



## Plan B

### *The Indefensible Attack on Our Daughters*

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**T**HE BOYFRIEND INFORMS THE PHARMACIST THAT HE IS 33 YEARS OLD AND HIS GIRLFRIEND IS 15; THAT THEY ARE ENGAGING IN SEXUAL RELATIONS; AND THAT HE WANTS TO PURCHASE PLAN B (AN EMERGENCY CONTRACEPTIVE). THE PHARMACIST SELLS PLAN B TO THE BOYFRIEND WITHOUT HESITATION. THE BOYFRIEND ASKS THE PHARMACIST IF THERE IS A WAY HE CAN GIVE THE POWERFUL DRUG TO HIS GIRLFRIEND WITHOUT HER KNOWING IT. THE PHARMACIST SUGGESTS DISSOLVING PLAN B IN ORANGE JUICE TO AVOID DETECTION.

Between August and September 2013, Students for Life (SFL) went undercover in 30 Walgreens, Rite-Aid, and CVS stores, where one student posed as the boyfriend and another volunteer posed as his girlfriend. With a hidden camera, SFL recorded their purchases of Plan B, including the previously described encounter. These stores were located in states that consider sexual activity between a 33-year-old male and a 15-year-old female a crime carrying a possible punishment of six months to 20 years in prison.<sup>1</sup>

For years, Planned Parenthood and other radical abortion advocates have intensely pressured legislators to increase access to abortion and contraception for any reason and at any age. Almost since the introduction of emergency contracep-

tion on the market as a prescription drug, these same groups have poured millions of dollars into lobbying and litigation to make all emergency contraception an over-the-counter drug without any restrictions. Coupled with extensive lobbying efforts from Plan B's manufacturer,<sup>2</sup> in 2013, they achieved their goal and declared it to be a victory for women.<sup>3</sup> Plan B is now available to anyone, male or female, at any age.

This "victory for women" is actually the latest assault upon them. Mounting evidence shows that easier access to Plan B does not reduce pregnancies or abortions. Rather, it exposes women and girls to the risk of long-term health problems and even death. Furthermore, it isolates young girls from their parents and could be used to "cover up" statutory rape and abuse.

### What is Plan B?

Plan B-One Step is the brand name for levonorgestrel, a synthetic progestogen used in "emergency contraceptives." When taken, Plan B-One Step acts in one of three ways: (1) by preventing ovulation (the release of an egg from the ovaries); (2) by preventing fertilization (the union of the egg and the sperm); or (3) by preventing implantation (the fertilized egg from attaching to the uterus).<sup>4</sup> Plan B-One Step was approved by the FDA in 2009. Its predecessor, Plan B—a two-step "emergency contraceptive"—was approved by the FDA in 1999. Both Plan B and Plan B One-Step (both are referred to generally in this article as Plan B) were initially approved as prescription drugs.

Plan B is not the only "emergency contraceptive" on the market. Worldwide, 144 countries allow the distribution of emergency contraception containing levonorgestrel, and 40 manufacturers produce and market the drugs.<sup>5</sup> Outside the United States, a number of brands are sold as emergency contraception, including Plan B, Levonelle, NorLevo, Aptoeket, and Escapelle. In the United States, in addition to Plan B, other products are marketed and sold as "emergency contraceptives," including: Ella; Levonorgestrel Tablets, and two generic brands—Next Choice One Dose and My Way. Next Choice One Dose and Levonorgestrel Tablets are progestin-only products, similar to Plan B.<sup>6</sup> Until at least 2016, however, Plan B will be the only "emergency contraceptive" sold in U.S. pharmacies without an age or prescription requirement.<sup>7</sup>

**Abortifacient Properties.** It is important to note that Plan B is different from RU-486, the chemical abortion drug. Unlike Plan B, RU-486 can also kill an implanted embryo by starving it to death. It is noteworthy that Ella, marketed as an "emergency contraceptive," has the same chemical composition as RU-486. Plan B (and other drugs with the same chemical composition) can also act as an abortifacient by preventing the implantation of a fertilized egg.<sup>8</sup> Recent studies indicate that it is not only pos-

sible, but probable, that Plan B acts as an abortifacient.<sup>9</sup> Dr. Lusto Aznar, Director of Life Sciences at the Catholic University of Valencia in Spain, believes that in half of the cases where it is used, the European version of Plan B acts as an abortifacient.<sup>10</sup>

