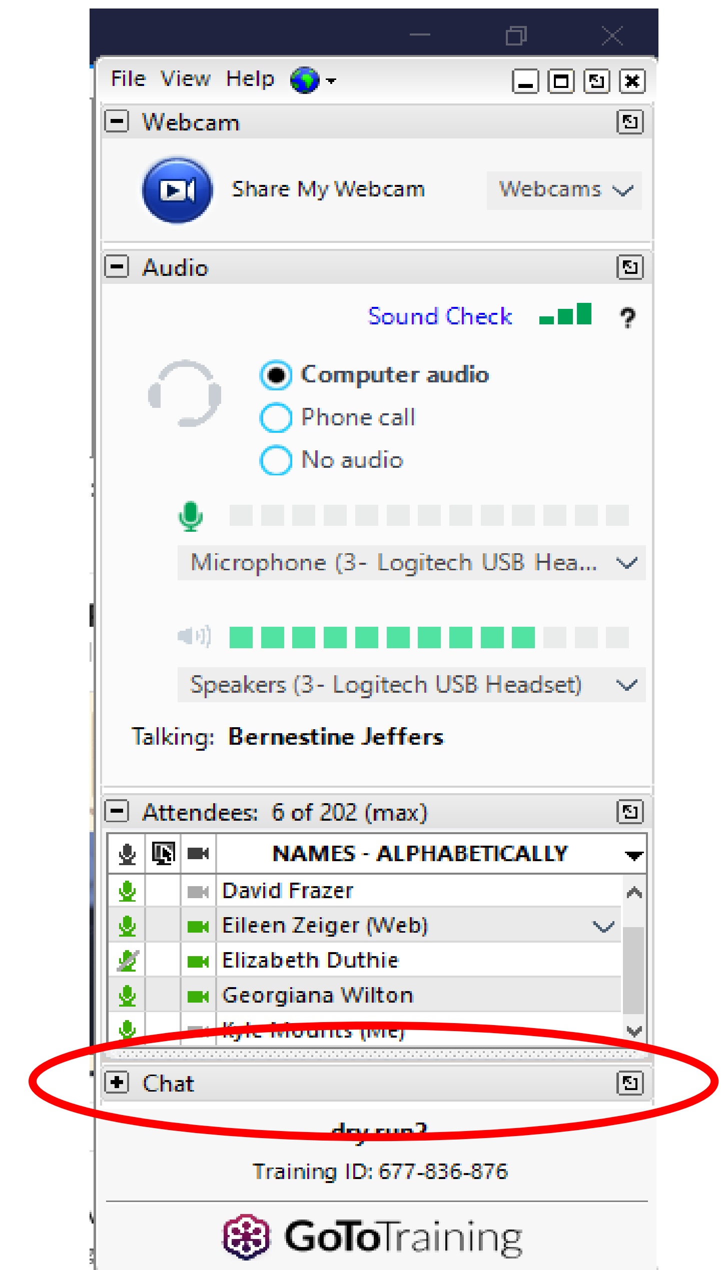
Introductions

- Thank you for joining us today.
- To introduce yourself, please enter your name and agency/organization in the chat box and send to all.



WISCONSIN CONNECT
Wisconsin Collaborative of Treatment Professionals FOR EDUCATION AND CAPACITY TRAINING

Welcome and Thank You for Attending

Wisconsin Collaborative of Treatment Professionals
FOR
EDUCATION AND CAPACITY TRAINING
Event today

ECHO Etiquette

- Stay muted when we are not speaking to reduce extraneous noise
- Use the “raise hand” function to ask a question or make a comment, or put it in the Chat Room
- Be respectful of everybody, even if their ideas don’t resonate with you
- Never disclose protected health information or any identifying information regarding the case study
- Help us keep the learning environment productive, positive, helpful, and safe

Reminders

- If you ever have questions or comments about any of our programs, please use the "Contact" function on the Wisconsin CONNECT website
- The didactic will be recorded and posted on the website along with responses to your questions.
- This is your last chance to **"introduce yourself"** to your colleagues in the **chat room**. Once the didactic begins, we'll reserve that space for questions.
- If the PowerPoint slides aren't large enough on your screen, drag the "gray bar" above the slide up or down to change the size—and you can remove the webcam coverage to just see the slides.

