

# Gippsland

## Sexual & Reproductive Health

### Pharmaceuticals

A quantitative report of the sexual and reproductive pharmaceuticals provided by 48 Pharmacies in Gippsland.



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## Executive Summary

The Gippsland Sexual and Reproductive Health Alliance have developed a comprehensive strategy (Gippsland Sexual and Reproductive Health Strategy 2017 – 2021) to improve the sexual and reproductive health of people in Gippsland. The Strategy has the following objectives:

1. To increase safe sex practice in young people
2. To increase the number of schools in Gippsland that deliver comprehensive, inclusive relationship and sexual health education
3. To increase awareness about respectful relationships and access to sexual and reproductive health information and services for adults with minor intellectual disabilities
4. To improve affordable and confidential access to emergency contraception and termination
5. To support health literacy around endometriosis, polycystic ovary syndrome and menopause.

This report was produced as a body of research as part of objective 4 of the Strategy.

The scope of this project was to gather information from pharmacies across Gippsland about which sexual and reproductive health pharmaceuticals they supply. The primary goal was to gather information relating to access of sexual and reproductive health pharmaceuticals. The secondary goal was to identify where in Gippsland access to contraceptive and medical termination of pregnancy medication was limited or nonexistent and the underlying reasons for this. The findings in this project will be used to inform further work within the Gippsland Sexual and Reproductive Health Strategy to improve reproductive choices and confidential access to emergency contraception for women in Gippsland.

Sexual and reproductive pharmaceuticals can cover a wide range of interventions/products, within this survey the questions were limited to include supply of dental dams, emergency contraception pill (ECP) or the morning after pill, contraceptive implant (Implanon), contraception injection (Depo-Provera), intrauterine devices (IUD) and medical termination of pregnancy (MToP) medication and provision of a private space to discuss the use of contraceptive medication.

68 Pharmacies were contacted with 48 responding (70.5% response rate). Long acting reversible contraception (LARC) such as Implanon, Depo-Provera and IUDs were readily available from most (Implanon; 89.4%, 42. Depo- Provera 100%, 48. IUDs 87.5%, 42) pharmacies however, where they did not stock the product there was potentially a delay of up to 3 days due to the product needing to be ordered in. 97% (47) of pharmacies dispense ECP. However many pharmacies placed age restrictions on supply; 28.5% (4) restricted supply to those under 16 years, 7% (1) restricted supply to those under 18 years. 41% (20) of pharmacies supply MToP medication. Half of the pharmacies that supply MToP medication do not keep it in stock and would require to order it in for which the time estimated was 1-3 days. Reasons for not supplying MToP medication included conscientious objection, did not have the required training or there was not the perceived demand. Most (91.7%, 44) pharmacies provided a private space to discuss use of contraceptive medication.

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The results of this survey provides further quantitative evidence about the limitations of the sexual and reproductive health services in Gippsland. Women in Gippsland are not only limited by the services provided by medical clinics (2018, Gippsland Sexual and Reproductive Health Alliance) but also by the availability of, or restriction to sexual and reproductive pharmaceuticals necessary for a woman to exercise choice about their own reproductive health.

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## Background

The Victorian government released the Victorian Women's Sexual and Reproductive Health Key Priorities 2017 – 2020 (Department of Health and Human Services, 2017) in 2017 and it included four priority areas. Priority area 2 states that 'Victorians have improved access to reproductive choices.' The difference will be:

- Victorians will have improved affordable, reliable and confidential access to contraception, pregnancy support and termination services to enable people to exercise their reproductive choices.
- Health professionals will be able to provide contemporary reproductive health advice and clinical services to women as close as possible to where they live.
- Health services and health professionals will involve women in decisions about their own health.

Women in regional and rural areas experience many barriers when accessing sexual and reproductive health services. These barriers include availability, travel, cost, privacy and information. Research has shown that this is amplified for rural women in relation to their ability to access abortion services and follow-up care, which may have an impact on overall health outcomes. This lack of access is even worse for teenagers who are two and a half times more likely than other women to travel further than 100 kilometres (Nickson et al 2006).

Anecdotally this lack of access to abortion services continues even after the many changes that have occurred to improve access. The Abortion Law Reform Act 2008 (Victorian State Government 2008) decriminalised abortion and set out guidelines for when abortion can take place. Abortion can legally be accessed up to the 24th week of pregnancy (and in certain circumstances beyond this). Two types of abortion procedures are legal in Victoria, surgical and medical. The drugs, mifepristone and misoprostol, that are and are approved for terminations of pregnancy up to 9 weeks were Pharmaceutical Benefits Scheme (PBS) listed in August 2013. In addition in 2016, the Public Health and Wellbeing Amendment (Safe Access Zones) Act 2015 (Victorian State Government 2015) was introduced to ensure that women and staff entering or leaving premises providing abortions, can do so safely and privately, without fear or harassment.

