

BACKGROUND

Women diagnosed with substance use disorders (SUDs) have higher rates of major medical conditions compared to women without SUDs. Cervical cancer is the second leading cause of cancer death in women aged 20-39 years worldwide and women with SUDs have an increased risk of cervical cancer compared to women without SUD. The National Drug Treatment Centre (NDTC) cervical screening programme, derived from the national CervicalCheck programme, offers free cervical screening to patients attending for treatment of SUDs.

OBJECTIVES

To audit adherence to the NDTC Cervical Screening guidelines before and after the implementation of an awareness-raising educational intervention.

METHODS

Audited Standards:

The standards were drawn from the HSE National Drug Treatment Centre Cervical Smear Guidelines (November 2016).

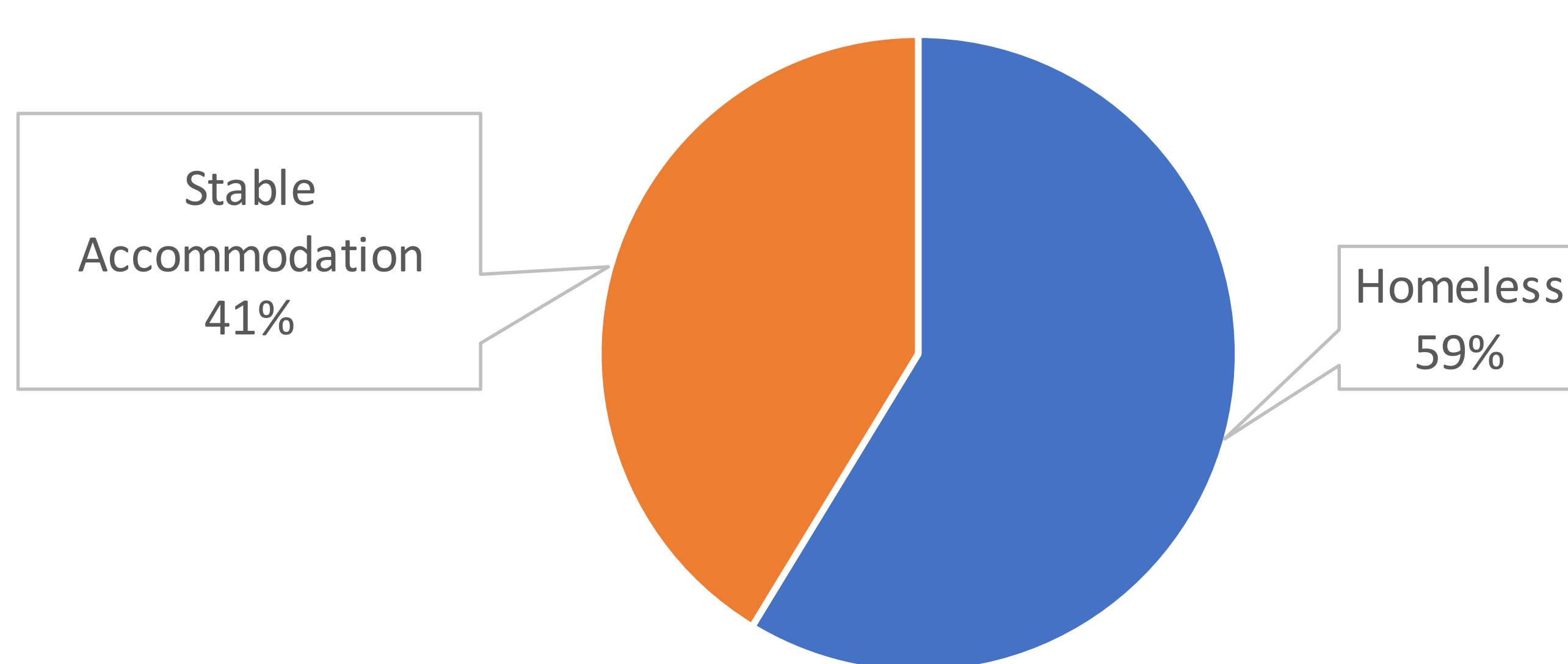
These guidelines' objectives are;

- To identify and invite eligible women for a cervical smear test.
- To provide information to women about the benefits and limitations of the cervical smear test.
- To provide access to screening onsite.
- To inform of result and refer if necessary.

