Should the contraceptive pill be available without prescription?

Two areas in London are piloting over the counter oral contraceptives. **Daniel Grossman** argues that the policy should be widely adopted but **Sarah Jarvis** believes it is the wrong approach to reducing unplanned pregnancy

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YES Oral contraceptives are the most widely used hormonal method of contraception globally and the most commonly used reversible method in less developed countries other than China.[1] The pill is highly effective and with perfect use has a failure rate of 0.3% in the first year.[2] But in practice failure is much higher—closer to 8% or 9%.[3] In most countries, women must have a doctor's prescription to obtain oral contraceptives, although many developing countries do not enforce this and pills are effectively available over the counter.

Data from the United States suggest that, for at least some women, the prescription requirement represents a barrier to both initiation and continuation of hormonal contraceptives. A US national survey of women in 2004 reported that 41% of women not currently using contraception said they would start using the pill, patch, or vaginal ring if it were available directly in a pharmacy.[4] Another study found that travel away from home and running out of pill packs were frequent reasons women missed pills,[5] a common cause of contraceptive failure. Participants in a Scottish study of attitudes to contraception also commented that getting an appointment with a general practitioner can be hard.[6]

Safety

Is it safe for women to access oral contraceptives without a prescription? Over 50 years of experience have shown oral contraceptives to be very safe. In every age group, the risk of cardiovascular death among healthy non-smokers who take the pill is lower than the same risk for women carrying a pregnancy to term.[7]

However, the question remains whether women need to visit a clinician to determine whether oral contraception is appropriate for them. Ideally, doctors or nurses screen women for contraindications to the pill using evidence based criteria, such as those of the World Health Organization.[8] But in practice this screening does not always take place.[9]

Research from Mexico, where the pill is widely available without a prescription, found that women obtaining the pill without visiting a clinician were no more

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NO The United Kingdom is top of a league in western Europe—and a very undesirable first place it is, too. The league table is that for teenage pregnancies, with rates of teenage motherhood in the UK, at 15%, around twice those of Germany (8%), three times those of France (6%), and almost four times those of Sweden (4%).[1 2]

The implementation of a national teenage pregnancy strategy in 1999 has gone some way to reversing the rising trend of teenage pregnancies, but only by about 2% a year in the first five years after it was implemented.[3] As with other lifestyle diseases such as diabetes, however, the UK still ranks far behind the United States, where 22% of women have a child before the age of 20.[2]

Nevertheless, action still needs to be taken to address the underlying causes. The Department of Health Social Exclusion Unit has highlighted complex reasons for the high rates of teenage pregnancy in the UK, including lack of education and mixed messages in the media.[1] Societal attitudes, government housing policy for teenage mothers, and media messages are largely beyond the remit of primary care's influence. Education about contraception, however, is not. And it is contraceptive use, rather than sexual activity, which correlates most closely with rates of unplanned pregnancy.[2]

Wrong method

In 2005, the National Institute for Health and Clinical Excellence (NICE) guidance highlighted low use of long acting reversible contraception (intrauterine contraceptive devices, intrauterine system, progestogen-only subdermal implants, and progestogen-only injectable contraceptives) compared with user dependent methods such as the contraceptive pill as one of the reasons for high rates of unwanted pregnancy. This claim certainly fits with the evidence—about 8% of women of childbearing age in the UK (with a 15% teenage motherhood rate) use long acting contraceptives compared with about 20% in Sweden, where the rate of teenage motherhood is 4%.

Although making the combined oral contraceptive pill available without prescription may be safe, it would not help. Those using the service would not, as the NICE guidance

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likely to have contraindications to its use than women who saw a doctor.[10 11] Two US studies found that women were able to identify if they had contraindications to oral contraceptives using a checklist,[12 13] although older women were more likely to have unrecognised hypertension.[13] These data are not surprising, given that, other than hypertension, all of the contraindications are based on history and require little clinical judgment.

