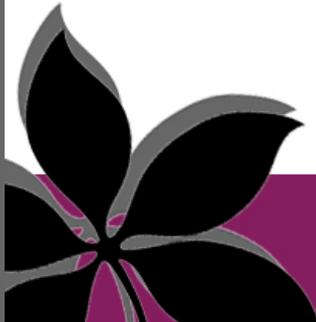


Session 1  
July 15, 2020

# ADVANCING EQUITY

Reproductive Health Services and Considerations  
for Women with Substance Use Disorders



**THE OHIO STATE UNIVERSITY**  
COLLEGE OF PUBLIC HEALTH

*Presented by*

the Center for Public Health Practice and  
the Center for Health Outcomes and Policy Evaluation Studies

# Thank you to our partners!

Association of Maternal and Child Health Programs

Association of Ohio Health Commissioners

Association of State and Territorial Health Officials

Center for Community Solutions

Harm Reduction Coalition

National Advocates for Pregnant Women

Ohio Association of Community Health Centers

Ohio Department of Health

Ohio Mental Health and Addiction Services

Ohio Perinatal Quality Collaborative

Power to Decide



THE OHIO STATE  
UNIVERSITY  
COLLEGE OF PUBLIC HEALTH

CENTER FOR PUBLIC  
HEALTH PRACTICE

CENTER FOR HEALTH OUTCOMES  
AND POLICY EVALUATION STUDIES

# Technical Information

- Sessions will be recorded and emailed; Slides will be available after
- Participants are automatically muted and video is disabled
- Please enter any questions (and include presenter name if desired) you have into the Q&A function; Our team will be monitoring it
- You can also use the Chat function if you have any difficulties
- For CEUs, you must complete an evaluation that will be emailed after the session is over



# Agenda

- Opening remarks
  - Dean Amy Fairchild
- Frameworks for understanding
  - Mishka Terplan
  - Keitra Thompson
  - Mackenzie Piper
  - Q&A
- Data overview
  - Elizabeth Conrey
- Policy and Policy Implications
  - Rose MacKenzie
  - Indra Lusero
  - Q&A
- Closing



ADVANCING EQUITY:  
Reproductive Health Services and Considerations  
for Women with Substance Use Disorder

Frameworks for Understanding

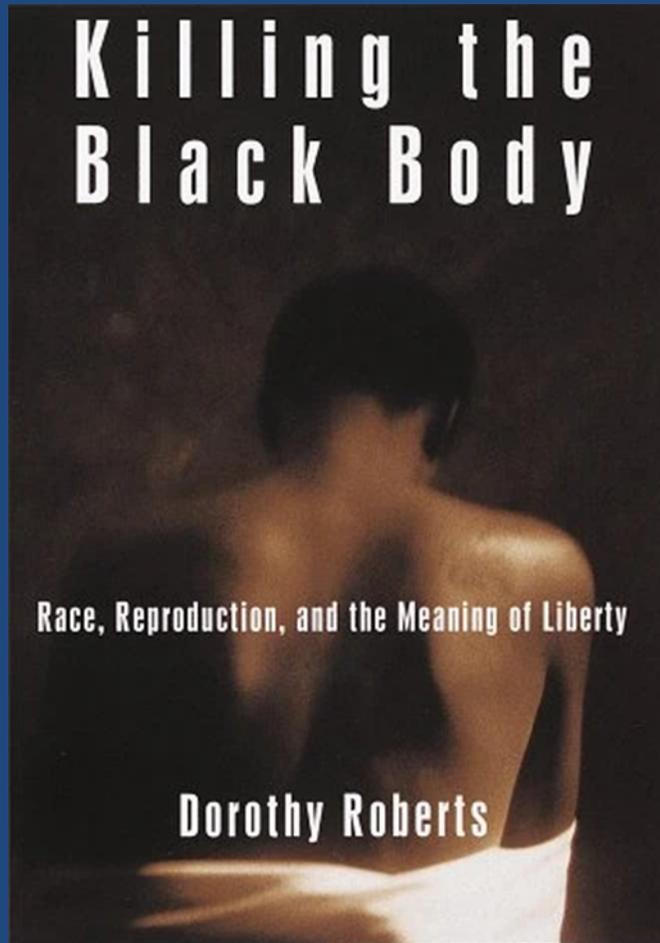
Mishka Terplan MD MPH FACOG DFASAM  
Associate Medical Director, Friends Research Institute  
Adjunct Faculty, UCSF, National Clinical Consultation Center  
Addiction Medicine Specialist, Virginia Medicaid  
July 15, 2020

# Abolition, Suffrage and Temperance: Historically Linked



In October 1916, Sanger opened America's first birth control clinic in Brownsville, New York, and 140 women came on the first day.