Accreditation for CME

- The Wisconsin Association for Perinatal Care (WAPC) is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.
- The Wisconsin Association for Perinatal Care (WAPC) designates this internet live course for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- NOTE: Credit will be awarded at the end of the series.

Addressing Emergent and Urgent Physical Health Issues in Women Participating in Substance Use Disorder Treatment

Mishka Terplan MD MPH FACOG DFASAM

Associate Medical Director, Friends Research Institute
Deputy Chief Clinical Officer, Department Behavioral Health, DC
Substance Use Warmline Clinician, University of California, San Francisco

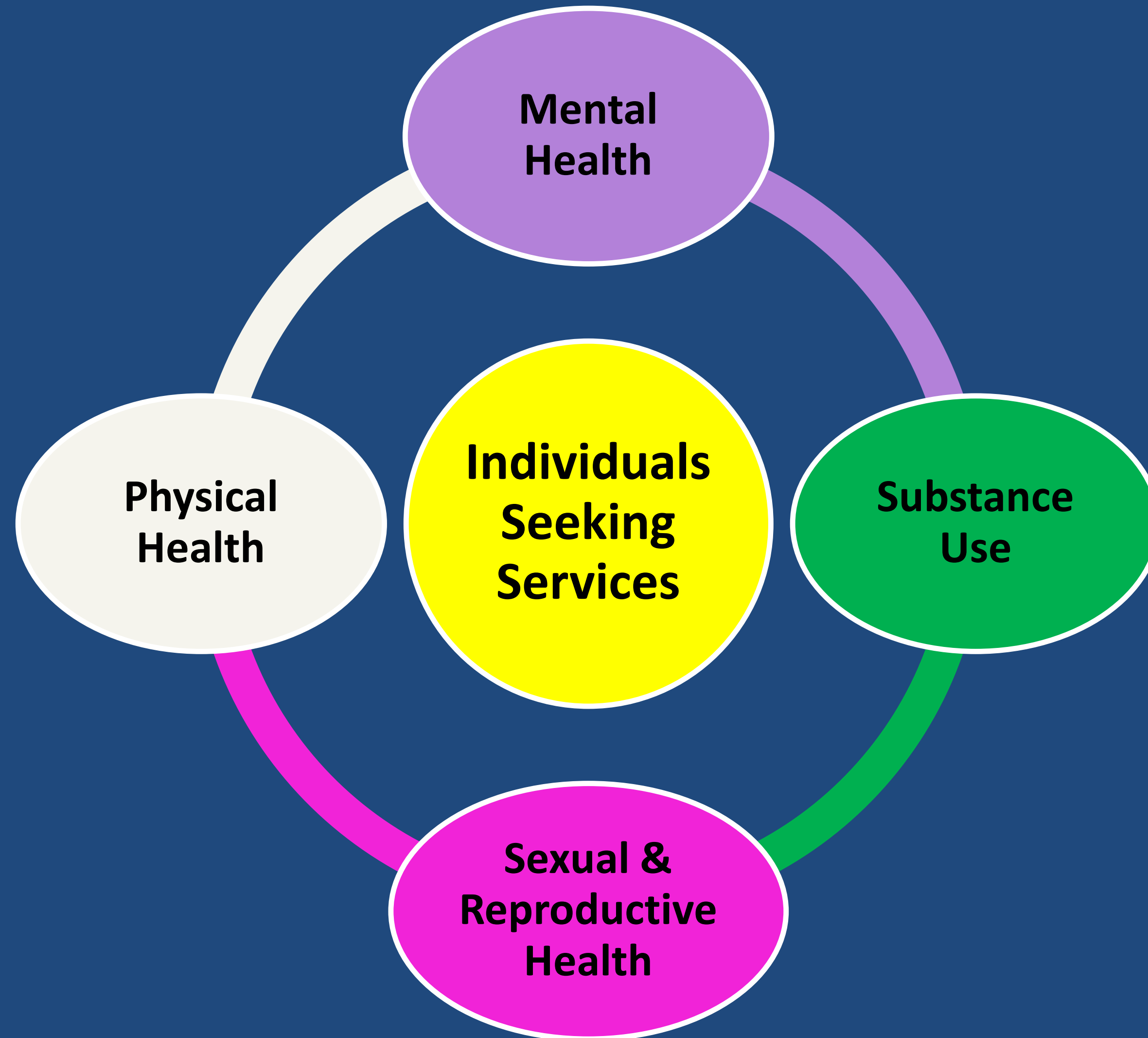
WI ECHO January 2021

WHO General Principles of Care

- Communication with people seeking care and their carers
- Assessment
- Treatment and monitoring
- Mobilizing and providing social support
- Protection of human rights
- Attention to overall well-being

