
The
Morning
After:
Can Your
Pharmacist
Help?

Table of Contents

Executive Summary.....	2
Survey Results.....	7
Product Availability.....	7
Average Cost.....	8
Access.....	9
Referrals for EC Prescriptions.....	11
Degree of EC Knowledge.....	12
Interaction Between Caller and Pharmacist.....	14
Discussion and Recommendations.....	16
Appendix 1: Methodology.....	21
Appendix 2: Survey Questionnaire.....	23
Appendix 3: EC Network Steering Committee.....	26

Acknowledgments

The Morning After: Can Your Pharmacist Help? is a publication of NARAL Pro-Choice Massachusetts. The report was compiled by Aimee Pelletier and Stacie Garnett. Surveys were designed by Samantha Kreshover and conducted by Cate Bridenstine and Samantha Kreshover. The report was edited by Andrea Miller.

NARAL Pro-Choice Massachusetts would also like to acknowledge the contributions of members of the Massachusetts Emergency Contraception Network Steering Committee, particularly Jill Clark, Karen Edlund, Angel Foster, Jennifer McIntosh, Lenore Tsikitas, and Britt Wahlin. The survey and report benefited greatly from their input.

September 2008

Executive Summary

NARAL Pro-Choice Massachusetts conducted a “mystery client” survey to examine how pharmacies throughout the Commonwealth respond to women under 18 years of age seeking emergency contraception (EC), also known by its brand name (Plan B[®]) or as the “morning-after pill.” Callers posing as 17-year-old women phoned 275 pharmacies and asked pharmacists questions about this birth control method, including whether they can obtain it and how it works.

Since August 2006, Plan B[®] has been available over-the-counter for adults, but remains a prescription medication for teenagers. In light of this, NARAL Pro-Choice Massachusetts sought to determine whether teens are: 1) receiving accurate information; 2) obtaining useful referrals; and/or 3) facing barriers to access. The survey also sought to assess whether pharmacists are taking advantage of the pharmacy access program, in which specially trained pharmacists can initiate prescriptions for emergency contraception under a standing order from a physician. This program is unique to Massachusetts and a handful of other states.¹

The survey found that the vast majority of pharmacies stock emergency contraception, although availability varies considerably by county. Costs are significant across the board, with large price differentials among chain stores and independent pharmacies (but not between the two groups). And, while most pharmacists surveyed appear to be relatively well informed and eager to assist women seeking EC, some still have misperceptions about this birth control method and often need to be prompted to provide the necessary information. A brief history of emergency contraception, an outline of the survey, and an overview of the findings follow.

About Emergency Contraception

Emergency contraception is a hormonal method of birth control that can be taken to prevent pregnancy after unprotected intercourse, contraceptive failure, or sexual assault. EC can significantly reduce the risk of pregnancy if taken up to 5 days after unprotected intercourse, but it is more effective the sooner it is used. EC works primarily by preventing ovulation. It may also prevent fertilization by altering the transport of the sperm or egg, or it may inhibit implantation of the fertilized egg.² Emergency contraception will not work if a woman is already pregnant and, if a woman is pregnant, it will not harm the existing pregnancy. Importantly, EC is different from mifepristone (also known by its brand name Mifeprex, or as “the abortion pill” or RU-486), which is used in early pregnancy termination.

History of Emergency Contraception

On July 28, 1999, the U.S. Food and Drug Administration (FDA) approved the progestin-only based emergency contraceptive pill Plan B[®] for prescription sales.³

Seven years later, on August 24, 2006, the agency approved Plan B[®] for over-the-counter (OTC) sale to adults 18 and older.⁴ FDA officials had repeatedly delayed over-the-counter approval, despite the overwhelming medical and scientific consensus supporting non-prescription access to this birth control method for women of all ages.⁵

Emergency Contraception's "Behind-the-Counter" Status

The American Pharmacists Association (APhA) refers to the status of Plan B[®] as being equivalent to "behind the counter," not "over the counter." According to the APhA, this is an important distinction. Unlike true over-the-counter products, this birth control method cannot be purchased off of the drug store shelves.

Because of the age restriction, adults must go to the pharmacy counter and supply proof of age before they can purchase it. Women under 18 need a prescription from a doctor, clinic, or another health care provider with prescribing authority; in nine states, including Massachusetts, a specially trained pharmacist may also provide EC directly by prescription through a standing order or collaborative agreement with a physician.

While some over-the-counter drugs are placed behind the counter because of theft risk or public safety concerns, virtually no other drug – except for Plan B[®] and nicotine replacement therapy – is kept there due to age restrictions. Moreover, this unusual behind-the-counter approach adds to confusion about EC among pharmacists, health care providers, and the general public – including women who need back-up birth control.

Emergency Contraception Law in Massachusetts

In 2005, Massachusetts became the eighth state to adopt legislation to improve access to EC. As a result, state law now requires hospital emergency rooms to offer EC to sexual assault survivors and allows a woman of any age to receive this birth control method directly from a specially trained pharmacist without having to visit another health care provider first to obtain a prescription.

Massachusetts law offers additional protections, including a state regulation that requires pharmacies to stock all "commonly prescribed" medications.⁶ On February 14, 2006, the Massachusetts Board of Pharmacy issued a unanimous ruling that this includes EC; the decision came in response to a lawsuit against Wal-Mart for failing to stock Plan B[®]. Soon after its facilities in the Commonwealth were ordered to do so, Wal-Mart decided to carry EC in all of its stores nationwide.

There is also no “conscience clause” provision in Massachusetts which would allow pharmacists to refuse to provide access to birth control or other medications. Rather, pharmacists are required to fill all valid prescriptions in accordance with relevant state and federal laws and regulations.

The Massachusetts Pharmacy Access Program

A pharmacy access program enables these providers to offer EC directly to women of all ages, including those otherwise not eligible to obtain it over the counter – such as women under the age of 18 and those lacking government-issued identification.

The program rests on the understanding that pharmacists are front-line health care providers whose accessible locations and extended hours make them ideally situated to provide immediate access to EC. They also can provide information and referrals for EC and serve as an important link to additional local services in the community.

To take part in the program, a pharmacist must complete a continuing education course on EC and obtain a standing order from a physician to initiate prescriptions. Under this system, the pharmacist meets with customers seeking EC to assess whether it would be appropriate for them based on the protocol in the standing order. If so, the pharmacist can fill the prescription on the spot.