# Abolition, Suffrage and Temperance: Historically Linked



“The language of eugenics did more than legitimate birth control. It defined the purpose of birth control, shaping the meaning of reproductive freedom.

Birth control became a means of controlling a population rather than a means of increasing women’s reproductive autonomy. **Birth control in America was defined from the movement’s inception in terms of race and could never be properly understood apart from race again.”**

# Judge Orders Drug-Addicted Mother of 4 to Not Get Pregnant Again

by The Associated Press | 6:02 pm, February 14th, 2017

1

California and the West

## Woman Offers Payment if Addicts Get Sterilization

Drugs: She says she has first taker in plan to cut number of crack-ravaged babies. Critics call idea 'exploitative.'

October 24, 1997 | ROBERT OURLIAN | TIMES STAFF WRITER

Email Share G+ Tweet Recommend 0

STANTON — First Barbara Harris tried to persuade the district attorney to prosecute pregnant women who use drugs. When that didn't work, she pushed a bill to make it a crime.

The San Diego Union-Tribune

SUBSCRIBE

## Attorneys: Sterilizations were part of plea deal talks

True Crime

# Judge suggests drug-addicted woman get sterilized before sentencing, and she does

By Tom Jackman February 9 Email the author



Don't let a pregnancy ruin your drug habit.

**What C.R.A.C.K. Can Offer You**

We can't stop you from doing drugs, but we can help you prevent any future drug-addicted pregnancies.

If you are a man or woman addicted to — or abusing drugs and have unprotected sex, we want to help you.

Call C.R.A.C.K. now & see if you qualify for a **MONETARY INCENTIVE** when you participate in long term birth control.

**Pregnancy & Drugs don't mix.**

**C.R.A.C.K.**  
Call C.R.A.C.K. Now

**HOTLINE:**  
**1-888 30-CRACK**  
27225

P.O. BOX 74  
STANTON, CA 95680  
(Call 1-8-82073173)

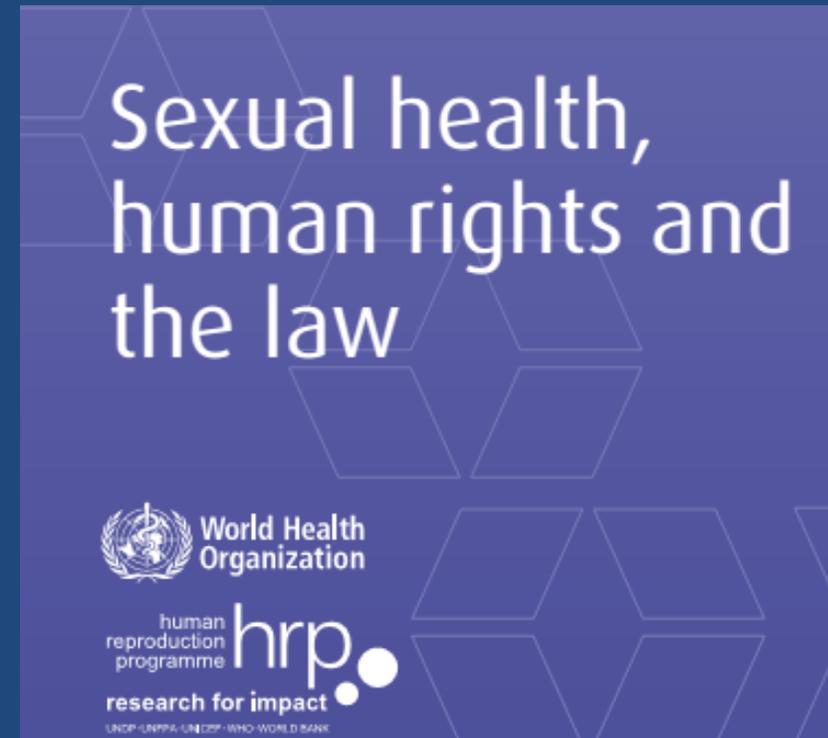
# Drugs, Race and Undeserving Motherhood: Racism's corrupting influence

