



## Submission to Public Consultation on Access to Contraception

5 August 2019

*The Abortion Rights Campaign (ARC) is an all-volunteer grassroots group dedicated to achieving free, safe, legal, and local abortion access for everyone who wants or needs it on the island of Ireland. ARC was one of the three core groups that formed the civil society organisation Together for Yes, which successfully campaigned for a Yes vote in the referendum to repeal the 8th Amendment from the Irish constitution in May 2018. We aim to ensure that the health and dignity of all reproductive rights-holders in Ireland is protected in line with international best practice and human rights standards.*

Last year's repeal of the 8th Amendment was a critical step away from Ireland's long-standing culture of denying people decision-making power over their own bodies and healthcare. ARC applauds this progress towards patient-centred healthcare and urges the Government to continue on this positive course by introducing universal free contraception. The Government's approach should be guided by the principle of autonomy. We are the experts of our own bodies and lives. A person's decisions about which modes of contraception to use must be completely their own, made with good information and without any pressure. People should also have choices about where to get their contraception, and where they live must not be a barrier to access.

Any universal free contraceptive scheme needs to include the following critical components:

- Include all HPRA-approved methods, as well as tubal ligation and vasectomy
- Cover all costs at the point of service, including GP or nurse consultations and follow-up visits, prescription refills, pharmacy services, contraceptive drugs or devices, and related services
- Provide training and support for GP's, nurses, and pharmacists to take on new roles to expand access to contraception
- Ensure sufficient contraceptive care staffing for every geographic area in the country
- Complement with improved relationships and sexuality education for youth in school and public information for adults, in multiple languages and literacy levels
- Collect data to improve service delivery over time.

## The Need for Free Contraception

ARC supports the introduction of a universal scheme of free contraception for all people living in Ireland who wish to avail of it, as recommended by the Joint Committee on the Eighth Amendment. Ireland is the only country in Western Europe that does not provide universal coverage of primary care and is one of the few countries in the world that charges people for contraception.<sup>1</sup> Many other nations recognise the benefits of making contraception freely available. It is well established that free, accessible contraception is essential to achieve gender equality and to promote people's health and wellbeing. Free contraception enables people to plan and space their pregnancies. The ability to control pregnancy and childbearing in turn allows for access to education and employment, which are critical for economic, political, and social equality. Contraception enhances health; it reduces maternal morbidity and mortality and, depending on the method used, can reduce the incidence of cancer and sexually transmitted infections.<sup>2</sup> The World Health Organisation estimates that a staggering 214 million women worldwide do not have access to contraception, including women in Ireland.<sup>3</sup>

## Barriers and Service Delivery

*Barriers to access: cost, physical obstructions, bureaucracy, distance, inadequate education*

Best practice on reproductive health and rights makes free contraception available in tandem with free abortion. Since 1 January 2019, abortion is free and contraception to prevent pregnancy is not. This means that "for many the most highly effective methods to prevent pregnancy are just too costly."<sup>4</sup> Free contraception is essential to ensure that people are able to choose from a range of contraceptive options based on what suits them and not on what they can afford. Long-acting reversible methods (known as LARCs) are the most effective yet have the highest upfront costs, putting them out of reach for many under the current health service delivery system. Similarly, surgical sterilisation - tubal ligation and vasectomy - are expensive procedures whose price may deter consideration of these methods.

Because cost is a significant barrier, people should be able to access contraceptive care for free at the point of service, including General Practitioner (GP) or nurse consultations and follow-up visits, prescription refills, pharmacy services, contraceptive drugs or devices, and related services. That is, the new free contraception scheme should operate like other public health services which are available to all patients, such as abortion care and flu vaccinations, where the patient accesses care for free and the healthcare provider submits a reimbursement form to the Health Service Executive (HSE). While many demands compete

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<sup>1</sup> The Irish Times (16th April, 2019) "Why do Irish women still have to pay for birth control?" URL: <https://www.irishtimes.com/life-and-style/health-family/why-do-irish-women-still-have-to-pay-for-birth-control-1.3854456>

<sup>2</sup> Kavanaugh, M. L., and Anderson, R. M. (2013). Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers. New York: Guttmacher Institute. URL: <http://www.guttmacher.org/pubs/health-benefits.pdf>

<sup>3</sup> World Health Organisation, Evidence Brief on Contraception (2019) WHO/RHR/14.07 Rev.1. URL: [https://apps.who.int/iris/bitstream/handle/10665/112319/WHO\\_RHR\\_14.07\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/112319/WHO_RHR_14.07_eng.pdf?ua=1)

