

CONTRACEPTION AND SUBSTANCE MISUSE

Substance misuse often goes hand in hand with a very chaotic lifestyle therefore long acting reversible contraceptive methods (LARC) may be most appropriate. Most substance misusers use a whole range of drugs and alcohol. Different drugs may pose different risks for those requiring contraception.

It may be appropriate to offer testing for HIV, Syphilis or Hepatitis A, B and C and to instigate a vaccination programme against Hep A and B if client is an injecting drug user or a partner of one. An immediate referral to the Health Advisor team should be considered.

Individual Drugs And Contraceptive Considerations

- Amphetamines, cocaine, ecstasy: all have similar effects on the sympathetic nervous system and cardiovascular system. They can cause acute arterial hypertension, vasospasm, thrombosis and accelerated atherosclerosis. In view of this it would be sensible to avoid oestrogen-containing contraceptives.
- Benzodiazepines: No specific cautions apply here but as misusers of these often misuse other substances, a careful drugs history should be taken.

Heroin:

- Women who are injecting drug users, who have a history of thrombosis, or have liver impairment secondary to Hep C (or alcohol), should not be offered oestrogen-containing contraceptives.
- Women smoking heroin can use all types of contraceptives if there are no other contraindications. As these women often progress to injecting careful follow up is necessary and non oestrogen methods especially LARC should be considered

Methadone:

- Most women on methadone will have been injecting drug users and some may continue to inject, even when on methadone. It may, therefore, be prudent to avoid oestrogen.
- Women who have not been injecting drug users and therefore at low risk of Hep C or VTE can be offered all types of contraception provided there are no other contraindications.

NB Opiates can inhibit ovulation. This effect is dose dependent and unpredictable so effective contraception is required even in the presence of amenorrhoea.

Excessive Alcohol Drinkers:

- Most will have fatty livers. This is a reversible stage of alcoholic liver disease and resolves when alcohol intake decreases. Alcoholic hepatitis will occur (in 20-30%) if drinking continues to excess; about 10% of patients develop cirrhosis with continued drinking. For women who have mild cirrhosis without complication, all methods can be considered UKMEC 1.
- For women with severe decompensated cirrhosis, oestrogen methods should be avoided (UKMEC 4). Progestogen only methods can be considered after expert review (UKMEC 3). Copper IUD is UKMEC 1.

Specific Medical Issues In Women Who Have Drug And Or Alcohol Problems

Hepatitis C:

If a client is known to have hepatitis C, it is useful to know whether she has attended specialist services at either the Brownlee or GRI. She is likely to know if her disease is active or has resolved.

Checking LFTs may guide your choice of contraception but should not delay it as the client may not return. For women on treatment for Hepatitis C it is essential to ensure effective contraception as RIBAVIRIN is teratogenic. Effective contraception should be used during treatment and for 6 months after treatment with Ribavirin.

It is also important to discuss barriers and risk reduction strategies – referral to health adviser may be appropriate.

Oestrogen-containing methods are UKMEC 3 for initiation and UKMEC 2 for continuation for women with active viral hepatitis. For women with chronic hepatitis or carriers or viral hepatitis all methods of contraception are UKMEC 1.

Progestogen-only methods are UKMEC 1 for women with active viral hepatitis.

Bone mineral density:

Both alcohol and opioid misuse are associated with reduced bone mineral density. This should be considered when prescribing DMPA which is associated with a small reduction in BMD during use. For women with significant risk factors for osteoporosis an alternative method of contraception should be considered.

VTE:

Women who inject drugs are at risk of VTE as the drugs they inject are usually cut with various impurities which can cause vascular damage in addition to repeated trauma. Oestrogen containing contraceptives should be avoided if a woman has a history of VTE (UKMEC 4) or is an injecting drug user.

All progestogen-only methods are UKMEC 2 and so can be used.

In Summary

Clients affected by substance misuse may have difficulties prioritising their own healthcare and some will have difficulties with concordance with some contraceptive methods.

It may be appropriate to give information around or refer onto other services provided by Sandyford e.g. Sandyford Inclusion Team, SCASS, and sexual health advisors.

Clients with complex contraceptive needs whether because of drug misuse complications or compliance issues can be seen at an SRH Complex or SIT Complex clinic. Appointments can be made by internal referral.

The importance of sharing information regarding chosen methods of contraception cannot be emphasised strongly enough and this should be discussed with every client. Clients with a chaotic lifestyle and substance misuse who are planning a pregnancy can be offered referral for preconception counselling and supported to involve their key workers/social work in the event of a pregnancy.

Clients affected by drugs or alcohol can consent to treatment, and should be given the same information regarding contraception as any other client.

Due to their sometimes fluctuating mental states it is especially important to ensure that at the time of consent to treatment that they are fully aware of all its implications and that this is documented clearly. On rare occasions where a client appears to be under the influence of a substance or lacking capacity, but has presented for advice, the case and management should be discussed with a senior colleague.

UKMEC	DEFINITION OF CATEGORY
Category 1	A condition for which there is no restriction for the use of the contraceptive method.
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method.
Category 4	A condition which represents an unacceptable health risk if the contraceptive method is used.

Further Information and Services

Glasgow Council on Alcohol (GCA) Tel 0141 353 1800 Freephone 0808 802 9000

Provides counseling for adults and young people in various locations

<https://www.glasgowcouncilonalcohol.org/> (accessed March 2023)

Talk to Frank (Website with information for the public)

<https://www.talktofrank.com> (accessed March 2023)

Scottish Drug Services Directory

<http://www.scottishdrugservices.com/> (accessed March 2023)

References

FSRH. UK Medical eligibility criteria for contraceptive use 2016 (Amended September 2019)

<https://www.fsrh.org/ukmec/> [accessed March 2023]