



UNIVERSITY OF  
**BATH**

**Promoting sexual health among  
women on opioid treatment in  
community pharmacy:  
A qualitative study**

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# Background & Aims

**Women on opioid substitution treatment (WRO)** are amongst risk populations for STIs and BBVs

But... **why community pharmacists (CPs)?**

- **Key role for public health** (Public Health England)
- Most **accessible** health care setting (e.g. less time-consuming, location, no need for an appointment, frequency of contact)

## **Aims**

To develop a sexual health service to promote sexual health among WRO in community pharmacies.

**Aim 1.** Determine the acceptability of promoting sexual health within community pharmacies in England.

**Aim 2.** Identify initial ideas to develop a pharmacy-based sexual health service for WRO.



# Methods

- **Semi-structured face-to-face interviews**
  - 20 WRO [between 25min-1h20min]
  - 14 CPs (female n=7; male n=7) [between 30min-1h30min]
- **Recruitment** – areas of Bath, Midsomer Norton and Bristol (England, UK)
  - WRO: opportunistic at drug services and a service for sex workers
  - CPs: contact superintendent pharmacists, mail study packs, emails and phone calls to pharmacies in the area
- **Data collection settings**
  - WRO: drug services, service for sex workers
  - CPs: University, community pharmacy, café
- **Ethical approval** – NHS Ethics: IRAS Id. 20570, REC 16/NW/0432



# Methods

- Recorded & transcribed verbatim
- **Framework Analysis** (Ritchie & Spencer, 2003)
  - Case & theme-based approach
  - Development of a hierarchical thematic framework
  - Flexibly and dynamic approach
  - Bottom-up analysis (no theoretical/epistemological approach)
  - But...
    - It is complex & highly time-consuming!

# Results

## Main barriers / challenges WRO

## Main barriers / challenges CPs

Provide information Feeling judged / stigmatised <i>(by pharmacists/leavers)</i>	Negative rapport / experiences with pharmacists / other pharmacy clients	Locum Private pharmacists / sharing pharmacists	Need to be consulted / referral relationship	The time constraint The pharmacist / pharmacist st	service needs to be workload structured (protocol) pharmacists
Need to be a female pharmacist / female pharmacist / female pharmacist	Free condoms The pharmacy is not private enough	Training for pharmacists / pharmacists / pharmacists	Locum pharmacists pharmacists	Screening services / pharmacists / female clients	Posters and leaflets Time constraints clients
Research and services approachable pharmacists	Feeling powerful / because of use / treatment	Some people difficult to reach out (e.g., homeless)	Difficulties starting "the conversation" (sensitive topic)	Negative health assessment Negative pharmacist / pharmacist rapport with clients	Very little with pharmacist staff OST clients
Being / scaled of service knowing status	Not recommended start the services conversation	More comfortable with other professionals (e.g. drug workers)	Client might think the service is beneficial to them	Pharmacist or technician deliver the service	Any staff member with appropriate training Need for well- trained staff service

# Conclusions

- **Key role of community pharmacists** in promoting sexual health among women on opioid treatment
- Support for the development of the **first pharmacy-based sexual health service for women on opioid treatment in England**
- Take into account & address **potential barriers**
- This study will **inform the development of a service** to promote the sexual health and well-being of women on opioid treatment

# Acknowledgments

**Thank you for listening!**

**Also to all my lovely participants & to my supervisors 😊**

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**ANY QUESTIONS?**