



fuse

The Centre for Translational
Research in Public Health

Exploring the reproductive health and social care needs of women who use drugs and alcohol in the North East: Findings from the Women's Sexual Wellbeing Study

Claire Smiles, FUSE PhD student, Newcastle University

Supervisory Team: Dr. Ruth McGovern, Prof. Eileen Kaner, Prof. Judith Rankin.



Background

The World Health Organisation estimates that approximately one third of women who use drugs are of child-bearing age (WHO, 2008).

The most common method of contraception for women who use drugs is the male condom (Black et al., 2012; Clergue-Duval 2017; Sharma et al., 2017).

The Hidden Harm Report (ACMD), 2003, recommended the establishment of sexual health services in drug treatment.

It is estimated that women who access treatment for drug and alcohol use will average 3.2 episodes of pregnancy (Edelman et al., 2014).



The Centre for Translational
Research in Public Health

“Womanhood”

By Marie Warby

This study/project is authored by a member (or members) of Fuse, the Centre for Translational Research in Public Health (www.fuse.ac.uk). Fuse is a Public Health Research Centre of Excellence funded by the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside. The views expressed do not necessarily represent those of the funders. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the work.



Aims & Objectives

Aim: to explore and understand the reproductive health and social care needs of women who use drugs and alcohol in the North East.

Objectives:

- Explore the perspectives women who use drugs have of their reproductive and sexual health.
- Understand the health and social care services women access to maintain good reproductive health.
- Explore the perspectives women who use drugs and alcohol have of motherhood.

Methods

- Qualitative study design- Semi- structured 1-1 interviews with women (18-50 years) who have lived or living experience of drug and alcohol use.
- This study was granted ethical approval by FMS ethics committee at Newcastle University in September 2022.
- Interviews took place between October 2022- January 2023. Interviews lasted between 30-60 minutes.
- Consent was obtained in advance of interview. Interviews were offered in person/ online. All interviews were audio recorded and transcribed verbatim.
- All women who took part were offered reimbursement for their time.

Patient Public Involvement & Engagement (PPIE/EAG)

- Expert Advisory Group (EAG) was established in early 2022- five women with lived experience of substance use.
- The EAG were integral to the development of the topic guide. They also reviewed the consent form, PIS, posters/ flyers.
- Expert Advisory Group supported recruitment and shared the study information with their peers (WhatsApp/ Facebook groups).
- Plan to continue engaging/ consulting with the women and they can contribute to the 'sense making' of themes/ findings and dissemination of the findings at conferences, workshops and paper write up.

Findings: Participant Demographics

N=18 women took part in the study. *Age range:* 30-50 years (mean age 39 years).

Locations: Durham(n=5), Darlington(n=1), Gateshead(n=4), Newcastle(n=4), Northumberland(n=1), North Tyneside(n=1), Middlesbrough(n=1), Sunderland(n=1).

Relationship status: n=11 were not in a relationship, n=7 were in a relationship.

Children: N= 4 had no children. N=14 had given birth to between 1-6 children (mean 2.2 children per sample).

Drug use: heroin, cocaine, amphetamine, valium, illicit pregabalin, MDMA and other psychedelic use; NPS, cannabis.

Findings and Emerging Themes:

Theme 1:
Perspectives of
'Women's Sexual
Wellbeing'

Theme 2:
Contraception and
access to care

Theme 3: Fertility
and Family
planning

Theme 4:
Motherhood



The Centre for Translational
Research in Public Health

Theme 1: perspectives of ‘women’s sexual wellbeing’

“Taking care of yourself ..” (W02)

“Looking after yourself”(W12)

“To be safe” (W06)

“Knowing yourself” (W01)

“Diseases and stuff..” (W05)

“Education and knowledge around sexual health” (W07)

“To choose when to have sex and feel safe” (W08)

”How you see sex and practice safe sex” (W14)

Theme 2: Contraception and access to care

Contraception use varied across the sample: no contraception (n=6), pill/mini pill (n=3); implant (n=3); coil (n=3); injection/ depot Provera (n=3).

Theme 2: Contraception and care

“Aye, and I’ve never wanted to go on the pill because I worry about my weight and I’ve heard it can make you gain weight. Anything that can make you gain weight, I’ve avoided. I think that’s how I ended up settling with the coil and the fact that it didn’t have hormones as well.” (W09)

“Because I had an abortion whilst I was addicted to heroin and I was absolutely petrified that the blood test was going to come back, it was going to go my doctors, it was going to get reported to Social Services, and I was going to lose my two other children. Now fortunately, that didn't happen, but that sort of thing could have stopped me from having that abortion, and then I could have had an unwanted child. And that baby could have been born addicted to heroin. And a million scenarios could have played out after that. (W10)

Theme 3: Fertility

“...because I didn’t have a period for five years [.. it’s always the heroin-users that the periods have stopped with. It’s crazy.”] . And it came back with force. Bad, really bad. And like I say, I’m 41 now, they need to calm down, they need taming.” (W02)

“I don’t know. It’s a conversation that I hear most of us women saying. I don’t know what happened. I just guessed it was because of medication. But I know I'm not the only one, you hear the other women saying that their periods were inconsistent, Its only when I started finding recovery that my periods, I’d noticed, they are every month.” (W11)

“I don’t know, but sometimes, I start spotting or getting the early on stages of a period a week earlier than I’m even meant to come on, and then ill be on my period and then in will seem to have stopped and then it just starts heavy again, but really heavy.” (W09).

