

How a Government Policy Can Have a Positive Impact on Women's Choice of Contraception: A Study of Irish Pharmacy Sales Data Between the Years 2021-2024

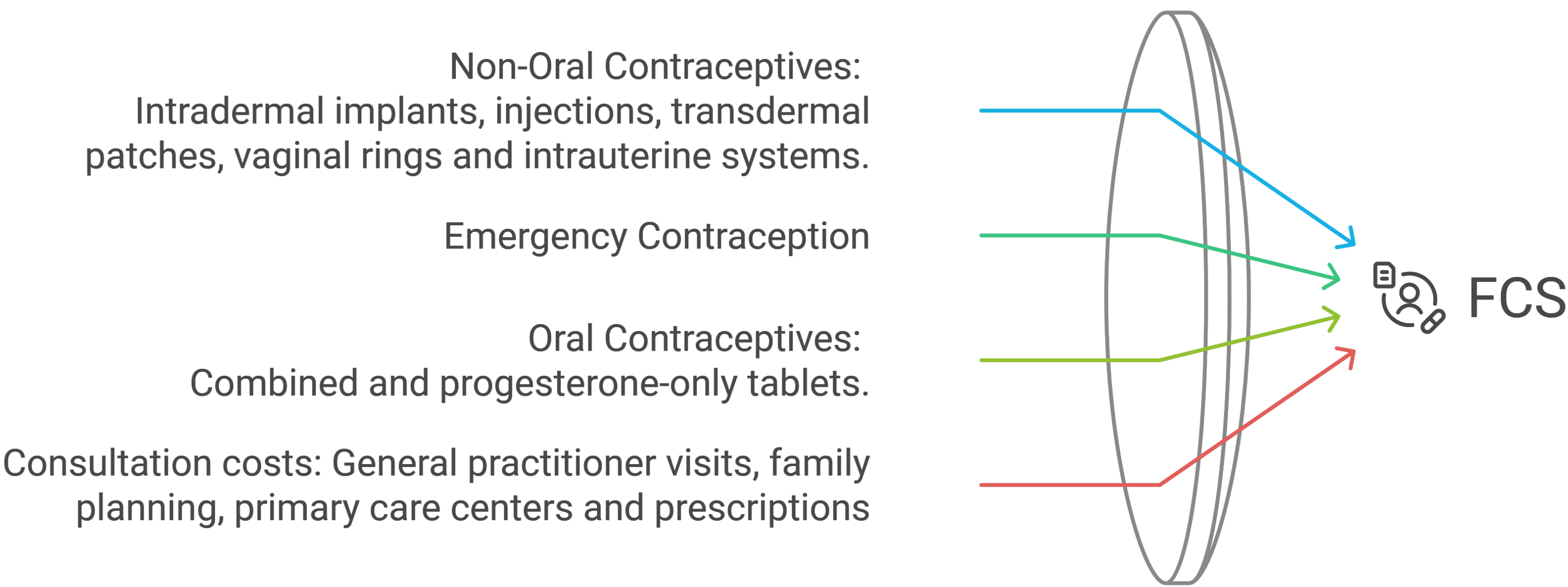


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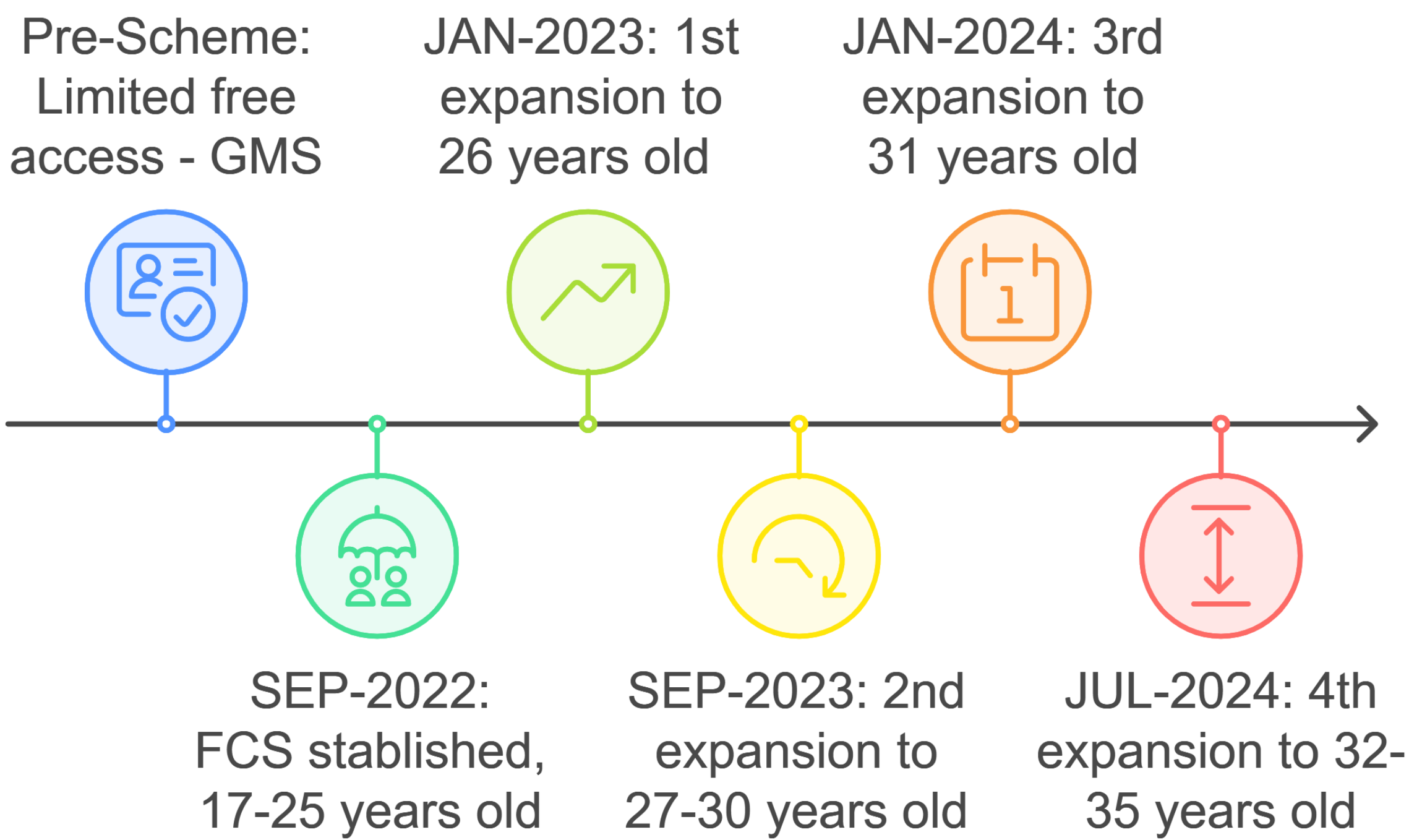
INTRODUCTION

