

## **Inquiry into teenage pregnancy**

### **The Royal Pharmaceutical Society**

The Royal Pharmaceutical Society (RPS) is the professional leadership body for all pharmacists in every sector of our profession. We represent individual pharmacists in all parts of the country and in settings as varied as the community pharmacy, NHS hospitals, primary care facilities and research laboratories.

The Royal Pharmaceutical Society (RPS) believes that pharmacists and community pharmacies play an essential role in providing access to sexual health services and contraception. The ease of access and wide availability of pharmacy services enables people to prevent unwanted pregnancies, avoid sexually transmitted diseases and obtain information about the best contraceptive options.

Across the UK, access to contraception became available on the NHS in 1974. This allowed women from all economic backgrounds to access oral contraception. Pharmacists have traditionally dispensed oral contraceptives, however most pharmacists are not prescribers. The RPS believes that changing this offers an opportunity for further reduction in teenage pregnancy. With their expertise in medicines pharmacists provide pharmaceutical care and advise on the risks, benefits and any possible interaction with other medications that may reduce the effectiveness of the contraception.

Recent innovations, such as making Emergency Hormonal Contraception (EHC) available at community pharmacies, have proved extremely successful. The RPS believes that empowering individuals to make informed choices about their health is paramount and policy developments in sexual health should remain based on that principle.

Community pharmacies in Scotland have a contractual obligation to offer a sexual health service. It is a core function of the Public Health Service component of the community pharmacy contract. All pharmacies have skilled healthcare professionals delivering a professional, confidential service. Referral and/or signposting to sexual health services occur if additional needs are identified, such as the possibility of infection or the need for regular contraception.

The introduction of the National Public Health Service in 2008 enables community pharmacists in Scotland to prescribe EHC to females aged 13 years and over. This service also incorporates the provision of advice, signposting and referral for ongoing contraception and STDs. It is also important to note that as EHC is for girls from age 13 upwards the service includes questions designed to uncover child protection issues with subsequent referral to the local child protection team if the pharmacist has any concerns. This has improved access to EHC and reduced pressure elsewhere in the NHS (EHC previously required a GP appointment or attendance at Sexual Health Clinics or Accident and Emergency Departments).

There was a 9.5% decline in Scotland's abortion rate between 2008 and 2011<sup>1</sup>. The greatest reduction came in women under the age of 20 (22%)<sup>2</sup> this reduction saw a rise in early termination (before the 9<sup>th</sup> week of pregnancy) and medical termination (as opposed to surgical termination). There is not, as yet, any conclusive evidence as to why this occurred. However the RPS suggests improving access to EHC via community pharmacy must have made a contribution. The RPS would like to see the national dataset collect more qualitative data on the pharmaceutical care being provided by pharmacists to collate this evidence.

Teenage pregnancy has also fallen since 2008 for 16 – 20 year olds<sup>3</sup>. The pregnancy rate for the under 16s however remains static, indicating that perhaps we are not yet reaching this very young group as often as we should. Since 2009/10, the amount of EHC provided by community pharmacists has remained relatively constant at around 7,000 items per month<sup>4</sup>.

The combination of declining abortion rates and declining terminations amongst women aged under 20 suggests that public policy on sex education and provision of sexual health services is broadly succeeding. However there remain areas of concern for the RPS. Firstly, there are still health inequalities in sexual health. There is a strong relationship between deprivation and teenage pregnancy/abortion. Secondly, whilst the availability of EHC has been very successful overall and pharmacies are now the most popular route to accessing

---

<sup>1</sup> ISD Scotland, May 2012, Abortion Statistics

<sup>2</sup> *ibid*

<sup>3</sup> ISD Scotland, June 2012, Teenage Pregnancy

<sup>4</sup> Scottish Government, October 2011, Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception

the service there are areas of Scotland where young women are requesting EHC on a repeat basis. The RPS believes it is vital that women receive EHC when required but it is of equal importance that repeat users are followed up and supported to find suitable alternatives for their long-term family planning requirements. Provision of at least an interim supply of regular oral contraception would be a natural addition to the service and minimise the need for repeat supplies of EHC.

It would appear that the basic strategic approach in Scotland is working; however the RPS believes that there is still scope for further improvement and future policy should be looking to expand and improve current approaches. For example new forms of EHC that can be taken up to 120 hours after intercourse, could be added to the Patient Group Direction for emergency contraception to provide even better protection for high risk teenagers

In addition to contraception, social change throughout Scotland and the UK from the 1960s onwards saw a substantial rise in the need and demand for protection from STDs<sup>5</sup>. The advent of the HIV/AIDS epidemic in the 1980s further increased this demand<sup>6</sup>. By the 1990s condoms were much more widely available for sale. Nonetheless a 2012 survey for the Family Planning Association<sup>7</sup> showed that for people in the UK buying condoms is still a source of acute embarrassment. This raises concerns that whilst condom availability has expanded and their use is now common, there is still work to do to improve sex education to encourage people to be comfortable when seeking sexual health advice. Some Scottish health boards operate condom access schemes, such as C-Card or 'Free Condoms', which makes condoms available to 13- 24 year olds at no cost; the RPS believes such schemes should be expanded where there are gaps in provision.

Pharmacies have the distinct advantage of having a healthcare professional who can provide confidential advice and information without having to first book an appointment. The RPS also believes further work should be carried out in collaboration with GPs and other sexual health services to enable patients to access treatment for STDs from pharmacists.

---

<sup>5</sup> Aine Collier (2007). 'The Humble Little Condom: A History'. Buffalo, N.Y: Prometheus Books.

<sup>6</sup> Ibid

<sup>7</sup> Family Planning Association (2007), 'Pillow Talk', <http://www.fpa.org.uk/pressarea/pressreleases/2007/page746>

As we have demonstrated, Pharmacists have a significant role to play in the delivery of sexual health services as part of the NHS healthcare team. Some pharmacists are now independent prescribers, specialising in sexual health, collaborating with local sexual health services to provide services over extended hours in evenings and at weekends in areas where gaps in services have been identified. As such the RPS believes it is now time to consider the expansion of pharmacist prescribing in this area, building on some of the successful local initiatives addressing particular local needs in collaboration with local sexual health clinics. Widening access to oral and long-acting reversible forms of contraception via community pharmacy could have a significant impact on teenage pregnancy, abortion and repeated use of EHC. As the 2012 Audit Scotland report<sup>8</sup> on health inequalities noted, community pharmacies are well placed to meet the health needs of deprived communities. There should be more thought given to linking contraceptive services with other established services where the pharmacy has regular contact with the local population such as substance misusers.

If we can be of any further assistance, I would be delighted to provide more information or arrange for a senior pharmacist to give evidence to the committee.

**Alex MacKinnon**  
**Director for Scotland**  
**Royal Pharmaceutical Society**

7<sup>th</sup> February 2013

---

<sup>8</sup> Audit Scotland, December 2012, Health Inequalities in Scotland