The pharmacy access program in Massachusetts, like in other states, predates the FDA’s decision to make Plan B[®] available without a prescription for adults. At the time it was adopted, its purpose was to provide more timely access to this birth control method – particularly in light of the FDA’s delay in granting over-the-counter status.

Today, the program continues to hold promise for improving the availability of EC, filling gaps in access for teenagers, low-income residents who rely on MassHealth (the Commonwealth’s Medicaid program, which still requires a prescription to cover Plan B[®]), and anyone who lacks the necessary ID. However, as this survey found, an extremely small proportion of pharmacists are actively participating in the program, even though more than 500 have completed the necessary training.

The Pharmacy Survey

Women’s health advocates have raised concerns that Plan B[®]’s “behind-the-counter” status may prevent women under 18 and those lacking ID (such as recent immigrants) from obtaining this birth control method in time to prevent pregnancy. Until this survey, no comprehensive data had been gathered to assess EC access for these often-underserved populations.

To investigate this, NARAL Pro-Choice Massachusetts used its knowledge of the challenges teenagers may face in obtaining EC to develop a survey of pharmacists throughout the Commonwealth. Between April and June of 2007, callers queried a

sample of 275 facilities drawn from the Board of Pharmacy's list of 1087 registered pharmacies (or 25% of the total), randomizing the sample within each of the state's 14 counties. (See Appendix 1: Methodology for more details about the sample.) Callers asked to speak to the pharmacist at each facility.

Key questions from the survey include:

- Do you have Plan B[®]?
- How much does it cost?
- I'm 17; can I just come in and get it?
- [If no] So is there no way I can get Plan B[®]?
- I don't have a regular doctor; do you know any place I could go?
- How does Plan B[®] work?

(See Appendix 2 for complete survey instrument.)

Survey Findings

Availability of EC varies across the Commonwealth. While nearly nine in ten pharmacies surveyed have Plan B[®] in stock, access to this birth control method varies greatly by county: At least one in five pharmacies in Hampshire and Hampden counties did not have it available, while every pharmacy surveyed in Barnstable, Dukes, Franklin, and Nantucket counties had it in stock.

EC is quite costly everywhere, averaging \$44.35 a package. And while prices do not differ significantly between chains and independent pharmacies as a whole, differences are quite apparent within each of these groups. For instance, Costco is far more affordable than Stop and Shop (\$33.00 compared with \$46.99); price differentials are even wider within the independent provider community, ranging from \$34.94 to \$55.32. Similarly, prices varied considerably by county, with Berkshire County offering the most-affordable EC, and Dukes and Nantucket counties tied for providing the most expensive.

Pharmacists want to help, but need prompting and more information. Initially, only half (56%) of pharmacies with Plan B[®] in stock responded correctly and completely that the mystery client could get the medication with a prescription from a health care provider (54%) or a specially trained pharmacist (2%). After prompting, an additional 30% provided these accurate answers. As a result, 86% of those stocking Plan B[®] ultimately answered correctly and completely.

Pharmacists also tended to provide a referral for a teenager to obtain a prescription (71%), typically to a family planning clinic or community health center, but they did not always direct callers to their most affordable or accessible alternatives. Eighteen percent (18%) of those asked for a referral suggested the caller go to the ER or hospital. Furthermore, almost no one indicated that the caller could seek Plan B[®] from a specially trained pharmacist.

Pharmacist knowledge about how EC prevents pregnancy is mixed, with three quarters (76%) of pharmacists queried providing at least partially correct answers. Yet few provided comprehensive information, with a third emphasizing the least-likely mechanism of action (preventing implantation)⁷ and four percent (4%) still incorrectly confusing Plan B[®] with the early abortion pill Mifeprex.

Conclusion

Women's health advocates recognize that pharmacists are in an ideal position to work with community members to provide helpful referrals and advice on health issues related to emergency contraception. Based on these findings, NARAL Pro-Choice Massachusetts concludes that further education and resources are needed to enable these front-line providers to fulfill this role. Pharmacists would also benefit from more information about how the pharmacy access program can facilitate access to safe, effective back-up birth control.

At the same time, however, pharmacists cannot be expected to be the sole or even primary source to inform teens – or the general public, for that matter – about Plan B[®]. Public education about EC is still necessary – a fact underscored by the lingering misinformation about how it works and gaps in knowledge about how to obtain it. Teens, in particular, need more information, clearer instruction, and better options for low-cost care. Similarly, while Plan B[®] may be nominally available, its behind-the-counter status and high cost will remain a barrier to even the most-informed consumers if they have few financial resources and little access to the health care system.

Endnotes

¹ Those states are Alaska, California, Hawaii, Maine, Massachusetts, New Hampshire, New Mexico, Vermont, and Washington State. Pharmacy Access Partnership, States With Direct Access 2008, available at <http://www.go2ec.org/StatesWithDirectAccess.htm> (accessed February 20, 2008).

² Research conducted since FDA approval of Plan B[®] has provided additional insights into how this birth control method works, indicating that “the best available evidence is consistent with the hypothesis that Plan B’s ability to prevent pregnancy can be fully accounted for by mechanisms that do not involve interference with post-fertilization events,” James Trussell and Elizabeth G. Raymond, “Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy,” unpublished manuscript, July 2008 (relevant excerpt available at <http://ec.princeton.edu/questions/MOA.pdf>) (accessed September 15, 2008). Nonetheless, the product label continues to state that “Plan B[®] is believed to act as an emergency contraceptive principally by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation (by altering the endometrium). It is not effective once the process of implantation has begun.” Duramed, Plan B (Levonorgestrel) Emergency Contraceptive package insert (available at <http://www.fda.gov/cder/foi/label/2006/021045s011lbl.pdf>) (accessed September 15, 2008).

³ Department of Health and Human Services, U.S. Food and Drug Administration, Center for Drug Evaluation and Research, Letter from Lisa Rarick, MD, to Women’s Capital Corporation (July 28, 1999), available at http://www.fda.gov/cder/foi/nda/99/21-045_Plan%20B_Approv.pdf (accessed March 18, 2008).

⁴ Department of Health and Human Services, U.S. Food and Drug Administration, Letter from Steven Galson, MD, MPH, to Duramed Research, Inc. (August 24, 2006), available at <http://www.fda.gov/cder/foi/applletter/2006/021045s011ltr.pdf> (accessed March 18, 2008).

