

emergency.contraception.

What part of EC don't you understand?

## EC Action Plan

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# LAYING THE GROUNDWORK

## Know the Facts about EC

- Emergency contraception (EC)—also known as the Morning After Pill—is a **concentrated dose of the same hormones found in safe and legal birth control pills.**
- Depending on the time in the menstrual cycle in which it is taken, EC may delay or inhibit ovulation, interfere with fertilization, or prevent implantation. Taken within 72 hours after unprotected sex or birth control failure, EC reduces the average risk of pregnancy. It's most effective within 24 hours.
- Emergency is the operative word. Studies show that women do not rely on emergency contraception as a regular method of birth control and that **1.7 million unintended pregnancies and 800,000 abortions a year could be prevented through increased access to and use of Emergency Contraception.**
- **EC does not cause an abortion and is officially classified as a contraceptive by the medical community.** Once a fertilized egg attaches itself to the uterine wall, the pregnancy has begun, EC has no effect.
- After years of medical research and trials, EC was approved by the Food and Drug Administration in 1999 for prescription use.
- In December 2003, a joint hearing of the FDA Nonprescription Drugs and Reproductive Health Drugs Advisory Committees voted 23 to 4 to recommend that the FDA make EC available over the counter. After an unusually protracted review period and against the recommendations of both those advisory panels, the FDA rejected Plan B's (company that manufactures EC) application for universal over-the-counter sale.
- Virtually all major medical and health care organizations, including the American Medical Association, the American College of Obstetricians and Gynecologists and the American Public Health Association, support making EC available without a prescription.
- The American College of Obstetricians and Gynecologists (ACOG) called this rejection "morally repugnant" and "a dark stain on the reputation of an evidence-based agency like the FDA."
- Congress's bipartisan Government Accountability Office (GAO) issued a report exposing a number of anomalies in the Plan B review and approval process. Most remarkably, the application to sell Plan B over the counter was the only one of 67 proposed prescription-to-OTC applications over the previous ten-year period that was not approved after the advisory committees recommended approval.

Did you know?

You may be able to take a certain amount of your already prescribed birth control pills in place of emergency contraception. Check with your doctor.

# LAYING THE GROUNDWORK

## FDA's 2006 Decision

The Food and Drug Administration's (FDA) decision to allow Plan B, the emergency contraceptive (EC) manufactured by Barr Pharmaceuticals, to be sold without prescription (over-the-counter) to women age 18 and older is a step in the right direction for women's rights and reproductive health, but it is an incomplete victory. FDA has again disregarded the near-unanimous recommendation of its own professional staff and two expert Advisory Committees. Both groups advised that EC meets all of the tests for an off-the-shelf (non-prescription) medication and should be available to all women in that manner.

The availability of EC without a prescription at local drugstores could increase the ability of millions of adult women to *prevent* unplanned pregnancies. But it is disgraceful and unethical that the FDA has denied over-the-counter access to this crucial emergency contraceptive to another group of women who have the greatest need to prevent unplanned pregnancies—young women.

But the placement "behind the counter" still means that even an adult woman may have to contend with a moralizing lecture from the cashier or pharmacy clerk, and deal with the same kinds of refusals that now face women trying to fill a prescription. And those problems can delay access to EC, which is most effective when taken within 24 hours.

A simple two-dose pack, EC is easy to use and it's safe. It contains the same medication found in birth control pills, which have been used by millions of women for decades. It has no adverse health consequences that would justify the extreme measures that the FDA is requiring in order to deny access to young women. Finally, the argument that easier access to EC would encourage promiscuity is not only insulting to young women, but there is specific evidence in the form of studies to refute that claim. Instead of sound scientific reasoning, political ideology has been the basis for this decision, as it has been throughout the approval process.

People across the political spectrum should be able to agree that we need to reduce the number of unintended teen pregnancies—there were approximately 235,000 in 2001 alone—and the availability of EC to all women for purchase over-the-counter is an effective way to prevent those pregnancies. NOW will continue to demand access to EC until it is approved for over-the-counter use by all women, available on store shelves (not behind the counter), and dispensed without interference.