Care = Evidence-Based AND Person-Centered

Individuals who seek care have concerns across many domains



Contemporary Health Care System

Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:
- **2 IN 5 (38.5% or 7.4M)** struggled with illicit drugs
- **3 IN 4 (73.1% or 14.1M)** struggled with alcohol use
- **1 IN 9 (11.5% or 2.2M)** struggled with illicit drugs and alcohol

Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness

7.7% (19.3 MILLION) People aged 18 or older had a substance use disorder (SUD)

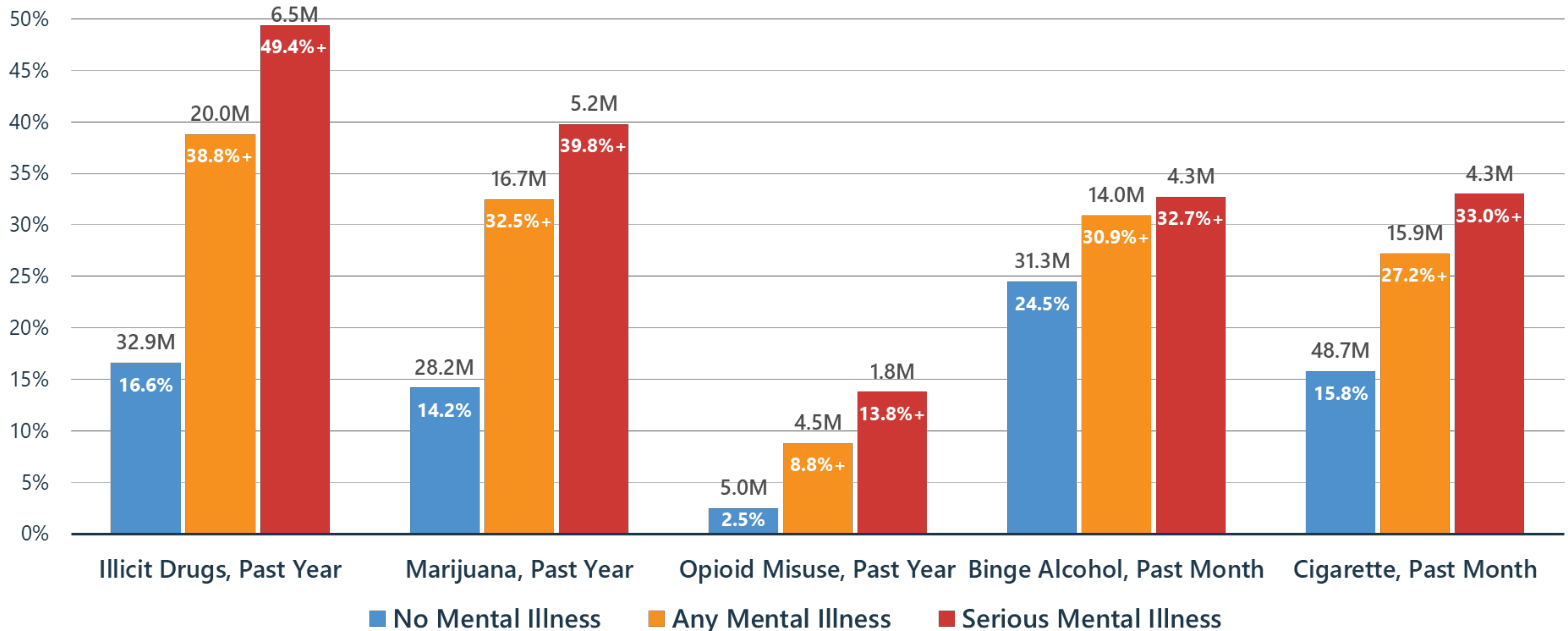
3.8% (9.5 MILLION) People 18 or older had BOTH an SUD and a mental illness

20.6% (51.5 MILLION) People aged 18 or older had a mental illness

In 2019, **61.2M** Americans had a mental illness and/or substance use disorder-an increase of 5.9% over 2018 composed entirely of increases in mental illness.

