

Is there reproductive choice? Contraception use among women who inject drugs.

BEK PETROVIC, TEAM LEAD – AOD FIELDWORK

ON BEHALF OF: ASH STEWART, SAM COLLEDGE-FRISBY, ANNA WILKINSON,
CAITLYN DOUGLASS, PETER HIGGS, PAUL DIETZE

NOV 2025



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reach for the many



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PROUDLY ACKNOWLEDGE THE
BOON WURRUNG PEOPLE OF
THE KULIN NATIONS AS THE
TRADITIONAL OWNERS OF THE
LAND ON WHICH OUR OFFICE
IS LOCATED. WE PAY OUR
RESPECTS TO ELDERS PAST,
PRESENT, AND EXTEND THAT
RESPECT TO ALL FIRST
NATIONS PEOPLE



Why this matters

BACKGROUND

CHOICE

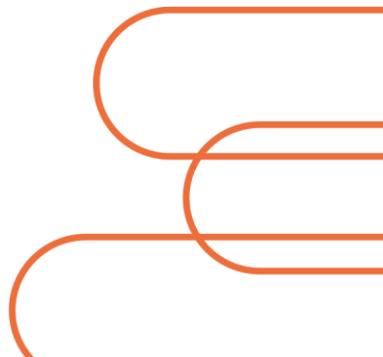
Contraception allows women choice for family planning

