6. Some argue that women who are raped should be encouraged to seek counseling and medical help, and say that if the Morning-After Pill is available without talking to a pharmacist, women will be less likely to get this counseling.

We say no woman should have her right to control her body held hostage until she reveals a sexual assault. We must be allowed to assess all our options in these difficult situations, and women know that we are often blamed and punished when we come forward.

Conclusion

Women know that often when we reveal that we have had sex, we are stigmatized as a “slut.” This is especially prevalent against young women and unmarried women. Men face no such stigma, although they often perpetuate it against women. Requiring women to reveal the details of sexual activity to a pharmacist - who may be a stranger, or worse, an acquaintance - is humiliating and unnecessary unless there is an overwhelming safety reason.

There isn’t, according to the 60 organizations, including the American Medical Association, that support over-the-counter status.

We learned from the Boston Women’s Health Collective (authors of Our Bodies, Ourselves) that those who are set up as experts often serve to keep information from us. Women can quickly become experts on the medical issues that affect our lives.

We learned from Redstockings**, the radical feminists who first spoke out about their then-illegal abortions in 1969, that women are the experts on our lives. Not men, not the church, not legislators, not doctors, hospital boards, pharmacists, or counselors, no matter how well-educated. December 4, 2003

For more info:
National Women’s Liberation
http://www.womensliberation.org

“Because no one else except the Women’s Liberation Movement) is going to cry out against these restrictions, it is up to feminists to make the strongest and most precise demands upon the lawmakers -who ostensibly exist to serve us. We will not accept insults and call them “steps in the right direction.”

- Lucinda Cisler, 1970.

MORNING AFTER PILL

Over the Counter or Behind the Counter?

It is obvious to most people that the current prescription-only status of the Morning-After Pill must be changed. It requires women to get (and pay for) a doctor’s appointment, which is a major obstacle for a drug that is most effective to prevent pregnancy when taken within 24 hours - and fairly effective up to 72 hours - after sex.

But some have argued that making the Morning-After Pill an over-the-counter drug, like aspirin and cold medicine, is going too far, and that although the Morning-After Pill is safe, women should be able to obtain it only through a “pharmacist prescription,” a status sometimes known as “behind the counter.”

We completely disagree. We believe the Morning-After Pill should be immediately made an over-the-counter drug, and that it should be affordable and accessible to women of any age and in all parts of the country. We believe that the U.S. should follow the lead of dozens of other countries which already provide women access to this safe backup birth-control method without any restriction.

The Morning-After Pill is marketed under the brand name Plan B® (levonorgestrel) and is also known as “post-coital contraception” or “emergency contraception.” Plan B®, the progesterone-only Morning-After Pill, consists of two pills to be taken within 72 hours of unprotected intercourse, to prevent unintended pregnancy. The first pill is taken immediately and the second, 12 hours later.

Why not pharmacist prescription “behind-the-counter” status?

1. Pharmacist prescriptions will force a woman to stand and discuss with the pharmacist, in the middle of a drug store and in front of other customers, the last time she had sex, when her last period was, and other private information. This will discourage a lot of women from getting it.

2. Pharmacists are not necessarily knowledgeable about the Morning-After Pill. In studies conducted in New York and Pennsylvania, pharmacists had alarmingly little knowledge of the Morning-After Pill, and many disseminated misinformation about it.
In a 2003 survey of 315 Pennsylvania pharmacists:

- 13 percent of the pharmacists incorrectly stated the time parameters for using emergency contraception.
- 5 percent said it was not available in the United States.
- 28 percent did not know a brand name.
- 13 percent confused emergency contraception with the abortion pill or thought it caused an abortion.

(“Study: Pharmacists not informed on morning-after pill,” Marie McCullough, Philadelphia Inquirer, Oct. 21, 2003.)

