

## ARHP Editorial

As FDA action is anticipated on over-the-counter (OTC) status for emergency contraception (EC) in the United States (where no prescription would be required and it would be available on store shelves), new studies continue to emerge from around the world that support its safety and efficacy. New research also addresses the question of EC's mechanism of action, and adds persuasive evidence that it acts as a contraceptive method and does not cause abortion.

When used correctly, EC substantially reduces the incidence of unintended pregnancy and the need for abortion. A study published by the Alan Guttmacher Institute [1] estimated that in the year 2000 alone, EC averted 51,000 abortions in the US. Improving access to EC has the potential to gain even greater improvements in pregnancy intend- edness.

A review in the *IPPF Medical Bulletin* [2] concludes there is evidence for EC actions that can prevent pregnancy by interfering with pre-fertilization events, but no evidence that EC actually interferes with implantation of a fertilized egg. For more information on this study, visit [www.arhp.org/ec/](http://www.arhp.org/ec/).

Emergency contraception's solid safety record, simplicity of use, and efficacy are important as the US Food and Drug Administration (FDA) considers the requested change from prescription to OTC status for Plan B<sup>®</sup>, the levonorgestrel only emergency contraception product. A growing number of countries give women direct access to EC, including Brazil, Dominican Republic, France, Israel, Kenya, Madagascar, Malaysia, Netherlands, South Africa, Sweden, Thailand, UK, and Vietnam [3]. EC is available behind-the-counter (meaning a prescription is not required but a pharmacist or other healthcare provider must dispense the drug) in Canada and New Zealand. Because EC is most effective when taken immediately after sexual intercourse, over- or behind-the-counter status can play an important role in increasing the efficacy of this contraceptive option. Provid-

ing EC in advance for women to keep on hand in case of future need is another important way to improve access.

Whether or not EC becomes available OTC in the US, as a researcher or clinician in the field of reproductive health, you can help improve access to this important option. Take advantage of your credibility as an expert to explain the efficacy, safety, and simplicity of this method. Counsel your patients about EC, and provide a prescription or package in advance for women who want to have them on hand. And help counteract misinformation—EC is not the same as Mifepristone<sup>®</sup> (RU 486), does not cause abortion, and there is reassuring evidence that making EC more readily available does not result in increased risk taking [4].

We believe if you add your voice and efforts it will increase awareness of EC, make EC more readily available, and support policies such as OTC status, health plan coverage for contraceptives including EC. You can help women here and around the world achieve their own childbearing goals, improve their health, and even save lives.

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### References

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