Direct Access to Emergency Contraception through Pharmacies

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Introduction
Since the passage of new legislation in California effective January 2002, women have been able to access emergency contraception (EC) directly in select California pharmacies without going to a physician or clinic for a prescription. Only 6 states have direct pharmacy access to EC – Alaska, New Mexico, Washington, Maine, Hawaii and California. Little is known about whether removing the requirement of seeking a prescription from a doctor reduces the time it takes to get EC and whether pharmacists are effective at explaining how to use the method. This study describes the experience of women who access EC directly in pharmacies and women who have a prescription.

Methodology
Thirty-two pharmacies were randomly selected to administer a survey to women seeking EC. Twenty-five pharmacies statewide (23 independent and 2 chain) agreed to participate. Between July and August 2004, participating pharmacies asked women seeking EC to fill out an anonymous and confidential questionnaire. The questionnaire asked women about their demographic characteristics, reasons for requesting EC, time since last unprotected intercourse, how they learned about direct access, and their experience receiving EC at the pharmacy. To compensate the women for their time, a $5 Starbucks gift card was given to participants. Participating pharmacies were compensated for administering the survey. 424 women participated in the survey. This study describes their experience.

Preliminary Results from the first 200 respondents

In the participating pharmacies, only 12% of the women seeking EC had a prescription from a physician. The remainder were seeking EC under the new legislation which allows pharmacists to provide EC without a prescription. Fewer than 1% of women seeking EC were under 16 years of age. The mean age was 23.4 and the ages ranged from 15 to 47.

There was no significant difference in direct vs prescription access to EC by age. Hispanic women were more likely to have a prescription than women of other race/ethnicities. Women who were using direct access to EC were more likely to need

EC for immediate use than women with prescriptions. 8% of direct access users and 17% of prescription users wanted EC to have it on hand for future use. 50% of both prescription users and direct access users had never used EC before. Three out of four women (74%) had never used EC more than once.

Given data from the first 200 respondents, we find a five hour difference in the time mean time from unprotected sex to pharmacy visit between the direct access and the prescription users (36 hours compared to 41 hours). This difference is not significant although the larger sample size may reveal significant differences.

Most women found out about EC direct access from their doctor or clinic (41%), friend (30%) or pharmacist (18%).

Conclusions

Little is known about women's experience accessing EC at the pharmacy. This study describes the experiences of direct access users and prescription users. Results from data collection to date reflect a high rate of consumer satisfaction of the direct access option, including an improvement in time to obtain EC for direct access users. Final data analysis may reveal statistically significant differences in time to obtain EC, age and ethnicity, and reason for requesting EC.

Notably, we find that few women seeking EC are below the age of 16. Provision of EC to young women is the stated concern of the FDA in denying over-the-counter status to EC.