



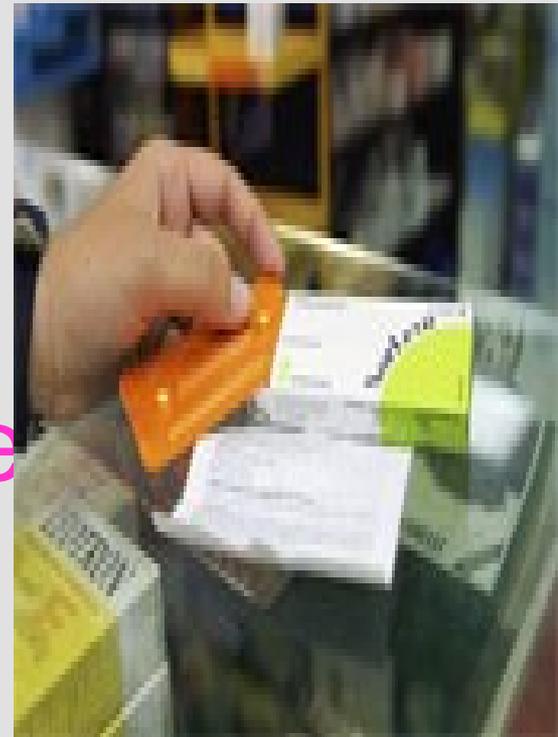
MONASH University
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The emergency
contraceptive pill (ECP)
without prescription: The
views and practices of
Australian pharmacists



Overview

1. Introduction
2. Aim
3. Method
4. Results
5. Discussion
6. Conclusion
7. Acknowledgements & Contact

1. Introduction

- Around 55% of pregnancies in Australia are unwanted & 25% end in abortion.¹⁻²
- ECP is an effective method of reducing the risk of unintended pregnancy
 - Progestogen-only (levonorgestrel) regimen
- Down-scheduled to OTC in Australia in 2004
- No research has since been conducted on ECP provision by community pharmacists

