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Substance Use Disorders Among Utah Women

Setting the Stage

Substance use disorders, including the opioid epidemic, have reached crisis levels throughout the United States, and Utah is no exception. In 2017, more than 72,000 Americans died from drug overdoses, a number that has doubled in the past decade.¹ According to the Centers for Disease Control, 635 Utahns died from a drug overdose in 2016; that is 22.4 per 100,000 population, a rate that was above the national average of 19.8 and the 19th highest in the nation for that year.² Although in Utah and the U.S. as a whole, men are more likely to die from a drug overdose, this issue affects a significant number of women. From 2013–2015, 776 Utah women died from a drug overdose.³ Women are more likely to be prescribed opioids and to develop an addiction more easily when compared to men.⁴ As substance use disorders have serious negative effects on individuals, families, and communities, understanding and working to reduce this epidemic is imperative to improving the lives of women throughout the state.

Between the years of 2013 and 2015, 776 women died from a drug overdose in Utah.

This research snapshot focuses on three key areas:

- 1) An overview of substance use disorders among women, both in Utah and the U.S., including various demographics,
- 2) A spotlight on special concerns related to women, including substance use during pregnancy and the influence of trauma, and
- 3) A discussion of efforts being made to combat substance use disorders throughout Utah.

Facts about Substance Use Disorders

According to the Substance Abuse and Mental Health Services Administration, substance use disorders are present when “recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.”⁵ It should be noted that while the term “substance abuse” is commonly used, experts in the field of addiction recommend the term “substance use disorders” (SUD) to emphasize that these are chronic medical conditions that affect the brain. Researchers have shown that this terminology also reduces

stigma and promotes medical treatment.⁶ Although SUD can involve legal substances such as tobacco and alcohol, in this snapshot we will focus primarily on the use of illegal substances and the misuse of prescription medications.

The National Survey on Drug Use and Health showed that in 2015–2016 an estimated 25.7 million Americans aged 18 and older reported illicit drug use, including the misuse of prescription drugs. This amounts to 10.6% of the total adult population, and, of these, 10.3 million (40%) are women.⁷ In Utah, the reported rates of drug use were lower in the survey: an estimated 7.6% of adults, approximately 158,000 individuals, reported illicit drug use in the previous month⁸ Unfortunately, the state-level surveys are not categorized by gender, but if we extrapolate the findings of national surveys that 40% of these individuals are women, approximately 63,200 Utah women engaged in illicit drug use during the previous month.

One of the primary sources of data regarding Utah women and substance use disorders is the Division of Substance Abuse and Mental Health, the state agency over public behavioral health services. Of 15,222 SUD clients served through this public network in FY18, 6,031 were women (40%). The vast majority of Utah women receiving these services were White (88.3%), with 4.0% or less coming from each other racial group, and 14.9% of women (any race) reported their ethnicity as Hispanic.⁹ Another way to measure SUD by racial group is to identify the number of people in treatment by 1,000 population for each group. In FY18, these numbers for all Utah women were as follows: American Indian/Alaskan Native: 11.9; Multiracial: 6.8; Black: 5.4; Pacific Islander: 4.1; White: 3.9; and Asian: 0.7.¹⁰ It should be noted that these demographic breakdowns do not indicate the exact ratios of those experiencing substance use disorders, as these numbers are only for individuals receiving public services through specific agencies. Private treatment is not included in these statistics nor are those individuals who need treatment but do not receive it for various reasons, including financial, informational, or cultural barriers. Recent surveys showed 50,000 Utahns (any gender)¹¹ aged 18 and older reported needing but not receiving treatment for illicit drug use.¹²

Age is another important factor to consider when studying substance use disorders. In Utah, a woman is most likely

to be in treatment for SUD between the ages of 25 and 34 (42% of women in treatment fall in that range).¹³ However, Utah women are most likely to die from a drug overdose between the ages of 45 and 54 (at the rate of 44.6 per 100,000 population). In fact, women aged 45–64 experience drug poisoning deaths at higher rates than men. Conversely, Utah men aged 25–34 die from drug poisoning at a rate more than twice that of women the same age (44.5 vs. 19.8 per 100,000 population).¹⁴

Table 1: Drug Deaths by Age and Sex, Utah, 2013–2015 (Number of Deaths Per 100,000 Population)

Age Group	% Women	% Men
18–24	7.4	21.5
25–34	19.8	44.5
35–44	37.0	38.6
45–54	44.6	41.9
55–64	35.5	35.0
65+	7.8	9.8

Source: Utah Department of Health, IBIS, 2017.

While men comprise the majority of drug deaths overall, it is of note that from 2012–2014 women made up 58% of all emergency department encounters related to SUD. This suggests that women may be more likely to seek or receive treatment for drug overdoses than men.¹⁵

Men and women also differ in the ways they are referred to substance use disorder services within the state. In 2017, 63% of men were referred for treatment by courts/justice system, as opposed to 47% of women. Women were more likely to self-refer than men (28% vs. 23%), and women were also referred for services by the Division of Child and Family Services in 12% of cases (vs. 3% for men).¹⁶ In 2017, 73% of women treated in the public system lived in urban regions of Utah,¹⁷ yet this epidemic reaches all areas of the state. In fact, the Southeast Utah Local Health District, a rural area, had the highest rate of overdose deaths from 2014–2016 at 28.9 per 100,000 population.¹⁸

Specific demographic factors, including education level, marital status, and income, vary widely among Utahns receiving public services for substance use disorders. In FY18, 71.1% of female clients had a high school degree or less, while 3.9% of these clients had a bachelor’s degree or higher. Marital status is another distinct factor: 47.6% of women receiving SUD services had never been married, 34.4% were divorced or separated, and 15.3% were married. Additionally, 93% of female public clients lived at or below the poverty line.¹⁹ Again, these numbers do not necessarily indicate that wealthier, more educated, or married Utahns do not experience substance use

disorders; these percentages describe only those who receive services through the public system, many of whom are uninsured.