SAMHSA
Substance Abuse and Mental Health Services Administration

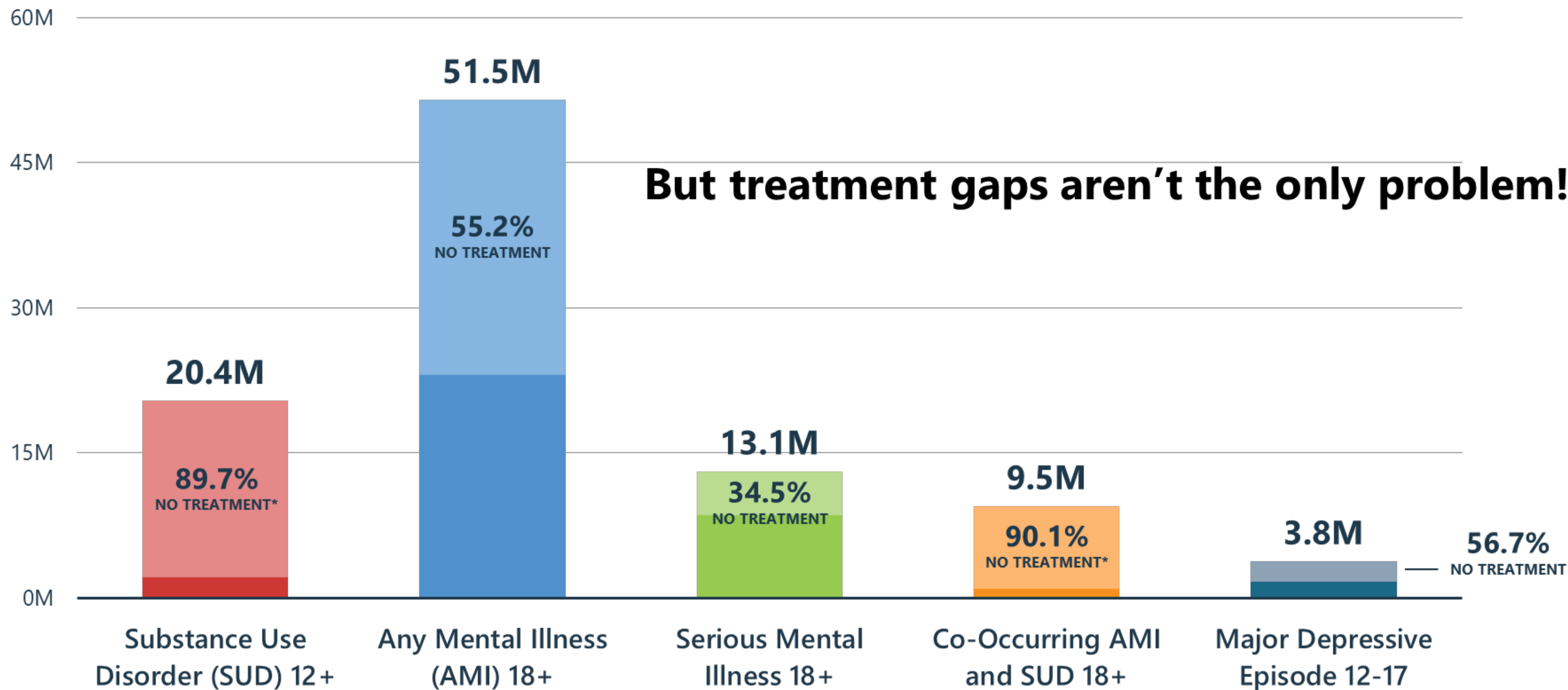
Co-Occurring Issues: Substance Use and Mental Illness among Adults



+ Difference between this estimate and the estimate for adults without mental illness is statistically significant at the .05 level.

