

The Importance of Primary Care for Women With Substance Use Disorder

Khadijah C. Collins¹, Tongfan Wu¹, Vijay K. Rings¹, Bradley L. Subler, D.O.², Anna M. Squibb, M.D.³

¹Wright State University (WSU) Boonshoft School of Medicine; ²WSU Boonshoft School of Medicine, Department of Psychiatry; ³WSU Department of Family Medicine, Division of Addictive Medicine; Dayton, OH

Introduction

- Women with substance use disorders (SUD) have associated poorer overall sexual and reproductive health, including increased sexually transmitted infections, less utilization of contraception, increased rates of unplanned pregnancy and adverse pregnancy outcomes than the general population.^{1,2}
- Regular access to quality care is limited due to multiple barriers including intersecting risk factors of mental health, Medicaid insurance, and geographic limitations.^{1,3}
- Patients with SUD who check into residential treatment facilities and have access to facilities that carry on-site screening and testing are more likely to receive testing and results for these illnesses^{3,4}.
- Incorporating primary care into substance use recovery centers can provide necessary health screenings and brief interventions for comorbidities associated with substance abuse⁵.

Materials & Methods

- Retrospective chart review of the 2021 to 2022 intakes of women who suffer from SUD at the Women's Recovery Center (WRC) in Dayton, Ohio (N=159).
- Selective measures of this study are: 1) Demographics 2) Screenings for HIV, hepatitis, and STIs; 3) Pap smears, contraceptives, and pregnancy rates; 4) Patient-reported substance use; and 5) Mental health disorders.
- Inclusion criteria: All new intake residents at Women's Recovery Center from May 2021 to May 2022 who suffer from substance use disorder.
- Exclusion criteria: All patients who were admitted but left against medical advice prior to completion of the intake history.

Conclusion

- The recommended screenings by the AAFP and education around comorbidities associated with SUD are necessary in this population and should be implemented into substance abuse recovery facilities.
- As hypothesized, screenings for STIs, HIV, hepatitis, Pap smears, and mental health disorders had high rates of positive test results among this population.
- Elevated rate of trichomonas was an unexpected result. Screening and treatment of trichomonas has the potential to decrease HIV spread, associated pregnancy complications, and community spread in persons with SUDs.
- The WRC does not currently follow-up with residents who have completed the program to check if they actually utilize referrals to PCPs; a future goal for the center and the investigators is to assess the follow-up rate to referred PCPs and the barriers that may impact this rate.

Literature Cited

1. Merrill JO, Rhodes LA, Deyo RA, Marlatt GA, Bradley KA. Mutual mistrust in the medical care of drug users: the keys to the "narc" cabinet. *J Gen Intern Med.* 2002;17(5):327-333. doi:10.1046/j.1525-1497.2002.10625.x
2. Muzny CA. Why Does Trichomonas vaginalis Continue to be a "Neglected" Sexually Transmitted Infection?. *Clin Infect Dis.* 2018;67(2):218-220. doi:10.1093/cid/ciy085
3. Metsch LR, Feaster DJ, Gooden L, Matheson T, Mandler RN, Haynes L, Tross S, Kyle T, Gallup D, Kosinski AS, Douaihy A, Schackman BR, Das M, Lindblad R, Erickson S, Korhuit PT, Martino S, Sorensen JL, Szapocznik J, Walensky R, Branson B, Colfax GN. Implementing rapid HIV testing with or without risk-reduction counseling in drug treatment centers: results of a randomized trial. *Am J Public Health.* 2012 Jun;102(6):1160-7. doi: 10.2105/AJPH.2011.300460. Epub 2012 Apr 19. PMID: 22515871; PMCID: PMC3483949.
4. Burton MJ, Voluse AC, Anthony V. Integrating comprehensive hepatitis C virus care within a residential substance use disorder treatment program. *J Subst Abuse Treat.* 2019 Mar;98:9-14. doi: 10.1016/j.jsat.2018.11.008. Epub 2018 Nov 20. PMID: 30665610.
5. Zhou B, Bliss H, Jarvis T, Geary M. Facilitation of Coordinated Medical Care for Women in Residential Treatment for Substance Use Disorder. *R I Med J (2013).* 2021 Oct 1;104(8):39-42. PMID: 34582515.

