



Contraceptive Needs Assessment of Clients at Trillium Syringe Service Program

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INTRODUCTION

Drug use among women is increasing in the United States, and women who use drugs have unique reproductive health needs. Women who use drugs are less likely to use contraception, more likely to have unintended pregnancies, and more likely to face barriers to obtaining reproductive health care. This project seeks to address these barriers by surveying female-identifying clients who attend the Trillium Health Syringe Service Program in Rochester, NY to assess whether they would be interested in receiving reproductive healthcare directly through the Syringe Service Program.

COMMUNITY PARTNER

Trillium Health operates a Syringe Service Program for individuals who use injection drugs. Clients can anonymously access resources such as clean supplies for injecting drugs, referrals to healthcare and social services, HIV and Hepatitis C testing, and a safe space to relax at their downtown location. We collaborated with Trillium to design a survey to assess the reproductive health needs of their clients at the Syringe Service Program, and presented our findings together at Public Health Grand Rounds.

COMMUNITY HEALTH IMPROVEMENT PROJECT

A needs assessment survey was developed in collaboration with Trillium Health. Written surveys were administered to 24 female-identifying clients ages 18-45 years attending the Trillium Health Syringe Service Program. Survey questions covered reproductive health history, contraceptive use, intimate partner violence, reproductive coercion, and interest in education materials and future services on-site. Survey design was informed by prior studies of reproductive health needs at syringe service programs and a review of the literature. Survey respondents were offered a bus pass to thank them for their time, and urine pregnancy tests, emergency contraception, toiletries, and reproductive health information were offered to all clients who were interested, regardless of survey participation. Data were analyzed with descriptive statistics.

Of the 24 women surveyed, 71% have ever been pregnant. Of those who had been pregnant, 76% report one or more unintended pregnancy and 53% report one or more abortion. 50% of women did not use contraception during last sex with a man, though only 21% desired pregnancy in the next 12 months. Many women experienced intimate partner violence (54%), sexual violence (46%) or reproductive coercion (33%) in the previous three months. Over half of women expressed interest in receiving educational material (54%), and 48% were interested in receiving contraception directly from the syringe exchange.



54% of respondents were interested in receiving educational material about contraception



48% of respondents were interested in receiving contraception directly at the syringe service program

CONCLUSIONS

The results of this study indicate that clients at Trillium experience high rates of unintended pregnancy and have unmet contraceptive needs. Our results show that providing contraception directly at a syringe service program is an acceptable and desired intervention.

Limitations to this study include a relatively small sample size (24), due in part to the majority-male client population at Trillium, and also because of medical students' limited availability for survey administration. Additionally, many respondents left several questions blank on the survey. Lastly, to protect client anonymity, no demographic information was collected, which limits our interpretation of these results.

IMPACT AND SUSTAINABILITY

After reviewing our results thus far with staff at Trillium, we made several changes to the survey. We are adding Trillium staff to the IRB so that they can administer surveys as well. The Trillium Syringe Service Program will be moving to a new location, and has plans to implement contraceptive care at the new site. The URSMD team and Trillium remain excited about the future of this partnership to continue assessing and addressing clients' needs to expand access to reproductive care.