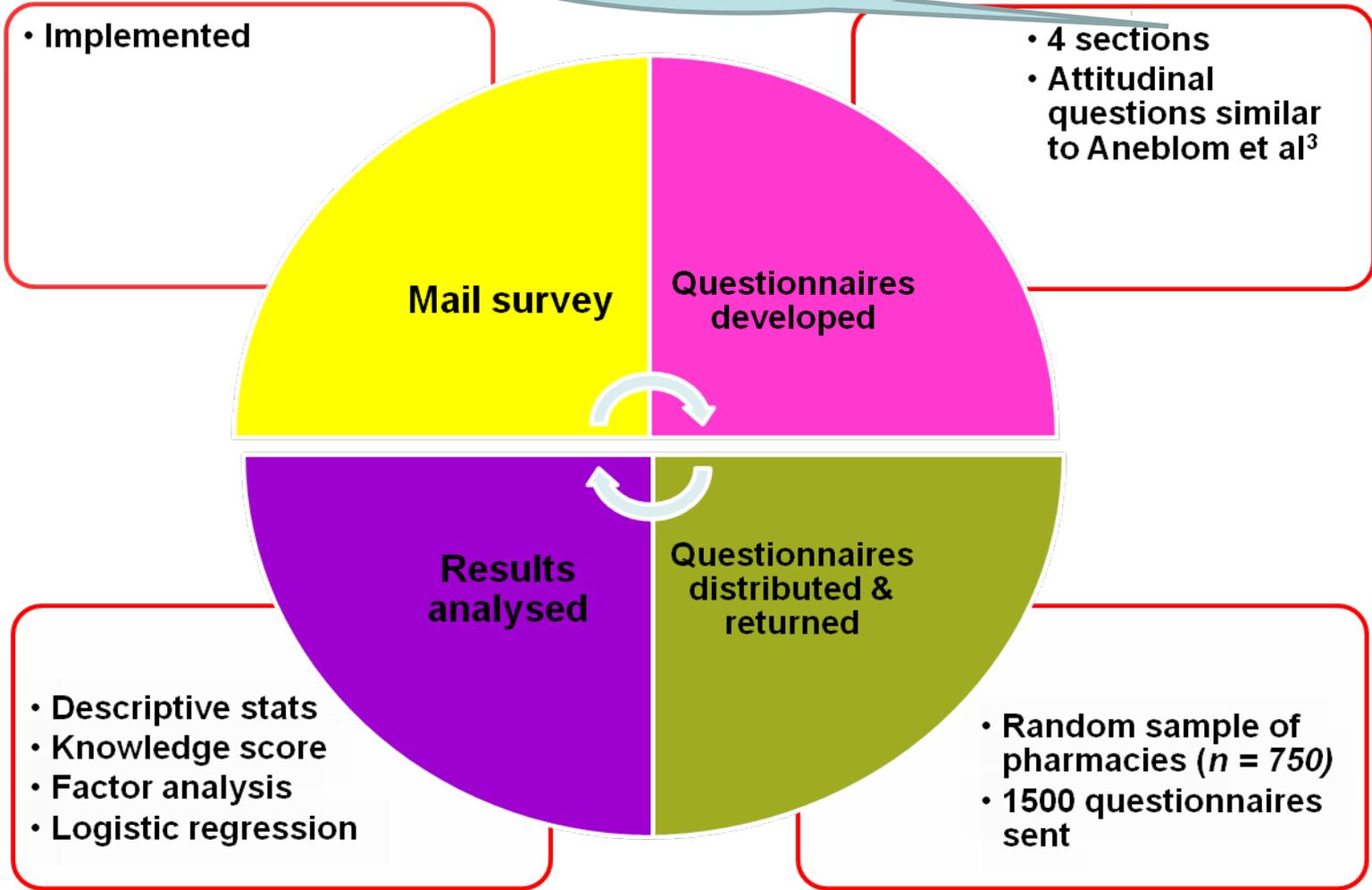
1. Pratt A, Biggs A, Buckmaster L. How many abortions are there in Australia? A discussion of abortion statistics, their limitations, and options for improved statistical collection. Canberra, Australian Capital Territory [cited 2009 December 4]; *Parliamentary Library*, Research Brief no.9.2004-05. Available from <http://www.apf.gov.au/library/pubs/rb/2004-05/05rb09.htm>
2. Smith, A, Rissel, C, Richters J, Grulich A, de Visser R. Reproductive experiences and reproductive health among a representative sample of women. *Aust N Z J Public Health*. 2003;27(2):204-09.

2. Aim

- To determine the training, attitudes & experiences of Australian community pharmacists in relation to the OTC provision of the ECP.

3. Method

- 1. Demographics
- 2. Provision
- 3. Counselling
- 4. Knowledge & attitudes



3. Aneblom G, Lundborg CS, Carlsten A, Eurenus, K, Tuden T. Emergency contraceptive pills over-the-counter: practices and attitudes of pharmacy and nurse-midwife providers. *Patient Educ Couns*. 2004 Oct;55(1):129-35.

3. Method - Knowledge questions (8)

Indicate your understanding of the likely mode of action(s) of the ECP (true/false/don't know)

- Prevents/delays ovulation & fertilization
- Alters tubal transport of sperm and/or ova
- Causes endometrial changes that discourage implantation
- Induces a medical abortion
- Acts as a spermicide
- Gives increased protection against unwanted & unplanned pregnancies
- Has fewer side effects than the Yuzpe regimen
- Requires that patients who are temporarily breastfeeding need to cease doing so for 24 h after use

3. Method – Attitudinal questions (28)

Indicate the extent to which you agree or disagree
(strongly agree to strongly disagree)

SEXUAL HEALTH e.g.

- Patients ≤ 16 yo are not capable of taking responsibility for their ECP use
- The ECP is an acceptable regular (\geq once a month) contraceptive method

•AVAILABILITY e.g.

- When supplying ECP to patients it is the pharmacist's role to counsel on regular contraception
- It is acceptable for sexually active patients to keep a supply of ECP for their future use
- Pharmacists should not supply ECP for patients who have had unprotected intercourse ≥ 72 h ago

•RISK BEHAVIOUR e.g.