Results and Discussions

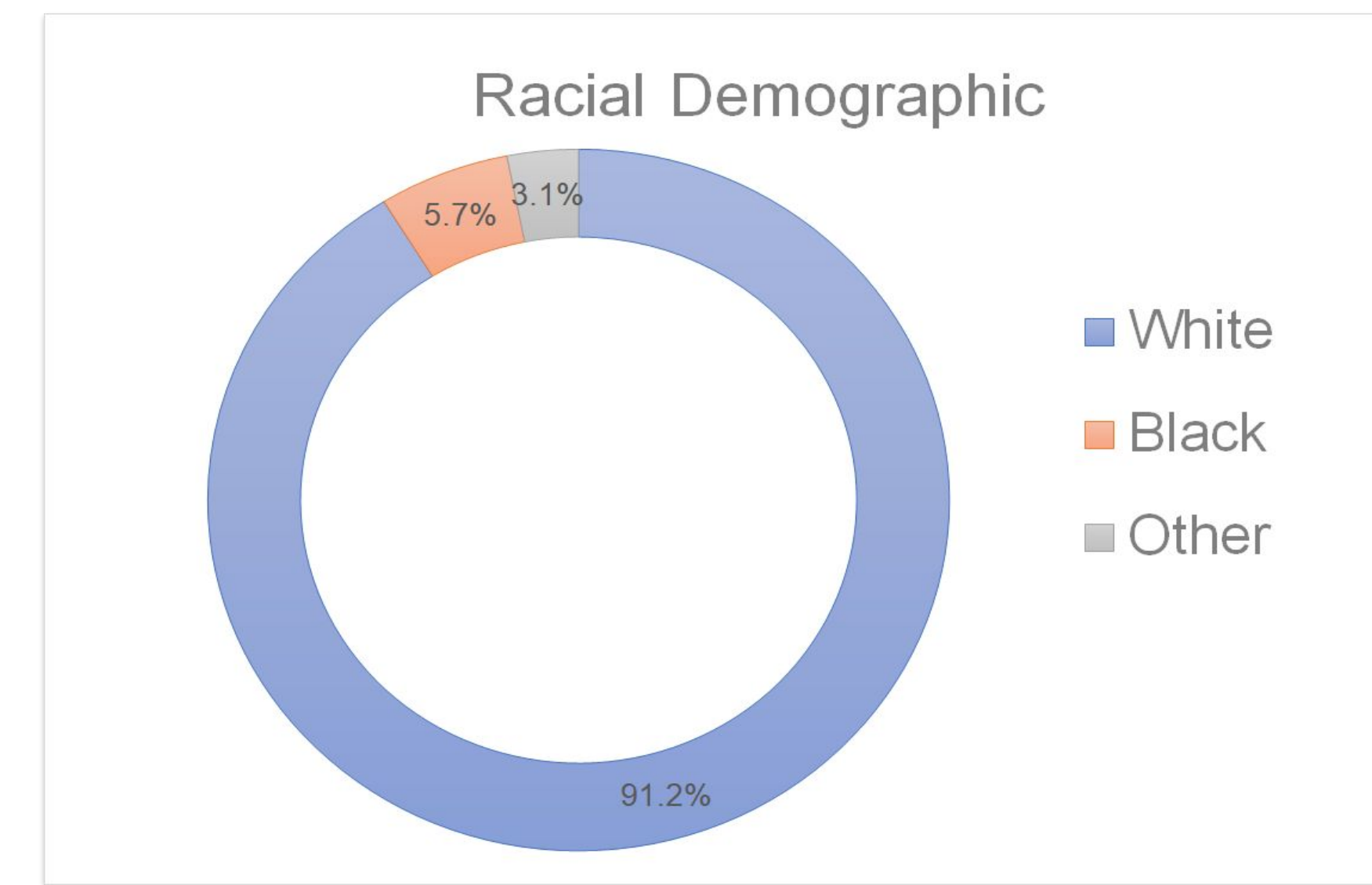


Figure 1. Patient Racial Demographic. (N = 159)