# LAYING THE GROUNDWORK

## What the FDA's Decision Means

This means.....

- that young women face discrimination and are denied non-prescription access to EC.
- that emergency medical facilities, hospitals, doctors and pharmacists will continue to insist that they have the right to refuse emergency contraception and will continue their biased and intolerant treatment of patients based on their age and gender.
- that methods to prevent women aged 17 and under from purchasing EC without a prescription might include asking for women's official proof of age, keeping a log of all women (or of women 17 and under) who ask to purchase EC, placing the product under the counter out of view or placing the product behind locked doors, among other possible limitations on access.
- that state laws allowing pharmacists to refuse to fill contraceptive prescriptions on "moral grounds" will continue to deny young women EC access.
- EC will be available behind the pharmacy counter out of easy access. This might discourage women from purchasing it especially if they expect a moralizing lecture.
- that EC is still out of reach for low-income and poor women.
- that rape victims still may be denied EC during their visit to the hospital.

**This mean there is still a lot of work to be done!!**

# LAYING THE GROUNDWORK

## Do the Research

It is important to realize that reliable information is necessary to back up all your discussions and claims. Facts are vital to winning any battle. Do some research on local statistics about your community and access to emergency contraception.

Here are some research suggestions:

- How many women of childbearing age live in your community
- How many young women under the age of 18 live in your community
- How many young women in your community have had unintended pregnancies in a year (noting age).
- Has EC been an issue in your community? Review past articles or letters to the editor on the topic.
- Has there been any legislation passed or introduced at the state level about restricting or allowing emergency contraception.

# LAYING THE GROUNDWORK

## Friendly Pharmacists

Finding friendly pharmacists in your community is critical to breaking down the barriers to emergency contraception. You should be able to check and confirm which pharmacists are friendly by using the “Go for a pharmacy checkup” checklist. You may want to set up meetings with pharmacists to educate them about the importance of emergency contraception to young women in your community. Friendly pharmacists can be an invaluable support system when pushing for greater access to emergency contraception.

The first step is to find out what your local pharmacists know about EC, and especially what they don't know. For example, many pharmacists may not understand that the emergency contraception is just a high dose of regular birth control and that it does not cause an abortion. You can hand them the fact sheet provided in this tool kit about why access to EC is important to you. Some pharmacists may already be dispensing EC, while others may be confused or simply uninformed about what EC is and why it's essential for women's reproductive healthcare. All are potential friendly pharmacists—all it takes is an activist like you to do some consciousness-raising.

Consciousness-raising with pharmacists can accomplish several things. The basic goal is to have a pharmacist consider it like every other safe, FDA approved medical product and dispense it accordingly. The hope is that local pharmacists will become allies in the struggle to expand access to EC for all women who need it—and they have already helped pass legislation, in several states. Check out the “It Can Happen” section for more information about that.

### ***What you need to know in order to make your pharmacist your ally...***

Besides knowing the facts about emergency contraception, you need to know what your state law says your pharmacist can do for you. Nine states allow pharmacists to prescribe EC directly to a person, thereby bypassing the need to first obtain a prescription from a doctor and significantly speeding up the process. These states allow this more direct access through something called a Collaborative Practice Agreement. With the FDA's current decision, the collaborative practice agreement could be used for women under 18 who will still need a prescription to obtain EC.

**Collaborative Practice Agreements**, also known as Collaborative Drug Therapy Management, are usually provided for in a state's Pharmacy Practice Act. A Collaborative Practice Agreement (CPA) refers to a practice where physicians (and in some states, nurse practitioners) give pharmacists permission to do more than just fill prescriptions, and in some CPAs, this includes the authority to actually write prescriptions at the pharmacy. The CPA often authorizes a pharmacist to perform other activities, too, such as monitoring a patient's treatment and educating a patient on medications. These agreements are already used nationwide to provide direct access to time-sensitive drug therapy other than EC, such as asthma and diabetic therapy management. Washington was the first state to use its CPA to obtain direct access to EC from pharmacists. Having friendly pharmacists and activists willing to

raise awareness about Collaborative Practice Agreements and EC among pharmacists and local communities was key to that state's success.

