

Norplant's quick fix carries potential risks

WOMEN IN CANADA WILL soon be offered another option for birth control-- a reversible, long-term and, according to the manufacturer, very effective option at that.

Cause for celebration? Not quite, say women's groups in the U.S., where Norplant has been available since 1990.

"Right now the negative aspects of Norplant outweigh any positive ones," says Charon Asetoyer, executive director of the Native American Women's Health Education Resource Center in South Dakota.

"Women's realities are different from ideal clinical settings. Doctors need to get out of denial and look at that, rather than just at how Norplant works."

Asetoyer's main problem with Norplant is that it has been prescribed to many Native American women without adequate counselling and with varying degrees of consent. Also, it is being forced on women with 'questionable lifestyles' -- women with chemical dependencies or women who are on welfare. Asetoyer doesn't want to see Norplant taken off the market, but rather hopes to ensure that it is no longer used against certain groups.

"Norplant is being used as a quick fix for social problems. It is a band-aid treatment which masks the issues that are related to this kind of behaviour [chemical dependency, etc.]," said Asetoyer. "Contrary to what people think, there is a domestic population policy and Norplant is the perfect vehicle for this."

Controversial birth control technology coming to Canada

of the National Latina Health Organization in San Francisco.

In the U.S., Norplant abuses appeared almost immediately after its arrival on the market in December 1990. In January 1991, a judge in California ordered an African-American woman charged with child abuse to have Norplant inserted as an alternative to jail.

Since then, thirteen states have tried to introduce legislation mandating Norplant for women on welfare, with the underlying theory being that Norplant is a perfect 'tool to fight poverty'.

David Duke, ex-Ku Klux Klan fronts person, introduced a bill in Louisiana which would pay "a cash bounty to any poor woman who would accept Norplant along with her

they can't get pregnant, it's like a free-for-all," says Lisa Diane White, communications coordinator of the National Black Women's Health Project (NBWHP) in Atlanta.

As Norplant offers no protection from sexually transmitted diseases, White wishes condom use was encouraged over Norplant insertion among teenagers.

The NBWHP is also concerned about the link between Norplant and poverty. As it is a drug that has recently been approved in the U.S., the ways in which it affects women's lives need to be closely monitored through close patient/doctor contact.

"Black women, particularly when they're poor, traditionally do not have ongoing relationships with their doctor," says White. "Who has time or money to come back every month for a check-up? If you're working at a minimum wage job and you don't show up, you don't get paid."

REMEDIES?

To counter the use of Norplant as a punitive measure and as a means of fertility control, many women's groups in the U.S. are lobbying their state governments to draft protective legislation for women.

"We [the National Health Organization] are involved in working towards prohibiting any legal system from sentencing women to Norplant, and towards setting a minimum standard of information to be given to the Norplant user," says Martinez.

This group is also lobbying to set up a

What is Norplant?

NORPLANT CONSISTS OF SIX SMALL silicone-coated rods which are inserted into the woman's upper arm for a period of up to five years. The rods each contain 36 mg of progestin, a synthetic hormone which prevents pregnancy by inhibiting ovulation and thickening cervical mucus.

"This drug is just a different delivery system of a drug that's been on the market for years," says Joanne Ford of Health and Welfare Canada, referring to oral contraceptives ("the Pill"), which contain estrogen in addition to progestin.

Norplant is effective twenty-four hours after insertion and is immediately reversible after removal. Insertion takes place in the doctor's office using a local anesthetic and requires between five and ten minutes. Removal takes a bit longer.

According to the World Health Organization, about four out of every one hundred users of Norplant are likely to become pregnant, with the effectiveness gradually decreasing in women who weigh over 154 pounds.

Norplant isn't recommended for women with acute liver disease, breast cancer, and blood clots in the eyes, legs or lungs. The most common side effects are breakthrough bleeding, sometimes constant bleeding, weight gain and nausea.

There are also reported cases of the capsules travelling inside the body and keloids, or scar tissues, forming at the point of insertion. The long term side effects have not been accurately documented, according to several women's groups in the U.S. (see accompanying article).

Finland was the first European country to market Norplant in 1983 and many nations have followed suit since then. Groups such as the U.S. Population Council (not-so-fondly referred to as the Population Control Council by certain women's groups) have undertaken widespread Norplant insertion projects in third world countries-- India, for example.

"It will be available in Canada sometime in the first part of March," says David Chown, director of Government Affairs at Wyeth Ayerst, Norplant's sole distributor in North America. "We will be selling it for four hundred and fifty dollars, which is very competitive in terms of the U.S. price (\$U.S. 350)."

The price does not include insertion or removal, and will not be covered by the provincial health care systems. Whether or not Norplant will be covered in Canada for people on welfare, as are oral contraceptives, remains to be seen.

If it is, Norplant will only be available to women on opposite ends of the income spectrum, those on welfare and those in high income brackets.

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POPULATION CONTROL IN DISGUISE?

Norplant is covered under Medicaid in the U.S., meaning that low-income women on social assistance have as many birth-control choices as women who are better off financially.

The issue is, however, not so simple. The costs of insertion and removal of Norplant are often not covered, and women who cannot afford to pay for removal are denied this procedure. Because of this, they are left to deal with unpleasant and possibly unhealthy conditions.

"It's not a rare occurrence. Many clinics refuse removal unless medically indicated," says Luz Alvarez Martinez, executive director

welfare payments."

"The message," says Martinez, "is if you're poor, you have no rights. You may not have children. It's horrifying."

HORMONES FOR KIDS

Another major concern of women's groups in the U.S. is the frequent use of Norplants among teenagers. As teenage pregnancy rates are soaring, Norplant is recommended for teenagers who often forget to take the pill. Because it is illegal to test the drug on people under eighteen years of age, there is no way of knowing what the full effects of the hormone will be on the adolescent body.

"They're pushing it as a quick fix. When you put something in a teen's arm and tell them

registry for women on Norplant to chart possible new side effects which may arise among American women. "Side effects are showing up that are not listed by the manufacturer, such as strokes," says Martinez.

Another recommendation is that the cost of insertion and removal be recovered in one all-inclusive fee, so that women can have it removed whenever they want. "It is basically forced temporary sterilization if Norplant is not removed at the woman's request," notes Martinez.

With Norplant soon to arrive in Canada, health care providers and advocacy groups here should turn their attention southwards to avoid any potential abuse of the drug. It remains to be seen whether Norplant will fare as badly here as it has in the U.S..