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

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

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Conflict of Interest

I declare that there are no relationships, conditions, or circumstances that present a conflict of interest relevant to the content of this presentation.

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Introduction: Problem

- Rates of unplanned pregnancy among opioid-using women range from 80-90% compared to 51% in the general population, with condoms most commonly used (Heil et al., 2016; Robinowitz et al., 2016)
- Significant financial and psychosocial barriers to initiating and maintaining use of contraception (Black & Day 2016, Matusiewicz et al., 2017)



Rationale

- **Better health outcomes** when pregnancy is planned (Terplan et al., 2015)
- **Contraception counseling within medication assisted treatment (MAT)** increases adherence, initiation, and selection of LARC methods (Heil et al., 2016, Matusiewicz et al., 2017)
- **Colocation within a syringe exchange (SEP)** would reduce barriers and could reach those not yet in recovery (Pinkham et al., 2012)
 - Syringe exchange clients may be younger and more at-risk compared to MAT clients

Purpose & Aims

- 1) Assess reproductive health needs of women currently utilizing Safe Recovery, a SEP in Burlington, VT
- 2) Determine key differences between SEP and MAT to optimize and adapt family planning (FP) services to SEP

Ethical Considerations

- Optional participation with no identifying information associated with survey results
- Involvement with study does not affect care received at SEP
- Cover sheet to inform that questionnaire includes sensitive topics prior to starting survey
- IRB exempt as project is quality improvement, not contributing to generalizable knowledge

Context for Intervention

- Vermont Center on Behavior & Health (VCBH) researches contraception in MAT clinic
 - Interested in expanding model to SEP, depending on need
- Safe Recovery SEP interested in expanding services and providing FP services



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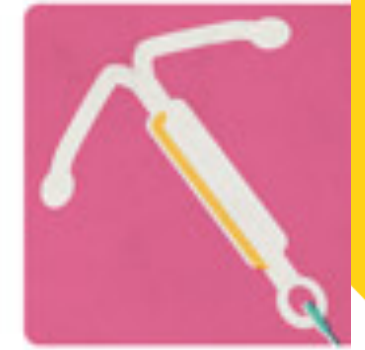
HOWARD
CENTER
Help is here.

Intervention

- Reproductive health needs assessment survey, compensated with \$20 gift card
- Qualitative interviews with SEP personnel and MAT researchers
- Team
 - Sarah Heil, Ph.D. VCBH principle investigator
 - Safe Recovery staff Grace Keller, executive director, and Jessica Kirby, case manager

Measures

- 24 items: Demographics, risky sexual practices, past/current contraception use, access to reproductive health services, interest in onsite FP
- Recruitment for study facilitated by commitment of case worker



Analysis & Study of Intervention

- Survey data analyzed using descriptive statistics with assistance from VCBH
- Thematic analysis of interviews to determine key considerations relevant to implementing FP within SEP
- Review of MAT study protocol with recommendations to VCBH regarding adaptation to SEP setting

Survey Results

93% not seeking pregnancy

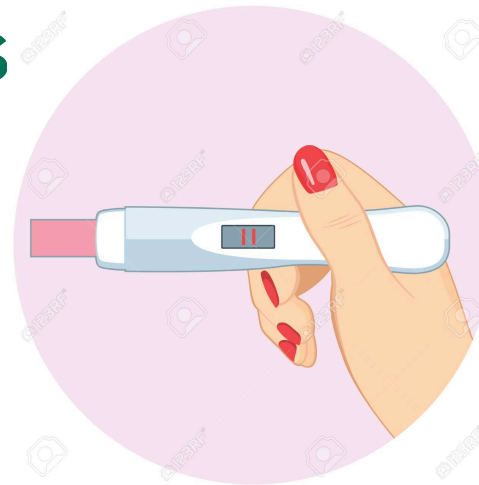
60% not using contraception
or using less effective methods

