



**Emergency Contraception
in the
Cairns & Hinterland Health Service District**

February 2011

This study was a collaboration between the Cairns Sexual Health Service (CSHS) and Family Planning Queensland (FPQ Cairns) on behalf of the Cairns interagency group Youth Accessing Contraception and Information (YACI).

Study Team

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All participating pharmacists and pharmacy staff from the Cairns and Hinterland Health Service District.

Table of Contents

Introduction	1
Methods	1
Results	2
Pharmacy Survey	2
Participation	2
Non participants	2
Location.....	2
Access.....	2
Processes	3
Amounts dispensed	4
Promotion.....	4
Additional information	5
Cairns Sexual Health Service and Family Planning Queensland, Cairns Clinic	5
Distribution via Cairns Base Hospital Pharmacy	5
Pharmacy Staff Survey.....	6
Participation	6
Background data.....	6
Knowledge and Attitudes	7
Availability	7
Information	7
Risk behaviours	7
Youth.....	7
Discussion	9
Conclusion	11
References	11

List of Tables

Table 1: Emergency contraception cost.....	3
Table 2: Extended pharmacy trading hours	3
Table 3: Selected processes for EC provision	4
Table 4: Average monthly sales, over the counter EC.....	4
Table 5: Pharmacy willingness to display/advertise EC availability	5
Table 6: Background data of pharmacy staff	6
Table 7: Pharmacy staff survey.....	8

Introduction

In October 2009, a Cairns based inter-agency committee, Youth Accessing Contraception and Information (YACI), was formed. YACI aims to strengthen links between local government and non-governmental services through inter-agency planning, development of local networks, and collaboration to improve coordination and delivery of local services. The group has representation from the Cairns Sexual Health Service, Family Planning Queensland, School-based Youth Health Nurses, Youthlink, Youth Empowerment Towards Independence (YETI), Cairns Women's Centre, youth accommodation services and the Cairns Regional Council Youth Development program. One of the first topics discussed in this forum was the access to emergency contraception through pharmacies.

Emergency contraception (EC) has been available as a Schedule 3 (over the counter medication) to women aged 16 years of older in Australian pharmacies since January 2004. There has been no comprehensive review of the uptake of this service, issues faced by pharmacists or barriers to service provision in the Cairns and Hinterland Health Service District (CHHSD). The CHHSD an area from Cardwell in the south, Mossman in the north and Croydon in the west.

Representatives from the Cairns Sexual Health Service (CSHS) and Family Planning Queensland (FPQ) undertook to conduct a local study with the aim to inform future strategic planning of YACI and where possible, address any issues identified with the provision of EC. The study objectives were to:

1. Describe and document
 - the availability, cost, dispensing processes and distribution estimates of EC in the CHHSD via private pharmacies, the CSHS and the FPQ Cairns clinic
 - the distribution of EC via Cairns and Hinterland public hospitals and community health clinics using central pharmacy data
2. Explore the knowledge, attitudes and practices of pharmacists and pharmacy staff regarding over the counter (OTC) EC provision.

Methods

This study had three components:

- i) a semi-structured survey of private pharmacies, the CSHS and the FPQ Cairns clinic
- ii) an anonymous survey of private pharmacy staff
- iii) an analysis of central pharmacy EC dispensing data

The two survey tools were developed with input from a local Pharmaceutical Society of Australia (PSA) member. The pharmacy staff survey incorporated items used by Aneblom et al in their 2002 Swedish study of practices and attitudes of pharmacy and nurse midwife providers of OTC EC. Both survey tools were piloted with a group of pharmacists and staff from FPQ Cairns.

Private pharmacies were identified from a list previously utilised by FPQ Cairns, Telstra Yellow Pages directory and on-line searches. A letter of introduction, study information sheet and letter of support from the PSA Queensland Branch were sent to all identified pharmacies. This mail out was followed up with a telephone call from the research team to determine the pharmacy's willingness to participate and to arrange a suitable time to visit and conduct the survey.

Research team members made site visits to pharmacies willing to participate over a one-month period. At each visit the pharmacy survey was completed during a face to face interview with one of the pharmacists or pharmacy manager and staff survey forms were distributed to willing participants. Additional staff survey forms with reply paid envelopes were provided for staff too busy on the day or on a day off to complete at a convenient time. Participating pharmacies were contacted by telephone approximately two weeks post visit as a reminder to complete and mail back the staff survey forms. A cut-off date for acceptance of staff survey forms was set at four weeks post visit.

