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Emergency contraception (EC) methods have been available in most European Union (EU) countries¹ for more than 15 years. However, information on equality of access to EC methods within the region is scarce. In 2012-13, the European Consortium for Emergency Contraception (ECEC) conducted a survey to learn more about EC accessibility in these European countries. The expert-based survey assessed the legal status of different EC methods; prescribers and places of delivery; costs and reimbursement policies; availability of data on estimated frequency of use and of clinical and service delivery guidelines; and common practices at the country level.

This factsheet summarizes the main findings of this survey up to April 2014, and refers only to EU member states. If subnational policies apply for specific regions, these have not been captured in this factsheet. For information about EC access in other European countries, please visit the [country by country information](#) section of the ECEC website.

If you believe that information presented here is inaccurate or outdated, please contact us at info@ec-ec.org. This factsheet can be found online at www.ec-ec.org/resources/publications.

WHAT IS EMERGENCY CONTRACEPTION?

Emergency contraception, also known as postcoital contraception or the morning after pill refers to contraceptive methods that women can use to prevent pregnancy after unprotected or inadequately protected sexual intercourse. Timely access to EC is an important component of the contraceptive mix offered to women, in order to ensure their reproductive health and rights.

Currently, there are three main types of EC methods available in EU countries:

- Levonorgestrel emergency contraceptive pills (LNG ECPs)
- Ulipristal acetate emergency contraceptive pills (UPA ECPs)
- Insertion of a copper intrauterine device (Cu IUD)

¹ Currently, the EU consists of 28 member states: Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the United Kingdom.

Other emergency contraceptive pills (ECPs), containing a low dose of mifepristone, are available in Russia and some countries of the Commonwealth of Independent States (CIS), as well as in China and Vietnam, but these are currently not found on EU markets. An older ECP regime, called Yuzpe, consists of a higher dose of regular combined progestin and estrogen contraceptive pills. The use of this regimen has become marginal in Western countries, however, because it is less effective.

WHERE IS EC AVAILABLE?

LNG ECPs are available in all EU countries aside from Malta, and UPA ECPs are available in all EU countries aside from Malta and Estonia. Cu IUDs are also available throughout the EU, but in Malta, they are not allowed for EC use. Circumstantially, and due to the financial crisis, since 2013, ECPs are not available on the Cypriot market.

PRESCRIPTION REQUIREMENTS

LNG ECPs can be obtained directly from a pharmacy without a doctor's prescription in all EU countries except for Croatia, Germany, Hungary, Italy, and Poland, where a prescription is still required. Currently, a doctor's prescription is a standard requirement for obtaining UPA ECPs in all EU countries where it is available. A provider prescription and insertion is required to fit a Cu IUD.

OVER THE COUNTER VS. BEHIND THE COUNTER STATUS

Where LNG ECPs can be obtained without a prescription from pharmacies, there are two main accessibility modalities (see Table 1). In 12 countries (Austria, Belgium, Finland, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Slovenia, Spain, and the United Kingdom), LNG ECPs are stored **behind the counter**, meaning they are not displayed on the pharmacy shelf and the customer needs to ask for them. In ten countries (Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, the Netherlands, Portugal, Romania, Slovakia, and Sweden), LNG ECPs are available **over the counter**, meaning customers do not need to interact with the pharmacist or store clerk, as LNG ECPs are stored directly on retailers' shelves.

The status of ECPs, whether over the counter or behind the counter, significantly affects women's access to this method. In a recent Internet-based survey among 7170 sexually active women aged 16 to 46 from France, Germany, Italy, Spain, and the United Kingdom, nearly a third of women who used EC felt uncomfortable or judged when obtaining it.²

² Nappi, R. et al. *Use of and attitudes towards emergency contraception: A survey of women in five European countries*. The European Journal of Contraception and Reproductive Health Care, 2014; 19: 93–101.

AGE RESTRICTIONS

In four countries, age restrictions for purchasing ECPs are in place. Those under the age of 16 in Bulgaria and the Czech Republic and those under the age of 15 in Finland cannot buy LNG ECPs without a doctor's prescription. In Poland, women under 18 need parental consent in order to obtain a prescription for EC.

WHERE CAN ECPs BE OBTAINED?

There is significant variation on where ECPs can be obtained (see Table 2). In all countries, ECPs are available in pharmacies. In many countries, they can also be obtained at family planning clinics, health care centres, and public hospitals. In France and the United Kingdom, ECPs (both LNG and UPA) are also for sale on websites based in these countries. In the Netherlands, ECPs are available from retailers, both in-store and online.

