



COMMUNITY OF PRACTICE: Reproductive and Sexual Health

Reproductive and sexual health (RSH) for people with opioid use disorder (OUD)

The Community of Practice (CoP) series was developed through a partnership with IMPACT WV and the WV Home Visiting Program to help participants exchange technical information and share experiences about serving clients currently experiencing or who have past experiences with substance use and neonatal abstinence syndrome (NAS).

The information in this IMPACT WV product was taken from a CoP presentation by Jonathan Stoltman PhD, Director at the Opioid Policy Institute.

Aim

The purpose of this COP was to:

- 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

General RSH information

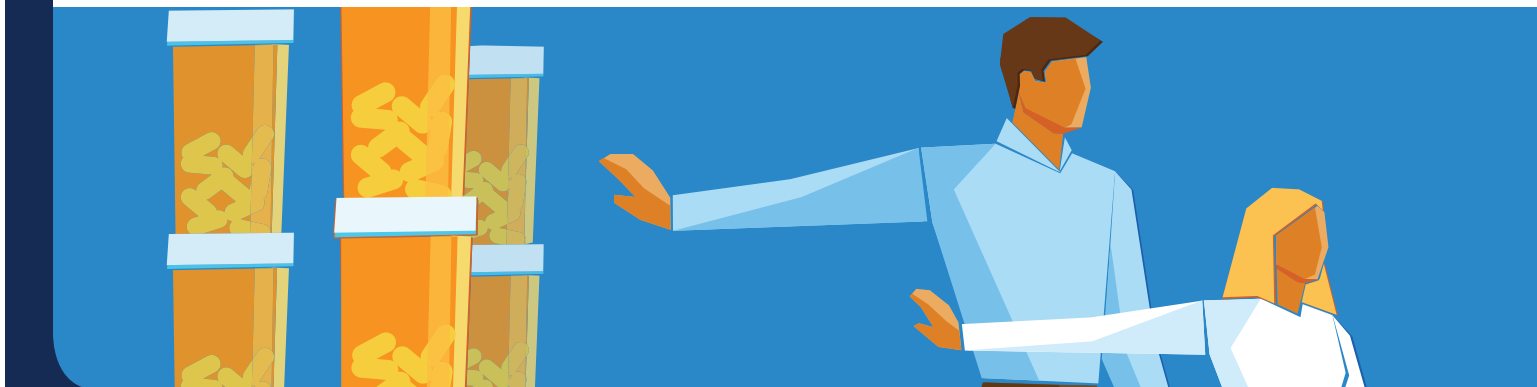
What is RSH? Reproductive health addresses the reproductive processes, functions and systems at all ages of life (e.g., contraceptive counseling). Sexual health is a state of physical, mental and social well-being in relation to sexuality (e.g., sexual functioning). Reproductive and sexual health fit into a holistic approach that while they are two distinct entities, they do intersect. Reproductive and sexual health are recognized as a key component of holistic medicine; however, integrating RSH services in opioid use disorder treatment is lacking.

Why RSH and OUD:

Men and women with OUD have high rates of adverse RSH outcomes. The negative RSH outcomes most commonly noted amongst individuals with opioid use disorder include:

- Unintended pregnancy (almost 90%)
- High rates of Sexually Transmitted Diseases (STDs)/ Sexually Transmitted Infections (STIs)
- Use of low efficacy contraceptives (most commonly used are condoms)
- Low libido (desire)

Because of these issues and other barriers to care, most patients want co-located RSH services with OUD treatment. Reproductive and sexual health can and should be integrated into the “well-being” model of OUD, in alignment of spiritual health, cognitive health, social health, physical health and emotional health.





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Barriers to OUD treatment:

Why may individuals with OUD have difficulty accessing services? Providers may have a stigma against individuals with opioid use disorder, lack the necessary training such as screening, brief intervention, and referral treatment (SBIRT), or lack access to addiction treatment specialists. There may be institutional barriers such as limited integrated care, or regulatory barriers such as laws and regulations limiting access to methadone treatment. Finally, financial barriers may occur due to lack of insurance coverage. However, despite the barriers, patients still gain access to OUD treatment facilities, making these programs the best fit to provide RSH counseling.

