

Community of Practice: Reproductive and Sexual Health for People with Opioid Use Disorder (OUD)



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Conflicts of Interest

None.

Learning Objectives

- Learn about the Reproductive and Sexual Health service umbrella
- Understand the intersection of RSH and OUD treatment
- Learn how to integrate RSH into OUD treatment

RSH Umbrella

What is RSH?

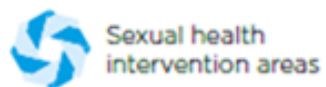
- ***Reproductive health***

- addresses the reproductive processes, functions, and system at all stages of life (e.g., contraceptive counseling)

- ***Sexual health***

- a state of physical, mental, and social well-being in relation to sexuality (e.g., sexual functioning)

RSH Umbrella



Sexual health intervention areas



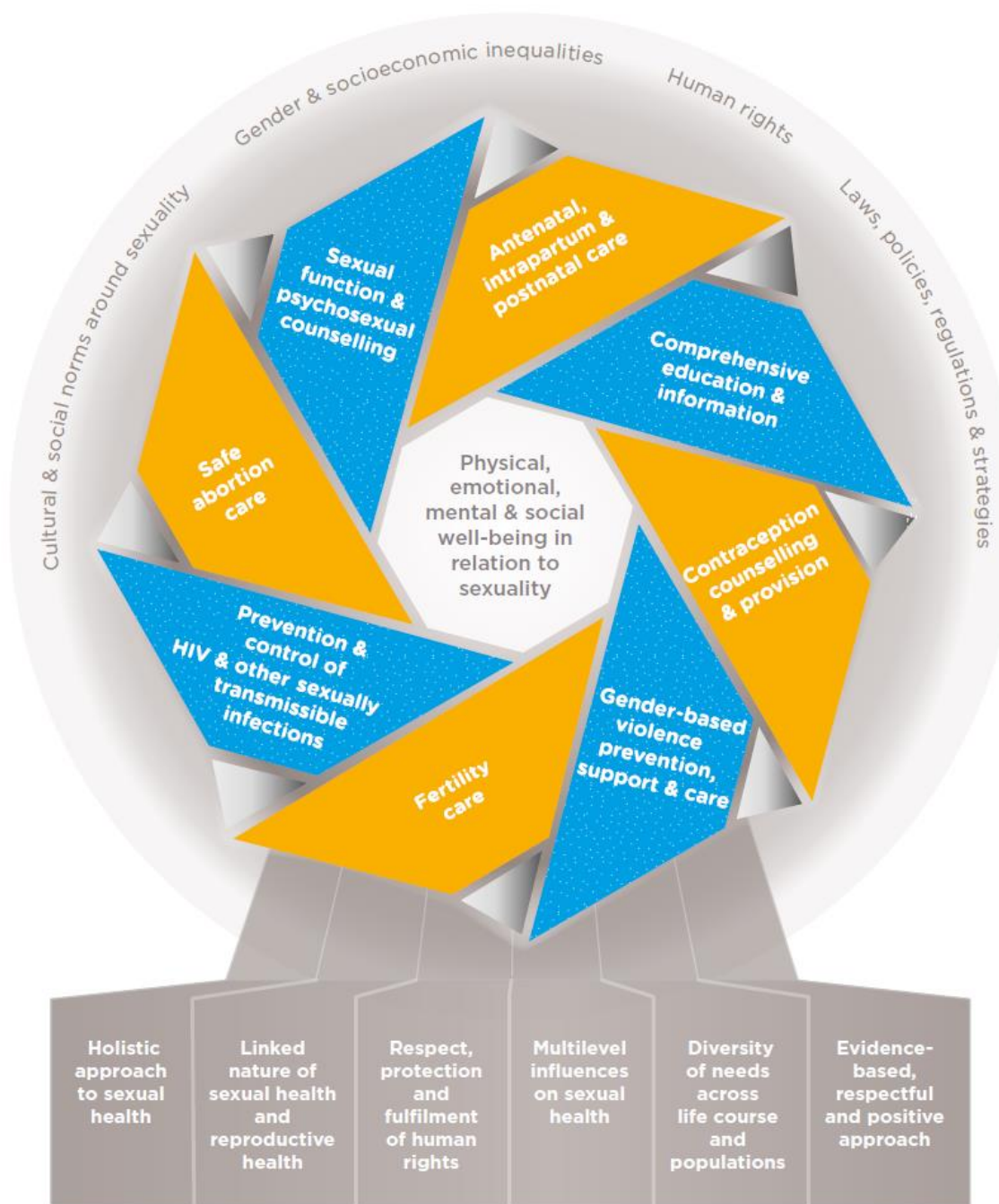
Reproductive health intervention areas



Climate of social-structural factors



Foundation of guiding principles



World Health Organization. Sexual Health and Its Linkages to Reproductive Health: An Operational Approach. Geneva: (2017).

