

# COMMUNITY PHARMACISTS' ROLES IN REDUCING UNINTENDED PREGNANCY

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## Presenter Disclosures

Karen B. Farris

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose.

## Rationale for pharmacists' involvement (Farris et al, 2010)

Table 1. Pharmacists' roles in reducing unintended pregnancy	
<b>Traditional roles</b>	Dispensing hormonal contraception prescriptions
	Aiding with selection of nonprescription products
	Counseling on new prescriptions
	Counseling on yearly renewals
	Providing education on an as-needed basis
<b>Emerging roles</b>	Use of collaborative practice agreements for initiation and continuation of hormonal contraceptives
	Provide information on and referral for new long-acting reversible contraceptives
	Partner with local health departments and family-planning programs to increase access to contraceptives
	Collaborate with local health department to promote safe contraceptive use
	Display social marketing materials to increase knowledge of available contraceptive options and increase their use
	Expand educational opportunities to the community, including schools and adult education
<b>Advocacy</b>	Promote behind-the-counter status for prescription contraceptives
	Expand collaborative practice agreement legislation in states where practice is limited or prohibited

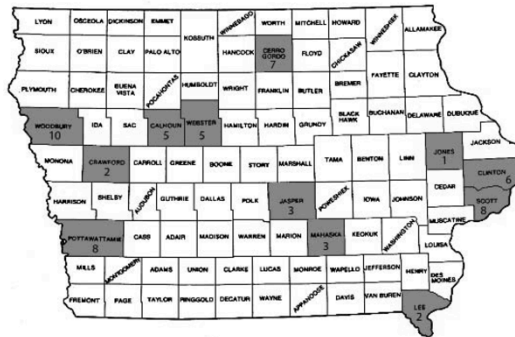
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## What we hoped to achieve?

1. Demonstrate that pharmacies are a viable place to obtain information about pregnancy planning, particularly for women 18-30 years old
2. Increase sales of prescription and over-the-counter contraceptives

## Pharmacy Participants

- ◆ 55 pharmacies in 12 counties
  - ◆ ~50% are grocery pharmacies
  - ◆ ~50% are independent pharmacies
- ◆ Control – 32 grocery pharmacies in 10 counties
- ◆ No national chains would participate!



### Summary of Intervention

- **Actions Required by Pharmacists:**
  - Online training/continuing education (1 hour)
  - Counsel patients on new contraceptive medications
- **Actions Required by Pharmacy Staff and Pharmacy:**
  - Display patient education and promotional materials (posters, shelf talkers, brochures) over 2 years.
  - Use brochures in patient counseling, where appropriate.
  - Distribute postcards for online interview to young females four times
  - Allow quarterly site visits by research assistant to change promotional materials
  - Permit research assistant to conduct in-store surveys with consumers and pharmacy staff 2 times

### Promotional Materials

The Initiative is using educational and marketing materials including posters, shelf talkers and brochures.

**Posters:** "Be smart. Be prepared. Be protected.", "Wishful thinking won't help. Take control.", "Hope. Be smart. Be prepared. Crossing your fingers won't help."

**Shelf Talkers:** "Be smart. Be prepared. Be protected.", "Wishful thinking won't help. Take control.", "Hope. Be smart. Be prepared. Crossing your fingers won't help."

