF THE BRAIN.

• AMERICAN SOCIETY OF ADDICTION MEDICINE AUGUST 2011
PREGNANCY AS A TREATMENT OPPORTUNITY

• MOTHERS WITH SUBSTANCE USE DISORDERS HAVE A MORTALITY RATE 8.4 TIMES THAT OF US WOMEN OF SIMILAR AGE

• SPECIALIZED CARE FOR WOMEN WITH SUBSTANCE USE DISORDERS WORKS
  • SHOW 44% INCREASED ODDS OF SUCCESSFUL OUTCOMES
  • ASSOCIATED WITH FEWER POST-TREATMENT ARRESTS = BETTER OUTCOMES
REQUIRED SUD SERVICES FOR PREGNANT AND PARENTING WOMEN

Primary medical care for women, including referral for prenatal care if pregnant, and while the women are receiving such services, child care for their dependent children.

Primary pediatric care, including immunizations for their children.

Gender specific substance abuse treatment and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, parenting, and child care.

Therapeutic interventions for children in custody of women in treatment, which may, among other things, address their developmental needs, issues of sexual and physical abuse, and neglect.

Sufficient case management and transportation to ensure that women and their dependent children have access to the above mentioned services.
WOMEN’S PROGRAMS

Approximately 60 programs identified by OROSC as Designated Women’s Specialty Programs

Additional programs that offer specialized services for pregnant and parenting women, but do not meet all the criteria for designation.
MEDICATION ASSISTED TREATMENT

• WORLD HEALTH ORGANIZATION 2014 GUIDELINES: “PREGNANT WOMEN DEPENDENT ON OPIOIDS SHOULD BE ENCOURAGED TO USE OPIOID MAINTENANCE TREATMENT WHENEVER AVAILABLE RATHER THAN TO ATTEMPT OPIOID DETOXIFICATION.”

• BIGGEST CONCERN WITH OPIOID AGONIST MEDICATION DURING PREGNANCY IS THE POTENTIAL FOR OCCURRENCE OF NEONATAL ABSTINENCE SYNDROME (NAS) – A TREATABLE CONDITION
STIGMA

• STIGMA
  • SET OF NEGATIVE BELIEFS THAT A GROUP OR SOCIETY HOLDS ABOUT A TOPIC OR GROUP OF PEOPLE.
  • WHO: MAJOR CAUSE OF DISCRIMINATION AND EXCLUSION AND CONTRIBUTES TO THE ABUSE OF HUMAN RIGHTS. PEOPLE ARE LESS THAN SOMEONE ELSE. LEADS TO MISINFORMATION, ASSUMPTIONS, PRECONCEPTIONS AND GENERALIZATIONS.
  • RESULTS: PREJUDICE, AVOIDANCE, REJECTION AND DISCRIMINATION.
WHERE DOES STIGMA HAPPEN?

3 MAIN TYPES OF STIGMA:
• PUBLIC STIGMA
• INSTITUTIONAL STIGMA
• INTERNALIZED STIGMA

• FAMILY
• SCHOOL
• PROGRAM
• INSTITUTIONS
• MEDIA
• EMPLOYMENT
• RELIGIOUS ORGANIZATIONS
• COMMUNITY
• GOVERNMENT
• SOCIETY
WHAT SUSTAINS STIGMA?

01 Maintain distance
02 Express disapproval
03 Feel superior
04 Feel safe
05 Promote agendas
06 Control others
07 Express fear
08 Hurt others
INTERNALIZED STIGMA

• DEViants
• SHAME
• EMBARRASSMENT
• LOW SELF-ESTEEM
• FEELING OF ‘LESS THAN’ OTHERS
• OUTCAST
• WEAK
• FAILURE
• BAD MOTHER/FATHER/SISTER/BROTHER/DAUGHTER/SON/ETC.
• SELF BLAME
WOMEN AND STIGMA

A woman is less likely to seek treatment if she thinks she is going to be judged.

