

# CHILDREN BY CHOICE

ASSOCIATION INCORPORATED

Submission to the Therapeutic Goods Administration, April 2016

Ulipristal: To amend the existing Schedule 4 entry and create a new Schedule 3 entry to allow for emergency post-coital contraceptive

## About Children by Choice

Children by Choice is a Brisbane based not for profit that provides Queensland wide counselling, information and referral on all options with an unplanned pregnancy, including abortion, adoption and parenting. It also delivers evidence based sexuality education, and offers training for GPs and other health and community professionals on unplanned pregnancy options.

In 2014-15 we received a total of 3723 contacts, representing 1900 women ranging in age from under 12 to over 50. In this year we received over 52,000 website visits of over 3 minutes, delivered sexuality education to 326 young people and provided training to over 2000 professionals.

Our work also includes advocating for improvements to law and policy that would increase women's access to reproductive health services. We were established in 1972 and are recognised nationally as a key advocacy group for the needs and rights of women in relation to access to reproductive health services.

## Submission statement

It is estimated that almost half of all pregnancies in Australia are unplanned<sup>i</sup>. Unplanned pregnancy can occur for many reasons and under various circumstances. The reality is that contraception can fail, couples get carried away and some women may not be in a position to negotiate contraceptive use, due to the effects of alcohol or other drugs, lack of power in relationship decision-making, or being forced or coerced into having sex. For these women and couples emergency contraception is a viable option to prevent an unplanned pregnancy post unprotected sex.

Children by Choice is supportive of measures to increase women's access to more effective contraception methods, including ulipristal, to reduce the number of unplanned pregnancies in Australia.

Clinical and biological evidence demonstrates that ulipristal is more effective than levonorgestrel, especially when taken within the first 24 hours after UPSI, at the time when the vast majority of women ask for EC. In addition, it is effective within 5 days (120 hours) of UPSI compared to 3 days (72 hours) for levonorgestrel.<sup>ii</sup>

Many barriers exist to contraceptive access for some women in Australia, and addressing these barriers is essential if women are to have full control over their fertility. As ulipristal is most effective if taken within 24 hours of unprotected sex, the removal of the requirement to obtain a prescription for ulipristal is imperative for more women to benefit from this more effective emergency contraceptive method.

The requirement of a doctor prescription is not necessary as is evidenced in many European countries and only places an additional barrier to women's access. In addition the Australian experience with levonorgestrel demonstrates the advantages for women of over the counter pharmacy access to emergency contraception.

Children by Choice are very supportive of the re-scheduling of ulipristal acetate for emergency contraception to become a pharmacy medicine (Schedule 3) by the TGA.

We are pleased the Therapeutic Goods Administration is considering this change to the scheduling of ulipristal to reduce the significant barrier of requiring a prescription and appreciate the opportunity to make this submission.

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<sup>i</sup> D Mazza, C Harrison, A Taft, B Brijnath, H Britt, M Hobbs, K Stewart, S Hussainy 'Current contraceptive management in Australian general practice: an analysis of BEACH data' *Medical Journal of Australia* 2012; 197 (2): 110-114. Available online at <https://www.mja.com.au/journal/2012/197/2/current-contraceptive-management-australian-general-practice-analysis-beach-data>.

<sup>ii</sup> Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta-analysis  
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