

Pharmacy staff frequently misinform teens seeking emergency contraception

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Despite the fact that emergency contraception, also known as the morning-after pill, has been available since 2003, many teens still face barriers to obtaining the medication, a safe and effective way to prevent up to 74 percent of pregnancies following the failure of birth control or after unprotected sex.

A new study in the *Journal of Adolescent Health* finds that pharmacy staff frequently give teens misleading or incorrect information about <u>emergency contraception</u> that may prevent them from getting the medication.

"I was having lots of teenagers telling me weird things about emergency



contraception <u>prescriptions</u>," says lead study author Tracy Wilkinson, M.D., a pediatrician at the Children's Hospital of Los Angeles. She says that pharmacies might refuse to fill a prescription, confiscate a written prescription or even deny that an <u>electronic prescription</u> had been sent.

This led Wilkinson to investigate just what was happening at pharmacies when teens tried to purchase emergency contraception. Female researchers, posing as 17-year-old teens, called over 940 pharmacies in Nashville, Philadelphia, Cleveland, Austin, and Portland, Oregon and asked pharmacy staff basic questions about emergency contraception, including its availability, age requirements and confidentiality.

At the time of the study, the emergency contraception brand Plan B One Step was legally available to any person 17 years of age or older without a prescription, but was kept behind the pharmacy counter for purchase with a photo ID. Other brands of emergency contraception, including a generic form, were available by prescription for all teens and women.

"About 20 percent of the pharmacy staff said that, because the callers identified themselves as teens, the callers couldn't get [emergency contraception] at all. That's completely incorrect," says Wilkinson. "Of the remaining 80 percent of respondents, about half of them got the exact age requirement correct and half of them did not."

Additionally, the study found that pharmacy staff often cited ethical reasons, such as institutional policies and personal religious beliefs, for not stocking or dispensing emergency contraception. Pharmacy staff often inaccurately told callers a parent or legal guardian would need to accompany the teen to pick up the medication, or that an older friend or boyfriend couldn't buy the prescription for them.

The federal laws governing the dispensing of emergency contraception have changed since the study was published—and have become even



more confusing, says Wilkinson. As of July 2013, Plan B One Step is now legally available over the counter to anyone of any age, and no photo ID is necessary. Other brands are either available to teens 17 or older at the pharmacy counter without a prescription, or to teens of any age with a prescription. One brand is available only by prescription, regardless of age.

Cora Collette Breuner, M.D., a pediatrician and member of the Committee for Adolescents of the American Academy of Pediatrics says, "Every time I go into a pharmacy, I see if Plan B is there without age restriction. And half of the time—or maybe even 80 percent of the time—it's not. That's against the law."

Breuner says that one of the best ways for teens to avoid problems at pharmacies is to get an advance prescription for the generic form of emergency contraception from their pediatrician or clinic and get it filled.

Wilkinson echoes this advice: "I try to emphasize that <u>teens</u> should have emergency contraception at home, just like they have Tylenol for a headache—don't wait until you need it to try and go get it."

More information: Wilkinson TA, Vargas G, Fahey N, et al. "'I'll see what I can do': What adolescents experience when requesting emergency contraception." *J Adolesc Health*. 2013. DOI: 10.1016/j.jadohealth.2013.10.002

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