Oklahoma, her involvement with checks and drugs will stop at least temporarily, but she will never have another



# Reproductive Health as a Human Right

- WHO defined reproductive rights to include the right of all individuals and couples to
  - information, education,
  - the means to decide the number and timing of one's births,
  - and the means to attain the highest standard of sexual and reproductive health, free from coercion, violence and discrimination



Department of Reproductive Health and Research  
World Health Organization  
Avenue Appia 20, CH-1211 Geneva 27, Switzerland

**Right to determine whether and when to have children**

[www.who.int/reproductivehealth](http://www.who.int/reproductivehealth)

# Reproductive health as a human right

- Until 1959, the National Institutes of Health was explicitly forbidden to support research connected with contraception
- 4<sup>th</sup> UN World Conference on Women (Beijing 1995) - Gender Equity
- In 2000, UN set Millennium Development Goals (MDGs): the mention of family planning and population was still considered to controversial
- 1/1/2016 MDGs, 17 Sustainable Development Goals with 169 associated Targets
  - Goal 3.7: “By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.”

“Connection between the dehumanization of the individual and the subordination of the group”

- Reproductive Freedom:  
Framework must be grounded in both Liberty And Equality (as guaranteed in the Constitution)
- **Liberty** – individual, autonomy, **human rights**
- **Equality** – policy, government, **social justice**
- Race to take “center stage” in discussion of reproductive health and substance use

# REPRODUCTIVE JUSTICE BRIEFING BOOK

A PRIMER ON REPRODUCTIVE JUSTICE AND SOCIAL CHANGE



Women of Color Reproductive  
Justice Collective



## OUR MISSION

SisterSong's mission is to strengthen and amplify the collective voices of Indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights.

[Learn more](#)



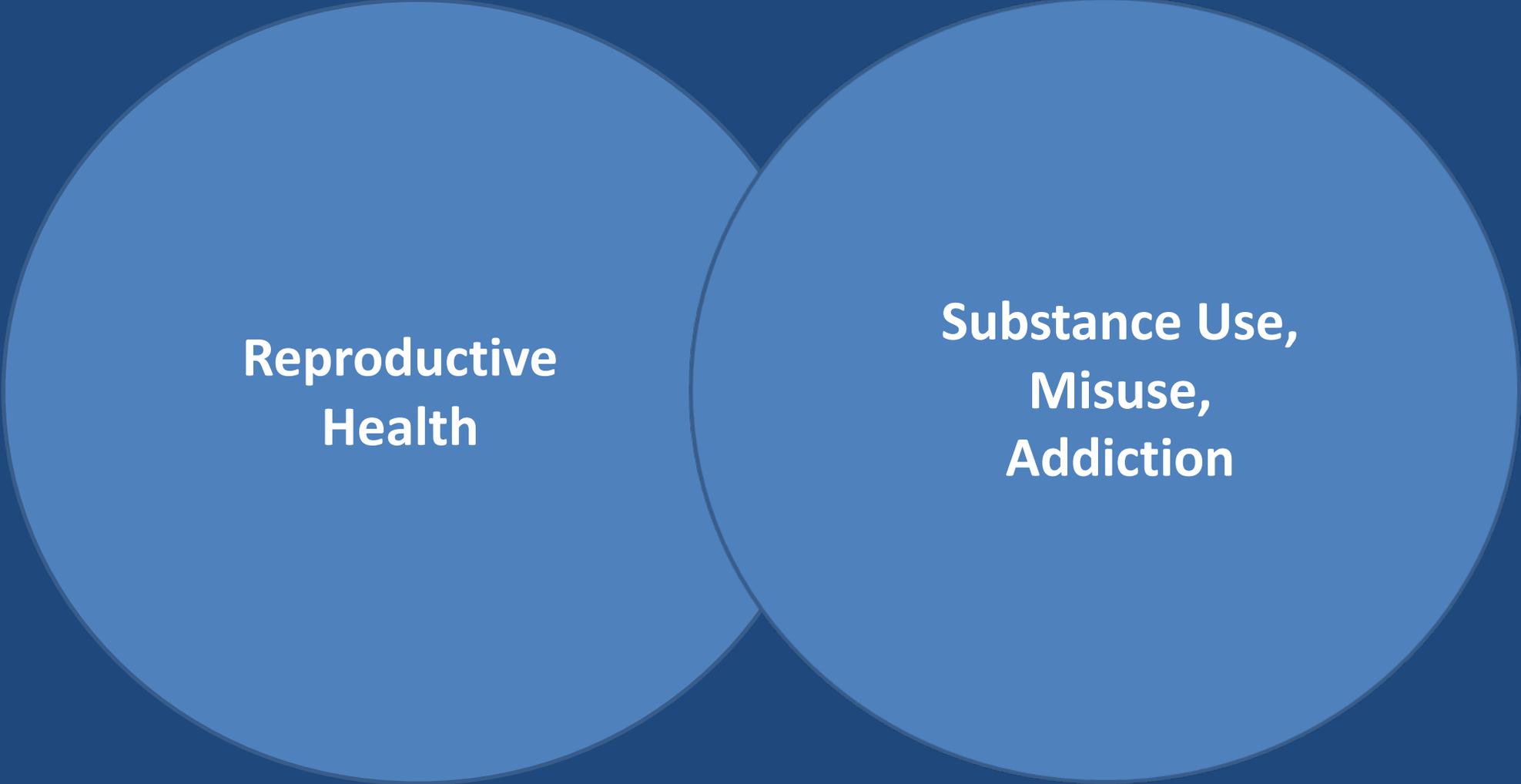
AS THE NATIONAL, WOMEN OF COLOR RJ COLLECTIVE, SISTERSONG'S ORGANIZATIONAL GOALS ARE TO:

- 1. SUPPORT THE COORDINATION OF REPRODUCTIVE JUSTICE AND SOCIAL JUSTICE ACTIVITIES, INITIATIVES, AND CAMPAIGNS.
- 2. TRAIN THE NEXT GENERATION OF REPRODUCTIVE JUSTICE AND SOCIAL JUSTICE LEADERS AND ORGANIZATIONAL COORDINATORS ON THE REPRODUCTIVE JUSTICE AND SOCIAL JUSTICE MOVEMENT.
- 3. CREATE SPACE FOR THE REPRODUCTIVE JUSTICE AND SOCIAL JUSTICE MOVEMENT TO BE HEARD AND SUPPORTED BY POLICYMAKERS AND COMMUNITARIANS, INCLUDING THROUGH THE REPRODUCTIVE JUSTICE AND SOCIAL JUSTICE MOVEMENT.
- 4. PROVIDE A PLATFORM FOR THE REPRODUCTIVE JUSTICE AND SOCIAL JUSTICE MOVEMENT TO BE HEARD AND SUPPORTED BY POLICYMAKERS AND COMMUNITARIANS.



**Reproductive  
Health**

**Substance Use,  
Misuse,  
Addiction**



**Reproductive  
Health**

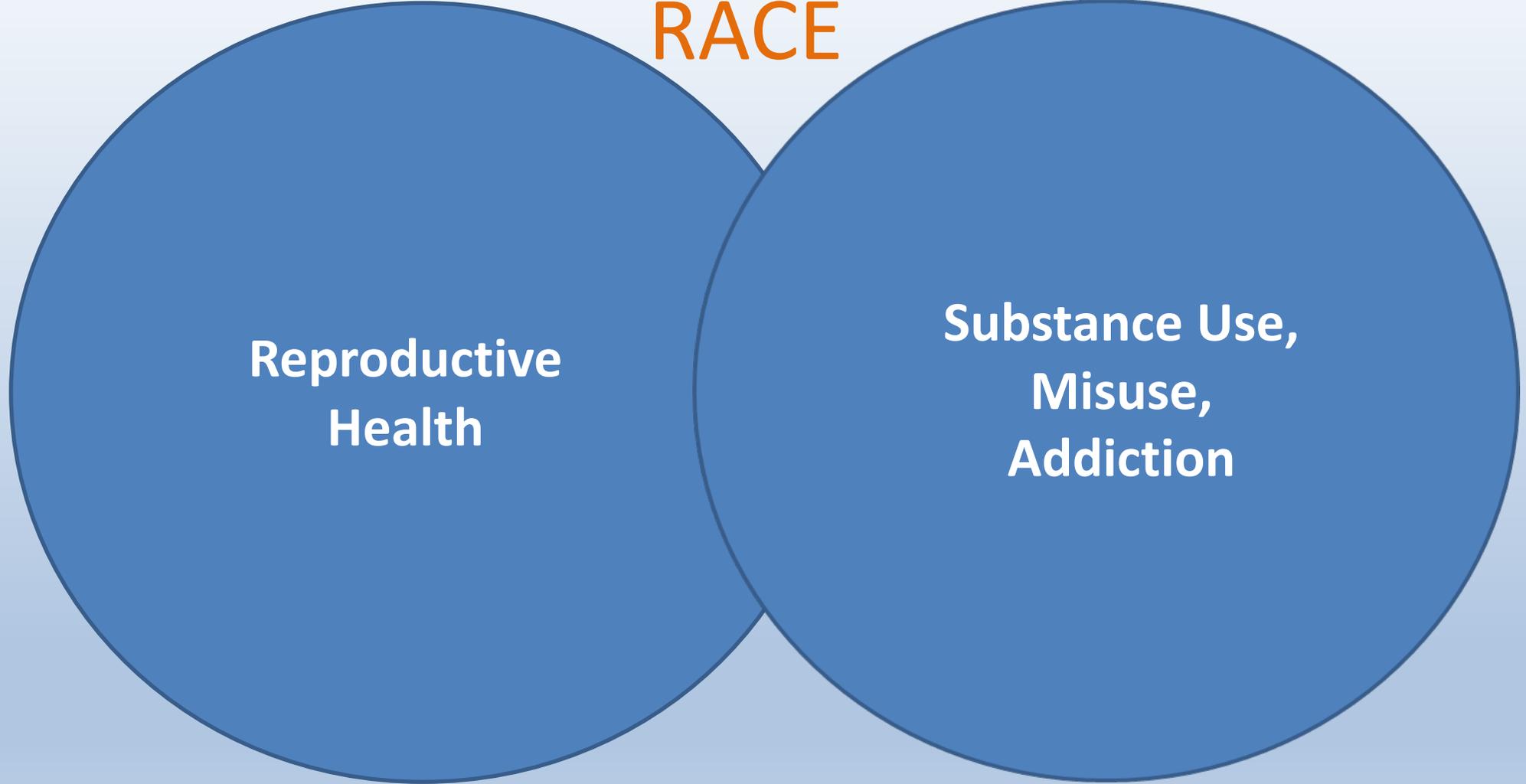
**Substance Use,  
Misuse,  
Addiction**

**RACE**

**Reproductive  
Health**

**Substance Use,  
Misuse,  
Addiction**

**RACIAL EQUALITY**



# Recovery is the Goal of Treatment



- Recovery is more than abstinence
- Building a life of integrity
- Connection to others
- Purpose
- Serenity
- Reproductive and Sexual Freedom

Recovery is Freedom

# Liberty and Equality

## In reproductive Health and Recovery

- Framework:
- 1) Human Rights and Social Justice
- 2) Center the most vulnerable
  
- Thank You
- @Do\_Less\_Harm
- Mishka.Terplan@ucsf.edu

# Promoting Equitable Family Well-being for Women with Substance Use Disorders

Keitra Thompson, DNP, MSN, APRN  
Post-doctoral Fellow, VA/Yale NCSP  
July 15, 2020



National Clinician  
Scholars Program



U.S. Department  
of Veterans Affairs