In the state of Victoria, health practitioner can refuse to provide termination of pregnancy (TOP) services on the grounds of conscientious objection (Victorian State Government 2008). However, they are legally obliged to refer the woman to another registered health practitioner who they know does not have a conscientious objection to abortion.

No matter how old you are, in the state of Victoria you can go to the pharmacy and ask for emergency contraception. There is no medical reason for the ECP to be restricted on the basis of age. If the pharmacist decides not to sell the woman the medication for reasons other than their safety, they must send them to someone who will. (The Royal Women's Hospital 2017)

The Gippsland Sexual and Reproductive Health Alliance have developed a comprehensive Strategy to improve the sexual and reproductive health of people in Gippsland. The Strategy has the following objectives:

1. To increase safe sex practice in young people
2. To increase the number of schools in Gippsland that deliver comprehensive, inclusive relationship and sexual health education
3. To increase awareness about respectful relationships and access to sexual and reproductive health information and services for adults with minor intellectual disabilities

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4. To improve affordable and confidential access to emergency contraception and termination
  5. To support health literacy around endometriosis, polycystic ovary syndrome and menopause.

To inform Objective 4 of the Strategy; the sexual and reproductive health pharmaceuticals supplied by pharmacies were mapped through a survey. This work identifies the gaps in accessibility that exist across Gippsland. In particular access to the ECP and MToP will be explored including the reasons that some pharmacies do not offer this service and any restrictions placed on supply of the medication.

## Method

A survey was developed using the Survey Monkey program. It was based on similar surveys documented in the literature as well as surveys conducted by other Victorian Women's Health services. The survey was tested and revised with input from the Gippsland Primary Health Network (GPHN) and Gippsland Sexual and Reproductive Health Alliance members.

All surveys within this project were conducted by Gippsland Women's Health during the period from 21<sup>st</sup> June through to 31<sup>st</sup> July 2018. The survey consisted of 32 questions however, not all questions required an answer as some questions were to follow up on specific answers.

A database of Gippsland pharmacies was developed resulting in 68 pharmacies being contacted to participate in the survey. The initial contact was made by telephone to all pharmacies. Results were collected either over the telephone or online through a web link to the survey. Pharmacies that did not provide a response were followed up on two separate occasions, by email and then by telephone.

## Results for Gippsland

### Participation

Survey responses were received from 48 pharmacies across Gippsland. Figure 1 shows the variation in survey response rates from different local government areas with the highest response rate from Baw Baw and the lowest response rate was Latrobe City.

	Number of pharmacies contacted	Number who completed the survey	Participation
Bass Coast	7	6	75%
Wellington	13	9	69%
Latrobe City	17	7	39%
East	11	10	77%
Baw Baw	10	9	90%
South	10	7	70%
Total Clinics	68	48	71%

Figure 1: Survey response rate by LGA

### Privacy available within the pharmacy for consultation

92% (44) pharmacies had a private space that could be used to discuss contraceptive medication with a client.

