

The Emergency Contraception Newsletter
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ABOUT THIS NEWSLETTER:

This newsletter is prepared and distributed as a voluntary activity on behalf of the American Society for Emergency Contraception and the International Consortium for Emergency Contraception. It is distributed electronically twice each year to anyone wishing to receive it. To contribute a news item, please send it to AmSocEC@aol.com or to Tara Shochet (tshochet@umich.edu). We reserve the right to check and edit items as appropriate. To add or remove your name from the newsletter circulation list, please write to AmSocEC@aol.com. More information about ASEC and ICEC is available at the end of this newsletter.

COUNTRY & STATE ACCESS UPDATES

List of countries with OTC or pharmacist status

Princeton University's Office of Population Research is pleased to provide a list of countries where EC is available direct from a pharmacist or over the counter:

Available from a pharmacist: Aruba, Australia, Belgium, Benin, Burkina Faso, Cameroon, Canada, China, Congo, Denmark, Estonia, Finland, France, French Polynesia, Gabon, Ghana, Greece, Guinea-Conakry, Iceland, Ireland, Israel, Jamaica, Latvia, Luxembourg, Mali, Mauritania, Mauritius, New Zealand, Niger, Portugal, Senegal, Slovakia, South Africa, Sri Lanka, Switzerland, Togo, Tunisia, the United Kingdom, and parts of the United States.

Available over-the-counter: Norway, Sweden, the Netherlands, and India.

The updated list of dedicated ECPs worldwide is now available on the EC Website:

<http://ec.princeton.edu/questions/dedicated.html>

If you have information on changing status of nonprescription EC availability in any country worldwide, please let us know so that we can keep this list up-to-date.

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NorLevo launch in Australia

The most recent launch of NorLevo took place in February 2006 in Australia. Interesting information was obtained from market research undertaken prior to the launch. The study showed that patients are not requesting a specific brand but are asking for "the morning after

pill”. The substitution of one brand for another is therefore easy because levonorgestrel-only EC has “behind the counter” (S3) status in this country. Sandoz-Hexal, NorLevo’s distributor, is helping the pharmacists in dispensing EC. They sponsored a “PSA emergency contraception checklist” and provided pharmacies with printed pads of the checklist, available for pharmacists to use with patients requesting EC.

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Threats to EC availability in Portugal

After more than 6 years of marketing experience with NorLevo in Portugal under BTC (Behind the Counter) status, the safety profile is now better known and the risk/benefit ratio remains positive. However, at the beginning of 2006, a local women’s association challenged NorLevo’s BTC status for girls under age 16 and has requested restrictive delivery status for this age group from the Portuguese Ministry of Health. The association justified its request by stating that the same debate occurred in Spain, which was untrue. Tecnifar, Norlevo’s distributor, has correctly backed the product and won the first round of trials. NorLevo 1.5 mg Levonorgestrel – one tablet available since March 2006 - remains therefore available to all the women who need it in Portugal.

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Legal Challenges in Ecuador

In Ecuador, women’s access to EC was, until recently, assured. The Ecuadorian Political Constitution (1998) includes sexual and reproductive rights; EC is listed as a family planning method in the Ministry of Public Health’s Reproductive Health program; and as of 2002, EC was included in the protocol of assistance to victims of sexual violence.

However, this year a claim was presented by an individual before the Ecuadorian Constitutional Court requesting the suspension of distribution of Postinor-2 - Levonorgestrel 0.75, with the argument that EC challenged Ecuador’s constitution. The Ministry of Health did not respond to the challenge or participate in this case. Scientific arguments and evidence presented in collaboration with women’s and civil right’s groups were ignored, as was a supportive letter from CLAE (the Latin America Consortium for Emergency Contraception) and support from FLASOG. Instead, the Constitutional Court opted to accept the arguments of the individual plaintiff, which resulted in suspension of the registration of Postinor-2 for the Ecuadorian market. Now, prolife groups are requesting the extension of the recent resolution of the Constitutional Court to all contraceptives made available by the Ministry of Health; other methods containing levonorgestrel may be particularly at risk.

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Emergency contraception commitment still in the spotlight in France

In France, it was demonstrated in 2005 that General Practitioners nationwide are committed to providing information about EC to all women. Results show that women use NorLevo not only in cases of emergency but also often are given advanced prescriptions, both to prevent a potential rush to a pharmacy and to be able to take the EC as fast as possible. The media, mostly magazines, do not hesitate to talk about EC every month. For instance, the famous ELLE magazine wrote a double-page article about French women's sexual behaviors and their use of NorLevo. Gynecologists still talk about it 3 months later. Different partnerships have also developed: all of them target women at different ages, starting from the youngest teenagers to women before menopause. The French health authorities have chosen to bet on EC as they are about to launch a major campaign in 2007 to talk about birth control to people at large. A glimmer of hope for women...and their partners!

