RE: INQUIRY INTO COMMUNITY PHARMACY

Women’s Health Victoria is a not-for-profit, state-wide women’s health promotion, information and advocacy service, focused on improving the lives of Victorian women. Women’s Health Victoria’s vision is Women living well – healthy, empowered, equal. Our mission is to improve health and reduce gender inequity for women in Victoria by supporting, partnering, influencing and innovating. Women’s Health Victoria acknowledges the support of the Victorian Government.

We work collaboratively with health professionals, policy makers and community organisations to influence and inform health policy and service delivery for women. Our work is underpinned by a social model of health and a commitment to reducing inequities in health which arise from social, economic and environmental determinants. By incorporating a gendered approach to health promotion we aim to reduce inequality and improve health outcomes for women.

Women’s Health Victoria welcomes the opportunity to contribute to the Legal and Social Issues Legislation Committee’s inquiry into community pharmacy. Community pharmacy plays an integral role in the provision of emergency contraception to women. It is important that pharmacists are supported to provide women with this essential healthcare service, and that women are provided with access to emergency contraception as an option to reduce their risk for unwanted pregnancy.

Yours sincerely,

Rita Butera
Women's Health Victoria submission to the Legal and Social Issues Legislation Committee

Community pharmacy plays an important role in primary and preventive care provision in Victoria. In particular, community pharmacy is integral in the provision of emergency contraception to Victorian women.

1. **Background: Emergency contraception**

The emergency contraceptive pill (ECP) can be used by a woman to prevent unwanted pregnancy within 72 hours after having unprotected sexual intercourse, either in the absence of other contraceptive use or where contraception is suspected to have failed\(^1\). Emergency contraception plays a key role in ensuring that women are able to reduce their risk of unwanted pregnancy\(^2\),\(^3\). Use of emergency contraception also contributes to reducing the rates of unplanned pregnancy, abortion, and major reproductive health problems\(^4\).

Effective use of emergency contraception can only occur within a narrow timeframe and, therefore, timely access is a critical issue\(^5\). Offering emergency contraception over-the-counter without the need for prescription is a practical means of ensuring accessibility for all women\(^1\). In 2004, the ECP\(^b\) was downgraded from a prescription medicine to a pharmacist-only medicine in Australia\(^5\),\(^6\).

Availability of emergency contraception as a non-prescription medicine improves women’s access without increasing inappropriate use of emergency contraception\(^6\). There is no evidence that provision of emergency contraception promotes sexual risk-taking behaviour, increases transmission of sexually transmitted infections or reduces the use of longer-term contraceptive methods\(^3\).

However, evidence suggests that Australian women are unaware that the ECP is available without a prescription. An Australian telephone survey of women aged 16 to 35 years indicated that although most women had heard the ECP (94.9%), less than half the women (48.0%) were aware that it was available from the pharmacy without a prescription\(^7\).

It is important that community pharmacies support women’s health and enable women to prevent unintended pregnancies by providing the full range of contraceptive options, particularly emergency contraception.

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\(^a\) The emergency contraceptive pill can be taken within 72 hours of sexual intercourse, and may be taken off-label when more than 72 hours has passed since intercourse\(^8\).

\(^b\) Containing 1.5 mg levonorgestrel.
2. The roles and responsibilities of community pharmacy in improving women’s access to emergency contraception

Community pharmacy plays a vital role in providing emergency contraception. However, there are a number of barriers that impede women’s ability to access emergency contraception. These include:

- The misconception that emergency contraception causes abortion;
- Characteristics of service providers, including religious beliefs;
- Characteristics of health services, including opening hours and location. For example, reduced opening hours of regional pharmacies decreases women’s access to emergency contraception in rural and regional areas.

Specific barriers to women’s uptake of emergency contraception and their relationship to community pharmacy are explored below.

