



A CRISIS OF HER OWN: FATAL OPIOID
OVERDOSE, OPIOID USE DISORDER, AND
INTIMATE PARTNER VIOLENCE AMONG
RURAL UTAH WOMEN

Timothy Light, Erin Fanning Madden, Ph.d, Debasree
Das Gupta, Ph.d, Hilary Disch, Katie Zaman, Ph.d,
Suzanne Prevedel, MEd, Sandra Sulzer, Ph.d

CONTENTS

04

NATIONAL TRENDS

05

UTAH TRENDS

06

POTENTIAL FACTORS INCREASING
OVERDOSE FATALITIES AMONG WOMEN

07

INTIMATE PARTNER VIOLENCE AND
SUBSTANCE USE DISORDERS

08

RESOURCES

09

TAKE-AWAYS

10

REFERENCES



NATIONAL TRENDS

While U.S. women, compared to men, are less likely to die of a drug overdose (Mazure & Fiellin, 2018), the rate of overdose deaths among women is rapidly increasing, narrowing the gender gap in overdose deaths (CDC, 2018a). Women experienced a 532% increase in fatal opioid overdose deaths between 1999 and 2017, compared to a 355% increase for men (CDC, 2018a). Among women, those in rural areas have disproportionately higher drug overdose death rates than women in urban areas (Mazure & Fiellin, 2018), indicating an opportunity for targeted rural public health interventions to slow overdose fatality increases among women.





UTAH TRENDS

Between 1999 and 2017, women in Utah mirrored national trends with a disproportionately high increase in opioid overdose deaths. Overdose deaths increased by 243% among Utah women, while deaths rose only 63% among men (CDC, 2018a). From 2013 to 2017, Utah's rural areas experienced some of the highest rates of drug-induced mortality. According to the Centers for Disease Control and Prevention (CDC, 2018a), the top three highest rates (per 100,000) of overdose deaths occurred in the following rural counties: Carbon, 47.6; Tooele, 20.6; Sanpete, 19.0. Three counties in Utah, all of which are

rural, reported higher rates of opioid overdose among women than among men: Juab, Uintah, and Sevier (CDC, 2018a), the former two housing reservation lands as well (USDA, 2019). Of the remaining rural counties, many do not have sufficient data to report reliable numbers (CDC, 2018a). Other barriers, such as stigma regarding opioid use and medication-assisted treatment, may obscure the full extent of the issue (Olsen & Sharfstein, 2014). As a result, it is difficult to determine the exact number of rural Utah women who lost their lives to opioid overdose.

POTENTIAL FACTORS INCREASING OVERDOSE FATALITIES AMONG WOMEN

Features of opioid use disorder differ by gender. For example, women experience:

- Shorter duration between the start of opioid use and diagnosed addiction than men (Back, Payne, Wahlquist et al., 2011; Hernandez-Avila, Rounsaville, & Kranzler, 2004).
- More likelihood than men to be prescribed an opioid and a higher dose of that opioid (Darnall, Stacey, & Chou, 2012).
- Greater addiction severity (HCUP, 2019).

Also, trauma enhances risk for opioid use disorders among women more strongly than men (Hemsing, Greaves, Poole, & Schmidt, 2016), and post-traumatic stress disorder (PTSD) due to physical and

sexual trauma (including intimate partner violence [IPV]) is more common among women with addictions than men (NIDA, 2012). Furthermore, PTSD is positively associated with opioid misuse (McCauley, Amstadter, Danielson, Ruggiero, Kilpatrick, & Resnick, 2009). Women who are victims of IPV are at greater risk of misusing opioids (Cole, & Logan, 2010; McCauley, Amstadter, Danielson, Ruggiero, Kilpatrick, & Resnick, 2009), and opioid misuse is associated with higher risk of overdose and death (Hemsing, Greaves, Poole, & Schmidt, 2016). Although research investigating connections between IPV and opioid use disorder is limited, the more general association between substance use disorders and IPV is thoroughly documented.





INTIMATE PARTNER VIOLENCE AND SUBSTANCE USE DISORDERS

Intimate partner violence is defined as physical, sexual, or psychological violence inflicted by a current or past intimate partner (CDC, 2018b). Problematic drug use (including problematic opioid use) is significantly associated with both perpetration of IPV (male partner to female partner) and IPV victimization (of the female partner), and females who use substances are more likely than male counterparts to be victims of IPV (Cafferky, Mendez, Anderson, & Stith, 2018; Gilbert, El-Bassel, Chang, Shaw, Wu, & Roy, 2013).