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MATERIALS AND CAMPAIGNS: International

Population Council's Mexico City office trains providers in Mexico, distributes Plan B in Honduras

In 2004-2005, the Population Council's Mexico City office carried out EC provider trainings in collaboration with the Minister of Health of Mexico State (MHMS), supported by the Compton Foundation. Job aids for physicians, nurses and rural health care providers were designed and distributed in a network of MHMS rural and peri-urban clinics.

With support from the Compton Foundation, the Population Council's Mexico City office is collaborating with Ashonplafa (Asociación Hondureña de Planificación de Familia, or in English, the Honduran Family Planning Association), the local affiliate of International Planned Parenthood Federation, to distribute the dedicated EC product Plan B in Ashonplafa clinics and rural health posts throughout Honduras. Population Council and Ashonplafa staff also carried out provider trainings and developed and distributed informational materials promoting the newly registered EC product.

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Population Council, Frontiers in Reproductive Health providing technical assistance for projects in India and Nepal

India: Technical Assistance for Studying the Utilization of Emergency Contraceptive (EC) Services through Paramedics. The Indian Council of Medical Research (ICMR), with technical assistance from the Frontiers in Reproductive Health Program (FRONTIERS), is studying the need to extend EC services through paramedical workers. The project will provide technical assistance to focus on training trainers, developing counseling skills and building capacity to collect, analyze and interpret data. The project will also assist ICMR in policy development. The interim findings of the study have been presented to a wider audience of policymakers and were instrumental in the decision to make ECP an OTC drug. Project duration: 9/04–10/05.

Strengthening Emergency Contraception in Nepal. FRONTIERS and the Nepal Fertility Care Center are working with the Government of Nepal and providing technical assistance in introducing emergency contraception pills (ECPs) into the national family planning program. In the first phase of the project, ECPs will be introduced in three regions of the Katmandu Valley. The project will assist the Family Health Division to plan the introduction, provide educational materials, train a cadre of trainers from government officials to facility providers, and develop a management information system to help monitor the use of ECPs. This phase of the ECP program will help the Government in assessing the operational difficulties that it might have to address while expanding delivery of ECP services to the entire country. Project duration: 3/06–8/07.

FRONTIERS is funded by the U.S. Agency for International Development and led by the Population Council in collaboration with Family Health International. For more information contact: Laura Raney, lraney@pcdc.org.

PATH working on EC introduction strategy in Cambodia

In Cambodia, the National Reproductive Health Program (NRHP) has included EC in the National Reproductive Health Strategy 2006-2010 as an additional contraceptive option that will be offered to Cambodian women. EC is now being added to the national essential medicines list. PATH is working with the NRHP and local stakeholders to develop the EC introduction strategy.

Contact:

Marian Weldin (see below)

PATH announces publication of updated EC client brochure

PATH is pleased to announce the publication on our website of the updated client brochure on emergency contraception: *It's Not Too Late to Prevent Pregnancy*. The brochure is provided in 14 languages (Amharic, Arabic, Cambodian, Chinese, English, French, Haitian-Creole, Korean, Laotian, Portuguese, Russian, Somali, Spanish, Vietnamese), each with culturally appropriate illustrations. It can be accessed from PATH's emergency contraception publications page: http://www.path.org/projects/ec_featured_publications.php.

The updated information includes the extended effectiveness timeframe (up to 5 days/120 hours) and the effectiveness of a single dose (one 1.5 mg instead of 2 doses of 0.75 mg each) of the levonorgestrel-only regimen. The brochure is formatted so that it can be downloaded and printed, then photocopied double-sided and folded in three parts. Two versions are provided: one for 8.5

x 11 letter size paper, the other for A4 size paper. The Portable Document Format (PDF) files require Adobe Acrobat Reader to view and print. The brochure is available on the internet only.

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East African journalist-to-journalist seminar on reproductive health and EC

When EC receives attention in the African media, it is frequently sensationalized and informed by anecdotal evidence, unsubstantiated claims, and conservative ideologies. In Kenya, for example, one national newspaper reported that young girls were eating EC “like chocolate.” To promote more consistent and objective reporting on EC, *ECafrique*, in conjunction with the US-based National Press Foundation (NPF) and the Population Reference Bureau, convened a skill-building workshop in Nairobi, Kenya from June 15-18, 2006. As part of the NPF’s Journalist-to-Journalist program, this seminar focused on increasing journalists’ overall awareness of reproductive health issues (including EC) while at the same time improving their ability to effectively convey this information to the public. Twenty-two leading health reporters from Kenya, Ethiopia, Uganda, Tanzania, and Malawi were selected for the 4-day training, which immediately preceded the 2nd Africa Conference on Sexual Health and Rights. At the conference, participants were able to test their newly-acquired skills under the guidance of top guest editors, filing reports for home and contributing to the conference newsletter. A similar activity for francophone journalists in West Africa is currently being planned.

