Women, housing, addiction and health: a structural agenda

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BUILD Dialogue: HerStories in Science: Research by Women for Women
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Biography

- Joined UCSF in 1995: Center for AIDS Prevention Studies & SFGH Positive Health Program (Medicine)

- Currently faculty in Dept. Anthropology, History, and Social Medicine and Global Health Sciences

- NIH-funded research on the clinical, interactive and social factors that produce poor health outcomes for urban safety net patients

- Research Faculty in Dept. of Psychiatry: NIDA T32: “Drug Abuse Treatment/Services Research Training Program.” (post-doc) and faculty mentor for the Cultural Psychiatry Area of Distinction (residency)

- Medical Education: curriculum development as faculty representative on the UCSF Bridges, Differences Matter Goal 3, and UC Berkeley’s Critical Social Medicine Working Group (Rad Med); Do No Harm Coalition; National structural competency efforts

- 20+ years of community-based women’s health promotion: Women’s Needle Exchange, Ladies Night, Women’s Community Clinic Outreach Program
Studies of women’s health, drug use and socio-structural vulnerability

National Institute on Drug Abuse (NIDA): Drugs, gender and healthcare use among HIV+ homeless (SHADOW I)

NIDA: Shelter, Health care, And Drug use (SHADOW II)

California HIV Research Program (CHRP): HIV, Environment and Risk Study (HERS)

CHRP: Policing, Arrest, HIV risk, and Women (PAHW)

Centers for AIDS Prevention Studies (CAPS): Cash Entitlements, Housing Stability, & HIV Risk among Injection Drug Users

CAPS: Care to Home Study: socio-structural barriers for HIV+ women who use illicit stimulants
The Vertical Slice

Social policies, institutions, governance, rights (MACRO)

Social relationships, living arrangements, negotiation of basic needs, family, work, education (MESO)

Personal behaviors, mental health, illness/care experience (MICRO)
Research questions

- What strategies do unstably housed women use to protect themselves from violence and victimization?
- What role does the built environment play in women’s mental and physical health?
- Should the principles of trauma-informed care be integrated into housing policy?
- Why do unstably housed women with on-going drug use during pregnancy avoid prenatal care?
- How can we improve health outcomes for women and their families?
Recent Violence in a Community-Based Sample of Homeless and Unstably Housed Women With High Levels of Psychiatric Comorbidity

Elise D. Riley, PhD, Jennifer Cohen, MPH, Kelly R. Knight, PhD, Alyson Decker, MPH, Karen Shumway, MPH, and Martin Shumway, PhD

Violence against women is a problem in the larger U.S. population and is recognized as a major public health problem that is consistently associated with many health problems. Violence against homeless women, women who sleep in a shelter or in public places and women who are unstably housed, is those who are displaced or move often and often when they are homeless. These women often have problems with their health, employment, housing, and social services. Violence against these women is also known to be a problem in the larger U.S. population, including those who are homeless, women who sleep in a shelter or in public places and women who are unstably housed. Violence against homeless women, women who sleep in a shelter or in public places and women who are unstably housed, is those who are displaced or move often and often when they are homeless.

Objectives: We determined associations between negative outcomes in the lives of homeless and unstably housed women.

Methods: Between 2009 and 2011, we interviewed homeless and unstably housed women recruited from community venues about violence, substance use, and psychiatric conditions. We used multivariable logistic regression to determine independent correlates of violence.

Results: Among 271 women, 67% experienced violence, 1 or more psychiatric conditions. Types of violence varied by primary partners and partners who were not primary partners (non-primary partners) included emotional violence (34% vs 50%, P < .05), physical violence (11% vs 19%, P = .05), and sexual violence (5% vs 21%, P = .01). The odds of primary partner and non-primary partner violence increased with each additional psychiatric diagnosis and decreasing levels of social support.

Conclusions: All types of violence were more commonly perpetrated by non-primary partners, suggesting that an exclusive focus on domestic violence is not enough. Violence from other sources may also be present.


DRAMATIC INCREASES IN MATERNAL OPIOID USE AND NEONATAL ABSTINENCE SYNDROME

THE USE OF OPIOIDS DURING PREGNANCY CAN RESULT IN A DRUG WITHDRAWAL SYNDROME IN NEWBORNS CALLED NEONATAL ABSTINENCE SYNDROME (NAS), WHICH CAUSES LENGTHY AND COSTLY HOSPITAL STAYS. ACCORDING TO A NEW STUDY, AN ESTIMATED 21,732 BABIES WERE BORN WITH THIS SYNDROME IN THE UNITED STATES IN 2012, A 5-FOLD INCREASE SINCE 2000.

EVERY 25 MINUTES, A BABY IS BORN SUFFERING FROM OPIOID WITHDRAWAL.

AVERAGE LENGTH OR COST OF HOSPITAL STAY

WITH NAS: 16.9
W/O NAS: 2.1

53,500

NAS AND MATERNAL OPIOID USE ON THE RISE

Tennessee's 'Fetal Assault' Law Isn't Keeping Pregnant Women from Using Drugs

Case Explores Rights of Fetus Versus Mother
Please Be Good

Don’t Ask For Money Loan
Summary

- Unstably housed women face specific mental and physical health risks

- Economic policies and social context inform risk and health outcomes

- Addicted pregnancy is a growing, highly stigmatized problem in United States that is under-resourced
Clinical and Policy Implications

- Structural analysis is necessary in addiction medicine and research

- Address intersectionality (racism, drug use stigma, criminalization)

- Informed clinical care and innovation e.g. housing provision, screening for substance use/psychiatric, linkages to substance use treatment, aftercare
Everything comes with nutrition information. Except her.

Poor nutrition in her first five years can affect her for the rest of her life. That’s why there’s WIC. WIC provides nutrition information, health care referrals, and food. Call 1-800-WIC-4YOU.

Your child has you. And you have WIC.