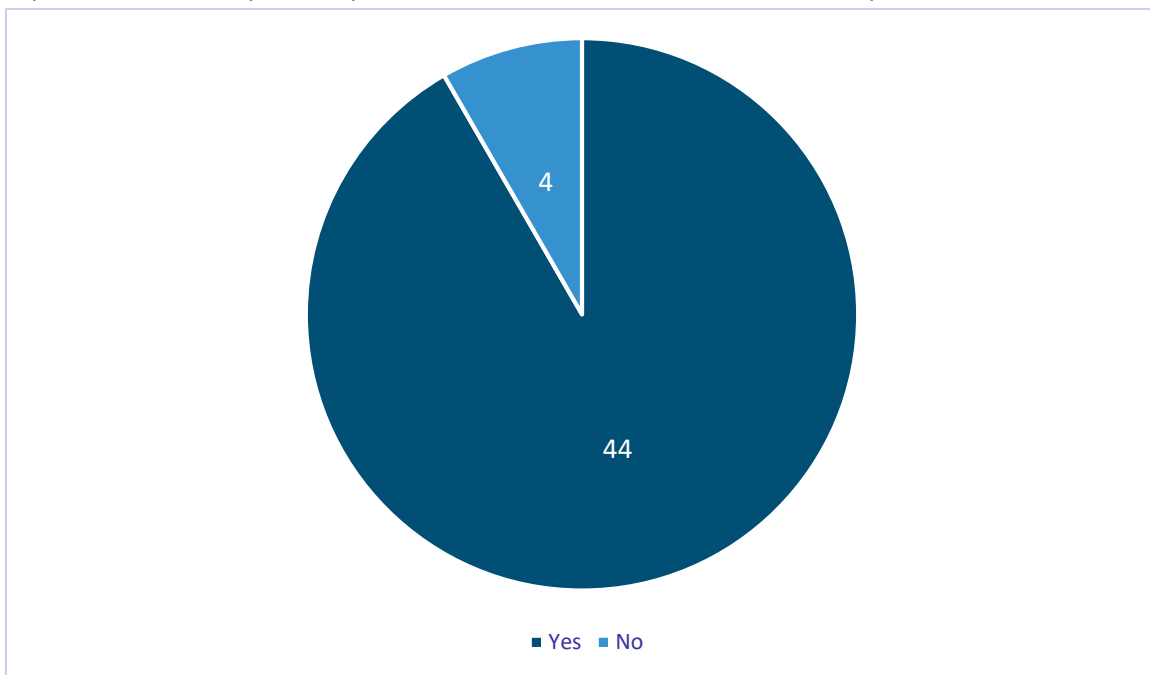


Figure 2: Number of pharmacies that provide a private space to discuss contraceptive medication with a client.

### Sexual and Reproductive Pharmaceuticals provided by pharmacies in Gippsland

The pharmacies were asked which sexual and reproductive health pharmaceuticals were supplied. The responses are summarised in Figure 3.

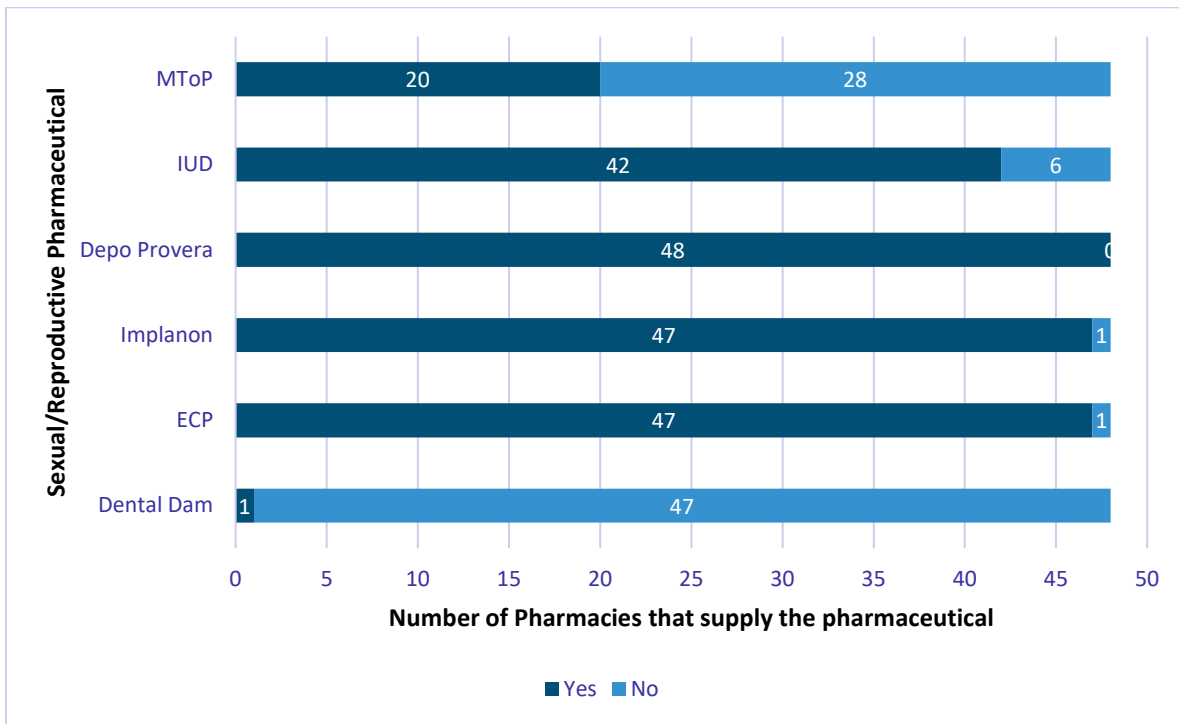


Figure 3: SRH pharmaceuticals provided by Gippsland Pharmacies

### Emergency Contraceptive Pill (ECP)

Of the 47 pharmacies who supplied the emergency contraceptive pill (ECP) 68% (32) had no restrictions on its availability. For those pharmacies that restricted supply of ECP 47% (22) restricted supply based on the woman's age, a further 11% (5) pharmacies restricted supply with conditions such as; 'After counselling or discussion with the patient', 'considerations for patients medical conditions, time from last intercourse', 'If someone else comes in to pick up the pill, other than the intended user' and 'Available elsewhere – would usually get it from hospital ED'