*While RSH is recognized as a key component of holistic medicine:
integration of RSH services is lacking in OUD treatment
(aside from attention to the needs of pregnant people)*

Stoltman, et al., 2022: <https://doi.org/10.3389/fpsy.2022.910389>

Why RSH and OUD?

RSH and OUD

- Men and women w/ OUDs have high rates of adverse RSH outcomes
 - Unintended pregnancy
 - STI/STDs
 - Use of low efficacy contraceptives
 - Erectile dysfunction (MMT>Bupe)
 - Low libido (desire)
- Patients **want** co-located RSH w addiction treatment

Unintended pregnancy – Heil et al., 2011

STI/STDs – Murali et al., 2018

Contraception – Terplan et al., 2015

ED – Hallinan et al., 2008; Quaglio et al., 2008; Yee et al., 2014, Yee et al., 2016

Libido – Yee et al., 2018, Yee et al., 2019

Integrated – Stoltman et al., 2022; Klamann et al., 2019; MacAfee et al., 2019



Let's Back Up...

- **Provider Barriers**

- Stigma (against both patients with an OUD and MOUDs)
- Training deficits (SBIRT, limited addiction med in school)
- Lack of addiction treatment specialists

- **Institutional Barriers**

- Limited integrated care

- **Regulatory Barriers**

- Laws and regs that limit access to MOUD

- **Financial Barriers**

- Gaps in insurance coverage (incarcerated individuals, MH parity enforcement)

Despite all these barriers...

A patient makes it through the maze and enters *your* OUD treatment facility

Why Me?

- Addiction providers are skilled in Motivation Interviewing
 - Have strong relationships w patients
 - Provide longitudinal care
 - Nonjudgmental, non-coercive is standard in addiction care

You're the ideal person to provide RSH counseling

RSH in “My” Clinic – Part 1

Barriers

- Lack of equipment/supplies/space
- Staff Training/Time
- Need for Childcare
- Reimbursement
- Competing Priorities
- Stigma
- Fear of Law Enforcement/CPS

Facilitators

- Reprioritize RSH Services
- Transportation
- Insurance Coverage
- Funding Services
- RSH Training and Education

RSH in “My” Clinic – Part 2

- **Education**

- STI/HIV/Pregnancy Prevention
- Safer sex
- Pregnancy options

- **Screening/Testing:**

- Pregnancy
- HIV
- HCV/HBV
- STI/STDs
- Cervical Cancer (Pap)
- Trauma/IPV

- **Family Planning**

- Contraceptives (LARCs, Rx and non-Rx methods)
- Same-day contraceptive initiation

- **Referral**

- Prenatal Care
- HIV, HCV, STI/STDs Tx
- Trauma counseling

- **HBV/HPV Vaccination**

Indicators of Low Quality RSH Services

Condoms...



 **Not an endorsement of KISS Kondoms**

10 Steps to Condom Use

1. Talk with your partner about the decision to have sex and the different protection options.

It is important that both partners are on the same page when it comes to consenting to sex and using protection.

2. Check the expiration date on the package and look for any holes, tears, or signs of damage.

If the packaging of the condom is damaged, or the condom itself is expired, the condom may not be safe to use. Using a damaged or expired condom can increase the chance of pregnancy or a STI.

3. Carefully open the package and remove the condom.

Open the packaging carefully with your hands, not teeth or scissors, to avoid breaking the condom.

4. Wait for the penis to become erect. Then, place the condom on the head of the penis and hold the tip of the condom to squeeze out any air.

Make sure the penis is erect before you begin to put the condom on. Make sure there is no air at the tip of the condom, so it fits properly on the penis.

