Study protocol: Design and pilot of a sexual health service for women receiving opioid substitution treatment in community pharmacy

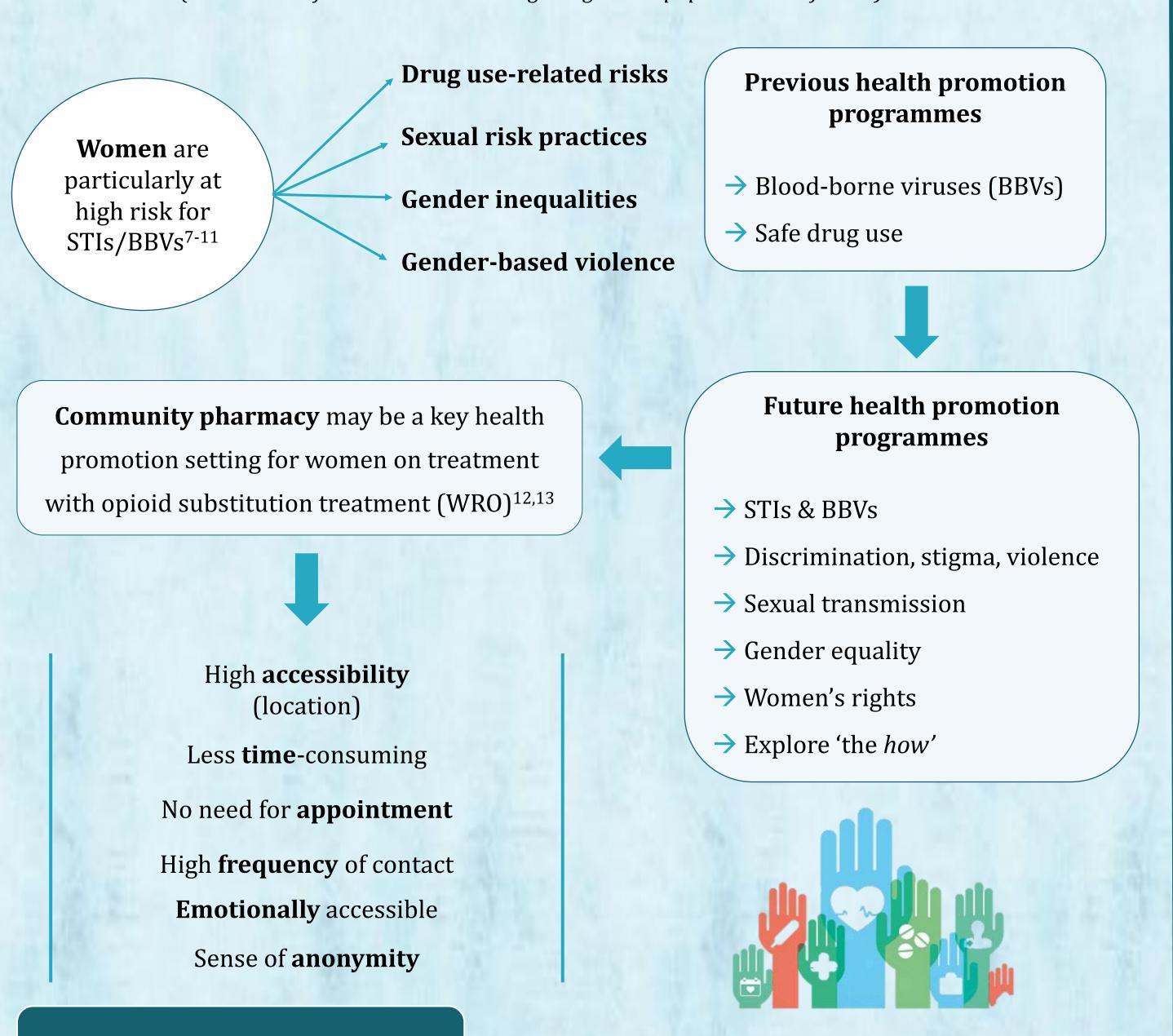
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Background

- Prevalence of **sexually transmitted infections** (STIs) is of **30-40%** among drug users^{2,10}
- Prevalence of **HIV** among injecting drug users (IDUs) are of **9%** (men) and **13%** (women)^{1,3}
- Prevalence of Hepatitis C and Hepatitis B among IDUs are of 50-70% and 20-30%4-6

(Prevalence of STIs and BBVs among the general population is of < 1%)



Aims and Objectives

- 1. To design and pilot a sexual health service for WRO in community pharmacies
- 2. To explore and identify determinants of sexual risk practices among WRO
- 3. To explore the needs of WRO in relation to STI and BBV prevention
- 4. To explore the opportunities for STI and BBV prevention in community pharmacies
- 5. To co-design a sexual health service using Intervention Mapping
- 6. To evaluate the design process and pretesting of the service using Intervention Mapping

Methods

Design

- Mixed-methods study (semi-structured interviews, focus groups & surveys)
- Design using **Intervention Mapping** (IM) approach to plan health promotion programmes¹⁴

Procedure

Phase I. Logic Model of the Problem

Needs assessment & programme goals



Phase II. Programme Outcomes and Objectives – Logic Model of Change

Outcomes, objectives & determinants



Phase III. Programme Design

Theories, change methods & applications



Phase IV. Programme Production

Programme structure, programme materials & pretesting

Figure 1. Study overview

Participants

- 30 WRO
- 20 community pharmacists

Ethical Considerations

This study obtained NHS ethical approval: REC Ref. 16/NW/0432; IRAS ID 205701.

Research Impact

This study will address the need for developing inclusive sexual health programmes for WRO, taking sexual contact as a main vector of infection with sexually transmitted infections and blood-borne viruses among women on opioid substitution treatment. This study will also explore and identify determinants for sexual risk practices among WRO, and the needs for STI and BBV prevention. It will also explore the potential role community pharmacists could play in promoting sexual health. Using IM will allow to apply and test this approach for planning health promotion programmes.

There are no conflicts of interest with respect to this study