**Side Effects.** In addition to the concerns about its abortifacient properties, Plan B's common side effects include: excessive bleeding, vomiting, dizziness, delayed menses, diarrhea, and, possibly, ectopic pregnancy.<sup>11</sup> Overuse can cause significant weight gain, high blood pressure, an increased risk of ectopic pregnancy, gall bladder disease, depression, and ovarian cyst enlargement.<sup>12</sup>

There have been no long-term studies on Plan B, but according to Drugs.com, the drug interacts negatively with 197 other drugs. Patients with thyroid disease, liver disease, diabetes, and heart disease who use Plan B should be monitored.<sup>13</sup> The FDA is currently reviewing whether the drug is ineffective on women weighing more than 176 pounds, and less effective on women weighing more than 165 pounds.<sup>14</sup> In late 2013, a French manufacturer of the European version of Plan B received approval to change its packaging information, warning that the drug is not recommended for women weighing 165 pounds or more.<sup>15</sup>

## Plan B and the “Sweet Deal”

In 1999, the Food and Drug Administration approved Plan B as a prescription drug. Within two years, efforts were being made to reclassify Plan B as an over-the-counter drug, either by FDA approval or court mandate. In 2009, Judge Edward Korman of the Western District of New York mandated that Plan B be available over the counter to women 17 years and older. Girls younger than 17 still had to obtain a prescription.<sup>16</sup> On December 7, 2011, the FDA decided that Plan B should be made available over-the-counter to anyone of any age, but that decision was blocked by the Obama Administration. Both U.S. Department of Health and Human Services Secretary Kathleen Sebelius and President Barack Obama expressed concerns about young girls' unfettered access to emergency contraception.<sup>17</sup> On April 4, 2013, Judge Korman ordered that all emergency contraception (generic and branded) be available over-the-counter without age or gender restrictions.<sup>18</sup> The Justice Department appealed. The FDA on April 30, 2013 approved the sale of Plan B without a prescription to females 15 years of age and older. On June 10, the Justice Department withdrew its appeal of Judge Korman's decision for unlimited availability on the condition that the approval of only Plan B-One Step, as an over-the-counter drug for all ages and genders, satisfied the Judge's order. Judge Korman agreed to this “sweet deal” for Plan B-One Step manufacturers.

## The “Experts” Were Wrong

For years, the American Medical Association, the American College of Obstetricians and Gynecolo-

gists, and the American Academy of Pediatrics, have poked and prodded the Administration and the FDA to approve emergency contraceptives as over-the-counter drugs.<sup>19</sup> They have promoted the unsubstantiated claims that easier access to emergency contraceptives would decrease unintended pregnancies and decrease abortions. In 2005, the American Academy of Pediatrics (AAP) argued that over-the-counter access to emergency contraceptives could reduce the unintended pregnancy rate by half and in doing so, could reduce abortions.<sup>20</sup> In 2006, Planned Parenthood issued a press release that claimed early access to emergency contraceptives could eliminate 1.7 million unintended pregnancies, and 800,000 abortions each year.<sup>21</sup>

The predictions of the AAP and Planned Parenthood proved to be wrong. Not a single study demonstrates that emergency contraceptives have decreased pregnancy and/or abortion rates.<sup>22</sup> Furthermore, the American College of Pediatricians, a socially conservative association of pediatricians, has argued that a study in England and Wales shows a trend “toward an increased rate of teen pregnancies” after emergency contraception became widely available.<sup>23</sup>

Additionally, research in the U.S. and abroad shows an alarming increase in the rate of STDs.<sup>24</sup> One study in England found that while pregnancy rates remained the same for girls under 16, where emergency contraception was easily available, STD rates increased by 12 percent.<sup>25</sup> According to Lifesitenews.com, government statistics in the U.K. show that the STD rate among teens under age 16 surged 58 percent between 2006-2011.<sup>26</sup>

Those results were repeated in a U.S. study that appeared in the December 5, 2012 edition of *Economic Inquiry*. The FDA approved access to emergency contraception without a prescription in 2006. Washington State implemented a program giving pharmacy access to females 17 and older in 1998. Researchers found a significant increase in STD rates among females in Washington State after the State allowed over-the-counter distribution of emergency contraception to women over age 17. Again, the author found no change in abortion or birth rates during the same time period.<sup>27</sup>

