

Opioid Overdose Deaths Among Women Have Increased Sharply

States and health care providers can take steps to minimize risks

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[International Women's Day](#), a global call for gender parity celebrated annually on March 8, provides an opportunity to draw attention to recent trends in opioid use disorder (OUD) among women: From 1999 to 2016, deaths attributed to prescription opioids [increased almost 600 percent among women](#), compared with 312 percent for men. Women now account for [nearly one-third](#) of all opioid-related overdose deaths.

Women experience specific risk factors for opioid misuse and OUD that can be different from those faced by men. For instance, research shows that women are more likely to be prescribed opioids and are more likely to use them to [cope with anxiety](#). In fact, a history of

[emotional and physical abuse](#) has been found to be associated with prescription opioid misuse. In addition, women with OUD have [higher rates of post-traumatic stress disorder and major depressive disorder](#) in their lifetimes than do men with OUD.

Of particular concern, women are more likely to receive [overlapping opioid and benzodiazepine prescriptions](#). Benzodiazepines are used to treat anxiety and sleep disorders, and the combination of this drug with opioids can put patients at increased risk of respiratory suppression and death. Additionally, when women enter OUD treatment, they report [more opioid craving](#) than men do, and once in treatment, [relapse appears to be more “sporadic”](#)—occurring without an apparent trigger—than in their male counterparts.

Minimizing women’s risk of developing OUD and ensuring access to [medication-assisted treatment \(MAT\)](#)—the most effective treatment available—can help prevent nonfatal overdoses and deaths. To reduce risk of OUD, the Centers for Disease Control and Prevention recommends that health care providers screen all patients, including pregnant ones, for substance use and mental health problems before prescribing opioids. Providers should prescribe only the quantity needed and avoid combinations of prescription opioids and benzodiazepines.

The American College of Obstetricians and Gynecologists (ACOG) also recommends that providers screen patients. If warranted, the providers should conduct brief counseling, which typically includes personalized feedback and advice to facilitate behavior change, and refer women with OUD to specialized treatment.

ACOG recommends that before prescribing opioids, health care providers should ensure appropriate use of these powerful medications. They should discuss risks and benefits with patients, take a substance use history, and check the prescription drug monitoring program (PDMP) to detect potentially inappropriate use of controlled substances. For pregnant women with OUD, ACOG recommends that providers prescribe [agonist treatment](#) (i.e., methadone or buprenorphine) and that they ensure access to postpartum psychosocial support services.

Women with OUD often face consequences—such as involvement with the criminal justice system, stigma, family disruption, referral to child protective services, and trauma—that [limit their ability to access and remain in treatment](#). Accordingly, states should take steps to increase availability of MAT, including providing immediate access for pregnant women. States should also address barriers to treatment, such as allowing children to live with their caregivers who are undergoing treatment in residential settings, particularly because [70 percent of women entering substance use treatment have children](#).

Social and environmental factors greatly influence women's misuse of drugs, the progression to OUD, and access to treatment. Policymakers must ensure that state treatment systems are equipped to provide evidence-based care for all residents—including the growing numbers of women—who have OUD.

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