



Opt Options for
Sexual Health

Annual Report

2010–2011



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Table of Contents

Introduction	4
Advocacy	6
Research Activity	8
Our Supporters	9
Applied Knowledge	10
Clinical Services	12
Finance	13
Opt's Position on Abortion	15
Appendix: Common Abortion Myths & Facts	16

Introduction

50 Years of Sexual Health Service and Advocacy

On February 1 2011, Options for Sexual Health turned 50 years old. The organization began as the Committee on Population at a time when contraception was still illegal in Canada, and an Ontario pharmacist was convicted for distributing condoms. We've been through several name changes since then, but the purpose has always remained clear and intact. It was, however, disconcerting to reflect on how many of the issues raised in our first annual report are still on the agenda as unfinished business!

As another way of taking stock of where we were at 50, in September 2010 Opt commissioned a public opinion survey from the Mustel Group, a well-known BC based opinion research company. We asked four questions. The first three were the same ones we asked in a survey nine years earlier. First we wanted to see if public support for our key programs had changed, so we asked:

Do you support or oppose public funding for health services that provide education and access to birth control to prevent unplanned pregnancy?

Assuming that the content is suited to the age of the students, do you support or oppose public funding for sex education in schools?

In both cases the survey found that the percentage of British Columbians who strongly or somewhat supported the statements had increased from 83% in 2001 to 87% in 2010. That was good news!

Then we asked if people were aware of the organization Options for Sexual Health, and if so, what Options for Sexual Health does. We asked the same question in 2001 when we were called Planned Parenthood. Back then about 50% were aware of us, but only a quarter of those people had an accurate understanding of what we did. That was unnerving, and was part of the impetus for the changes we made





to our name and how we portrayed our activities in advertising, on the Web, and in other public communication.

The 2010 results were unnerving for other reasons. Most of the people who said they were aware of us had very accurate ideas about what we do, but only 15% of respondents were aware of us! The pollsters reassured us that a 15% recognition level six years after our name change was a reasonable result. Moreover, the changes we had made in our communication strategies were focused on our programs more than the organization, and the evidence was that we were very effective.

The final question related to one of Opt's major advocacy initiatives, and is discussed in the following section of this report.



Thanks to everyone who helped support our endeavors this year, and throughout our 50-year history!

Advocacy

So much of what we want to achieve at Opt depends on advocacy. Opt's advocacy activities are led by the Board of Directors and supported by the entire organization. In 2010-11 three advocacy projects were under way.

School Sexual Health Education

The main objective of Opt's advocacy has been to improve the quality of sexual health education in BC schools. The first phase of the initiative, begun in 2005, was to increase public awareness of the inconsistencies in sexual health education across the province. The second phase is to improve access to properly trained sexual health educators. To this end, Opt introduced a Sexual Health Educator Certification (SHEC) program, an intensive combination of coursework and practicum. Opt also offers shorter programs for teachers already teaching sexual health, to hone their knowledge and skills. By 2010-11, Opt had certified eight individuals working in BC communities.

Abortion

Opt is a strongly pro-choice organization, but its policy and position statements on the subject did not specify clearly what the organization's position means in terms of rights, services, and protections. In 2010 the Board of Directors remedied this with a comprehensive statement; the statement is printed elsewhere in this report, for reference.



Eight of our 2010-11 SHEC graduates completed their practicum hours this year, and are now certified sexual health educators!



Universal Access to Publicly Funded Contraception

Access to affordable contraception remains a barrier to improvements in unintended pregnancy rates, reduced demand for abortion services, and a variety of other health benefits associated with the use of hormonal contraceptives. There is also considerable evidence from the international arena that publicly funded contraception for all generates significant savings in health and social public expenditure over and

above the cost of providing this health service. In 2010-11 the Board of Directors oversaw the preparation of a detailed proposal for universal access to publicly funded contraception in BC, for presentation to the Provincial Government as part of Opt's 50th Anniversary activities. Opt also included a question on the issue in the Mustel Group survey. The question asked was:

"Would you support or oppose a plan for Provincial Government funded birth control in BC if you knew the plan would produce cost savings in health care and social assistance over and above the cost of the plan?"