# Disclaimer

The contents of this presentation do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.



National Clinician  
Scholars Program



VA



U.S. Department  
of Veterans Affairs

# Introduction



National Clinician  
Scholars Program



**VA**



U.S. Department  
of Veterans Affairs



*"Getting my kids back is the hardest thing I've ever done. I've never worked so hard in my life...and I had to do it all by myself. Looking back, I realize that's probably why I started using in the first place and lost my kids because I never truly had support. My mother wasn't even there for me, so being young with three kids and trying to get through life by myself was a lot—I just wanted to escape. I tried to do things right, but then of course my no good man at the time got me on drugs, but was no where to be found when I lost our kids. I'm off the drugs now, but nothing else has changed in my life. I have my kids back, but still no support." –T.J., 29 y/o, Mother of 3*



National Clinician  
Scholars Program

VA



U.S. Department  
of Veterans Affairs

# Facing the Facts

- Racial and socioeconomic disparities in substance use disorder (SUD)
- Increased health and legal risk factors for women with SUDs
- Poor health care access & utilization among women impacted by substance use
- Unmet contraceptive needs and desires among those with a SUD
- Poverty and poor family functioning are both risk factors and outcomes of SUD → TRAUMA
- 86% of pregnancies amongst substance dependent women are unplanned (compared to 31%-47% in the general population)
- Parental substance use is a factor in about 50% to 79% of child welfare cases