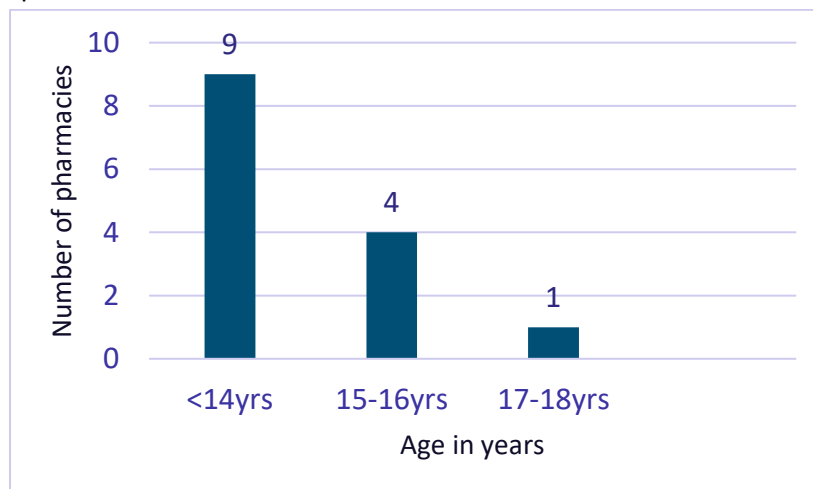


Figure 4: Age restrictions on supplying ECP



Long Acting Reversible Contraceptives (LARC)

Almost all (98%) of the pharmacies supplied Implanon, with 89% (42) placing no restrictions on the supply to a patient with a prescription and had the medication in stock. 1 (2%) pharmacy placed age restriction on supply while 5 (11%) needed to order the product in with an average time for delivery of 1-3 days.

All of the pharmacies supplied Depo-Provera (contraception injection), with 94% (45) placing no restrictions on supply to a patient with a prescription and had the medication in stock. 1 (2%) pharmacy placed age restriction on supply. 3 (6%) pharmacies needed to order the product in with an average time for delivery of 1-3 days.

87% (42) of pharmacies supply the copper or hormonal intrauterine device (IUD). 13% (6) did not due to insufficient demand 83% (5) or not having the required training 17% (1). 63% (27) pharmacies placed no restrictions on the supply to a patient with a prescription and had it in stock. 1 (2%) pharmacy placed an age restriction on supply and 37% (16) needed to order the product in with an average time for delivery of 1-3 days.

Medical Termination of Pregnancy (MToP)

42% (20) pharmacies supply MToP medication on prescription. The reasons for not supplying MToP are summarised in Figure 5

