

FAQ

Frequently asked questions about making over-the-counter medication available in domestic violence (DV) and sexual assault (SA) programs

Q: Can our DV and dual advocacy programs make over-the-counter (nonprescription) medication, pregnancy tests, and emergency contraception* available to women and their children using our program services?

*Plan B One-Step/Morning after pill (generic name is levonorgestrel) is available without a prescription or age restrictions to women and men. That means **anyone can buy it** without having to show ID at a store, pharmacy or online.

A: Yes! The good news is that we can remove barriers and give people access to over the counter medication for themselves or their children in our programs.

Things to consider

Offering

When you **offer** a first aid kit to someone who has cut themselves, the adult chooses whether or not to use what you are offering. You are not ordering them to use a Band-Aid, just offering. By letting folk know that you have Tylenol, aspirin, children's cough syrup, pregnancy tests or emergency contraception available, you are providing information, not directing someone to use any of these items.

Dispensing

"Dispensing" has a particular legal implication and refers to prescription drugs.* Letting someone know that you have over-the-counter medication available if they feel the need for it is not the same as *dispensing* medication. The woman is choosing to take Tylenol or give her child cough syrup; it is her choice. DV and dual programs are neither prohibited from nor directed to make over-the-counter medication available to our program participants according to state codes (see WAC 388-61A-0560). Our WAC requires programs to have a secure way to store medications with immediate access to the program participant (see WAC 388-61A-0570). **Drug dispensing: the preparation, packaging, labeling, record keeping, and transfer of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug.* --Mosby's Medical Dictionary, 8th edition (2009)



Controlling

Survivor-centered, empowerment-oriented programs want to **avoid** controlling survivors' medications; that is why our WAC specifies that individuals must have secure storage and ready access to their medications. Survivors should be in control of their own and their children's medicine. But when we make it difficult for survivors to have immediate and timely access to over-the-counter medication that they may need, we are controlling their choices, and failing to offer a full range of options for responding to the abuse and making one's own choices. It is okay to expand a survivor's control and choices over her own and her children's health by safely making available over-the-counter medications – just as you would make available a Band-Aid, Ace bandage or ice for a wound. Increasing the ease with which a survivor can make choices about over-the-counter medications can impact her life beyond her interaction with your program. In particular, making emergency contraception available in a timely manner can give a survivor the chance to prevent an unintended pregnancy.

Q: What do some programs do?

A: Programs around the state have implemented many different and creative ways of meeting the medication and contraception needs of survivors.

Examples

Provide sample sizes of Tylenol, ibuprofen, aspirin or cough medicine.

Offer the larger-size item and ask for people to take what they need and return the item immediately.

Let program participants know that the programs have pregnancy tests and emergency contraception on site (don't wait until someone asks).

Give everyone an individual lock box for storage of over-the-counter medication, and prescription medication.



Q: What are the relevant WACS?

A: WAC 388-61A-0560

What first aid supplies must I approve? “You must keep first-aid supplies on hand and accessible to clients residing in shelter for immediate use. First-aid supplies must include at a minimum the following: First-aid instruction booklet, band-aids, sterile gauze, adhesive tape, antibiotic ointment single use packets, antiseptic wipe single use packets, hydrocortisone ointment single use packets, roller bandage, thermometer (nonmercury/nonglass), and nonlatex gloves. In instances where an adult or child has ingested a potentially poisonous chemical or substance, you must call the Washington Poison Center for further instruction.” [Statutory Authority: Chapter 70.123 RCW. 10-22-040, § 388-61A-0560, filed 10/27/10, effective 11/27/10.]

WAC 388-61A-0570

What are the requirements for storing medications? “(1) Clients residing in shelter must be provided with a means to safely and securely store, and have direct and immediate access to, their medications such as individual lock boxes, lockers with a key or combination lock, or a similar type of secure storage.(2) All medications, including pet medications and herbal remedies, must be stored in a way that is inaccessible to children.” [Statutory Authority: Chapter 70.123 RCW. 10-22-040, § 388-61A-0570, filed 10/27/10, effective 11/27/10.]

