

Maternal and Child Health Issue Brief

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Substance Abuse among Women of Reproductive Age in Colorado

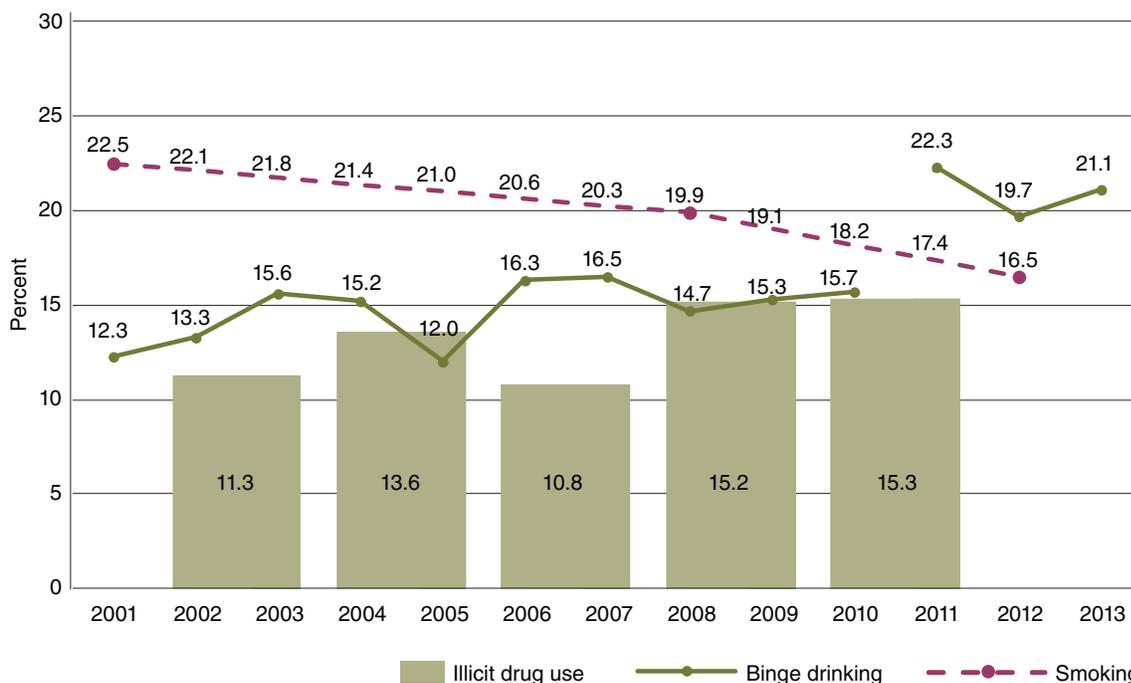
Why is substance abuse an issue among women of reproductive age?



Substance abuse poses significant health risks to women of reproductive age (18-44). The abuse and misuse of substances is associated with health risks like addiction, mental health disorders, organ damage, overdose, and death.¹ For women who become pregnant, substance abuse is associated with preterm birth, stillbirth, fetal development problems including brain abnormalities, infant death, and childhood developmental problems that can be longlasting.¹⁻³

Women who abuse or misuse substances are also at higher risk for a range of social problems including domestic violence, unintended pregnancy, child abuse, motor vehicle accidents, and involvement in crime.⁴⁻⁶ Many substances, both illegal and legal, have the potential for abuse or misuse; common examples include cocaine, heroin, marijuana, methamphetamine, tobacco, alcohol, and prescription drugs.

Figure 1. Past month use of substances, Colorado women ages 18-44, 2001-2013.⁷⁻⁹



Note: Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (pain relievers, tranquilizers, stimulants, and sedatives) used nonmedically. Illicit drug use data are for any use in the past month. Surveys are compiled in two-year periods beginning with even-numbered years. Binge drinking data reflect four or more drinks at one time in the past month. Rates of binge drinking in 2011 and later cannot be compared with earlier rates because of changes in survey methodology. Tobacco data are available for 2001, 2008, and 2012 only. The dotted lines are estimated values for years when no surveys were done.

What is the prevalence of substance abuse among women of reproductive age?