5. Roll the condom down to cover the entire penis.

Rolling the condom down the entire penis helps to ensure that both partners will be protected against STIs, and that no fluid can spill out of the condom.

6. Use lubricant. Have vaginal, oral, or anal sex.

The most common way a condom can break is by the friction caused during sex. So, make sure to use lube to lessen the friction while having sex. Using lube can also increase pleasure!

7. Keep the condom on the penis until you're done having sex, whether or not ejaculation occurs.

Make sure you do not take the condom off until you're done having sex to make sure you are always protected against STIs and pregnancy.

8. Hold onto the rim of the condoms at the base of the penis. Then, withdraw the penis.

Holding the rim of the penis when withdrawing ensures that no fluid will spill out of the condom.

9. Carefully take the condom off of the penis and throw it in the garbage.

When taking the condom off, make sure you hold the rim tightly so the fluid in the condom does not spill out.

10. Use a new condom if both partners want to have sex again.

Make sure to use a new condom each time you have sex, whether or not ejaculation occurs. Repeating the process, and using a new condom, ensures that both partners are protected against pregnancy.

Indicators of High Quality RSH Services

*How to Get Started with Offering High Quality RSH Services at **Your** Clinic*

High Quality RSH Services Focus On...

- Empowering people to make informed choices
 - Sexual actions based on intention, substantial understanding and the absence of coercion, discrimination or violence
- Satisfaction with one's sexuality and sexual identity
- High availability of services
- High proportion of population with awareness of RSH services
 - High proportion of population that has received RSH counseling



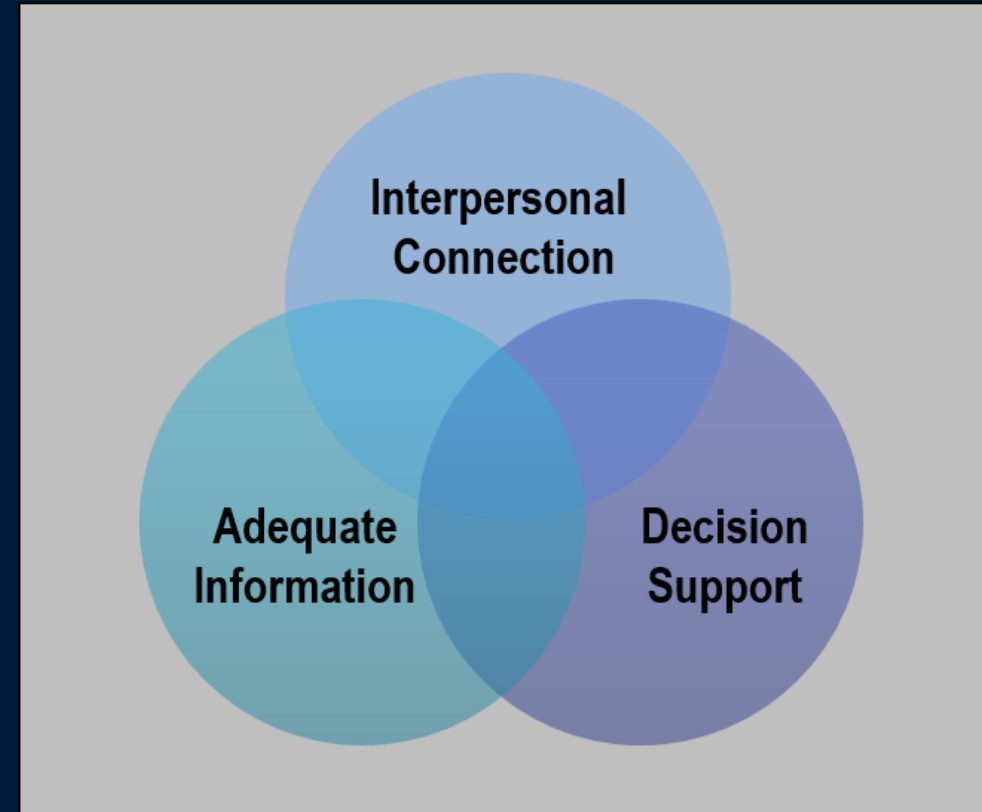
One Key Question[®]