Studies in multiple countries have highlighted that cost can be a barrier to accessing contraception (1-3). For women in particular, the ability to access their preferred method has been impacted by cost. A 2021 survey of Irish university students found that if the barrier of cost was removed, 34.3% of young women surveyed would change their method of contraception and a further 21.8% would consider changing it (4).

Cost can have a particular impact on the use of long-acting reversible contraceptives (LARCs). A 2010 survey found that 27% of Irish women who had considered using LARCs as their contraception method mentioned cost as the reason for not choosing this option (5).



In September 2022, the Irish government implemented a nationwide Free Contraceptive Scheme (FCS) that allowed resident women and people identifying as transgender or non-binary to acquire contraceptive medication free of charge.



OBJECTIVES

This study aims to assess the impact of the FCS during its first two years of operation. Specifically, it aims to examine the impact on access to contraception and on the choice of contraceptive method.

METHODS

Community pharmacy dispensing figures for hormonal contraceptives were obtained for three periods: one year before the implementation of the scheme (P1), the first year after the implementation of the scheme (P2) and the second year after implementation (P3).

Datasets were analysed using Microsoft Excel. Overall market size and the market shares of various contraceptive methods and brands were calculated for each time period.

RESULTS

Market size:
In terms of units, the size of the contraceptive market increased by 1.61% from P1 to P2 and decreased by 0.36% from P2 to P3. Overall, for the first two years of the scheme, the market size in terms of units had a cumulative increase of 1.24%.

The breakdown of the market size for oral and non-oral contraceptive methods and their average cost per unit is shown in Table 1.

Table 1. Change in unit sales over time

	P1-P2	P2-P3	Overall P1-P3	Cost per unit
Oral tablets	0.25%	-0.92%	-0.68%	€7
Transdermal patches	18.92%	9.54%	30.27%	€19
Vaginal rings	-0.39%	-1.08%	-1.47%	€20
Injections	2.06%	-5.56%	-3.61%	€70
Intradermal implants	12.55%	-0.03%	12.51%	€124
Intrauterine systems	23.28%	3.23%	27.25%	€124

Overall contraceptive coverage:
The duration of contraceptive coverage provided by the various included methods ranges from 28 days to 5 years. When units were converted to days of contraceptive cover provided, there was a substantial growth from P1 to P2 (13.65%). This was driven by increased use of implants and intrauterine systems (Table 1). Growth between P2 and P3 was slower (1.52%). Overall, days of contraceptive cover provided increased from P1 to P3 by 15.37%.

Oral contraceptives:
Sales of oral products declined during the first two years of the scheme (Table 1). However, when use of specific brands was examined (Table 2), sales of the three most expensive oral products grew. This demonstrates a shift within the oral market from less expensive to more expensive products once cost has been removed.

Table 2: Trends in combined oral contraceptive brands

Brand*	Price per pack	Change in unit sales P1 to P3 (%)
Qlaira	€9.17	46.2
Yaz	€8.56	19.1
Zoely	€8.35	44.4
Microlite	€4.01	-6.1
Mercilon	€3.57	-17.9
Leonore	€3.16	-7.6
Logynon	€3.05	8.9
Marviol	€2.98	-8.3
Yasminelle	€2.81	0.4
Freedonel	€2.81	-7.8
Freedo	€2.43	28.2
Yasmin	€2.43	-3.8
Minulet	€2.35	6.6
Violite	€2.02	-31.6
Cilique	€1.67	-57.1
Ovranette**	€0.77	-47.4
Ovreena	€0.77	3.0

*Only brands with sales of greater than 5,000 units per period included
**Price of Ovranette assumed equal to price of Ovreena due to lack of data

DISCUSSION

When cost was removed as a barrier, the contraceptive market in Ireland grew in size and also saw changes in the choice of contraceptive method. There was a shift from oral to non-oral methods. This reflects a preference among women for more effective, low-maintenance, and longer-term options. The FCS improved access contraception and in particular to preferred contraceptive methods.

CONCLUSION

The data indicated that government financing of contraceptives led to an overall increase in contraception coverage, mainly due to a notable rise in the use of intrauterine systems.

LIMITATIONS

Population growth and supply issues such as shortages were not accounted for in the data presented. The data focused on hormonal methods therefore use of non-hormonal methods (e.g., copper coils) were not accounted for.

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