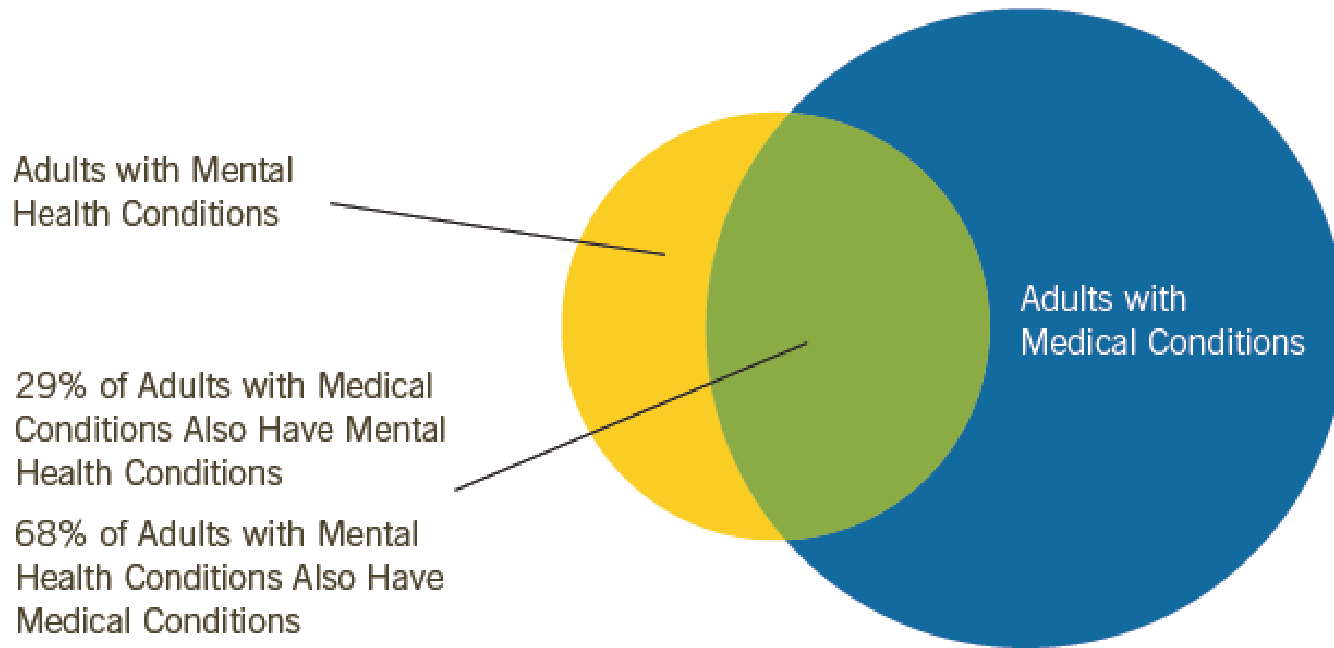
SAMHSA
Substance Abuse and Mental Health Services Administration

Mental and Substance Use Disorders: High Prevalence/Huge Treatment Gaps



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

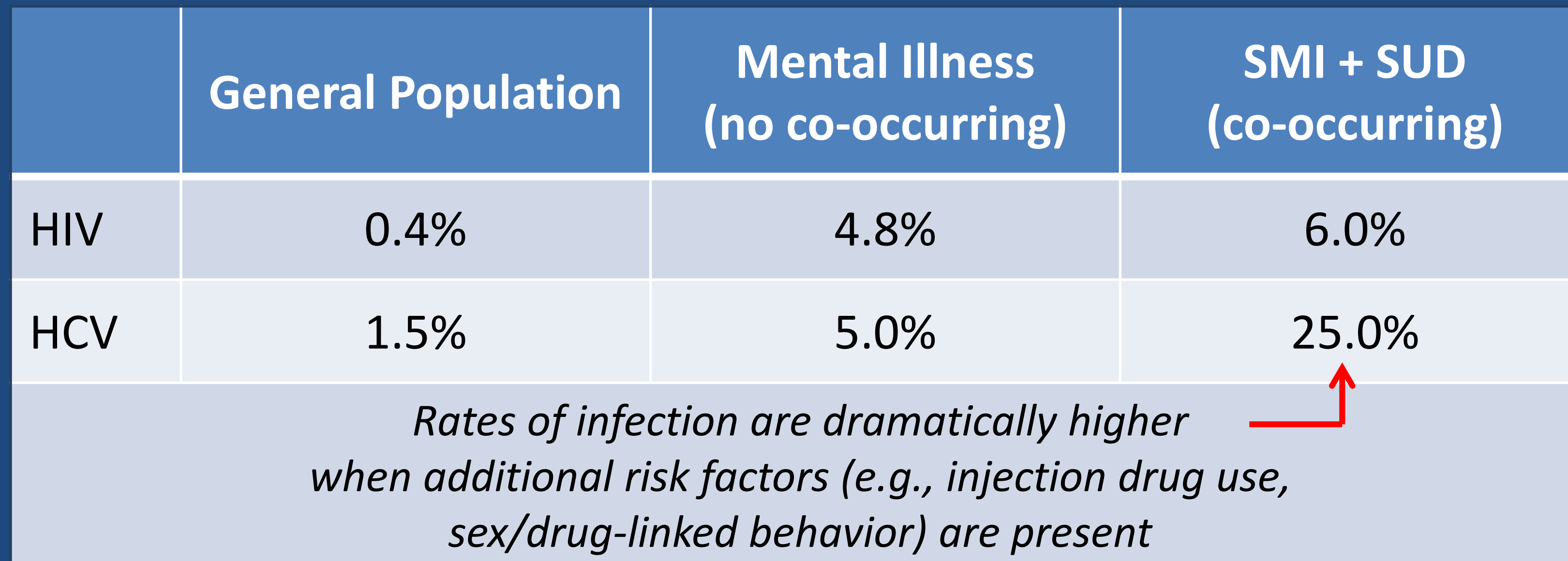
SAMHSA
Substance Abuse and Mental Health Services Administration



