



**A Proposal for  
Improving Access to Contraception  
for Women**

**Presented by the Irish Pharmacy Union  
to the Minister for Health, Mr Simon Harris TD**

**April 2018**

## Introduction

The **Irish Pharmacy Union** (IPU) is the representative and professional body for community pharmacists in Ireland. Our mission is to promote the professional and economic interests of our members. Members of the IPU are committed to delivering a quality, accessible, personal and professional service that puts the patient first and has as its primary goal the optimisation of the health and well-being of society. Community pharmacies are located in every town, village and community in Ireland. Most of them are open six if not seven days per week, often late into the evening, making pharmacists arguably the most accessible source of primary healthcare.

Crisis pregnancy has long been acknowledged as a significant global health, social, and economic problem. It is an area of grave concern with the potential to cause great distress to those affected. A 2003 analysis of CPA and CSO figures revealed that an estimated 136,000 women living in Ireland have experienced a crisis pregnancy in their lifetime. Given the passing of time, that figure is likely to be significantly higher now.

## Irish Contraception Statistics

The HSE commissioned a study, 'Irish Contraception and Crisis Pregnancy Study 2010'<sup>1</sup>, which found that:

- Nearly half of the women surveyed (47%) reported that they would prefer to get their contraception from a pharmacy, with 37% citing a preference for the GP;
- Approximately 1 in 5 men and 1 in 3 women with experience of pregnancy has experienced a crisis pregnancy, a higher proportion than in 2003;
- For women, 1 in every 7 pregnancies was a crisis pregnancy, with 1 in 5 crisis pregnancies (21%) resulting in abortion;
- The majority of people who experience a crisis pregnancy are in their early twenties.

The ICCP-2010 study also found that 15% of women and 9% of men experienced difficulty in accessing contraception, reporting barriers to access such as locality, cost and embarrassment. According to the study, difficulty in accessing contraception remains an important issue and the authors suggested that *“more readily available access to affordable contraception would increase the use of contraception”*. The study recommended that *“strategies that facilitate choice in accessing contraception should be implemented”* and that *“the role of community pharmacists in the provision of sexual health advice and services needs to be further developed”*.

---

<sup>1</sup> [http://crisispregnancy.ie/wp-content/uploads/2012/06/ICCP-2010\\_REPORT.pdf](http://crisispregnancy.ie/wp-content/uploads/2012/06/ICCP-2010_REPORT.pdf)

## Access to Contraception in other Jurisdictions

There are no clinical reasons why oral contraceptives should still require a prescription. The oral contraceptive is one of the safest and most well studied medicines available. *The Lancet* has twice recommended non-prescription availability, most recently in 2008 because of its protective effect against cancer<sup>2</sup>, and previously in 1993 because it would help women realise how safe it is<sup>3</sup>. Oral contraceptives are safe enough that organisations such as the American Association of Family Physicians<sup>4</sup> and the American College of Obstetricians and Gynecologists<sup>5</sup> have said that they should be available without prescription.

More and more women across the United States can now use hormonal birth control without first having a doctor prescribe it. In several states – Oregon, California, Colorado, Washington, New Mexico, Hawaii, Tennessee and Maryland, and in Washington DC – legislation now exists allowing women to access contraception directly from their pharmacist without needing a doctor’s prescription. Instead, pharmacists who complete the required training can issue those prescriptions directly. At the pharmacy, women complete a standardised health questionnaire (and, for combined hormonal contraception, a blood pressure reading) with the pharmacist, who then determines which hormonal contraceptive might be appropriate and safe.

In New Zealand, the Ministry of Health announced in February 2017<sup>6</sup> that the statutory Medicine Classifications Committee had recommended a change in the classification of certain oral contraceptives from ‘prescription’ to ‘restricted’ medicines, allowing them to be sold without a prescription after a consultation with a pharmacist. Having reviewed the evidence and consulted with a wide range of medical professionals and consumer representatives, the Committee was satisfied that pharmacists could supply oral contraceptives to women who meet the specified criteria with the same levels of safety as other healthcare professionals.

In Saskatchewan Canada, pharmacists have recently been granted authority to write prescriptions for hormonal contraceptives<sup>7</sup>. The change was spurred by a province-wide initiative by the Saskatchewan College of Pharmacy Professionals, the College of Physicians and Surgeons and the Ministry of Health.