Dispensing emergency contraception to a third party

The Pharmaceutical Society of Australia’s protocol requires that the ECP be dispensed by pharmacists only to the intended user. However, this requirement was not specified by the Therapeutic Goods Administration when approving the rescheduling of the ECP as an over-the-counter medicine. The dispensing of the ECP to a third party has been described as a ‘legislative grey area’. Examples that demonstrate the range of practice in relation to dispensing ECP to a third party include:

- A study conducted in far North Queensland reported that staff at regional pharmacies were more likely to consider dispensing emergency contraception to a third party than staff at city pharmacies.
- In a recent national survey of pharmacists, the most common reason (59.7%) cited to decline provision of emergency contraception was that the request was not from the intended user.
- A recent ‘mystery patient’ study conducted in Queensland involved a scenario in which an 18-year old male presented at a pharmacy requesting emergency contraceptive for future use by his girlfriend. The authors identified that dispensing in this scenario is not appropriate as it constitutes third-party supply. Two of twelve pharmacies supplied emergency contraception to the mystery patient; five pharmacies that refused to supply emergency contraception requested that the intended user attend the pharmacy in person. Further, in five of the ten pharmacies that refused provision, a support staff member made this decision without involving a pharmacist.
While these results are not generalisable to all Victorian community pharmacies, they highlight that confusion exists regarding the provision of emergency contraception to a third party. There is an opportunity to clarify the circumstances in which provision of emergency contraception to third party is acceptable. This measure would promote women’s sexual and reproductive health, and prevent unplanned pregnancy. It would also support pharmacists in their role, by removing ambiguity and resolving discord between the Pharmaceutical Society of Australia guidelines and the Therapeutic Goods Administration.

**Recommendation 1:** It is recommended that regulations regarding community pharmacists’ provision of emergency contraception to third parties are clarified.

**Personal beliefs of pharmacists**

As the ECP is an over-the-counter medicine, pharmacists are able to refuse its supply\(^9\). The context and reasons for refusal to dispense emergency contraception are an important consideration for women’s access, particularly when it is the pharmacist’s personal, not professional, beliefs that prevent supply.

As emergency contraception does not induce abortion\(^10\), refusal to supply it on the basis of a pharmacist’s personal belief that abortion is morally disallowed is not based on evidence about the actions of the medication.

An unconditional right to refuse is also less compelling in situations where the intervention required is urgent\(^9\), such as in the case of emergency contraception. While referral to another provider without a conscientious objection may present a solution, the viability of this practice in the context of emergency contraception requires further investigation, particularly in regional areas.

Refusal to supply emergency contraception on the basis of personal beliefs occurs in Australia. Pharmacists’ attitudes about this practice varies:

- A study conducted in far North Queensland reported that 36 per cent of pharmacists felt that pharmacists should not be able to refuse to provide emergency contraception based on their personal beliefs, while 38 per cent felt that pharmacists did have the right to refuse\(^3\).
- In a national study of community pharmacies, two of 186 surveyed pharmacies reported that it was their policy to never dispense emergency contraception\(^2\). The reasons for not dispensing emergency contraception were not reported.
- In the same study, 22 per cent of pharmacists felt that it was reasonable for a pharmacist’s religious faith to influence emergency contraception supply\(^2\).

Refusing to supply emergency contraception can impact on women and their reproductive health in a number of ways. This may result from the loss of time or money spent pursuing access through another a pharmacy, or it may be the advent of an unwanted pregnancy\(^9,10\). Refusal to supply a woman with emergency contraception solely on the basis of the pharmacist’s personal beliefs impedes on a women’s right to make decisions regarding her own health, and whether or not to have children\(^1\).

It is important to clarify the rights and responsibilities of pharmacists who refuse to dispense emergency contraception on the grounds of personal beliefs, and to ensure that refusing pharmacists are equipped with information and resources to support women to access emergency contraception elsewhere.
Recommendation 2: It is recommended that the provision for pharmacists to object to dispensing emergency contraception on the basis of personal beliefs is explored, to ensure that women’s rights to sexual and reproductive health and autonomy are not compromised.