45% reported most
recent pregnancy unintended

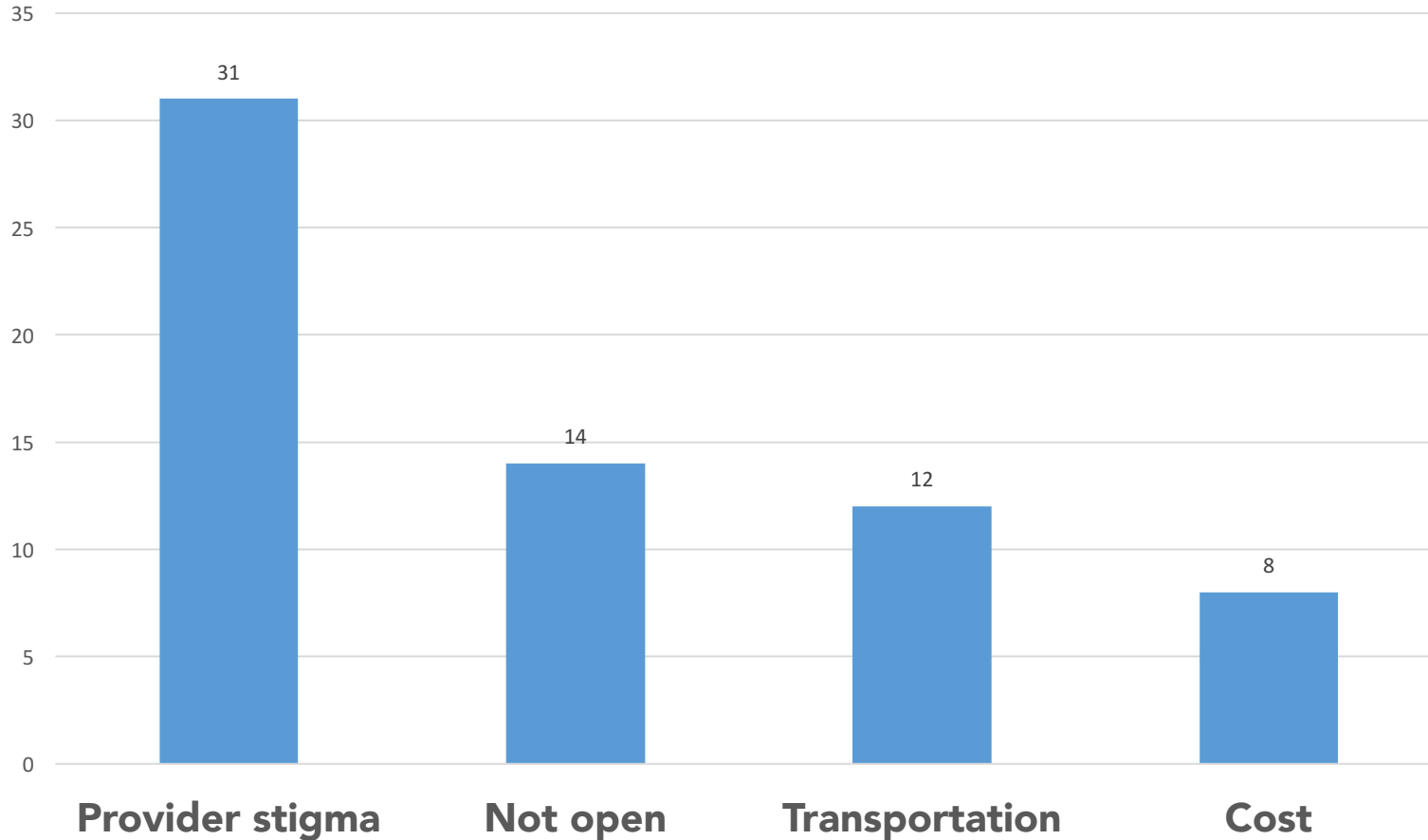


On average:

- 32, high school education, unemployed, Medicaid



Perceived Barriers to Access Contraception



70%

interested in receiving FP services at Safe Recovery

Interview Themes

SEP Staff

- SR as safe space with desire to provide additional services
- Outgrowing clinic with nine full-time staff
- Low barrier buprenorphine program staffed by MD who is an OBGYN

MAT Study Personnel

- Key differences between MAT and SEP requiring adaptation of protocol
- SEP clients do not have to attend clinic daily, no contingencies
- Shortened assessment
- Less follow-up appointments



Interpretation

- Integrated FP services would be well received by SEP clients and staff
- FP services must be adapted from MAT protocol to fit SEP format
- Perceived judgment from clinicians is a significant and troubling theme
- Survey collection required outside personnel and could not have been managed by SEP staff given volume of clients and new services

Limitations

- Small percentage of clients surveyed (N=42)
- Lack of generalizability to other populations (e.g., rural, national)
 - Barriers may be less relevant in walkable city like Burlington
- Survey measures may be affected by response bias, influence of compensation
- Time limit of DNP project did not allow for pilot program

Conclusions

- Imperative to understand reproductive health needs of target population before designing and implementing integrated FP services
- Sustainability depends on continued relationship between SEP and VCBH
- Findings will be presented at College of Problems of Drug Dependence
- **Next steps:** 5-10 client pilot program to determine feasibility of integrated FP

Selected References

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