The survey revealed that 83% of British Columbians would support the measure; only 6% were strongly opposed to it.



Opt's Universal Access to Publicly Funded Contraception proposal was created as part of our 50th Anniversary activities



Research Activity

Opt was one of four study sites – and the only non-academic site - for a pilot research project sponsored by the Public Health Agency of Canada exploring the development of national indicators of sexual health. The purpose of the pilot study was to test the validity of an exhaustive questionnaire, and the feasibility of administering the questionnaire on-line.

Opt's key role in the Indicators study highlighted the importance of having access to a timely ethics review process. Rather than continue to depend on connections to UBC's ethics review mechanism, the Opt Board decided to create an Ethics Committee comprising experts from within and beyond the organization. The Committee's role includes both the review of research proposals in which Opt is involved and advice on ethical questions and challenges that arise in the course of Opt's activities.



Opt has been increasing its role as a partner in sexual health research by participating in a pilot project with the Public Health Agency of Canada.



Our Supporters

We are immensely grateful for all the hours our volunteers have contributed to the operation of our clinics, to the delivery of information, education and fun at health fairs, music festivals and other community events (try playing the very popular “Wheel of Fornication” at the Opt tent!), and to the governance and management of the organization through the Provincial Board of Directors and our remaining Branch Boards.



Volunteers from our Mission clinic at their successful Pub Night fundraiser!

We must also thank the hundreds of people who provided their personal financial support or valued gifts-in-kind to assist us with the delivery of our programs. A donation of any amount makes an individual a member of Options for Sexual Health unless otherwise specified. The benefits of membership include discounts on our courses and conferences.

Opt also thanks the United Way of the Lower Mainland for its steadfast support of our programs for children, youth and seniors, and the United Way of Central Vancouver Island for support provided to our branches in Nanaimo, Comox-Courtenay and Campbell River. Our all-important web presence and volunteer training received gaming grant support from the BC Government.

Applied Knowledge

The Applied Knowledge Program takes in an array of education, information and communication activities. While the components are distinct in function, they are linked by the common purpose using the most reliable and relevant knowledge and information we can gather or generate for the benefit of all those we serve.

The 1-800 SEX SENSE information line received 7175 calls in 2010-11, 15% fewer than the previous year, and another 1178 email inquiries, a drop of 25% from the year before. Both decreases are attributed largely to the six month period in which Opt's bus advertising was suspended due to the restrictions imposed by the Olympics. The advertising hiatus provided us with an opportunity to re-design our bus ads. In July 2010 Opt launched a new advertising campaign, with the message "We've Got a Room for You" as a promotion for both the SEX SENSE Line and our clinical network in the province. Opt puts most of its advertising resources into bus ads seen across BC; it is an effective strategy for reaching a wide audience. Indeed, 35% of SEX SENSE Line callers who identify the source of our phone number cite the bus ads (another 19% got the number from Opt's web site).

While the toll-free telephone service is restricted to BC, email inquiries come from all over the world; our staff responded to inquiries from eight US states, and five other countries during the year. 41% of calls concerned contraception or sexually transmitted infections.



Our 1-800 SEX-SENSE line showed a drop in calls that can be attributed to suspended bus ads during the Olympics





The WontGetWeird program is an important complement to the Sex Sense Line, providing an inventory of professional service providers committed to providing competent, confidential and non-judgmental care and who are open to referrals from Opt. The program began in Alberta and Opt acquired the rights to implement it in BC some years ago. In 2010-11 Opt acquired those rights for all of Canada; our intention is to promote a cross-country network of service providers through the members of the Canadian Federation for Sexual Health and other like-minded organizations.

Opt's field education program provides fully trained sexual health educators for schools, parent groups, professionals in health and education, youth and adults with special needs, and youth in custody. In 2010-11 Opt delivered 320 classes to approximately 8000 youth, provided 15 parent sessions and conducted 2 professional education courses. To date Opt has graduated 14 sexual health educators through our Sexual Health Educator Certification (SHEC) program, the only one of its kind in Canada.

