

# Proactive Conversations



Substance misuse, sexual health and LARC

# Brighton Oasis Project: Who we are

- Women only organisation
- Work with approx. 400 women per year
- 150 children and young people including crèche from birth
- Established in 1997
- Broad portfolio of adult services
- POCAR programme for women with children with a CP plan

# Project background: The context

- Identified need in client group- women presenting as pregnant in poor circumstances
- Concerns re impact on children's health and wellbeing short/long term
- Disease focus- BBVs
- Awareness of frequency of safeguarding concerns for this group resulting in removal of children
- Research in East Sussex indicated multiple barriers to accessing sexual health services
- 1 year funding includes commitment to work with men (1 part time worker)

# Raising important questions..

- What do you think about people struggling with substance misuse issues becoming pregnant?



# Aims and objectives

- To improve the sexual health of men and women in treatment and to reduce the number of unplanned pregnancies
- To increase uptake of CASH services
- To improve practice and confidence in frontline staff- training and systems approach
- To address inequalities in sexual health morbidity
- Improve women's chances of recovery by reducing the impact of repeated losses



- Thinking of people you have worked with/know- in what ways do you think having children removed impacts on their recovery?

# Michelle's Story



# What did we do?

- Developed a questionnaire to be used for all people entering treatment
- Training for staff
- Established referral pathway for casework support
- Fast track to Claude Nichol and Morley street
- Flexible/opportunistic outreach



# Challenges for practitioners..

- What do you feel are the barriers to asking these questions?
- How do you feel these can be overcome?



# Questionnaire results

- 81% had been pregnant or had children
- 39% of those having children said they lived elsewhere
- 45% were using contraception (mainly condoms)
- 27% disclosed having sold or swapped sex
- 59% of those offered completed a self test
- 10 women accessed LARC

# Contraception choice- LARC

- Need for highly effective method
- Need to consider risk of oestrogen based methods in clients who smoke, have history of DVT or liver impairment secondary to alcohol or hepatitis C.
- Need to consider compliance with contraceptive choice.
- Need to consider 'quick start' and 'bridging' methods.

# Features of LARC Methods of Contraception

	IUD	IUS	Implant	Injection
Duration of action	Up to 10 years	5 years	3 years	12 weeks
Failure rate	<2% over 5 years	<1% over 5 years	<0.1% over 3 years	<0.4% over 2 years

# Contraception uptake

	2013-2014	2012-2013	CASH Action Plan
Condoms	26	20	3
Coil	7	4	2
Implant	8	3	5
Injection	4	3	1
Pill	7	5	2
Pregnant at time	2	1	
Patch	1	1	
Not needed	8	2	

# Sexual Health Screening 2013-14

- 10% increase from 2012-13
- 45% reported having some form of Sexual Health testing within past year
- 16% planned to access cervical smear screening
- 2 clients newly diagnosed with Hep C
- 27 accessed Claude Nicole using 'Oasis' fast track. (5 post sexual assault)

# Direct referrals 2013-14

<b>Claude Nicole</b>	<b>36</b>
Morley Street CASH	20
Morley Street CASH Outreach	10
Oasis CASH Outreach	36
GP	16
BBV Testing	3
Other	3

# Project achievements 2013-14

- Increase in uptake of LARC by 100%
- 35% increase in self taken screens
- 12 group sessions to 55 people
- 16 training sessions to 100 professionals
- CASH drop ins- St Georges and SMS
- CASH questions added to TOPs review



# Recommendations for practice

- Using a standard form to gain information
- Standardised approach/training to framing the questions
- Underpinned by holistic rather than disease focused approach
- Familiarity with referral pathways and access to support
- Continue to provide advice/education to clients – focus on safer sexual health practices

