

Teen Access to Emergency Contraception: Script

Introduction:

In a study done by the Irish Family Planning Association in 2005, it was discovered that “Many young Irish women become sexually active at a young age. Many teenagers appear to have problems using condoms correctly while others are taking chances by not using any method of contraception.” (Sheila Jones, Irish Family Planning Association, Dublin, Ireland).

According to Webster’s New World Medical Dictionary, Emergency Contraception (EC) is defined as: The prevention of pregnancy after unprotected vaginal intercourse. This definition might be examined as too narrow—in many cases, EC is sought after attempts at protected sex fail (i.e. condom breakage.) EC may use drugs related to the female hormones estrogen and progesterone. These “morning-after pill” are similar to birth control pills but generally contain higher hormone doses. Another form of emergency contraception uses an intrauterine device (IUD) inserted by a physician within 5 days after intercourse.

In Ireland, EC could only be obtained with a prescription, and is given by family doctors or family planning clinics (*Very recently, this has changed—Boots Pharmacy allows access to EC without prescription, but with a mandatory information session.*) However, in other Westernized nations, such as the United States, EC is now available to those aged 17 and up over-the-counter.

The availability of EC to teens is a cause of controversy in Ireland and beyond. Research is used to support arguments for and against this access, and has become intertwined with social and moral ethics. In this presentation, we will explore both sides of the debate, the research that accompanies each proposition, and the strengths and weaknesses of these studies. We will conclude with our final recommendations.

Media Coverage:

In the summer of 2009, an advertisement regarding the EC “Lenovelle” was shown on Irish television, being the first commercial of this kind to be shown throughout Ireland. This commercial is actually one for women in the UK who already have EC available to them over-the-counter. The commercial raised concerns and questions on why many European countries provided over-the-counter availability for EC, while Ireland still required a trip to the doctor before acquiring the drug. Niall Behan, chief executive of the Irish Family Planning Association, says it is unfair that women have to visit their doctor and pay for the visit before being able to get EC. He also points out that many doctors are closed on long weekends and Sundays, creating a barrier for women who need the contraception immediately.

On January 12th, 2011, Boots pharmacy made the emergency contraception pill, NorLevo, available to buy over-the-counter. Along with the contraception, Boots provides a one-on-one meeting with a pharmacist and information on long-term contraception and sexual health. This service is available by a patient group direction, allowing Boots to provide clinical services which include medical treatments. The Boots Ireland chief pharmacist, Mary Rose Burke, spoke out on the new service, saying that “this emergency contraception service has been introduced as part of Boots' objective to provide responsible, accessible and affordable

healthcare to its customers." In an article from the *Irish Examiner*, Dr. Mel Bates, chair of the Irish College of General Practitioners, is found disapproving of Boots' new initiative. He is concerned for the lack of "quality and continuity of care" that would come with Boots distributing EC, saying, "My concern is that the company is cherry picking those who know they probably are not pregnant. In the GP setting, we make them aware that the morning-after pill may be unnecessary in their cases and then they make their own decision."

About a month after Boots made the decision to sell EC over-the-counter, the Irish Medicines Board decided to allow all pharmacies to sell NorLevo without needing a prescription. The pharmacies are able to set their own price for the drug, with some setting the cost as low as €0.99. This price is much less than the €45 fee Boots was charging for its service. Similar to Boots' mission with EC, Kathy Maher, a County Meath pharmacist and a member of the Irish Pharmacy Union, believes pharmacists are looking after the customers' best interests. RTE News of Ireland quotes her saying, "Community pharmacists are healthcare professionals with the skills and competence to dispense this medicine to patients, where appropriate and to provide relevant advice. Patient safety and personal sensitivity are paramount." NorLevo is the only OTC emergency contraception available in Ireland, with the other EC, Lenovelle, being accessible by prescription only.

Arguments and Supporting Research for Teen Access to EC

1. EC is safe to use in all populations. (Glasier and Baird, 1998)

There is a great deal of evidence that supports the proposition that emergency contraception is safe in all populations and if it is available over the counter then it can greatly reduce the risk of unwanted pregnancy in both teens and adults. We believe that women should not have to go through the trouble of getting a doctor's prescription to obtain emergency contraception because many women feel embarrassed or they cannot get an appointment on such short notice. This may then lead to the unwanted pregnancy or, perhaps, abortion. This is a large debate, however, and some people believe that easier access to emergency contraception may lead to more unsafe sexual acts or promiscuity. In a study by Glasier and Baird 1083 women were studied. The participants ranged from 16-44 years old and were put into two groups: the control group were simply informed what the emergency contraception was and where to get it; and the treatment group which was given the emergency contraception pills with instructions. The results showed that women given the emergency contraception were more likely to use it. There were 28 pregnancies in the treatment group and 33 pregnancies in the control group. It is unknown whether the pregnancies were on purpose.

2. Teens should have access to emergency contraception – it will not increase risky sexual behavior or dependency on EC for birth control purposes (*Argument*)

A study conducted by Harper et al, analyzed by London, placed women who used family planning clinics in a trial to gather information on EC usage. 964 adolescent women aged 15-19 years were compared to 1,153 young adult women aged 20-24 years. Participants were split into three groups; a Pharmacy group, given instructions on how to attain EC from a pharmacy free of charge, an advance provision group, given three packs of EC pills in advance, and finally, a clinic access group, which acted as the control group, whom were told to return to the clinic if they needed EC.