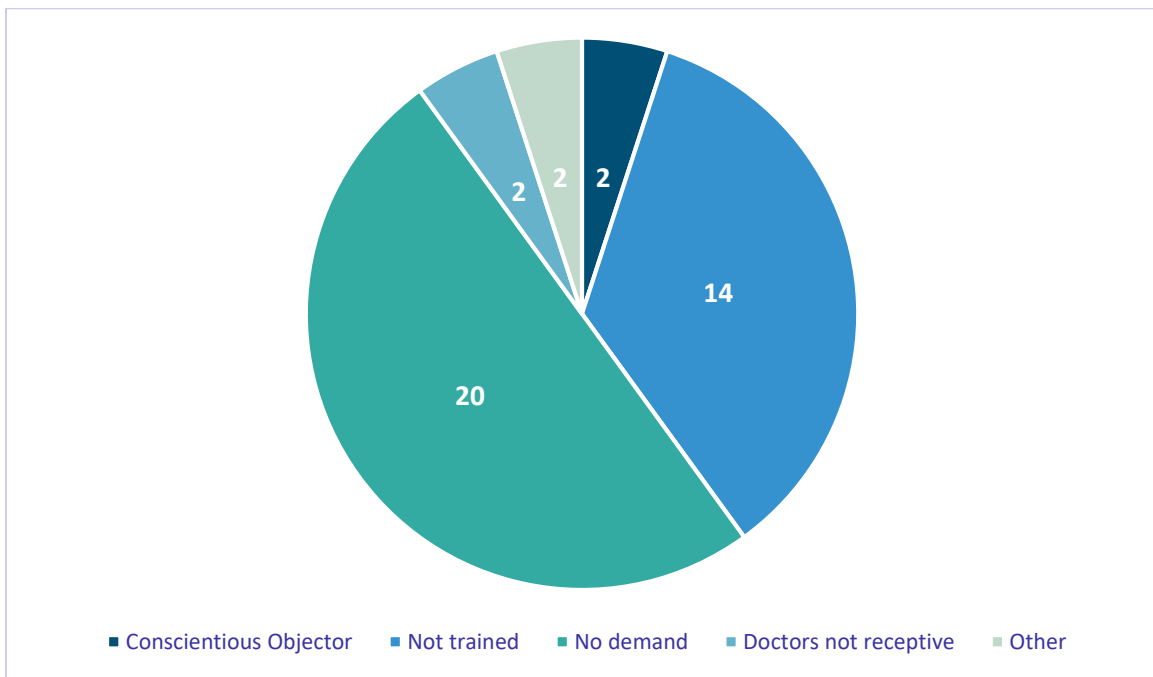


Figure 5: Pharmacies reasons for not providing MToP medication

53% (10) pharmacies supply MToP readily on prescription. 47% (9) need to order the medication in with an estimated delivery time of 1-3 days.

## Results by Local Government Area

Sexual and reproductive health pharmaceutical supply has been collated into local government areas for the purpose of identifying service gaps and to inform the work of the Gippsland Sexual and Reproductive Health Alliance.

### Bass Coast

The response rate was 75%. All respondents indicated they supplied ECP, Depo Provera and IUDs. MToP medication was readily available at one pharmacy and needed to be ordered in at the remaining with a 1-3 day delivery time.

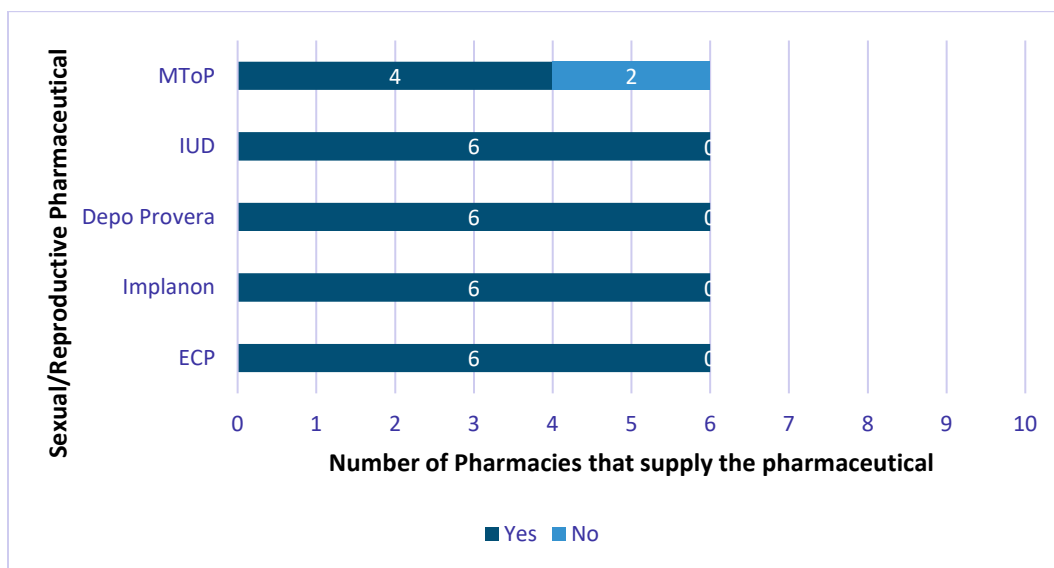


Figure 6: SRH pharmaceuticals provided by Bass Coast Pharmacies

### South Gippsland

The response rate was 70%. All respondents indicated that they supplied ECP, Depo Provera and IUDs. MToP medication was readily available at two pharmacies and needed to be ordered in at two pharmacies, with a 1-3 day delivery time. MToP was not supplied at the remaining pharmacies with the following reasons: conscientious objection, did not have the required training or did not have sufficient demand for the medication.