- Behavioral health disorders may exacerbate or be related to other health problems and chronic medical conditions.
    - For example, individuals with serious mental illness die on average 25 years earlier than the general population, largely due to untreated medical conditions.

Behavioral Health & Infectious Disease

- Individuals with behavioral health concerns are more likely to be diagnosed with HIV and other infectious diseases compared to the general population:



	General Population	Mental Illness (no co-occurring)	SMI + SUD (co-occurring)
HIV	0.4%	4.8%	6.0%
HCV	1.5%	5.0%	25.0%

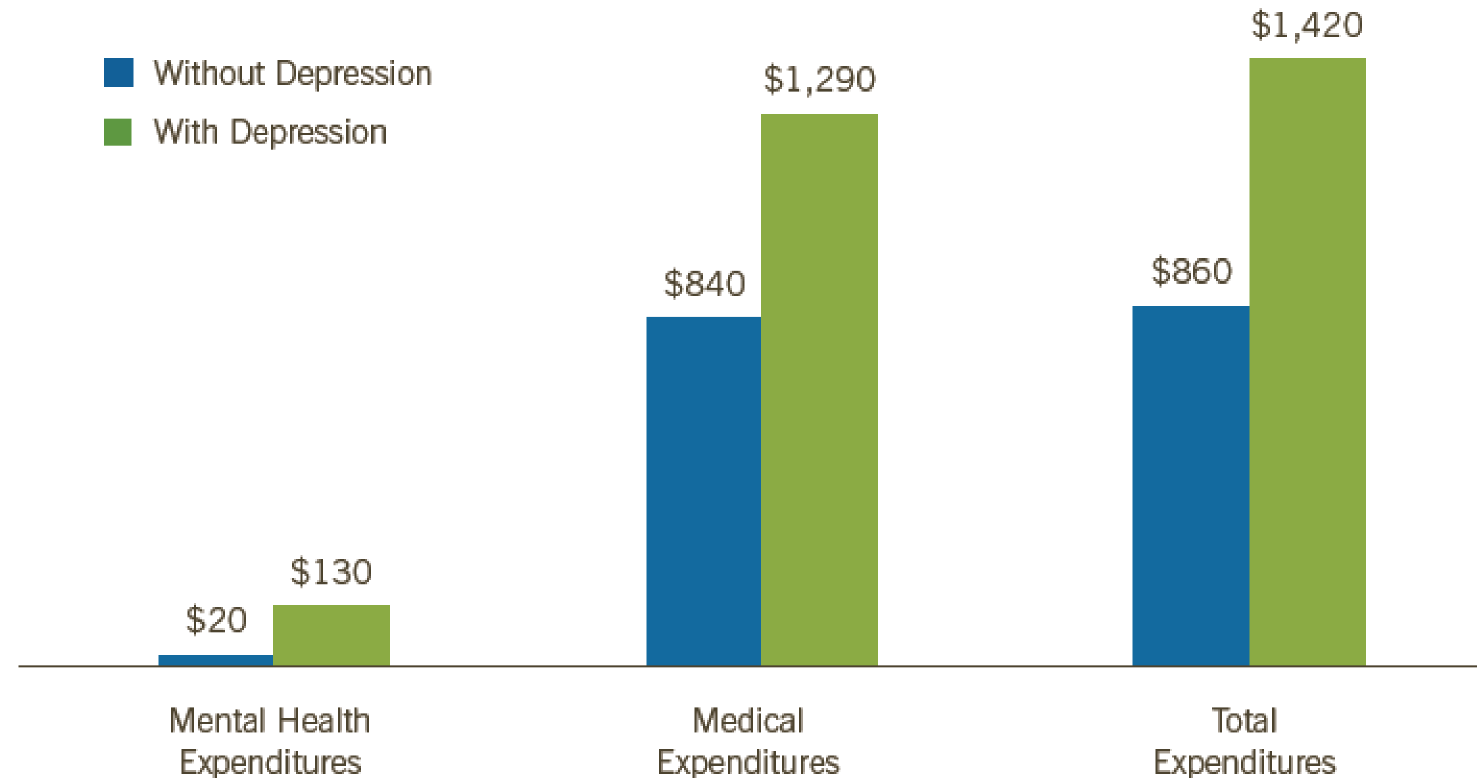
Rates of infection are dramatically higher when additional risk factors (e.g., injection drug use, sex/drug-linked behavior) are present

