

Q&A: The pill will soon be available over the counter—the impacts could be sweeping

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The Food and Drug Administration on Thursday approved the first over-the-counter birth control pill, opening the door for millions of people who previously struggled to access contraception to be able to get it

without a prescription.

The Opill, or norgestrel, was originally approved for prescription use in 1973 and uses the hormone progestin to prevent pregnancy. Stores and online retailers will begin carrying it in early 2024, with no age restrictions, according to drugmaker Perrigo.

The news comes just over one year after the U.S. Supreme Court overruled *Roe v. Wade*, allowing states to outlaw abortion and fueling even more urgency on the part of reproductive rights advocates to make [birth control](#) easier to access.

Amanda Stevenson, an associate professor of sociology, studies how access to [contraception](#) impacts women's lives. CU Boulder Today spoke with her about the FDA decision, and what comes next.

What do you make of this decision?

This is great news, because it indicates that the FDA is finally following the long-established evidence that people can decide on their own whether their circumstances make it safe for them to use [oral contraception](#). Oral contraception is one of the most commonly used medicines in the world, and about 100 other countries provide it without a prescription. Unnecessary barriers, like having to go to doctor's appointments each year, make it harder for people to manage their sexual and reproductive lives in ways that are the best for them.

How might people's lives be impacted?

We know from our own research that access to the ability to control your fertility improves people's lives more broadly, enabling them to achieve their educational, relationship, financial and other goals. For instance,

we found in our research that when women in Colorado were given easier access to all of the methods of contraception, including Intrauterine devices (IUDs) and implants, they were as much as 12% more likely to obtain a four-year college degree, less likely to drop out of [high school](#) and less likely to live in poverty.

In another long-term study in Bangladesh, colleagues from CU and other schools found that women given greater access to birth control had fewer children spread further apart, more of whom survived, and were able to invest more time and resources in the children they did have.

Studies show about one-third of U.S. women who have tried to get a prescription for the pill had trouble. Why is it so hard?

Anyone who has tried to go to a physician in the past three years knows that getting health care appointments for anyone is difficult. For people who have less access to money, no insurance, are undocumented or have less ability to control their physical circumstances, like teenagers, the unnecessary barrier of a prescription is even greater.

There are also a lot of barriers that people in foster care face. One study by a colleague here found that only about one-third of eighth- and ninth-graders involved with the child welfare system in Colorado have even received information on birth control, and fewer than half know how to access it. And physicians themselves can sometimes be barriers to care, since sometimes doctors have their own ideas about what methods of contraception are best.

Some critics have said that making it over the counter would be dangerous to women's health. Will it?

Everything that can go wrong with oral contraception that someone has accessed without a visit to a physician could have gone wrong if they had visited a physician before they got the pills. For instance, people who get pills over the counter are no more likely than those who go to a physician to use [oral contraceptive pills](#) when they have a medical contraindication.

And everyone who uses oral contraceptive pills could take their pill at the wrong time or store it inappropriately. Contraception is so much safer than being pregnant. The American Medical Association, the American College of Obstetrics and Gynecology and the American Academy of Pediatrics all support people having better access to contraception because it is such a fundamental healthcare need.

This ruling only covers Opill. What do reproductive healthcare advocates hope will happen next?

The hope is that all oral contraceptive medications would soon be available over the counter. The scientific evidence is there to support that.

But will people be able to afford this?

Affordability is definitely still an issue, and today's decision doesn't do much for most people. Our complicated system of healthcare finance and delivery means that there are many different kinds of cost barriers. Some of them might be addressed by Biden's June Executive Order on Strengthening Access to Contraception, but it depends on how the order is implemented.

For example, the Affordable Care Act already mandates that private insurance companies cover all FDA-approved methods of contraception,

but we know that many insurers never complied and the mandate has never been enforced. Whether the executive order is followed up with action and enforcement will determine whether it helps people get the contraceptive healthcare they need.

Why is this such an important decision right now?

Because getting an abortion in America is much harder than it used to be for pretty much everyone. Even if you live in a state that hasn't introduced bans, like Colorado, substantial barriers exist because people from the states where abortion has been banned are now coming to your state for care. For that reason, people are especially concerned about their ability to control whether they get pregnant. So, contraception is key.

This ruling aside, you have expressed that contraception is under threat in the United States. What makes you say that?

The organizations and individuals who have been advocating for restrictions and bans on abortion have in recent years ramped up their rhetoric and advocacy against contraception, particularly against methods such as IUDs, which they wrongly paint as abortifacients.

We've already seen this in the form of explicit policy positions taken by organizations that oppose [abortion rights](#) and now oppose the use of contraception, as well as in social media discourse arguing that contraception is physically unsafe, which is false. Some states have introduced bills suggesting bans.

Until Dobbs, the U.S. Supreme Court interpreted liberty to include the right to privacy, and the right to privacy to include the right to use

contraception. So all that Dobbs did was formally was remove abortion from the right to privacy. The fact that a right could be removed in that way indicates that the court is willing to reconsider rights of this kind. We should be worried.

What can we do to preserve access to contraception?

We can preserve access to contraception by arguing against false claims that contraception is harmful, which are the basis of efforts to ban some methods like IUDs and pills. We can defend and expand publicly-subsidized contraception programs like Title X, which has never received as much money as it needs.

We can also highlight the benefits of access to contraception, for example by emphasizing how much richer our nation and culture are because women are engaged in civic, social, and economic life. And we can talk about how contraception is part of almost every woman's life in this country, allowing us to build the families we want on our own terms.

Provided by University of Colorado at Boulder

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