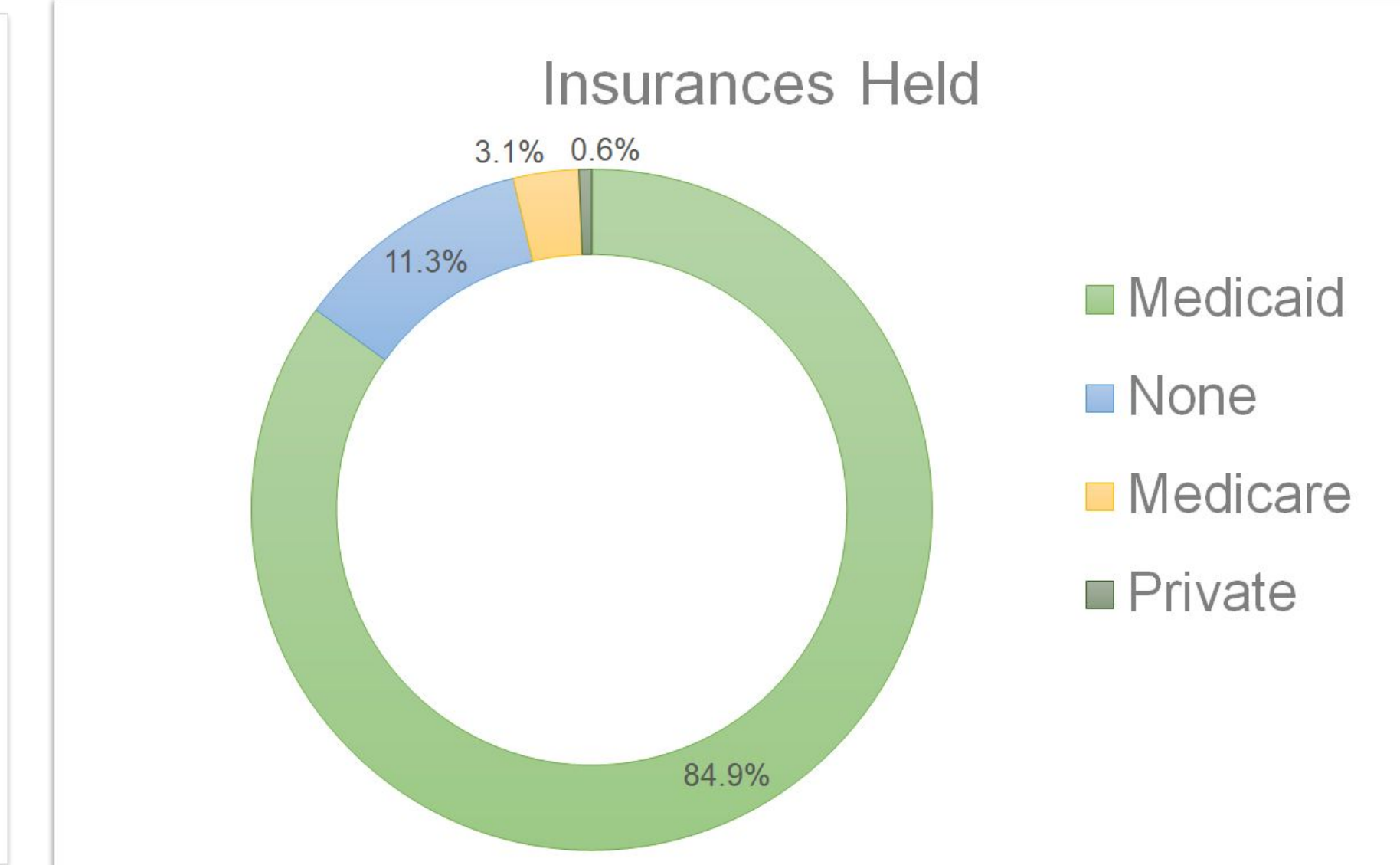


Figure 2. Patient Insurance Demographic. (N = 159)