Right now, over forty states allow CPAs, but the conditions of these agreements are different in each state, so some states' CPAs have restrictions that would prohibit pharmacists from prescribing EC, and some don't. Please visit [www.go2ec.org](http://www.go2ec.org) to find out whether your state law allows for CPAs.

Regardless of whether your state law does allow CPAs and pharmacists are already prescribing EC, or if it allows CPAs but needs to be altered in order to allow pharmacists to prescribe EC in particular,<sup>or</sup> if your state doesn't allow for CPAs at all, it's up to activists like yourself to do the following:

- Raise awareness about EC both in your pharmacies and in your community at large.
- Go a step further and inform pharmacists about Collaborative Practice Agreements, so that they can either create one with a local physician (if CPAs are already legal), or so that they can join your coalition to lobby your state government to allow for CPAs that would authorize pharmacists to prescribe EC.

In the nine states where pharmacists are now allowed to prescribe EC directly to patients, organized pharmacists—united with physicians and women's rights advocates--were and remain key lobbyists and activists for EC access. In New Mexico, for example, it was the New Mexico Pharmaceutical Association that spearheaded the addition of pharmacists to the list of official practitioners in the state, thus giving pharmacists the power to prescribe drugs. Simultaneously, clinicians at the New Mexico Department of Health organized to address EC issues, and eventually this group expanded to include the New Mexico Pharmacists Association and Planned Parenthood, together comprising what's now called the EC Working Group.

So start with your friendly pharmacist, and don't stop there. Move on to your friendly physician, professor, legislator, and so on.

# LAYING THE GROUNDWORK

## Go for a Pharmacy Checkup

Use the checklist below to figure out where and how emergency contraception is available in your community. Form a group of volunteers from your coalition who are willing to survey pharmacies. Be sure to log as much detail as possible.

Date:

Time:

Pharmacy Name:

Does the pharmacy stock EC?

Where is EC located in the store?

Was it easy to find?

Was it available behind the counter?

If not, ask to have a meeting with the store manager to alert of them of the FDA decision.

If so, did you have to ask someone for it(Was it in a locked cabinet)?

How much does it cost?

How many doses are in stock?

Did they ask for ID?

Did they copy personally identifying information from your ID?

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Go to the pharmacy counter, and ask to speak with someone about EC.

Name:

Position of person you spoke with:

How many pharmacists work in that location?

Will they provide it to young women with prescriptions?

If so, ask if they would be interested in prescribing EC to young women directly (see Friendly Pharmacist section for more information).

If not, why not?

Do they provide referrals to a pharmacy that will dispense EC with a prescription?

Ask for written policies about Emergency Contraception.

# IT CAN HAPPEN

## Washington

Washington State has led the way on expanding access to emergency contraception in the U.S. In the late '90s, local activists were already prioritizing the issue, and had come together to form the Northwest Emergency Contraception Coalition.

Women in the state now have direct access to EC because grassroots activists allied with pharmacist prescribers and, eventually, a wide range of professionals to accomplish their goals. What sparked the alliance was an article published by the University of Washington School of Pharmacy that explained how current state law could be interpreted to allow pharmacists to directly prescribe EC. This information was used to acquire funding to launch a two year Emergency Contraception Collaborative Agreement Pilot Project to allow direct pharmacy access to EC. Healthcare providers, legislators, women's rights advocates, and the State Board of Pharmacy worked in concert to educate and train pharmacists and physicians about collaborative practice agreements, a protocol established in Washington state decades ago permits pharmacists to dispense certain types of drugs under the supervision of a local physician advisor. Activists on campuses and in communities worked simultaneously to raise awareness about this new kind of access to EC.