Recommendation 3: It is recommended that, in the event that conscientious objection to the provision of emergency contraception is recognised as legitimate in a community pharmacy setting, a protocol should be developed that includes referral to another pharmacy that will dispense emergency contraception.

The role of pharmacists to provide information about sexually transmitted infections and/or regular contraceptive use

There appears to be conflicting attitudes between women and pharmacists on the role of pharmacists to provide counselling on sexually transmitted infections and/or future contraceptive use. For example:

- A Victorian focus group study of 29 women reported that women obtaining emergency contraception from a pharmacy wanted privacy, anonymity, a non-judgemental approach from pharmacists, and information about sexually transmitted infections and/or regular contraception only as requested.
- A national study of Australian women reported that 47 per cent of women thought that it was the pharmacist’s role to give women contraceptive advice, and 49 per cent said that it was the pharmacist’s role to give women advice about sexually transmitted diseases.
- A study of pharmacy staff in far North Queensland reported that over 85 per cent of pharmacists and 72 per cent of non-pharmacist staff agreed that advice regarding sexually transmitted infection screening and future contraception options should be provided when issuing emergency contraception.
- In a national survey of pharmacists, 81.9 per cent of pharmacists agreed that it was the pharmacist’s role to counsel on regular contraception and 54.5 per cent felt that it was a pharmacist's roles to counsel on sexually transmitted infections.

The apparent disconnect between the attitudes of women seeking emergency contraception and staff at community pharmacies should be investigated further. Women should be supported by pharmacists with information regarding sexually transmitted infections and/or regular contraceptive use, where relevant. Pharmacists should also have knowledge of specific support services (e.g. youth workers) to which they can refer women, if requested.

Recommendation 4: It is recommended that pharmacists are supported to provide information to women regarding sexually transmitted infections, regular contraceptive use, and/or specific support services, where relevant.

Training of pharmacists and use of standardised protocols

Pharmacists are not required to undergo specific training to dispense the emergency contraception pill, although the Pharmaceutical Society of Australia does offer training. The Pharmaceutical Society of Australia has also developed a protocol to assist pharmacists in the supply of emergency contraception.
A standardised protocol and compulsory training could be developed to expand on the existing protocol available through the Pharmaceutical Society of Australia, to incorporate the following considerations:

- How to respond in particular situations, such as advanced dispensing, dispensing to third parties, or dispensing to women under 16 years of age.
- Advice on where consultations regarding emergency contraception take place within the pharmacy (i.e. preferably a private part of the pharmacy).
- Rights and responsibilities of pharmacists who refuse to dispense emergency contraception on the grounds of personal beliefs.
- Counselling on future contraceptive use and sexually transmitted infections.
- The timeframe in which emergency contraception can be supplied and used.

**Recommendation 5:** It is recommended that the protocol for provision of emergency contraception is expanded, and compulsory training is developed, to support pharmacists in dispensing emergency contraception to women.

### 3. Summary of recommendations

**Recommendation 1:** It is recommended that regulations regarding community pharmacists’ provision of emergency contraception to third parties are clarified.

**Recommendation 2:** It is recommended that the provision for pharmacists to object to dispensing emergency contraception on the basis of personal beliefs is explored, to ensure that women’s rights to sexual and reproductive health and autonomy are not compromised.

**Recommendation 3:** It is recommended that, in the event that conscientious objection to the provision of emergency contraception is recognised as legitimate in a community pharmacy setting, a protocol should be developed that includes referral to another pharmacy that will dispense emergency contraception.

**Recommendation 4:** It is recommended that pharmacists are supported to provide information to women regarding sexually transmitted infections, regular contraceptive use, and/or specific support services, where relevant.

**Recommendation 5:** It is recommended that the protocol for provision of emergency contraception is expanded, and compulsory training is developed, to support pharmacists in dispensing emergency contraception to women.
4. **References**


