

Contraceptive Practices among Female Heroin Addicts

NORBERT RALPH, PHD, MPH, AND CLARENCE SPIGNER, MPH

Abstract: In a sample of 115 heroin-addicted women, 25.8 per cent reported any type of contraception compared to 48.5 per cent of a national sample. Matching for age, ethnic group, and income level, reported contraceptive rates for the heroin-addicted sample versus the national sample for the never married, married, and formerly married groups were 40.1 per cent versus 37.7 per cent; 64.9 per cent versus 22.0 per cent; and 51.9 per cent versus 19.9 per cent, respectively. (*Am J Public Health* 1986; 76:1016-1017.) ✓

Introduction

In 1976, the National Institute on Drug Abuse (NIDA) estimated that there were more than one-half million individuals using heroin regularly in the United States,¹ with approximately one-third being female, and 90 per cent of childbearing age. In the same year, 20,000 women of childbearing age were treated in methadone maintenance programs.¹ Bashore, *et al.*, estimate that about 10,000 babies are born to heroin-dependent women every year.²

Heroin-addicted women often assume they are infertile and therefore do not practice birth control.³ Bashore, *et al.* conclude that addicts have the same reproductive capability as women not addicted to drugs.²

Children born to heroin-addicted women are at risk for perinatal transmission of acquired immune deficiency.⁴ Their average birthweight is 2700 grams;² and 50 per cent of infants born to pregnant addicts weighed less than 2500 grams.⁵ A small sample study reports a respiratory distress rate of 15.7 per cent for the heroin-addicted neonates compared to none for a matched sample and a neonatal mortality rate of 36/1,000⁶ (expected rate would be approximately 8/1,000). Labor and delivery problems range from 17 per cent to 33 per cent in heroin-addicted patients.² In Alameda County, California, 41 births to heroin-addicted women with three perinatal deaths yielded a perinatal mortality rate of 73/1,000; the average birthweight of these infants was 2621 grams, and 38 per cent were less than 2500 grams.⁷

There is also evidence suggesting that exposure to heroin causes growth and development problems even in the infant who has no other noticeable medical problems.^{2,8,9} The impact of being raised by an addicted mother can be profound on the child's social and emotional development.

Methods

Information on opiate-addicted women was gathered from a chart review conducted in 1982 of 115 women, ages 18 to 44, who were methadone maintenance patients at the Fourteenth Street Clinic in Oakland, California. Demographic information was obtained from patient self-report and cross-validated with insurance data. Contraceptive status was assessed by a questionnaire routinely administered

in the clinic admission process. Contraceptive status was counted as affirmative if any method of contraception was cited regardless of effectiveness. Open-ended clinical interviews were carried out to assess bias towards over- or underreporting of contraception, but no clear trends in either direction could be identified.

A national sample derived from unpublished data available from the 1982 National Survey of Family Growth, National Center for Health Statistics, US Department of Health and Human Services¹⁰ was used as a comparison group. The survey studied contraception in a multi-stage probability sample of US households, stratified by various factors including age, ethnic group, income level, and marital status. Contraceptive status and demographic variables were measured by self-report.

Results

The heroin-addicted sample ranged in age from 18 to 44 (mean 29) years. Forty-one per cent were White, 32 per cent Black, 20 per cent Latino, and 7 per cent belonged to other ethnic groups. Eighty per cent of their services were paid by Medi-Cal, the California version of Medicaid. Fifty-one per cent reported that their initial contact with the clinic was their first attempt at treatment for drug addiction, and their average years of drug use was 8.5 years. Twenty-one per cent had no children, 31 per cent had one child, 24 per cent had two children, 24 per cent had three or more children.

Of these 115 women, 25.8 per cent reported using any type of contraceptive method compared to 48.5 per cent of the national sample. The methods used are presented in Table 1. Stratification of data in these samples permitted the comparison of contraceptive rates controlling for variables. Since 80 per cent of the heroin-addicted sample was on Medi-Cal and indigent, they were compared with those in the national sample below 100 per cent of poverty level. These groups were dichotomized by age (18-29 versus 30-44 years), ethnic group (Black versus all others), and marital status (never married, married, and formerly married).

Differences in the age and ethnic group distribution of two groups were adjusted to make them comparable with regard to certain demographic factors.¹¹ For the never married, the rate of contraception for the national sample (N = 775) was 40.1 per cent and the rate for the clinic group (N = 39) was 37.7 per cent (difference = 2.4 per cent; 95 per cent CI = 13.4 per cent, 18.2 per cent). An inspection of the data indicated that the relatively high rate of contraception for the clinic group was attributable to a higher rate among

TABLE 1—Contraceptive Methods of Heroin-addicted and National samples

Method	Heroin-addicted %	National %
Pills	32	24
Female sterilization	24	30
Diaphragm	18	7
Contraceptive foams	3	2
Condoms	3	11

Address reprint requests to Norbert Ralph, PhD, MPH, Program in Maternal and Child Health, School of Public Health, University of California at Berkeley, Berkeley, CA 94720. Mr. Spigner is with the Program in Behavioral Sciences at the University. This paper, submitted to the *Journal* January 10, 1985, was revised and accepted for publication December 30, 1985.

never married young non-Black women (55 per cent) compared to all other never married clinic women (16 per cent).

