

Depo-Provera to be dumped on Canada ?

By MICHELLE LALONDE & MELINDA WITTSTOCK

(CUP) — The federal government has been holding a series of closed-door meetings on contraception which critics say are a "sham" and merely an attempt to deflect attention away from a demand for public hearings on the pending approval for the use of the controversial drug Depo-Provera as a contraceptive in Canada.

Health and Welfare Canada is presently winding up a series of one day, "invitation-only" meetings this month in six Canadian cities, aimed at assessing the risks and benefits of using Depo-Provera and making recommendations on the controversy to senior Health and Welfare officials.

And, the Canadian coalition on Depo-Provera, an umbrella group of 75 organizations across the country opposed to the certification of the drug, has criticized the federal government for not opening the meetings to the public and media. "They've been set up only to sidetrack the Coalition's request for public hearing about Depo," a Toronto representative of the Coalition told reporters outside the Sept. 15 Toronto meeting. "They're a mockery of democratic process."

But Karen Kennedy, coordinator and chair of the meetings, responded to the criticism levelled at the process by telling reporters outside the Toronto meeting that the panel will discuss a wide range of birth control issues and not make any recommendations to the government. "We're looking at the whole area of fertility control, not only Depo-Provera," the Health and Welfare consultant said.

Depo-Provera, a synthetic hormone manufactured by the U.S.-based multinational Upjohn Co., is currently used in over 80 countries and has been given to over ten million women in the Third World for birth control, with the approval of the World Health Organization (WHO) and the International Planned Parenthood Federation (IPPF).

But the U.S. Food and Drug Administration (FDA) disallowed the drug because tests on animals over the past 15 years indicate the drug causes cancer. That the drug is fit for the use of Third World women but not white women in the U.S. has led many critics to the conclusion that women in underdeveloped countries are being used as human guinea pigs to test new contraceptive technology.

"After refusal in the U.S. on the grounds Depo is unsafe," says Deborah Van Wyck of the Canadian Coalition "Upjohn is treating the Canada as a Third World dumping ground. It's hoping a well-funded,



well-cloaked lobby will result in the certification of the controversial drug here, where it failed in the U.S.," she said.

Used by doctors in Canada since the '60s to treat endometriosis and cancer, as well as to stop the menstrual bleeding of mentally handicapped and physically disabled women, Depo-Provera boasts a myriad of adverse side effects. Temporary or permanent infertility, anemia, diabetes, uterine disease, permanent damage to the pituitary gland, lowered resistance to infection, deformities in offspring, severe mental depression, as well as cervical, endometrial and breast cancer are some of the reported long term effects of the drug.

A 1981 study by Dr. Donal Zarfes, a professor of pediatrics and psychiatry at the University of Western Ontario, found that the rate of breast cancer was 25 times above average in the institutionalized handicapped women in Canada who had been given the drug — "usually without their informed consent," he wrote.

Short term effects include weight gain or loss, abdominal discomfort, nausea, headaches, loss of hair, limb pain, disruption of the menstrual cycle, vaginal discharge and the spotty darkening of facial skin.

The drug also causes a loss or decrease of sexual libido and/or orgasm. While a loss of libido would probably not be tolerated by most men, population experts and Upjohn managers — predominantly men — are willing to inflict this on women. Male sex offenders who have been administered the drug as a "cure" have called Depo "chemical castration".

Depo is administered by injection every three months and works similarly to the Pill. It inhibits ovulation by suppressing hormones to the pituitary gland. After discontinuation of the drug, a woman's body takes from six to eighteen months to become fertile again. The injections last for three months so if any negative side effects arise, a woman must suffer through them until the the injection wears off.



Worried the drug would be quickly and silently approved without adequate research or consultation, the Coalition presented four demands to federal Health minister Jake Epp last year. The Coalition wanted information in the hands of Health and Welfare Canada and Upjohn to be made public, public hearings on the drug composed of medical as well as consumer representatives, and a guarantee that the safety of the drug be firmly established before its certification in Canada.

But the Coalition's demands fell on deaf ears. Not only have the meetings been closed, but concerned groups also expressed disappointment that there had been no attempt by the government to publicize the meetings and that some of the invited groups had not been given adequate time to prepare their submissions to the panel.

Health and Welfare official Nes Lubinsky told angry women who were turned away from the meeting that the meetings were closed "entirely for the protection of the groups who are presenting. We want them to feel free to speak their minds," he said.

"That's a load of crap" says Joanne Doucette of Toronto Disabled women's Network (DAWN), one of the groups that made submission to the panel. "We argued with them for half an hour this morning about public meetings." Doucette said none of the groups presenting briefs to the panel had raised any objection to opening the meeting to the public and media.

But Kennedy says at least two groups — one in Halifax; the other in Calgary — had said they would not make a presentation if the meetings were open to the media, but she refuses to name the two groups. "We felt we had to be consistent across the country," she says.

Sylvia Gold, president of the Canadian Advisory Council on the Status of Women says her group "would have preferred open

meetings so that our recommendations regarding research into contraception could be reported to the public."

