

**The Emergency Contraception Newsletter**  
**Winter 2004/2005**  
**Vol. 9, No. 2**

**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 the Consortium is located at the end of this newsletter.

**PRODUCT NEWS**

**FDA delays action on Plan B OTC application**

The Food and Drug Administration once again delayed making a final decision on Barr Laboratories' application to switch Plan B from prescription-only to over-the-counter. A decision on application was expected on or around January 21, 2005 – the deadline the agency itself had set when it began reviewing Barr Laboratories' revised application in July 2004. Instead, the agency contacted Barr Laboratories and informed the staff that they would need additional time to complete the review. It remains unclear when the agency will issue a decision on the application.

In the meantime, the Reproductive Health Technologies Project has been working to keep this issue in the public eye and to keep the pressure on the FDA to approve the application.

Recent Press Hits:

“Birth Control Too?” – *Los Angeles Times* Editorial, Jan 28, 2005

“Plan B Beats Abortion” – *USA Today*, Jan 21, 2005

“Plan B” – *Washington Post* Editorial, Jan 18, 2005

“Morning After Pill Study Contradicts Claims By Foes” – *Washington Post*, Jan 5, 2005

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## **CRR files lawsuit in response to FDA announcement**

On January 21, after the Food and Drug Administration announced that it would delay its decision on making Plan B available to women 16 and older without a prescription, the Center for Reproductive Rights filed a lawsuit against the agency's Acting Commissioner. The suit was filed in the U.S. District Court for the Eastern District of New York on behalf of the Association of Reproductive Health Professionals (ARHP), National Latina Institute for Reproductive Health, and individuals from a grassroots advocacy group, the Morning-After Pill Conspiracy. According to the plaintiffs, the FDA should make Plan B available over-the-counter for women of all ages. Since 2001, medical, public health and reproductive rights organizations have petitioned the FDA to grant EC over-the-counter status—to no avail. By continuing to deny women that access, the plaintiffs say, the agency has failed to follow its own procedures, violating the Administrative Procedures Act and the U.S. Constitution. In fact, according to an internal FDA memo, cited in the lawsuit, the data before the agency “clearly support” making Plan B available without a prescription “for all age groups,” and such approval would be “consistent” with previous FDA decisions on other products. Yet, the FDA continues to drag its feet.

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## **COUNTRY UPDATES**

### **Launch of NorLevo 1.5 mg in France**

NorLevo 1.5 mg, 1 single tablet, was launched in France in October 2004 and has entirely replaced NorLevo 0.75 mg on the French market. NorLevo 1.5 mg benefits from the same specific conditions as the previous product:

- Reimbursed when dispensed upon prescription by a physician or a midwife
- Available directly in any retail pharmacy without a prescription (BTC status)
- Dispensed for free and anonymously by pharmacists to minors
- Dispensed for free in family planning centers
- Dispensed for free by school nurses

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### **Emergency contraception in the Mexican Family Planning Norms at last: mainstreaming its use and learning from the experience**

After eight years of negotiations, emergency contraception (EC) was included in the official Mexican Family Planning Norms in January 2004. There was an immediate vehement backlash from the Church and anti-choice organizations, which the Ministry of Health (MOH) bravely resisted. Similarly, the public and media response to the inclusion of EC in the Norms was overwhelmingly positive. We hope to better understand some of the factors that led to such a positive response to EC's inclusion in the Norms through in-depth interviews with members of the press who covered the issue. Additionally, we are developing materials on EC to train health workers. Thus far, we have designed educational posters and plastic cards for health providers in public clinics and rural health workers in Mexico State. In the coming months we will pilot test and print these materials. This study is supported by Compton Foundation.

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### **Introduction of EC in Iceland leads to reduction in teenage pregnancy**

Teenage pregnancies have been considerably more frequent in Iceland than in other Nordic countries, resulting in a relatively high birth and abortion rate in this age group. A drive to improve sexual education of teenagers, spearheaded by medical students at the University of Iceland and supported by the Icelandic Family Planning Association, FKB, and governmental/municipal authorities, and the introduction through them of emergency contraception has led to a 30% reduction in teenage pregnancies in the last 4-5 years. This was highlighted in a recent report by the Director General of Health in January

2005. Emergency contraception is available both from doctors and school nurses and over the counter in pharmacies in Iceland.

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### **EC without prescription in The Netherlands**

Since January 2005 levonorgestrel-only EC has become available without prescription in The Netherlands. It is available in pharmacies and drugstores. Reimbursement by health insurance agencies is possible, but only for women under the age of 21 who get their EC with a prescription. Women in The Netherlands know very little about emergency contraception, as research by the national organization of pharmacists revealed. Therefore, the Rutgers Nisso Groep, Expert Centre for Sexuality, developed a website ([www.noodpil.nl](http://www.noodpil.nl), in Dutch) and instigated a campaign with free postcards, which are distributed in bars, restaurants and cinemas across the country. Education material will be developed in the near future.