Cairns Base Hospital Pharmacy provided dispensing data and Cairns and Hinterland Health Service District Hospitals were contacted to ascertain dispensing patterns.

Ethical approval for this study was obtained from the Cairns and Hinterland Health Service District Human Research Ethics Committee.

Results

Pharmacy Survey

Participation

Fifty-two private pharmacies were identified as currently operational in the Cairns and Hinterland Health Service District with 46 (88%) willing to participate in the study. Of these 46 pharmacies, 43 (93%) provide EC both over the counter and via prescription, one provides EC via prescription only and two did not provide any EC.

The two pharmacies not providing any form of EC have the same owner and it is at the owner's request that EC is not dispensed. Pharmacy staff direct customers requesting EC to other nearby pharmacies.

Non participants

Five of the six non-participating pharmacies were located in rural towns outside of Cairns. Although not willing to participate in the study, four of these pharmacies indicated they provide EC, one does not provide EC and no information was available for the other pharmacy. Three of the four pharmacies providing EC stated the cost was \$39 - \$40.

The results of this survey are confined to the 43 participating pharmacies that provide OTC EC.

Location

The 43 participating pharmacies were categorised into two groups; Cairns regional and Cairns city. The Cairns regional group comprises of 20 pharmacies located in rural towns, from Cape Tribulation to Innisfail and the Tablelands. The remaining 23 pharmacies were categorised as Cairns city and includes the northern beaches and southern corridor suburbs.

Access

Access to OTC EC is described by cost and opening hours of pharmacies in Tables 1 and 2. There was little difference in the average cost of EC between regional and city pharmacies although regional pharmacies had both the cheapest and most expensive EC.

There is increased access to EC via city pharmacies compared to regional pharmacies based on trading hours. Seventy-eight percent of city pharmacies had trading hours outside of 8.30 to 5.30 at least once a week compared to 55% of

regional pharmacies. City pharmacies were also more likely to be open on weekends (96% Saturdays and 65% Sundays) compared to regional pharmacies (85% Saturdays and 25% Sundays).

Table 1: Emergency contraception cost

		Cairns city*	Cairns regional**	Overall
Cost	Average	29.00	27.90	28.55
	Median	29.45	28.45	28.95
	Range	20.95 - 35.00	15.85 - 37.95	15.85 - 37.95

*22 responses, **19 responses

Table 2: Extended pharmacy trading hours

		Cairns city	Cairns regional	Overall
Extended opening hours	Outside of 8.30-5.30 at least once/wk	18 (78%)	11 (55%)	29 (67%)
	Saturday	22 (96%)	17 (85%)	39 (91%)
	Sunday	15 (65%)	5 (25%)	20 (46%)

Processes

Table 3 describes selected processes around the provision of OTC EC. Just under half (46.5%) of the participating pharmacies had a designated private area for consultations with little difference between city and regional pharmacies. There was a strong awareness of the importance of privacy and if a designated private area was not available staff indicated that they would seek a quiet area for consultations away from the main counter and other customers.

The majority of pharmacies (37, 86%) use a written checklist prior to dispensing EC. Of those using checklists 15 (40%) use the PSA checklist, 8 (22%) use checklists supplied by the product manufacturers, 7 (19%) have developed their own checklists, 1 (3%) use a checklist from a website and no information was provided for the remaining 6 (16%) pharmacies.

Twenty-nine (67%) of pharmacies would not dispense OTC EC to anyone other than the woman involved. Under special circumstances 14 (32%) of pharmacies would issue EC to a third person but all indicated that they would need to speak to the woman by telephone first. Regional pharmacies were more willing to consider provision to a third party compared to city pharmacies, 45% versus 22%.

If women do not meet the criteria for OTC EC (e.g. under 16 years of age, suspected pregnancy, greater than 72 hours since unprotected sexual intercourse) they are most likely to be directed to a general practitioner. Although not specifically asked, very few pharmacies identified the CSHS (also known as the Doll's House) or FPQ as referral options.

Written information (PSA sheet, product information or information sheets developed by individual pharmacies) are provided to EC customers by 23 (53%) of pharmacies. City pharmacies were more likely to provide written material (70%) compared to regional pharmacies (35%).