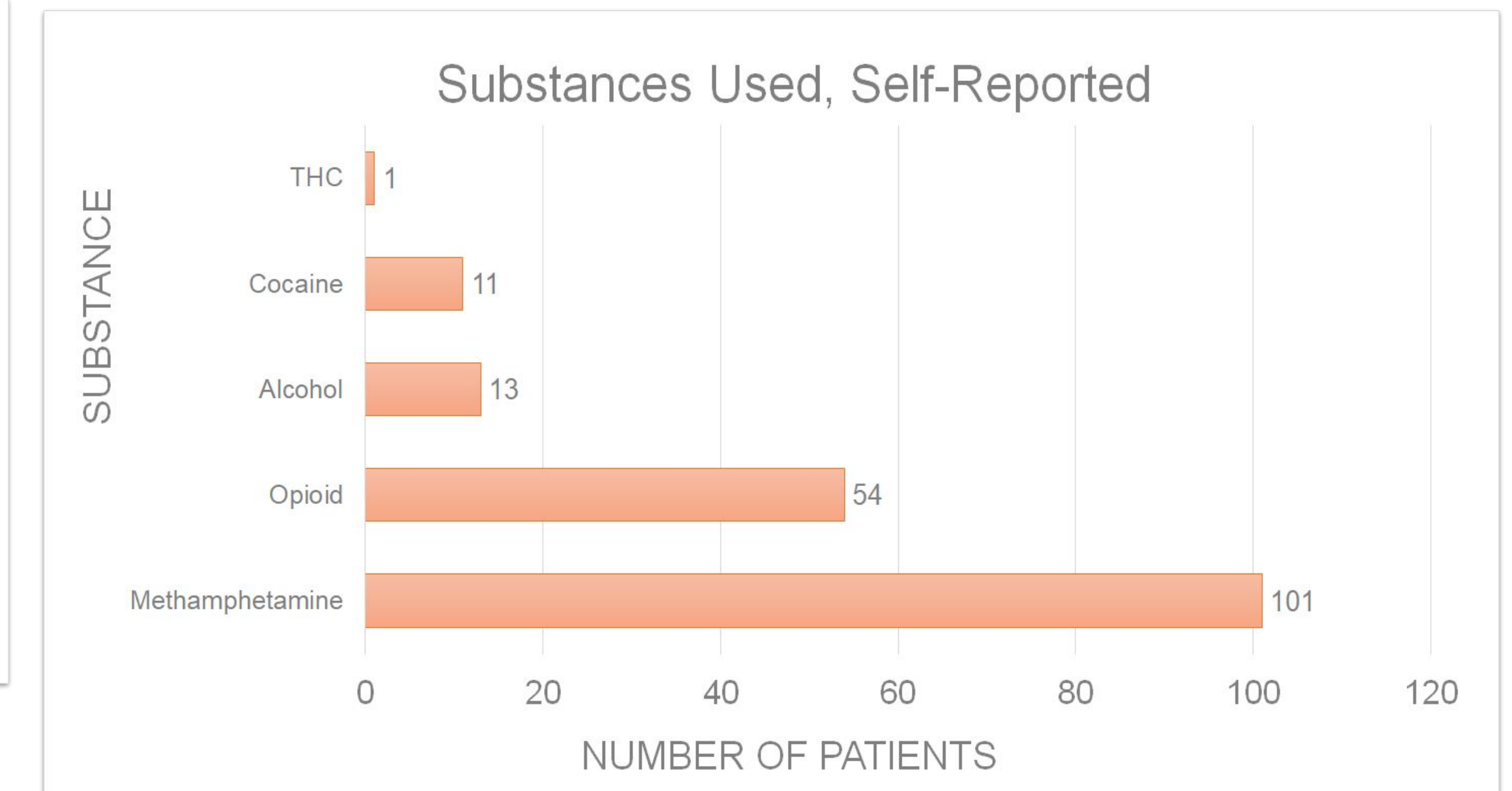


Figure 3. Patient Reported Substance Use (N=159).