⁵ David A. Grimes, “Switching Emergency Contraception to Over-the-Counter Status,” *New England Journal of Medicine*, 347:11 (Sept. 12, 2002), 846-49.

⁶ Massachusetts Board of Pharmacy Regulation 247 C.M.R. § 6.02(4).

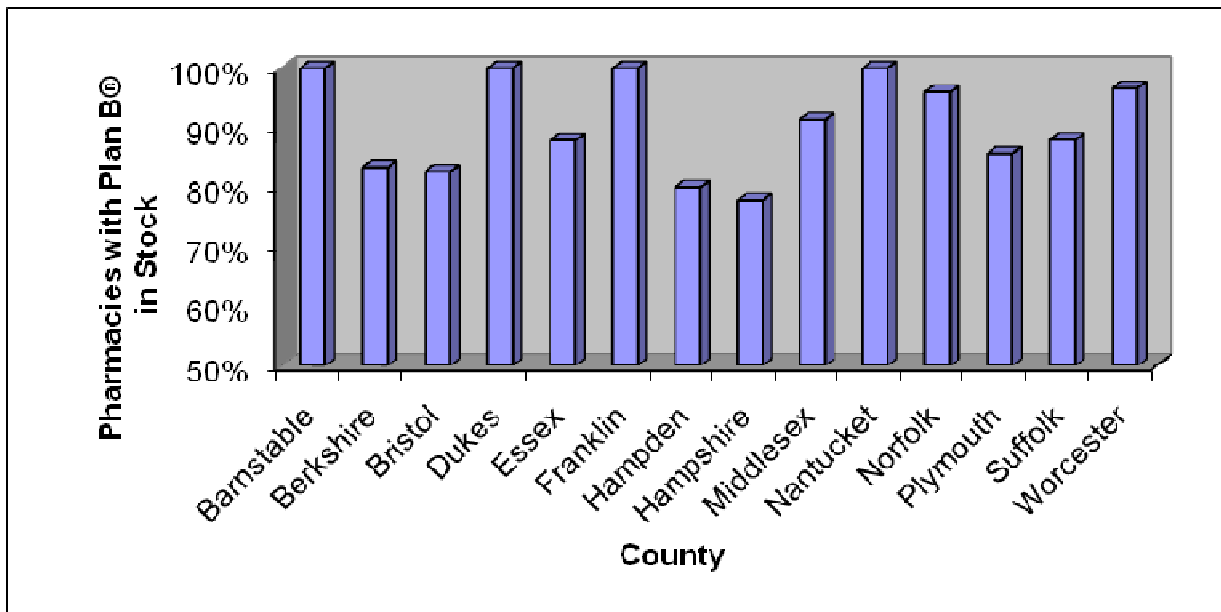
⁷ See note 2 above.

Survey Results

Product Availability

The first question the mystery client asked pharmacists was whether they currently stock Plan B[®]. Eighty-nine percent (89%) replied in the affirmative, with notable differences by county. Pharmacies in Barnstable, Dukes, Franklin, and Nantucket all had emergency contraception in stock, while those in Hampshire and Hampden Counties were the least likely to have it available (see Chart 1 and Table 1).

Chart 1: Pharmacies with EC in Stock by County (n=275)



The caller next asked those without Plan B[®] whether the pharmacy would be ordering more. Of the 11% who answered that they were out of stock:

- 45% (or 4.7% the total sample population) said they were ordering more
- 38% (or 4% of the total) said they didn't know if they would be ordering more
- 17% (or 1.8% the total) said no, they would not be ordering more

Table 1: Availability and Price of Emergency Contraception by County

County	Number of pharmacists interviewed	Percentage with EC in stock	Average price
Barnstable	8	100%	\$45.43
Berkshire	6	83%	\$38.10
Bristol	23	83%	\$46.44
Dukes	1	100%	\$55.00
Essex	33	88%	\$44.35
Franklin	3	100%	\$43.26
Hamden	20	80%	\$43.31
Hampshire	9	78%	\$44.31
Middlesex	70	91%	\$43.54
Nantucket	1	100%	\$54.99
Norfolk	25	96%	\$43.60
Plymouth	21	86%	\$45.06
Suffolk	25	88%	\$46.06
Worcester	30	97%	\$43.80
Total	275	89%	\$44.35

Average Cost

The average cost for Plan B[®] was \$44.35 for all participating pharmacies, with a median price of \$44.99. This pricing scheme does not vary significantly by pharmacy type (\$44.30 for chains, compared with \$44.22 for independent pharmacies). However, differences are quite apparent within each of these provider types.

Chains: Costco charges the least (\$33.00) and Stop and Shop charges the most (\$46.99) (see Table 2).

Independent pharmacies: Costs are far more varied here than at chains, with some offering Plan B[®] at significantly lower- or higher-than-average costs (ranging from \$34.94 to \$55.32, with a median price of \$45.13).

Table 2: Price of Emergency Contraception at Chain Pharmacies

Pharmacy	Price (\$)
Costco	33.00*
Osco	34.99 – 45.99
Walgreens	41.99 – 43.99
Wal-Mart	42.62 – 46.99
Target	42.99
Brooks	42.99 – 45.99
CVS	44.99
Stop & Shop	46.99
Average	44.30

*Price range within \$.50

Prices also varied by county, with the highest costs (roughly \$55) in Nantucket and Dukes and the lowest average price (\$38.10) found in Berkshire County (see Table 1).