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IPPF/WHR update: EC and advocacy in the Caribbean

International Planned Parenthood Federation, Western Hemisphere Region (IPPF/WHR) is currently working on a regional advocacy campaign to increase access to emergency contraception in the Caribbean. Member Associations in Barbados, St. Lucia and Trinidad and Tobago are working with IPPF/WHR to create comprehensive advocacy campaigns for national political change in relation to the provision of Emergency Contraception. The IPPF/WHR team conducted a political mapping exercise in each country, identifying all of the key political players and stakeholders to ensure that the most strategic advocacy efforts are made within each country context. Each country has an individual campaign that they will implement to improve access to EC. Some of the hoped-for results include having the Ministry of Health place EC on the national drug formulary so that all government centres offer EC by the end of the project and ensuring that EC is a part of the national rape victim treatment protocol. All of the expected results take bold strides to improve access to EC and to raise awareness about the product.

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ICEC Relaunches Website

The International Consortium for Emergency Contraception relaunched its website, located at www.cecinfo.org, in July. The all-new site provides resources for our members, health professionals, and advocates working to expand access to EC around the world. The site now features EC news, theme pages covering science, youth, crises, product access, and legal issues, case studies of EC introduction efforts around the world, a media section, and more. Three searchable databases provide access to scientific articles, client and provider materials, and listings of dedicated EC products available globally. Regional EC groups are featured, as is the work of ICEC's member organizations.

Please bookmark our new website and forward this information to your networks.

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MATERIALS AND CAMPAIGNS: United States

EC Hotline and Website update

Over the past year, the EC Hotline and Website (1-888-NOT-2-LATE and Not-2-Late.com) have expanded their database of EC providers to include pharmacists from the newest pharmacy access states, Massachusetts, New Hampshire, and Maine, in addition to adding more pharmacist providers in Alaska, California, Hawaii, New Mexico, and Washington State. We also list 3 pharmacist providers in Montana, where these brave Safeway pharmacists have set up collaborative prescribing agreements with local physicians, even in the absence of EC-specific pharmacy access legislation. There are a total of 4,427 EC providers currently listed on the Hotline and Website, including physicians, nurse practitioners, and pharmacists all over the US and in parts of Canada. The EC Website also lists "Dial EC" providers in 17 states: CT, GA, IL, IN, MD, MA, ME, MI, MN, MT, NC, NM, OR, SD, NY, WA, and WI. These are providers who, via telephone hotlines or web services, makes themselves available to call in EC prescriptions for women across their state to a pharmacy of the women's choice, without requiring an exam or doctor's appointment and regardless of whether the woman is a past patient or not. Some do this for free; others charge up to \$40 for the telephone consultation and calling in a prescription. This is a great way to expand EC access to women across the country and we are always looking for providers who are willing to provide this service in the states where we don't have such coverage. If you know of someone who would be interested in being listed as a Dial EC provider, please urge them to contact Lisa Wynn at lisawynn@princeton.edu.

The Association of Reproductive Health Professionals (ARHP) has received funding from the Hewlett Foundation to upgrade the Emergency Contraception Website, Not-2-Late.com, operated by ARHP and Princeton University's Office of Population Research. The new website, which will be launched in September 2006, will continue to have searchable databases of EC providers, worldwide pill brands that can be used for EC, and EC educational / promotional materials, but it will have a new look. It will also be easier to find through search engines, be

more user-friendly, and adaptable for access by hand-held mobile internet access devices (such as BlackBerrys and Treos). It will also contain video testimony from women who have actually used EC and can talk about how important expanded EC access is from the perspective of actual users.

The NOT-2-LATE Hotline also provides a resource for other health care and advocacy organizations to use in EC campaigns and allows them to have a tracking mechanism for its effectiveness through call volume reporting. In the past, ARHP has provided call volume reports for the Alaska EC Project, Hawaii's Family Planning Program, the Pacific Institute for Women's Health, Advocates for Youth, and others. All members of ASEC and ICEC are encouraged to contact Natalia Barolin at nbarolin@gmail.com to let us know how the EC Hotline and Website are being used in other organizations and how it has been helpful. This information is critical as ARHP works to keep the Hotline and Website funded.