Many groups were concerned that the panel was formed entirely of medical practitioners, two of whom had already expressed their approval for the certification of Depo for contraceptive use. "These are not the neutral experts the government has promised," read a news release from the Toronto Coalition.

"We'd like to see a more open process with public meetings and the release of the information base upon which the government hopes to decide, along with consumer input and consumer representation in such a decision," the DAWN submission *Over Our Dead Bodies* states.

"Too many times drugs have been prematurely approved in the past after intense lobbying by drug companies," says Van Wyck, pointing to the fact that the Advisory Committee on Reproductive Physiology, which has recommended the certification of Depo twice, "has Upjohn people on it."

"We don't need another DES. We don't need another Thalidomide," says DAWN's submission. "And the general public doesn't either."

But Dr. Jack Walters, an Ottawa gynecologist and the chair of the Advisory Committee, says women opposed to the drug are "overreacting." According to all scientific data on the drug, he says, the drug is as safe as the Pill.

The vice president of Upjohn Co. of Canada agrees with Walters. "The drug is relatively safe," says Dr. Douglas Squires. "I'm not saying that side effects do not occur — they absolutely could occur and this drug may not be appropriate for some women. But even aspirin has side effects. . . Hell, there are studies that show that celibacy can increase the incidence of breast cancer in some women."

Squires says that if Depo is approved, it will probably be used by women who cannot take the Pill because they are over 35 and/or smoke.

Walters thinks Depo is a "good contraceptive method" for women who are "uneducated." For instance, he says, there are "very few Black women in South Africa who would understand how to take the Pill."

But Black women in South Africa have charged that the drug is being forcibly administered to them by government-funded family planning agencies. Dr. Nthato Motlana, a Black South African physician, told the Toronto magazine *Healthsharing* in the fall of 1982 that Depo-Provera shots are being given to young Black girls "without even asking their consent."

Meanwhile, at an IPPF-sponsored clinic in Thailand, 60,000 women have received Depo injections. "Each woman was given the time to make her 'free choice' and have her injection — 60 to 90 seconds. At the Khao I Dang refugee camp, women who agreed to be injected were promised a chicken — a powerful inducement in a camp where refugees are fed about four ounces of meat a week," the article in *Healthsharing* pointed out.

The closed meetings in Canada are perhaps a symbolic reminder that agencies such as the IPPF and WHO and companies like Upjohn are not properly informing women about the drug. Many women users of Depo are not even told they are being given the drug, let alone what its possible side effects are.

Over Our Dead Bodies documents many cases of handicapped women in Canada that have been administered the drug without their consent. Carolyn Colbourne, a

member of DAWN who was on the drug for four years, says they never told her anything about the drug or its side effects. "I didn't have any choice about taking it. How was I going to stop them? I experienced all kinds of side effects while on the drug — depression, loss of appetite, kidney haemorrhage. . ."

Colbourne says most of the women at her institution had been put on the drug to "stop their menstruation for the convenience of the caretakers" without their informed consent. "It's wrong to put these women on a dangerous drug when they have no choice. It is wrong to use people as guinea pigs, which we were."

As DAWN's submission to the panel points out, women who have used Depo do "not even get the same opportunity male sex offenders do to give informed consent." A copy of the consent form which rapists are asked to sign before being administered Depo contains a lengthy explanation of all the possible side effects of the drug. The consent form was printed in the February 1985 issue of *Modern Medicine of Canada* and lists such adverse effects as "inability to concentrate, depressed mood, loss of hair, inflammation of the veins" and "the possible development of cancer and blood clots."

Notwithstanding, doctors like Dr. Malcolm Potts, the present director of the International Fertility Research Programme and former IPPF medical director, insists the drug must be given to millions of women over the course of decades before its carcinogenic effects can be judged. "We are not going to know whether Depo-Provera is safe," he explains, "until a large number of women use it for a very long time."

But as the DAWN submission says, "there are enough causes of disability already. Much as we like ourselves, we don't wish to see our numbers increased."

A drug company's capacity to use underprivileged women around the world as "human garbage cans" depends on the maintenance of peoples' ignorance. Closed and unpublicized meetings along with a dearth of information about the drug, serve that purpose. As the Advisory Council on the Status of Women points out in a news



release, "the open participation of consumers and interest groups and others is essential for the balanced consideration of ethical, psychological and sociological issues" with respect to the pending decision on Depo-Provera.

Dr. Squires says he has "problems with people who intermix sociology and medicine." He says doctors are better qualified to judge whether a woman should use Depo — "should we listen to the experts or special interest groups who have some sociological reasons for feeling this drug is not appropriate for women to use?" he asks.

But because of the "potential for the drug to be misused," says Dr. Marion Powell of the Toronto Bay Centre for Birth Control, "it is far too important an issue to be left in the hands of the medical profession."

Depo-Provera critics say women must be better informed of contraceptive methods and consulted in decision making, as they are the ones most affected by drugs like Depo-Provera. Although men control most information on Depo and regulate its use throughout the world, women are calling on the government to heed their concerns, and to put more time, money and energy into finding safer, surer methods of birth control.

But is the government listening?