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### **Dedicated EC availability in Bosnia & Herzegovina**

With the launch of NorLevo 0.75 mg in Q4 2004, emergency contraception is now available, under Rx status, in a country that has witnessed very difficult market conditions owing to the erstwhile civil war.

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### **5 years of emergency contraception in France: What's the assessment?**

France is one of the countries in the world where contraception is very common: 63% of women between the ages of 18 and 44 use a contraceptive method. Unsurprisingly, two thirds of voluntary induced abortions occur in women who take a regular contraceptive method. The number of abortions, while not on the rise, remains a major public health concern: 200 000 abortions for 760 000 births annually. As far as emergency contraception is concerned, considerable efforts have been made, particularly in high school establishments, where adolescents can obtain NorLevo free of charge. This has improved the access to NorLevo without changing its profile to that of a regular contraception method. However, only 6% of women who use oral contraception have resorted to it after having forgotten a pill and 42% of women have resorted to it after a condom accident (slip, misuse, breakage). The problem remains the patients' lack of knowledge on pregnancy risk situations and the use of emergency contraception, in which the immediate intake of NorLevo determines its level of efficacy.

The priorities for the future are the following:

- 1) Inform women of situations of risk that might lead to an unwanted pregnancy, even if they use a regular contraceptive method,
- 2) Prevent the risk of pregnancy by advising patients (when prescribing a regular contraception method) to keep an emergency contraception kit at home.

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### **Introduction of Spanish tender market heightens EC profile**

Due to the fact that Spain has different political parties that govern the local regions, politicians have different strategies regarding the provision and advocacy of emergency contraception. In summer 2004, two regions agreed to finance levonorgestrel-only emergency contraception, treatments that would be bought by the regions and provided free-of-charge to patients. This opened up a tender market in November 2004. One such bid was held in Madrid and another was held in Barcelona, for a total volume of 55 000 units. This event has generated considerable interest in and elevated the profile of EC in the community, therefore opening up the market for the future.

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### **Switching NorLevo from Rx to BTC status in Tunisia**

One of the greatest news of the past months in the worldwide “battle” for a wider accessibility of emergency contraceptives is the switch from Rx to BTC status of NorLevo in Tunisia, obtained in September 2004. Since February 2002, NorLevo has been available in Tunisian pharmacies but with no possibility for HRA Pharma to inform and educate women, even though various educational programs had been investigated (focus groups, contraception debates, etc.) but forbidden by the local Authorities. Women, needing to hide their sexuality from their family, would often choose not to visit their gynecologist in case of pregnancy risk but wait until the next menstrual period...and perform abortion if pregnancy is already established.

In 2004 the Tunisian Authorities finally recognized the need to allow women to have access more freely to the method and approved the status registration switch. It is now the first Arabic country to allow the provision of ECP without a prescription. In order to help the Family Planning Association in its day-to-day proactive involvement in women’s health, HRA Pharma has donated 5 000 NorLevo treatments to the Tunisian Family Planning, thus allowing them to invest more on documentation and educational programs aimed at improving the contraception knowledge and use of Tunisian couples.

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### **PROSALUD INTER-AMERICANA network: updates from around the globe**

*PROSALUD (Venezuela)*: Sales of Postinor 2 for the year end reached 550,000, a 68% increase over the prior year. The documents for the registration of Postinor 1 were submitted in April 2004 and final registration is expected during Q1 of 2005. A new TV campaign is being developed to promote ECP use.

*APPRENDE (Peru)*: Sales of Postinor 2 for the year ended reached 300,000, representing a 57% increase over the prior year. The documents for the registration of Postinor 1 were submitted in June 2004 and final registration is expected during Q2 of 2005. Will hold a symposium on EC with regional experts as part of the annual congress of the Peruvian Society of Gynecologists and Obstetricians (February 2005).

*COPPRENDE (Ecuador)*: Held a symposium on EC with regional experts as part of the annual congress of the Ecuadorian Society of Gynecologists and Obstetricians (November 2004). The media response to the announcement of the availability of Postinor in Ecuador was overwhelming. Information regarding both the product and EC was a daily staple of the press, TV and radio. Postinor 2 was successfully registered in October 2004 however for reasons that are not entirely transparent, the product has not been issued its Certificate of Price Justification by the government. Without this document, the sales of Postinor 2 are prohibited while an equivalent remains on sale in the pharmacies. Resolution is anticipated Q1.

