

Behind-the-Counter Emergency Contraception: Exploring Chlamydia and Gonorrhea Testing in the Pharmacy Setting

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Background

- Various studies have found emergency contraception (EC) users to be younger, condom users, and report higher numbers of sex partners.
- Previous research indicates that emergency contraception (EC) users are less likely to have visited a gynecologist in the past year, and more likely to report ever having an STI compared to non-users.
- In studies outside the U.S., Chlamydia (CT) prevalence has been as high as 14% for EC users accepting screening in the pharmacy setting.

Objective

- This ongoing study explores whether EC purchasers represent a missed opportunity for STI screening, and assesses the feasibility and acceptability of pharmacy screening.

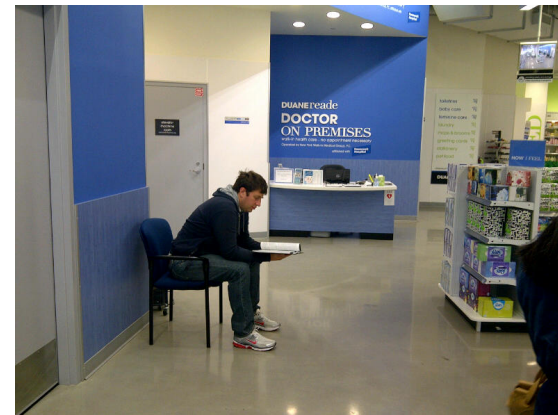
Methods

- Customers purchasing EC (~\$50) from nine pharmacies in Manhattan, with > 100 EC sales weekly, receive vouchers for free urine-based Chlamydia and gonorrhea (GC) testing at onsite medical clinics.
 - Training was conducted with pharmacy staff and regular check-ins were implemented
- Participants completing testing and a brief self-administered survey receive a \$20 incentive, and their lab results within 3-4 days.
- Analysis includes clients enrolled between February 2011 and January 2012.

Coupon Flyer



Doctor on Premises



Results

- Since February 2011, only 38 participants have enrolled
- Demographics
 - Participants were mostly female (90%), mid- to late 20s (45%), White Non-Hispanic (45%), and college graduates (75%)

Table 1. Sample demographic characteristics: Plan B purchasers (N=38)

	n	%
Age		
17-19	2	5.3
20-24	9	23.7
25-29	17	44.7
30-34	7	18.4
35+	3	7.9
Gender		
Female	34	89.5
Male	4	10.5
Race/Ethnicity		
Hispanic/Latino(a)	8	21.1
Non-Hispanic White	17	44.7
Non-Hispanic Black	7	18.4
Asian/Pacific Islander	4	10.5
Other	1	2.6
Prefer not to answer	1	2.6
Education		
High school or less	0	0
Some college	9	25.0
College graduate	27	75.0

- EC use and reasons
 - Overall, 73% had purchased EC before
 - 61% purchased EC because they did not use birth control at their last encounter
 - 29% were worried their birth control method did not work

Table 2. Sexual Behavior and STI Testing History & Results (N=38)

	n	%
New sex partner in last 3 months		
Yes	25	67.6
No	9	24.3
Not sure	0	0
Prefer Not to Answer	3	8.1
New sex partner in last 12 months		
Yes	21	56.8
No	13	35.1
Not sure	0	0
Prefer Not to Answer	3	8.1
Condom at last sex		
Yes	15	40.5
No	18	48.6
Not sure	1	2.7
Prefer Not to Answer	3	8.1
Primary birth control method		
None	4	10.5
Condoms	21	76.3
Birth control pills	10	26.3
Other hormonal methods	1	2.6
Don't know	0	0
Other (nuvring, spermicide gel)	2	5.3
STI test in past 12 months		
Yes	4	10.8
No	25	67.6
Not sure	8	21.6
Positive STI Test through Pharmacy	0	0

- Recent Sexual Behavior and STI Testing Results
 - 57% reported a new partner in the past 3 months
 - Most used condoms as their primary birth control method (76%); however, almost half (49%) had not used a condom at last sex
 - 68% were not STI-tested in the past year
 - None tested positive for CT/GC
- Acceptability of STI testing in the pharmacy setting
 - All participants agreed pharmacies should offer STI testing
 - Most participants (83%) reported that they would be willing to purchase (\$25) an STI take-home kit at the pharmacy or online; 92% were willing if it was free

Challenges

- Recruitment
 - Despite a \$20 incentive and a voucher to return at a more convenient time, a low number of participants have enrolled
- Advertising with discretion
 - Difficult to promote the study without stigmatizing EC users
 - Could not display posters in the pharmacy, so we had to rely on wrapping the flyer around the EC box itself
- Location
 - Certain pharmacies were more enthusiastic about the study and helping to promote it
 - Many participants (45%) came from one pharmacy where the pharmacists were very pro-active
- Pharmacy staff compliance
 - Early on a secret shopper was sent to all the pharmacies to purchase EC; only 3 of the 9 pharmacies told the secret shopper about the study
 - Recruitment for a research study is a low priority in high volume pharmacies

Lessons Learned & Next Steps

- Difficult to develop and maintain a strong relationship with pharmacists and pharmacy staff
- Training of, and regular visits to pharmacy staff are not enough
- Expansion of the study
 - Partnership with Iwantthekit.org
 - Recruiting recent EC users through Facebook ads and offering them free testing kits via online ordering
 - Preliminary data shows greater uptake and STI cases detected

Conclusions

- This study found low screening uptake among EC users; however, providing STI testing in the pharmacy setting is feasible.
- Collaborating with and training pharmacy and medical staff are key elements of service provision.

Implications of Research

- Our research is an example of health reform-relevant partnering for STI prevention.
- Future research should explore how different permutations of expanding screening in non-traditional settings improve uptake and detect additional cases.