Another concern about making oral contraceptives available without a prescription is women will not use them correctly. Again, few data suggest that clinician counselling is useful,[14] and even when a clinic visit is required, compliance is not perfect.[15] Oral contraceptives are available over the counter in Kuwait, and a study there found that compliance and continuation were no different between women who consulted a doctor and those who did not.[16] A recent analysis of data from California found that women given 13 pill packs when they first started continued the method significantly longer and experienced fewer gaps in use than women given only one or three packs,[17] suggesting that freer access improves continuation. Pharmacist provision of hormonal contraception was recently shown to be feasible and acceptable to women in Washington state. [18]

Access to care

Would women miss out on other preventive services, such as cervical smear tests or screening for sexually transmitted infections, if they were not required to visit a clinician? Neither of these screening tests is medically required before prescribing oral contraceptives, and there has been a growing movement to unbundle these services in the US.[19] The national survey mentioned above found that among women not currently using contraception, 88% had had a smear test in the previous 24 months.[4] In fact, given the recent definitive evidence that oral contraceptive use reduces the risk of ovarian cancer,[20] it has been argued that the prescription requirement unnecessarily limits access to this effective chemoprophylactic agent.[21]

Although there are concerns in the US about the costs to women of obtaining oral contraceptives over the counter,[22] in some states there is a precedent for maintaining government funding for over the counter emergency contraception for women on low incomes.[23]

The prescription requirement is an out of date, paternalistic barrier to contraceptive use that is not evidence based

Making oral contraceptives available without a prescription would not eliminate the option of clinician consultation. Indeed, research in Mexico indicates that women move between provision sources, and more than half of women who obtain their pills from a pharmacy began use under a physician's care.[11] Women who value a clinician's input or have questions about their risk profile would still be able to consult with a physician or nurse—but they would not be required to. The prescription requirement is an out of date, paternalistic barrier to contraceptive use that is not evidence based. If governments are committed to addressing the challenge of unintended pregnancy—and the related problem of maternal mortality in the developing world, health systems must create mechanisms to allow freer access to hormonal contraception for all women at low or no cost.

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recommends, be offered a full range of contraception on every occasion. Oral contraceptives require daily compliance on the part of the patient, whereas all long acting contraceptives are effective for at least three months, are at least as cost effective at one year as the oral contraceptives, and have similar satisfaction rates.[4]

The major difference between long acting and oral contraceptives is their reliability in practice. Compliance is low with oral contraceptives. In one study of women using oral contraception, 47% missed one or more pills per cycle, and 22% missed two or more.[5] These women have almost a threefold increase in unintended pregnancy compared with women who take the pill consistently, and teenagers are the group with the highest non-compliance.[6]

Long acting contraceptives such as the intrauterine contraceptive device, intrauterine system, and the progestogen-only subdermal implant, are effective for at least three years.[4] Even the progestogen-only injectable contraceptive (depot contraception), which requires attendance for repeat injection every three months, is significantly more reliable than oral contraceptives. In a US study of teenagers offered contraception after termination, repeat pregnancy rate was 29.7% for girls given the oral contraceptive compared with 14.2% for those given depot contraception.[7]

Our best avenue for reducing unplanned pregnancies is to encourage GPs to help their patients to make the best choices

Availability

Access to primary care services is less of a problem in the UK than in some other countries, particularly the United States. Over 99% of the UK population is registered with a general practitioner, and 85% of the population see a general practitioner at least once a year.[8] Although 16-19 year olds are more likely than other groups to use family planning clinics (rather than general practitioners) for contraception,[9] 72% of teenagers still express a preference for attending the general practitioner for contraceptive services.[10]

There is great untapped opportunity for general practitioners to encourage young women to use long acting contraceptives—an analysis of the general practice records of 13-19 year olds who had had a termination showed that half had sought contraceptive advice from the general practitioner in the previous year and that 40% of these had been prescribed oral contraception. In addition, compared with matched controls, girls who had become pregnant were significantly more likely to have requested emergency contraception.[11] This does not include the many chances for opportunistic discussion during attendances for other reasons.

The availability of emergency contraception without prescription has done little to change the rate of teenage pregnancies. This is hardly surprising, when among under 25s, only 37% use emergency contraception on every occasion that they have unprotected intercourse.[12] Increased uptake of reliable, non user-dependent methods has to be the key. Rather than making a potentially unreliable method of contraception more easily available, our best avenue for reducing unplanned pregnancies is to encourage general practitioners to help their patients to make the best choices.

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