<sup>4</sup> The Irish Times (16th April, 2019) "Why do Irish women still have to pay for birth control?" n. 1.

for resources in the health budget, experience in other countries shows that investing in contraceptive services yields savings.<sup>5</sup>

Cost is not the only barrier to contraception. Physical obstructions, bureaucracy, and distance impede access as well. For example, people living with disabilities make up 14% of the Irish population<sup>6</sup> and frequently encounter literal barriers to places that deliver healthcare. Refugees and asylum-seekers who live in Direct Provision centres or emergency accommodation have tremendous difficulty securing healthcare services because of government policy and bureaucracy. In addition, people who live in rural areas, are homeless, belong to a transient community or have unstable or temporary living situations (such as those in rental accommodation) must overcome a lack of local clinics or the inability to register with a GP. Only 7% of people living in rural towns are in walking distance of the nearest doctor's surgery, compared to 89% of people in urban areas, with the longest average travel in the most deprived areas.<sup>7</sup> Compared to the rest of Europe, Ireland has a low number of doctors and waiting times for outpatient care remains a significant problem.<sup>8</sup>

Inadequate sexual health education is a further barrier that limits people's knowledge about contraceptive methods and how to prevent exposure to sexually transmitted infections. Ireland needs to revamp its relationships and sexuality curriculum to better prepare young people to take care of their health and advocate for their needs.<sup>9</sup> People who are already adults also need access to factual information. Public information campaigns and literature, such as websites and brochures, should be available in languages besides English as well as in easy to read versions to cater for people with lower levels of literacy. These materials should address the needs of all people and be inclusive and validating of all gender identities and sexual orientations. Campaigns should strive to destigmatise sexuality and contraception, as shame and embarrassment contribute to people avoiding sexual and reproductive healthcare.

#### *Ensuring patient safety and high-quality care: expanding the pool of contraceptive providers*

The government, along with medical, nursing, and pharmacy professions, share overarching responsibility for patient safety and high quality medical care. The Health Products Regulatory Authority (HPRA) has responsibility for ensuring that contraceptive methods are safe, effective, and acceptable before approving them for use in Ireland, based on evidence from clinical trials. Associations of healthcare providers have responsibility for ensuring that their members are licensed and up to date in their knowledge of contraceptive methods, and well trained in delivering patient-centred care.

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<sup>5</sup> World Health Organisation, Evidence Brief on Contraception (2019), n. 3; Di Meglio G and E Yorke (2019). Universal access to no-cost contraception for youth in Canada, Paediatrics & Child Health 24(3), pp. 160-164.

<sup>6</sup> Irish Examiner (3rd November, 2017) "14% of people in Ireland have a Disability." URL: <https://www.irishexaminer.com/ireland/14-of-people-in-ireland-have-a-disability-462128.html>

<sup>7</sup> Teljeur, C. and Kelly, A. (2008). An Urban-Rural Classification for Health Services Research in Ireland. Irish Geography, 41(3), pp. 295-311.

<sup>8</sup> European Commission, State of Health in the EU: Ireland Country Health Profile (2017). URL: [https://ec.europa.eu/health/sites/health/files/state/docs/chp\\_ir\\_english.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/chp_ir_english.pdf)

<sup>9</sup> Abortion Rights Campaign (2018) Relationships and Sexuality Education Programme: Consultation Response. URL: <https://www.abortionrightscampaign.ie/wp-content/uploads/2019/03/RSE-in-Schools-review.pdf>

When it comes to delivering contraceptive care to individuals, the best model distributes responsibility as broadly as possible, in order to maximise access. Currently, GPs can deliver all modes of contraceptive care except for surgical sterilisation. If nurses are able to deliver most or all methods, that would greatly increase access. Similarly, expanding the role of community pharmacists would improve access, promote patient choice and maximise time for GP practices to deliver services only they can provide. This strategy is gaining traction internationally, and in many parts of the world (including Canada, New Zealand and states in the US),<sup>10</sup> oral contraceptives are available directly from pharmacies. Pharmacies in Ireland and neighbouring countries have an impressive track record of modernising and adapting to changing health care needs. They have played an important role in extending health services, including emergency contraception, which was first introduced over-the-counter in Ireland in 2011.<sup>11 12</sup>

Pharmacists in Ireland do not currently have the authority to prescribe medications. We encourage the Government to consult with pharmacists about expanding their scope of practice so that they can prescribe contraception. Once granted this authority, pharmacists who deliver contraception could take health histories and perform such tests as may be needed, for example, pregnancy tests or blood pressure readings. If an individual has complications or contraindications, the pharmacist can refer that person to a doctor for a full evaluation. Because many prospective pharmacy patients will not have contraindications, they will be able to visit a pharmacy for their contraceptive needs, and pharmacies will be able to play a pivotal role in the new universal free contraception scheme. Almost half (47%) of women in a survey commissioned by the HSE said they would prefer to get their contraception from a pharmacy.<sup>13</sup> Pharmacies are much more convenient because they are open evenings and weekends and are far more numerous than doctors' offices.

