

Research finds limits to access of emergency contraceptive pill in Australia

May 31 2024



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The accessibility of first-line oral emergency contraceptives in

Australian community pharmacies is problematic—with a national survey finding almost one-third reporting they do not stock the ulipristal acetate pill that has been recommended by medical authorities.

Only 70% of the 233 pharmacies surveyed stocked ulipristal acetate emergency contraceptive (EC) pills, compared to levonorgestrel, which was stocked at 98%. The survey also found that ulipristal acetate was much less likely to be stocked in community pharmacies in rural and remote areas and was even more expensive when it was.

"This is despite evidence that [unintended pregnancies](#) are more common among those living in rural and [remote areas](#) and highlights a clear equity issue that should be addressed," researchers say in an article due to be [published](#) in the journal *Contraception*.

"Despite guidelines recommending it as the first line oral emergency contraceptive, ulipristal acetate is less likely to be available in community pharmacies, and when it is available it is likely to be much more expensive," says corresponding author Flinders University Associate Professor Luke Grzeskowiak, who leads the Reproductive and Perinatal Pharmacoepidemiology Research Group at Flinders University and the South Australian Health and Medical Research Institute (SAHMRI).

"Several measures could be taken to improve women's ability to receive evidence-based treatments. With [medication costs](#) ranging from \$26 to \$80, this calls into question whether government subsidies should be available," says Associate Professor Grzeskowiak.

Emergency contraception has the potential to reduce the risk of unintended pregnancy following an episode of [unprotected sexual intercourse](#). There are a number of factors that must be considered when selecting the most appropriate EC product for each consumer; such as

time since unprotected sexual intercourse, use of other oral contraceptives and body mass index.

First author Tahlee Stevenson, a Research Associate from the University of Adelaide School of Public Health, says, "We need to better understand why pharmacies are choosing not to stock ulipristal acetate. Is this because of low consumer awareness and/or higher prices impacting demand, or is it related to a lack of awareness and understanding among [pharmacy](#) owners regarding evidence-based recommendations for emergency contraception?"

"To truly work towards improving accessibility, we must address these factors and ensure that all consumers can source their preferred emergency contraceptive method in a timely and cost-effective manner. By only stocking levonorgestrel, pharmacies are inhibiting their capacity to follow [clinical guidelines](#), and this may mean that some consumers aren't able to access the EC that is appropriate for their individual needs and circumstances," she says.

While there is legislation and guidelines covering the supply of emergency contraception, these don't extend to whether or not individual products are stocked, and pharmacies can choose not to stock any product at all. This results in a postcode lottery in terms of access.

Pharmacists must be aware of key differences in the available methods of EC to ensure that they are prepared to facilitate shared decision-making based on the individual needs of each woman.

More information: Tahlee B. Stevenson et al, Accessibility of oral emergency contraceptives in Australian community pharmacies, *Contraception* (2024). [DOI: 10.1016/j.contraception.2024.110480](https://doi.org/10.1016/j.contraception.2024.110480)

Provided by Flinders University

Citation: Research finds limits to access of emergency contraceptive pill in Australia (2024, May 31) retrieved 28 June 2024 from <https://medicalxpress.com/news/2024-05-limits-access-emergency-contraceptive-pill.html>

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