

CONTRACEPTION FOR THE ADDICTION SPECIALIST

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DISCLOSURES

I have no relevant
financial
relationships to
disclose



Agenda

- Why should I care about contraception as an Addiction Specialist?
- What do I need to know about integrating contraception into my practice?



“ ...contraceptives are the greatest life-saving, poverty-ending, women-empowering innovation ever created. ”

-Melinda Gates



Total 6.1M



■ mistimed ■ unwanted ■ desired ■

Almost Half
of All US
Pregnancies
are UIP

Adapted from *Guttmacher.org*

Unintended Pregnancy (UIP)



- Definitions: Mistimed and Unwanted
- 2.8M UIPs in the US, or 45% of all pregnancies
- Are more complicated pregnancies, with higher rates of preeclampsia, preterm birth, still birth, low birth weight
- Costs are high for society, families, mothers and babies

Finer, LB. *New England Journal of Medicine*, 2016.
Dehingia, N. *BMC Pregnancy Childbirth*, 2020.

Risk Factors for Unintended Pregnancy

- Youth
- Low Income
- Cohabiting with partner
- Lack of HS diploma
- Women of color
- Homelessness
- Depression
- Substance Use



Finer LB, *New England Journal of Medicine*, 2016
Gelberg L *Matern Child Health J.* 2008.
Schmiege, S. *BMJ* 2002
Heil SH, *Journal of Substance Abuse Treatment*, 2011.



The U.S. unintended pregnancy rate is at its lowest in 30 years

Large disparities by income remain

Unintended pregnancy rate (per 1,000 women aged 15-44)

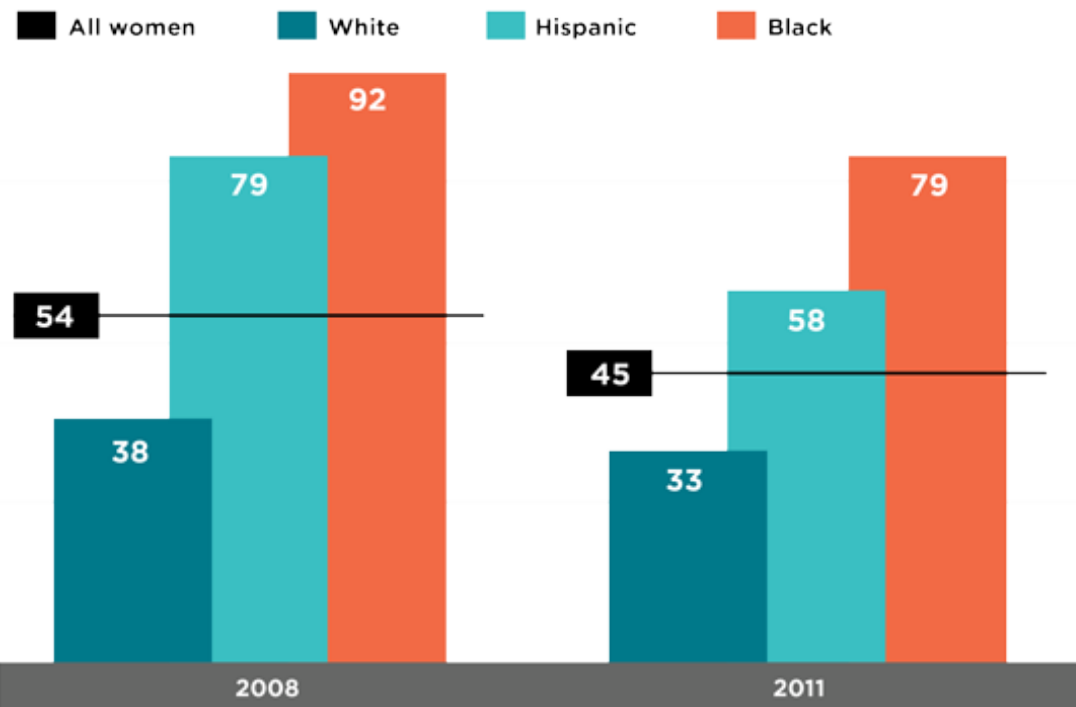


Note: The 2011 federal poverty level was \$22,350 for a family of four

Unintended Pregnancies

Despite recent declines, unintended pregnancy rates in the U.S. remain high among women of color