- Most of the residents are insured with Medicaid (84.9%), and 11.3% do not have any insurance.
- 41% of the residents report having primary care physicians, but the percentage of residents who actually pursue medical care from their PCP is unclear.
- The most used substance at WRC is methamphetamine (101), followed by opioids (54), alcohol (13), cocaine (11), and THC (1), N=120.
- STI screening revealed a 20% positive rate, with trichomonas (22.7%) being the most common STI, followed by syphilis (5.1%), chlamydia (3.4%), gonorrhea (0.1%), and HIV (0.1%).
- 50% of the residents needed a Pap smear, and only 40% elected to receive one. Of those, 20% were abnormal and needed a colposcopy.
- 60% of residents utilize a method of contraception; however, they are almost entirely surgical methods, like hysterectomies and tubal ligations. This may be due to inconsistent or lack of access to healthcare.
- Mental health disorders are major comorbidities in women with SUD. 89.9% of the residents suffer from a mental illness. Generalized anxiety disorder was the most common, followed by major depressive disorder, post-traumatic stress disorder, bipolar affective disorder, and schizophrenia.

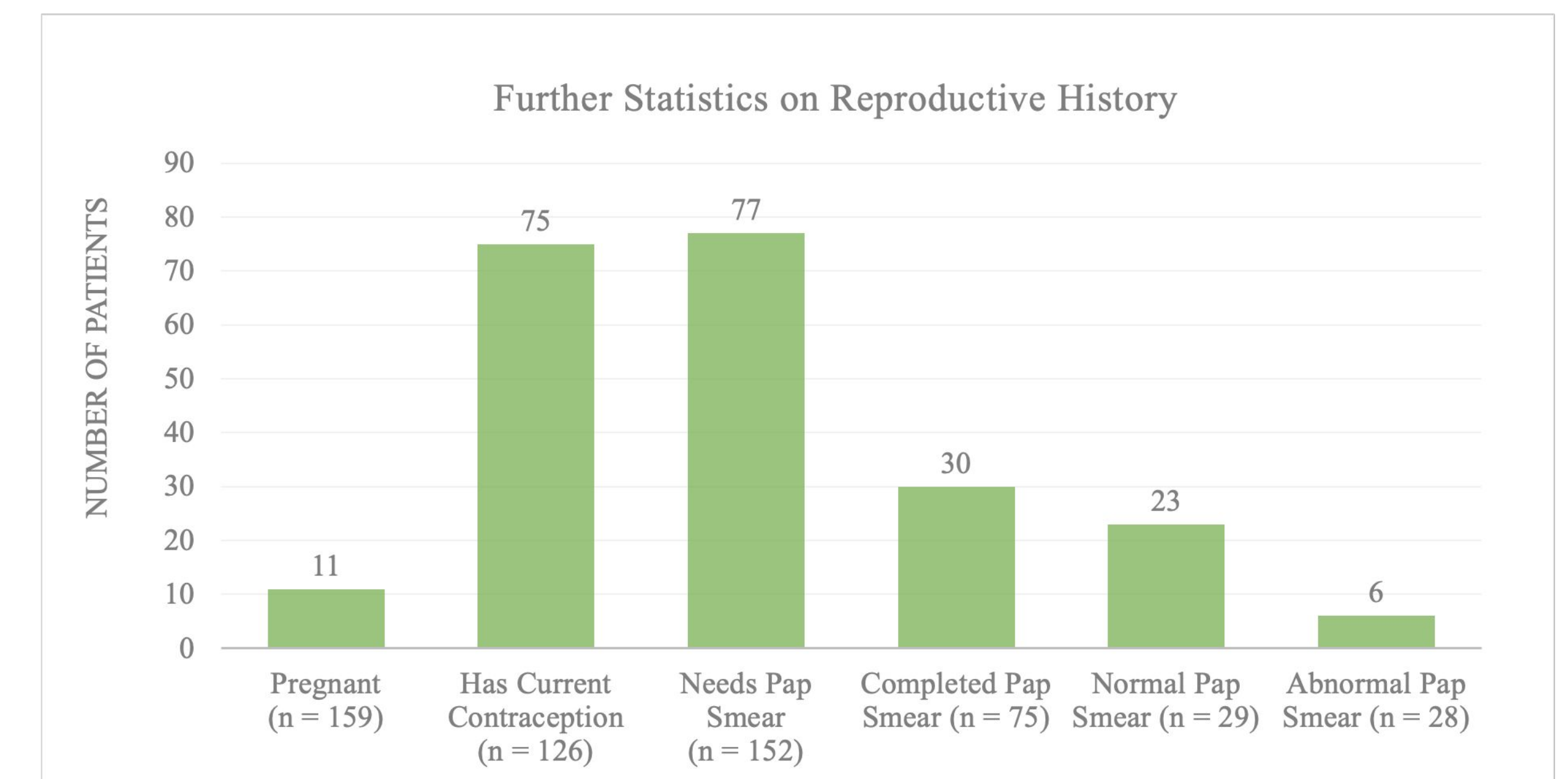


Figure 4. Reproductive Health History (N = variable)

