Oral Contraception Without Prescription? Help Yourself

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On the day that the first report from the Women's Health Initiative was released in 2002,[1] I sat in my office with a postmenopausal patient who had been on estrogen-progestin therapy for four years and who felt generally well. What did the report mean for her? I had been as stunned as everybody else by the tsunami that followed its release. Paragraph by paragraph, we went through it together, trying to find the relevance for her management. Outcome by outcome (and after two cups of tea), we concluded that there was little absolute risk for her in remaining on treatment, and, since her sister had recently developed colon cancer, there was theoretical benefit. So she decided to continue with treatment, reviewing the decision from time to time thereafter. Because of her specific concern, she accepted the other less-specific concerns associated with hormone use.

This is not an original thought, but it bears repeating: our attitudes towards specific medical conditions and their management are greatly influenced by our own experiences and focus of work. Ask a gynaecologic oncologist about HPV vaccination to prevent cervical cancer, and you'll get an enthusiastic endorsement; poll the general public, and you'll get quite a different response. The idea of making oral contraceptives (OCs) available without a prescription is likely to provoke a similar split response. This idea has been raised once again[2] in response to the re-analysis of data showing a significant effect of OCs in long-term prevention of ovarian cancer.[3] Because we are likely to be more mindful of the significance of preventing ovarian cancer (and uterine cancer, and ectopic pregnancy, and dysfunctional uterine bleeding), women's health professionals are more likely than the general population to favour liberal availability of OCs. In fact, a recent survey of female university students in the United States showed only moderate support (37% of the study cohort) for the idea of obtaining OCs without a prescription.[4] Why? The study did not provide a specific answer, but respondents associated prescription-based OCs with greater protection from unplanned pregnancy and greater hormonal control than OCs obtained without a prescription. Thus, supposedly intelligent consumers saw less value in increasing access to OCs than we might have expected.

If there is potential benefit for contraceptive effectiveness and disease prevention with widespread use of OCs,[5] what harm could it do to make OCs available without a prescription? A crack in the mystique surrounding OCs was created by the introduction of policies in Canada to allow pharmacists to provide emergency contraception without a prescription. Thus, at least one hormone preparation for women is currently available without prescription. The OC preparations currently available in Canada are, with one exception, low-estrogen dose preparations, and are unequivocally associated with only one potentially serious complication: venous thromboembolism.[5] Contrast this with the consequences of cigarette smoking (no prescription required), and it is clear that opponents cannot cite potential health risks as a reason for limiting availability of OCs by requiring a prescription. All of the currently available OC preparations in Canada are, in general, remarkably free of adverse effects.

But might dispensing with a face-to-face encounter with a clinician before taking OCs compromise correct use? A woman who makes an independent decision to use OCs would likely be motivated to learn how to use them correctly and to troubleshoot early problems, but we have little evidence to confirm that this is so. If OCs are made available without prescription, it would be critical as a consequence to ensure that instructions for use are clear, uniform, and easily understood by all categories of user. We have precedent for this with several previously prescription-only therapies that have become more readily available, such as vaginal yeast medications, antihistamines, and decongestants. It seems improbable that a clinician

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encounter prior to initiation of OCs would make correct use significantly more likely, but clear evidence is lacking. It is comforting to remember that OCs are remarkably effective in preventing pregnancy even with imperfect use.[6]

What about using the need for a prescription for OCs as a basis for general health counselling and screening, such as Pap smears and breast examinations? Superficially this is an advantage of the requirement for a prescription, but on reflection it is a coercive, even paternalistic, association. The primary goal of using OCs is to prevent unplanned pregnancy, and a woman should be free to pursue this goal with the minimum of interference. She makes her decision about contraceptive method independently, and should be free to make her decision about participation in screening procedures in the same way. A stronger argument may be that men are not required to have a testicular or prostate assessment before using condoms; to pressure women to have semi-analogous screening in order to be able to use the most effective contraception available to them seems wrong.

Nevertheless, because OC use intersects perceptions of sexual activity, morality, and promiscuity, wide support for unfettered availability in the short-term future is unlikely. We need to consider the effects of such availability on family planning clinics and pharmacies, and what the consequences would be for insurers and pharmaceutical companies. Although the risks associated with use of low-dose OCs are in general long-term (rather than acute) risks, the increased potential for venous thrombosis, especially in first-time users, may be sufficient to require first-time OC users to have a prescription.

The demonstration that OCs have such a profound and long-lasting effect on the risk of ovarian cancer should be a call for us—consumers and care providers alike—to explore ways to make oral contraceptive use more accessible, and ultimately more prevalent. A prospective assessment of the consequences of providing OCs with and without a prescription would be a valuable start. No vaccination necessary.

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