The EC Website (www.NOT-2-LATE.com) includes a searchable database, maintained by Princeton University's Office of Population Research (OPR), of EC educational and promotional materials available from US-based and international organizations. If you would like to submit an item or have an update for this database, please contact Lisa Wynn with OPR at lisawynn@princeton.edu.

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Back Up Your Birth Control is now a year-round campaign!

The 2006 *Back Up Your Birth Control* (BUYBC) campaign, culminating in the BUYBC Day of Activism on March 21, was a resounding success! But it's not over, as many BUYBC co-sponsors continue to spread the word about EC across the country. Over 120 organizations in 33 states requested over 75,000 BUYBC collateral materials to jumpstart their EC outreach and education activities this spring. On the Day of Activism, and throughout the month of March, hundreds of organizations nationwide participated in *Back Up Your Birth Control* events using Rosie the Riveter and Spanish-language BUYBC materials.

After five successful years of operating exclusively as a springtime campaign, the *Back Up Your Birth Control* campaign will be expanding into a year-round operation beginning this summer. Please visit our website www.backupyourbirthcontrol.org, and stay tuned for information on how to order your summer BUYBC materials. We are excited to work with all of our partners to reach thousands of women, men, doctors, pharmacists, legislators and media outlets twelve months out of the year with a simple message: Back Up Your Birth Control with EC!

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Institute for Reproductive Health Access seeks to remove Medicaid barriers to EC and works to expand access to EC at the local level

Following the 2006 publication of *Emergency Contraception & Medicaid: A State-by-State Analysis and Advocate's Toolkit*, created in collaboration with the National Latina Institute for Reproductive Health, the National Health Law Program, Ibis Reproductive Health and other groups, the Institute has begun highlighting and removing barriers that Medicaid recipients face when accessing EC. The toolkit, available in PDF form upon request, includes a chart outlining where EC is covered under Medicaid and what barriers exist, including prior authorization requirements, utilization controls and managed care programs, in each of the 50 states and the District of Columbia. This summer the Institute will be working with state Medicaid offices in a number of states to ensure that barriers to access are removed. Additionally, the Institute continues our work to expand access to EC at the local level by working with organizations in CT, NJ, IL, WI, CA, and NM on a variety of EC policy initiatives. Programs include working to ensure that pharmacies are stocking EC; that elected officials are dedicating public funds for EC outreach and education; requiring hospital emergency rooms make EC available to women who have been sexually assaulted; and, that pharmacists and nurses can directly dispense EC without a patient-specific prescription.

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ACOG releases updated EC Practice Bulletin

In December 2005, ACOG published an updated Emergency Contraception Practice Bulletin. The Bulletin is available in *Obstet Gynecol* 2005;**106**:1443-1451.

Physicians for Reproductive Choice and Health® (PRCH) releases new practitioner's guide to EC

In conjunction with Back Up Your Birth Control Day, PRCH released a revised edition of its popular resource on emergency contraception (EC). *Emergency Contraception: A Practitioner's Guide* is a laminated card providing doctors with essential information about emergency contraceptive pills (ECPs). The card, which is sized to fit in a lab coat pocket, gives doctors details about the efficacy of ECPs, potential side effects, follow-up care and availability of Plan B (the only dedicated product currently sold in the US). The practitioner's guide also features a

table listing 19 oral contraceptives that can be used as ECPs if Plan B is not available. As well as summarizing information about ECPs, the guide lists vital resources on EC, from medical texts on contraception to websites and phone numbers women can call for information about EC. Since March, more than 4,000 of the cards have been distributed to doctors around the United States. *Emergency Contraception: A Practitioner's Guide* is available online at http://prch.org/med_ed/EC.pdf.

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Feminist Majority affiliates work to improve student health, expand EC knowledge

Kathryn Turner, President of Stetson University's Organization for Students Actively Pursuing Equality (OSAPE), a Feminist Majority Foundation affiliate, authored the Improved Student Health Services Bill. The bill, which passed in the Student Government Association, mandates that EC, birth control, annual exams, and STI testing be available to all students on campus. The Women's Center at Pitzer College, a Feminist Majority Foundation affiliate, dedicated this semester to increasing awareness about emergency contraception on their campus. After doing intensive research and going to pharmacies in their community, they have created a brochure detailing information about EC: how it works, who should use it and where to get it. They will be distributing the brochure to all students on their campus both at the end of this semester and at the beginning of next year.

