

FSRH Position Statement on Reclassification of Oral Emergency Contraception

Our Vision

FSRH supports universal provision across the UK of free, accessible oral emergency contraception without fear of harassment or stigma. Provision should include signposting and referral for emergency intrauterine contraception (IUC) and other ongoing methods of contraception, as appropriate.

Our asks

Oral emergency contraception is extremely safe, with only occasional minor side effects. It can be used by most women and forms an essential part of sexual and reproductive healthcare (SRH). All individuals must have unimpeded access to this form of contraception at the time and place of need, with appropriate information or consultation.

They should be supported to make informed choices about their reproductive healthcare needs. This means having access to accurate, evidence-based information about the effectiveness and safety of all methods of emergency contraception, including the most effective method – the emergency intrauterine device (IUD).

We support the reclassification of oral emergency contraception, from a Pharmacy (P) medicine to a General Sales List (GSL) medicine. This would enable oral emergency contraception to be purchased from general retail outlets, including pharmacies, without the need for a consultation, thereby facilitating access to emergency contraception, both in the event of unprotected sexual intercourse and when other methods of contraception fail.

Detailed printed or digital information should be provided to everyone purchasing oral emergency contraception regardless of the location. This should include information on appropriateness of use, drug interactions, details of alternative methods of emergency contraception and signposting to online STI testing and local SRH services.

Such provision should not replace any existing pathways to access free oral emergency contraception, and these should continue to be commissioned and expanded in order to promote good sexual health and safeguard equality of access for all.

When obtained in a pharmacy, a discussion with a pharmacist may still be available. This could provide an opportunity for signposting into services where the preferred method of contraception and future contraception needs can be met, and for identification of any safeguarding concerns. However, if the pharmacist is not available, or if an individual does not wish to participate in such a conversation, this should not pose a barrier to being able to access oral emergency contraception.

Oral emergency contraception should be free to access for all – supporting individuals to have greater control over their reproductive health.