- Men are less willing to use condoms when they know about ECP

4. Results – Demographic characteristics

427/1500 = 29% response rate

Gender (%)

51.7

48.3

Males

Females

Age group in years (%)

40

20

0



4. Results - Provision

- **Most pharmacists:**
 - Had used a written protocol to guide ECP dispensing (77.3%)
 - Usually recorded provision (73%)
 - Had occasionally declined provision (75.1%), most commonly because request was not from intended user, due to patient's age, or unprotected intercourse had occurred > 72 h ago.
- **13 different protocols specified**
 - Contain some irrelevant, unnecessary & ambiguous questions.
 - Time-consuming to complete
 - Outdated
 - Only available in English

4. Results - Knowledge

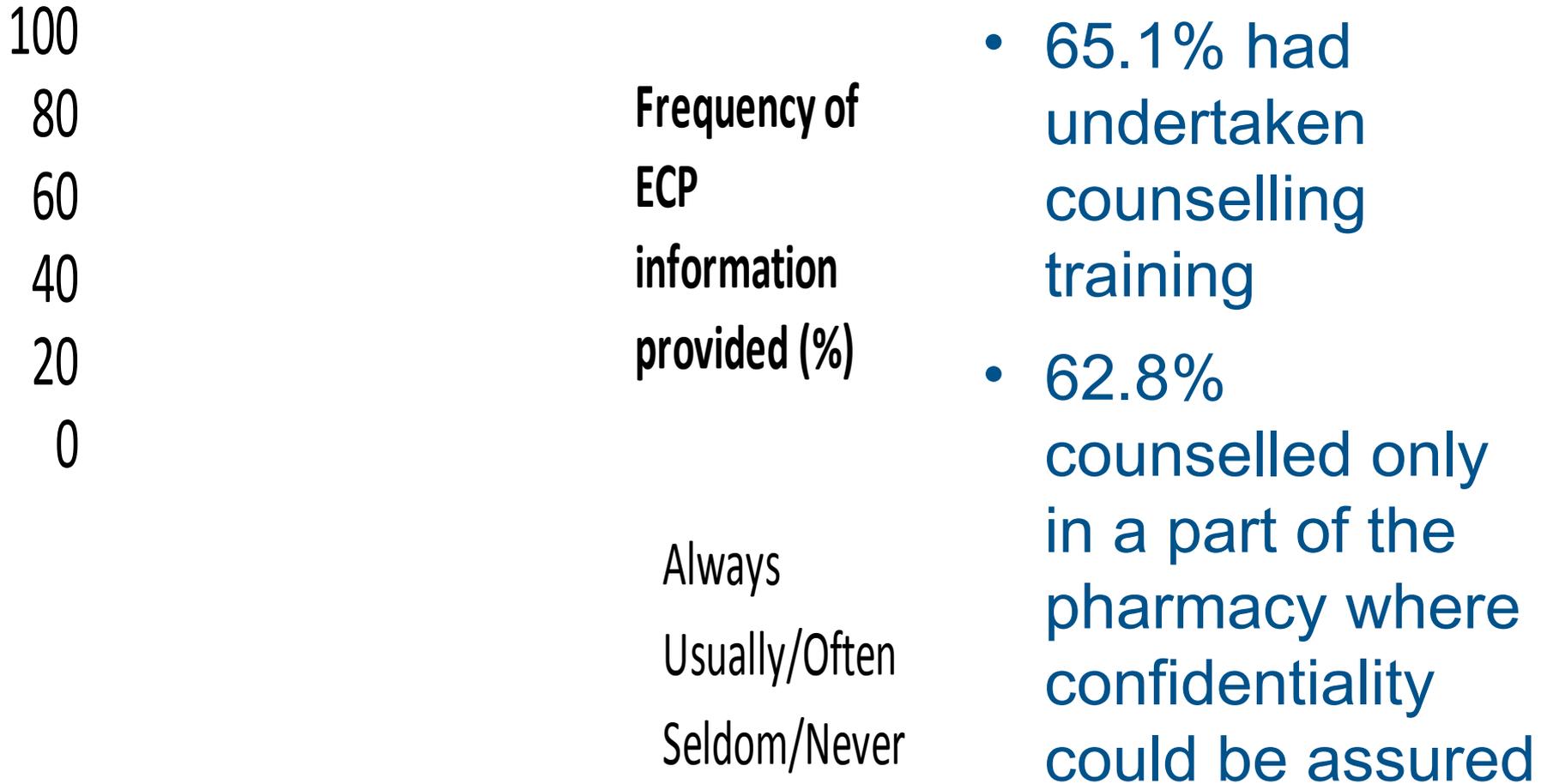
Knowledge score (%)