The electronic clinical records of women aged between 25-60 years attending the lead consultant's (M.S.) outpatients' clinic were reviewed for documentary evidence indicating that information about the cervical screening programme had been discussed. This was completed before, and one month after, the implementation of an awareness raising educational intervention.

DEMOGRAPHICS

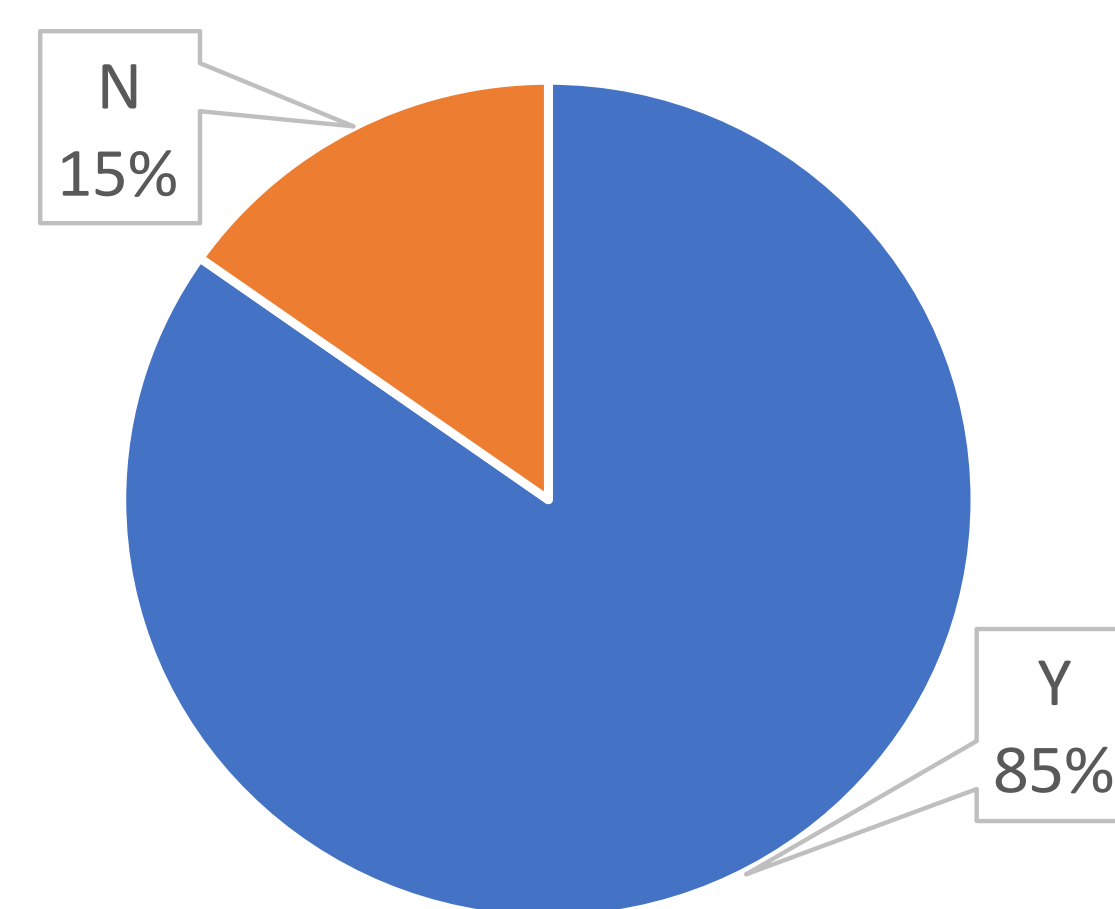
Accommodation status



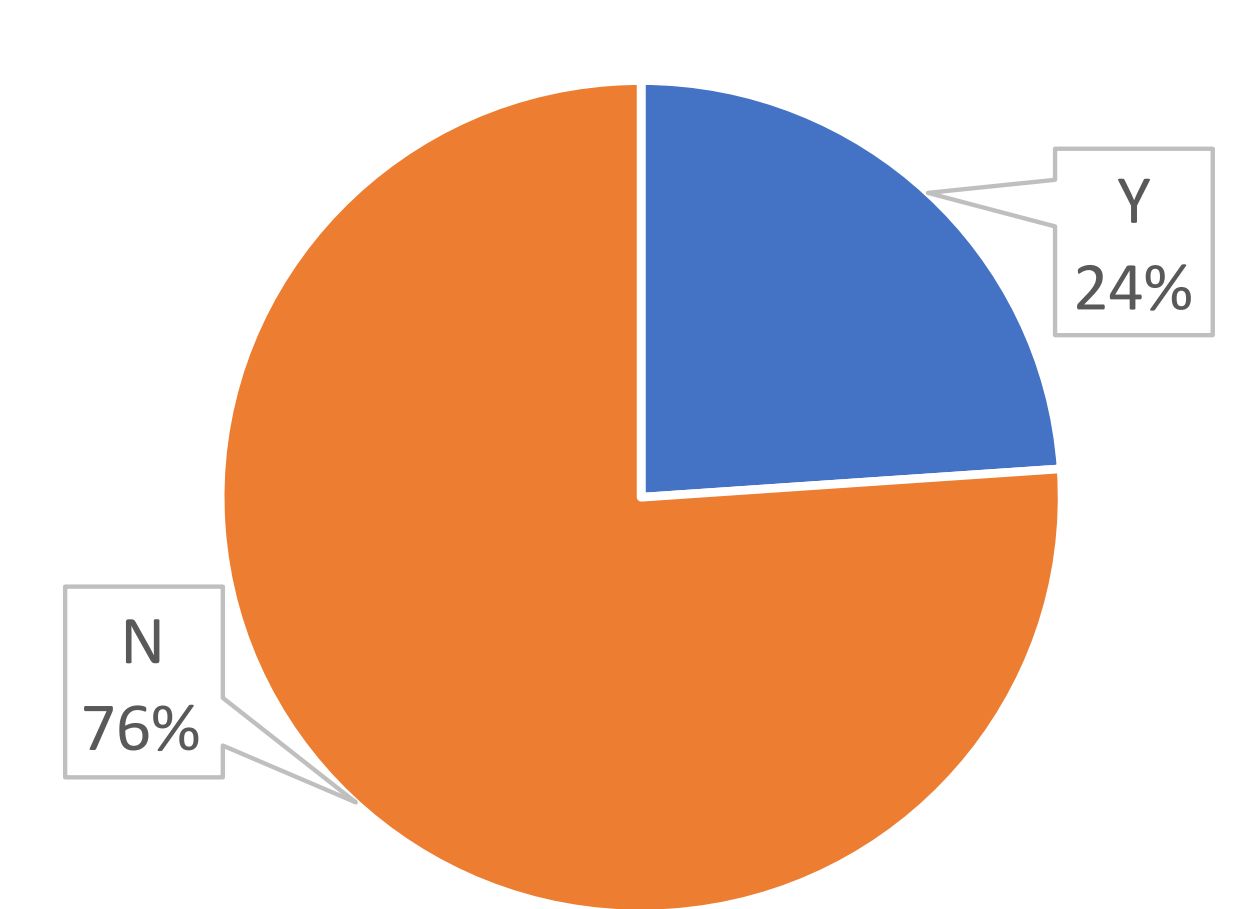
CLINICAL CHARACTERISTICS

All women (n=46, mean age 36.3 (SD=6.5) years) had an opioid use disorder.