UNINTENDED PREGNANCIES

Women who have experience of injecting drug use face higher rates

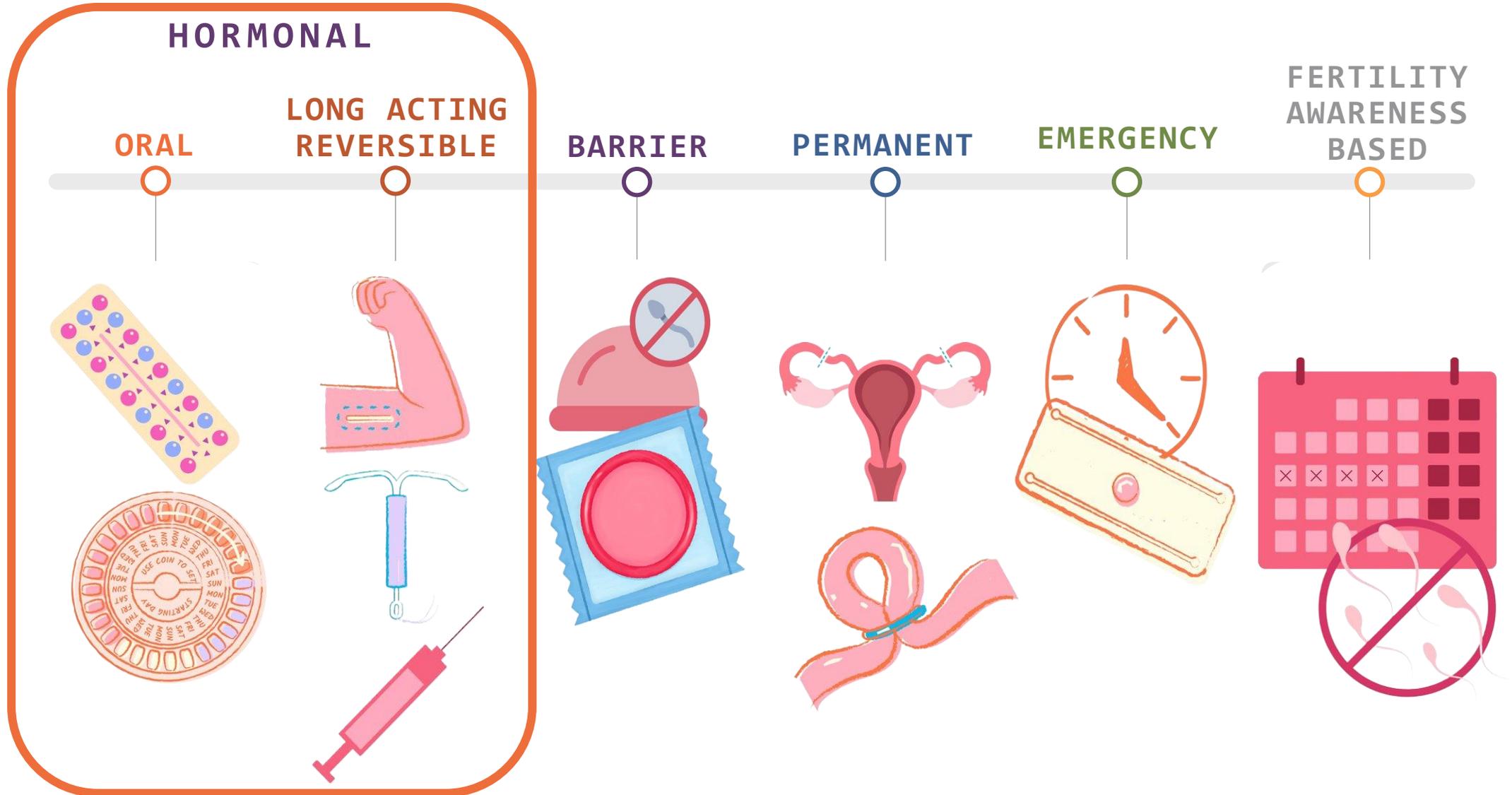
DIFFICULT ACCESS

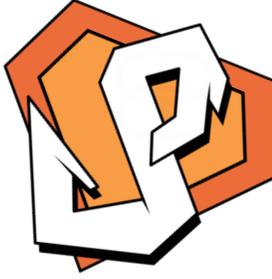
Rarely part of AOD/Harm Reduction services





Contraception types

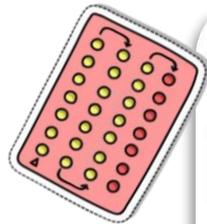




Study Aim & Methods

We aimed to estimate the proportion of medication contraceptive use among women in the SuperMIX study born in different generations, overall and by short-acting and long-acting contraception.

- Women (female sex at birth) who were of reproductive age (14 – 54 years) and had initiated injecting drug use prior to or during the study period (2008 – 2022)
- PBS dispensation records for medication contraceptives and MBS for contraceptive procedures



LEVONORGESTREL + ETHINYLESTRADIOL
Source: General Schedule
Body System: GENITO URINARY SYSTEM AND SEX HORMONES > SEX HORMONES AND MODULATORS OF THE ENDOCRINE SYSTEM > SYSTEMIC USE

Code & Prescriber	Medicinal Product Pack (Name, form & strength and pack size)
1392G	LEVONORGESTREL + ETHINYLESTRADIOL levonorgestrel 50 microgram + ethinylestradiol 40 microgram tablet [10] (& inert substance)

Logynon ED

LEVONORGESTREL
Source: General Schedule
Body System: GENITO URINARY SYSTEM AND SEX HORMONES > OTHER GYNECOLOGICAL USE

Restricted Benefit

Code & Prescriber	Medicinal Product Pack (Name, form & strength and pack size)
8633J	LEVONORGESTREL levonorgestrel 52 mg intrauterine drug delivery system, 1 system (PI, CMI)