National Clinician  
Scholars Program

VA



U.S. Department  
of Veterans Affairs

# Reproductive Justice

The human right to maintain personal bodily autonomy, have children, not have children, and **parent the children we have in safe and sustainable communities**

-SisterSong, 1994



National Clinician  
Scholars Program

VA



U.S. Department  
of Veterans Affairs

# Pervasive Inequities



**Comprehensive Interventions**

# Recommendations & Considerations

- Screening must be person-centered and equitable
- Comprehensive screening leads to improved health outcomes
- Increased access to contraception should be matched with more opportunities for reproductive health education
- Research, policy, and practice must recognize the relevance of reproductive justice across the lifespan for women with substance use disorder
- Interventions to address individual, family, and community-level trauma are crucial

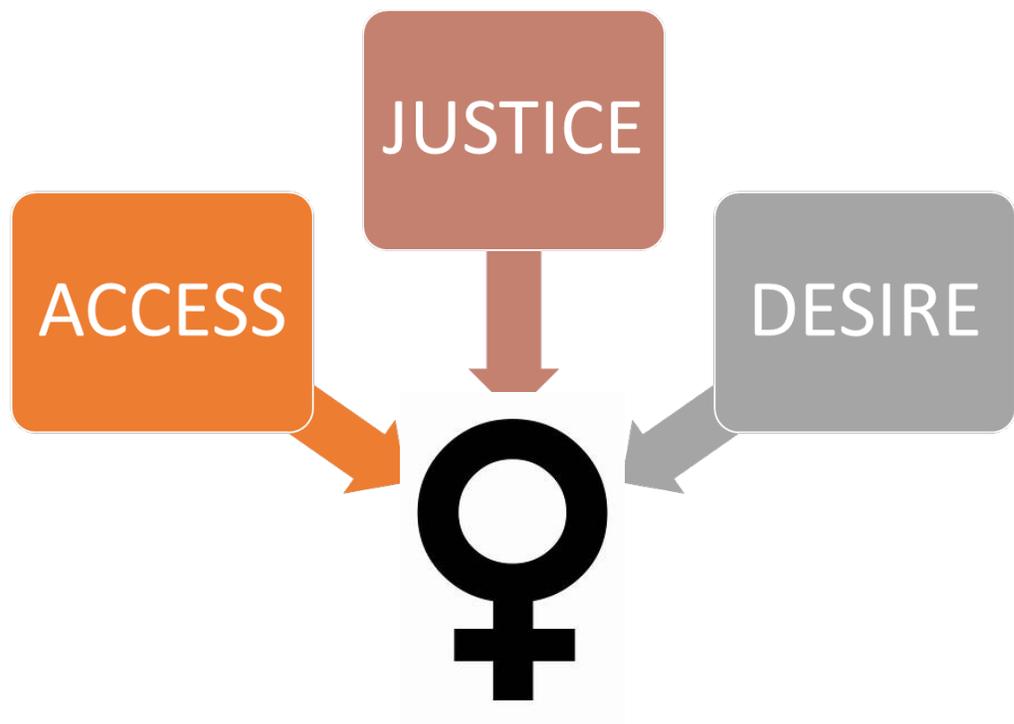


National Clinician  
Scholars Program

VA



U.S. Department  
of Veterans Affairs



- Encourage decision-making & self-efficacy
- Recognize complexity
- Resist the concept of “a right decision”
- Validate lived experience
- Support safe autonomy



National Clinician  
Scholars Program

VA



U.S. Department  
of Veterans Affairs

# Conclusion



National Clinician  
Scholars Program



**VA**



U.S. Department  
of Veterans Affairs

*"We worked hard to get our kids back. We want to keep them. I may have my issues, but I never abused my kids. I really was abusing myself and losing my kids only made me feel worse and use more. I want to be a great mom—I just don't know where to start sometimes. It is really hard when [the kids] are running all over the place and my patience gets thin because of my own mental health issues...I just want to be what they need, so they don't turn out like me. I want to be better than my parents." –A.W., 33y/o, Mother of 2*



