



Response document for MHRA public consultation on the proposal to make Hana available from pharmacies

Ref: ARM 99

MHRA proposes to permit supply of Hana in pharmacies because we consider that the evidence presented in this application demonstrates that the product does not meet the POM criteria set out in legislation. Your response should address why you agree or disagree with this conclusion and any additional safeguards you consider to be necessary in pharmacies. We will review all responses received to see if the evidence presented changes our conclusion about the product not meeting the POM criteria.

Your details

Name: Megan Manson

Position (if applicable): Head of policy and research

Organisation (if applicable): National Secular Society

Email: megan.manson@secularism.org.uk

1. Do you consider that Hana should be available as a Pharmacy (P) medicine?

Yes

Please provide any comments or evidence to support your response:

In deciding whether to make desogestrel (Hana or Lovima, commonly known as POPs or mini pills) as the active ingredient, the primary concern should be the health and well-being of patients who use these products.

Making desogestrel available as a Pharmacy medicine would significantly increase women's reproductive health choices and ease of access to effective contraception, leading to fewer unwanted pregnancies.

Desogestrel is extremely safe. (see [Faculty of Sexual & Reproductive Healthcare Clinical Guidance: Progestogen-only Pills](#)). Assuming good communication between the pharmacy and the GP practice, there should be no reason for a suitably-trained pharmacist not to be able to dispense it.

Making desogestrel available as a Pharmacy medicine would be of particular benefit to women from more marginalised backgrounds for whom having to attend a GP consultation may present more challenges – for example, women from insular religious communities that disapprove of contraception. Frequently, their doctor may also be from the same community which presents a potential barrier to care because some women would be fearful of approaching their GP for fear of breach of confidentiality.

It is worth highlighting that the past president of the Royal College of Obstetricians and Gynaecologists, Professor Dame Lesley Regan, has pointed out that Viagra was made available to men over the counter and without a prescription within a year of being licensed, but POPs have been licensed for more than 60 years and are still unavailable over the counter. This could be considered an inequality in sexual health for men and women, and must be addressed.

We share in the [concerns expressed](#) by the British Pregnancy Advice Service (BPAS) that the transition to a Pharmacy medicine does not result in the creation of additional barriers to patients seeking desogestrel. The transition of the 'morning after pill' in the early 2000 to a Pharmacy medicine saw the price of the pill set very high, and the establishment of an overly-intrusive consultation process. Similar barriers must be avoided in the roll-out of desogestrel as a Pharmacy medicine – it should be available at low cost and without clinically-unnecessary consultations.

Furthermore, it is essential that any consultation that is clinically required is provided in a non-judgemental and professional manner, as per the current General Medical Council and General Pharmaceutical Council guidance so that the transition of desogestrel as a Pharmacy medicine truly represents an increase in women's choice rather than a potential barrier.

We warn that some objections to making desogestrel easier to access may come from those who ideologically oppose contraceptive medicine under all circumstances, and seek to make it harder for women to access these products. Many of these objections are rooted in religious teachings about sex. Religious ideology should not be permitted to determine healthcare policies, especially when accommodating religious beliefs will undermine the health, safety and well-being of patients of all religion and belief backgrounds.

2. Do you have any specific comments on the leaflet, label or pharmacy supply aid checklist provided at Annexes 2, 3 & 5?

3. Do you have any other comments on the reclassification?

This submission is made by the National Secular Society (NSS). The NSS is a not-for-profit non-governmental organisation founded in 1866, funded by its members and by donations. We advocate for separation of religion and state and promote secularism as the best means of creating a society in which people of all religions and none can live together fairly and cohesively. We seek a diverse society where all are free to practise their faith, change it, or to have no faith at all. We uphold the universality of individual human rights, which should never be overridden on the grounds of religion, tradition or culture. We campaign to protect patients from harm caused by the imposition of other people's religious values. We advocate for a secular approach to current major health issues. We are opposed to religious influences in medicine where these adversely affect the manner in which medical practice is performed. We support patient autonomy and challenge pro-religious discrimination, particularly in those areas of medicine where reasonable personal choice is threatened.

Our response has been prepared with the input of our Secular Medical Forum and practitioners with experience in the area of sexual health.

4. The MHRA may publish consultation responses. Do you want your response to remain confidential?

No

*If partially, please indicate which parts you wish to remain confidential. In line with the Freedom of Information Act 2000, if we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. Responses to consultation will not normally be released under FOI until the regulatory process is complete.

Responses can be continued onto a separate page if required. This form should be returned by email (reclassification@mhra.gov.uk) to arrive by **Thursday 4 March 2021**. Contributions received after that date cannot be included in the exercise.