**Brochures:** "Want to know more?", "Contraceptive Options"

### Hormonal Contraceptives

Product	Discontinuous Ingestible Contraceptive (Diacon)	Progestin-Releasing Intrauterine Device (IUD)	Contraceptive Patch (Ortho Evra)	Contraceptive Injection (Depo-Provera)	Vaginal Ring (NuvaRing)	Oral Contraception (The Pill)	Plan B® Emergency Contraception
Description	A hormone and copper implanted in a woman's upper arm where a steady dose of hormones.	A small device is placed in the uterus by a healthcare professional.	A small, thin patch adheres to the skin and releases hormones through the skin over 7 days.	A clear, hormone-filled, flexible plastic rod is inserted into the vagina and releases hormones over a 3-month period.	The vaginal ring is inserted into the vagina and releases hormones over a 3-month period.	Oral contraceptives are small tablets taken daily.	Two tablets are taken up to 72 hours after unprotected sex.
How effective is this method (with perfect use)?	99% effective	99% effective	99% effective	99% effective	99% effective	99% effective	99% effective
How often do I need to use it?	Insertable for up to 3 years.	Insertable for up to 3 years.	Change patch every week for 7 weeks. During week 8, no patch used.	Insert into vagina once per week for 12 weeks. During week 13, no injection given.	Insert into vagina once per week for 3 weeks. During week 4, no ring used.	Take one pill daily.	Take the first tablet as soon as possible after unprotected sex. Take the second tablet 12 hours later.
How quickly can I get pregnant if I stop using it?	Can get pregnant again within 7 days.	Can get pregnant again within 7 days.	Can get pregnant again within 7 days.	Can get pregnant again within 7 days.	Can get pregnant again within 7 days.	Can get pregnant again within 7 days.	Can get pregnant again within 7 days.
Do I need to use any backup protection to stay safe?	Yes, a healthcare professional should assess the woman for implant.	Yes, a healthcare professional should assess the woman for IUD.	Yes, a healthcare professional should assess the woman for patch.	Yes, a healthcare professional should assess the woman for injection.	Yes, a healthcare professional should assess the woman for ring.	Yes, a healthcare professional should assess the woman for pill.	Yes, a healthcare professional should assess the woman for Plan B.
Side effects	Complications with implant removal, menstrual bleeding irregularities, headache, weight gain, acne, hair loss.	Abdominal pain, weight gain, irregular bleeding, spotting, headache, dizziness, nausea, fatigue, depression.	Headache, nausea, vomiting, breast tenderness, abdominal pain, breakthrough bleeding, spotting, weight gain, acne, hair loss, dizziness, depression.	Headache, nausea, vomiting, breast tenderness, abdominal pain, breakthrough bleeding, spotting, weight gain, acne, hair loss, dizziness, depression.	Headache, nausea, vomiting, breast tenderness, abdominal pain, breakthrough bleeding, spotting, weight gain, acne, hair loss, dizziness, depression.	Headache, nausea, vomiting, breast tenderness, abdominal pain, breakthrough bleeding, spotting, weight gain, acne, hair loss, dizziness, depression.	Side effects are generally mild and not unique to these pills.
Interactions	May interact with some antibiotics, seizure medications, and herbal supplements. Consult your pharmacist.	May interact with some antibiotics, herbal supplements, and other drugs. Consult your pharmacist.	May interact with some antibiotics, herbal supplements, and other drugs. Consult your pharmacist.	May interact with some antibiotics, herbal supplements, and other drugs. Consult your pharmacist.	May interact with some antibiotics, herbal supplements, and other drugs. Consult your pharmacist.	May interact with some antibiotics, herbal supplements, and other drugs. Consult your pharmacist.	Plan B® does not interact with any drugs.
Relative cost (see website for associated with other IUD)	Medium	Medium	High	High	High	Low - generic, Medium - brand name	Medium

### Poster

**Are You Really Ready?**  
Unintended Pregnancies Have Consequences for Everyone.

Talk with your pharmacist about birth control options in a private setting.

### Brochure

**Unintended Pregnancies Can Have Negative Consequences for Everyone.**

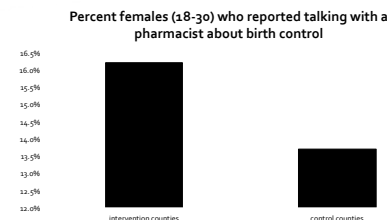
Want to know more? Visit us online at [www.healthychoices.org](http://www.healthychoices.org) or call 1-800-458-5231. We're here to help you make the best choice for you.