Access

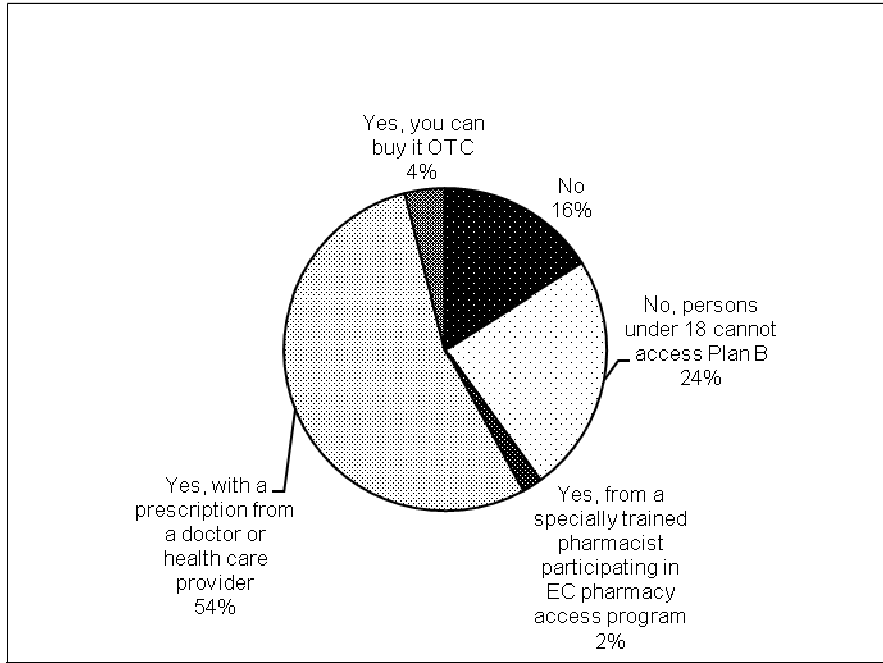
If Plan B[®] was available (n=246, or 89% of the total sample population), the mystery client next revealed that she was 17 and asked if she could come into the pharmacy to get it. Correct answers were provided by just over half of the pharmacies (56% of those asked this question, or 50% of the total sample population) (see Chart 2).

Of these, the vast majority told her that she could obtain EC if she had a prescription (54% of those who had EC, or 48% of the total). A very small proportion (2% of this group, or 1.8% of the total) said that the caller could come in and get EC through a specially trained pharmacist participating in the EC pharmacy access program; about half of this small group had such a pharmacist on staff.

Four in 10 pharmacists provided incorrect or incomplete answers (44% of those currently stocking EC, or 40% of the total). The most frequent was to claim that there was no way for someone under 18 to obtain EC (24% who had EC, or 22% of the sample). Additionally, 16% (or 14% of the total) said that the caller could not come in and get the medication there, but provided no follow-up information on where else

a teen could obtain it. Four percent (4%, or 3.6% of the total) incorrectly answered that the caller could buy EC over the counter.

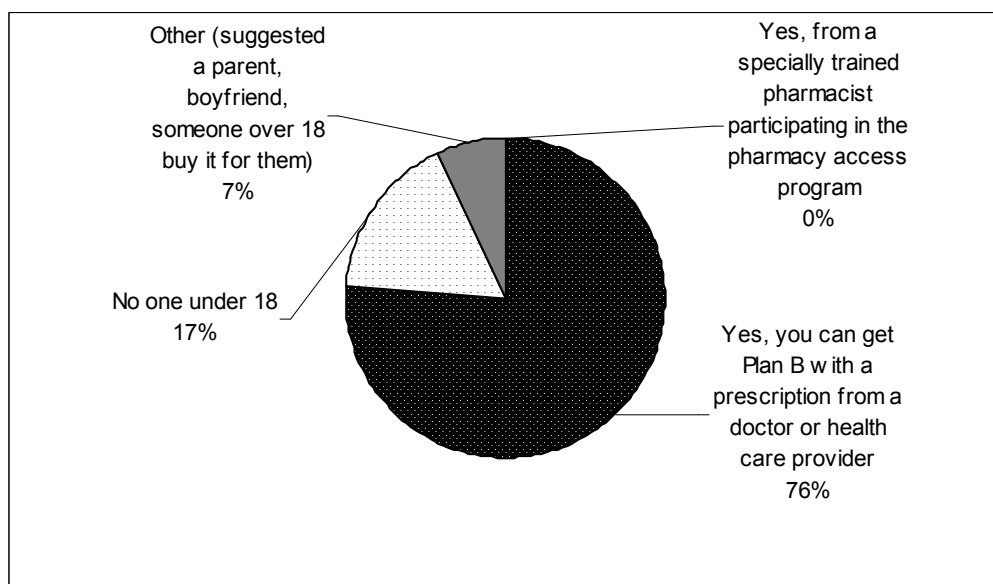
Chart 2: Can I come in and get it? (n=246)



The mystery clients prompted anyone offering incorrect or incomplete answers with yet another question about access to EC: “So there is no way I can get Plan B®?” Providing this additional opportunity for the pharmacist to respond elicited accurate information from most who had answered incorrectly or incompletely the first time (see Chart 3). Three-quarters of those who originally answered “no” indicated that the caller could come get EC with a prescription (76% of those who originally answered incorrectly/incompletely, or 27% of the total sample).

A small proportion suggested instead that someone older than 18 buy it for the caller (7% of those who originally gave incorrect/incomplete answers, 2.5% of the total), while the others maintained, incorrectly, that no one under 18 can obtain EC (17% of those who originally answered incorrectly or 6% of the total).

Chart 3: So there is no way I can get Plan B®? (n=99)



Overall, then, 84% of those asked about where to obtain Plan B® (75% of the total sample population) eventually told the caller that she could get it with a prescription. An additional two percent (2%) of those asked (1.8% of total sample population) said that she could buy it from a specially trained pharmacist participating in the EC pharmacy access program.

Referrals for EC Prescriptions

If the pharmacist responded correctly that a teenager would need a prescription from a health care provider in order to obtain Plan B®, the mystery client said that she didn't have one and asked for a referral. About 80% of the total survey population were asked for a referral, with some offering more than one option.

The most common recommendation was to seek EC at a local family planning clinic (43% of pharmacists who were asked for a referral or 34% of the total sample). Three-quarters of the time, these pharmacists specifically suggested Planned Parenthood (74% of those referring to a family planning clinic, or 25% of the total).

Other family planning agencies were also recommended, depending on the location of the pharmacist:

- Health Quarters was mentioned 13% of the time by pharmacists in Essex County.

The Morning After: Can Your Pharmacist Help?

- Tapestry Health was mentioned 13% of the time in the Western Massachusetts counties of Berkshire, Franklin, Hampden, and Hampshire.
- Citizens for Citizens was mentioned 9% of the time in Bristol County.

About 25% (20% of the total survey population) referred the caller to a walk-in clinic, free clinic, or community health center, while another significant proportion recommended that she go to the ER or a hospital (18% of pharmacists asked for a referral or 14% of the total surveyed).

One in ten pharmacists who were asked for a referral said they did not know where to send the mystery client (11% of those asked for a referral, 9% of the total population).