*APPRENDE (Bolivia)*: Will hold a symposium on EC with regional experts as part of the annual congress of the Bolivian Society of Gynecologists and Obstetricians (February 2005). Postinor 2 was successfully registered in October and will be introduced in the market in February 2005. The distributor is the largest pharmaceutical company in Latin America. With its principle office in La Paz, APPRENDE will establish a toll free hotline and do direct pharmacy level promotion in La Paz and Santa Cruz.

*PROSALUD (Argentina)*: Claims against the use of the name Postinor-2 have been resolved (December 2004) and plans are being finalized for the launch of Postinor in March 2005.

*FARMAPLUS (Netherlands Antilles)*: Registration documents for POSTINOR 1 have been presented to the authorities in both Curacao and Aruba. Registration and product availability is scheduled for Q2.

*PROSALUD INTER-AMERICANA*: Has agreed to take over the promotion and distribution of Postinor 2 in Chile from the current distributor. An NGO is being created to manage this component. Programmatic elements will replicate the activities of other PSIA initiatives.

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### **Expansion of emergency contraceptive pills in Bangladesh**

In Bangladesh, the Directorate of Family Planning worked with the Population Council's Frontiers in Reproductive Health (FRONTIERS) Program, Pathfinder International, and John Snow Inc., to plan, test, and document the introduction of emergency contraception pills (ECP) as back-up for temporary family planning methods. The study showed the high acceptability of ECP, and most women were willing to pay 10 Taka (US\$ 0.17) for the pills. Use of ECP was twice as high when the pills were provided prophylactically during consultation as when they were available on demand. ECP use did not replace

regularly used temporary methods; and among ECP users, contraceptive use increased from 84 percent before ECP use to 91 percent after ECP. All types of workers (including CBD workers) could be effectively trained to provide ECP services (see [http://www.popcouncil.org/pdfs/frontiers/bangla\\_EC\\_update.pdf](http://www.popcouncil.org/pdfs/frontiers/bangla_EC_update.pdf) and [http://www.popcouncil.org/pdfs/frontiers/bangla\\_ECP\\_training\\_update.pdf](http://www.popcouncil.org/pdfs/frontiers/bangla_ECP_training_update.pdf)).

Based on these findings, the government of Bangladesh decided to introduce emergency contraception in the National Family Planning Program in a phased manner. In December 2003, ECP was introduced in the Dhaka Division, which covers a population of 45 million. FRONTIERS staff, in collaboration with the Directorate of Family Planning, trained 70 program managers and 809 trainers. These staff, in turn, trained 14,007 service providers who offer ECP services (Postinor-2) at a cost of Taka 8 (\$0.13) per packet of two pills. In the second phase, ECP was introduced in the rest of the country covering a population of about 85 million. Training of Master Trainers was launched in September 2004. To date, five divisions (47 districts) have been covered, and 129 Master Trainers, 1,455 trainers, and 8,000 service providers, including nongovernmental workers (about one-third of all providers) have been trained. Training for the rest of the providers will be completed by March 2005. Monitoring of the countrywide scale-up and training process is being carried out by the Director General of Family Planning in collaboration with Population Council and UNFPA, which has donated the required Postinor-2. Updates on the scale-up will be available in May 2005, and a final report will be completed in December 2005.

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### **No changes in approval-status in Germany in sight**

The distributor of the morning after pill Duofem® submitted an application for a prescription-free distribution (over-the-counter status, OTC). In July 2003 the advisory panel of the German Federal Institute for Drugs and Medical devices (BfArM) supported this application with a recommendation for OTC –Status. This recommendation was mainly based on the argument that, there is no medical reason for a prescription of a levonorgestrel-only formulation. In general, the Federal Ministry of Health and Social Security (BMGS), which is responsible for the decision on the OTC status, follows the recommendation of the Institute for Drugs and Medical devices. However, in the case of emergency contraception things are different. The regulations can't be decided on medical evidence only as a political consent is requested in this case. The Bundesrat, which represents the interests of every single federal state, must be asked to give its approval. Several conservative states in the Bundesrat have so far announced that they will not agree a change to prescription-free distribution and therewith block a positive decision on the OTC status, based purely on political arguments or wrong medical facts. It has to be added that the association of gynecologists is also advocating strongly against the OTC status. Furthermore, there is widespread misinformation about different aspects,

like the mode of action, the regimen and even confusing EC and mifepristone, the abortion pill. It seems unlikely under these circumstances that women in Germany will have EC OTC in the near future.

The national family planning organization pro familia (member of IPPF) is highly engaged against this resistance and trying to make EC more accessible through OTC. Pro familia advocates for awareness and is informing the general population as well as counselors, pharmacists and doctors.