Women hide their use due to shame and guilt.
HOW DOES STIGMA EFFECT GROUPS?

Marginalized individuals

Second class citizens
  • Deserve less

Should be held to a different standard

Need to speak for the entirety of their group

Funding

Re-victimization

Criminalization

Hidden diseases, treatment and assistance

Misinformation
STIGMA – COMPOUNDED

Individuals often fall in more than one ‘stigmatized’ category

Compounds effects

Examples:

- Race
- SES
- Health issues
- Gender
HOW DO YOU COMBAT STIGMA?

• LEARN ABOUT IT
  • PERSONAL EXPERIENCE OR ACCOUNTS MOST IMPACTFUL

• IDENTIFY STIGMA IN THE SYSTEMS
  • POWER DIFFERENTIAL, IGNORANCE, RULES, POLICY

• DETERMINE HOW TO REACT
  • HUMOR, SELF TALK, ASSERT YOURSELF, AVOID

• TEACHABLE MOMENTS
  • EDUCATIONAL OPPORTUNITY FOR SOMEONE WHO IS NEW TO AN IDEA AND WOULD BE OPEN TO BEING TAUGHT A NEW CONCEPT

• DIGNITY, RESPECT, ACCEPT, COMPASSION, SUPPORT, DISPLAY KINDNESS, LISTEN WITHOUT JUDGEMENT

• SEE PEOPLE PAST THEIR DRUG/DISEASE – WHO ARE THEY, NOT WHAT ARE THEY

• KEEP HOPE ALIVE
LET’S TALK ABOUT IT

Best way to overcome stigmas – talk about it
  - Individually – 1:1 conversations
  - Publically speak out

Change language
  - What’s wrong with you?/What happened to you?

Mindful and intentional dialog

Internal reflection
TRAUMA AND SUBSTANCE USE

• UNDERSTAND THAT UNTIL A PERSON ADDRESSES THE TRAUMATIC EVENT IN THEIR BACKGROUND, IT IS VERY DIFFICULT TO CHANGE THEIR SUBSTANCE USE.

• THIS LEADS TO RELAPSE AND THE PERCEPTION THAT A PERSON IS “RESISTANT” TO TREATMENT.

• ACES STUDY
4 MAJOR DIMENSIONS ESSENTIAL TO A LIFE OF RECOVERY

**Health:** Overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;

**Home:** A stable and safe place to live;

**Purpose:** Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society, and

**Community:** Relationships and social networks that provide support, friendship, love, and hope.
HOW TO HELP

• [WWW.MICHIGAN.GOV/BHRECOVERY](WWW.MICHIGAN.GOV/BHRECOVERY) “GET HELP NOW” BUTTON

• LOCAL PREPAID INPATIENT HEALTH PLANS AND ACCESS MANAGEMENT SYSTEM

• SEEK AND DEVELOP LOCAL RECOVERY RESOURCES
REACHING CLIENTS

- Motivational interviewing
- Strength-based approach
- Relational model
- Trauma-informed care

Help identify alternative activities to using, if the client identifies use as a problem.
RESOURCES

• WOMEN MATTER! SERIES
  • HTTPS://WWW.SAMHSA.GOV/WOMEN-CHILDREN-FAMILIES/TRAININGS/WOMEN-MATTER

• RELATIONSHIPS MATTER! SAMHSA
  • HTTPS://WWW.SAMHSA.GOV/PROGRAMS-CAMPAIGNS/WOMEN-CHILDREN-FAMILIES/TRAININGS/RELATIONSHIPS-MATTER

• GIRLS MATTER! SAMHSA
  • HTTPS://WWW.SAMHSA.GOV/WOMEN-CHILDREN-FAMILIES/TRAININGS/GIRLS-MATTER
QUESTIONS?
RESOURCE AND CONTACT INFORMATION

- MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE AT WWW.MICHIGAN.GOV/BHRECOVERY.

- CONTACT:
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