

The Pill remains controversial

By B. J. Sibbald

1981 marks the 20th anniversary of the introduction of the birth control pill to North America. In 1961 the pill was marketed after being tested on only 132 Puerto Rican women. Not surprisingly, 20 years later new side effects from the pill are still being discovered.

Some argue that the 90 million women on the pill around the world are part of a huge experiment. Others say in most cases the pill is safe, and enough research has been done. No one knows for sure.

"It's time women took the responsibility of birth control out of their doctors' hands and back into their own," said Anne-Marie Smart, organizer for The Women as Reproducers group. "Women think they are choosing the most effective method but they aren't taking all things into consideration. We have to ask ourselves if the side effects are worth it. We have to stop letting ourselves be used as guinea pigs."

The list of possible side effects associated with the pill is long and frightening: blood clots, heart attacks, headaches, chemical diabetes, loss of libido, depression, nausea, urinary tract infection, vaginitis, sterility, breast change, weight gain, skin problems, and depression are some of the known side effects. The list grows every year.

According to Doctor Linda Coll at the Carleton University Health Services, the more serious side effects are rare and usually only come about if some other risk factor is involved.

"The pill is only one risk factor," she said. "If the use of the pill is combined with things like smoking, diabetes, lack of exercise, hypertension, increased age of obesity, then the risk of major side effects increases. Depending on the overall picture, a doctor can assess the risks an individual is taking."

The statistics on pill-related side effects vary depending upon who is doing the study.

For drug companies, the pill is big bucks, with \$90 million women paying between \$3.50 and \$7.00 a month for it. Nevertheless the companies admit in a warning pamphlet enclosed in each packet that "In a small number of women potentially serious side effects may occur."

The problem is, as Smart points out, that the vast majority of studies are done by drug companies because they have the money. It is in their best interest to downplay the risks.

Doctors Barbara Seaman and Gideon Seaman, in their book *Women and the Crisis in Sex Hormones* examined a wide range of studies done by a variety of doctors and came up with figures that show more than just a few women are affected:

- ° 5 per cent of pill users get high blood pressure
- ° 13 per cent get chemical diabetes
- ° 30 per cent get mild to severe depression
- ° 5 per cent are infertile — and sometimes permanently sterile — when they stop.

While the risks associated with taking the pill have been reduced over the years, they haven't disappeared. When the pill was first introduced it contained massive doses of synthetic estrogen and progestin hormones. At that time, 5 milligrams of these hormones was the norm. Now most pills contain 50 micrograms.

The so-called "minipills", which contain 50 micrograms of estrogen or less, build up a mucus over the cervix entrance so that sperm may not enter. The stronger types of pills inhibit ovulation.

Dr. Coll said the lower the dosage the safer the pill is. But the lower dosage pills have to be taken regularly every



24 hours of their effectiveness is reduced. Anne Marie Smart said while the mini pill may be safer it is still putting estrogen into the system. The risk of a variety of unpleasant side effects still exists.

"It's up to the individual to look at the information, examine the risks and decide if it is worthwhile for her to take the pill," said Smart. "It's easier for doctors to give the pill than to teach another birth control method. I'm not blaming doctors. Ultimately it is the woman's responsibility."

Dr. Coll said it is the responsibility of the physician to screen patients well. "In the 18 to 24 age group, 85 percent of patients can take the pill but they still have to give a complete family history and have an internal physical before we give them a prescription. There has been a tremendous amount of research done on the pill and most of it indicates it is tremendously safe. If you stress the side effects, no one will take the pill."

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Anne Marie Smart doesn't think anyone should use the pill. There are other methods, she said, which should be looked into. For example, she cited cervical caps, which are widely used in Europe but rare in North America.

Basically, a cervical cap is similar to a diaphragm but it is smaller. The cap fits snugly around the cervix and is more effective. Smart said cervical caps aren't easily available in North America. She blames this both on drug companies who lobby against the cervical cap and on women who don't demand it. "The pill is so popular," she said. "Women have been spoiled by the simplicity of the pill and it is difficult for them to adapt to other, less invisible methods."

Research is being done on new methods of birth control but prospects for the foreseeable future look bleak. The already infamous pill for men is in the research stages still, and more is known about it now than was known about the pill before it was mass-marketed.

The World Health Organization gave \$300,000 to a Chinese

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