Unintended pregnancy rate (per 1,000 women aged 15-44)



©

Unintended Pregnancies

Pregnancy Capability & SUDs



- Globally, an estimated 16 M women have an SUD
- 63 M women have AUD
- 200K women of RA in Ohio have SUD
- 121 M UIP worldwide (48%; vs. 45% US)
- 5% women have UIP/year
- 40-66% UIPs end in abortion

Terplan, M et al., *Prev Med*, 2015

Frazier, L., et al., *The Dual Burden of Unmet Reproductive Health Care Needs Among Women with Substance Use Disorder in Ohio*, Ohio Policy Evaluation Network, 2022.

Guttmacher.org, 2022

SUD & Unintended Pregnancy

- Rates of unintended pregnancy are much higher in women with OUD
- Women with OUD have more pregnancies, more babies and more abortions
- Contraception use is much lower in women with SUD
- MOUD is associated with much higher rates of contraception use
- Folx with SUD choose less reliable, non-prescription methods more commonly

Heil, Sarah, et al. *J Substance Abuse Treatment*, 2011.
Shelton, Danielle, et al. *Sexual and Repro Healthcare*, 2022.
Terplan, M., et al. *Prev Med*, 2015.

Opioid-Induced Endocrinopathy

- ↓ testosterone
- ↓ LH/FSH
- ↓ DHEAS
- ↑ Prolactin
- Irregular menses, irregular ovulation
- Not reliable contraception

38% of US births result from UIP but
64% of were publicly funded

Maternal complications such as
pre-eclampsia and PPH are
significantly associated with
unintendedness of the pregnancy

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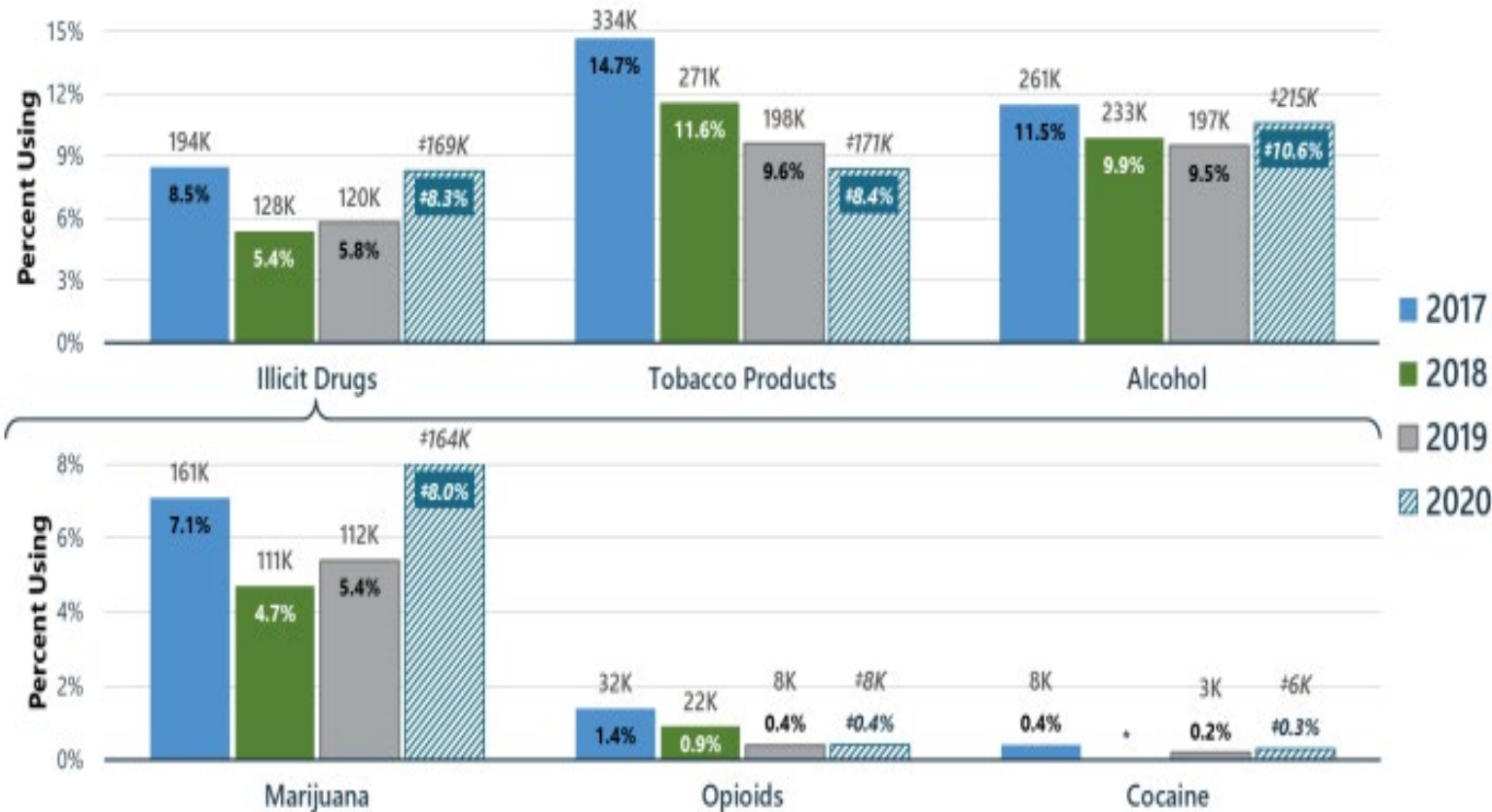
Sonfield, A, *Perspectives on Sexual and
Reproductive Health*, 2011.