Theme 4: Motherhood:

“None of them were planned, but none of them were mistakes either, if I can say it like that, because I loved them. I do love them, but... If it wasn't for the drugs, I probably would have been a happy little wifey, settled down with the kids and all that. But that wasn't meant for me, was it?” (W02)

“I had children for selfish reasons, because I thought they would fix me. I thought I didn't want to be alone, because I wanted a family of my own.” (W04)

“Yes, I think the likelihood was- but however, at the same time, I suppose part of me was like, "Maybe if I have this child, this will be the thing that will make me change." And it has, ultimately, in the long run. It's taken a while but I did change. I have got into recovery, and I do see my daughter, and I do have a relationship- I have her quite regularly now, which is great.” (W07)

“Didn't know then what I know now, which is I had to saved myself. My kids couldn't save me, I had to save myself. But that was my thought process at the time, I thought that the kids might have helped me sort my head out a bit.” (W10)

Limitations, Reflections & Conclusion

Limitation: Age range is 30-50 years old. The study did not capture the voices of women in late teens- early twenties.

Reflections: Women who use drugs have a misperception of their fertility; menopause was a concern for women involved in this study, however, there is dearth in research associated with the impact menopause has on women who use drugs and alcohol and, their recovery; women who use drugs value motherhood and want to care for their children.

Conclusion: More research is necessary to 1) determine why and how women who use drugs and alcohol access/ don't access SRH services; 2) explore fertility among this population and the impact this has on substance use; 3) the importance of motherhood in recovery.

“Need to be everything”

By Kayleigh Cookson

This study/project is authored by a member (or members) of Fuse, the Centre for Translational Research in Public Health (www.fuse.ac.uk). Fuse is a Public Health Research Centre of Excellence funded by the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside. The views expressed do not necessarily represent those of the funders. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the work.



The Centre for Translational
Research in Public Health

Thank you for your time

[Email: c.smiles2@Newcastle.ac.uk](mailto:c.smiles2@Newcastle.ac.uk)

Twitter: @clairesmiles87

This study/project is authored by a member (or members) of Fuse, the Centre for Translational Research in Public Health (www.fuse.ac.uk). Fuse is a Public Health Research Centre of Excellence funded by the five North East Universities of Durham, Newcastle, Northumbria, Sunderland and Teesside. The views expressed do not necessarily represent those of the funders. The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the work.



References

Black, K., Stephens, C., Haber, P. and Lintzeris, N. (2012). Unplanned pregnancy and contraceptive use in women attending drug treatment services. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 52(2), pp.146-150.

Black, K. and Day, C. (2016). Improving Access to Long-Acting Contraceptive Methods and Reducing Unplanned Pregnancy among Women with Substance Use Disorders. *Substance Abuse: Research and Treatment*, 10s1, p.SART.S34555.

Clergue-Duval, V., Robin, S., Fortias, M., Dupuy, G., Badin-de-Montjoye, B. and Vorspan, F. (2017). Use and knowledge of contraceptive methods by patients in two substance use disorders treatment centers in Paris. *Harm Reduction Journal*, 14(1).

Edelman, N., Patel, H., Glasper, A. and Bogen-Johnston, L. (2014). Sexual health risks and health-seeking behaviours among substance-misusing women. *Journal of Advanced Nursing*, 70(12), pp.2861-2870.

Oliva G, Rienks J, McDermid M. (1999). What high-risk women are telling us about access to primary and reproductive health care and HIV prevention services. *AIDS Education Prevention*. 1999, 11(6), pp513-24.

Sharma, V., Sarna, A., Tun W., Saraswati, L. R., Thior, I., Madan, I., Luchters, S. (2017). Women and substance use: a qualitative study on sexual and reproductive health of women who use drugs in Delhi, India. *BMJ Open* 7:e018530.

Tyndall, M.W., Patrick, D., Spittal, P., Li, K., O'Shaughnessy, M.V., Schecht, M.T. (2002). Risky sexual behaviours among injection drug users with high HIV prevalence: implications for STD control. *Sexually Transmitted Infections*, 78 (1).



fuse

The Centre for Translational
Research in Public Health

What are the top three priorities we need to consider in order to improve support for women who use drugs and alcohol and their families, in the North East. How can we achieve these goals?