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## **NEW MATERIALS AND CAMPAIGNS**

### **The 2005 Back Up Your Birth Control campaign is about to get underway!**

The fourth annual “Back Up Your Birth Control” campaign – coordinated by the Reproductive Health Technologies Project (RHTP) and NARAL Pro-Choice New York – seeks to raise awareness and encourage advance prescription of EC through grassroots organizing, provider and public education, and policy debates. With the strength of over 150 national and local organizations, the Back Up Your Birth Control coalition will mobilize on the EC Day of Activism on March 22, 2005. The 2005 campaign will feature tools and materials to help activists educate and reach out to local pharmacists – who play a critical role in helping women access EC.

RHTP has developed new campaign tools and collateral materials, including Rosie the Riveter buttons, stickers, and mouse pads. Wallet cards, posters, brochures, and tattoos will also be available. The Back Up Your Birth Control website [www.backupyourbirthcontrol.org](http://www.backupyourbirthcontrol.org) is being updated to provide advocates and other site visitors with new information and messages about EC as well as ways to get involved.

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## **EC and the Department of Justice, EC in the ER updates**

In conjunction with a large coalition of reproductive rights groups, the Reproductive Freedom Project of the ACLU helped bring national attention to focus on the Department of Justice's failure to include emergency contraception (EC) in its first ever national protocol on the treatment of sexual assault victims. With Family Planning Advocates of New York State and the Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania, we drafted a letter on the coalition's behalf, imploring the DOJ to amend the protocols. We circulated the letter widely, targeting medical groups, religious leaders, pro-choice Republicans, sexual assault victims' advocates, and groups that advocate for women's health and rights. Within only a few days more than 200 groups had signed on to the letter. Shortly after we released the letter, we learned that Senators Murray and Corzine were releasing a letter urging the DOJ to revise the protocols.

The Project also continued its EC in the ER survey work. In conjunction with the DOJ letter, the Project released its briefing paper, *Preventing Pregnancy after Rape: Emergency Care Facilities Put Women at Risk*, an overview of state EC in the ER surveys. The report showed the great need for a national protocol in light of the fact that in eight out of eleven states studied, fewer than 40 percent of emergency care facilities routinely provide emergency contraception on-site to rape victims.

In addition, the Project has continued its collaboration with the Duvall Project in working with ACLU affiliates to perform EC in the ER surveys around the country. We are currently working with affiliates in Florida, West Virginia, Nebraska, and Utah. Our Florida affiliate recently completed the survey, finding that only 35% of Florida emergency care facilities are providing EC on-site to sexual assault victims. They are now working with sexual assault victims' advocates in that state to use the survey results to press for change.

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## **APHA approves fact sheet on increasing access to EC**

The American Public Health Association has approved a new fact sheet on Increasing Access to Emergency Contraception. It is posted at their website and can be viewed at: <http://www.apha.org/legislative/factsheets/EC-Factsheets.pdf>.

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### **EC donations in South East Asia**

In late December 2004, a global humanitarian operation was set up by the International Dispensary Association (IDA), a Dutch pharmaceutical non-profit foundation distributing medicines to the developing countries. The project was to undertake packing of medicines for South East Asian “emergency kits”, aiming at containing enough medicines to help 10 000 persons for 3 months. The levonorgestrel-only ECP was to be included in the kits for IDA to be in a position to send the other medicines included as well in the program. When informed about the project, HRA Pharma offered to provide IDA with a donation of the NorLevo treatments, shipment that was performed within a very few days, thus allowing IDA to secure the packing of the emergency kits for the various countries which have been hit by the tsunami.

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### **List of hotlines and websites in the U.S. that prescribe EC**

Princeton University’s Office of Population Research is pleased to provide a list of the states that offer hotlines or websites where a woman can have EC prescribed to a pharmacy of her choice without having to physically go to a clinic. These states cover 37% of women of reproductive age in the United States. Please take note: this information is ONLY for the ASEC newsletter and must not be published or printed elsewhere.

- Connecticut (Planned Parenthood of Connecticut): 800-230-PLAN
- Georgia (Planned Parenthood of Georgia): 877-ECPills
- Georgia (Planned Parenthood of Georgia): [www.ecconnection.org](http://www.ecconnection.org)
- Illinois (Planned Parenthood/Chicago Area): 866-222-EC4U
- Illinois (Planned Parenthood/Chicago Area): [www.plannedparenthoodchicago.com](http://www.plannedparenthoodchicago.com)
- Illinois (Planned Parenthood—Springfield Area): 217-544-2744
- Indiana (Planned Parenthood of Greater Indiana): [www.ppin.org/ecaccess/ecinfo.html](http://www.ppin.org/ecaccess/ecinfo.html)
- Maine (Maine Family Planning Association): 800-887-4029
- Maryland (Planned Parenthood of Maryland): 877-99-GO-4-EC
- Massachusetts (Planned Parenthood League of Massachusetts): [www.pplm.org](http://www.pplm.org)
- Michigan (Planned Parenthood Mid-Michigan Alliance): 734-973-0710
- Minnesota (Boynnton Health Service): 612-625-4607