Although substance use disorders can include a wide variety of drugs (including alcohol and tobacco), there are a few distinguishing factors marking the misuse of substances in Utah. When looking at the use of all illicit drugs for Utahns aged 12 and older (as reported in surveys), Utah rates are below the national average (7.4% in Utah vs. 10.4% in the U.S.), and only three states fare better than Utah for this indicator. However, when looking only at the misuse of prescription drugs, excluding “street” drugs, the rate for Utahns aged 12 and older is higher than the national average (4.9% in Utah vs. 4.5% in the U.S.), and Utah ranked 43rd out of 51—only eight states have higher misuse of prescription drugs than Utah.²⁰ Compared to all Americans, Utahns are more likely to misuse prescription drugs than to use other illegal drugs. Utah women and men also differ in the specific substances they are using. In 2017, women admitted into the public system for treatment were most likely to report the use of methamphetamines (32% of all female admissions). Men were most likely to be admitted for using heroin (27% of male admissions), followed closely by alcohol (also 27%). However, it should also be noted that 66.8% of all men and women admitted for services were using multiple substances.²¹

Substance Use Disorders, Pregnancy, and Trauma

Substance use disorders create special challenges during pregnancy. A 2014 study of prescription opioid use during pregnancy among women receiving Medicaid showed Utah had the highest rate in the nation for pregnant women receiving an opioid prescription, at 41.6%. This was almost twice the national rate of 22.8%.²² The authors of this study stated that the national opioid crisis extends to pregnant women as well and called for additional review of the safety issues concerning opioid prescriptions for pregnant women.²³ A 2012 Utah study showed that 6.8% of newborns tested positive for one or more substances (opioids were the most common, present in 4.7% of newborns),²⁴ and the number of infants diagnosed with neonatal abstinence syndrome (NAS) in Utah increased dramatically (by 275%) from 2005–2014.²⁵ The misuse of controlled substances during pregnancy can have various negative effects on the child, including birth defects, preterm delivery, NAS, and stillbirth, yet pregnant women may be very concerned about reporting substance use.²⁶ Drug use during pregnancy can also bring additional risks for the

In one study, Utah had the highest rate in the nation for pregnant women receiving an opioid prescription, at 41.6%.

mother. From 2015–2016, substance use disorders were the leading cause of pregnancy-associated deaths in Utah, present in 18 of 40 cases.²⁷ The vast majority of such deaths are postpartum (80%), when women’s risk of drug-related death can increase for a variety of reasons, including the cessation of regular doctor visits, loss of health insurance, postpartum mood changes, an exacerbation of underlying mental health conditions, the stress of having a newborn, and a decreased tolerance to drugs, meaning that if relapse occurs, it is more likely to be fatal.²⁸

Another relevant area of concern for Utah women is trauma, meaning events or circumstances that are harmful and have lasting effects on a person’s well-being. The link between substance use disorders and trauma is well established, and unaddressed trauma in particular has been shown to significantly increase the risk of SUD.²⁹ As every county in Utah faces a shortage of mental health professionals, and many Utahns lack health insurance as a means to help pay for mental health treatment, this link is particularly concerning.³⁰ Trauma is not limited to women, of course, yet many common adverse childhood experiences (ACEs) affect girls and women disproportionately, including sexual abuse and domestic violence. According to the Substance Abuse and Mental Health Services Administration, ACEs are “strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan, including those associated with substance misuse.”³¹ As women in Utah experience both sexual assault and domestic violence at higher rates than women nationally,³² trauma and ACEs must be considered in efforts to prevent and treat substance use disorders among women in the state.

Efforts to Combat Substance Use Disorders

In recent years, general awareness of substance use disorders has grown significantly, as numerous public and private organizations seek to address the opioid epidemic and other related concerns. Under the Department of Health, the Utah Coalition for Opioid Overdose Prevention has laid out an extensive plan with strategic priorities and specific, targeted goals.³³ This includes “Stop the Opioid,” a public awareness campaign that employs billboards, commercials, and other efforts aimed at preventing SUD and educating Utahns on how to recognize and support loved ones experiencing addiction.³⁴ Other Coalition goals focus on examining the ways opioids are prescribed in the state. Eighty percent of heroin users in Utah started with prescription opioids,³⁵ and, in 2017, Utah ranked second in the nation for states with the highest high-dosage prescription rates.³⁶ However, even as steps are taken to reduce prescription rates, experts recognize that a comprehensive approach is critical in efforts to curb opioid addiction. In recent years prescription opioid deaths have

decreased, but heroin overdose deaths have increased during the same period,³⁷ as have deaths related to powerful synthetic opioids (fentanyl and others).³⁸ Additionally, efforts from law enforcement agencies to combat drug crime must also include rehabilitation, access to mental health professionals, and support from social services if individuals are to move successfully into recovery.³⁹ For an extensive overview of state-coordinated efforts, including legislation, strategy, goals, and partners, see the [Utah Health Improvement Plan 2017–2020](#).⁴⁰

Conclusion

Substance use disorders present a serious public health concern, and there are important sex and gender differences between men and women in terms of how addictions can develop and progress. It will require coordinated efforts from public agencies, health professionals, and government advocates as well as individuals and families to combat this epidemic. Some preliminary evidence shows that we may be making progress, as Utah is one of 19 states that showed a decrease in the rate of overdose deaths in the 12 months ending in March 2018.⁴¹ Yet much work remains to be done. Finding ways to both prevent addiction and help women suffering from substance use disorders will not only improve the lives of individuals, but also strengthen the positive impact of women in communities and the state as a whole.

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