The rate for contraception among married women was 64.9 per cent (N = 328) in the national sample, and the rate for the clinic group (N = 22) was 22.0 per cent (difference = 42.9 per cent; 95 per cent CI 60.4 per cent, 25.4 per cent).

For formerly married women, the rate for contraception for the national sample (N = 328) was 51.9 per cent, and the rate for the clinic group (N = 54) was 19.9 per cent (difference = 32.0 per cent; 95 per cent CI 43.9 per cent, 20.1 per cent).

Discussion

Several cautions are in order regarding the interpretation of these findings. Contraceptive use in the heroin-addicted and national sample were measured by different instruments, and in different geographic localities and may not be equivalent. Also, sexual activity was not assessed and contraceptive non-use is a risk factor for pregnancy only if the individual is sexually active. The National Survey population cannot be characterized as exclusively a non-heroin-addicted population since it is a random sample of the US population.

Nevertheless, our results support the hypothesis that contraception is less frequent among heroin addicts than among US females matched on age, ethnic group, and marital status. The hypothesis does not appear to be supported for young, never married non-Black females. Other variables such as educational level, not measured in this analysis, may account for this difference.

The most commonly cited reason for the low rate of contraceptive use by heroin-addicted women of childbearing age is the confusion between amenorrhea and infertility. Many heroin-addicted women report that menses have stopped concomitant with heroin use, and take this as a sign that they are infertile. While the amenorrhea may signify reduced fertility, it is not equivalent to infertility.

Provision of family planning services tailored to this population at primary care, methadone detoxification, and methadone maintenance treatment sites is a logical intervention for this problem. Models for such interventions are available from work on adolescent family planning.¹² Such models would have to match the preferences and styles of the cultural group being served, and include vigorous case management and follow-up.

REFERENCES

1. Pollin W: Foreword. In: Finnegan LP (ed): *Drug Dependence in Pregnancy: Clinical Management of Mother and Child*. Rockville, MD: US Dept of Health, Education, and Welfare, Pub. No. (ADM)79-678. Washington, DC: Govt Printing Office, 1979, iii.
2. Bashore RA, Ketchum JF, Staisch KJ, *et al*: Heroin addiction and pregnancy—Interdepartmental Clinical Conference, UCLA School of Medicine (Specialty Conference). *West J Med* 1981; 134:506-514.
3. Mondanaro J: Reproductive Health Concerns for the Treatment of Drug Dependent Women. In: *Treatment Services for Drug Dependent Women*. Rockville, MD: US Dept of Health, Education, and Welfare, Pub. No. (ADM)81-1177. Washington, DC: Govt Printing Office, 1981.
4. Cowan MJ, Hellman D, Chudwin D, Wara DW, Ammann AJ: Maternal transmission of acquired immune deficiency syndrome. *Pediatrics* 1984; 73:382-386.
5. Zelson C, Rubio E, Wasserman E: Neonatal narcotic addiction: 10 year observation. *Pediatrics* 1971; 48:178-189.
6. Stimmel B, Adamson K: Narcotic dependency in pregnancy. *JAMA* 1976; 235:1121-1124.
7. Ralph N, Minkler D, Cain C: Opiate addicted births in Alameda County, California. Project Report to the Alameda County Board of Supervisors, Oakland, California, 1981.
8. Coulton ME: A comparison of heroin-addicted and nonaddicted mothers. DHHS Pub. No. (ADM)81-1028. Washington, DC: Govt Printing Office, 1981.
9. Sowder B, Burt MR: Children of addicts and nonaddicts. DHHS Pub. No. (ADM)81-1028. Washington, DC: Govt Printing Office, 1981.
10. Bachrack C, Mosher W: Use of Contraception in the United States, 1982. DHHS Pub. No. (ADM)85-1250. Washington, DC: Govt Printing Office, 1984.
11. Fleiss J: *Statistical Methods for Rates and Proportions*, 2nd Ed. New York, John Wiley and Sons, 1981.
12. Ralph N, Eginton E: An evaluation of an adolescent family planning program. *J Adolesc Health Care* 1983; 4:158-162.

Continuing Education: Management of Prevention and Health Promotion Programs

The Division of Continuing Education, University of Massachusetts at Amherst, will offer its first annual institute on "Management of Prevention and Health Programs" on August 7-9, 1986, at the University.

General Session and Workshop Topics will include: strategic planning, finances, budgeting and cost-analysis, marketing and management information systems. For further information on registration and fee, contact:

Nancy McCall
Division of Continuing Education
Goodell Building
University of Massachusetts
Amherst, MA 01003
(413) 545-0312