Table 3: Selected processes for EC provision

		Cairns city	Cairns regional	Overall
Separate private area for consultation	Yes	11 (48%)	9 (45%)	20 (46.5%)
	No	12 (52%)	11 (55%)	23 (53.5%)
Use of written checklist by pharmacist	Yes	20 (87%)	17 (85%)	37 (86%)
	No	3 (13%)	1 (5%)	4 (9%)
	Not stated	0	2 (10%)	2 (5%)
Provision of EC to a 3rd party	No	18 (78%)	11 (55%)	29 (67%)
	Under special circumstances	5 (22%)	9 (45%)	14 (32%)
Provision of written information to client	Yes	16 (70%)	7 (35%)	23 (53%)
	No	6 (26%)	13 (65%)	19 (44%)
	Not stated	1 (4%)	0	1 (2%)

Amounts dispensed

Pharmacies were asked to provide OTC sales data from September 2009 to February 2010 or if not available to estimate the monthly average sales. Thirty six (84%) of pharmacies provided sales data for OTC EC (Table 4).

Table 4: Average monthly sales, over the counter EC

Average sales/month	Cairns city n=22	Cairns regional n=14	Overall n=36
<5	5 (23%)	9 (64%)	14 (39%)
5-10	4 (18%)	2 (14%)	6 (17%)
11-20	7 (32%)	1 (7%)	8 (22%)
21-30	4 (18%)	0	4 (11%)
>31	2 (9%)	2 (14%)	4 (11%)

Promotion

Currently none of the 43 pharmacies providing OTC EC display or advertise it in any way. Pharmacies were asked if they would consider some sort of display or advertisement to indicate that OTC EC was available. The majority of regional pharmacies (11, 55%) responded positively with 'yes' or 'possibly' compared to 10 (44%) of city pharmacies (Table 5). Discrete window stickers were indicated as an option. Reasons given for not wanting to display the availability of EC included the belief that women are already aware of it and that some older clientele may be upset.

Cairns Youth Engagement and Action (YEA), the Council's Youth Advisory Group, have developed a 'youth tick of approval' program for local business and organisations. Thirty-two (74%) of the 43 pharmacies surveyed indicated they would be interested in finding out more and possibly being part of this program.

Table 5: Pharmacy willingness to display/advertise EC availability

		Cairns city	Cairns regional	Overall
Willing to display/advertise EC availability	Yes	2 (9%)	9 (45%)	11 (26%)
	Possibly	8 (35%)	2 (10%)	10 (23%)
	Unsure	1 (4%)	2 (10%)	3 (7%)
	No	12 (52%)	7 (30%)	19 (44%)

Additional information

Respondents were asked if there were any other information or issues, not covered in the survey, they would like to discuss.

Many respondents indicated that having a complete information pack to hand out would be very useful. Suggestions included information on follow-up care, sexually transmitted infections, ongoing contraception options, local services (CSHS, FPQ, Sexual Assault Services) and options for those without Medicare cards. Pharmacies who service foreign tourists also suggested having some multi-lingual resources available, particularly Japanese.

Two respondents felt they would benefit from refresher training.

Cairns Sexual Health Service and Family Planning Queensland, Cairns Clinic

The Cairns Sexual Health Service provides a free service and is open 8.30 - 4.30 Monday to Friday with late clinics until 6.30/7pm twice per week and an early clinic once per week. EC is supplied free of charge and on average, 20 packs per month are dispensed.

The Cairns Family Planning Queensland clinic is open 8.30 to 5pm Monday to Friday. Clients requesting EC only are generally referred to pharmacy services. A small number of EC is supplied by the doctor or endorsed nurse. In the six month study period 8 packs of EC (1.3 per month) were supplied at a cost of \$20 per pack. FPQ provides free medical consultation.

Distribution via Cairns Base Hospital Pharmacy and other Hospitals

In the six month period from September 2009 to February 2010 the Cairns Base Hospital (CBH) Pharmacy dispensed a total of 147 EC packs in the Cairns and Hinterland Health Service District. Twenty-six packs were issued to the CBH Emergency Department, 119 packs to Cairns Sexual Health Service and 2 packs to Yarrabah Hospital. There was minimal dispensing of EC via District Hospital Emergency Departments or Health Centres.

Pharmacy Staff Survey

Participation

Staff survey forms were distributed to the participating pharmacies where OTC EC is available. Responses to the pharmacy survey indicate that there are approximately 404 staff members (109 pharmacists, 295 non-pharmacists) across these 43 pharmacies. One hundred and forty five staff surveys were returned, 34 from pharmacists and 111 from non-pharmacists giving response rates of 31% and 38% respectively and 36% overall.