Research found that the ease of access to EC did not increase risky sexual behavior patterns or change routine use of contraceptive methods across the different groups, however, the group given packs of EC to have on hand had a higher usage rate. Also, the amount of participants that used EC once was comparable between women and teens (62% and 65% respectively). All women had high rates of using the medicine correctly (93% of adolescents and 94% of young women). This study shows that teens are capable of using EC correctly and do not use it as a substitute for birth control. Also, having access to EC does not increase risky sexual behavior in teens.

3. The law does not criminalize girls under the age of 18 who are sexually active; therefore, access to EC should be attainable. (*Argument*)

The Irish law states in the Criminal Law (Sexual Offences) Act of 2006, section 5, that “A female child under the age of 17 years shall not be guilty of an offence under this Act by reason only of her engaging in an act of sexual intercourse.” If the law will not punish females under the age of 17 of engaging in sexual intercourse, they should be provided with whatever means possible to prevent unwanted pregnancies. This means access to EC should be provided to all teens.

Strengths and Weaknesses in Arguments for Proposition

1. Glasier and Baird Study- EC is safe to use

The study drew from a large sample base, strengthening the research. However, some of the limitations of the study would be that we do not know how honest the participants were regarding the consistency of the intake of the emergency contraception, how many times they engaged in sexual activity, and if they had unprotected sex.

2. Harper et al. Study- EC access does not increase risky sexual behavior or act as a contraceptive substitute

A large and diversified group participated in this study. However, the participants were women that used clinics from the San Francisco Bay area. This population’s behaviors and usage patterns of EC may not accurately apply to all populations. Also, the study was done in 2001-2003.

3. Irish law argument

This is the current law which must be enforced; however, this law may not reflect public opinion.

Arguments Against Proposition:

Moral/Ethical Arguments Against Proposition:

1. Increased access to EC may increase sexual promiscuity

Some people fear that increasing the availability of EC to teens will increase risky sexual behaviors. Teens will think they can have unprotected sex and take EC afterwards to prevent pregnancy, but forget that EC will not prevent getting STI’s.

2. Perceived to be equivalent to abortion by opposition groups

Many groups who are against the contraceptive pill (i.e religious groups) view taking the E.C as being similar to an abortion. Opponents see it as “morally equivalent to intentionally procuring an abortion” (“plan b and the doctrine of double effect”). This will have an effect on the women who wish to use the emergency contraceptive. Also, many women believe that they are having an abortion due to lack of information.

3. May become their only form of contraception

Women who are uneducated in proper contraception- still a problem in Ireland- may use the morning after pill as their only form of contraception. The pill is less effective the longer you leave it to take. There is only a 60-70% chance after 48 hours that it will work. The pill can be taken up to 72 hours after unprotected sex has occurred. Many could view using the EC as being the best form of protection against getting pregnant. EC, however, does not prevent them from getting STI's, so is not the best form of routine contraception.

4. EC should only be available by prescription to ensure accurate information.

Online databases such as Goodhealthtipsonline.com do not consider the fact that a female looking to take EC may be too embarrassed to see a doctor for a prescription or have problems getting an appointment with a doctor within the time-period in which EC can be effectively used. Many believe that if a woman is in the need of EC, then they should have to go to the doctor to receive counseling about the medicine and risky lifestyle choices. Online information on particular ECs, such as Plan B or Next Choice, advises consultation prior to taking EC. A pharmacist has no access to an adult female's medical records, and cannot check on previous drug use and whether the drug is likely to cause harm to a particular person. Information given by other sources besides their doctor may misinform or confuse women looking to take EC safely and correctly.

Research Based Argument:

5. Severe side effects and rare cases of ectopic pregnancy have been associated with the use of EC.

Rare cases of ectopic pregnancy have been found to be associated with some emergency contraceptives. Various online sources also list blood clots as a severe side effect of repeated EC usage.

The study, *Ectopic pregnancy and emergency contraceptive pills: a systematic review*, examined 136 studies of almost 52,000 women and compared the rate of ectopic pregnancy among women whose EC failed and among the general population. The resulting data displayed no significant difference between the rate ectopic pregnancy after failed EC and ectopic pregnancy naturally occurring in the general population. Reflecting figures remained below 1% in each sample. It is possible this study was conducted to find research against the use of EC; however, even this study shows that EC does not increase the rates of ectopic pregnancy and is safe to use.

Strengths and Weaknesses in Arguments Against Proposition

Moral Arguments:

Many of the arguments against the use of EC are rooted in individual's beliefs rather than sound scientific research. The strengths and weaknesses of moral arguments are a double-edged sword; people will not act against their personal values even if research suggests otherwise.

3. The use of EC could cause ectopic pregnancies.

This study covers a large sample ensuring accuracy of results. On the other hand, the study is limited when applying this information to western cultures as a high percentage of the studies analyzed were from China. The range of ECs present in the studies was also limited with only Mifepristone and Levonorgestrel pills used.

Final Recommendation:

We suggest teens aged 15 and over should have access to emergency contraception without a prescription. In addition, we recommend women receive nonjudgmental advice upon the purchase of emergency contraception from the pharmacist to ensure correct use and to provide an opportunity for the women to ask any questions about the medication or other forms of contraception available. Research has shown by Harper et al., cited by London, that teens are able to use emergency contraception correctly, access to EC does not increase risky sexual behavior, or act as a contraceptive substitute (2006). The Irish law does not punish females under 17 of engaging in sexual intercourse and it is suggested that half of unintended pregnancies could be prevented by the increased use of emergency contraception.

We are advocates for teen access to emergency contraception and believe if teens make the decisions to engage in sexual intercourse, they should be given the tools to responsibly prevent unwanted pregnancy without needing a prescription.

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