- Montana (Intermountain Planned Parenthood): 800-584-9911
- New York (University of Rochester): 585-341-6568
- North Carolina (Planned Parenthood of Central North Carolina): 866-942-7762
- Oregon (Planned Parenthood of the Columbia/Willamette): [www.ppcw.org](http://www.ppcw.org)
- Washington (Planned Parenthood of the Columbia/Willamette): [www.ppcw.org](http://www.ppcw.org)
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### **EC Hotline and Website update**

The EC Hotline (1-888-NOT-2-LATE) saw a significant increase in call volume in 2004 likely due to the increased media attention surrounding the EC OTC application. This demonstrates that increased public awareness about emergency contraception increases demand, revealing the clear and present need for EC among women nationwide. ARHP, in partnership with the Office of Population Research at Princeton University, continues its commitment to work diligently to increase funding for the EC Hotline and Website so that its services can be adapted as EC's over the counter fate is determined.

The NOT-2-LATE Hotline and Website also provide 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. ARHP provides call volume reports for the Alaska EC Project, Hawaii's Family Planning Program, and others. All members of ASEC and ICEC are encouraged to contact Natalia Barolin at [nbarolin@sbcglobal.net](mailto:nbarolin@sbcglobal.net) 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.

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## **ARHP's EC Resource Center**

ARHP's Emergency Contraception Resource Center ([www.arhp.org/ec](http://www.arhp.org/ec)) was updated in January '05 and features resources for providers, patients, latest headlines, information on the status of EC OTC, and helpful links. The EC Resource Center also features ARHP's award winning slide set "Emergency Contraception: Train the Trainer" created in 2001 and 2002 by the EC-TTT Medical Committee and just updated in January '05 by James Trussell, BPhil, PhD, Chair of the EC-TTT Medical Committee.

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## **Advancing access to EC in the United States: Assessing state mechanisms for regulating EC**

The Alan Guttmacher Institute has a project underway, with the support of the Compton Foundation and the Prospect Hill Foundation, designed to provide advocates and policymakers with information about the options states have to make access to emergency contraception less burdensome whether the FDA maintains the prescription requirement or not. The Institute is examining state laws and regulations to understand states' latitude to regulate over-the-counter products and prescription drugs. Summaries of the results will be made available in future issues of The Guttmacher Report on Public Policy and will be disseminated widely to coalition partners, advocates, the media and policymakers at the state and federal levels. The Institute will also include state legislative developments related to EC in monthly updates posted on the State Center on AGI's website ([www.guttmacher.org/statecenter/index.html](http://www.guttmacher.org/statecenter/index.html)) and will expand its State Policies in Brief series on EC to include new legislative and regulatory avenues taken by states to increase or impede access.

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## **Pharmacy access to EC pushes on in California and the U.S.**

Pharmacy Access Partnership recently conducted two studies examining EC use in California. One finding revealed that 175,000 women obtained EC directly in approximately 1200 participating pharmacies in 2004. The average age of women obtaining EC was 23, with nearly one half of the respondents never having used EC before. Half of these women chose pharmacy access to EC because it was faster and more convenient than going to a doctor or clinic. To highlight pharmacy access to EC in CA, Belle Taylor-McGhee wrote an OP-ED published in the San Francisco Chronicle on January 9, 2005. GO2EC.org continues to track pharmacy access legislation at the state level. States to watch in 2005 include: KY, MA, MD, NH, NJ, NY, and VT, which have re/introduced legislation to ensure easier access to EC. New features on GO2EC.org include: minors' access to EC, tips for conducting pharmacy surveys, an EC speaker's bureau, EC presentations and updated activities in 25 states. Also available to pharmacists and health care providers in all states, is an online training program offering CEs/CMEs at: [www.pharmacyaccess.learnsomething.com](http://www.pharmacyaccess.learnsomething.com).