An estimated 21.1 percent of women ages 18-44 in Colorado are binge drinkers,⁷ 16.5 percent smoke tobacco regularly,⁸ and 15.3 percent use illicit drugs, which includes the misuse of prescription drugs⁹ (Figure 1). (State drug use data in this brief are from years prior to the legalization of retail marijuana.) The prevalence of smoking among women of reproductive age declined significantly after 2001, but no significant changes occurred in the prevalence of binge drinking through 2010 or illicit drug use through 2010-11. Colorado ranks among the 10 states with the highest rates of alcohol and drug use among adults¹⁰ and has the second-highest rate of opioid abuse in the U.S. according to the 2011 National Survey on Drug Use and Health.¹¹

What is the prevalence of substance abuse among pregnant women?

Women who are pregnant often reduce their use of alcohol, tobacco, and illicit drugs below their prepregnancy consumption levels. However, 7.8 percent of pregnant women reported smoking and 10.1 percent reported alcohol use in the last trimester of pregnancy according to Colorado data collected in 2011.¹² No Colorado-specific data are available yet on drug use among pregnant women, but national data from 2002-2007 indicate past month marijuana use among 4.6 percent of pregnant women in the first trimester, and 1.4 percent in the last trimester.¹³

Colorado's Goals

By 2018, reduce the prescription drug overdose death rate to 16 per 100,000 (ages 15 and older).¹⁴

Healthy People 2020 Goals

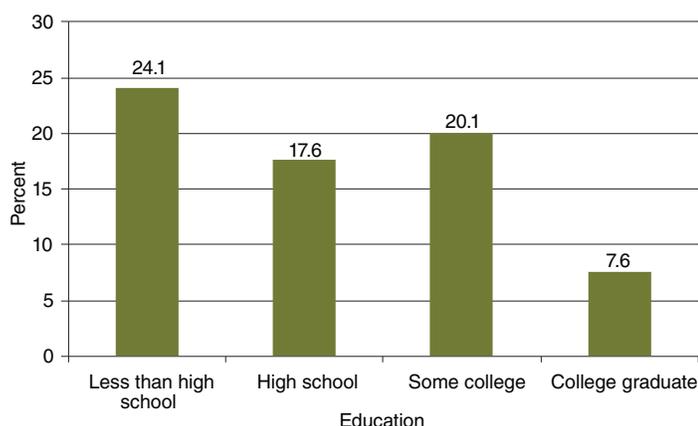
By 2020, reduce the proportion of adults (men and women) in the past month who were:

- binge drinking, to 24.4 percent ⁴
- using tobacco, to 12.0 percent ¹⁵
- using illicit drugs, to 7.1 percent ⁴



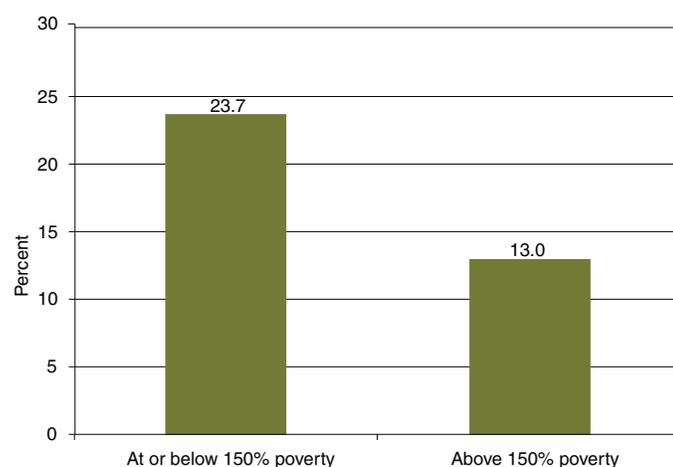
Social and economic health disparities

Figure 2. Current tobacco use by educational level, Colorado women ages 18-44, 2012.⁸



The prevalence of tobacco use (primarily cigarettes) among women who are college graduates is lower and significantly different from women with less education. One in 14 (7.6%) college graduates is a smoker, while at least 1 in 6 women with less education are smokers. Among women who did not graduate from high school, 1 in 4 (24.1%) are smokers.

