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## Examining Reproductive Healthcare Utilization among those who use substances

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**Background:** People who use substances and those seeking reproductive healthcare both face barriers and stigma for treatment. Preliminary evidence suggests that there is an association between substance use and reproductive healthcare utilization, but research to date has been geographically limited with small samples. As a result, it is difficult to determine generalizability of these findings. The present study aims to test associations using a nationally representative data set between those who use substances and their access to reproductive healthcare. **Methods:** Participants (N=6141) ranged from ages 15-49. The CDC's National Survey of Family Growth was conducted from September 2017-September 2019. The survey was conducted through in-person interviewing, self-administered surveys, and computer-assisted personal interviewing (CAPI). **Results:** There were significant correlations between tobacco, alcohol, and substance use (e.g., marijuana, cocaine, methamphetamine, and non-prescribed injections) with reproductive healthcare services utilization. There were significant positive correlations between binge drinking behaviors and the use of reproductive health services (i.e., birth control, emergency contraception, and sexually transmitted disease (STD) testing services). Substance use, with the exceptions of crack cocaine and non-prescription injections, displayed significant positive correlations with the utilization of STD testing services. Significant negative correlations were found between tobacco, marijuana, and cocaine use and prenatal care. Nearly a third (2,025) of all participants reported no reproductive healthcare utilization. **Conclusion:** Taken together, findings suggest more work may be needed to expand treatment options in overlooked populations and address stigmas around substance use and reproductive health. This study can be replicated for future survey results to monitor patterns in utilization given ongoing changes in federally-protected access to reproductive health care.