Available brands: Mirena

Medicare Benefits Schedule - Item 35503

Search Results for Item 35503

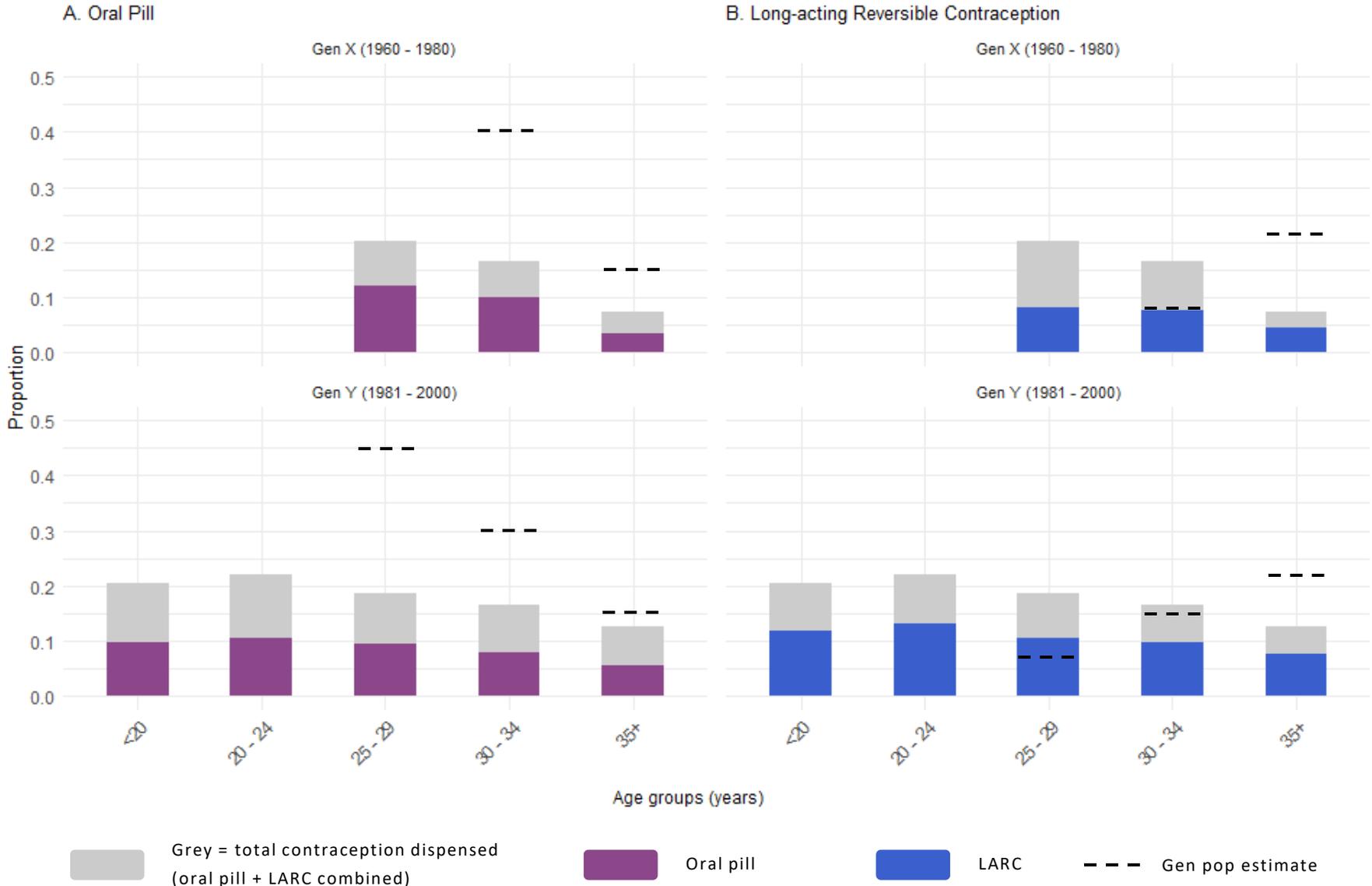
35503 **i**

Introduction of an intra-uterine device for abnormal uterine bleeding or contraception or for endometrial to which another item in this Group applies (other than a service described in item 30062, 35506 or 356)

[Multiple Operation Rule](#)



What the data shows us

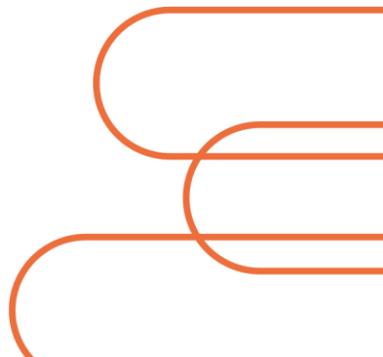


- Use is similar between the two generations
- Use declines in women over 35 in both groups
- Method choice shifts from oral pill to LARC but at lower levels than in general population