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## **Countering misinformation about EC**

The University of California, San Francisco (UCSF) Center for Reproductive Health Research & Policy is compiling information to respond to myths and misinformation about emergency contraception promulgated by its opponents. The Center has a long history of conducting original scientific research related to EC, including many of the studies used by the FDA Advisory Committee that recommended over-the-counter availability. Drawing on this body of research and the scientific literature on EC, we are preparing concise, clear, and user-friendly fact sheets that address key EC controversies. For example, we will provide evidence-based responses to concerns that widespread availability of EC discourages regular use of contraception and increases exposure to sexually transmitted infections, and we will address health concerns including those related to teratogenicity, overdose, and effects on future fertility. These documents will be appropriate for various audiences, including health care providers, pharmacists, health care insurers, reproductive health advocates, policy makers, and the media, and will be

available for widespread dissemination both in hard copy and electronically. The project is being carried out by Tina Raine, MD, MPH, Cynthia Harper, PhD, J. Joseph Speidel, MD, MPH, and Deborah Weiss, MPH, and is supported by the John Merck Fund.

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### **IRHA continues to promote EC access at the local, state and national levels**

The Institute for Reproductive Health Access, the national education, training and research arm of NARAL Pro-Choice New York, currently facilitates or coordinates four projects that examine and further EC access for Medicaid recipients, women living in New York State and Latinas living in New York City. As chair of the national EC, Medicaid & 340B working group, the Institute has convened a group of advocates from across the country who are investing current Medicaid coverage of Plan B and the future prospects for coverage of a dual-label product. The working group will produce a toolkit for advocates working at the state level so that they can ensure coverage, remove barriers to accessing EC under Medicaid and work toward coverage of an over-the-counter product. In January, the New York State Assembly passed, by an overwhelming and bipartisan majority of 112 to 33, a bill that would allow direct distribution of EC by pharmacists and registered nurses. Prospects are good that the state Senate will take up the bill in the spring and a coalition of over 80 organizations continues to advocate for passage.

At the city level, the Institute recently launched ECNYC, an educational campaign targeted toward health care providers and patients in three New York City neighborhoods with high teen pregnancy rates and large Latino populations. ECNYC offers providers training on how to incorporate EC into their practice or how to evaluate their current EC service. For patients, ECNYC offers workshops on what EC is, how to use it and where to find it in their community. The campaign has also produced a resource guide, listing providers who prescribe or dispense EC in target neighborhoods, and posters, for display in clinics, private offices and community centers. All EC workshops and materials are offered in both English and Spanish through a partnership with the National Latina Institute for Reproductive Health. Finally, the Institute is proud to serve as the co-convenor, with the Reproductive Health Technologies Project, of the 2005 Back Up Your Birth Control Campaign, which this year will focus on pharmacist outreach and education.

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### **Advocates for Youth Emergency Contraception Initiative**

Since 2000, Advocates for Youth has worked at the national, state, and local levels to raise awareness and improve access to emergency contraception (EC) for adolescents. Advocates' communications and media strategy includes public service announcements, radio tours, and briefings with producers and writers of teen-focused television shows to encourage placement of story lines related to teens and EC. In addition, Advocates' Clearinghouse on Adolescents and Emergency Contraception provides publications, strategic technical assistance, training, resources and networking opportunities to state teen pregnancy prevention coalitions, sexuality educators, youth serving professionals, and adolescent health providers. Advocates actively involves young people in its efforts to promote EC. In 2005 - 2006, Advocates is mobilizing thousands of young people and training key youth leaders to demand their right to emergency contraception. Advocates is encouraging youth across the country to sign a petition, write letters to their Members of Congress and the Federal Drug Administration (FDA), and submit opinion editorials to their local newspapers. The current debate in the United States over EC access presents both an urgent need to marshal and demonstrate existing support for over-the-counter (OTC) status, and a window of opportunity to educate people- especially adolescents- about EC as a safe and effective emergency pregnancy prevention method.

Web Resources:

Advocates' new campaign (My Voice Counts! Emergency Contraception Campaign— Make EC Available Without a Doctor's Prescription for *ALL* Women) is at:

<http://www.advocatesforyouth.org/ec/>

- Advocates' new health information written by and for young people is at: <http://www.advocatesforyouth.org/youth/health/ec/index.htm>
- Advocates' updated fact sheet on emergency contraception: <http://www.advocatesforyouth.org/publications/factsheet/fsecp.htm>
- General Web site: [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

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### **National Women's Law Center Pharmacy Access Project**

Recently in Laconia, New Hampshire, 21-year-old Suzanne Richards, a single mother, went to a popular drug store chain to have her prescription filled for EC. Despite the extreme time-sensitivity of EC, the pharmacist at the counter refused to fill Ms. Richards' prescription. Instead, the pharmacist lectured her about his religious beliefs, chastised her for being "irresponsible," and failed to transfer her prescription to another pharmacy. And in Denton, Texas, a rape survivor seeking EC was turned away from an Eckerd pharmacy by three pharmacists, all of whom refused to fill the prescription due to their religious beliefs. The pharmacists' refusal increased the survivor's chances of conceiving and being faced with an unwanted pregnancy due to the rape.