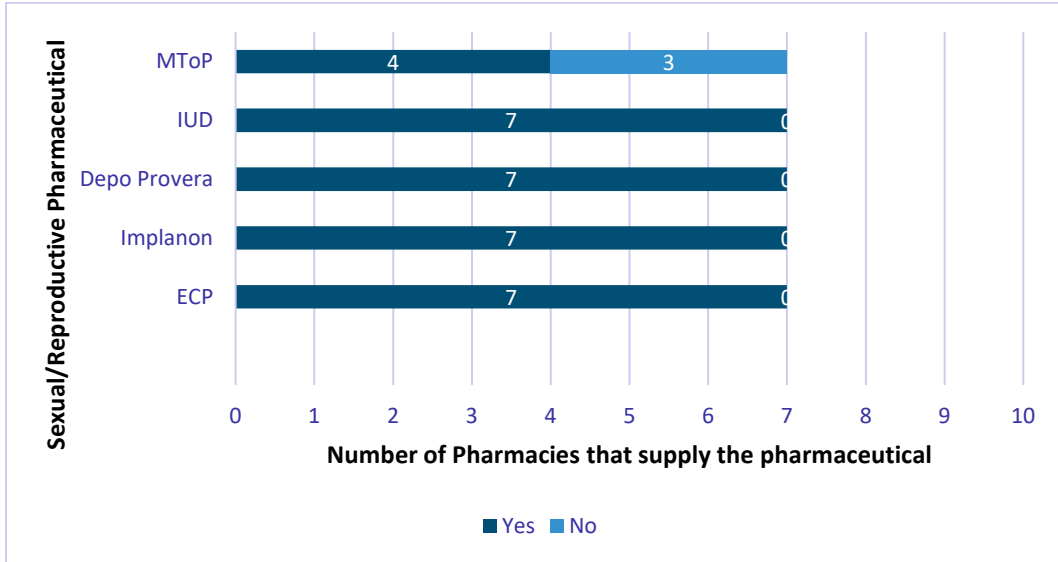


Figure 7: SRH pharmaceuticals provided by South Gippsland Pharmacies

**Baw Baw**

The response rate was 90%. Most respondents indicated they supplied ECP, Depo Provera and IUDs. MToP medication was readily available at three pharmacies. MToP was not supplied at the remaining pharmacies with the following reasons: did not have the required training or did not have sufficient demand for the medication.

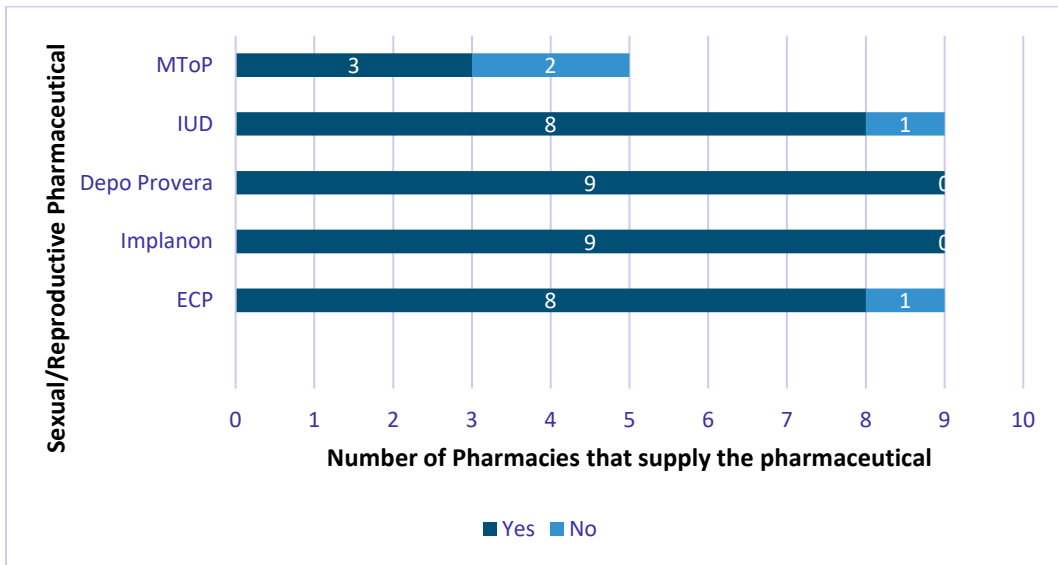


Figure 8: SRH pharmaceuticals provided by Baw Baw Pharmacies

## Latrobe

The response rate was 38.9%. Most respondents indicated they supplied ECP, Depo Provera and IUDs. MToP medication was readily available at three pharmacies. MToP was not supplied at the remaining pharmacies with the following reasons: did not have the required training, did not have sufficient demand for the medication or they would like to discuss other options with the prescribing doctor.

