

Pregnancy Help Australia

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Submission re: Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005.

The Australian Federation of Pregnancy Support Services Inc (trading as Pregnancy Help Australia) has reviewed the issues surrounding the above Bill and considers that this Bill should be rejected for the following reasons:

- The explicit purpose of administering the drug RU486 is to initiate an abortion. This is a serious procedure and it is inappropriate that its administration is regulated by the Therapeutic Goods Administration (TGA) alone. Responsibility for approval for the use of a powerful drug which has controversial consequences, is deliberately life-destroying, and is potentially dangerous to the user should remain with the Minister for Health and Ageing.
- In several Australian States performing an abortion is still a criminal offence. This should be taken into consideration in formulating and implementing a Federal Government Bill.
- The current abortion rate in Australia (one in four pregnancies end in abortion) is very high. Research has shown that nearly three quarters of Australians think that this rate is too high (national survey, Give Women Choice: Australia Speaks on Abortion, Southern Cross Bioethics Institute, 2005). Introduction of chemical abortion could lead to an increase in these numbers, thus exacerbating an already undesirable outcome to an unexpected pregnancy.

- Research suggests that many women suffer physically, psychologically, emotionally
 and spiritually as the result of an abortion. Depression and suicide are particular
 risks demonstrated as a result of research using the computerised health records of
 women in Finland (Gissler et al, British Medical Journal, vol 313, 1996)
- Chemical abortion can be a more traumatic procedure for the mother than surgical abortion and therefore more likely to be associated with depression. The woman is more "personally" involved in the process through ingesting the substance initially, going through labour as the unborn baby is slowly killed, then delivering the foetus at home. The mother is also substantially more at risk of complication during or following the delivery. These complications have been shown to be potentially fatal. This is of particular concern for women located in rural and remote regions with limited access to emergency medical treatment.

In conclusion, our recommendation is that regulations currently in place re the availability of RU 486 should remain unchanged.

Anne Foster Executive Officer Pregnancy Help Australia 16 January 2006