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The Clara Bell Duvall Reproductive Freedom Project, ACLU of Pennsylvania, continues work with RaisingHerVoice website, PCAR

Since its launch of RaisingHerVoice.org, Duvall has worked to promote the website as a resource for survivors and their advocates. Duvall learned of an episode of *Boston Legal* (aired February 14) where a young woman was raped and during the course of her treatment at a Catholic hospital, denied EC. Through a reliable fan website, Duvall obtained a copy of the script to use as a basis for creating supplemental information to be used while viewing and to help facilitate discussion. On RaisingHerVoice.org, people were encouraged to host a Boston Legal Viewing Party and access the toolkit which contained suggestions for the host/facilitator, an episode guide, information about emergency contraception and sexual assault, and action steps for activists. In addition, Duvall worked with David E. Kelley Productions to obtain 40 copies of the episode to be used for educational purposes. Now, Duvall has a lending library for interested persons/groups to borrow the episode, host a viewing party, and then return the DVD.

Now that the website is created and available, Duvall is working to ensure that people know it's

accessible to them. Current efforts are underway to distribute RaisingHerVoice.org materials (posters, flyers, stickers), particularly to anti-sexual assault organizations, and to reach out to women who may wish to speak out about their experience with EC on the website.

In Pennsylvania, Duvall is working with the Pennsylvania Coalition Against Rape (PCAR) to complete a follow-up survey of hospital emergency departments to determine what type of pregnancy prevention measures are taken, if any, in their treatment of sexual assault patients. Hospitals are also asked if they use Plan B so that Duvall may provide them with research stating the effectiveness of taking both doses at once. Survey results will be available on the ACLU-PA website over the summer in hopes that legislators will use this data to inform their decision about the Compassionate Assistance for Rape Emergencies (CARE) Act. The CARE Act will be up for vote this fall.

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Guttmacher Institute: States promote access to Plan B as the FDA continues to stall

Many observers expect the indefinite delay by the Food and Drug Administration (FDA) in granting over-the-counter status to the emergency contraceptive Plan B to last for the duration of the Bush administration. In the most recent issue of the *Guttmacher Policy Review*, author Chinué Turner Richardson explores the range of possible options available on the state level to help women obtain Plan B in a timely manner. These options include expanding use of current state collaborative practice agreements and state boards of pharmacy policies related to time limits on prescriptions and emergency refill clauses. In addition, "Advocates Again Look to States to Promote Eased Access to Emergency Contraception," discusses various grassroots campaigns to raise awareness of emergency contraception among providers and the general public.

"Advocates Again Look to States to Promote Eased Access to Emergency Contraception" appears in the May 2006 issue of the *Guttmacher Policy Review* and can be found online at: <http://www.guttmacher.org/pubs/gpr/09/2/gpr090211.pdf>.

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Pharmacy Access Partnership annual STATES meeting, new EC campaigns

Pharmacy Access Partnership convened our annual STATES (States Take Action Toward EC Services) Meeting drawing EC advocates from 20 states to share successes and challenges in implementing state-level EC pharmacy access programs and expanding teen access to EC through pharmacies. Among the STATES meeting participants were representatives from the seven states awarded funding through Pharmacy Access Partnership's Regranting Program, designed to promote increased EC access in pharmacies at the state level. These states include Delaware, Hawaii, Illinois, Massachusetts, Mississippi, New Hampshire and Vermont.

Pharmacy Access Partnership, in collaboration with the California Family Health Council, launched California's first statewide EC Network to explore coordinated efforts to improve EC access in the state.

Stay tuned this fall for a new teen-focused EC media campaign from Pharmacy Access Partnership and the Pacific Institute for Women's Health, based on results from focus groups with California's Latina and African American young women.

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Planned Parenthood of New York City forms partnerships to address barriers to EC use

Planned Parenthood of New York City (PPNYC) has formed partnerships with three community-based organizations to understand and effectively address barriers to utilization of emergency contraception among Dominican and Mexican immigrant women in the South Bronx. Our community partners, who provide a range of social services to diverse populations in the South Bronx, are WHEDCo (Women's Housing and Economic Development Corporation), FECS (Federation Employment Guidance Services) and a faith-based charitable organization (which has requested to remain anonymous). PPNYC is partnering with these organizations to run focus groups with the target population and service providers who work with the target population to uncover emergency contraception awareness among the participants and barriers to emergency contraception utilization among Dominican and Mexican immigrant women. Based on the results of the focus groups, educational materials for the target population will be developed and distributed throughout the South Bronx. PPNYC will also use the results of the focus groups to develop training for the staff of our partner organizations to build their capacity to effectively educate and counsel Dominican and Mexican immigrant women about emergency contraception as well as provide referrals for reproductive and sexual health services including emergency contraception.