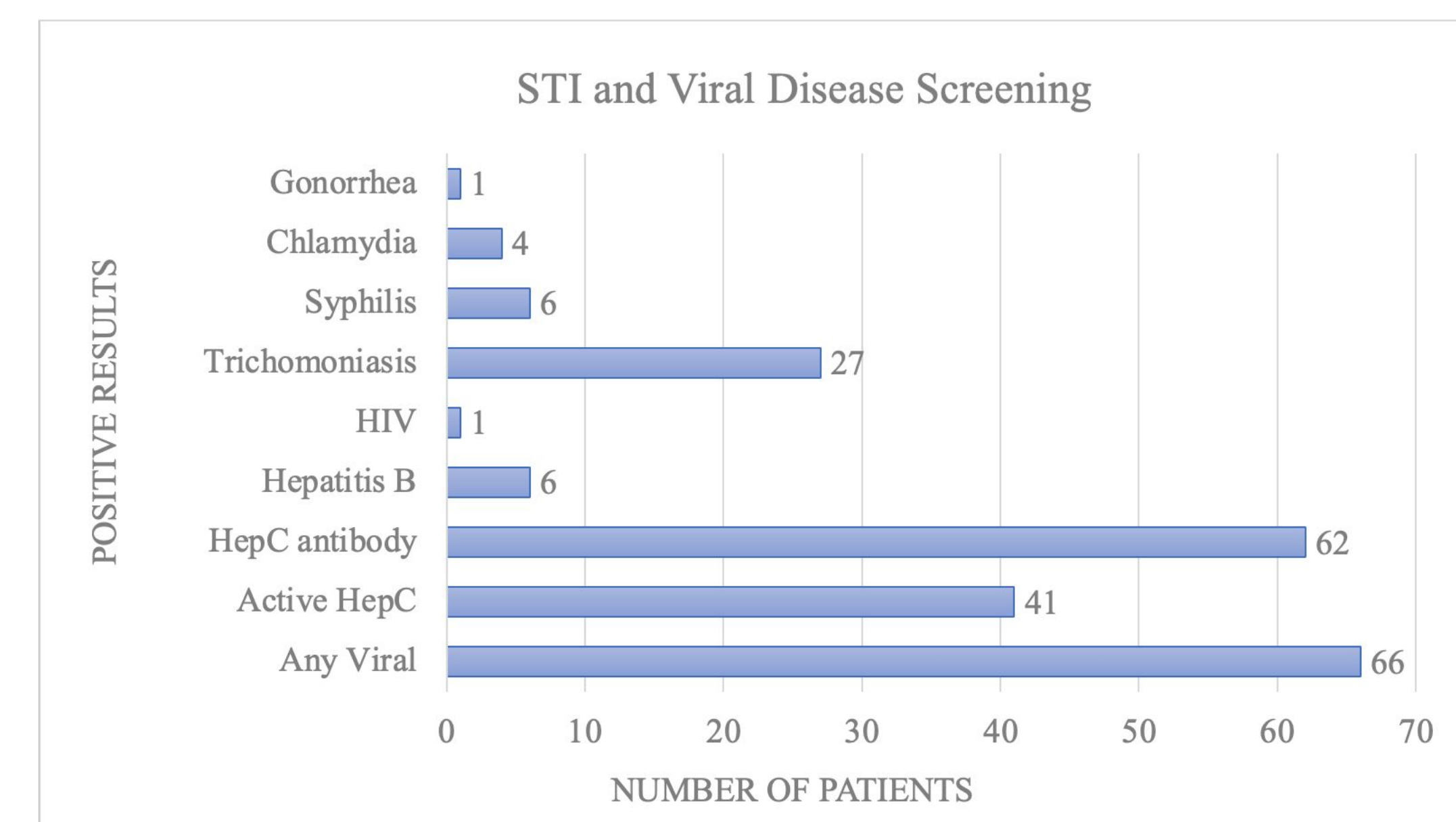


Figure 6. Positive Screenings for Sexually Transmitted Infections.