- *Would you like to get pregnant in the next year?*
- Supported by American Public Health Association, American College of Obstetricians and Gynecologists, American Medical Association

onekeyquestion.org for certification and partnerships

Person-Centered Contraceptive Counseling

1. Respecting me as a person
2. Letting me say what mattered to me about my birth control
3. Taking my preferences about my birth control seriously
4. Giving me enough information to make the best decision about my birth control



Trauma Informed Care (TIC)

- *Delivery of behavioral health services that include an understanding of trauma and awareness of the impact it can have across settings, services, and populations*
- OUD populations
 - 41% have a lifetime history of PTSD
 - 33.2% meet criteria for a current PTSD diagnosis
 - Women experience sexual abuse more than men (41% to 16%)
 - Physical Abuse (43%)
 - Neglect (40%)

SAMHSA TIP 57 - <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

Dahlby et al., 2020 - <https://doi.org/10.1186/s13011-020-00264-8>

Santo et al., 2021 - <https://doi.org/10.1016/j.drugalcdep.2020.108459>

How: Trauma Informed Care

- 4 R's
- At a system level:
 - **REALIZE**
 - widespread impacts of trauma and understand potential paths to recovery
 - **RECOGNIZE**
 - Signs and symptoms of trauma in system and patients
 - **RESPOND**
 - Fully integrate TIC into policies, procedures, and practices
 - **RESIST**
 - Retraumatization