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Massachusetts launches pharmacy access program

The Massachusetts pharmacy access program is now up and running! Over 200 pharmacists have been trained so far. Several independent pharmacies have taken the lead in participating in the new law to offer EC to women who walk in without a prescription. Stop and Shop is the first chain to participate and they have obtained standing orders for EC at the corporate level. The standing order serves as an agreement between the pharmacist and physician and outlines the circumstances under which EC may be dispensed. Individual pharmacists working for Stop and Shop must still complete the required training on EC before they can dispense EC directly to women. The Massachusetts EC Network website (<http://www.massECnetwork.org>) lists participating pharmacies. Consumers are encouraged to call ahead to be sure that there is a participating pharmacist on duty. Additionally, the EC Network, NARAL Pro-Choice Massachusetts, and Planned Parenthood League of Massachusetts are mobilizing their members to talk to their local pharmacists in order to encourage participation in the new law. By demonstrating demand for EC, they hope to increase the number of participating pharmacies.

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ACLU Reproductive Freedom Project addresses EC in the military, continues survey work

On May 9, 2006, the ACLU Reproductive Freedom Project (RFP) sent a letter on behalf of a broad coalition urging members of Congress to restore EC to the military formulary. (EC had been on the formulary, but was removed in 2002.). Although the amendment was ultimately blocked, the effort brought attention to an important issue – particularly given the increasing visibility of women in the military. In addition, the project was the start of new relationships between military women’s groups and reproductive rights advocates.

In partnership with the ACLU of Pennsylvania, RFP has been training ACLU affiliates to survey pharmacies to assess their EC and birth control policies. In late June, we trained the ACLU of Virginia and its coalition partners in conducting a “mystery caller” survey. In addition to reproductive rights and a sexual assault victim’s advocate, the training included representatives of the Virginia Pharmacy Board, who will participate in the survey process and help the coalition determine how best to use the survey results to press for change. Trainings with the ACLU of Florida and the ACLU of Mississippi are planned for late July.

We have also continued to support the work of affiliates who have already conducted surveys. For instance, as previously reported, RFP and the ACLU of Pennsylvania worked with the ACLU of Kentucky to conduct an EC pharmacy survey. In January 2006, the affiliate held a press conference to share the results of the survey. The affiliate and its coalition partners are currently designing a website to provide information about EC access in Kentucky. In addition, RFP and the ACLU of Pennsylvania have worked with the ACLU of Utah use their results from a hospital emergency room EC survey to urge hospitals to change their EC policies. After

sending out letters and fact sheets with the survey results, as well as model EC protocols to all Utah hospitals, the affiliate and its coalition partners are now reaching out directly to rural hospitals. A sexual assault nurse examiner is approaching these hospitals to offer training in sexual assault examinations, including EC. At least one hospital has since adopted the model protocol.

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CFHC videos promote EC to prevent unintended pregnancy among teens

In May, Teen Pregnancy Prevention Month, the California Family Health Council, Inc. (CFHC), released a new series of public service videos promoting teen awareness and access to Emergency Contraception as part of their ongoing efforts to reduce teen pregnancy in the state. The new materials include the message “Don’t be scared, be prepared.” The spot features a teen couple in a remote dark setting who discover the condom they used has broken. As fear sets in, a spirit advises and encourages them to use Emergency Contraception. The additional videos feature young women at a slumber party, where one reveals she’s worried about becoming pregnant. Another features two young men shooting hoops, when one shares his pregnancy scare experience with his buddy. These videos emphasize a message of “You don’t get pregnant that fast”-- there’s still time to take EC pills to prevent a pregnancy. Each video offers viewers access to a California EC Hotline (800) 521-5211 and an informational website www.TeenSource.org.

The Emergency Contraception videos and supporting materials, including posters and information cards on emergency contraception were distributed to public service directors and news editors at broadcast outlets across California, as well as to health clinics, colleges and community organizations that serve youth. The two gender specific videos “Hoops” and “Slumber Party” have each been awarded with a 2006 Videographer Award of Excellence chosen from over 2,000 entries submitted throughout the U.S. The videos are also posted on CFHC’s website at www.cfhc.org and are available in English and Spanish.