As these stories demonstrate, religious refusals to fill prescriptions for contraception, including EC, are an increasing problem across the country. Pharmacist refusals to fill legally valid prescriptions for contraception constitute a serious erosion of reproductive rights and impede women's access to critical health care. Pharmacist refusals are particularly burdensome to rural and low-income women, who may be unable to travel to another pharmacy to have their prescriptions filled without considerable hardship. Furthermore, long-distance travel to an alternative pharmacy may not be feasible when a woman is seeking to fill a prescription for EC, which is a time-sensitive drug. And often times, the same pharmacists who refuse to fill lawful prescriptions for contraception also refuse to transfer them to another pharmacy.

The National Women's Law Center's Pharmacy Access Project addresses pharmacy refusals through a variety of strategies. The Center is developing legal approaches to secure the right to have prescriptions for contraception filled; providing technical assistance to individuals who have been denied their prescriptions; aiding state and federal advocates in establishing policies protecting access to prescription contraception and fighting pharmacist refusal legislation; and educating the public about the issues of pharmacy refusal. As part of this project, we are compiling a register of pharmacy refusal incidents from across the nation to document the scope of the problem. If you or someone you know has been denied a prescription for EC or another contraceptive, please contact Lisa LeMair at [llemair@nwlc.org](mailto:llemair@nwlc.org).

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### **The Duvall Project offers guide to surveying EC pharmacy access, continues survey research**

The Duvall Project recently designed two survey guides for groups interested in surveying EC access in community pharmacies in their states. One model is intended for groups that have already completed a survey of hospitals and wish to gauge EC access in nearby pharmacies; the other chooses a random sample of pharmacies from across the state. Both use [www.yellowpages.com](http://www.yellowpages.com) to choose a sample and guide users through the survey and data analysis process. Groups in Wisconsin and West Virginia have already expressed interest in using the guide and we hope to distribute it widely.

We are collaborating with an Emergency Department physician at Jefferson University Hospital, Ralph Riviello, on a study about EC. The IRB- approved study is taking a closer look at the 35 hospitals in Pennsylvania that either sometimes or always refer rape patients to a pharmacy for EC. We have called the 5 nearest pharmacies to those hospitals to determine if EC is available or how long it might take for the pharmacy to get EC. All the data is collected and the data is being analyzed. Duvall is also working with physicians at Hershey Medical Center to survey pharmacies in northwest Pennsylvania comparing access to EC in rural and urban areas. Several Duvall interns conducted surveys and entered data. In addition, we organized a panel on EC at the PA Pharmacists Association's annual conference in July 2004, which included an ob/gyn, a sexual assault expert and the Duvall director.

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### **The Duvall Project's EC in the ER update**

The Duvall Project has been working closely with the Pennsylvania Coalition Against Rape and Planned Parenthood Advocates of Pennsylvania in a lobbying effort for an EC in the ER bill. Currently we are compiling packets of information for legislators, including common questions and answers about EC, a dozen scientific articles,

information about EC's mechanisms of action, and responses to the anti-choice lobbyists' arguments. In addition, we have continued working with groups in other states to guide them through the EC in the ER survey process. In addition to continuing long-term collaborative efforts in Florida and West Virginia, Director Carol Petraitis recently met with a coalition of pro-choice and anti-sexual violence groups in Utah. The Utah coalition is currently conducting a hospital survey and Duvall will provide them with a customized database to enter their results and begin data analysis.

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### **PATH establishes electronic health network**

PATH has established an electronic EC/Reproductive Health Network in Eastern Europe and the Newly Independent States. PATH electronically disseminates a quarterly newsletter in Russian and English to members of the International Consortium for Emergency Contraception and others interested in regional reproductive health and EC issues. To subscribe to PATH's EC/RH newsletter please contact [ecnetwork@path.org](mailto:ecnetwork@path.org).

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Web: [www.path.org](http://www.path.org)

### **Postpartum prescription and EC advance provision**

Since 2004, midwives have been authorized to prescribe NorLevo in France. After a birth, the baby is the only essential matter and contraception is rarely raised. However, contraception is a key issue, and midwives have a unique opportunity to discuss it with the mother in a confidential fashion. NorLevo advance provision is particularly of interest if a regular contraceptive method is not desired or not appropriate, or if the proposed regular contraceptive method is the condom or progestin-only pills.

Contact:

Luc Massart  
HRA Pharma  
Tel: 33.1.40.33.11.30

### **EC brochure available**

Frustrated because you can't find an easy to read, cool, EC brochure that has up-to-date information? We have one available for \$.30. Contact us to find out more.

