

# Doctors Urged to Discuss Emergency Contraception

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Senior Writer

WASHINGTON — Physicians should routinely inform women of childbearing age about the availability of emergency contraception before the need arises, James Trussell, Ph.D., said at a conference on contraceptive technology sponsored by Contemporary Forums.

In fact, he recommends prescribing or dispensing the pills in advance to make the option immediately available if necessary.

Nearly half of all pregnancies in the United States, or about 3 million per year, are unintended. If emergency contracep-

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tion were widely available and widely used, that number could be cut in half and result in 0.7 million fewer abortions and 22,000 fewer pregnancies due to rape, said Dr. Trussell, professor of economics and public affairs and director of the

Office of Population Research at Princeton University, N.J.

“That’s the potential, but we’re nowhere near realizing that potential,” he said.

Indeed, according to Dr. Trussell’s estimates based on a national study, there were just 2 million sales of Plan B to pharmacies and family planning programs last year, but there were 75 million cycles per year in which unprotected intercourse occurred among women at risk of an unintended pregnancy.

In 1997, the Food and Drug Administration declared six brands of regular oral contraceptives safe and effective for use as emergency contraception. That number now is up to 19, although Plan B (two 0.75-mg levonorgestrel tablets taken 12 hours apart within 72 hours of unprotected intercourse) currently is the only product approved and licensed in the United States for that purpose. (Preven was licensed in 1998 but Barr Laboratories, which also owns Plan B, removed it from the U.S. market in 2004.)

In a 2003 survey by the Kaiser Family Foundation, 80% of ob.gyns. and 36% of generalists (including internists, family physicians, and general practitioners) said they had prescribed emergency contraceptives in the past year. Among those who reported prescribing them, 25% of ob.gyns. and 14% of generalists reported routinely discussing emergency contraception with their patients.

Meanwhile, Kaiser’s 2003 survey of women aged 18-44 found 68% had heard of emergency contraception or the “morning after pill,” but only 6% had used it.

“Clinicians are waiting for women to ask for emergency contraception, but women do not know to ask,” he said.

In an effort to increase access to emergency contraception, the Office of Popu-

lation Research at Princeton, along with the Association of Reproductive Health Professionals, has started a hotline, 1-888-NOT-2-LATE, and a Web site, www.not-2-late. Both put people in contact with a clinician who can prescribe the pills at their pharmacy of choice. Web sites run by six states and hotlines in 11 states also allow women to request prescriptions be called in at a pharmacy of their choosing.

Six states (Wash., Calif., Ala., Maine, N.M., and Hawaii) allow customers to ob-

tain emergency contraception from a pharmacist without a prescription. The Food and Drug Administration has yet to rule on Barr Laboratories’ application to make Plan B available over the counter for women aged 16 and older.

But, even if access to emergency contraception were improved, some point to the need for more education. That’s why the Princeton group has begun a public education campaign to promote the 1-888-NOT-2-LATE number. The campaign is

funded by a grant from the William and Flora Hewlett Foundation and receives no money from contraceptive manufacturers or distributors.

In other countries, marketing efforts are a lot bolder with TV commercials in Norway and Sweden and print hotline ads in London—all depicting humorous condom-breaking scenarios. “It’s hard to imagine an American pharmaceutical company using humor to advertise contraception,” Dr. Trussell said. ■

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