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# Improving Contraception Access among Female Syringe Exchange Clients: A Reproductive Needs Assessment

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## ABSTRACT

Women who have opioid and other substance use disorders have a high rate of unintended pregnancy and a low rate of effective contraceptive use. A small number of studies have tested integrating family planning (FP) services into drug treatment settings and have observed positive results. Syringe exchange programs may be another unique setting in which to incorporate FP services. The present study examines the FP needs of female clients of a syringe exchange program (SEP).

Women of reproductive age who were current clients at an SEP in Burlington, VT, could complete a written survey assessing demographics, drug use, and FP needs and were compensated \$20 for doing so. Women (N=42) averaged 32 years of age and a high school education and most were unemployed and on Medicaid. Familiarity with all contraceptive methods was high (80%+) and 50% reported a history of using the most effective methods. However, about half (45%) reported that their most recent pregnancy was unintended and 47% have used emergency contraception. Most (93%) were not currently trying to get pregnant, but 50% either were not using any contraception or were using one of the less effective methods. A notable percentage (32%) reported that a health care provider had discriminated against them because of their drug use or other characteristics. Thirteen potential barriers to accessing contraception were not strongly endorsed, but were led by concerns about cost, transportation, provider coercion, and stigmatization by providers. Most women (70%) were interested in receiving FP services at the SEP. A large percentage of female syringe exchange clients have a history of unintended pregnancy and are currently at risk. Most clients were interested in having FP services provided at the SEP and many of the barriers to accessing FP services could be overcome by such co-location.

## INTRODUCTION

- Rates of unplanned pregnancy among opioid-using women range from 80-90%, disproportionately higher than 51% in the general population (Heil et al., 2016)
- This population faces significant financial and psychosocial barriers to initiating and maintaining use of contraception including difficulty accessing clinics related to transportation and childcare challenges, inability to afford services, and misperceptions about contraceptive methods (Matusiewicz et al., 2017).
- Integration of contraception services within medication-assisted treatment (MAT) facilities has drastically improved initiation and adherence to contraception, specifically long-acting reversible contraception, and is perceived as less intimidating and more accessible (Heil et al., 2016)
- Few studies have investigated syringe-exchange programs as a novel setting for integration of contraception services, which may facilitate access for opioid-using women not yet in recovery, reducing rates of unintended pregnancy
- It is unknown how the reproductive health needs and contraception use among syringe exchange clients may differ from women receiving care within MAT clinics
- A recent pilot study within a Hawaiian syringe exchange indicated a lack of use of reliable contraception, despite the majority of respondents not wanting to be pregnant in the next year (Tschann et al., 2019). Onsite provision of injectable contraception was not utilized by clients.
- Present study aimed to determine the reproductive needs and barriers to contraception among opioid-using women within a syringe exchange to inform implementation of FP services within a novel setting.

## METHODS

manager about reproductive needs survey, with optional, anonymous participation

- Data collection occurred during 10 sessions over the course of four months
- 24 item written survey adapted from previous study investigating reproductive health needs in this population (MacAfee, et al), compensated with \$20 gift card
  - Demographics
  - Current drug use and frequency of accessing syringe exchange
  - Current risky sexual practices (condom use, number of partners)
  - Past and current contraception use,
  - Familiarity with contraceptive methods
  - Current access and utilization of reproductive health services
  - Perceived barriers to care
  - Interest in receiving contraception onsite
- Survey data analyzed with descriptive statistics

## RESULTS

**Table 1: Demographic and other participant characteristics**

Characteristic	
Demographic and other characteristics	
Age (years)	32.4
Race (% Caucasian)	91
Education (years)	11.9
Unemployed (%)	77
Not married or living with partner (%)	60
Substance use in past 30 days (%)	
Tobacco	90
Alcohol	48
Marijuana	55
Opioids	40
Stimulants	62
Tranquilizers/sedatives	19
Hallucinogens	5
Ever been in a drug treatment program (% yes)	88
Attend syringe exchange program (%)	
Once a week or more	32
Every other week	28
Once a month or less	40
Exchange syringes for others (% yes)	56

**Table 2: Contraception Familiarity & Use**

	Sterilization (female or male)	Implant	IUD	Injection	Pills	Male Condom	Female Condom	Rhythm Method	Withdrawal	Emergency Contraception
Heard of method (%)	93	79	86	88	93	93	81	58	74	84
Have ever used method (%)	18	16	35	49	88	93	7	9	67	47
Used in last 30 days (%) (n= 40 not planning pregnancy)	18	5	13	8	5	13	0	3	10	3

- High rates of recognition (average 87%) of the most effective methods (sterilization, implant, IUD, injection), but rates of use much lower (average 30%)
- 78% of women were not planning a pregnancy in the next year; of these, 49% either not using a method or using only moderately or less effective methods

## RESULTS continued

Table 3: Partner & Provider Influence on Contraception Use	% Agree
My partner would stop me or make it difficult for me to use a method to keep from getting pregnant.	5
If I did not want to have sex I could tell my partner.	91
I (not my partner or anyone else) have the MOST say about whether I use a method to prevent pregnancy.	79
My partner has made me use a method to prevent pregnancy when I did not want to use one.	5
I (not my partner or anyone else) have the MOST say about when I have a baby in my life.	72
My partner has tampered with my birth control or tried to get me pregnancy when I did not want to be.	9
My health care provider (current or past) refused to provide me with the birth control method that I wanted.	9
My health care provider (current or past) forced me to use a birth control method that I did not want to use.	9
My health care provider (current or past) has discriminated against me or treated me differently because of my drug use.	19
My health care provider (current or past) has discriminated against me or treated me differently because of my race/ethnicity, education, or for other reasons.	23

- Rates of coercion were low and autonomy high, although nearly 1 in 5 reported a provider had discriminated against them because of their drug use

Table 4: Barriers to Accessing Contraception	% Agree or Strongly Agree
Birth control is too expensive.	19
I don't know where to get birth control.	5
The clinic where I could get birth control is too far.	5
The clinic where I could get birth control is not open when I can get there.	14
I do not have transportation to get to the clinic for birth control.	28
I'm worried that they won't give my birth control because of my drug use.	21
I'm worried that there are no female health providers available to provide me birth control.	7
I'm worried that the provider won't give me the birth control method that I want.	9
I'm worried that the provider will pressure me to use a birth control method that I don't want to use.	12
I don't trust the clinic or providers where I can get birth control.	19
I'm afraid that I may be treated poorly or judged because of my drug use.	35
I cannot find childcare when I need it to go to the clinic for birth control.	19
I am unable to get time off of work to go to the clinic for birth control.	19
I would like to get birth control here at the syringe exchange program.	67

- Concerns about stigmatization by providers, denial of service due to drug use, and distrust of providers were reported with some frequency (~20-35%)
- Other fairly highly reported barriers were transportation, cost and childcare issues (~25%)
- Two of every three women reported wanting to access birth control at the syringe exchange program

## DISCUSSION

- A large percentage of female syringe exchange clients have a history of unintended pregnancy and are currently at risk
- Provider stigma, provider coercion, cost, and transportation were among the most strongly endorsed barriers to accessing contraception
- The majority of clients were interested in having family planning services provided within the syringe exchange
- Co-location within the syringe exchange could overcome barriers to accessing contraception, reducing the risk of unintended pregnancy for female opioid-users.