Figure 3. Current tobacco use by poverty level, Colorado women ages 18-44, 2012.⁸

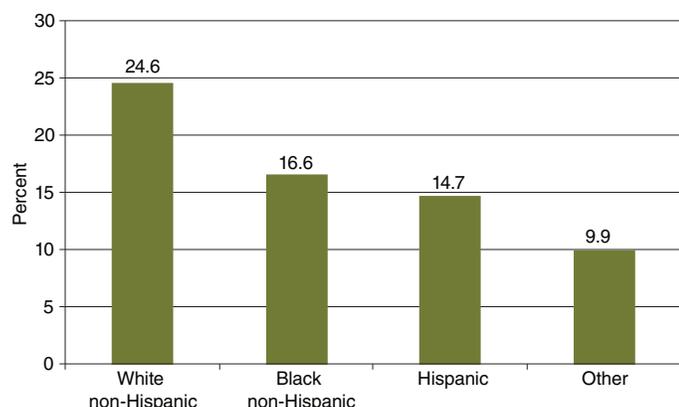


Nearly 1 in 4 (23.7%) women who are at or below 150% of the federal poverty level is a smoker, compared to about 1 in 8 (13.0%) women above 150% of poverty. The difference is statistically significant.

Who is more likely to abuse substances?

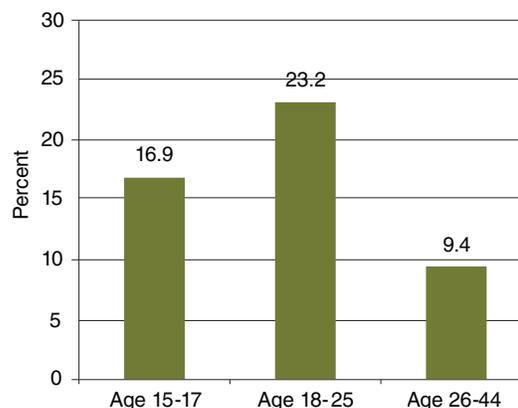
- Women with less education or who live in poverty are more likely to smoke
- Women ages 25-29 compared to younger and older women (not shown) and White non-Hispanic women are more likely to binge drink
- Women ages 25 or younger are more likely to use illicit drugs

Figure 4. Current binge drinking by race/ethnicity, Colorado women ages 18-44, 2011-2012.⁷



One in 4 (24.6%) White non-Hispanic women is a binge drinker, significantly different from Hispanic (14.7%) and Other (9.9%) women. The prevalence of binge drinking among Black non-Hispanic women (16.6%) is not significantly different from any other group.

Figure 5. Current illicit drug use by age, Colorado women ages 15-44, 2002-2012⁹



The prevalence of illicit drug use in the past month is significantly different among women ages 25 or less compared to women ages 26 and older. One in 7 (16.9%) young women age 15-17 and 1 in 4 (23.2%) women ages 18-25 are users, while 1 in 10 (9.4%) older women are users.

What contributes to substance abuse?

Many factors contribute to the use of tobacco, alcohol, and drugs, including widespread availability,¹⁶⁻¹⁸ perceived norms encouraging substance use, predisposition among adolescents to take risks,^{19,20} and misperceptions of safety.^{21,22} A person's social background, including economic status, plays an important role in determining initiation and continuation.^{23,24} In 2012, for example, smoking prevalence among Coloradans of low socioeconomic status was nearly three times as high (27.0 percent) as among the rest of the population (9.4 percent).⁸ An individual with mental health issues is more likely to seek relief through substance use to help counter anxiety, pain, insomnia, and stress.¹⁹ In Colorado, smoking prevalence is more than twice as common among people with mental illness and/or activity limitations due to mental or emotional conditions compared to the rest of the population.²⁵

Advertising by tobacco and liquor industries has been shown to encourage initiation and continuation of cigarette and alcohol use.^{20,26} The tobacco industry spends an estimated \$123 million on marketing in Colorado each year,²⁷ while alcohol advertising expenditures amount to an estimated \$6 billion nationally.²⁵



How can substance abuse be minimized?

