Addressing Unmet Contraception Needs In Women Who Access Drug and Alcohol Services: A Pilot Study
Integrating a Reversible Contraception Clinic into a Drug and Alcohol Service

*McNamara KA1, 2, 3, Deacon RM1, 2, Malcolm A1, Lintzeris N1, 2, Black Kl2.
1Drug and Alcohol Services, South Eastern Sydney Local Health District, Sydney, Australia. 2The University of Sydney, Faculty of Medicine and Health. 3Royal Hospital for Women, South Eastern Sydney Local Health District, Sydney, Australia

Introduction
High rates of unintended pregnancy and unmet contraception needs in women with substance abuse disorders1, 2. Adverse pregnancy outcomes associated with unintended pregnancy are likely to be compounded by substance abuse 3, 4.

Unintended pregnancy is largely preventable through the use of long acting reversible contraception (LARC) and breaking down access barriers. LARC failure rates are 0.27 per 100 women years5.

Aims
• To assess pregnancy intention and contraception use, and
• To provide a facilitated access pathway to contraception, for women who access drug and alcohol (D&A) services.

Methods
Participants:
• Women aged 16–49.
• Recruited from two ambulatory D&A services in Sydney, Australia in 2017.

Study Process for participants:
• Completed questionnaire on pregnancy intention, contraception use and reproductive history.
• Shown an educational video on contraception options6.
• Onsite contraception clinic – participants offered referral after watching video
• Complex cases or requests for an intrauterine device (IUD) were referred to a nearby tertiary contraception clinic (transport was facilitated).
• Participants received $30 voucher reimbursement for time (regardless of uptake of referral or contraception).
• Followed up at 12 months to assess contraception use and pregnancy.

Drug and Alcohol Staff:
• Upskilled in contraception services and prescription prior to commencement.

Results
Baseline
• The 18 participants had a mean age of 39 years and predominantly low socioeconomic status (mean household weekly income = $292; 94% report government benefits as main income source).
• Most women (67%) had a history of unintended pregnancy, 67% had a previous termination of pregnancy and 61% had previous involvement with child services.
• A minority (3 women) wanted to conceive in the next 12 months.
• 8 women accepted a referral to an onsite contraception clinic.
• 4 of women requested an IUD and were referred on to the tertiary clinic.

Discussion & Conclusions
Participants had low rates of highly effective contraception use despite low rates of pregnancy intention. There was no increase in use of highly effective contraception methods at 12-month’s follow up.

The study unveiled an array of systems issues that prevented participants obtaining contraception, particularly IUDs:
• Ongoing identification of reproductive needs was challenging in a drug and alcohol setting.
• Strict guidelines for IUD insertion at the tertiary contraception clinic (must bring up to date cervical and sexually transmitted infection screening results) were not realistic in this setting.
• Integration of drug and alcohol services and tertiary contraception services within an area health service could be optimised.

Future research directions could include:
• A cost-benefit analysis into providing a contraception and sexual health nurse-led clinic on site at drug and alcohol centres.
• Investigation into clinician knowledge and willingness to provide contraception services within a drug and alcohol setting.

References:
6. NHMRC, 2014, UNWIN.
8. Choice contraceptive Project, WU/STI.

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Figure 1: Contraception Use and Pregnancy at Baseline and Follow up

Baseline
Follow up

Highly effective methods
Less effective methods

None Sterilisation IUD Implanon Depo-Provera Pills Condoms Withdrawal method Other Pregnant