

The Dual Burden of Unmet Reproductive Health Care Needs Among Women with Substance Use Disorder in Ohio

Lisa Frazier, Anne Trinh, Kyle Moon, and Saira Nawaz

Nearly 200,000 women* of reproductive age in Ohio – and 7.5 million nationally – live with substance use disorder (SUD). This population systematically faces barriers to essential health care.

Dual Burden

The joint problem of unmet reproductive health and addiction care needs among women and people with female reproductive organs with SUD.

Barriers to Health Care

Women of reproductive age with SUD, particularly pregnant people, face a number of structural barriers to accessing health care.



The criminalization of substance use during pregnancy, particularly for Black women who are 10x more likely to be reported to social services during pregnancy drug screenings than other racial groups.^{1,2}



Social stigma that may deter people with SUD from seeking health care.



Lack of access to health insurance coverage.



Limited and inequitable access to health care providers and services, including family planning, sexual education, and SUD screening and treatment.

What is Substance Use Disorder?

SUD is a chronic brain disease defined by the recurrent use of a substance that causes clinically significant impairment and distress, including health problems, inability to reduce use, physiological tolerance for the substance, and failure to meet major responsibilities at work, school, or home.^{3,4}

Public Health Implications

The dual burden imposes a range of human, social, and economic costs on women with SUD, including:

- Unintended pregnancy
- Preterm birth
- Low birth weight
- Infant and maternal mortality
- Overdose
- Marginalization

Recommendations for Addressing the Dual Burden

- Ensure and increase access to quality SUD treatment programs for pregnant people, including access to medication, counseling, prenatal care, and support services such as childcare, parenting classes, job training, and postpartum care.
- Increase funding and access to comprehensive sexual education and reproductive health services.
- Improve use of telehealth services to facilitate access to care.
- Expand insurance coverage to reduce cost barriers to SUD medications and services.
- Decriminalize substance use during pregnancy.
- Expand SUD screening and services to reproductive age women.

DUAL BURDEN ACROSS THE LIFE COURSE

Dual burden risk, care, and outcomes are connected across the life course and therefore require holistic public health policy strategies aimed at supporting sexual, reproductive, and substance use health at all stages of life.

IN A LIFETIME

Structural racism compounds the stigma and barriers to health care access for people of color with SUD, including denial of insurance coverage and claims, welfare exclusions, job loss and denial, housing loss and denial, and unfair treatment by providers and by police.⁵

Federal and state policies do not adequately support the delivery of evidence-based reproductive health or SUD treatment care in Ohio.

*Not all people with female reproductive organs are women, nor do all women have female reproductive organs. The data sources we draw on for this report use binary sex categories, we are thus limited to those categories and default to use of the term "women."



PARENTHOOD

Lack of access to reproductive health care and care for SUD has significant negative consequences for prenatal, birth, and delivery outcomes. **Substance use during pregnancy** is linked to preterm birth, low birthweight, and maternal mortality.¹¹

Access to integrated care is limited but essential for maternal, fetal, and child health. Only 23% of SUD treatment facilities have programs for pregnant and postpartum people.¹²

Unintended pregnancy is much more common for women with unmet reproductive health needs, particularly for those with SUD.

CHILDHOOD

Adverse Childhood Experiences (ACEs) significantly impact the risk for substance use and misuse. Those who have experienced five or more ACEs are three times more likely to abuse prescription drugs, and five times more likely to inject drugs.⁶



ADULTHOOD

Women are more likely than men to report use of addictive substances to **cope with physical and emotional pain and trauma**, including domestic or sexual violence, divorce, loss of child custody, or death of a partner or child.⁷

Women with SUD are **less likely to have consistent and reliable access** to menstrual hygiene products, contraception and sexually transmitted infection (STI) prevention, and essential gynecological and obstetric care.^{8, 9, 10}



Scan for Citations