

Rapid Access Pathway for Contraception in Metropolitan and Regional Drug and Alcohol Services

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Introduction: The United Nations Sustainable Development Goals advocate for universal access to reproductive healthcare, including contraception[1]. Women who attend drug and alcohol services (DAS) access less contraception than the general population[2]. We aimed to assess contraception needs, and test a rapid access pathway for contraception services for women not planning a pregnancy, in drug and alcohol services.

Method: 100 women aged 16-49 were recruited from two DAS, one metropolitan and one regional, from 2017 to 2021. Women completed a questionnaire on their sexual and reproductive history, pregnancy plans and contraception use. Women were provided education on contraception options and, if they wanted to avoid pregnancy, offered referral to a rapid access pathway for contraception. The primary outcome was uptake of contraception; secondary outcomes were the types of contraception taken up, and pregnancies at 12 months.

Results: 89 (89.0%) women were not planning a pregnancy within 12 months. Of those, 70 (78.7%) reported heterosexual intercourse in the previous 12 months, and of those 47 (67.1%) were not using a modern contraception method. In women not planning a pregnancy, 25 (28.1%) women took up contraception and there were 13 (14.6%) recorded pregnancies at 12 months. 13 (14.6%) took up was an intrauterine device, the most frequent method chosen.

Discussions and Conclusions: Women who attend DAS have high unmet needs for contraception. Rapid access pathways may improve contraception access for women in some settings. Intra-uterine devices are popular with women. Regional variation may reflect population needs, local service provision, training, and the use of navigators.

Implications for Practice or Policy: Rapid access pathways for contraception could be incorporated into clinical practice in DAS. Pathways should include a range of contraceptive options; be trauma-informed and developed with local consumer partners; consider the use of clinical navigators; and incorporate screening tools to ensure appropriate population selection. Ongoing evaluation of pathways is recommended.

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