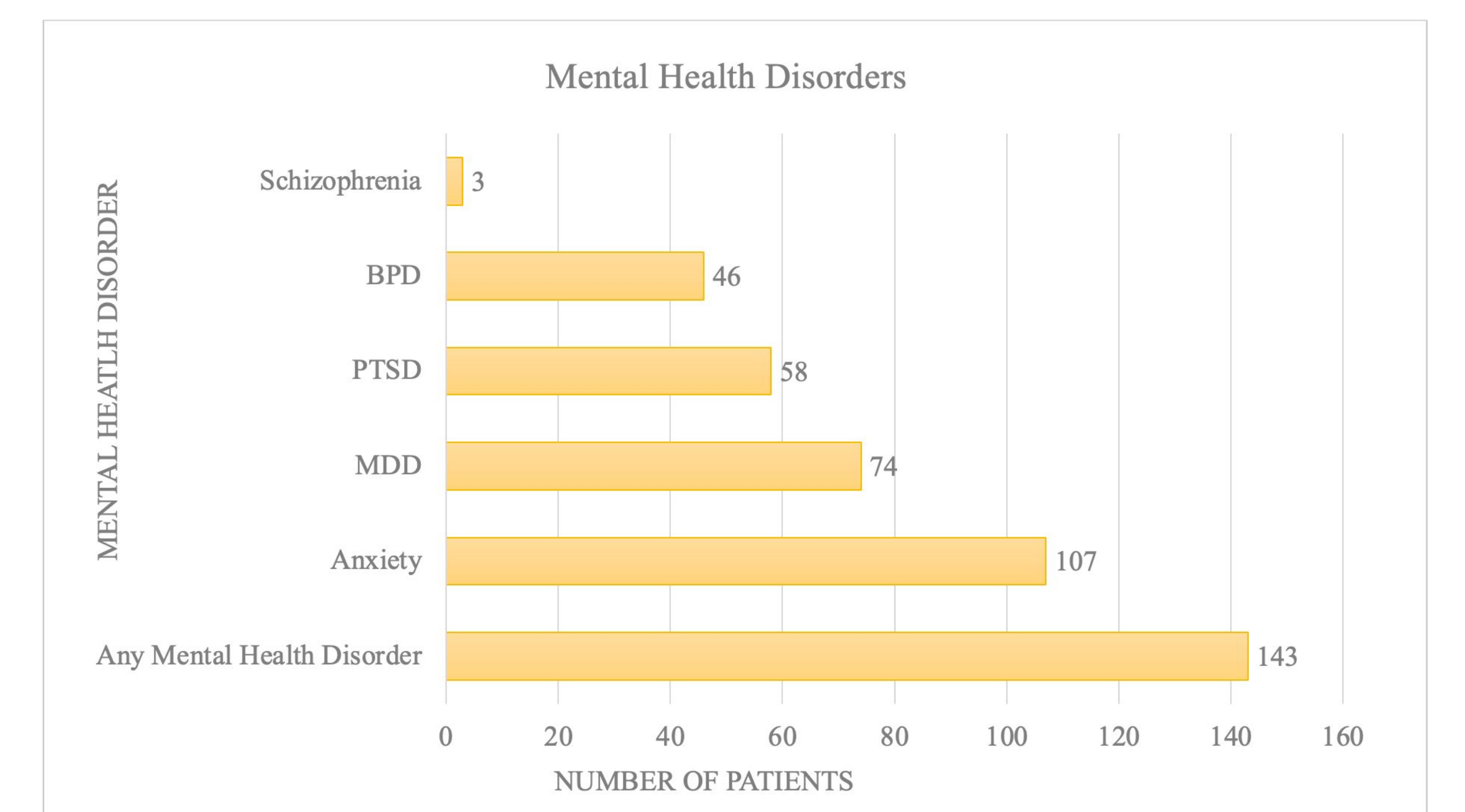


Figure 5. Patient Reported Mental Health Disorders (N=159).