Background data

Respondent background data is presented in Table 6. There were a similar number of male and female pharmacist respondents, 15 (44%) male and 18 (53%) female in contrast to non-pharmacist respondents 5 (5%) male and 100 (90%) female.

The majority of pharmacists (70%) were aged between 25 and 54 years while non-pharmacist respondents tended to be either under 25 years (41%) or between 35 and 54 years (36%).

Forty-four percent of pharmacists had greater than 10 years experience working in pharmacies while the majority of non-pharmacist respondents (37%) had 2-5 years experience.

Respondents were asked to rate the frequency with which they are involved with provision of OTC EC. The majority of pharmacists (65%) rated their experience with EC as 'often' compared to 20% of non-pharmacist respondents.

Table 6: Background data of pharmacy staff

Variable		Pharmacists (n=34)		Non-pharmacists (n=111)		All (n=145)	
		n	%	n	%	n	%
Sex	Male	15	44	5	5	20	14
	Female	18	53	100	90	118	81
	Not stated	1	3	6	5	7	5
Age group (years)	<25	8	24	45	41	53	37
	25-34	12	35	16	14	28	19
	35-54	12	35	40	36	52	36
	≥55	1	3	6	5	7	5
	Not stated	1	3	4	4	5	3
Number of years working in a pharmacy	<2	2	6	19	17	21	14
	2-5	7	21	41	37	48	33
	6-10	5	15	14	13	19	13
	>10	15	44	21	19	36	25
	Not stated	5	15	16	14	21	14
Experience of over the counter provision of EC	Never	0	0	13	12	13	9
	Seldom	1	3	22	20	23	16
	Sometimes	11	32	52	47	63	43
	Often	22	65	22	20	44	30
	Not stated	0	0	1	1	1	1

Knowledge and Attitudes

Participants were asked to rate a series of statements from 1 (strongly disagree) to 5 (strongly agree). The statements have been grouped into 4 domains; availability, information, risk behaviours and youth. The responses by pharmacist and non-pharmacist staff are shown in Table 7.

Availability

In both groups, most respondents showed favourable attitudes to the provision of OTC EC through pharmacies and did not have any moral or religious concerns with dispensing/selling EC. However, while 36% of pharmacists felt that pharmacists should not be able to refuse to dispense EC based on their personal beliefs, 38% felt that pharmacists did have a right to refuse.

Information

The majority of respondents in both groups agreed that all sexually active men should be aware of EC, however the majority either disagreed or were neutral on EC having the same level of promotion as condoms. Pharmacists were more likely to believe they had enough knowledge of other local support services to provide guidance to customers than non-pharmacist staff. Both groups were positive about providing a resource pack to customers when dispensing/selling EC. Suggestions for the resource pack included information on referral services for sexually transmitted infection screening, sexual assault and on-going contraception.

Risk behaviours

Although the majority of pharmacists (59%) and non-pharmacists (43%) disagreed that EC promotes unsafe sex, 29% of both groups remained neutral and 27% of non-pharmacists agreed. Thirty-nine percent of pharmacists and 32% of non-pharmacists also agreed that sexually transmitted infections would increase with the availability of OTC EC. Thirty-four per cent of pharmacists and 44% of non-pharmacists believe that EC discourages regular contraceptive use by young people.

Youth

In both groups, most respondents indicated they were comfortable dealing with young people and would like their pharmacy to be known as youth friendly. While 68% of pharmacists and 46% of non-pharmacists agreed that teenagers can take responsibility to access and use EC, 26% and 27% respectively remained neutral.