In 2006, direct access in Washington was threatened by a proposal from the state Board of Pharmacy that would allow pharmacists to refuse to fill prescriptions for EC based on personal beliefs. In August 2006, the Board voted unanimously to reconsider the proposal after activists sent over 2000 letters and emails expressing their opposition. Bloggers, journalists, and local activists continue to make their views visible online and in the press in support of protecting women's direct access to EC in the state.

## California

Following Washington State, California passed legislation in 2001 that allowed direct access to emergency contraception through pharmacists. This legislation came from a demonstration project that was orchestrated in 2000 by the Pharmacy Access Partnership, a center of the non-profit Public Health Institute.

The project worked with a limited number of pharmacists to demonstrate that direct pharmacy access to EC was a viable option. The project set up protocol and held trainings for participating pharmacists. In working with the California Pharmacy Association and other key groups, the project created

positive pharmacist, public, and media support which helped to pass the legislation.

The 2001 legislation, SB 1169, changed some the language in the Pharmacy Practice Act. Previously, California operated under the “one pharmacist, one physician, one patient” rule which is common in many states. California’s law further detailed that a patient must see a physician to get a prescription, which kept pharmacists from providing EC. The Public Health Institute worked with Senator Alpert (D- San Diego) to bring the bill. The bill quickly gained support and passed both the Assembly and Senate. It was then signed into law in October 2001.

The implementation of the law was largely based off of local partnerships between physicians and pharmacists supplemented by trainings. However, the program needed to be implemented on a wider level. With the help of allied groups, California pharmacists were able to obtain training and access to protocol for administering EC, and sign up to advertise their services at the same time, which helped streamline the process. Currently, California continues to open doors for access to EC. Coalitions are working at simplifying the process, minimizing costs, and educating the public.

## New Hampshire

Despite several years of attempts to pass legislation allowing direct access to EC, New Hampshire activists finally were able to pass legislation in 2005 to allow pharmacists with appropriate training who are working with an authorized physician prescriber to dispense EC. This success came after a huge grassroots effort spearheaded by Planned Parenthood of Northern New England, NARAL Pro-Choice New Hampshire, and many other dedicated women’s health activists including New Hampshire NOW. They launched a campaign that lasted several years to win the legislation.

The campaign consisted of building relationships with physicians, pharmacists, activists, and legislators. A letter writing campaign was developed for activists to write their legislators concerning direct access to EC. Editorial boards were asked to write favorable articles about direct access legislation. Additionally, trainings were held for physicians and pharmacists to increase education around the issue.

All of this hard work paid off, with New Hampshire joining the few other states offering direct access to EC. However, the battle isn’t over. There is still legislation being introduced concerning parental consent/notification for EC. However, New Hampshire is a great example of how grassroots activism can make a difference!

# CHANGE YOUR COMMUNITY

## Gather Support

Whether you decide to take a state legislative approach or a pharmacy board approach, it is always helpful to have proof of community support. Below is sample language for a petition that you can begin to circulate for breaking down barriers and ensuring access to emergency contraception in your community.

As members of \_\_\_\_\_ community, we are outraged by the lack of access for approved emergency contraception. We demand that emergency contraception be accessible, affordable, and available for women, regardless of age. Please take action to improve access, affordability, and availability for women in our community.

Name                      Signature                      Address                      Phone                      Email

# CHANGE YOUR COMMUNITY

## Share the Wealth

Now that your group has gathered information and support around the emergency contraception issue, it is time to share the wealth of knowledge.

- Post flyers with statistical information about the access to emergency contraception.
- Hold public information events with respected community members speaking out on the availability of emergency contraception in your community.
- Start a letter writing campaign to support your political strategy.
- Get the media involved!
  - Send out a press release with the information you collected, and push for a news story.
  - Write letters to the editor of your local newspaper.
- Organize a speaking tour to high schools and college campuses about emergency contraception.

