

# 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



Health  
South Eastern Sydney  
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## Introduction

High rates of unintended pregnancy and unmet contraception needs in women with substance abuse disorders<sup>1, 2</sup>.

Adverse pregnancy outcomes associated with unintended pregnancy are likely to be compounded by substance abuse<sup>3-6</sup>.

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 years<sup>7</sup>

## 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 options<sup>8</sup>.
- 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

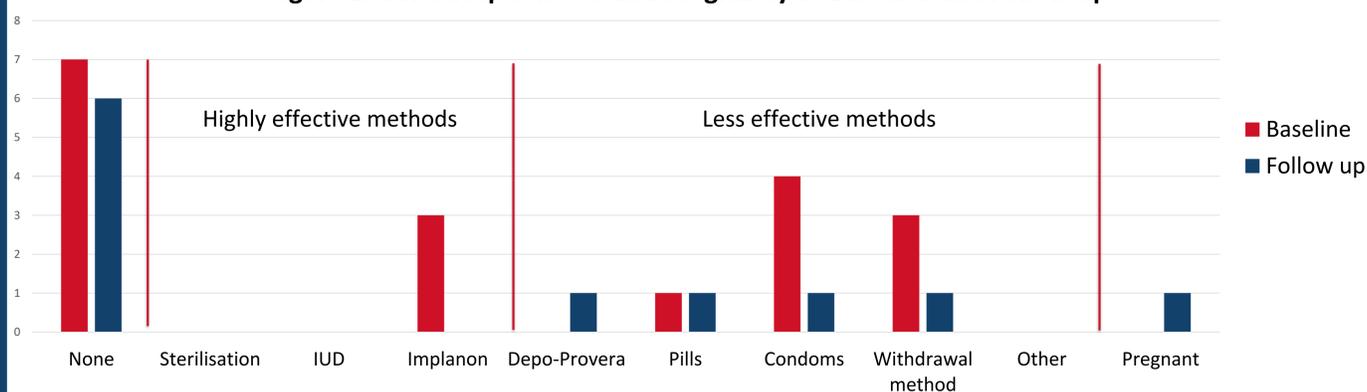
- The 18 participants had a mean age of 39 years and predominantly low socioeconomic status (mean household weekly income = \$292; 94% report government benefits as main income source).
- Most women (67%) had a history of unintended pregnancy, 67% had a previous termination of pregnancy and 61% had previous 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.

## Results cont

### Follow up

- Information available for 11 participants
- At the 12 month follow up, no new IUDs or implanons had been inserted.
- The 3 women who already had an implanon in-situ at enrolment were lost to follow up.
- There were 2 unintended pregnancies during the study period, 1 was ongoing in 3<sup>rd</sup> trimester and 1 had resulted in a 2<sup>nd</sup> trimester miscarriage.

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



## 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.



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