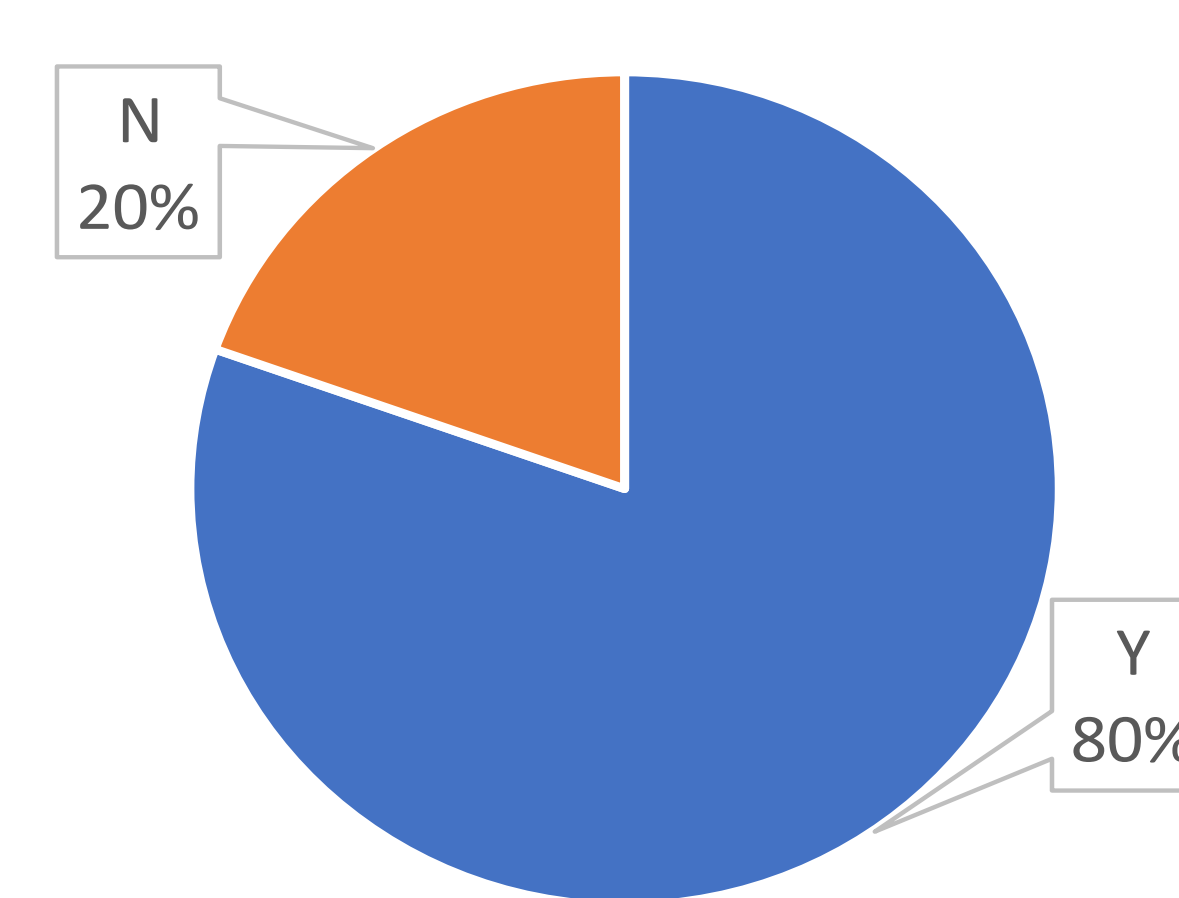
Benzodiazepine Use Disorder



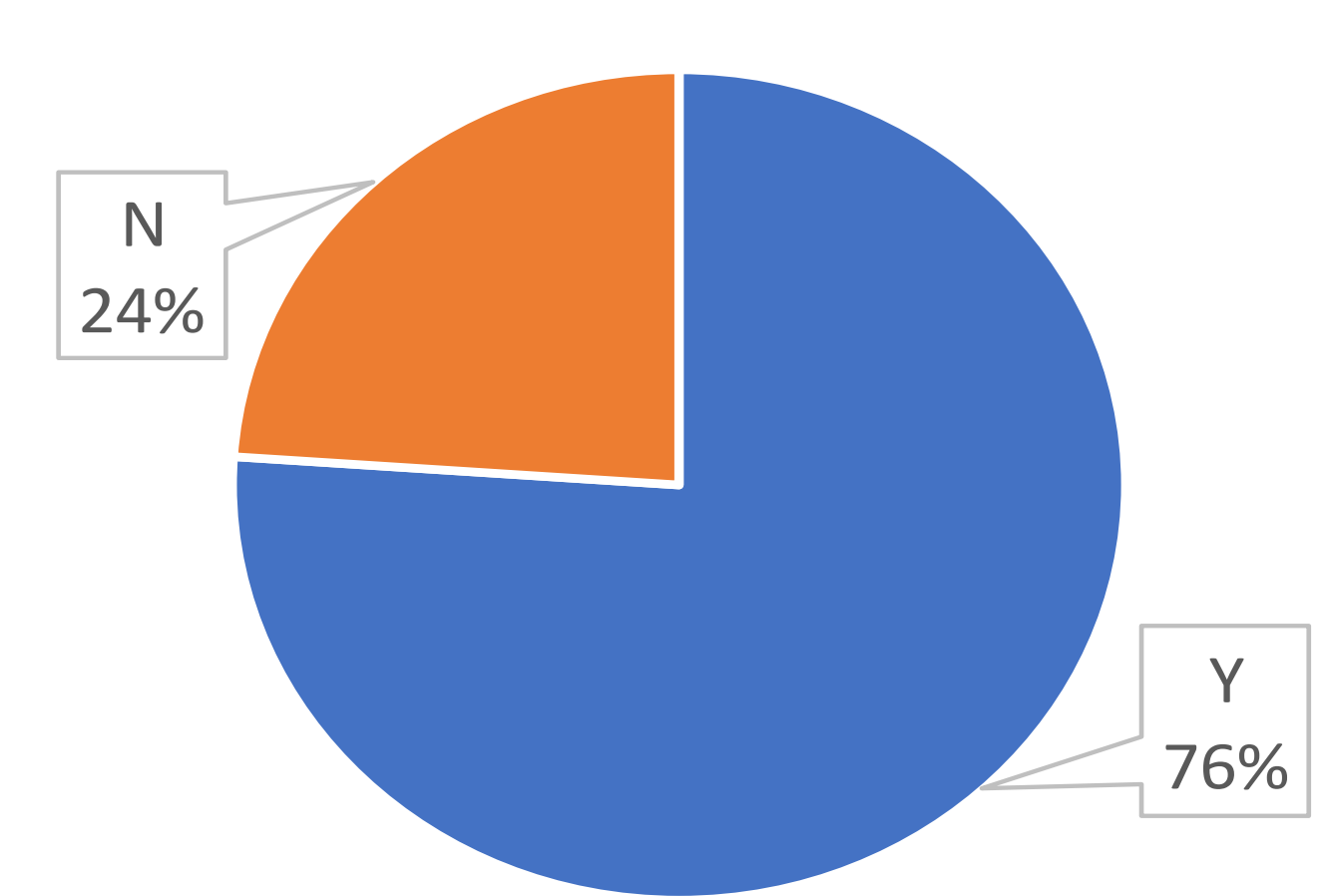
Alcohol Use Disorder



Chronic Medical Condition

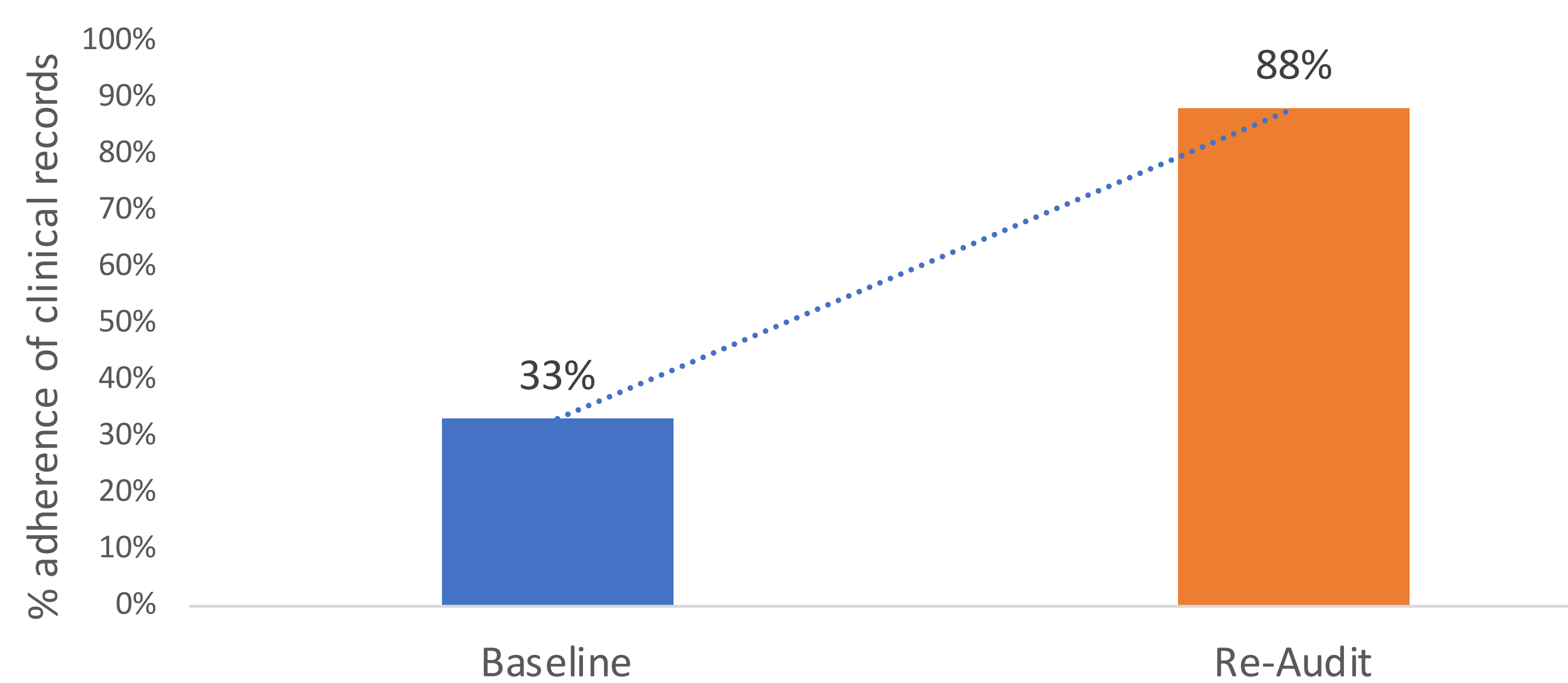


Co-morbid Psychiatric Disorder



RESULTS

Adherence to the NDTC Cervical Screening Guidelines



The implementation of an awareness-raising education intervention in the National Drug Treatment Centre resulted in a significant improvement in adherence to Cervical Screening Guidelines one month after the intervention ($p < 0.0001$).

CONCLUSION

This completed audit cycle that reviewed adherence to the NDTC guidelines on cervical screening, demonstrated that targeted interventions to increase awareness about CervicalCheck amongst MDT healthcare workers and patients could lead to a significant increase in adherence to cervical screening guidelines. More broadly, it indicated the need to examine other areas where improvements may be employed to mitigate the health burden for people with SUDs.

RECOMMENDATIONS

1. The adoption of a periodic audit of adherence to care guidelines to identify where improvements need to be made and to ensure a sustained increase in compliance to the guidelines.
2. It would be beneficial to quantify the number of completed cervical screening tests amongst eligible patients to analyse if the increased adherence to guidelines had an impact on the uptake of cervical screening tests and coverage in this group.
3. The continuous education of clinicians by introducing an education session into the NCHD induction programme.
4. Revising and updating the NDTC cervical screening guidelines.