- Among SMI patients who are HIV+, 57% are also co-infected with HCV (versus 25% in general population)

(Blank et al., 2014; Rosenberg et al., 2001, 2005; Himelhoch et al., 2011; SAMHSA, 2007, 2011)

The presence of a mental health disorder raises treatment costs for chronic medical conditions.

Chart 3: Monthly Health Care Expenditures for Chronic Conditions, with and without Comorbid Depression, 2005



Source: Melek, S., and Norris, D. (2008). *Chronic Conditions and Comorbid Psychological Disorders*. Cited in: Druss, B.G., and Walker, E.R. (February 2011). *Mental Disorders and Medical Comorbidity*. Research Synthesis Report No. 21. Princeton, NJ: The Robert Wood Johnson Foundation.

Principles of Holistic/Integrated Care

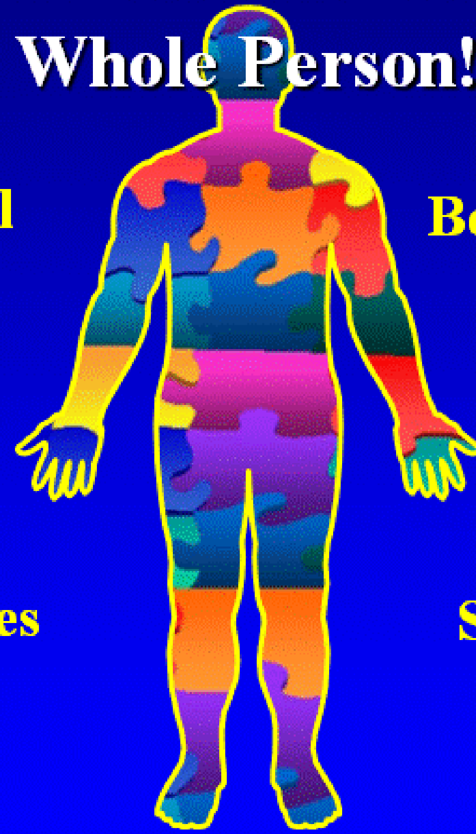
- 1) It reflects the inter-relatedness of health conditions
- 2) It is evidence-based – integration improves outcomes
- 3) It is cost effective
- 4) It is people-centered

Treating a Biobehavioral Disorder Must Go Beyond Just Fixing the Chemistry

We Need to Treat the Whole Person!

Pharmacological Treatments (Medications)