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## Increase in Sexual Activity

With increased rates of STDs, researchers have begun questioning whether easy access to emergency contraception has increased sexual activity among teenagers.<sup>28</sup> In a study published in *Contraception* in 2008, researchers studied whether improving access to emergency contraception affected “pregnancy risk behavior,” and concluded that unrestricted access to emergency contraceptive pills (ECPs) “may have” increased sexual activity.<sup>29</sup> Most recently, in a November 2013 report issued by the Office of Population Research at Princeton University, James Trussell, a strong supporter of accessible emergency contraception and a member of the National Medical Committee of Planned Parenthood, raised the same concern. Trussell wrote, “...reanalysis of one of the randomized trials suggests that easier access to ECPs may have increased the frequency of coital acts with the potential to lead to pregnancy.”<sup>30</sup>

## Sexual Predators

Another concern about emergency contraception is its potential misuse by adult men who are sexually involved with minor girls and provide them with the drug to hide any traces of criminal activity, including statutory rape. The drug’s nonprescription status means that adult men can purchase Plan B for their minor girlfriends without parental consent or knowledge.

This is a very real concern. According to statistics cited by Advocates for Youth, it is estimated that among girls younger than 15 who have given birth, 39 percent of the fathers are between the age of 20 and 29. Among impregnated 11 and 12-year-old girls, the fathers are an average of 9.8 years older; and among 13 to 14-year-old girls who become pregnant, the fathers are, on average, 4.6 years older.<sup>31</sup> In most of these cases, the sexual activity

between these young girls and older men would be considered criminal behavior, and these men could be imprisoned if found guilty.

These criminal laws have been enacted to try to protect young women from sexual predators. To provide additional protection, some states require health care providers and others to report suspected cases of sexual conduct with minors.<sup>32</sup> Making Plan B available over-the-counter eliminates a critical opportunity for a doctor to consult with a young woman and stop a cycle of sexual exploitation or—in states requiring it—to report it to law enforcement for criminal prosecution.

## Unknown Effects on Children

Despite Plan B’s over-the-counter status, the FDA has never conducted studies on its effect on women under the age of 17, raising concerns about the drug’s long-term impact on girls. The Executive Director of the American Association of Pro-Life Obstetricians and Gynecologists, Donna Harrison, expressed concern that the drug can cause “significant fertility problems later.”<sup>33</sup> Additionally, concerns have been raised that frequent use of Plan B could retard bone deposition, which could lead to osteoporosis.<sup>34</sup>

## Ectopic Pregnancy Risk

Ectopic pregnancy describes a condition where the fertilized egg attaches to a site other than the endometrial lining of the uterus. Usually, in an ectopic pregnancy, the fertilized egg attaches to the inner lining of the fallopian tube, potentially leading to infertility, internal bleeding and even death, if left untreated. This condition remains a leading cause of death among pregnant women in the first trimester, and occurs in approximately two percent of all pregnancies.<sup>35</sup>

Some doctors believe that using Plan B may expose a patient to a much higher risk of an ectopic pregnancy than previously thought. In a public letter to the FDA, Dr. Elizabeth Shadigian, a gynecologist and President of the American Association of Pro-Life Obstetricians and Gynecologists, cited a warning issued to British physicians in 2003 by the United Kingdom’s Department of Health after “post-marketing surveillance” showed “201 EC failures were found to contain twelve ectopic pregnancies.” Shadigian pointed out to the FDA that this six percent rate of ectopic pregnancy was “triple the expected rate for both the UK and the US.”<sup>36</sup> According to the British publication, *MailOnline*, a similar finding in Britain has prompted the Government’s Chief Medical Officer to tell doctors to make sure patients are aware of the risk. Doctors in Britain are warned to be particularly attentive to women who have suffered a previous ectopic pregnancy, those with pelvic inflammatory disease, or those who have had surgery on their fallopian tubes.<sup>37</sup>





## Trampling Parental Authority

Imagine the following scenario. A 14-year-old girl is dropped off at school, and she does not feel well. She goes to the nurse for an aspirin, and the school nurse refuses because the girl's parents failed to sign a permission slip. The next day, she goes back to the school nurse, and is given the Plan B "emergency contraception" drug, even though her parents have not been notified and have not consented.