WHO CAN PRESCRIBE EC?

In countries where LNG ECPs are available without a prescription, health care professionals other than physicians are allowed to prescribe them. In these cases, a prescription is often needed for reimbursement or gratuity rather than for access. An interesting model of care is one in which physicians and other health service providers cooperate in order to enable these other providers to prescribe ECPs. These providers may include nurses, midwives, and pharmacists. In the United Kingdom, this is done by means of 'patient group directives.'

COMMON PRACTICE

There is no evidence to suggest that LNG ECPs will have teratogenic effects if taken at any stage of pregnancy. Current evidence suggests that UPA in the dose used for EC will do no harm to an ongoing pregnancy, but the data available is still scarce³ and pregnancy should be excluded before UPA ECPs are administered. In practice, pregnancy tests or pelvic exams are generally not required before providing ECPs. Only in Italy is a pregnancy test mandatory before prescribing UPA ECPs. In other countries, pregnancy tests or pelvic exams may be requested only by some doctors or under specific circumstances, such as when a pregnancy is suspected.

³ European Consortium for Emergency Contraception. *Emergency contraception. A guideline for service provision in Europe*. February 2014.

ESTIMATED USE OF ECPs

Fifteen of the 28 EU member states have some statistics on ECP use (see Table 3). These include Austria, Belgium, Bulgaria, Denmark, Estonia, France, Germany, Italy, Latvia, the Netherlands, Portugal, Slovakia, Spain, Sweden, and the United Kingdom. The data show significant differences in use within the EU region. The highest proportion of women who have ever used EC can be found in the United Kingdom (61%) and Sweden (59%). In most countries, about 20% have ever used EC. Germany is the country where this percentage is the lowest (13%). The proportion of women who have used EC in the past year ranges from below 1% (Belgium) to 18% (Bulgaria). Elsewhere, this percentage lies between 2% and 7%.

In the countries where ECPs are available without a prescription, the majority of women seem to prefer to obtain their ECPs directly from the pharmacy, and less than 10% obtain a prescription first. However, data from Spain and the United Kingdom show that, in these countries, approximately one-third of ECP users obtain EC without a prescription, while the remaining two-thirds obtain it from health services or hospitals. This may reflect differences in health care systems and service delivery modalities. Data on repeat use is scarce, but, from the data available, it seems to be rare. Portugal has the highest rate of repeat use, with 3.7% of women using ECPs more than once in the past year. In other countries where data is available, this was 2% or less. No data is available on Cu IUDs for EC use.

COST AND REIMBURSEMENT POLICIES

There are large differences in the price of ECPs across the EU. UPA ECPs are consistently more expensive than LNG ECPs in all EU member states. LNG ECPs are priced the lowest in France and the United Kingdom, where they are available for € 7. In the United Kingdom, women also pay the least amount for UPA ECPs at € 20. Higher prices can be found in Ireland, where women pay € 41 for LNG ECPs and € 58 for UPA ECPs.

Various partial or full reimbursement mechanisms are in place in seven countries: Belgium, France, Germany, Ireland, the Netherlands, Spain, and the United Kingdom. In some countries, EC is publicly subsidised, and women can obtain it for free from certain facilities, such as family planning clinics, public hospitals, primary health care centres, and even in pharmacies in parts of the United Kingdom. In 16 countries (Austria, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, Hungary, Italy, Latvia, Lithuania, Poland, Portugal, Romania, Slovakia, and Slovenia), the full cost of EC must come directly from the user.

TABLE 1: LEGAL STATUS OF LNG ECPs

OVER THE COUNTER	BEHIND THE COUNTER	PRESCRIPTION ONLY	NOT AVAILABLE
Bulgaria > 16**	Austria	Croatia	Malta
Cyprus	Belgium	Germany	
Czech Republic > 16**	Finland > 15**	Hungary	
Denmark	France*	Italy	
Estonia	Greece	Poland	
The Netherlands	Ireland		
Portugal	Latvia		
Romania	Lithuania		
Slovakia	Luxembourg		
Sweden	Slovenia		
	Spain		
	United Kingdom		

* French websites distribute LNG ECPs 'OTC'.

** In Bulgaria, the Czech Republic, and Finland, age restrictions are in place; a prescription is required for girls under the ages of 16 (Bulgaria and the Czech Republic) and 15 (Finland).

