

Why we all must be allowed to buy emergency contraception in advance

By Ellie Levenson, founder of www.womenarenostupid.co.uk, a website campaign for better access to emergency contraception

According to the Royal Pharmaceutical Society's "Practice guidance on the supply of emergency hormonal contraception as a pharmacy medicine", only in exceptional circumstances should pharmacists supply the product to a person other than the patient. In practice, exceptional circumstances are few and far between. Work, school or other commitments are not usually deemed exceptional enough. This means that if my boyfriend and I have an accident with a condom, I cannot send him out to get emergency contraception for me. If a teenage girl has unprotected sex and seeks to rectify the situation quickly but has commitments at school, her mother cannot go and buy it for her. If a friend cannot get out of work commitments, I cannot go to the pharmacist and pick it up for her, dropping it off in her lunch hour. If a woman with multiple caring roles, perhaps looking after young children and elderly parents, cannot leave her charges unattended, she cannot ask anyone else to get her emergency contraception. Given that emergency contraception is 95 per cent effective within 24 hours of unprotected sex, and just 58 per cent effective after 72 hours, putting barriers in the way of women's access to it seems ludicrous.

One way around the problem would be to encourage advance provision. If I could keep emergency contraception in my home, I could take it as soon as I realised my normal contraception had not worked thus minimising the chances of an unwanted pregnancy and, potentially, lowering the number of abortions.

I believe that women are clever enough to take responsibility for self-diagnosing their need for emergency contraception and reading instructions to work out whether they would benefit from it. That is why I have set up a website (womenarenostupid.co.uk) to campaign for better provision of emergency contraception. It links to an e-petition on the Downing Street website calling for everybody to be able to buy it and to be able to do so at any time, not just at the point of need.

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I do not think women would use easier access to be irresponsible in the use of emergency contraception, after all I keep powerful painkillers in my home and regulate the use of these myself. Neither do I buy into arguments that easier access leads to greater promiscuity — but even if it did, so what?

In fact in 2005, *JAMA* published a study of more than 2,000 women aged 15 to 24 who wished to avoid pregnancy and found that women who had advanced access to emergency contraception were no more likely to have unprotected sex than the other groups but, when they did, they were twice as likely to use emergency contraception.

In theory the Society is not against advanced provision. In December 2006 following announcements from Marie Stopes International and the British Pregnancy Advisory Service (BPAS) supporting the advance provision of emergency contraception, it issued a statement saying that it is not against advance supply of EHC in principle. The statement said:

"If faced with a request for an advanced supply of EHC, pharmacists should use their professional judgement to consider the clinical appropriateness of the supply." But just as pharmacists are allowed to give emergency contraception to someone other than the user in exceptional circumstances but rarely do, anecdotal evidence suggests that pharmacists also do not usually allow people to buy it in advance. This means that if I were to go on holiday to a country where emergency contraception is difficult to obtain, or even illegal, and I have an accident with a condom, or perhaps have diarrhoea and cannot count on the effectiveness of the contraceptive pill, I would not have been able to get emergency contraception from my pharmacist to carry with me in my suitcase just in case.

It is true that family planning clinics and GPs can give advance prescriptions for emergency contraception, but these are not always practical for people to get to. And given that last month's White Paper "Pharmacy in England: building on strengths — delivering

the future", seeks to increase the role of community pharmacists and give them a key role in being a first port of call for people's minor ailments, it seems sensible and timely to take this opportunity to modernise their approach to emergency contraception.

Remember, too, that pharmacists can still choose not to supply emergency contraception on the grounds of religious or moral belief. If we make emergency contraception more easily available, we not only make women's lives easier but we take away the opportunity for pharmacists to let their own moral views get in the way of doing the best for their customers.

I do not believe women are stupid. I do not believe men are stupid either, which is why I would like men to be able to buy emergency contraception in advance to keep at home thus allowing them also to take responsibility for any contraception accidents. This would help to encourage the idea that contraception is the responsibility of both sexes.

Not only are women not stupid, but we are smart enough to learn quickly how to play the game and get what we need. I had to buy emergency contraception recently for a friend who, for various reasons, could not get to the doctor or pharmacist in time. I did not want to lie because, as a responsible adult, I do not believe that I should have to. But since the first two pharmacists I asked refused to give EHC to me, in the third pharmacy I lied. I said that I had had sex the night before and that I was in the middle of my cycle.

Not only did the pharmacist ask me questions about this in the main shop and not offer me the chance for a confidential consultation as Society guidelines recommend, but neither was I asked about my general state of health, whether I was already pregnant or whether any other contraindications were present. In fact the pharmacist did nothing that I could not have done myself, asking no questions that could not have been self-administered by reading a simple information leaflet.

If pharmacists really are to be at the forefront of community health care, they need to concentrate on conditions where their knowledge and training really is used; they must let us self-diagnose and self-prescribe for everything else, especially for something like emergency contraception. In this case, the fact that someone is seeking out emergency contraception in an attempt to rectify mistakes and accidents demonstrates a sense of responsibility in itself.