



Women's Action Alliance (Australia) Inc

Submission to: Senate Community Affairs Committee
Re: Inquiry into Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005
Date: 16th January 2005

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Women's Action Alliance is a national women's group, established in 1975, which has active representation in each State and Territory of Australia.

Our aims are twofold

- 1. To raise the status of women in the Australian community*
- 2. To strengthen Australian families as the basis of our society*

To further these aims we encourage women to be well informed, to analyse issues, and to participate in areas where opinions are formed, and where decisions are made.

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Women's Action Alliance has concerns about the prospect of the abortion drug RU486 (mifepristone/misoprostol) being made more readily available.

In considering this matter we have read extensively, taken an intense interest in the evidence already given to the Committee during the public hearing in Canberra on 15th December 2005 and read the other submissions made available on the www.aph.gov.au website.

It has become clear that the use of this drug is no simple matter and that it should never be used without very close medical supervision.

For up to 10 per cent of women RU486 will result in an incomplete abortion. These women will be required to undergo a surgical abortion.¹

Side effects include:

- Heavy bleeding (up to 18 per cent of patients)
- Nausea
- Cramping - painful contractions
- Vomiting

Up to 5 per cent of women will have blood loss so severe that it will require medical intervention.

¹ The data from the US trials from which these statistics are drawn is reported in: Irving M. Spitz, et al.. "Early Pregnancy Termination with Mifepristone and Misoprostol in the United States" *New England Journal of Medicine* Volume 338:1241-1247 April 30, 1998 Number 18

We note that Dr Sue Page from the Rural Doctors Association of Australia said at the Public hearing that, *“You would probably want to look at as system whereby there was a dedicated training program just for this individual drug similar to the methadone prescribing model so you could be sure that every doctor who was prescribing this medication was doing so with a really robust educational and support structure.”*

Dr Ross Maxwell, the current president of the Rural Doctors Association, acknowledged, when asked about the need to provide guidelines to women about ways of disposing of the aborted foetus, (at home) after ingesting RU486 that, *“It is a piece of work that would need to occur.”*

The current push is to have the Therapeutic Goods Administration body assess this drug, rather than the Health Minister. However there is nothing “therapeutic” about this drug. It is not a form of treatment for a pathological condition. In fact, as above, it is more likely to cause a pathology. It has a very special purpose and is a very special drug which raises serious moral issues and because of this there should be a high level of scrutiny and accountability involving elected governments and their ministerial accountability to the community. The matter being highly political the assessment of it should be made by an elected person so that the person acting on behalf of the community can be removed by the community if that is its will. The Chair of the Senate committee Senator Gary Humphries recognised this when he raised the question *“..... this issue is one with a very strong political dimension and, unlike any other drug that might be regulated by the TGA, ought it to have political oversight?”*

Some of the argument about removing the ban on RU486 has focussed on the needs of women in regional and remote areas who do not have access to facilities for surgical abortion. As there are concerns about the known side effects of the drug it would seem dangerous to make it available to women who do not have hospitals and other medical facilities nearby where they can be treated if such side effects occur. Dr Maxwell noted that, *“Follow up is a vital part of this process.”* He also said *“I think it would be quite irresponsible to be prescribing this sort of medication to somebody who did not have fairly immediate access to resuscitation services and the ability to access a curette.”* This is troubling when it is difficult to guarantee that the women will return for their “vital” follow up – especially less educated women and those in remote areas for whom this involves lengthy travel and, in many cases, expense.

Recent surveys have shown that people are not happy with the number of abortions being performed in Australia. The two pro choice women’s groups which appeared before the committee on December 15th both stated that abortion should be rare. Abortion is not rare in Australia. It is very common indeed. Giving readier access to this drug would do nothing to address this concern. This is not to suggest that women have abortions lightly, but making almost anything more accessible will raise its usage rate. eg guns.

The President of the Australian Medical Association Dr Mukesh Haikerwal, suggested in his submission that it (RU486) could become an “authority drug” i.e. whereby doctors have to seek authority from the Department of Health before the drug is prescribed and where it is *“only authorised to be used where certain pre requisite criteria are fulfilled.”* He said it should not be a “take home” product.

Women's Action Alliance recommends that

- 1. The Minister for Health retain responsibility for assessing where and when this drug regime is prescribed.**
- 2 . If the government sees fit to transfer responsibility for assessing the availability of this drug regime to the Therapeutic Drugs Administration it should be classified as an "authority drug."**

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