National Clinician  
Scholars Program

VA



U.S. Department  
of Veterans Affairs

# Thank You

[Keitra.Thompson@yale.edu](mailto:Keitra.Thompson@yale.edu)

@Keitra\_Thompson



National Clinician  
Scholars Program



**VA**



U.S. Department  
of Veterans Affairs



# **IMPLEMENTING FAMILY PLANNING SERVICES IN SUD RECOVERY PROGRAMS**

**July 15, 2020**

**Mackenzie Piper, MPH, CHES**

**POWER  
TO DECIDE**

Reproductive well-being means that all people have the **information**, **services** and **support** they need to have control over their bodies and to make their own decisions related to sexuality and reproduction throughout their lives.

# PILLARS OF REPRODUCTIVE WELL-BEING

Autonomy

Control

Respect

Systems  
of Support

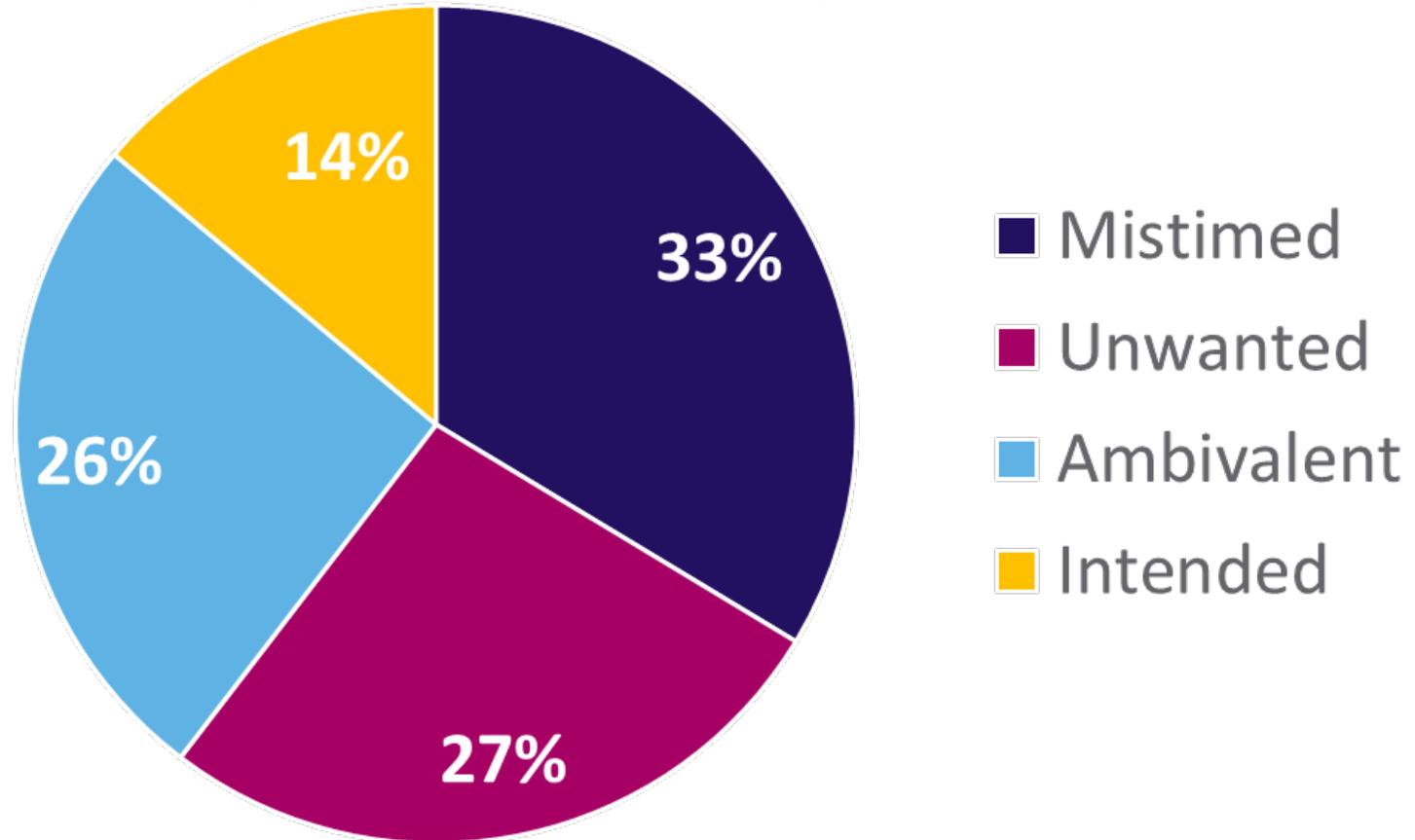
# BARRIERS TO REPRODUCTIVE WELL-BEING



# OUTCOMES



Unintended Pregnancy in Opioid-Abusing Women

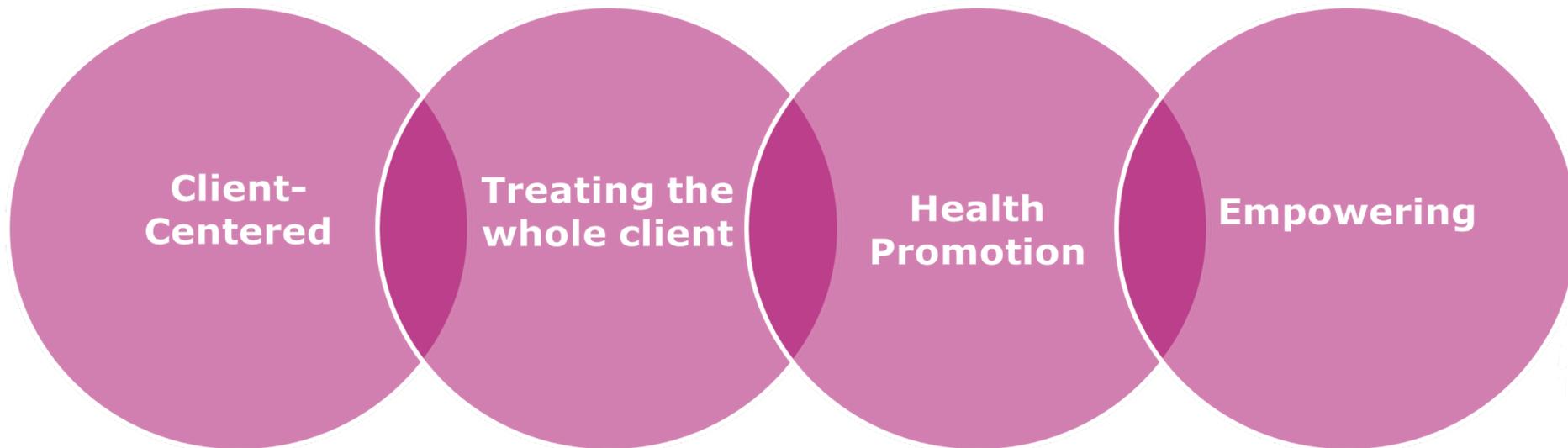


Heil SH, Jones HE, Arria A, et al. Unintended pregnancy in opioid-abusing women. *J Subst Abuse Treat.* 2011;40(2):199–202. doi:10.1016/j.jsat.2010.08.011



# THE OPPORTUNITY

- SUD recovery programs may be the first time a provider has asked the client what they want as it relates to their pregnancy/reproductive health goals.