Three pharmacists recommended that she go to another pharmacy where pharmacists were trained in the EC access program (and gave the name and location of that pharmacy), while one provided the number for the Plan B[®] hotline (888-330-1271).

The remaining pharmacists referred her to a specific doctor's office, said that you must have a doctor to prescribe it, suggested that someone over 18 buy it, or said there was nowhere to go.

Degree of Emergency Contraception Knowledge

The mystery clients asked 84% of pharmacists, largely those stocking Plan B[®], how this birth control method works. Pharmacies were excluded if they did not carry Plan B[®], said no one under 18 could purchase the drug, or would not engage the caller. Three quarters (76% or 64% of the total sample population) of pharmacists who were asked about EC's mechanism of action provided at least partially accurate responses and, in some instances, they provided multiple answers. (See Chart 4.)

Responses were categorized into three groups. A pharmacist's answer was considered "correct" if they indicated what Plan B[®] is (such as that it is a concentrated dose of ordinary birth control pills or a higher dose of hormones) and/or offered at least one accurate description of how it operates (namely, that it prevents ovulation, interferes with transport of egg and sperm, and/or prevents implantation). A pharmacist's answer was considered "incorrect" if they likened Plan B[®] to "the abortion pill" (Mifeprex) or claimed that it terminates a pregnancy. An "indistinct/unclear" category was created particularly to capture times when the pharmacist gave the caller detailed instructions for how to take the medication, rather than information about its mechanism of action. For purposes of this report, "indistinct/unclear" also captures answers that were not easily categorized, such as that it "gives [you] a lot of hormones so the body 'rejects it.'"

It is important to note that a comprehensive, complete answer would have explained that emergency contraception prevents pregnancy in the same ways that ordinary

birth control pills do – and would have listed the three possible mechanisms of action. Almost no one provided this level of explanation, with the majority categorized as giving “correct” answers offering only one or two explanations of how it operates.

Fifty-one percent (51% or 43% of the total) provided information on at least one mechanism of action. The mechanisms of action mentioned most often were that it:

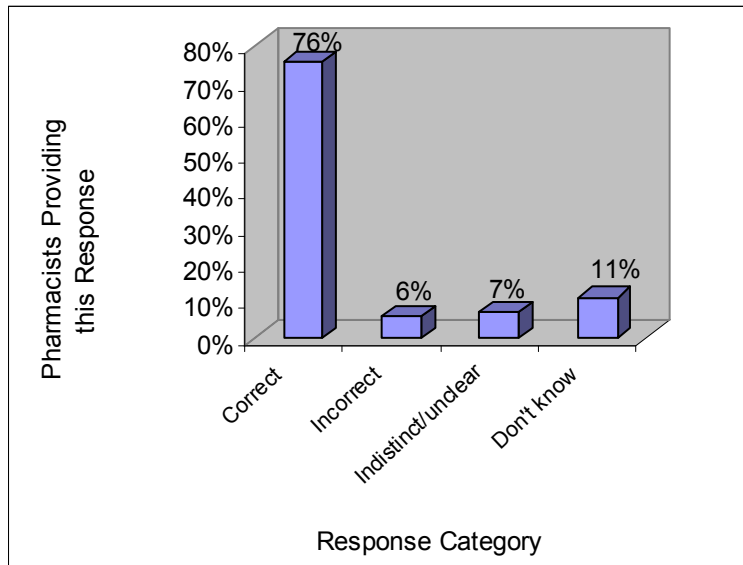
- prevents implantation (32%, or 27% of the total survey population) and/or
- interferes with transport of egg and sperm (20%, or 17% of the total survey population)

Only 8% (7% of the total survey population) mentioned that it prevents ovulation, the most common way in which emergency contraception works.

Thirty-seven percent (37%) of those asked (31% of the total survey population) noted that Plan B[®] contains a concentrated dose of ordinary birth control pills or a higher dose of hormones.

The most frequently offered *incorrect* answer was that Plan B[®] is “like an abortion pill,” a lingering misperception found among 4% of those queried (or 3% of the total sample population).

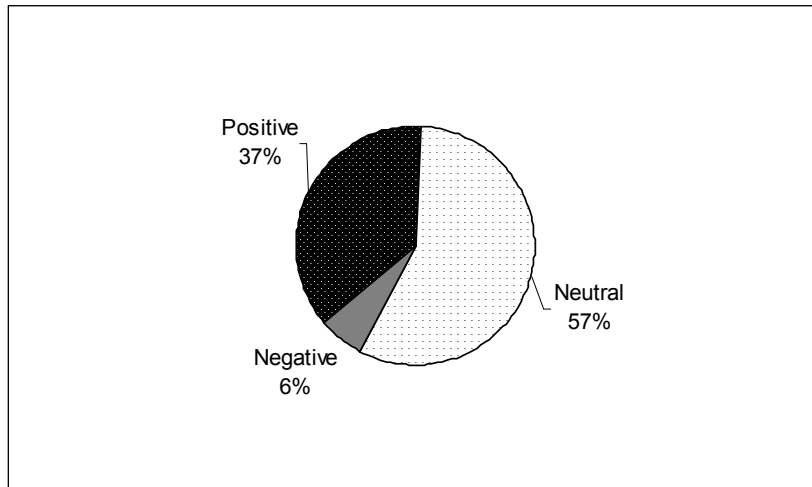
Chart 4: How does EC work? (n=231)



Interaction Between Caller and Pharmacist

With very few exceptions, pharmacists were highly professional with callers – maintaining a neutral (57%) or positive (37%) attitude during the conversations (see Chart 5). At the conclusion of each interview, the mystery client noted the overall tone of the conversation and their impressions of their interaction with the pharmacist. Callers rated those who were evasive, suspicious, hostile, dismissive, or very ineffective as having a negative attitude.

Chart 5: How would you characterize the respondent's overall attitude?



Moreover, most pharmacists (65%) were able to answer all of the callers' questions promptly and accurately, indicating that these health care providers are often willing and able to help teens seeking access to EC. (See Charts 6 and 7.)

Chart 6: Was the pharmacist able to answer all of your questions?