SAMHSA TIP 57 - <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

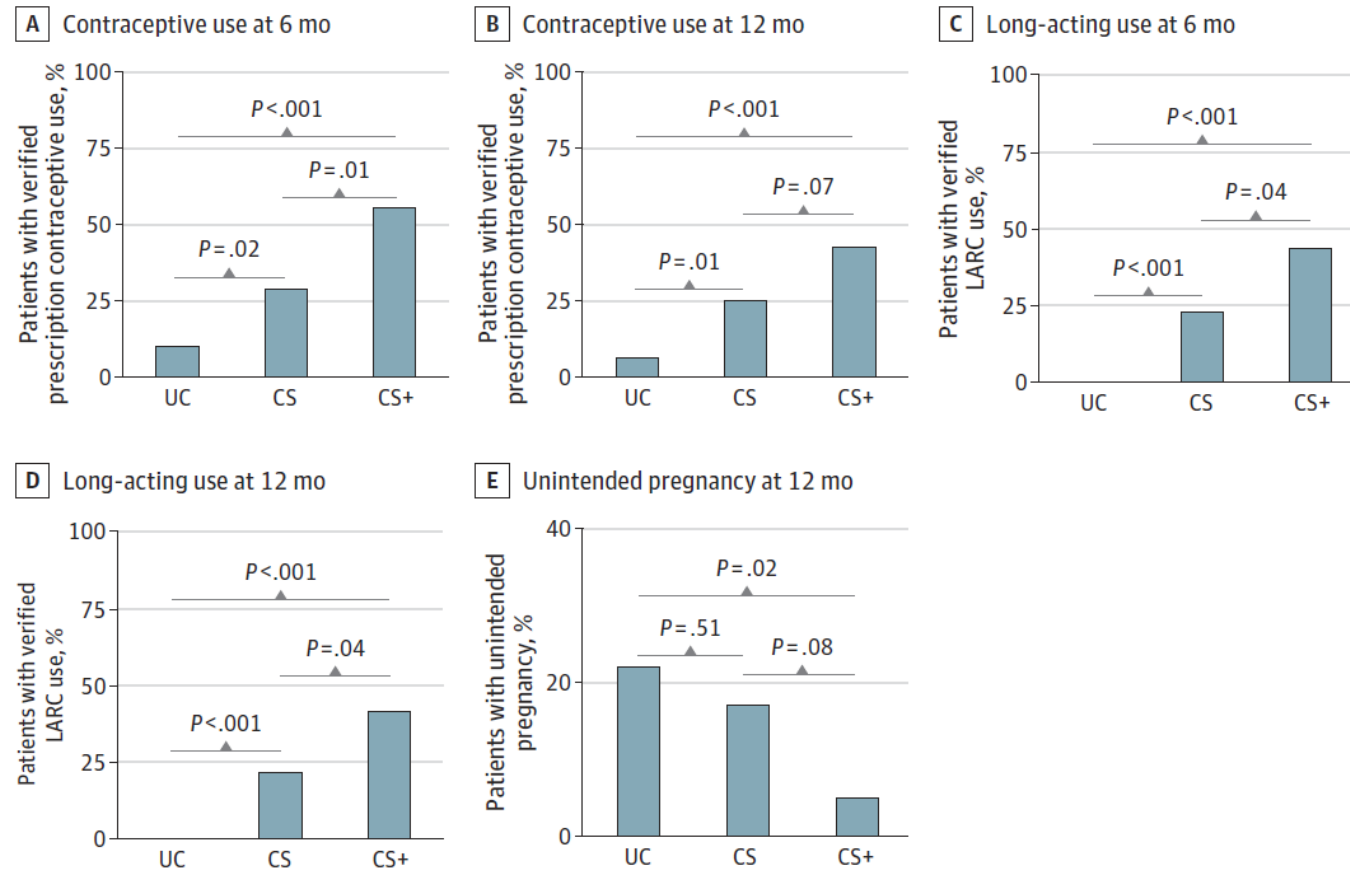
A Role for Recovery Coaches and Peers

- Can be an important supportive element of care
- Extending and complimenting current care practices
- Help foster trust and feelings of safety
- Motivational, aspirational
- Challenges
 - Personal/professional boundaries
 - Emotional triggering from work
- Ensure integrated equitably and supported adequately
- **Practical and feasible**

Olding et al., 2021; <https://doi.org/10.1016/j.jsat.2021.108578>
Reinhart et al., 2021; DOI: 10.1016/j.jsat.2021.108318.

Incentives and Contraception in OUD Tx

Percentage of Participants With Verified Prescription Contraceptive Use, Verified Long-acting Reversible Contraceptive Use, Experienced an Unintended Pregnancy



Heil et al., 2021 – [10.1001/jamapsychiatry.2021.171](https://doi.org/10.1001/jamapsychiatry.2021.171)

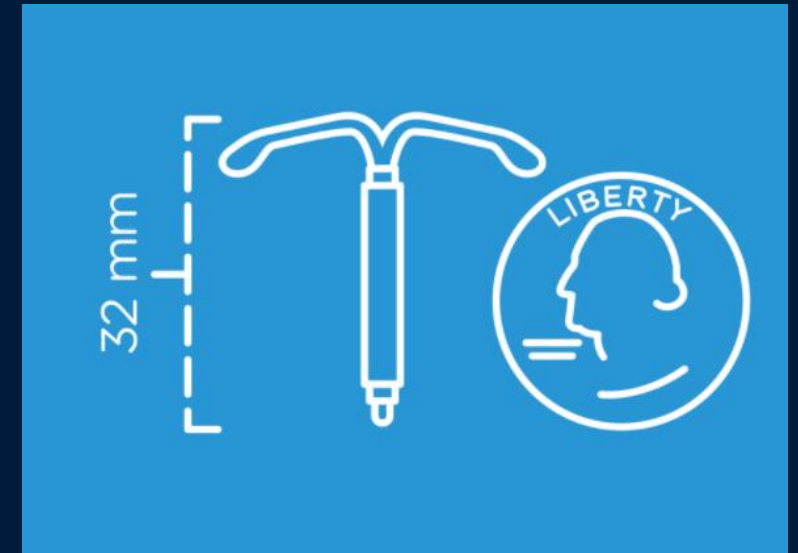
UC = Usual Care

CS = Contraceptive Services

CS+ = Contraceptive Services + Incentives

Long-Acting Reversible Contraceptives (LARCs)*

- Most effective forms of contraceptive
 - Intrauterine Devices (IUDs)
 - Implants
 - Can last 5-12 years
- Considerations
 - History of coercive contraceptive use
 - **Ensure patient autonomy**
 - **Ensure contraceptive equity**



RSH Services

- **Education**

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Conclusions

- RSH is a broad array of services covering reproductive system and overall sexual functioning
- Despite unique needs of patients with an OUD, integrated access to RSH services is still lacking in OUD Tx
- Patients face many (many) barriers to evidence-based care
- OUD Tx providers and team members are well situated to provide RSH counseling
- RSH services can be readily integrated in OUD Tx

Thank you!

Mentors:

Hendrée Jones, PhD (UNC/Horizons)

Mishka Terplan, MD, MPH (FRI)

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Questions?