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Dr Eileen N Slack  
Superintendent  
Winlaton Youth Training Centre  
186 Springvale Road  
NUNAWADING

Dear Dr Slack,

Thank you for enclosing the letter from the Assistant Director-General of the Therapeutic Goods Branch of the Department of Health in Canberra.

I am well aware of your concern regarding the use of Depo Provera at Winlaton. Early last year both Dr Tony Krins and myself spoke about the use of Depo Provera and basically our conclusion was that it was a very safe and reliable drug for girls who found other methods of contraception unsuitable.

In 1981 a comprehensive review of injectable contraception with special emphasis regarding Depo Provera was published in the Australian Medical Association Journal. The authors were Ian Fraser and Edith Wiseburg. This was an exceptionally comprehensive review which contained 381 references.

The conclusion reached was that although Depo Provera has not yet been approved for general contraceptive use in Australia, it may be used where other contraceptive methods are unacceptable and informed consent is obtained from the patient or guardian.

It is important to note that Depo Provera has been widely used over the past ten years and it is estimated that currently 15,000,000 women are using this method. The drug is available commercially for contraceptive use in over eighty countries including many advanced European nations and New Zealand. The two main concerns regarding the use of Depo Provera are the

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relationship to breast cancer and prolonged infertility. There is no evidence at all that Depo Provera produces breast cancer in humans, and in addition, there are no documented cases of permanent infertility attributed to the use of the agent.

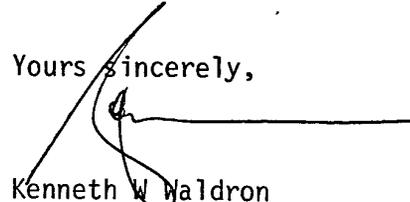
There are a group of girls at Winlaton who run a great risk of becoming pregnant. Often these girls find both the IUD and the combined pill unsuitable agents and it is in this group that Depo Provera finds its main use.

In evaluating any contraceptive agent, one must weigh the risks of pregnancy, particularly in a young immature girl against the inherent risk of the agent used. As far as Depo Provera is concerned, no long term risks in humans has yet been documented. There is no doubt that pregnancy is a far greater hazard and I believe that restriction of the use of Depo Provera at Winlaton would be a disservice to the girls in particular and the community in general.

Winlaton is not the only institution in Melbourne using Depo Provera for certain selective patients. Many of the Family Planning Clinics at the major gynaecological teaching hospitals use this method of contraception when other methods are contra-indicated.

I hope this letter will ease your mind regarding the use of Depo Provera.

Yours sincerely,



Kenneth W Waldron  
Director  
Family Planning Clinic  
Queen Victoria Medical Centre