

**DEPO PROVERA**

In April this year hearings about the licensing of Depo Provera for use as a long term contraceptive were held. But although they were formally convened in public, in fact there was no statutory right for the public to participate.

The panel were expected to produce a report for the Licensing Authority by the end of June (but in fact this was delayed). The Licensing Authority however, may choose not to make the report available to the public.

The hearings (held under section 21 of the Medicines Act 1968) occurred because, for the first time ever, the Licensing Authority (ie, the Minister of Health, Mr Kenneth Clarke) overruled the recommendations of its expert advisory panel, the Committee on Safety of Medicines, and refused to license Depo Provera. The manufacturer, Upjohn LTD, then exercised the right to a review of their application by an independent panel of experts chosen by the Licensing Authority.

Depo Provera is an injectable contraceptive (which is a synthetic hormone and has a three month duration) and was first marketed in Britain in 1963 for the treatment of endometriosis<sup>1</sup>. Upjohn applied for a license for long term contraceptive use in 1976, but was only successful in securing a license for use as a short term contraceptive for women being immunised against rubella, or whose partners were undergoing vasectomy.

In 1981 it was licensed for the treatment of renal, breast and endometrial cancer and in April 1982 the CSM recommended that it be licensed for use as a long term contraceptive, but only for women for whom all other methods of contraception are contra-indicated. Up until January of the same year, the CSM itself had expressed concern about the safety of the product and advised against a license for long term use. However at private hearings before the CSM in July 1981 and January 1982 Upjohn's representatives had managed to assuage these doubts.

The Licensing Authority's reason for overruling the CSM's advice were that they believed the risks of using Depo Provera outweighed the benefits, and that those women for whom the drug was recommended would have difficulty in giving informed consent.

Depo Provera has attracted more public concern for longer than perhaps any other drug currently marketed in Britain, and this was reflected in the desire expressed by many groups to participate at the hearings.

Moreover, the controversy surrounding decisions about this drug has served to highlight the secrecy of the British regulatory system.

At the preliminary hearings held in November 1982 requests were made that other interested parties should be allowed to participate at the full hearings in April 1983. The panel, after consideration, decided that there was no provision under the Medicines Act for anyone other than the manufacturer to present oral evidence and call independent witnesses. However, as Upjohn was agreeable, the panel would accept written evidence from interested parties, but this would have to be seen to have been submitted under the auspices of Upjohn.

This could be considered a minor victory but it is in no way an acceptable level of public participation. By comparison, at similar hearings (requested by Upjohn) in front of the USA Food and Drug Administration earlier this year, parties other than the manufacturer exercised their statutory right to participate on an equal basis. This reflects both the traditionally more open and adversarial regulatory system in America (although it is by no means perfect) and the greater strength of consumer groups.

The written evidence submitted at the hearings was prepared by the Co-ordinating Group on Depo Provera, which was formed to represent a number of women's groups and health groups who had expressed broadly similar interests in wishing to oppose a long term license. They spent approximately three months working on a voluntary basis, sometimes having to forgo earnings to compete against a company whose pharmaceutical sales in 1979 were estimated at \$56 million.

The group's evidence consisted of a review of the same scientific research upon which Upjohn were basing their claim to Depo Provera's safety. Widely reported side effects include 'menstrual chaos', breast swelling and discomfort, hair loss, acne, weight gain, fatigue, depression, headache and loss of libido. Most women given Depo Provera experience at least one of these problems. In addition Depo Provera has caused cancer in a number of animal studies, and is a known teratogen<sup>2</sup> in animals. Long term use may also lead to increased risk of arterial disease, and may

effect carbohydrate metabolism making those women already prone to diabetes more susceptible. It is also secreted in the breast milk of lactating mothers, with unknown effect on babies being breast fed.

What did become clear both from the evidence submitted by the CGDP, and the oral testimonies of the witnesses at the hearings, was that there are no definitive answers to a number of key questions. All of the studies that have been carried out have shortcomings, and in some areas there is almost no research at all. This is despite Depo Provera's extensive use for over 17 years.

Most alarming, perhaps, is that the research findings on Depo Provera are much wider than those to which the GSM had access. But because the CSM's meetings are held in private, there is no public participation, and the minutes of the meetings or the research reviews they produce are not available for public scrutiny, we have no way of knowing if the quality of the research on other drugs is the same (and as questionable).

Depo Provera injection — the most popular contraceptive in Sri Lanka.

It is probable that there is isn't a drug for which there are no side effects or risks that have to be set against the benefits that may accrue to users. But the assessment of this risk/benefit ratio is not merely a technical question which should be confined to experts. Those likely to be taking the risks should also decide if the risks are acceptable.

Obviously the decision about Depo Provera will be important for individual women. This will apply especially to women in the Third World, who are likely to go on being given the drug without their 'informed consent' if Britain gives it what appears to be a 'clean bill of health'. But whatever the committee decides about the drug itself it is this question of popular participation in regulatory decision making that makes the Depo Provera issue one of wider significance. While the 1974 Health and Safety at Work Act gave trade unions some degree of participation in the regulation of workplace hazards, this does not yet apply to the growing number of potentially dangerous chemicals found in consumer products and in the wider environment.

*Gillian Transfield*



<sup>1</sup> Endometriosis occurs when the lining of the uterus (endometrium) is displaced, causing bleeding.

<sup>2</sup> A teratogen is a generator of birth deformities in the offspring (like Thalidomide).