Testimony to the House Human Services Committee on Bill H.663

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Thank you for inviting me to testify on this very important Bill. I will be focusing my remarks on promoting the availability of OTC contraception for adolescents, specifically condom availability in schools, although I would be happy to answer other questions that arise. Although there are other OTC products, the condom is the barrier method that protects against both pregnancy for heterosexual couples, and most STIs for ALL couples. (This includes HIV and chlamydia, the most common STI in VT). I would remind you that OTC contraception also includes Emergency Contraception, also called "the morning after pill". Although it would be extremely helpful for adolescents to have ready access to this highly effective contraceptive, this might not be what you had in mind with this Bill.

Let me tell you a little about myself. I practiced primary care pediatrics in Burlington for 33 years before retiring from clinical practice last year. I spent 20 of those years as the Sexuality Educator for the Burlington Schools, and also founded several small School Based Health Centers in Burlington, including at the High School. I've spent a lot of time with adolescents from all walks of life.

3 main points:

Sexuality is natural and a healthy part of being human

Adolescents' brains are really different

Finally – making effective contraception and STI prevention easily available to adolescents just makes good sense.

Sexuality is natural. We are sexual beings from the moment we are born (Is it a boy or a girl?). The US is fairly unique among developed countries (and even "undeveloped" ones) in that sexuality is often linked with religious beliefs of good vs evil, and the result is that the approach often taken is to ignore it. When you think about it, don't we all want our children (and grandchildren) to grow up to be loving and loveable human beings? Other risky behavior is discussed at length (smoking, vaping, alcohol and drug use), which is appropriate. Now, all these things are illegal in VT under age 21. There is nothing illegal about sexual intercourse, except laws around statutory rape and rape. BUT – the bottom line is that a person can live a long and happy life without ever smoking, vaping, drinking alcohol or using other drugs. How many people live a long and happy life without ever having sex? Let me quote from an AAP Policy Statement, Condom Use by Adolescents: "Although abstinence is most effective, young people should be prepared for the time when they will become sexually active." I've heard it described as a swimming pool that you can't go into until you are a certain age….

Adolescents' brains are really different! It bugs me when people describe adolescent brains as "undeveloped". They are actually Amazing! designed to do what needs to be done – get "out of the house" and ready for the complicated world outside! Adaptable! Adolescence is a highly functional, adaptive period: Lover of novelty -> leads to useful experience; Risk Taker -> leads to learning new skills

Brain's sensitivity to **Dopamine** peaks – This neurotransmitter sets off the reward circuits that aid in learning patterns and making decisions. This explains the adolescent's quickness to learn

(especially things they want to learn), and extraordinary receptivity to reward – their brains value the reward so much that it outweighs the risks. Brain is also sensitive to **Oxytocin** - This neurotransmitter (among other things) makes social connections more rewarding. Adolescents prefer the company of their peers – more novel, and moves them towards the future. They love more deeply, are more devastated over breakups, and are sincerely more passionate about things than most adults!

So – adolescent brains set them up to be so "in love" that they are more apt to make impulsive decisions. If they are trying to do the right thing (have "safer sex") but obstacles are put in their way (the condoms are behind bars), they are much more willing to take a risk in the moment to get the reward, and have sex anyway.

Finally – making effective contraception and STI prevention easily available to adolescents just makes good sense. The Bill speaks about OTC contraception, which is important. However, let's remember that condoms as contraception don't work as well as other forms of contraception. Most of the reduction in teen pregnancy in VT is due to these more effective methods. HOWEVER – because teen brains are what they are, and we put up many obstacles to getting in to see their health providers to discuss more effective methods – teens wait an average of 6 months from the time they initiate sexual activity til the time they see a health care provider. In that time gap, being empowered and enabled to use a condom can save them from unintended pregnancy. ALSO – condoms are ALWAYS the BEST protection from most STIs (second only to abstinence), and unfortunately the STI rate in teens and young adults has been creeping up (more than 70% of chlamydia infections are in Vermonters 15-24 years old). Ironically, this is most likely linked to the more effective contraception for young women – most adolescent couples are worried about pregnancy, but are not thinking at all about infections. They need to incorporate the mantra: **Condoms: first time, every time, every type of sexual encounter.**

The most common myth is that making condoms available will make adolescents have more sex. This is just not true. A systematic review of articles published about school-based condom availability programs found 9 studies of such programs. All programs showed increased odds that students would obtain and use the condoms. 3 studies showed a positive influence on sexual behavior (delaying initiation of sexual debut or decreasing sexual encounters) when coupled with education. **NO studies showed increased sexual activity.** This parallels the findings in the past of the impact of sexuality education. It does not increase sexual activity, it actually delayed sexual debut in many studies, and it makes students more likely to take precautions such as using protection when they did initiate sexual activity. I cannot stress enough that appropriate sexual education is of utmost importance, and should always be coupled with condom availability programs at school.

One final thought – since the culture of schools differs, it may be important for schools to tailor a condom availability program to their particular school. I would strongly suggest that schools wishing to initiate such a program learn from schools already doing it. BHS is currently in its 3rd year of having condoms available at school. The concept was initiated by a group of students, who did the research and presented their findings to the school board, which unanimously agreed with the students' plan. The students then worked with the health office to design a protocol of how to make the condoms available. I spoke with one of the nurses yesterday, and she indicated that the program has been going

well – except for the occasional freshman boy who blows one up and tosses it around. Ah – the adolescent brain at work!

The Effects of School-Based Condom Availability Programs (CAPs) on Condom Acquisition, Use and Sexual Behavior: A Systematic Review

Timothy Wang,[1] Mark Lurie,[2] Darshini Govindasamy,[3,4] and Catherine Mathews[3,4]
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"We conducted a systematic review to assess the impact of school-based condom availability programs (CAPs) on condom acquisition, use and sexual behavior. We searched PubMed to identify English-language studies evaluating school-based CAPs that reported process (i.e. number of condoms distributed or used) and sexual behavior measures. We identified nine studies that met our inclusion criteria, with the majority conducted in the United States of America. We judged most studies to have medium risk of bias. Most studies showed that school-based CAPs increased the odds of students obtaining condoms (odds ratios (ORs) for individual studies ranged between 1.81 and 20.28), and reporting condom use (OR 1.36–3.2). Three studies showed that school-based CAPs positively influenced sexual behavior, while no studies reported increase in sexual activity. Findings suggest that school-based CAPs may be an effective strategy for improving condom coverage and promoting positive sexual behaviors".