



Emergency Education

As Relationships and Sexuality Educators, we come across countless concerns from young people around many different topics. One particular worry that pops up time and time again is accessing emergency contraception. Many myths still encircle this little pill and the age of misinformation is far from over. Let's take a look at some points that we feel are very important to consider when facilitating a kind and safe space for folks to access this very important form of healthcare.



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1. What's In a Name?!

Emergency contraception is more commonly known among young people as the 'morning after pill', and this often leads to the belief that the pill can and should only be taken the morning after having unprotected sex. It is important that this little myth is squashed and that young people understand that emergency contraception should be taken as soon as is possible (at any time of night or day, not just the morning!), and that its effectiveness can decrease if left too long. The MAP can in fact be taken up to 120 hours after unprotected sex but the sooner it is taken the more effective it is.

2. Third Time's a Charm

The good ol' "you can only take it three times in your life" myth is still doing the rounds. It is a great idea to reassure people that they can take it many times in their life and it will still work effectively, while

highlighting that it is not intended to be used as regular contraception or more than once per menstrual cycle.

3. Avoiding Alcohol

Many young people believe that emergency contraception will not work if they go on to drink alcohol that day/night, which is untrue and yet another myth that could deter people from going to the bother of accessing it. However, it is good to explain why emergency contraception might fail, which brings us to our next point...

4. T's and C's

Many young folks are unaware of how hormonal contraception – including emergency contraception – actually works inside the body. It can be very useful to explain this simply, so that it is clear that it passes through the digestive system (as opposed to straight into the blood

stream like many other forms). Therefore vomiting and diarrhoea can interfere with its effectiveness, which can accompany excess alcohol intake (rather than the alcohol itself stopping the pill from doing its job). It is really important that young people know that they may need to come and get another pill if they experience any of these digestive issues. We also receive questions about how emergency contraception may interact with other medications, so this always needs to be discussed too.

5. To Be Sure To Be Sure

While it's always good to reassure young folks that emergency contraception can be 99% effective if taken correctly, there is always some risk that it will not work, e.g. if the person has already ovulated and conception has already happened. It is important for them to keep an eye on their cycle and take at least one pregnancy

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test in the coming weeks. On the note of pregnancy tests – several young people have asked us whether the emergency contraception pill can be found hidden inside pregnancy tests! Another myth, this time born from a viral video showing a pregnancy test being broken open to reveal this ‘pill’ – which in reality was a tablet used to absorb the urine and obviously should not be eaten. The joys of the internet.

6. Other Options

It is always good to offer accurate information to young people wherever possible as there is so much information floating around out there. It may be useful to have a leaflet or poster or a section on the pharmacy website detailing different types of contraception available (including cost – many young people do not realise that they can access it for free using a medical card) and also information on crisis pregnancy services and abortion. Our website provides information on all the STI clinics in Ireland and HSE Crisis Pregnancy contact details on <https://www.sexualhealthwest.ie/useful-contacts>

7. Sex – Small Word, Many Meanings

Sex means different things to different people, and there can be a lot of confusion regarding what ‘counts’ as sex – and what kind of sex can result in pregnancy. I have spoken to young people who went and bought emergency contraception after engaging in oral sex because they were convinced there was a risk of pregnancy! I have also heard stories from others stating that they did not go and get the pill because their partner wore a condom ‘most of the time’.

It is good to be as clear and to-the-point as possible when determining if there is a risk of pregnancy. Many young people (and probably some older people too!) do not realise that pregnancy can happen if pre-ejaculate enters the vaginal passage. It may be very helpful to point people towards some sound information around proper condom use and sex myths (“yes, a pregnancy can result from having sex standing up, underwater, during your period, before your first period and from first-time sex” – just some of the myths we spend a lot of time busting!). We strive to

use language that is as factual as possible rather than more veiled references – e.g. using the terms ‘penile-vaginal penetration’ or ‘penis-in-vagina sex’ rather than ‘heterosexual sex’ or ‘full sex’ is far more inclusive and accurate.