3.9 23.7

72.4

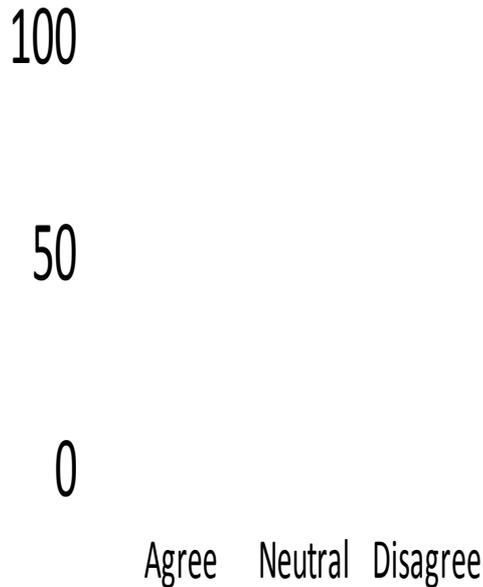
< 4 (poor)
4-6 (satisfactory)
7-8 (good)

4. Results - Counselling

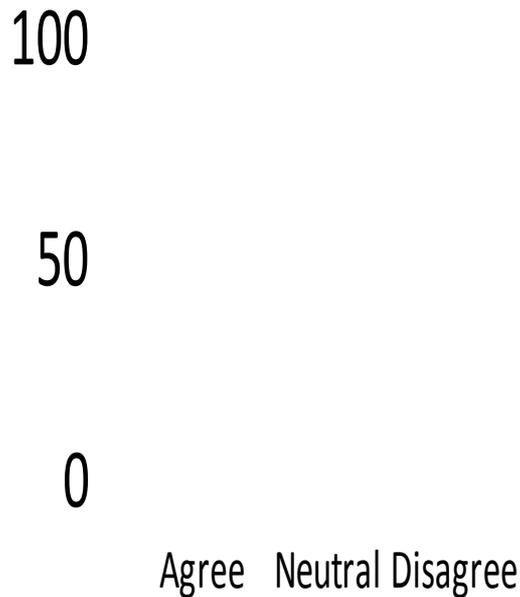


4. Results - Attitudes

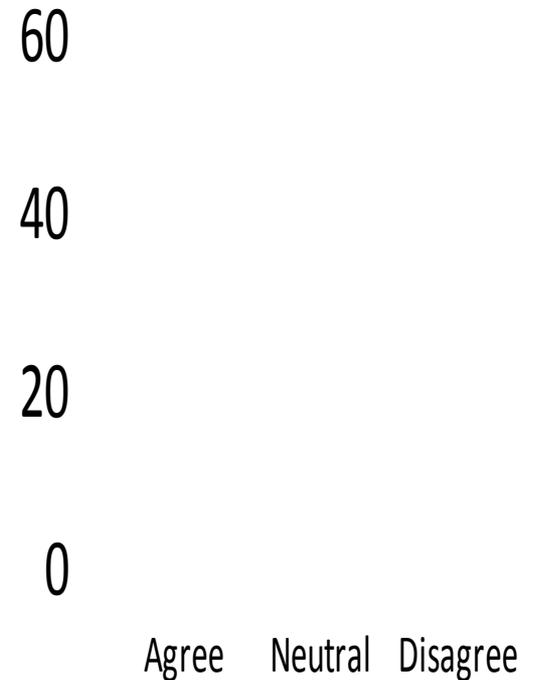
“Pharmacists should not supply ECP for patients who have had unprotected intercourse > 72 h ago” (%)



