

# From The Women's Health Contribution Program

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## W O M E N ' S H E A L T H P O L I C Y B R I E F

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## Emergency Contraception in Canada

### *Increasing access and improving reproductive health*

#### At Issue

*Levonorgestrel*, commonly known as “the morning after pill” or “Plan B,” is an emergency hormonal contraceptive pill (ECP). If used within 72 hours after unprotected intercourse it significantly reduces the possibility of pregnancy.

ECP is not an abortion pill. ECP blocks the possibility for pregnancy by preventing ovulation, by interfering with the joining of egg and sperm, or by altering the lining of the uterus to prevent an egg from implanting. In the case of an already established pregnancy, ECP does not interfere with or stop the pregnancy, nor does it affect the well-being of the fetus.

In Canada, ECP is currently available with a doctor's prescription. However, to improve access, three provincial governments have recently made ECP available by delegating authority to pharmacists to write prescriptions: British Columbia, Saskatchewan and Québec.

Further, in May 2003, Health Canada joined an international trend by announcing that it would move forward federally with a proposal to change ECP from a prescription drug to a non-prescription product. In concert with this move, the National Association of Pharmacy Regulatory Authorities (NAPRA), which manages access issues for non-prescription drugs for most of the provinces, has plans in place to make ECP a “Schedule II” status drug. This means that ECP could soon be available across Canada “behind-the-counter,” without a visit to the doctor or a doctor's prescription, but requiring pharmacist assistance.

**The Canadian Women's Health Network (CWHN)** strongly endorses Health Canada's proposal to change the status of ECP from a prescription to a non-prescription product. But to make ECP truly accessible to all women in Canada, governments need to go a step further and make ECP available without a scheduled status—that is, in front of the counter, *without pharmacist assistance or intervention*.

#### Our Analysis

**Access:** The CWHN, along with many professional groups, including Women and Health Protection, Planned Parenthood Canada, the Canadian Public Health Association and the Society for Obstetricians and Gynecologists of Canada, believes that *there is no compelling medical argument to require contact with a doctor to obtain emergency contraception*.

The World Health Organization and other professional organizations recognize that ECP is medically safe and can be taken by all women at the same dosage. Prescription status for ECP is neither appropriate—nor efficient—so long as ready access to credible information is assured. Thus, the CWHN wants to see ECP fully off schedule status.

Although it eliminates the need for physician intervention, Schedule II status for ECP will still create needless barriers for Canadian women by increasing costs (to cover a pharmacist counseling fee) and reducing women's privacy (by requiring women to ask for the drug, and subjecting them to an ad-hoc counseling session in a public place).

*Advancing the health of women*

## Emergency Contraception in Canada page 2

Many other countries have already made ECP available over-the-counter, including the United Kingdom, Morocco, Norway, Sweden, Finland, Israel, France, Belgium, Denmark and Portugal. It is time for Canada to “catch up.”

*Equity:* The change to non-prescription status would also have implications for the cost of ECP. The Canadian Women’s Health Network urges Health Canada, and all provincial governments, to take measures to ensure that the change from prescription to non-prescription status *does not shift the costs for ECP to individual girls and women.*

Drug benefit plans frequently do not include non-prescription drugs. For ECP to be available equally to all women in Canada it has to be both *easy to access* and *affordable*.

The change in regulatory status for ECP is a critically important step in implementing a comprehensive reproductive health strategy in Canada, and is long overdue. The high rates of unintended pregnancy and the failure rates for contraceptives highlight this need.

We are sensitive to the fact that the move to non-prescription status will engage the attention of those who seek to limit reproductive, and therefore human, rights for women, but expect that this decision will be *based on evidence not politics*. Schedule II status brings us only half way there.

## Our Recommendations

- Make ECP available to all women without a doctor’s prescription *and without pharmacist assistance*.
- Hold a national workshop with provincial governments, providers, and other stakeholders, to coordinate access issues related to ECP.

- Ensure increased awareness of ECP with healthcare providers, intermediaries (e.g., teachers, social workers), and the public. Keep ECPs listed on provincial drug formularies, and provide other means of free access for women with low incomes, and teens.
- Use existing health information phone lines, such as Health Links or Planned Parenthood Federation of Canada’s 1-800 line, for those who desire supplemental information. Canadians should not be made to undergo individual counseling to obtain ECP.
- Ensure that the information materials for ECP:
  - are available in multiple languages, not just English and French;
  - include a warning that ECP provides no protection against sexually transmitted infections, including HIV;
  - include a recommendation to follow up with a physician or reproductive health centre if a woman misses her next regular period;
  - include a statement recognizing that sexual assault and coercion can be reasons to need ECP, and that services to help those having these experiences can be obtained through the provincial health lines, the numbers of which are provided.

*Emergency contraception is an essential element for women’s reproductive health. There is every reason to ensure access to this important resource for all women in Canada. Let’s make it happen.*

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