Unfortunately, it is very possible that a young person looking for emergency contraception could have been sexually assaulted or raped. They may be in shock after this trauma and at a loss as to how to cope with what has happened. In this case, it is often inappropriate to use the word ‘sex’, as what has happened is not sex. The Rape Crisis Network Ireland offers disclosure training which equips participants with the skills and knowledge to handle such a situation efficiently and sensitively. It is a brilliant idea for anyone, especially people who are likely to meet victims and survivors of sexual assault in a healthcare setting, to have this training and refresh it regularly. The national helpline for anyone who has been raped or sexually assaulted is 1800 77 8888 (<https://www.drcc.ie/services/helpline/>).

8. The Importance of Inclusivity

It is good practice to try and be as inclusive as possible when discussing emergency contraception. Sex can be difficult to navigate as a young person as it is, but it can be even trickier if a person experiences gender dysphoria. It is always a good idea to move away from assumptions when asking questions related to health or sexual activity, for example, using the term ‘sexual partner’ instead of ‘boyfriend’ or asking someone what their pronouns are. These are small changes which feel a lot easier and automatic with a little practice, but can make the world of difference in making people of all genders and sexualities feel safe and respected.

9. Step by Step

We often get asked about what actually happens when one goes into the pharmacy and asks for emergency contraception – will they be taken into a private room? What questions will they have to answer? Do they have to go in themselves for it? What if the pharmacist tells everyone? To minimise these worries and encourage young people to come in, it could be a good idea to have a step-by-step description of what happens in your pharmacy on your website, making sure to mention if your pharmacy offers a click and collect service. This way, folks know what to expect and may hopefully realise that it is not that scary, really!

10. Sussing Out Side Effects

We have certainly heard a horror story here and there among young people regarding supposedly *dreadful* side effects of taking emergency contraception. It is often not known that some people may get no side effects, while some may experience significant side effects. It is good to inform young people of what to look out for, and remind them that if

they do experience vomiting or diarrhoea as a side effect, the pill may not work. We are always encouraging young people to track their menstrual cycles, so it is also important to highlight that emergency contraception can affect this. Menstrual cycles can be so irregular and unpredictable during adolescence even without any interference from emergency contraception, and pregnancy can often go unnoticed for this reason.

11. Touching on Testing

It is very important that anyone accessing emergency contraception knows that unprotected sex can lead to STI’s as well as pregnancy. Although we work actively to break down stigma around STI’s by reminding people that anyone can get an STI and that they are all treatable and most are curable, it is still important that regular STI testing is encouraged. Having details of local STI testing facilities is useful, as well as information on PrEP and PEP.

12. The Pill Police

Young people are very often stressed about admitting that they have had sex under the age of 17 (sexual consent), and may also be worried about trying to access the pill if they are under the age of 16 (medical consent). Some believe that a pharmacist may inform their parents, or that they may even get in trouble with the Gardaí.

Overall, the young people we meet often find the thought of going into a pharmacy and asking for emergency contraception daunting and scary. They worry that they will get in trouble, that their confidentiality will be broken or that they will not be given the pill. We always advise young people not to give up, and to go to another pharmacy if they can or ask the first pharmacy to point them in the right direction. We remind them that they have nothing to be ashamed of, that they deserve to have control over their health and body, and that they should be supported and given the care they need in order to prevent pregnancy.

We assure young people that it is up to the pharmacist to consider the age and circumstances of the young person and decide if they need to be referred on to a medical practitioner, other healthcare professional or another agency or authority, in order to help or protect the young person.

We also inform young people that they should be referred to another healthcare professional, service, or organisation if a pharmacist decides not to provide emergency contraception. The worst thing that can happen is that a young person is refused emergency contraception and they walk out the door with no intention of looking for further care or support. It is essential that we facilitate compassionate, shame-free, non-judgemental discussions and provide relevant information whenever the opportunity arises.