That is exactly what is happening in New York City under the CATCH Program, where according to news reports, 40 separate school-based health centers have doled out over 27,000 doses of emergency contraception over the past five years, almost 13,000 doses during the 2011-2012 school year.<sup>38</sup> Despite a poll in 2012 showing that 54 percent of parents do not want the program,<sup>39</sup> it continues unabated.

Traditionally in this country, parents, not the government, have made medical and legal decisions on behalf of children. Children could not enter into legal contracts, nor could they consent to medical treatment. For most of this country's history, the courts have upheld the authority of parents to make decisions on their children's behalf.<sup>40</sup>

In the past few decades, however, the government has chipped away at parental authority. Children in every state can be tested and treated for STDs. Many states explicitly permit all or some minors to obtain contraceptives without any parental notification or consent.<sup>41</sup> In North Carolina, parents must provide consent for their child to lay on a tanning bed,<sup>42</sup> or have a body piercing (other than their ears),<sup>43</sup> but parents have no right to consent to testing, diagnosis, or treatment for pregnancy, STDs, drug or alcohol abuse, or mental health problems.<sup>44</sup> Parents—who have the greatest interest in their children's well-being—have been stripped of their authority to make these medical decisions on behalf of their children.

Plan B poses great risks to girls, certainly more than body piercing or tanning beds. Unfettered access to Plan B isolates them at a time when they need their parents most. Proponents of easy access to abortion and contraception have always argued that the parents are replaced with a "caring" adult. Offering Plan B to women without the intervention of even a health care provider strips young girls of any guidance and oversight at a time when they are most vulnerable.

Consider the 14-year-old girl referenced above who has obtained Plan B through a school nurse at a school-based health center. What happens when she experiences the symptoms of an ectopic pregnancy or other complications related to taking Plan B and her parents and/or primary care provider have no knowledge of it?

## The Price of Silence

Dietrich Bonhoeffer, a Protestant theologian, was one of the few Germans who saw Hitler for what he was and stood up to him. In scolding the Ger-

## Next Steps: Suggestions for North Carolina

**1. Require prescriptions and parental consent for emergency contraceptives, including Plan B, for girls 16 and younger, and require government issued identification for females 17 and older.** Prescriptions are already required for Next Step and My Way, the two generic emergency contraceptives sold in U.S. markets. Mandating prescriptions for over-the-counter drugs at the state level is not new. New York recently enacted a law requiring a prescription for any person under the age of 18 for all over-the-counter drugs containing Dextromethorphan, a drug found in cough and cold medications, including Robitussin and Nyquil.<sup>1,2</sup> Adding parental consent will provide a minor with oversight by a parent, as well as a doctor's involvement in case of adverse reactions to the drug.

**2. In the alternative, for minors, bring Plan B behind the counter and require parental consent.** Thirty-eight states, including North Carolina, require parental consent, notification or both, before a minor can obtain an abortion.<sup>3</sup> Many states still require parental consent for contraceptives for some minors.<sup>4</sup> Bringing the drug behind the counter would also provide the pharmacist with the opportunity to inform the young girl and her parent about the risks, signs of an ectopic pregnancy, that the drug can act as an abortifacient, and the possible adverse reactions of the drugs with other medications, alcohol, etc.

**3. Give specific conscience protection to pharmacists and pharmacies.** A growing number of states have enacted laws expressly protecting pharmacists and pharmacies from being forced or coerced into dispensing or selling emergency contraceptives in violation of their deeply held moral, religious or ethical beliefs. North Carolina should amend its health care conscience protection law to ensure that pharmacists and pharmacies are not forced or coerced into dispensing or selling emergency contraceptives, including abortifacients, against their conscience."

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man people, he stated, "Silence in the face of evil is itself evil: God will not hold us guiltless. Not to speak is to speak. Not to act is to act." Few listened, and history has told the rest of the story.

For over 40 years, American society has listened to the cacophony of cries from the "reproductive rights" crowd that abortion is a right, and that unborn babies have no right to live unless they are wanted by their mother. Many have remained silent. Many have remained still, while our daughters have believed the lies, undergone abortions, and lived with the horror of having murdered their own child.

Plan B is the latest arrow in the quiver of the pro-abortion industry. It is time to stop cowering to these peddlers of destruction and stand up for young women by requiring Plan B to be prescribed, and involving parents in the process. The lives of young women are at stake. Silence is no longer an option. ❖

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## Plan B Endnotes

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