While substance use both exacerbates and increases the risk of IPV occurring (Moore, Easton, & McMahon, 2011; Smith, Homish, Leonard, & Cornelius, 2012), what many do not realize is that substance use is a common coping response among people being victimized by violence (Cafferky, Mendez, Anderson, & Stith, 2018). Substance use among perpetrators can also exacerbate the severity of IPV (El-Bassel, Gilbert, Wu, Chang, & Fontdevila, 2007; Moore, Easton, & McMahon, 2011). Unfortunately, women living in rural areas often have higher rates of unmet service needs, such as access to healthcare and treatment (Karra, Fink, & Canning, 2017; Nicholl, West, Goodacre, & Turner, 2007; Raknes, Hansen, & Hunskaar, 2013; Stulz, Pichler, Kawohl, & Hepp, 2018). This unmet access puts women at increased risk of both substance use disorders and IPV (Gilbert, El-Bassel, Chang, Shaw, Wu, & Roy, 2013).

RESOURCES

If you or someone you love is experiencing or has experienced an opioid use disorder, and/or IPV, here are some resources to help.

Methadone Clinics

http://www.opiateaddictionresource.com/treatment/methadone_clinic_directory/ut_clinics

Buprenorphine Prescribers

<https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>

Naltrexone

Any healthcare professional licensed to prescribe medications can prescribe Naltrexone.

Naloxone

<https://naloxone.utah.gov>

Harm Reduction Services, Education, and Advocacy

<https://utahharmreduction.org/>

Community Abuse Prevention Service Agency

24-hour Crisis Hotline: 435-753-2500

<https://www.capsa.org/>

Center for Disease Control and Prevention

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

Preventing Intimate Partner Violence

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

Office on Women's Health

<https://www.womenshealth.gov/relationships-and-safety/domestic-violence>

National Domestic Violence Hotline

1-800-799-7233 or TTY 1-800-787-3224

Secure online chat: <https://www.thehotline.org/what-is-live-chat/>

Utah Domestic Violence Coalition

124 South 400 East, Suite 300, Salt Lake City, UT 84111; (801) 521-5544

www.udvc.org

Overdose rates are increasing dramatically among women.

There is an association between intimate partner violence and substance use disorders.

There are state and national resources to assist women experiencing opioid use disorder and intimate partner violence.