### Evaluation

- Consumer Attitudes and Behavior
- Pharmacist/Pharmacy Staff Attitudes and Behavior
- Contraceptive Sales

### Talking with Pharmacy Staff

- More women in the intervention counties (16.2%) reported talking with pharmacists about birth control than in control counties (13.7%) (p<0.001).



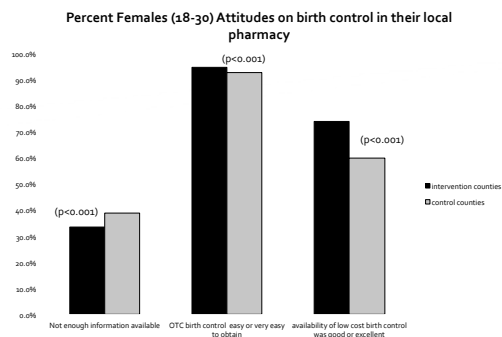
### Talking with Pharmacy Staff

- Overall, 14% indicated they had actually talked with pharmacy staff about contraceptives in the past few months in the beginning and at the end of the study ( $p > 0.05$ ).
- Individuals who reported talking with pharmacy staff about birth control in the past few months were more likely to report using birth control most/every time versus rarely/never (4.45, 95% CI 1.73 – 11.47).

### Consumer Perceived Barriers

- About 20% of individuals reported being uncomfortable buying over-the-counter birth control at the local pharmacy, and this was true in intervention counties (19.5%) and control (20.8%) counties ( $p < 0.001$ ).
- In on-line surveys of pharmacy consumers, talking with the pharmacy staff about birth control was perceived as easier over time, 57% in early 2010 compared to 72% in late 2011.

### Consumer Attitudes



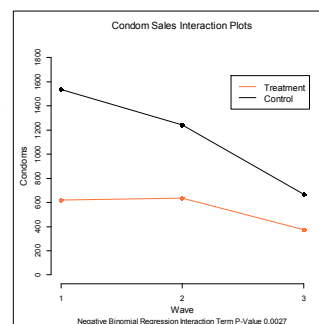
### Consumer Recall

- More people in intervention counties (5.7%) were likely to recall seeing or hearing messages about birth control in a pharmacy than individuals in the control counties (3.1%) ( $p < 0.001$ ).
- In on-line surveys of pharmacy consumers, posters and brochures were recalled to a greater extent during the first half of the study (~58%) than second half of study (~48%) ( $p = 0.027$ ).

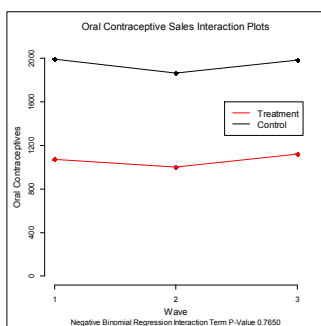
### Pharmacists' responses

- 60% of pharmacists used study materials when counseling about contraceptive products.
- The majority of pharmacists (87%) would like to continue making unintended pregnancy a priority in their pharmacies.
- 93% of pharmacists thought participating in the study was worthwhile.

### Condom Sales



## OC Sales



## Conclusions

1. Demonstrate that pharmacies are a viable place to obtain information about contraceptives, particularly for women 18-30 years old  
Yes, but....
2. Increase sales of contraceptives.  
Buffered decreases in condom sales...

## Future directions...

- ◆ Focus on emerging roles...
  - Collaborative practice agreements to renew OCs
  - Collaborative practice agreements to initiate OCs for selected women
  - Explicitly partner with local health department to promote all forms of contraceptives
- ◆ Include other corporate pharmacies

## Thank you to study staff!

- ◆ Jeanine Kimble, Project manager
- ◆ Field RAs: Michelle Lapointe, Megan Meyer, Scott Wilson, Jenn Barnes
- ◆ GRAs: Stephanie Lukas, Rachel Finkelstein
- ◆ RA: Julie Freeman
- ◆ Analysts: Peter Batra, Vince Marshall
- ◆ Thanks to Beth Cook & Rob Svetley