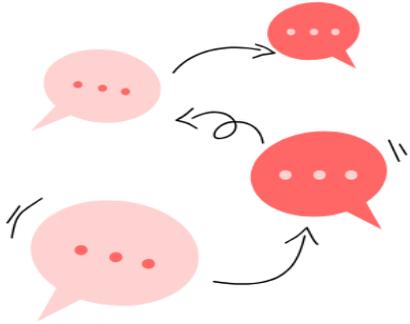
What this shift means

- Health system advancements
- LARC more accessible
- Oral pill assumes 'stability'
- LARC removes daily burden



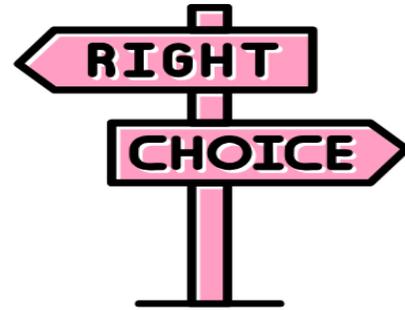


What needs to change



ACCESSIBILITY

Contraception and family planning conversations need to be brought into the AOD and harm reduction space



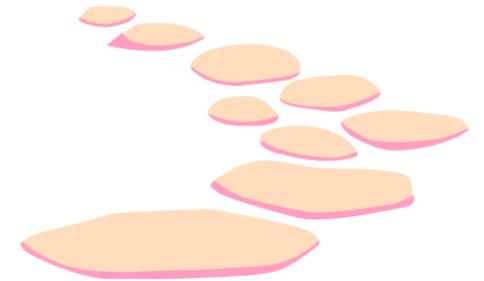
OPTIONS

Ensure all contraceptive options are explained, including efficacy, side effects and practical barriers — so women can make informed choices



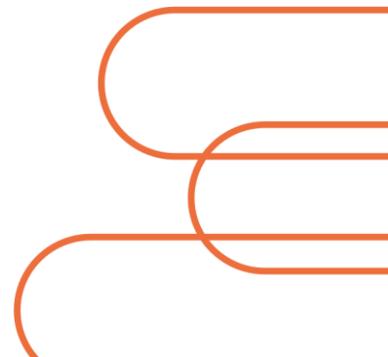
PERSON CENTERED

Ensure contraception is voluntary, trauma and adversity-informed and removable.



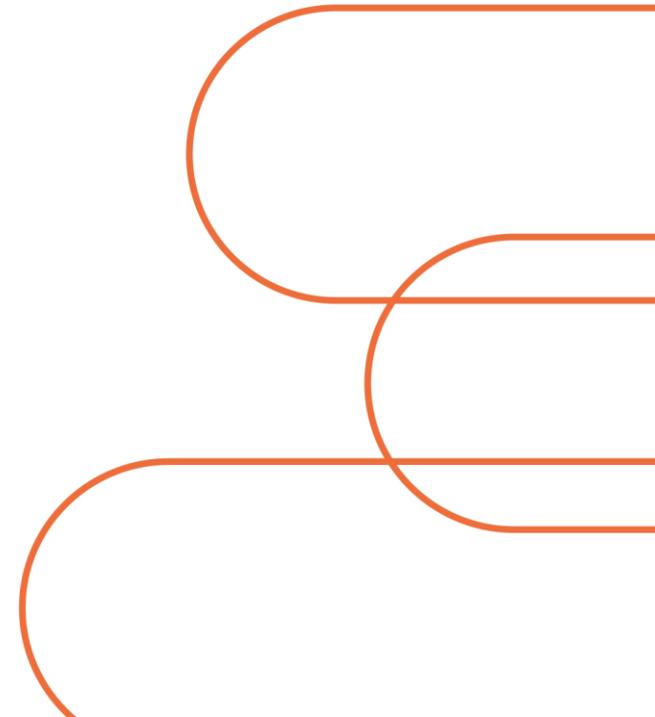
REFERRALS

The building of simple referral pathways





Is there reproductive choice?





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Thanks

Bek Petrovic

bek.Petrovic@burnet.edu.au



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