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RESEARCH RESULTS AND UPDATES

Ibis Reproductive Health examines pharmacists’ knowledge and perceptions of emergency contraceptive pills in South Africa

A study published in the December, 2005 issue of *International Family Planning Perspectives* shows that nearly all pharmacists in Soweto and the Johannesburg Central Business District, South Africa sell emergency contraception (EC) and most have accurate knowledge of the dosage, side effects and how to use EC. Fewer than half, however, believe the method should be available to women younger than 18 and more than half mistakenly believe that repeated use

poses health risks. Misperceptions about the method and personal opinions about who should use it may affect women's access to the pills. Overall, the pharmacists we interviewed were willing to provide clients with educational material. One-fifth reported that they provide clients with written materials on EC, and nearly two-thirds counseled clients on pregnancy prevention. But, fewer than one in three offered educational materials on prevention of HIV and other sexually transmitted infections. These findings from South Africa support the need for interventions aimed at educating pharmacists about the benefits of EC especially for adolescents and underscore the role of pharmacists in raising women's awareness of EC.

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Emergency contraceptive pills: A lesson learned from an urban ward of Udaipur, Rajasthan, India

Taking emergency contraceptive pills (ECPs) is a good way to prevent unwanted pregnancy after unprotected sex but requires PROMPT action. The client must seek medical advice or know to take pills within 72 hours, which requires advance information regarding ECPs. As yet, ECPs have not become a part of routine contraceptive counseling, and there is very little awareness about it among both potential users and health care providers. Hence, the majority of women seek medical advice once they are already pregnant. Therefore, an intervention was initiated in September 2004 to make potential clients aware of ECPs during their routine visits to the dispensary as well as through home visits made by health care providers. Six months of data (from September 2004 to March 2005) were analyzed with the aim of seeing the potential users' response to this advance information for initiating TIMELY use of ECPs in the event of unprotected sex. A total of 526 women and men were made aware of ECPs through one-on-one counseling during these 6 months. Around 11% of clients (61) returned for ECPs. Levonorgestrel ECPs were prescribed to 52 women; the rest were either pregnant or reported after 72 hours. Of the users, 40% were literate; 41% were Muslims and the rest were Hindu. 52% of women approached health care providers within 24 hours. Forty-two women could be followed further and menstruation occurred in all except one after the ECP use. More than three fourths of users had their menstruation either at the expected date or within 7 days. The ECPs were well tolerated.

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Survey of pharmacists' knowledge and attitudes in Puerto Rico

Saludpromujer, a project in the Department of Obstetrics and Gynecology at the University of Puerto Rico School of Medicine, with the collaboration of Liza Fuentes, MPH student at Columbia University, is carrying out a study to survey the knowledge, attitudes and professional

practices around EC of pharmacists in Puerto Rico. The results of the survey will be used to design a continuing education course for pharmacists on emergency contraception and will also inform steps towards a legislative campaign to implement a law allowing pharmacists to dispense emergency contraception to patients who do not have a prescription. This is the first survey of its kind in Puerto Rico. For more information please contact:

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Two articles published on the use of EC in France

A first article from the Inserm institute (French National institute of medical research), in press and available online in the journal *Contraception*, investigates the determinants of EC use among a representative sample of women at risk of unintended pregnancy in the recent context of its expanded access (direct pharmacy access since May 1999). The results show that only 11.1% of women at risk for unintended pregnancy used ECPs in 2001. Women in stable relationships or using the same contraceptive method during the year were less likely to use ECPs than others. The study also shows that detailed knowledge of ECPs increases the probability of its subsequent use. The article concludes that, given the low frequency of ECP use in cases of pregnancy risk, information campaigns should not only be targeted at women with irregular contraceptive practices but also at women who experience errors in the use of their regular contraceptive method.

A second article from the Office of Population Research in Princeton and the Inserm institute, published in the June issue of *Contraception*, examines the impact of pharmacy access to emergency contraceptive pills in France, using data from a periodic health population survey conducted in 1999 and 2004. The results show a 72% increase in ECP use in the 5-year period, with the vast majority of ECP users in 2004 having obtained ECPs directly from a pharmacy without a prescription. This increase in ECP use did not result in increased proportions of women who had ever had intercourse or in a decrease in the age at first intercourse or in an increase in the proportion of women at risk for an unintended pregnancy. Among women at risk of unintended pregnancy, there was no decrease in use of contraception and no decrease in the use of the most effective methods. The article concludes that introducing a dedicated product and allowing for direct pharmacy access to ECPs in France has resulted in greater ECP use with no negative impact on sexual behavior or use of contraception.