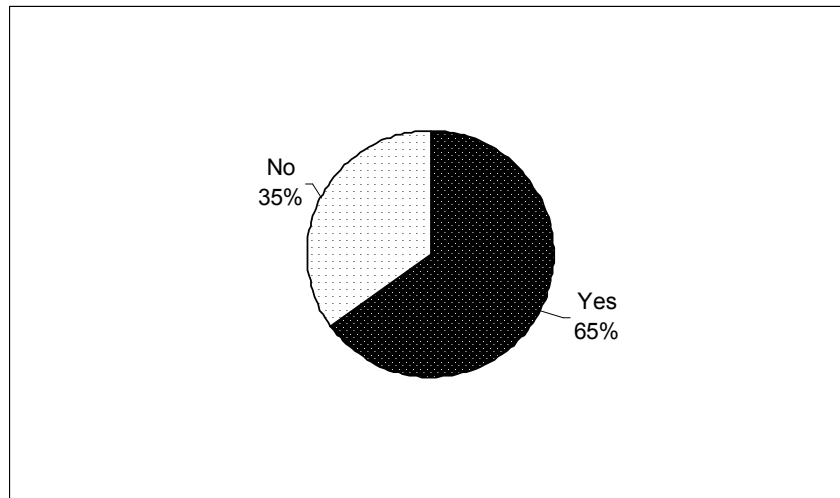
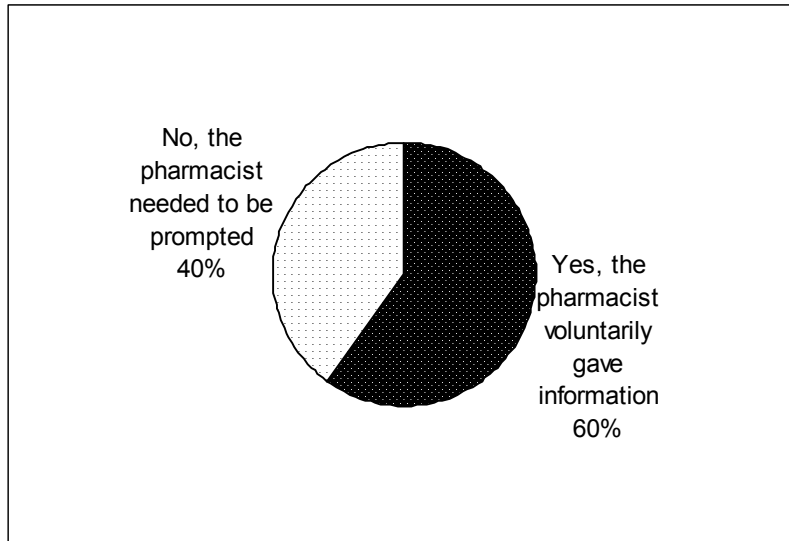


Chart 7: Was the pharmacist voluntarily giving information, or did he/she need to be prompted?



Discussion and Recommendations

Overall, our mystery clients were well received and most eventually obtained the information they would have needed were they indeed a 17-year-old seeking emergency contraception. Eighty-nine percent (89%) of pharmacies surveyed had Plan B[®] in stock, and 86% eventually told the caller that she could obtain EC with a prescription or through the pharmacy access program. However, this survey also indicates that significant barriers remain for those trying to protect themselves against unintended pregnancy. Callers often received only partial information or had to probe further before they got accurate or appropriate answers. And some pharmacists – like the general public – retain misperceptions about this birth control method.

Because of their extended hours and accessibility, pharmacists are in an ideal position to work with community members to provide helpful referrals and advice on health issues related to emergency contraception. To do so most effectively, these front-line providers will need further education and resources. As NARAL Pro-Choice Massachusetts had hoped, the survey sheds light on the types of education needed as well as other improvements that could be made to expand access to EC. The following summarizes the major topics of concern as well as possible strategies to address them.

EC Prices are Prohibitive

Emergency contraception is likely to be prohibitively expensive for many teens and other women with limited resources. Whether Plan B[®] costs \$30 or \$50, such high prices may deter the purchase of EC because immediate, financial concerns sometimes outweigh the long-term implications of an unintended pregnancy. Moreover, while Medicaid funding is available, the requirement that women obtain a prescription to get it covered continues to limit access.

To help alleviate the cost burden:

- Family planning clinics and health centers should inform pharmacists that they provide free or low-cost EC so that these front-line providers can direct teens and other women with limited resources to more-affordable locations in their communities.
- Pharmacists should be aware of lower-cost alternatives in order to make the most-appropriate referrals for teens and women who cannot afford the over-the-counter price.
- Advocates and public health officials should work together to change Medicaid policies so that low-income women can get coverage for EC without a prescription.

- Advocates and pharmacists should explore innovative strategies to enable pharmacies to offer discounted prices to women in need or to register them for appropriate insurance coverage.

Stocking of EC is Inconsistent

Although stocking policies and practices are generally good throughout Massachusetts, the data appears to have some regional trends that raise concerns about access to Plan B[®]. Pharmacies in three of the four counties that comprise the entire western third of the Commonwealth (Berkshire, Hampden, and Hampshire) were the least likely to have EC in stock during the survey period. Emergency contraception was also relatively less available in southeastern Massachusetts (Bristol and Plymouth Counties).

To maintain access in all communities across the state:

- The Board of Pharmacy should enforce the standard set in the Wal-Mart case about stocking EC as a “commonly prescribed” medication.⁸
- Advocates should report non-stocking pharmacies to the Board of Pharmacy and NARAL Pro-Choice Massachusetts so that they can encourage those facilities to meet the needs of teens and adult women.
- Community groups should demonstrate support for EC availability by recognizing and patronizing local pharmacies that stock it.

Referral Information is Lacking

Eighteen percent (18%) of pharmacists referred the caller to the emergency room or to a hospital. While Massachusetts law requires such facilities to offer EC to survivors of sexual assault, sending the general public – particularly teenagers – to these settings is less than optimal because they are usually the most expensive and time-consuming options. Further, almost a third (32%) of pharmacists who were asked for a referral suggested the caller go to Planned Parenthood – an excellent option, but only for those who live nearby or can travel to the organization’s four locations in the state (Boston, Somerville, Springfield, or Worcester). In many cases, the pharmacist did not mention another family planning clinic or community health center that would have been closer.

In addition, eight pharmacists told the caller that she could have someone else, who is over the age of 18, buy EC for her. This may be helpful advice and the most straightforward option for some teens, but for others this advice may prove problematic if they do not have a caring adult to whom they can turn or are in a coercive or abusive relationship. Thus, if this option is offered as one among several,

it is fine advice; however, for the five pharmacists who had no other suggestions, this could be inadequate information.