---

<sup>2</sup> The case for preventing ovarian cancer. *Lancet* 2008;371(9609):275.

<sup>3</sup> OCs o-t-c? *Lancet* 1993. 342(8871):565–6.

<sup>4</sup> <https://www.aafp.org/about/policies/all/otc-oral-contraceptives.html>

<sup>5</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Over-the-Counter-Access-to-Oral-Contraceptives>

<sup>6</sup> <https://www.health.govt.nz/news-media/media-releases/way-clear-pharmacists-dispense-oral-contraception>

<sup>7</sup> <https://globalnews.ca/news/4118878/pharmacists-in-saskatchewan-can-now-prescribe-birth-control-and-uti-medication/>

## Minister for Health's Proposal

The IPU welcomes the Minister for Health's proposal, announced in the Dáil on 9 March 2018, to introduce a free contraceptive service. The Minister said that he would "*seek approval for a series of measures to further support women and improve access to counselling, contraception and perinatal care*". The Minister acknowledged that "*if our underlying principle is that abortion should be safe, legal and rare, then we must do all that we can to reduce the number of crisis pregnancies and to support women in every way*". Access to birth control is a major public health issue because of the risk of unwanted pregnancies. By making birth control easier and more convenient to obtain, more women will use it, which should result in reduced rates of unintended pregnancy and also abortion. We believe that this IPU proposal is the most efficient and effective way of achieving the desired outcome.

## The IPU's Proposal

The IPU proposes that the Department of Health and Health Service Executive put in place a scheme to enable women to access contraception directly from their community pharmacist without prescription and without charge, regardless of eligibility. The fact that most women obtain their emergency hormonal contraceptive (EHC) from pharmacies rather than from GPs reinforces the finding of the ICCP-2010 study that convenience and accessibility are important for contraception supply. Pharmacist supply of ongoing contraception that has a lower rate of failure than emergency contraception should be more successful in affecting rates of crisis pregnancies.

Moreover, Irish women are increasingly resorting to online resources to obtain prescriptions for oral contraceptives, giving rise to patient safety concerns, such as deep vein thrombosis, as there is no measurement of blood pressure or BMI in advance of issuing the online prescription, a prerequisite for safe prescribing of oral contraceptives.

The IPU proposal would ensure that:

- Pharmacists will only be able to supply contraceptives after undertaking additional training and according to strict criteria. Clear criteria and formal assessment that are used internationally when certain contraceptives are supplied will be applied in the controlled pharmacist-only model of supply;
- Supply of contraceptives will include oral contraceptives, patches, rings and injections;
- It would not be a requirement for the woman to have previously been prescribed a contraceptive;
- Supply of contraceptives by the pharmacist would initially be restricted to women aged 17 years and older;
- A woman will need to have a formal consultation and BP/BMI check with the pharmacist every 6 months. Following the consultation, the pharmacist can supply up

to 3 months' contraceptive, followed by a further 3 months' contraceptive in the same pharmacy before a follow-up consultation is required;

- A record of the supply of the contraceptive will be kept on the patient's medication record (PMR).

The safe supply of contraception will require a significant professional input from the pharmacist, who, when supplying these medicines without prescription, must conduct a private consultation with the patient in order to assess both her need for the medicine and the medicine's suitability for her, and also to impart relevant contraceptive and sexual health advice and information.

In light of the extent of their professional obligations, pharmacists would require remuneration over and above a standard dispensing fee for providing the service. It is the IPU's view that, given the professional input and the time involved in providing the service, consultation fees in line with those already paid for the EHC consultation to GMS patients (currently €11.50 plus ingredient cost and standard dispensing fee) would be appropriate.

The procedure for recording and documenting the service provided and for claiming reimbursement of the fee and ingredient cost would be as for medicines dispensed under other Community Drugs Schemes. It would involve the submission of Unified Claim Forms carrying the patient's GMS/PPS number and signed by both the pharmacist who provided the service and the patient who received it.

Pharmacists could be facilitated in providing this service to patients by amending the Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2011 [S.I. No. 525 of 2011] and Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 2) Regulations 2015 [S.I. No. 449 of 2015].

The IPU is available for further discussions on this proposal with a view to facilitating an early roll-out of the service.