“It is acceptable for sexually active patients to keep a supply of ECP for their future use” (%)



“Patients < 16 yo are not capable of taking responsibility for their ECP use”* (%)



4. Results – Factor analysis

- 6 attitudinal factors identified:
 1. Moral restriction/promotion of ECP
 2. Acceptability of advance ECP provision
 3. Risk behaviours & the ECP
 4. Responsible use of the ECP
 5. Pharmacists' ECP provision attitudes
 6. Perceived impact of the ECP on sexual & reproductive health

4. Results – Logistic regression

Attitudinal factors vs decisions to decline ECP provision	Adjusted OR	95% CI	P> z
Declined ECP provision overall			
Advance ECP prescription	1.13	1.03-1.28	0.008
Decline provision when it had been >72h since patient had intercourse			
Risk behaviours	1.23	1.08-1.39	0.00
Responsible use	0.80	0.68-0.94	0.01
Perceived impact on sexual reproductive health	1.42	1.13-1.78	0.003
Declined provision because of patient's age			
Responsible use	0.58	0.4-0.71	<0.001
Declined provision because the request was not from intended user			
Advance ECP prescription	1.15	1.02-1.31	0.03
Perceived impact on sexual reproductive health	0.68	0.52-0.89	0.01
Declined provision because the ECP was requested for future use			
Advance ECP prescription	1.24	1.09-1.40	0.001

4. Results – Logistic regression

Pharmacists' characteristics vs decisions to decline ECP provision	Adjusted OR	95% CI	P> z
Declined ECP provision overall			
Pharmacists who worked in large regional areas	0.38	0.19-0.77	0.007
Pharmacists who were untrained to counsel	0.48	0.06-0.62	0.005
Decline provision when it had been >72h since patient had intercourse			
Female pharmacists	0.32	0.17-0.60	<0.001
Pharmacists aged 60+	0.20	0.05-0.82	0.025
Pharmacists who worked in large regional areas	0.20	0.07-0.62	0.005
Declined provision because of patient's age			
Pharmacists aged 60+	0.17	0.04-0.69	0.014
Pharmacists who worked in large regional areas	0.08	0.01-0.94	0.044
Pharmacists who believed in Christianity	7.98	1.34-47.59	0.023
Declined provision because the ECP was requested for future use			
Pharmacists who worked in large regional areas	0.24	0.06-0.92	0.037

5. Discussion

- Respondent characteristics were generally reflective of current community pharmacy practice in Australia
- Written protocols to guide ECP dispensing are problematic
 - Need at all or move to standardised version?
 - Guidance in particular situations required e.g. ≤ 16 yo, repeated use discovered, advance prescription requested.
- Pharmacist (re)education on:
 - Timeframe for taking ECP
 - Informing women about MOA of ECP
 - Role in counselling on regular contraception & STIs
 - Maintaining privacy & other ethical responsibilities
 - Advance provision

5. Discussion

- Compared to participants in the study by Aneblom et al,³ survey pharmacists had:
 - Stronger beliefs about ECP availability
 - Neutral attitudes regarding risky behaviour
 - Had similar, positive beliefs about the role of ECP in sexual and reproductive health & on public & user awareness of ECP.
- Limitations acknowledged

3. Aneblom G, Lundborg CS, Carlsten A, Eurenus, K, Tuden T. Emergency contraceptive pills over-the-counter: practices and attitudes of pharmacy and nurse-midwife providers. Patient Educ Couns. 2004 Oct;55(1):129-35.

6. Conclusion

- Our study achieved its aim of obtaining information not previously identified about Australian pharmacists' current views & practices in relation to their increased role in ECP provision
 - Issues that emerged were similar to those reported overseas
 - Could potentially inform Australian sexual health policy

7. Acknowledgements & Contact

- The Australian Research Council for funding
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