- SUD recovery programs are focused on centering client health and well-being, and sexual and reproductive health is an essential part of that.



# IMPLEMENTATION



**> ONE KEY QUESTION<sup>®</sup>**

A PROGRAM OF

**POWER  
TO DECIDE**

POWER  
TO DECIDE

# RECOMMENDATIONS

Proactively integrate (or co-locate) family planning counseling and care services into SUD recovery sites to reduce health siloes, and consequently, health disparities.

- Leverage the use of screening tools to improve care and build self-efficacy from a preventative lens.
- Use a trauma-informed approach to counseling and care.
- Increased access to contraception should be matched with more opportunities for reproductive health education.
- Research, policy, and practice must recognize the relevance of reproductive well-being across the lifespan.



***Contact Information:***  
**Mackenzie Piper**  
**[mpiper@powertodecide.org](mailto:mpiper@powertodecide.org)**  
**[www.powertodecide.org](http://www.powertodecide.org)**

**POWER**  
TO DECIDE

# Q&A



**THE OHIO STATE  
UNIVERSITY**  
COLLEGE OF PUBLIC HEALTH

**CENTER FOR PUBLIC  
HEALTH PRACTICE**

**CENTER FOR HEALTH OUTCOMES  
AND POLICY EVALUATION STUDIES**