Dehingia N, *BMC Pregnancy Childbirth*. 2020

Costs of Unintended Pregnancy

Substance Use in Past Month: Among Pregnant Women Aged 15-44

PAST MONTH, 2017-2020 NSDUH, PREGNANT WOMEN 15-44



* Estimate not shown due to low precision.

Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

† Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the 2020 National Survey on Drug Use and Health: Methodological Summary and Definitions for details.

Lessons from HCV

- HCV treatment has become simpler and easier to treat; treatment now commonly undertaken by PCPs and Addiction Specialists
- PWID can access necessary treatment in a trusted center with non-judgmental providers
- Maximizes access, minimizes barriers

Martin, S.A. Addict Sci Clin Pract, 2018.

Barriers to Contraception

- Underestimate their own fertility
- Mental illness such as depression, PTSD
- Provider identified barriers: active substance use, trauma, reproductive coercion, lack of employment or health insurance, stigma and discrimination

Van Ligten, M. *Contraception*, 2020.
Calligari, L. *Contraception*. 2015.
Charron, E. *Women's Health Iss*, 2022

HOW WELL DOES BIRTH CONTROL WORK?

Really, really well



				
The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard) <small>No hormones</small>	Sterilization, for men and women
Works, hassle-free, for up to...	3 years	3 years	12 years	Forever

What is your chance of getting pregnant?



Okay



			
The Pill	The Patch	The Ring	The Shot (Depo-Provera)
For it to work best, use it...	Every. Single. Day.	Every week	Every 3 months



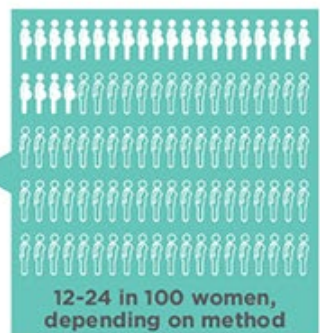
Not so well



			
Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women
For each of these methods to work, you or your partner have to use it every single time you have sex.			