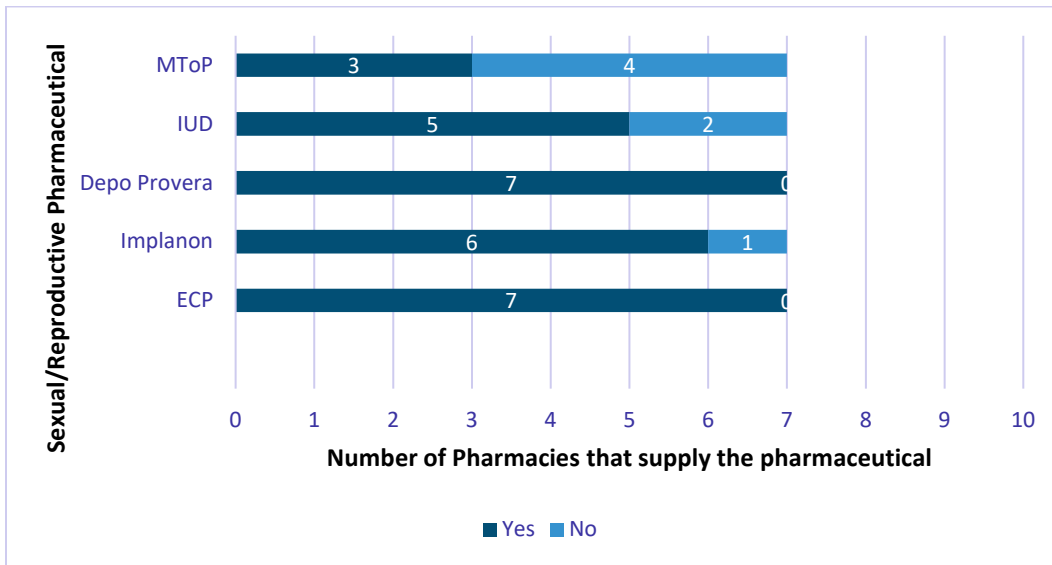


Figure 9: SRH pharmaceuticals provided by Latrobe Pharmacies

## Wellington

The response rate was 69.2%. Most respondents indicated they supplied ECP, Depo Provera and IUDs. MToP medication was readily available at three pharmacies. MToP was not supplied at the remaining pharmacies with the following reasons: did not have the required training, did not have sufficient demand for the medication or the local doctors were not receptive to providing the service.

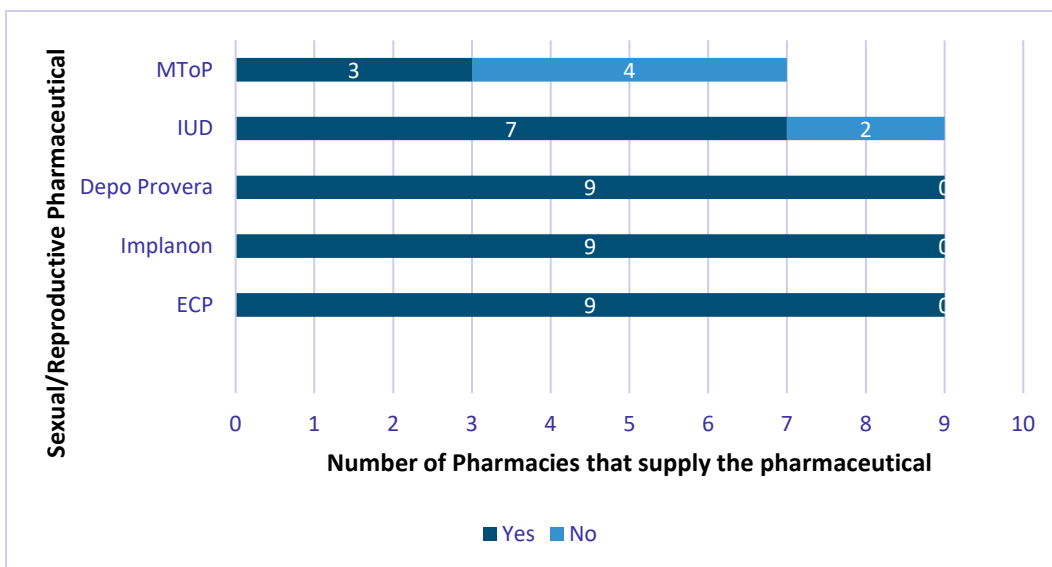


Figure 10: SRH pharmaceuticals provided by Wellington Pharmacies

## East Gippsland

The response rate was 77%. Most respondents indicated they supplied ECP, Depo Provera and IUDs. MToP medication was readily available at three pharmacies. MToP was not supplied at the remaining pharmacies for the following reasons: did not have the required training, did not have sufficient demand for the medication or they are a conscientious objector.