A number of strategies to reduce abuse of alcohol, tobacco, and drugs have proven effective. Alcohol use can be reduced by limiting access through regulating the density of liquor stores, increasing taxes, and making commercial hosts liable for injury and damage caused by intoxicated patrons.²⁸ Colorado state taxes for beer, distilled spirits, and wine are currently lower than the federal Community Preventive Services Task Force recommends; however, state commercial host liability policies are in partial accordance, and alcohol outlet densities meet recommendations.²⁸ Similar strategies are effective in controlling the onset of tobacco use, with increased taxes considered a valuable tool.²⁹ The overall prevalence of current smoking in Colorado has been on the decline, with significant improvements since 2008 among all women, young adult students, seniors, and people without a mental illness or mental or emotional limitation.⁸ However, some pregnant women continue to smoke and use alcohol.

Controlling drug use may be more problematic. Young adults are particularly vulnerable to the temptation of stimulants,³⁰ but education, prevention, and early intervention programs can be an effective means to reduce use.^{31,32} In 2008, the Colorado Substance Exposed Newborns Steering Committee helped enact legislation to protect pregnant women who test positive for drugs or admit to substance use during prenatal care from having that information used against them in criminal proceedings. This legislation may help to reduce substance use among pregnant women in Colorado.³² A need for increased training and education, and standardized policies for screening, testing, and treatment of substance use during pregnancy have also been identified in Colorado. Increased knowledge about 1-800 referral lines for supporting women using substances during pregnancy, access to treatment, and increased awareness of statewide pregnancy substance abuse treatment resources may help minimize substance use.³³ Various state agencies recently received funding from retail marijuana taxes to expand substance abuse treatment options for pregnant women.³⁴



How is prescription drug misuse being addressed?

In Colorado, partners from governmental and community agencies statewide are addressing prescription drug misuse, diversion, and overdose through the Colorado Plan to Reduce Prescription Drug Abuse developed in 2013.³⁵ The plan established the Colorado Consortium for Prescription Drug Abuse Prevention,³⁶ which has six workgroups charged with implementing the plan's strategies. The workgroups are focused on a social marketing campaign to educate the general public on safe use, safe storage, and safe disposal of prescription drugs; implementing legislative changes to the Prescription Drug Monitoring Program; educating medical providers on changes to prescribing policies; improving data collection; expanding substance abuse treatment opportunities; and increasing safe disposal options in the state based on changes to Drug Enforcement Administration regulations.



What are the implications of legalized marijuana?



Retail sales of marijuana became legal in Colorado in January 2014. The Colorado Department of Public Health and Environment has been funded through the taxation of marijuana to create statewide campaigns to educate the public about safe, legal, and responsible adult use of marijuana. In addition, the department is addressing high-risk populations, such as pregnant or breastfeeding women, youth, and parents with small children. The department is partnering with health-care professionals and experts to develop clinical prevention guidelines for physicians to assist in the screening of and recommendations for marijuana exposure in patients. Guidelines will address marijuana use among pregnant/breastfeeding women and the prevention of pediatric exposure. The department will conduct an evaluation of the effectiveness of the campaigns and prevention materials.

State data collection systems are being changed to yield new information on the impact of marijuana use or exposure. Questions about marijuana have been added to a variety of population-based surveys, including the Pregnancy Risk Assessment Monitoring System which surveys new mothers, the Child Health Survey covering children ages 1-14, the Healthy Kids Colorado Survey for middle and high school

students, and the Behavioral Risk Factor Surveillance System for adults age 18 and older. Although these questions were not included in surveys conducted prior to legalization, Colorado will be able to monitor trends starting with 2013 or 2014 data, depending on the survey. Additionally, special pilot studies on marijuana use are being implemented in local WIC programs. Finally, the department will be implementing, in partnership with Denver Health, a pilot study of birth outcomes among women who report marijuana use while pregnant.

In a survey of Colorado women receiving WIC benefits at a large local public health department during 2014, 6 percent reported using marijuana during the previous month and 3 percent reported using marijuana during pregnancy.³⁷

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