The following characteristics make addiction professionals best suited for providing RSH counseling:

- Skills in motivational interviewing
- Strong relationships with patients
- Provide longitudinal care
- Provide non-judgmental, non-coercive care

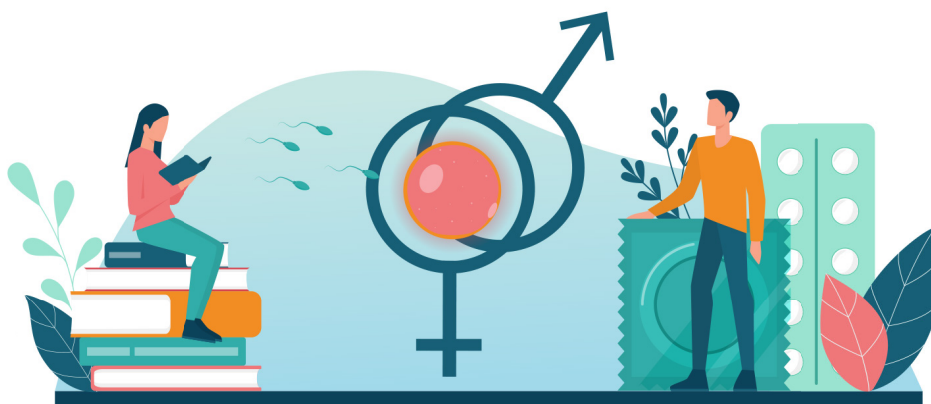
How do we integrate RSH?

Barriers:

- Lack of equipment
- Need for additional staff training
- Potential need for childcare
- Reimbursement
- Competing priorities
- Stigma
- Fear of law enforcement involvement

Facilitators:

- Reprioritize RSH services
- Transportation
- Insurance coverage
- Funding services
- RSH training and education





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RSH in “My Clinic”:

In order to promote RSH within the clinic, providers can provide 5 main domains of RSH care. The first involves education. This may include evidence-based information about how to prevent pregnancy, STI, or Human Immunodeficiency Virus (HIV), how engage in safe sex, and pregnancy options. The next domain is providing screenings or testing to patients. This may involve screenings and tests for pregnancy, HIV, Hepatitis C Virus (HCV), STI/STD, cervical cancer, and trauma. Next, providers can engage in services related to family planning. This may include evidence-based consultation about using contraceptives and discussing same day contraceptive initiation. Providers can establish a referral network. This includes referring for prenatal care, HIV, HCV, STI/STD treatment, and trauma counseling. Finally, providers can be a space for vaccination of Hepatitis B Virus (HBV)/Human Papillomavirus (HPV).

High Quality RSH Services

What do high quality services look like? High quality services provide individuals with the education, services and satisfaction they need to engage in proper reproductive and sexual health. The following features comprise a high-quality service for RSH:

- Empowering people to make informed choices
- Satisfaction with one's sexuality and sexual identity
- High availability of services
- High proportion of population with awareness of RSH services.

One key question: Would you like to get pregnant in the next year?

Including this question in case histories, helps to begin the process of discussing reproductive and sexual health. This helps providers begin to recognize what their client's reproductive goals are, and opening the conversation for reproductive and sexual health.

Person Centered Contraceptive Counseling:

Person Centered Contraceptive Counseling involves respecting the patient as a person. This approach allows individuals to say what matters to them regarding their birth control, not the provider defining this role. The patient should be directing this conversation. Providers should also take into consideration the patients' preferences about their birth control seriously, while also giving them enough information to make the best decision about their birth control. Person centered contraception includes an interpersonal connection, adequate information is provided and that we support the patient's decision.





Trauma Informed Care (TIC)

- REALIZE widespread impacts of trauma and understand potential paths to recovery
- RECOGNIZE signs and symptoms of trauma in systems and patients
- RESPOND by fully integrating TIC into policies, procedures and practices
- RESIST re-traumatization

Recovery coaches and peers have an important role in providing the supportive element of care. This involves extending and complimenting current care practices, including RSH services. Recovery coaches help to foster trust and feelings of safety. They may also serve as motivation for patients and can be aspirational by sharing experiences. Recovery coaches can be an important part of implementing RSH services. Before doing so, work with recovery coaches on setting personal and professional boundaries, as well as recognizing emotional triggering from their work. Recovery coaches must have conversations regarding their own experience, and their own ability to provide these services in order to be effective coaches. Recovery coaches and peers supporting RSH services has been shown to be practical and feasible.

Lasts up to 5-12 years

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Resources

West Virginia Family Planning Program:

<https://www.wvdhhr.org/fp/>

Opioid policy: opioidpolicy.org

Reporting on addiction:

<https://www.reportingonaddiction.org/>

One key question: onekeyquestion.org

West Virginia Perinatal Partnership: <https://wvperinatal.org/>

Love your birth control:

<https://www.wvfree.org/our-work/loveyourbirthcontrol/>

Bedsider: <https://providers.bedsider.org/>

ACOG patient pamphlets:

<https://www.acog.org/store/products/patient-education/pamphlets/pamphlets-search>

TIPS:

- Conversation starter: Would you like to get pregnant in the next year?
- Discuss options with the patient while avoiding coercion
- Remember, addiction specialists are best fit for providing RSH services