To ensure pharmacists can direct teens to those locations best equipped to serve them:

- Pharmacy organizations and advocates should provide pharmacists with concise, comprehensive information about how and where teens can obtain EC, including more accessible, lower-cost options. One excellent resource is the soon-to-be-launched Massachusetts Sexual Health Helpline and its companion website (MariaTalks.com).
- Local health care agencies and clinics should provide information to and build relationships with pharmacies in their service areas to increase appropriate referrals.

Participation in the “Pharmacy Access” Program is Inadequate

In general, pharmacists who were trained through the pharmacy access program were more interactive with the callers, providing a more positive experience as well as more information about EC. This indicates that pharmacists who participate in the program have more knowledge about this birth control method and are thus better equipped to help teens and other women. Unfortunately, only eight pharmacists (3% of the sample population) mentioned the pharmacy access program at various points in the survey, indicating that it still has limited reach in Massachusetts. Only a handful of pharmacists are actively participating, despite the fact that more than 500 pharmacists have completed some continuing education on EC and should be aware of the program.

To expand the pool of pharmacists who can meet the needs of teens and other underserved women seeking EC:

- Professional associations and pharmacy schools should actively encourage and provide incentives for pharmacists to participate in the pharmacy access program, placing particular emphasis on its relevance and potential benefits in the current behind-the-counter environment.
- Pharmacists should take advantage of continuing education courses, including one available online through the Northeastern University School of Pharmacy (www.neu.ceedutest.com).

Misinformation about EC Remains

Pharmacists usually provide accurate information to callers, with only 6% of those asked “How does EC work?” providing wholly incorrect answers. Yet certain

potentially misleading answers were offered regularly enough to cause concern among women's health advocates.

For instance, the most common method of action named by pharmacists was that EC "prevents implantation" (75 times, or by 32% of those asked). While this is technically accurate, recent studies show that it is also emergency contraception's least-likely mechanism of action.⁹ In contrast, fewer than one in 10 pharmacists told callers about EC's most-likely effect, which is to prevent ovulation (this answer was given only 19 times, or by 8% of those asked). By emphasizing the more-remote possibility, pharmacists may contribute to the inaccurate perception that EC causes an abortion – even though the medical community considers implantation to be the first indicator of pregnancy. Few pharmacists provided the kind of comprehensive information that a woman would need to determine whether she felt comfortable taking EC.

Pharmacists – like the general public – may also confuse Plan B[®] with Mifeprex (or RU-486), despite the fact that the first is a birth control method and the latter terminates an early pregnancy. Indeed, 4% – the vast majority of all of those who answered incorrectly – described EC as being "like an abortion pill."

To prepare pharmacists to better explain emergency contraception:

- Professional associations and educational institutions should provide continuing education for pharmacists specifically addressing EC's mechanism of action and outlining how it differs from medical abortion. One excellent option is the online continuing education course through the Northeastern University School of Pharmacy (www.neu.ceedutest.com).
- The Board of Pharmacy and other public health organizations should offer pharmacists resources and information about training opportunities on EC.

Pharmacists Have Limited Time and Attention

Many pharmacists were knowledgeable about EC and, more often than not, their attitudes were professional when responding to queries about this birth control method. Still, the mystery clients often had to ask additional, prompting questions in order to gain complete information. These less-than-ideal responses may not have been specific to EC, but rather may reflect the challenges pharmacists face in providing patient care in busy retail settings.

As a result, educational avenues outside of the pharmacy setting remain an important strategy, particularly if teenagers – and the general public – are to have access to the information and services they need. Teaching young women how to advocate for themselves and about their rights to sexual and reproductive health services will be essential to enable them to prevent unintended pregnancy.

To ensure that young women have adequate information to advocate for themselves:

- Public and private health agencies, health care providers, and advocates should continue to inform teens about where they can go to obtain EC and direct them to helpful resources, such as the soon-to-be-launched Massachusetts Sexual Health Helpline and its companion website (MariaTalks.com).
- Public health officials and organizations should consider conducting awareness campaigns that include the feedback and cooperation of teens and other underserved women as well as the local health clinics and community-based organizations that serve them.

Larger Issues Persist

Finally, this survey confirms that barriers will likely persist even if pharmacists and the general public are better informed and have more resources at their disposal. To ensure that those at greatest risk for unintended pregnancy have access to emergency contraception, women's health advocates should explore ways to lower the retail cost of EC while continuing to work to make it truly available over-the-counter to anyone who needs to prevent pregnancy after sex.

⁸ Massachusetts Board of Pharmacy Regulation 247 C.M.R. § 6.02(4).

⁹ See note 2 in Executive Summary.

Appendix 1: Methodology

Survey Development

NARAL Pro-Choice Massachusetts developed the survey (see Appendix 2), soliciting feedback from members of the Emergency Contraception Network, a coalition of public health organizations, government health agencies, health care providers, pharmacists, and other non-profits concerned with women’s health (see Appendix 3).

Survey Process

Two hundred seventy-five (275) Massachusetts pharmacies were contacted via telephone during the survey period from April to June of 2007, accounting for 25% of pharmacies in the state. Using a “mystery client” methodology, two female interns trained by NARAL Pro-Choice Massachusetts called and stated that they were 17 years old and seeking emergency contraception. Each pharmacy was contacted by one member of the study team, who asked to speak with a pharmacist.

To construct the survey sample, NARAL Pro-Choice Massachusetts drew from the Board of Pharmacy list of 1087 registered pharmacies in Massachusetts. Pharmacies were stratified by county, and the number of pharmacists selected to be interviewed per county was proportional to the number of women of reproductive age living there. The specific pharmacies were selected at random from within each county. Facilities surveyed included both chain pharmacies (218) and independent businesses (57). Specialty pharmacies not relevant to the survey, such as those in nursing homes, were excluded. The original sample included 300 pharmacies; however, callers were only able to contact 275 within the study timeframe. This resulted in a small underrepresentation from Suffolk, Norfolk, and Worcester counties.