Contact:

Pat Stone  
Education Dept.  
Planned Parenthood of Central Texas  
PO Box 1518  
Waco, Texas 76703  
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### **The Caribbean Initiative update on EC activities**

The *Caribbean Initiative on Abortion and Contraception* - supported by Saludpromujer (School of Medicine, University of Puerto Rico and CURSEP, University of Picardie Jules Verne, France) is pleased to announce the celebration of activities about emergency contraception on several of the islands that participate in this network. The guest speaker for these activities is Dr. Elizabeth Aubeny, President of the French Association for Contraception and Founding Member of FIAPAC ( International Federation of Abortion and Contraception Professionals) who will speak about *Emergency Contraception: The French Experience in Improving Access*, giving special attention to the results of 5 years of emergency contraception without prescription and with free delivery to minors.

Conferences were held at the School of Medicine, University of Puerto Rico, organized by the Puerto Rican Chapter of Medical Students for Choice, and at the Sunshine Seminar, an educational seminar that gathers about 300 ob/gyns from Puerto Rico and Dominican Republic. In St. Martin, Dr. Aubeny will be also speaking both on the Dutch side and French side of the Island. These activities were organized by the Sector Health Care and the Women's Desk of St. Marteen (Dutch side) and by the Service of Ob/Gyn of the Hospital in St. Martin (French side). These activities were partially supported by a grant from Mamacash.

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## **RESEARCH RESULTS AND UPDATES**

### **Randomized trial to evaluate effect of advance provision EC on pregnancy, STI risk to be completed this summer**

Family Health International, in collaboration with University of California at San Francisco, Planned Parenthood Mar Monte, and Planned Parenthood of Central North Carolina, has been conducting a randomized trial to determine the effect of advance provision of ECPs on pregnancy and STI risk. The trial is funded by the National Institutes of Health. Follow-up of the 1490 enrolled participants is nearing completion. We expect results in the summer of 2005.

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### **Study to describe bleeding patterns following EC use nearly complete**

Family Health International is collaborating with Planned Parenthood League of Massachusetts on a study to describe bleeding patterns in the two months after use of the single dose levonorgestrel ECP regimen. Enrollment of 120 participants was completed on January 11, and follow-up will be finished in late March.

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## **Working Paper on Youth and ECPs**

Family Health International is writing a short working paper on youth and ECPs. It focuses on the importance of ECPs for youth, barriers to ECP provision and use including provider attitudes and knowledge and limited accessibility, case studies of expanded accessibility through pharmacies and outreach by NGOs, and ways to expand access to ECPs for youth. The paper will be available in June. To order copies, contact [youthnetpubs@fhi.org](mailto:youthnetpubs@fhi.org).

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## **EC knowledge, attitudes, and practices study among providers in Jamaica and Barbados**

Investigators from the Population Council's Regional Office for Latin America and the Caribbean, the Jamaican Ministry of Health, and the University of the West Indies in Barbados are carrying out a two-country knowledge, attitudes, and practices survey of pharmacists, family planning nurses, OB/GYNs, and general practitioners in Barbados and in the Kingston metropolitan area of Jamaica. Last fall, we completed a small pilot of our interviewer-administered survey in both countries. This WHO-funded project will go to the field in March.

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## **Study of nursing students' EC knowledge and attitudes**

A study is underway in Australia to analyze first-year undergraduate nursing students' knowledge and attitudes about emergency contraception. Preliminary analysis of the 645 surveys indicates poor knowledge about EC with a statistical significance on many items between females and males. Only a third of participants knew that EC is available without prescription in pharmacies.

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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 35 member agencies worldwide.

ICEC Materials Available on the Consortium's web site include:

- Five **policy statements** for use in local-country and international advocacy campaigns (published July 2003). The five topics covered include:
  1. Mechanism of Action
  2. Dosage and Timing of ECPs – Regimen Update
  3. Repeat Use of ECPs
  4. Increasing Access to ECPs
  5. EC and Abortion
- Updated **Medical Guidelines** for provision of emergency contraception: *Emergency Contraceptive Pills: Medical and Service Delivery Guidelines, Second Edition, 2004*
- Four general **Press Releases** issued by the Consortium and ready for media placement: 1. "The Case for EC" 2. "EC should be OTC" 3. "Internet resources on EC" and 4. A cover letter to media from the Consortium: "A call to action"
- And Coming Soon...**Advocacy Tool**: The Consortium will be releasing a power point presentation with talking points for use by anyone conducting advocacy for emergency contraception. This will be available on the Consortium's web site in March 2005.
- Additional materials produced by member organizations, links to member web sites, and contact information for Regional Consortia are also available at the Consortium's web site: [www.cecinfo.org](http://www.cecinfo.org)

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