



A growing number of pharmacists are choosing to discontinue dispensing contraceptives. Driving this decision is an increasing awareness of the negative consequences for users of oral contraceptives. For example, all pill package inserts clearly state that one of the actions of the pill is alteration of the uterine lining which interferes with nidation or implantation.¹ The Physicians Desk Reference reports that oral contraceptives that contain synthetic estrogen and progestins act by "...changing the endometrium (reduces likelihood of implantation)."² This is clearly an abortifacient mechanism rather than a contraceptive one. Conception (or fertilization) and the beginning development of a new human being would have already occurred at least a week to ten days before.^{3,4,5}

Additionally, use of this type of contraception has been shown to cause many negative short and long term effects. Approximately half of all women who begin using the pill in any given period discontinue its use within one year, which indicates the high incidence of physical, psychological, emotional and/or moral problems experienced by these individuals—causing great dissatisfaction with the pill among pill users.^{6,7} The World Health Organization lists the pill (estrogen/progestin) as a Group 1 cancer-causing agent.⁸

In light of these facts, more and more pharmacists are choosing to discontinue dispensing contraceptives. The purpose of this pamphlet is to discuss how to implement this decision.

IMPLEMENTATION



Implementation for a new facility is the easiest. The policy would be to not sell contraceptives. When people present prescriptions for contraceptives, a simple statement by the pharmacist to the effect that we do not sell contraceptives at this pharmacy would usually suffice. If the individual questions why, then the pharmacist could either give the person a previously prepared written explanation, or if time allows, spend some time explaining why this policy is in effect. If the person states that they are not taking the product for contraception, the pharmacist can decide if he or she wishes to dispense these products for indications other than contraception, or offer better alternatives to the pill.



In an already existing facility, the process is a little more challenging. An initial decision should be made whether all pharmaceuticals used for contraception will be discontinued or if those prescriptions used for other indications will continue to be filled. Whatever decision is ultimately made, a time frame should be chosen.

Advising clients of the new policy and then allowing them two to three months to transfer their prescription is reasonable. Most people will transfer them the following month. For various reasons however, some find it impractical to do so, and they should be allowed additional time.

If prescriptions for other medical indications will be honored, a personal survey of each client will be necessary. After asking the woman why she is taking this product, a note is made in her profile or on the prescription. Then the previous policy can be implemented or the prescription filled.

For those individuals taking the pill for an indication other than contraception, I would suggest giving them a copy of the statements contained in the physician's insert. Included is the statement of how nidation (or implantation) is inhibited as well as several statements referring to the serious side effects. These can be formatted on a label that fits on the pill pack similar to the prescription label. I apply these to every pack of pills dispensed.



Any new prescriptions presented for the pill would be declined. I advise the woman of the new policy of no longer selling birth control pills. I apologize for any inconvenience this may cause her and offer her a packet of explanatory information. I ask her to review the information and call me or return to the store to discuss any questions she may have. For those women who want to know right then why I am no longer selling birth control pills, I share with them the serious side-effects in women as well as the fact that random ovulations and pregnancies do occur. These chemicals are designed to prevent implantation of the newly formed child, which is an abortifacient effect and I as a pharmacist cannot dispense products with that type of potential. Although only a relatively small number of owner pharmacists have implemented this policy, without exception that I am aware of, they all have been happy with their choice.



The employee pharmacist—when the store continues to sell contraceptives—has a much more challenging situation. The majority of pharmacies currently will not honor a pharmacist's conscientious decision to no longer fill prescriptions for birth control pills. If he or she is working with another pharmacist, the other pharmacist may be willing to fill all the prescriptions for contraceptives.

A pharmacist who has exhausted all practical steps to avoid filling contraceptive prescriptions, should continue to counsel clients about the abortifacient potential and the side-effect potential for the individual taking the pill. I would strongly recommend utilizing the auxiliary label concept, described previously. I would also give every client "The Challenge Of Contraception For Those Who Respect Life" by Teresa Menart, M.D. (available from One More Soul, phone 800-307-7685). This has been an effective tool for creating awareness of how these products work. The stimulating discussions that follow have been excellent educational opportunities.

Finally, for those pharmacists who are grappling with this dilemma, continue to pray for guidance. Almighty God in His all-knowing way will guide you and give you the courage to make the correct decision. As a pharmacist, you have a tremendous impact on the people with whom you come in contact. They respect you and look to you for true and honest advice. Your implementation of this decision in your practice will save lives and improve the quality of life for many of your clients.

PHYSICIAN REACTION

Most pharmacists implementing this policy indicate that they have had very little negative response from physicians! This has been my experience also. Depending on the size of the community you serve, and the situation you find yourself in, you may or may not choose to contact physicians about your decision. Simply advising clients is sufficient.

I have been questioned by only a handful of physicians. Most of them simply inquired as to my policy and respected my decision. One Catholic physician, a prominent member of the local community, was vehemently opposed to my decision. He began advising his patients to go to other pharmacies and would no longer call in prescriptions to the store at which I worked. All attempts to contact him by phone and by mail were rejected. I received much support from my customers.



Many of them who used this physician as their family doctor insisted that he write their prescriptions so they could bring

them to me. The response by so many of my customers, even those who were not opposed to contraception, in support of my stance was very gratifying. Within a few months, the physician recanted his position and became more tolerant.

At the second location, in another community where I instituted this policy, I had no problem with any of the physicians. In fact, one Catholic Ob/Gyn called questioning me about my position. Initially, I feared a situation like the above. Instead, he began sharing with me how he knew what he was doing was wrong, but he could not take the step to change. I encouraged him, assured him of my prayers for the strength he needed, and sent him the material I was distributing. I included as well a list of Catholic Physicians who had stopped prescribing contraceptives and doing sterilizations (also available from OMS).

I had only one woman become irate. It happened on my day off. I had given her the information the previous day, when she requested her pill prescription refill. After reading the material, she returned to the pharmacy outraged about my attempting to dictate to her what she could or could not do. After a vociferous tirade, she concluded with, "My dad also wants me to stop taking these pills, but I'm not listening to him either!!" As she left, she told my clerk that she would return to take this matter up with me. She never did.

PRAYER

I pray for this woman, the physician who opposed my position and all the women and physicians to whom I have presented this policy. Prayer has helped me do what I know will ultimately be in the best interest of those individuals and their families. It has helped me to be a better pharmacist. Prayer helps me be more considerate, understanding and compassionate—all the things that a pharmacist needs in order to serve the people with whom he or she interacts each day.

NATURAL FERTILITY REGULATION

A pharmacist who discontinues dispensing contraceptives should have some viable alternative to offer.⁹ In most cases, some method of Natural Fertility Regulation is the most suitable recommendation a pharmacist can make. There are a number

of providers of various methods in most communities. A pharmacist should have a list of local providers readily available to offer as an alternative to individuals with a genuine need for an alternative family planning method. Additionally, a pharmacist who counsels patients on the abortifacient nature of chemical contraceptives, and the possible health consequences for the woman, should attend a basic Natural Family Planning education program in order to be informed about the physiology and practical implementation of these methods.

A packet of sample letters, articles, suggested statements of policy change as well as other supporting information for interested pharmacists is available from Pharmacists for Life International at www.pfli.org, or call 800-227-8359.

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9. A listing of national organizations that teach Natural Family Planning is available at the One More Soul website: www.onemoresoul.com.

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