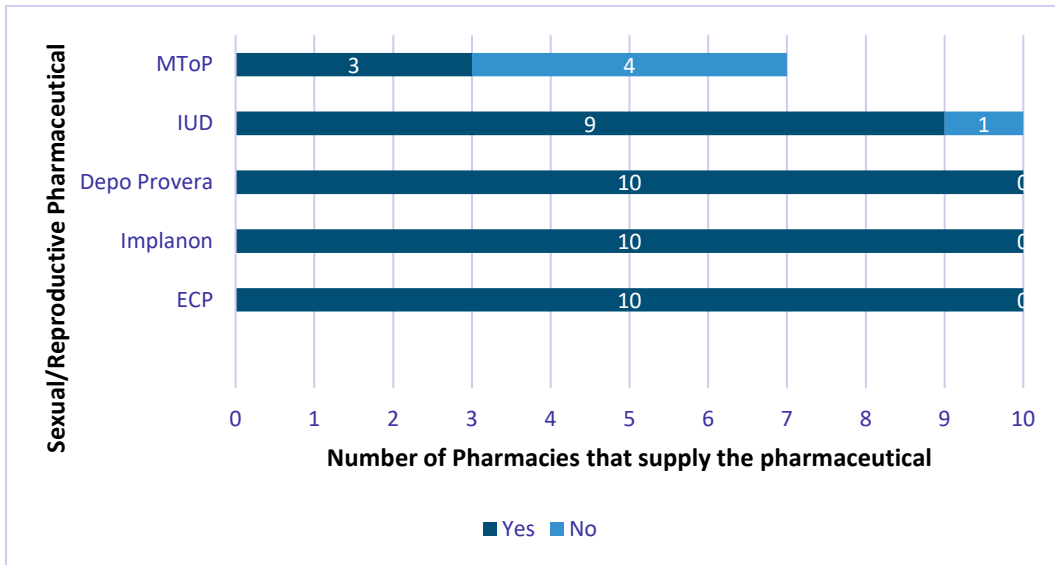


Figure 9: SRH pharmaceuticals provided by East Gippsland Pharmacies

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## Discussion

The Emergency Contraceptive Pill (ECP) is accessible from pharmacies with 97% of Gippsland pharmacists that responded to the survey dispensing the medication. However the inconsistency in restrictions of the medication due to age is a concern and highlights the need for standardised practice to be established and communicated to pharmacists. Clear, guidelines would improve access for young women who are most at risk of being disadvantaged by an unintended pregnancy or the potential need to travel to metropolitan areas for a MToP or SToP.

Previous attempts to standardise practice for ECP supply such as the use of a form for the woman to complete, would not be recommended as it not only decreases the woman's privacy, it also results in unnecessary information collection. The process for a woman to obtain ECP from a pharmacy should be as uncomplicated, unbiased and nonjudgmental as possible. However we do acknowledge the necessity for a pharmacists to assist where sexual assault is suspected and the requirements for mandatory reporting of suspected cases of child abuse, these situations need to be addressed with the utmost discretion (Pharmaceutical Society of Australia 2014).

The number of pharmacies that supply MToP medication (41%) is encouraging however the fact that many of these did not stock the medication and there was a delay of 1-3 days to order the medication in, could be problematic due to the time sensitivity surrounding its use. This situation could be improved with open conversations between doctors and pharmacists about providing MToP in the region and developing a clear referral pathway.

The long acting reversible contraceptives (LARC) we surveyed (IUD, hormonal implants, contraception injection) are available from most pharmacies across all local government areas in Gippsland improving women's choice of a reliable form of contraception.

Although the response rate was high (71%) for this type of survey, the gap analysis of services is limited by the lack of participation in the survey by the pharmacies for certain local government areas. This provides a barrier to understanding clearly what is available and where advocacy or training is needed.

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## Future work/Recommendations

The results from this survey will inform future work as part of the Gippsland Sexual and Reproductive Health Strategy. This could include:

1. Advocate for standardised guidelines or practice for the supply of ECP and MToP by Pharmacists. Provide information and training to Pharmacists on ECP and MToP. This can be done in collaboration with Gippsland Primary Health Network, a Gippsland Sexual and Reproductive Health Alliance member, as well as statewide organisations like Family Planning Victoria, the Royal Women's Hospital and Marie Stopes.
2. Mapping the whole pathway for women to access reproductive services, especially emergency contraceptives and termination of pregnancy. This work includes:
  - a. Research on access to surgical termination of pregnancy at Gippsland hospitals
  - b. Research on access to ultrasound services
  - c. Research on access to pathology services
3. The results can be used to inform the Gippsland Health Pathways for termination of pregnancy as well as other reproductive services
4. Work to dismantle and challenge stereotypes around access and choice in Gippsland needs to be a priority so that services can be accessed locally without fear of judgement or stigma. This work is planned as part of the Gippsland Sexual and Reproductive Health Strategy.
5. The results from the survey as well as the rest of access information for the pathway combined with women's stories will be a powerful advocacy tool to improve access to reproductive services for women.

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Victorian Women's Health Atlas  
<http://victorianwomenshealthatlas.net.au/#/>