Ask for help! Get the names of community members willing to volunteer their time to help make EC accessible. You can definitely get supportive volunteers if you have specific tasks, such as writing a letter to your state legislature or state pharmacy board (see section two and three).

# CHANGE YOUR COMMUNITY

## Political Strategies

You can do a lot through consciousness raising door-to-door, pharmacy-to-pharmacy, and so on, but greater access to EC for all women in your community is also dependent on effecting political change. Your political strategy will depend on several factors:

- What is the current level of awareness about EC in your community?
- Are there activists or organizations already working on expanding EC access in your area? If so, your political strategy should involve contacting them and working with them to figure out what's already been done, and what you can do together as allied advocates.
- Are there pharmacists and physicians in your state who are already actively refusing to prescribe and/or dispense EC?
- Does your state law allow Collaborative Practice Agreements (see the "Friendly Pharmacist" section for more information about this)? If so, does your state's version of the CPA allow pharmacists to prescribe EC, in particular? This is something you can find out by calling your state Board of Pharmacy, or by looking up your state on <http://www.go2EC.org>.

Your answers to these questions will determine your goals. For example, if you and your friends ask around and find that a good number of people in your community—from your doctor to your neighbor—have no clue about EC, you might consider mobilizing activists to lobby representatives for a bill that would call on your state health department to raise public awareness about emergency contraception. Such legislation has been introduced in only a few states in the last three years.

If you find out that your state does allow Collaborative Practice Agreements, but that your state's existing CPA statute needs to be altered in order to allow pharmacists to prescribe EC (for example, in some states, CPAs are patient-specific, or pharmacists are only allowed to modify, as opposed to initiate/prescribe drug therapy), you will need to first raise awareness about why women under 18 need more direct access to EC, and then mobilize activists to lobby both your state Board of Pharmacy and your legislature to make the necessary changes to allow pharmacists to provide this access. If your state doesn't allow for CPAs at all, then you can urge your representatives to introduce a bill allowing them.

### ***Methods of Applying Pressure for Political Change***

- **Arrange a meeting with your representatives** to express your concern about the need for greater EC access and awareness in your state.
- **Arrange a meeting with your state Board of Pharmacy** to discuss why EC is so necessary for women in your community, and to ask how your state can allow pharmacists to prescribe EC.
  - **Remember!** At these meetings, it's helpful to have a group of people from your community to speak with you—or just be present—who represent

multiple interests. A legislator or an official at the Board of Pharmacy might be more influenced by, say, a women under 18 explaining why she needs direct access to EC, or by a pharmacist expressing her/his opinion that having the authority to prescribe EC would benefit the community...

- **Write letters to your representatives or to the state Board of Pharmacy** about what you want to see happen, whether it's a bill on raising awareness about EC, or a bill requiring emergency rooms to let rape victims know about EC and to dispense it, or a change to your state Pharmacy Act to allow pharmacists to prescribe EC directly.
- **Write letters to the editors of publications** in your state. Organize letter writing campaigns.
- **Circulate petitions** in your community calling for greater EC access and awareness. See the next section for a sample petition!
- **Rally, picket, sit in** and cause a ruckus to get people thinking about EC. Found a pharmacist who refuses to dispense EC? Plan a demonstration outside of the pharmacy to let people know that that pharmacist is not doing her/his job.
- **Don't forget candidates in upcoming elections.** Contact organizations that endorse candidates and urge them to consider a candidate's views on EC in their endorsement.

***Invaluable Web Resources for EC advocates:***

- The National Association of Boards of Pharmacy
  - <http://www.nabp.net>
    - Find contact information for your state Board of Pharmacy by clicking on the "Board of Pharmacy Roster" on the homepages.
- GO2EC.org
  - <http://www.go2ec.org>
    - Learn about EC access, activism, and legislation in your state. This site also has a list of EC Outreach Materials created both for specific states and for national action. If they don't have materials for your state, use the ones they do have as templates and create your own!