Among 100 New York City pharmacists surveyed by Planned Parenthood, in August and September of 1998: “Thirty-seven pharmacists received poor ratings for their knowledge of emergency contraception. A poor rating means the pharmacist either knew nothing about emergency contraception or only provided incorrect information about the treatment. Two-thirds, or sixty pharmacists, provided some type of incorrect information about emergency contraception. Only three received an excellent rating, correctly providing all the key facts about emergency contraception.” (www.ppnyc.org/new/publications/executive.html)

3. Some pharmacists will counsel women that they don’t need the Morning-After Pill based on where they are in their menstrual cycle, even though it is possible to get pregnant any time in the cycle, or they will throw up other obstacles. We know pharmacists will do this because this is the experience we have now, with doctors and physician’s assistants who tell us we do not need the Morning-After Pill for various reasons.

- Some women report being left alone in a room with a calendar, by their medical practitioner, and told to try to figure out the date of their last menstrual period. If they can’t remember, they’re told, they can’t have the Morning-After Pill.
- Women have been told by medical professionals that they shouldn’t put “all those chemicals” (meaning the Morning-After Pill) in their bodies, and are then told they should get on daily birth-control pills. (Daily oral contraceptives can have serious long-term side-effects not associated with the extremely short-duration dose of hormones in the Morning-After Pill).
- In 1998, it was revealed that the infirmary at the University of Florida, required women to fill out a form when giving them the Morning-After Pill. This form required women to agree to take a regular form of birth-control and asked women if they had been sexually assaulted. Because this was a medical form women did not feel they could opt out of certain questions and were coerced into revealing information not necessary for distribution of the Morning-After Pill.

4. Women should be able to have the Morning-After Pill around before a problem arises. If the Morning-After Pill is over-the-counter, women can make sure they have a current dose in their medicine cabinets at home, for themselves and friends who need it. But we don’t know whether pharmacists will be willing to give women the Morning-After Pill to have “just in case.” Based on our experience with other medical professionals, we suspect that some will and some won’t, and again our well-being will be in the hands of someone else.

Although some drugstores are open 24 hours a day, most do not have pharmacists on duty more than 10 or 12 hours a day. And when a pharmacist is there, there is frequently a long line for service.

In consciousness-raising, women talk about the difficulty of getting time off during work or school hours to obtain the Morning-After Pill as quickly as possible. The terrible squeeze for time can be explained by the fact that in the U.S., we already work the longest hours in the industrialized world, and women are still burdened with extra unfair responsibilities at home. We should be able to send a man to pick up the Morning-After Pill for us. This is only feasible if the drug is over-the-counter.

5. In our experience, many pharmacists will refuse to dispense the Morning-After Pill because of personal religious beliefs.

In 1991, a pharmacist at the infirmary at the University of Florida in Gainesville, was discovered to be refusing to fill women’s prescriptions for the Morning-After Pill. Feminists protested and the university was eventually forced to ask for his resignation. But there was evidently still a problem, as the University of Florida then had to institute a system to call another pharmacist if the pharmacist on duty refused to fill these prescriptions.

How widespread is this problem? A phone survey of 315 Pennsylvania pharmacists, reported in the October 2003 issue of the journal Contraception, noted that of the 65% of “pharmacists surveyed who could not fill a same-day prescription, 7% cited personal beliefs as the reason, while 6% said it was against store policy.” (“Study: Pharmacists not informed on morning-after pill,” Marie McCullough, Philadelphia Inquirer, Oct. 21, 2003.)

There is even an organization, Pharmacists for Life International, founded by pharmacists who refused to fill women’s prescriptions for oral contraceptives “because they believed they cause abortion,” according to a 2002 article by Patti Miller. “The organization … has been effective in expanding the right of health professionals to refuse to provide reproductive health services such as contraception and emergency contraception. The president of PFLI is Karen Brauer, a pharmacist who was fired by K-mart in 1996 after she lied to a patient that an oral contraceptive was out of stock to avoid filling a prescription.” (Patti Miller, “Do No Harm: Far-Right Medical Groups and Religion Don’t Mix,” www.rcrc.org/news/commentary/do_no_harm.html)