Needed for STI protection

Use with any other method



FYI, without birth control, over 90 in 100 young women get pregnant.

LARC



LNG IUD



Implant



Cu-IUD



Best Practices for Prescription of OCPs

- Pelvic exam & Pap test are not needed
- Patients need BP check
- Advance provision of post-coital contraception
- Counseling on all methods, not just those available on site
- Start today

American College of Physicians, 2014
Centers for Disease Control and Prevention (CDC), 2014
Madden T, et al. *Contraception*. 2013.
World Health Organization, 2011.
Cochrane Database Syst Rev. 2013
Klein DA, et al. *Am Fam Physician*, 2015.

BOX 2. How to be reasonably certain that a woman is not pregnant

A health care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- is ≤ 7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- is ≤ 7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [$\geq 85\%$] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum

cdc.gov

Progestins



Table 1

Activity of Progestin Agents

Generation	Progestin	Estrogenic	Progestational	Androgenic
First	Norethindrone	++	++	++
	Ethinodiol diacetate	++	+++	+
	Norgestrel	-	+++	+++
	Norethindrone acetate	++	++	++
Second	Levonorgestrel	-	++++	++++
Third	Norgestimate	-	++	++
	Desogestrel	+/-	++++	++
Fourth	Drospirenone	-	+/-	-

+/- indicates low to no activity.

- indicates no activity.

Source: References 3, 8, 18.

Which OCP?

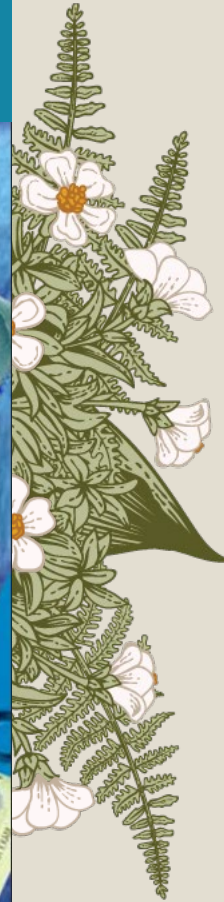
- Monophasic, 30 microgram estrogen
- Lesser androgenic:
 - Desogestrel (Apri)
 - Norgestimate (Sprintec)
 - Drospirenone (Ocella)
- Sprintec \$9/mo Walmart, CVS and others



POPs

- 42 d PP
- 1 PPD & > 35 yo
- Personal Hx PE/DVT
- Norethindrone-
- Drospirinone
- OTC

Contraceptive Technology, 2022.



US MEC

US MEDICAL ELIGIBILITY CRITERIA
FOR CONTRACEPTIVE USE, 2016



Oral Contraceptives (Better Leap Media)

#86 in Medical

★★★★ 4.4 • 5 Ratings

\$7.99

BOX 1. Categories of medical eligibility criteria for contraceptive use

- 1 = A condition for which there is no restriction for the use of the contraceptive method.
- 2 = A condition for which the advantages of using the method generally outweigh the theoretical or proven risks.
- 3 = A condition for which the theoretical or proven risks usually outweigh the advantages of using the method.
- 4 = A condition that represents an unacceptable health risk if the contraceptive method is used.

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THERE'S AN APP FOR THAT!

What About Abortion?

- Currently legal and available until 21+6 weeks in Ohio
- “6 week” ban under reconsideration by Ohio Supreme Court, decision at any time
- November ballot initiative

Non-Contraceptive Benefits of Contraception



Cancer

- Reductions in endometrial and ovarian cancers
- Reduction in GI, kidney cancers
- Does not increase breast cancer risk

Menstrual Complications

- CHCs, implants and LNG-IUS can be used for
 - dysmenorrhea
 - pelvic pain
 - heavy menstrual blood losses

Acne

- Drospirinone—FDA approved
- Any estrogen
- Desogestrel

Schrager S, *J Women's Health*, 2020.
Kriplani, A. *Contraception*, 2010
Westhoff, CL, *Contraception*, 2018

Summary



Thank
you

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