



Dear Members of the Presidential Commission on Combating Drug Addiction and the Opioid Crisis,

On behalf of Independent Women's Forum, I write to urge you to give special attention to the ways the opioid crisis especially impacts women and children and consider the many factors, including government policies, have contributed to this epidemic.

Women and men are inherently and biologically different and therefore experience both the path to and the consequences of addiction in distinct ways. Your proposed solutions to the opioid crisis should take this into account.

Typically, substance use disorders affect men more than women. But this is not true for opioid use disorder. Perhaps this is because women:

- Have a greater inflammatory response to pain than men.
- Are more likely to have chronic pain.
- Are more likely to get opioid prescriptions.
- More frequently take these drugs for longer periods of time.

Men are still more likely to die from addiction, but women are closing the gap. During the years 1999 and 2010, women saw a five-fold increase in opioid-related deaths while men's deaths multiplied at a factor of 3.6, according to the CDC.

As I've outlined in an enclosed policy focus for Independent Women's Forum, government policies, including survey questions asked by the Centers for Medicare and Medicaid Services, as well as guidance from the Joint Commission, may have contributed to the increase in opioid prescribing and addiction.

While today women are just as *likely* as men to become addicted, it's important to understand that the consequences of addiction affect women and men *differently*.

The opioid crisis has particularly dire consequences for women.

Neonatal Opioid Withdrawal

Sadly, incidence of neonatal abstinence syndrome (NAS)—opioid withdrawal in newborn babies—has seen a five-fold increase since the year 2000. According to the National Institute on Drug Abuse, a baby with NAS is born every 25 minutes. These infants typically have to stay in hospitals for about 17 days, compared to the 2 days for healthy newborns.

In addition to the suffering that this causes these innocent victims, **this problem also comes at an enormous cost to our healthcare system, particularly the Medicaid program, which covers about 81 percent of babies born with NAS.**

To put numbers on it, the cost of the average hospital stay for a baby with NAS is \$66,700 compared to \$3,500 for a healthy baby. It's clear in this instance that preventive measures, such as strengthening Medicaid's response to drug addiction in pregnancy, would pay off in reduced cost when babies are born.

Importantly, drug abuse during pregnancy can also lead to a host of other health problems and complications. In some areas, tragically, NAS has contributed to an increase in infant mortality.

Among pregnant women, 17-19 percent are prescribed opioids, according to Dr. Nora Volkow, director of the National Institute on Drug Abuse. This number is too high. **Every effort should be made to treat women's pain using alternative methods, especially during and after pregnancy.** Dr. Randy Tobler, a board-certified OB-GYN and health policy expert, explained in an IWF podcast that pregnancy and the post-partum period can be especially difficult times for women to taper or stop opioid use because the time can be marked by physical pain and emotional stress.

Importantly, steps can be taken to ensure that women who do struggle with opioid addiction have access to contraception if it is their choice to use it. **The federal Title X family planning program can be reviewed for opportunities to cooperate with drug addiction treatment programs, clinics, and centers.**

Impact on Parenting

The impact on maternal health isn't the only way the opioid crisis affects women and families. **Opioid addiction is most likely to affect women (and men) in their prime parenting years, ages 25-54.** This tragically means that the crisis is contributing to an increase in home removals by Departments of Child Services. This also makes it difficult for addicted women, who more often than men are primary (or sole) caregivers for children to commit to residential treatment programs.

Of course, we cannot allow children to continue to live in unsafe environments where addicted parents may neglect them or where children may even misuse opioid drugs themselves.

But **we commend states that have experimented with holistic programs to reach out to families with young children through interagency collaboration and keep children with their parents when possible.** These programs can be costly, and they often draw upon Medicaid funds. This underscores the importance of Medicaid reforms that will focus and strengthen the safety net for those who truly need it, rather than expanding Medicaid to pay for health care for the middle class.

We also encourage states to explore working with private-sector partners and charitable organizations that already work to combat drug addiction in children or foster strong families.

Women in Illicit Drug Markets

Although opioid prescriptions decreased from 2010 to 2015 by 18 percent, **opioid-related deaths remain high because addicted people often turn to illicit opioids, like synthetically produced fentanyl or heroin.** It is estimated that 4-6 percent of people with opioid prescriptions turn to heroin use, and 80 percent of heroin users first misused a prescription opioid drug.

Because of the link to illicit drugs, the opioid crisis is also associated with an increase in HIV and Hepatitis C infections from injections for both women and men.

Women who resort to illicit drug markets can also be drawn into sex work or face violence and exploitation. Human traffickers take advantage of addiction in women by hovering near areas of drug activity in efforts to lure desperate women in with the promise of drugs, shelter, or even food.

Traffickers sell women for sex, sometimes using online advertisements. We hope that law enforcement will be empowered with every resource necessary to fight this abuse of women and crack down on the exchange of drugs and sex.

Sometimes, the abuse of women isn't as extreme as forced sex slavery, but could take the shape of pressuring women to exchange nude photographs for drugs for small amounts of cash so that they can buy their next dose. For obvious reasons, women involved with illicit drugs will be reluctant to report any type of abuse, but **providing tip lines or other anonymous reporting mechanisms could help.**

Conclusion

Obviously, the impact of addiction on women's lives, health, and dignity is devastating. The Commission should seek every avenue for helping reverse this tide of addiction and consider how policy change—including government direction to the medical community on how to respond to patient's reports of pain—ought to be reformed moving forward.

At Independent Women's Forum, we have studied this issue and will continue to do so. We stand ready to help the Opioid Commission in any capacity, and we commend your efforts. We respectfully request an opportunity to share our findings regarding opioid addiction and its unique impact on women, children, and families with members of the Commission. We would be honored to work with the Commission in the coming months, to ensure these issues are addressed.

Sincerely,



Hadley Heath Manning

Director of Policy

Independent Women's Forum

Enclosed: IWF Policy Focus: The Opioid Crisis