Behavioral Therapies

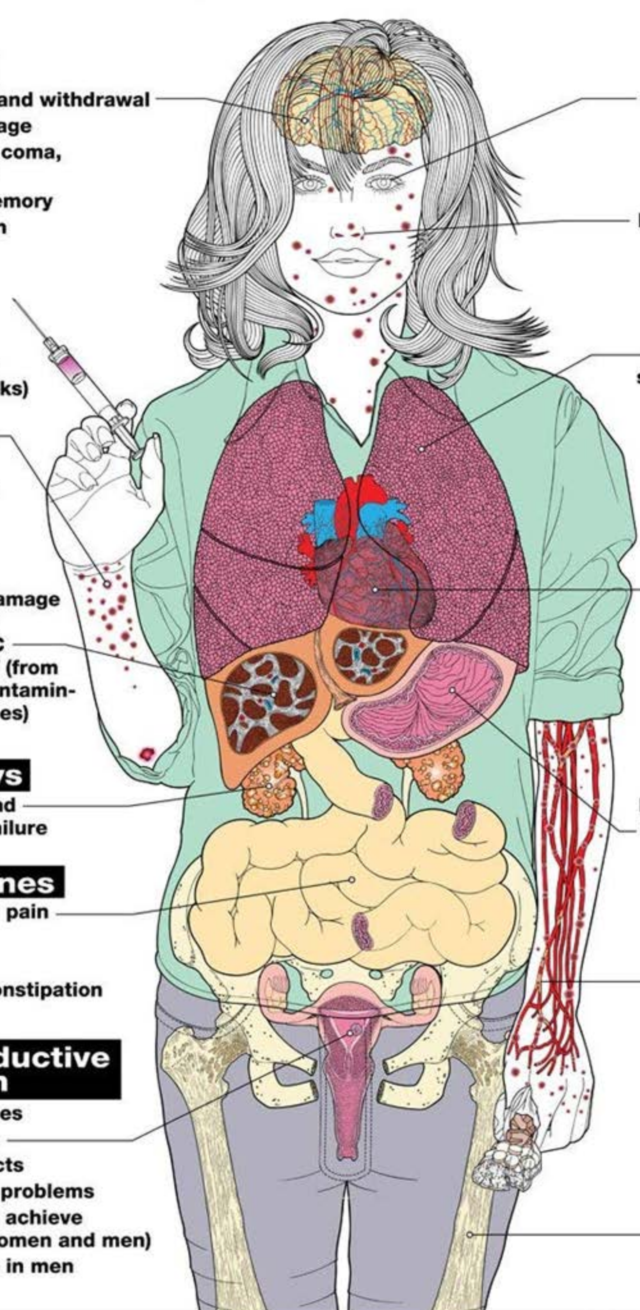


Medical Services

Social Services

In Social Context

NIDA



Common Physical Comorbidities among Women with SUD

Infection

Reproduction

Women Who Inject Drugs: Gender and Infection

- Women who inject drugs
  - Higher incidence of HIV van Beek *BMJ* 1998
  - Higher incidence of Hepatitis C Virus infection (36% higher risk of infection) Esmaeili *J Viral Hepat* 2017
  - Higher incidence of soft tissue infections (OR=3) Baltes *Harm Reduct J* 2020
- Context: men more likely to inject drugs, and overall HCV detection rate is higher for men than women

Gender and Addiction

- Context: Telescoping, “Risk behaviors” – especially injection behaviors

- Addiction – individual brain disease
- Addiction – “disordered power arrangement embedded in gender” (Bepko 1991)

- Power - Powerlessness

Trauma-Informed Care

- SAMHSA 6 Key Principles for Trauma-Informed Approach
  - Safety
  - Trustworthiness and transparency
  - Peer Support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, historical and gender issues

Trauma and Gender

- Prevalence of trauma differs by gender
  - Risk for abuse is gendered
- Type of trauma differs by gender
  - Women more likely to experience abuse from intimate partner
  - Men more likely from stranger (combat, crime, etc)
- Response to trauma differs by gender

Gender-Responsive Trauma-Informed Care

- Trauma can affect how people interact with the treatment environment
- "Is this person's behavior linked to her trauma history?"
  - Take trauma into account
  - Normalize women's reactions
  - Avoid retraumatizing
  - Support individual coping capacity

Transfer or Discharge?

- Care = Evidence-Based AND Person-Centered
- Consideration of Trauma and Power and Coping
- “Is this person’s behavior linked to her trauma history?”
- “Does our plan re-traumatize?”
- “How do we best support healing?”

Thank you and Questions

Case Presentation

Is everything clear?

- If you need anything clarified, please raise your hand or enter your question in the chat box. We will answer as many questions as possible in the time we have.
- There will be time for discussion coming up.

Discussion and recommendations

- Recommendations:
  - Mother-child dyad-level recommendations
  - Family-level recommendations
  - Staff-level recommendations
- Summary

Closing

- Thank you for participating.
- Plan to attend the next ECHO
  - February 11 from 11:00-12:00
  - Topic: *Opioid Treatment Programs/Opioids in Pregnancy*
  - Speaker: TBA
  - Case presentation: TBA
- You will receive an email following this session with a link to an evaluation. Please take the time to fill it out and help us make this ECHO as useful to you as possible. If you want CME credits, and evaluation is required.