REFERENCES

- Back, S.E., Payne, R.L., Wahlquist, A.H., Carter, R.E., Stroud, Z., Haynes, L., Hillhouse, M., Brady, K.T., & Ling, W. (2011). Comparative profiles of men and women with opioid dependence: Results from a national multisite effectiveness trial. *American Journal of Drug and Alcohol Abuse*, 37(5), 313-323. doi:10.3109/00952990.2011.596982
- Cafferky, B.M., Mendez, M., Anderson, J.R., & Stith, S.M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8(1), 110-131. doi:10.1037/vio0000074
- Centers for Disease Control and Prevention (CDC). (2018a). Multiple cause of death 1999-2019. CDC WONDER Online Database. Retrieved February 18, 2019 from <http://wonder.cdc.gov/mcd-icd10.html>.
- Center for Disease Control and Prevention (CDC). (2018b). Intimate partner violence. Injury Center, Violence Prevention. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>
- Cole, J., & Logan, T. K. (2010). Nonmedical use of sedative-hypnotics and opiates among rural and urban women with protective orders. *Journal of Addictive Diseases*, 29(3), 395-409.
- Darnall, B. D., Stacey, B. R., & Chou, R. (2012). Medical and psychological risks and consequences of long-term opioid therapy in women. *Pain Medicine*, 13(9), 1181-1211.
- El-Bassel, N., Gilbert, L., Wu, E., Chang, M., & Fontdevila, J. (2007). Perpetration of intimate partner violence among men in methadone treatment programs in New York City. *American Journal of Public Health*, 97(7), 1230-1232. doi:10.2105/AJPH.2006.090712
- Gilbert, L., El-Bassel, N., Chang, M., Shaw, S. A., Wu, E., & Roy, L. (2013). Risk and protective factors for drug use and partner violence among women in emergency care. *Journal of Community Psychology*, 41(5), 565-581.
- Healthcare Cost and Utilization Project (HCUP). (2019). Opioid hospital stays/emergency department visits - HCUP fast stats. Retrieved August 6, 2019 from <https://www.hcup-us.ahrq.gov>.
- Hemsing, N., Greaves, L., Poole, N., & Schmidt, R. (2016). Misuse of Prescription Opioid Medication among Women: A Scoping Review. *Pain Research and Management*. doi:10.1155/2016/1754195
- Hernandez-Avila, C.A., Rounsaville, B.J., & Kranzler, H.R. (2004). Opioid-, cannabis- and alcohol-dependent women show more rapid progression to substance abuse treatment. *Drug and Alcohol Dependence*, 74(3), 265-272. doi:10.1016/j.drugalcdep.2004.02.001
- Karra, M., Fink, G., & Canning, D. (2017). Facility distance and child mortality: A multi-country study of health facility access, service utilization, and child health outcomes. *International Journal of Epidemiology*, 46(3), 817-826.
- Mazure, C.M., & Fiellin, D.A. (2018). Women and opioids: something different is happening here. *The Lancet*, 392(10141), 9-11.
- McCauley, J. L., Amstadter, A. B., Danielson, C. K., Ruggiero, K. J., Kilpatrick, D. G., & Resnick, H. S. (2009). Mental health and rape history in relation to non-medical use of prescription drugs in a national sample of women. *Addictive Behaviors*, 34(8), 641-648.
- Moore, B.C., Easton, C.J., & McMahon, T.J. (2011). Drug abuse and intimate partner violence: A comparative study of opioid-dependent fathers. *American Journal of Orthopsychiatry*, 81(2), 218-227.
- National Institute of Drug Abuse (NIDA). (2012). Principles of drug addiction treatment: A research-based guide (NIH Publication No. 12-4180). U.S. Department of Health and Human Services, National Institute of Health. <https://www.drugabuse.gov>

Nicholl, J., West, J., Goodacre, S., & Turner, J. (2007). The relationship between distance to hospital and patient mortality in emergencies: An observational study. *Emergency Medicine Journal (EMJ)*, 24(9), 665-668. doi:10.1136/emj.2007.047654

Olsen, Y., & Sharfstein, J. M. (2014). Confronting the stigma of opioid use disorder—and its treatment. *Journal of the American Medical Association (JAMA)*, 311(14), 1393-1394.

Raknes, G., Hansen, E. H., & Hunskaar, S. (2013). Distance and utilisation of out-of-hours services in a Norwegian urban/rural district: an ecological study. *BMC Health Services Research*, 13(1). doi: 10.1186/1472-6963-13-222

Smith, P. H., Homish, G. G., Leonard, K. E., & Cornelius, J. R. (2012). Intimate partner violence and specific substance use disorders: Findings from the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychology of Addictive Behaviors*, 26(2), 236.

Stulz, N., Pichler, E.-M., Kawohl, W., & Hepp, U. (2018). The gravitational force of mental health services: distance decay effects in a rural Swiss service area. *BMC Health Services Research*, 18(1). doi: 10.1186/s12913-018-2888-1

United States Department of Agricultural Economic Research Service (USDA-ERS). (2019). What is rural? Retrieved Jan. 30, 2020 from <https://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/what-is-rural/>



THIS MANUSCRIPT IS MADE POSSIBLE BY SAMHSA GRANT AWARD #1H79TI081890-01.

In its programs and activities, Utah State University does not discriminate based on race, color, religion, sex, national origin, age, genetic information, sexual orientation or gender identity/expression, disability, status as a protected veteran, or any other status protected by University policy or local, state, or federal law. The following individuals have been designated to handle inquiries regarding non-discrimination policies: Executive Director of the Office of Equity, Alison Adams-Perlac, alison.adams-perlac@usu.edu, Title IX Coordinator, Hilary Renshaw, hilary.renshaw@usu.edu, Old Main Rm. 161, 435-797-1266. For further information on notice of non-discrimination: U.S. Department of Education, Office for Civil Rights, 303-844-5695, OCR.Denver@ed.gov. Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Kenneth L. White, Vice President for Extension and Agriculture, Utah State University.