The opioid epidemic by the numbers:

- 4.4% of the population, or 1.5 million – have Opioid Misuse Disorder
- 170 people die from drug overdoses a day – 116 are opioid-related
- 13% increase in overdose deaths 2016-2017
- How we got here: Overprescribing and rising supply
- The introduction of fentanyl, carfentanyl, and fentanyl analogs
- Risk factors for misuse: 3 out of 4 who used heroin in the past year misused prescription opioids first

Source: HHS.Gov/Opioids
The Scope of the Problem for Women

• Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse. Source: [www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

• Since 1999, there have been more than 71,800 deaths among women from overdoses related to prescription opioids. Source: [wonder.cdc.gov/mcd.html](http://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. Source: Jones, CM. Drug Alcohol Depend. 2013 Sep1;132(1-2):95-100
In the past three decades, the United States has experienced at least three major shifts in substances of abuse that have had dramatic effects on children and families. However, the increase of opioid misuse has been described by long-time child welfare professionals as having the worst effects on child welfare systems that they have seen.

Parental AOD use as a Contributing Factor in Out of Home Placement of Children

Prevalence of Parental Alcohol or Other Drug Use as a Contributing Factor for Reason for Removal in the United States, 2000 to 2016

Child welfare workers report that most children in child welfare, and the overwhelming majority of children placed in out-of-home care, have a parent with an alcohol or other substance use disorder. Parental alcohol or other drug use as a contributing factor for reason for removal increased from 18% to over 35% in the last 16 years.

Note: Estimates based on all children in out-of-home care at some point during Fiscal Year

Source: AFCARS Data, 2000-2016
Parental AOD use as a Contributing Factor in Out of Home Placement of Children

• The percentage of children entering foster care that had parent drug abuse reported as a reason for removal increased from 30.7% in 2012 to 35.3% in 2016. This is the largest increase of any reason for removal.

• Child welfare workers report that most children in child welfare, and the overwhelming majority of children placed in out-of-home care, have a parent with an alcohol or other substance use disorder.

• Source: ncsasw.samhsa.gov/resources/child-welfare-and-treatment-statistics.aspx
• AFCARS Data, 2016
Estimated Number of Infants* Affected by Prenatal Exposure, by Type of Substance and Infant Disorder, 2016

The prevalence rates of infants with prenatal substance exposure in the child welfare caseload is currently unknown due to states’ variation in identification and reporting practices.


**Includes nine categories of illicit drug use: use of marijuana, cocaine, heroin, hallucinogens and inhalants, as well as the non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives

Many of the issues related to women with OUD or other SUD are unique.

Treating the mother/child dyad related to OUD requires adaptations and assistance to create an environment conducive to retaining women in treatment.

Identifying the “touchpoints” where pregnant and parenting women come in contact with the system is vital to collaboration and coordination of services for moms and children.
“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
Positive Impact Approaches to Women’s Treatment Needs Related OUD and SUD

- Gender-Responsive Approaches
- Access to Medication-Assisted Treatment
- Effective trauma-informed behavioral interventions
- Care coordination
- Safe housing
- Domestic violence services
- Child care
- Parenting support
- Recovery Support Services
Positive Impact Approaches (cont’d)

• Assessment and treatment of co-occurring disorders

• Psychosocial interventions to assist in addressing possible effects of having a newborn: postpartum depression, stress of childbirth, anxiety, sleeplessness, feelings of inadequacy to care for newborn

• Inclusion of spouse/significant other and family in treatment services

• Integration of physical health care
Approach of the Federal Government
HHS Five-Point Opioid Strategy
1. Strengthening public health surveillance
2. Advancing the practice of pain management
3. Improving access to treatment and recovery services
4. Targeting availability and distribution of overdose-reversing drugs
5. Supporting cutting-edge research
The law called for HHS to review planning and coordination of HHS activities related to prenatal opioid exposure and neonatal abstinence syndrome (NAS), which includes neonatal opioid withdrawal syndrome (NOWS), and to study and develop recommendations for the prevention, identification, and treatment of NAS as well as the treatment of Opioid Use Disorder (OUD) in pregnant women.

In response to this directive, the HHS Behavioral Health Coordinating Council (BHCC) Opioid and Controlled Substances Subcommittee, NAS workgroup (11 HHS agencies) came together to develop an implementation work plan which resulted in 39 recommendations.

To date, those 11 HHS agencies, have addressed 36 of the 39 recommendations through cross-agency collaboration and 436 dedicated activities.
What the Opioid STR States and Territories are Implementing

• Creating “Hub & Spoke” models to ensure coverage for rural and frontier areas
• Linking non-fatal overdose patients to community services through the use of peer recovery support specialists in the ED
• Conducting mobile outreach to reach and develop connections with hard-to-reach populations
• Increasing access to naloxone (the opioid overdose drug) and training multiple groups in its use
• State policy/protocol development – forming State Opioid Taskforces
• Legislatively setting prescription limits for dispensing opioids
• Training prescribing personnel and other healthcare providers on the CDC prescribing guidelines
• Initiating and expanding school and community prevention efforts
• Expanding the number of DATA 2000 waived professionals and OTPs
• Utilizing telephonic and social media based recovery check-ups and support
• Initiating Buprenorphine in emergency departments following a non-fatal overdose
• Initiating legislative and policy changes to support expanded payment structures, services, and access
• Expanding open prescriptions/standing orders for naloxone
SAMHSA Resources Sampling
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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