Training for all interested healthcare providers should be an integral part of the new free contraception system, including learning about contraindications and how to insert and remove contraceptive devices. In the case of pharmacists, this could be tailored for methods that are appropriate to the typical private pharmacy consulting room, for example, taking a patient history in order to prescribe, and giving injections or inserting implants into patients' arms, but not fitting diaphragms or inserting IUD's. With many GP's closing their practices to new patients and small towns lacking sufficient providers, creating a broad contraceptive delivery system is essential to the goal of providing this care to all who want to avail of it.<sup>14</sup>

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<sup>10</sup> The Irish Times (11 April, 2018) "GPs reject pharmacists' free contraception service proposal." URL: <https://www.irishtimes.com/news/ireland/irish-news/gps-reject-pharmacists-free-contraception-service-proposal-1.3458551>

<sup>11</sup> Irish Examiner (3 November, 2017) "Women are taking control of their own fertility." URL: <https://www.irishexaminer.com/lifestyle/healthandlife/women-are-taking-control-of-their-own-fertility-462087.html>

<sup>12</sup> Rafie, S., et al. (2016). Provider opinions regarding expanding access to hormonal contraception in pharmacies. *Women's Health Issues*, 26(2), pp.153-160.

<sup>13</sup> McBride, O., Morgan, K. and McGee, H. (2012). *Irish Contraception and Crisis Pregnancy Study 2010: A Survey of the General Population*, p. 22. URL: [https://www.ucd.ie/t4cms/ICCP-2010\\_REPORT.pdf](https://www.ucd.ie/t4cms/ICCP-2010_REPORT.pdf)

<sup>14</sup> The Irish Times (July 23, 2019) "Healthcare reform threatened by geographic inequalities in services." URL: <https://www.irishtimes.com/news/health/healthcare-reform-threatened-by-geographic-inequalities-in-services-1.3964185>

### *Ensuring patient safety and high-quality care: research and data for future improvements*

Researchers around the world are building an evidence base to demonstrate the safety of making oral contraceptives available without a prescription,<sup>15</sup> and some jurisdictions are experimenting with new models of contraceptive provision. We encourage the Government to stay abreast of these developments and to consider new findings when assessing the universal contraception scheme over time, so that contraception can be made ever more easily accessible in line with international practice.

Finally, data is necessary to plan health services and deliver high quality care. Currently, Ireland lacks data on localised health needs and patterns of contraception usage in relation to gender, race, age, marital status and sexuality.<sup>16</sup> Ongoing research and data collection will provide the information necessary to improve the free contraceptive service over time.

#### **Recommendations for expanding contraception access:**

- Provide free contraception to all who need or want it
- Include all HPRA-approved methods, as well as tubal ligation and vasectomy
- Cover all costs at the point of service, including General Practitioners or nurse consultations and follow-up visits, prescription refills, pharmacy services, contraceptive drugs or devices, and related services
- Provide training and support for GP's, nurses, and pharmacists to take on new roles to expand access to contraception
- Ensure sufficient contraceptive care staffing for every geographic area in the country
- Complement with improved relationships and sexuality education for youth in school and public information for adults, in multiple languages and literacy levels
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<sup>15</sup> National Public Radio (March 16, 2017) "Over-the-Counter Birth Control Pills Would Be Safe for Teens, Researchers Say." URL <https://www.npr.org/sections/health-shots/2017/03/16/520268440/over-the-counter-birth-control-pills-would-be-safe-for-teens-researchers-say?t=1565012698401>

<sup>16</sup> O'Mahony, L., Liddy, A.M., Barry, M. and Bennett, K. (2016). Hormonal contraceptive use in Ireland: trends and co-prescribing practices. *British Journal of Clinical Pharmacology*, 80(6), pp.1315-1323; and *The Irish Times* (July 23, 2019) "Healthcare reform threatened by geographic inequalities in services," *ibid.* (The ESRI report "highlights the need for an accurate and timely collection of health and social care data.")