TABLE 2: ACCESS TO EC FOR EACH EU MEMBER STATE

	LEGAL STATUS LNG ECPS	AVAILABILITY UPA ECPS	KNOWN PROVIDERS	PRESCRIBERS
Austria	BTC	Yes	Pharmacies	Physicians only
Belgium	BTC	Yes	Pharmacies, hospitals, family planning clinics	Physicians only
Bulgaria	OTC > 16	Yes	Pharmacies	Physicians only
Croatia	Prescription	Yes	Pharmacies	Physicians only
Cyprus	OTC	Yes	Pharmacies	Physicians only
Czech Republic	Prescription	Yes	Pharmacies	Physicians only
Denmark	OTC	Yes	Pharmacies, family planning clinics	Physicians only

	LEGAL STATUS LNG ECPS	AVAILABILITY UPA ECPS	KNOWN PROVIDERS	PRESCRIBERS
Estonia	OTC	No	Pharmacies	Physicians, pharmacists, midwives, nurses
Finland	BTC > 15	Yes	Pharmacies, hospitals, schools, family planning clinics,	Physicians only
France	BTC	Yes	Pharmacies, hospitals, schools, family planning clinics, websites	Physicians, pharmacists, midwives, nurses
Germany	Prescription	Yes	Pharmacies, hospitals and other medical centres, family planning clinics	Physicians only
Greece	BTC	Yes	Pharmacies, hospitals, family planning clinics	Physicians only
Hungary	Prescription	Yes	Pharmacies, hospitals, family planning clinics	Physicians only
Ireland	BTC	Yes	Pharmacies, hospitals, family planning clinics, general practitioners	Physicians, LNG ECPS also by pharmacists
Italy	Prescription	Yes	Pharmacies	Physicians only
Latvia	BTC	Yes	Pharmacies	Physicians only
Lithuania	BTC	Yes	Pharmacies	Physicians, LNG ECPS also by pharmacists
Luxembourg	BTC	Yes	n/a	n/a
Malta	n/a	No	n/a	n/a

	LEGAL STATUS LNG ECPS	AVAILABILITY UPA ECPS	KNOWN PROVIDERS	PRESCRIBERS
Netherlands	OTC	Yes	Pharmacies, hospitals, family planning clinics, drug stores	Physicians only
Poland	Prescription	Yes	Pharmacies	Physicians only
Portugal	OTC	Yes	Pharmacies, hospitals, family planning clinics, primary health care services	Physicians, LNG ECPS also by pharmacists and nurses
Romania	OTC	Yes	Pharmacies, family planning clinics	Physicians, pharmacists
Slovakia	OTC	Yes	Pharmacies	Physicians only
Slovenia	BTC	Yes	Pharmacies	Physicians only
Spain	BTC	Yes	Pharmacies	Physicians only
Sweden	OTC	Yes	Pharmacies, hospitals, family planning clinics	Physicians, midwives
United Kingdom	BTC	Yes	Pharmacies, hospitals, schools, family planning clinics, websites	Physicians, nurse prescribers, LNG ECPS also by pharmacists

TABLE 3: ECP USE FOR EACH EU MEMBER STATE*

	EVER USE OF EC	EC USE DURING THE PAST 12 MONTHS	% WITH NO PRESCRIPTION	REPEATED USE OF EC DURING THE PAST 12 MONTHS
Austria	18% (2012)			
Belgium		0.6% (2004)		
Bulgaria	38% (2012)	18% (2012)		2% (2012)
Denmark	20% (2010)		99%	
Estonia	21% (2007)			
France	22% (2010)	4.5% (2010)	95% (2013)	1.4% (2010)
Germany	13% (2011)			
Italy		2.5%-2.7% (2009)	0.3% (2009)	
Latvia		2% (2011)		
Netherlands	21% (2009)	2% (2009)		0.5% (2009)
Portugal			>95% (2012)	3.7% (2006)
Slovakia			96.88% (2011)	0.1%-1% (2011)
Spain	14.1% (2011)	3.9% (2011)	33.9% (2011)	0.42% (2011)
Sweden	59% (2011)	4% (2012)	>90%	
United Kingdom	61% (2010)	7% (2008-2009)	33% (2002)	1-2% (2000-2002)

* Only countries that provided use statistics are included. To see the data sources please visit each country profile at <http://www.ec-ec.org>

The **European Consortium for Emergency Contraception** is a network of individuals and organizations that aim to increase knowledge and access to emergency contraception in Europe.
Visit our website to learn more and contact us to join our online community.