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ABOUT THE AMERICAN SOCIETY FOR EMERGENCY CONTRACEPTION

The American Society for Emergency Contraception (ASEC) is a voluntary collaboration of organizations that promote the availability of emergency contraception for women. Founded in 1997, ASEC has four mandates: 1) to serve as a source of information for the media and others who want information on emergency contraception; 2) to serve as a watchdog for inaccurate or biased articles in the press and respond with accurate letters to the editor, and to watch for abuses of reproductive rights related to emergency contraception, and draw attention to these problems; 3) to promulgate policies on emergency contraception and to support and disseminate the statements and guidelines of other organizations willing to endorse the method; and 4) to link the members of the emergency contraception field, primarily by sending out (in collaboration with the International Consortium on Emergency Contraception) this semi-annual electronic newsletter on recent events in emergency contraception and by organizing an annual meeting to share information with researchers, policy makers and the pharmaceutical industry.

ASEC is open to industry participation, although it will not endorse one method or regimen over others that are also safe and effective. Membership is free, and although the focus is primarily on the United States, international affiliates are welcome.

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ABOUT THE INTERNATIONAL CONSORTIUM FOR EMERGENCY CONTRACEPTION (ICEC)

The mission of the International Consortium for Emergency Contraception (ICEC) is to expand access to and ensure safe and locally appropriate use of emergency contraception worldwide within the broader context of family planning and reproductive health, with emphasis on developing countries. The Consortium now has over 35 member agencies represented by over 150 individuals worldwide. ICEC is currently hosted by Family Care International.

The ICEC website, www.cecinfo.org, was relaunched in July (see above) and includes policy statements, news, information on EC status and availability around the world, and additional materials produced by member organizations. Links to member web sites and contact information for Regional Consortia (see below) are also available on the ICEC website.

For more information, please contact Elizabeth Westley, Consortium Coordinator, at: ewestley@fcimail.org.

REGIONAL CONSORTIA AND NETWORKS

ECafrique

This regional consortium covers both Anglophone and Francophone Africa and currently includes over 200 institutional members, with a mailing list of over 2,000 names. John Skibiak, who served as coordinator, has left to become the Executive Director of the Brussels-based Reproductive Health Supplies Coalition (RHSC – see their website at www.rhsupplies.org) He has been replaced as overall coordinator by Jill Keesbury of the Population Council, with Anglophone coordination provided by Lucy Mwikali Mang'ati (lmwikali@pcnairobi.org) in Nairobi and Francophone coordination provided by Youmane Faye (lfaye@pcdakkar.org) in Dakar. ECafrique publishes a bilingual newsletter with extensive information about EC in Africa (accessible at the ICEC site at <http://www.cecinfo.org/html/regional-consortia-africa.htm>) and conducts and facilitates activities around Africa to enhance access to EC.

For more information or to be placed on the mailing list, please email: ecafrique@pcnairobi.org.

The Latin American Consortium for Emergency Contraception (LACEC)/Consortio Latinoamericano de Anticoncepcion de Emergencia (CLAE)

This regional consortium is currently coordinated by Jimmy Telleria, based at CISTAC in Bolivia. LACEC has a website (www.clae.info), publishes a newsletter, and has issued a widely used set of fact sheets. CLAE also has a lively listserv to facilitate discussion and exchange in the region.

For more information or to be placed on the mailing list, please contact Jimmy Telleria at: jimmy@cistac.org.

Asia/Pacific Network for EC (APNEC)

This regional consortium is currently coordinated by Emelina Quintillan of the Pacific Institute for Women's Health. APNEC's membership consists of individuals and organizations in the Asia & Pacific region that have participated in at least one of the regional meetings on EC since 2002. Membership is also open to other individuals and organizations in the region that are recommended by the current members, provided the prospective member will agree to the objectives of the organization and the obligations of members. There are currently 64 members representing 50 organizations in 14 countries. APNEC has a website (www.apnec.net).

For more information, please contact Emelina at equintillan@piwh.org.

Arab Region

An Arab Regional EC Network has been formed and is currently managed by Angel Foster of Ibis Reproductive Health. Ibis has coordinated with the Office of Population Research at Princeton University, and the Association of Reproductive Health Professionals to create an Arabic language Emergency Contraception Website, representing an adaptation and translation of the website www.not-2-late.com. This site aims to expand information about EC to Arabic speaking communities in both the US and the Middle East. The Arabic EC website can be

accessed directly through <http://ec.princeton.edu/arabic> or through the main site at www.not-2-late.com. For more information, please contact Angel at: afoster@ibisreproductivehealth.org.

East Europe, NIS and Balkan Region

This network is currently coordinated by Svitlana Okromeshko of PATH, and has produced a number of Russian-language EC materials, including newsletters, service delivery guidelines, and policy statements. These materials can be accessed on the ICEC site at <http://www.cecinfo.org/html/regional-consortia-eeurope.htm>. For more information, please contact Svitlana at: svitlana@path.org.