Table 7: Pharmacy staff survey

Domains and items	Pharmacists (n=34) / Non pharmacists (n=111)					
	strongly disagree %	disagree %	neutral %	agree %	strongly agree %	not stated %
Information						
Emergency contraception should have the same level of promotion as condoms	12 / 21	29 / 26	24 / 33	21 / 14	15 / 5	0 / 1
When issuing emergency contraception, the recipient should also receive advice about sexually transmitted infection screening	0 / 1	0 / 9	12 / 15	53 / 32	35 / 42	0 / 1
When issuing emergency contraception, a discussion of future contraception options should be initiated with the recipient	0 / 2	0 / 4	15 / 20	41 / 32	44 / 41	0 / 3
All sexually active men should be aware of emergency contraception	0 / 7	0 / 11	32 / 26	41 / 26	26 / 29	0 / 1
I have enough information/training to feel comfortable and competent when dispensing/selling emergency contraception	3 / 11	3 / 19	0 / 31	26 / 25	68 / 10	0 / 5
If a client emergency contraception resource pack was available I would issue this with emergency contraception	0 / 4	0 / 2	0 / 22	38 / 32	62 / 38	0 / 3
I have enough knowledge of other local support services dealing with contraception and pregnancy options to provide guidance to our clients	0 / 11	29 / 29	24 / 36	38 / 18	6 / 4	3 / 3
I would like our pharmacy to advertise that emergency contraception was available	6 / 9	24 / 33	41 / 25	21 / 15	9 / 16	0 / 1
Availability						
Having emergency contraception available over the counter is appropriate and positive	0 / 1	0 / 5	3 / 15	24 / 31	74 / 47	0 / 1
Pharmacies are an appropriate place for issuing of emergency contraception	0 / 1	0 / 4	3 / 10	26 / 32	71 / 54	0 / 0
Dispensing emergency contraception should not be a priority for our pharmacy	24 / 23	41 / 27	24 / 30	12 / 16	0 / 3	0 / 2
All pharmacists should issue emergency contraception in accordance with national guidelines	0 / 0	6 / 1	3 / 13	29 / 35	62 / 50	0 / 1
Pharmacists should be able to refuse to issue emergency contraception based on their personal beliefs	21 / 48	15 / 17	26 / 15	32 / 11	6 / 8	0 / 1
I am uncomfortable dispensing/selling emergency contraception for moral or religious reasons	76 / 52	9 / 19	9 / 17	3 / 6	3 / 4	0 / 2
Risk behaviours						
Sexually transmitted infections will increase with emergency contraception available over the counter	18 / 14	44 / 23	0 / 32	18 / 18	21 / 12	0 / 2
Emergency contraception discourages regular contraceptive use when used by young people	12 / 9	38 / 22	18 / 25	26 / 30	6 / 14	0 / 1
Emergency contraception promotes unsafe sex	18 / 23	41 / 20	29 / 29	9 / 18	3 / 9	0 / 1
Youth						
Teenagers can take responsibility to access and use emergency contraception	0 / 5	6 / 21	26 / 27	59 / 27	9 / 19	0 / 1
I am very comfortable dealing with young people	0 / 2	6 / 5	0 / 16	44 / 30	50 / 44	0 / 4
I would like our pharmacy to be known as youth friendly	3 / 0	3 / 2	9 / 22	53 / 35	32 / 37	0 / 5

Discussion

This research represents the first stage in the Cairns interagency response to addressing knowledge levels and access to contraceptive options for young women in the region. Cairns school based youth health nurses anecdotally reported that, despite EC being available over the counter at pharmacies since 2004, barriers still existed for young women accessing and using EC. Our study is the first local research into the practices and views of pharmacists and assistants providing OTC EC.

A national study of the provision of EC over the counter in Australia is nearing completion and results are starting to be published (Hobbs et al 2010). Initial findings from the national survey regarding the view and practices of Australian pharmacists (Hussainy et al 2010) demonstrate similar findings to our own. The Cairns and Hinterland study contributes some additional insights with the inclusion of pharmacy assistants.

Our research illustrated a high level of willingness amongst pharmacies to participate in both the pharmacy survey (88% response rate) and the additional individual staff surveys (36% response rate). We found overwhelmingly positive attitudes to the provision of OTC EC by pharmacists and pharmacy assistants and a strong interest in providing a “youth friendly” environment which could support opportunities for local promotion of OTC EC availability.

Cairns City pharmacies provided greater access to OTC EC than regional pharmacies due to their longer trading hours. The finding that regional pharmacies had an increased willingness to dispense to someone other than the woman involved (for example a partner or mother) may have arisen due to more limited opening hours, larger distances to travel and other related access issues for rural communities.

The price range of OTC EC from \$15.85 to \$37.95 amongst participating pharmacies and up to \$40 at non-participating pharmacies provides evidence for the ongoing demand at the Cairns Sexual Health Service where EC is available free of charge.

The Cairns Sexual Health Service had a slightly higher than average dispensing pattern (19.8 vs 14 per month for pharmacies) but less than the highest 10% of pharmacies who dispensed 30 or more EC per month. The increased convenience of OTC EC for many young women, ensures that the demand at private pharmacies is likely to continue. However, Mohoric-Stare and de Costa (2009) and Hobbs et al (2010) both found a level of embarrassment if women thought that they would be known by pharmacy staff, if other people could see them obtaining the EC or if they felt their details might be passed on.