County	% Reproductive Age Women in MA	# of pharmacies in county	# of pharmacies interviewed	Percentage of pharmacies surveyed
Barnstable	2.64%	44	8	3%
Berkshire	1.97%	30	6	2.18%
Bristol	7.96%	108	23	8.36%
Dukes	0.16%	4	1	0.36%
Essex	10.68%	123	33	12.00%
Franklin	0.94%	11	3	1.09%
Hamden	6.88%	83	20	7.27%
Hampshire	3.12%	25	9	3.27%
Middlesex	24.35%	220	70	25.45%
Nantucket	0.10%	5	1	0.36%
Norfolk	10.44%	122	25	9.09%
Plymouth	7.08%	86	21	7.64%
Suffolk	12.35%	103	25	9.09%
Worcester	11.34%	130	30	10.91%
Total	100%	1094	275	100%

Questionnaire

Questions covered a host of issues related to the availability of emergency contraception for teenagers (see Appendix 2 for the full script). Interviewers recorded responses using predetermined codes, noting any additional information on the survey form.

Analysis

Callers documented availability, cost, and health information provided along with any differences in experiences with a chain versus an independent pharmacy. Following each interview, callers noted their impression of their interaction with the pharmacist using several scales and writing any additional comments at the end of the survey form. After two weeks of data collection, the survey was modified to also record the pharmacists' gender as documented by the caller (209 facilities were called after that point; 108 respondents were female and 101 were male); the sex of the pharmacist did not ultimately lead to any significant differences in responses. Descriptive statistics were then generated in Excel (using the compatible 93-2007 version).

Appendix 2: Survey Questionnaire

- Chain 218
 Independent 57

County: _____

Plan B[®] Pharmacy Survey

Name of Pharmacy: _____

Address of Pharmacy: _____

Caller: _____

Time of Day and Date: _____

INSTRUCTIONS: Begin by calling the designated pharmacy and asking to speak with a pharmacist. Once the pharmacist is on the phone then begin with survey script/questions. Check all answers that apply and write in answers when appropriate. Once you have completed survey questions and said closing remarks, answer the question about this experience.

SURVEY SCRIPT/QUESTIONS

1. *Hi, do you have Plan B?* (n=275)

<input type="checkbox"/> Yes (SKIP to Q4)	246
<input type="checkbox"/> No (CONTINUE with Q2)	29

2. *Are you ordering more?* (n= 29)

<input type="checkbox"/> Yes, they are ordering more (CONTINUE with Q4)	13
<input type="checkbox"/> No, they never stocked it (CONTINUE with Q3)	5
<input type="checkbox"/> Don't know or Not Applicable (CONTINUE with Q3)	11

3. *Do you know of any other places that have Plan B?* (n= 26)

<input type="checkbox"/> Yes (record name of place to go and proceed with question below) answers given, mostly referrals to other pharmacies _____	21
<i>I'm 17; can I just go there and buy it?</i>	
<input type="checkbox"/> Yes (SKIP to Q7)	0
<input type="checkbox"/> Yes if the pharmacist is specially trained and participating in the EC pharmacy access program (SKIP to Q6)	0
<input type="checkbox"/> No you need a prescription from a physician (SKIP to Q6)	0
<input type="checkbox"/> No (SKIP to CLOSING REMARKS)	5

4. *How much does it cost?*(n=233)

5. *I'm 17; can I just come in and get it?*(n=246)

<input type="checkbox"/> Yes, with a prescription from a doctor or a health care provider (CONTINUE with Q6)	132
<input type="checkbox"/> Yes, you can buy it directly over-the-counter (SKIP to Q7)	10
<input type="checkbox"/> Yes from specially trained pharmacists participating in EC pharmacy access program (SKIP to Q7)	5

The Morning After: Can Your Pharmacist Help?

- No, Persons under 18 cannot access Plan B (**CONTINUE WITH QUESTION BELOW**) 99
- So there is no way I can get Plan B?(n=99)***
- Yes you can get plan B with a prescription from a doctor or a health care provider (**CONTINUE with Q6**) 75
- Yes from specially trained pharmacists participating in the EC pharmacy access program (**SKIP to Q7**) 0
- No, no one under 18 can get Plan B (**SKIP to CLOSING REMARKS**) 17
- Other: _____ 7

Other: _____

6. I don't have a regular doctor; do you know any place I could go? (check all that are offered)(n=217 pharmacists, 238 answers given)

- I don't know 24
 - Local Family Planning Clinic: _____ 94
 - Pharmacies participating in EC Access Program 3
 - Community health centers (+ walk-in and free clinics): _____ 54
 - Other: _____ 63
- (ER or hospital – 39; must have doctor – 8; other – 16)

7. How does Plan B work? (check all that are offered)(n=231 pharmacists, 301 answers given)

- Prevents ovulation 19
- Interferes with transport of egg and sperm 47
- Prevents implantation 75
- Concentrated dose of ordinary birth control pills 85
- Kills the fertilized egg
- Like an abortion pill (RU486) 9
- Plan B is not effective
- Plan B is effective 5
- Plan B is illegal
- Plan B is dangerous
- Plan B is safe 2
- Don't Know 26
- Other: _____ 33

*******CLOSING REMARKS: Thank you so much for your time and help!**

QUESTIONS- CALLER'S EXPERIENCE

Was the pharmacist able to answer all of your questions? (n=275)

- Yes 178
- No 79

The Morning After: Can Your Pharmacist Help?

Some 18

Was the pharmacist voluntarily giving information, or did he/she need to be prompted? (n=275)

Yes, the pharmacist voluntarily gave information 164
 No, the pharmacist needed to be prompted 111

Please describe your treatment overall (Check all that apply): (n=275 pharmacists, 297 answers given)

Efficient/Helpful: Knew or obtained answer right away 170
 Kind but ineffective: Wanted to help but not very capable or knowledgeable 58
 Incorrect: Gave response(s) that were incorrect 43
 Evasive: Seem to purposefully avoid giving information 13
 Suspicious: Would not give information without asking me questions first 11
 Hostile: Scolding or brusque 2

Would you characterize the respondent's overall attitude as: (n=269)

Positive 100
 Neutral 153
 Negative 16

Other comments:

Appendix 3: Massachusetts EC Network Steering Committee

AIDS Action Committee
Boston Public Health Commission
Health Care for All
Health Quarters
Ibis Reproductive Health
Jane Doe Inc.
Latin American Health Institute
Massachusetts Alliance on Teen Pregnancy
Massachusetts Department of Public Health Family Planning Program
NARAL Pro-Choice Massachusetts
Northeastern University School of Pharmacy
Planned Parenthood League of Massachusetts
Tapestry Health