While most of the pharmacies which dispensed more than 21 EC packs per month were in the Cairns City area, it was notable that some of the regional pharmacies in locations readily accessed by tourists and backpackers also had high dispensing patterns.

The higher pricing of EC by some rural pharmacies was not further explored. It is unknown if this represented an imposed barrier by pharmacists disinclined to make EC accessible or if it represented higher surcharges for less requested medications in a rural context. Hobbs et al (2010) found that price was a barrier to OTC EC for only 10% of women surveyed nationally but this was based on an average cost of \$25 without exploring possible rural variations or if a threshold effect existed.

Hussainy et al (2010) conducted a random sample of Australian pharmacies (n=750). Of the 1500 surveys sent to pharmacists, 427 were returned giving a 29% response rate. This study found that 77.3% of pharmacists used a written protocol to guide EC dispensing with 13 different protocols specified. Our study in the Cairns and

Hinterland region found that 86% of pharmacies used a written checklist prior to dispensing EC with 12 different checklists in use. Hussainey et al (2010) questioned whether written protocols were required at all and recommended that, if maintained, that they be standardised and easier to complete.

The attitudinal survey tools developed by both Hussainey et al (2010) and the Cairns and Hinterland study team were based on the Swedish study (Aneblom et al, 2004) allowing for some comparability of results. Both Australian studies found stronger beliefs about EC availability than the Swedish study, however the six year difference between studies may have contributed to this finding.

While only 6% of pharmacists indicated they were uncomfortable dispensing/selling EC for religious reasons, 38% agreed that pharmacists should be able to refuse issuing EC based on personal beliefs and 26% were neutral. In contrast, only 19% of pharmacy assistants agreed with the right to refuse to dispense EC. This may reflect the gender division of the workforce i.e. almost half the pharmacists were male compared to five percent of the non-pharmacists, or perhaps the professional practice of pharmacists respecting the individual right to refuse to dispense.

There was a gap in confidence (training and information) between pharmacists and non-pharmacists. This is a likely reflection of the differing roles with non-pharmacists are not required to directly deal with EC requests as they refer customers to the pharmacist. Pharmacists have had access to EC training when it first became available over the counter and as part of ongoing training sessions around contraception. Client information packs, which are in development as part of the Cairns youth interagency work, could be a useful resource for pharmacy assistants.

The pharmacy survey and the individual pharmacist/pharmacy assistant attitudinal survey results indicated that overall there were poor links with local family planning, sexual health and youth services which could assist women who did not meet the criteria for EC (eg. under 16 years of age, suspected pregnancy, greater than 72 hours since unprotected sexual intercourse). Family planning and the Dolls house (Cairns Sexual Health Service) were mentioned by some of the city pharmacies but predominantly only GP's were mentioned as referral agencies. A third of pharmacists and assistants indicated that they did not have adequate knowledge of other local support services dealing with contraception, sexually transmitted disease screening and pregnancy options. Aneblom (2004) emphasized the importance of pharmacists developing functioning links with local clinics, especially with youth clinics.

One of the aspects of this study was to explore the support for EC promotional initiatives which are planned to be developed by YACI, the local interagency committee. Calabretto H (2009), Mohoric-Stare D & de Costa (2009) and Hobbs et al (2010) have noted the need for promotional campaigns if EC is to achieve an impact on unwanted pregnancy rates. This includes a clear explanation about the action of EC and that it is not an abortifacient and will not harm an existing pregnancy (Calabretto 2009, Hobbs 2010). Pharmacists and pharmacy assistants were positive about providing a resource pack to customers when dispensing/selling EC but only moderately supportive of advertising displays within the pharmacy for EC.

YACI has obtained permission to reproduce the EC resource materials developed by Sexual Health Information, Networking and Education, South Australia (Shine SA) which will be distributed by early 2011.

Conclusion

Overall our study found that pharmacies are comfortable with their role in EC provision, have a positive attitude to dispensing and a desire to provide a confidential youth friendly environment for customers. Referral pathways to local services, apart from general practitioners, which can assist women with reproductive and sexual health issues were identified as an area for improvement. Promotion of OTC EC within the pharmacy setting is non-existent and there was some support for appropriate materials to be developed and distributed.

Positive links have been developed between pharmacies, Family Planning and the Cairns Sexual Health Service as a result of this project which we hope will develop into ongoing collaboration. It is anticipated that a working group will be established in early 2011 to oversee the development and distribution of EC customer information packs. The baseline information obtained from this survey will inform future health promotion activities around EC access in the Cairns and Hinterland region.

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