With support from the Law Foundation of BC, Opt undertook a thorough review and update of the popular "Sex and the Law" pamphlet, for publication in English, Chinese, Punjabi, Farsi and Spanish. Ensuring that the accuracy of legal information was maintained through each translation was an interesting and challenging process, supported by members of the linguistic communities involved. One objective of the update was to ensure that the pamphlet speaks to the situation across Canada so it can also be used by our partners in the Canadian Federation for Sexual Health.

Clinical Services

With the opening of a new clinic in Golden, the number of BC clinics associated with Options for Sexual Health rose to 57. Of these, xx are operated by the Northern Health Authority in partnership with Opt, providing access to quality services in communities Opt could not sustain on our own.

On a pilot basis at our Vancouver clinic, Opt began offering Gardasil, a vaccine against Human Papillomavirus infection, at cost. This measure enables individuals, and parents with children who are outside the age range of the school-based vaccination program, to acquire protection at the lowest possible cost. The pilot project is slated to be extended to other clinics in 2011-12.

There has been a gap between the growing popularity of IUDs and the number of physicians who feel comfortable inserting them. Opt addressed this with a training program offered by Opt's Medical Director.



2010-11 saw the opening of a new clinic in Golden. We also began offering Gardasil vaccines to protect against HPV.

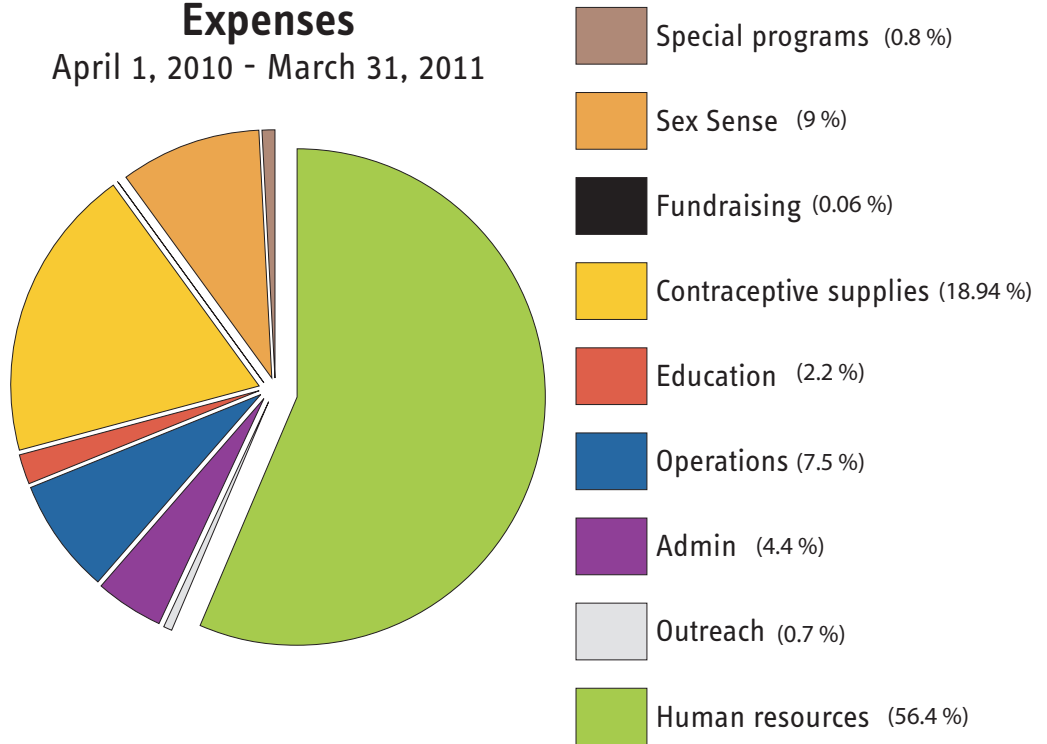


Finance



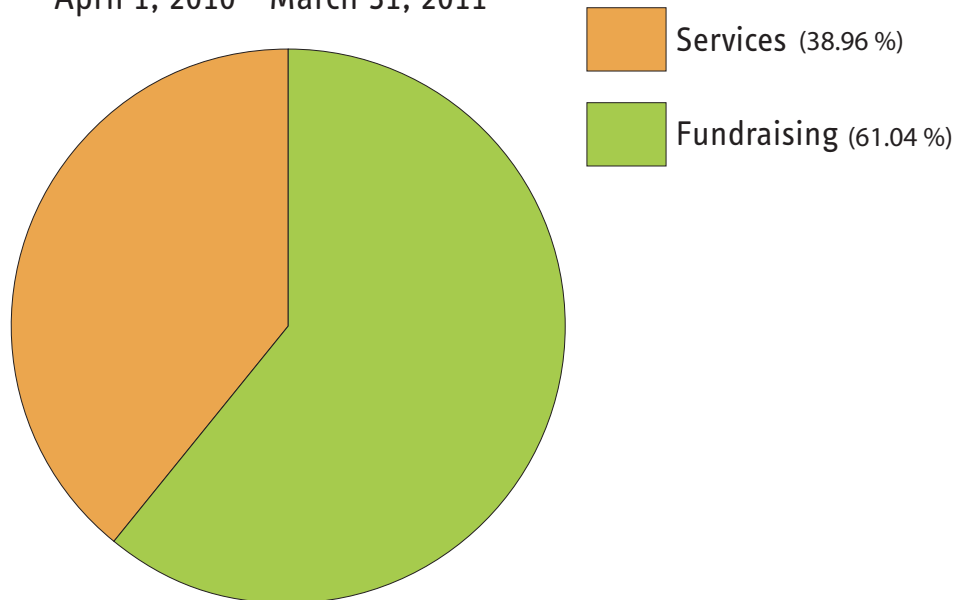
Expenses

April 1, 2010 - March 31, 2011



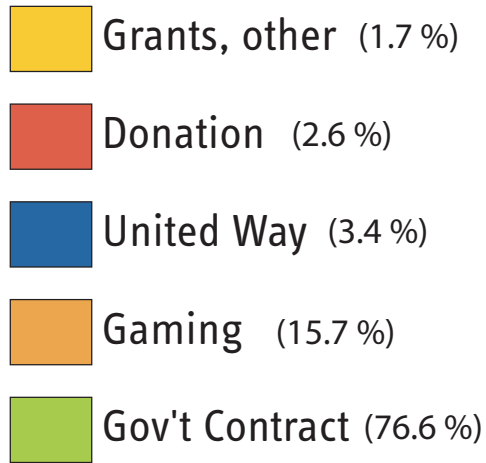
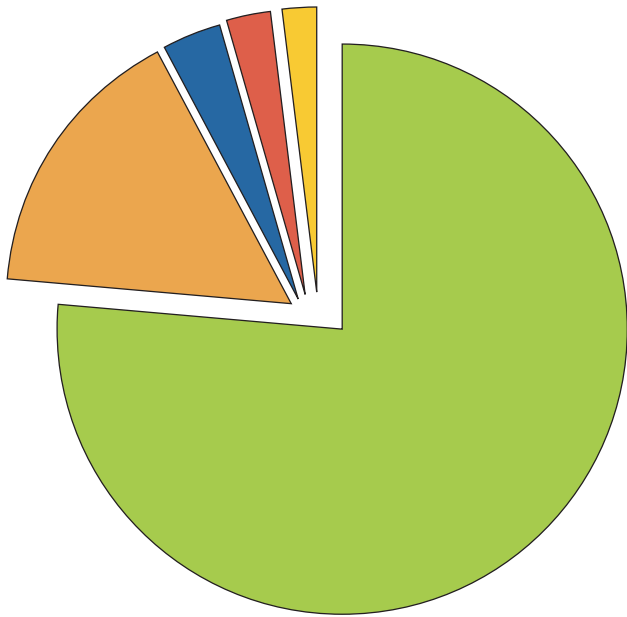
Revenue Sources

April 1, 2010 - March 31, 2011

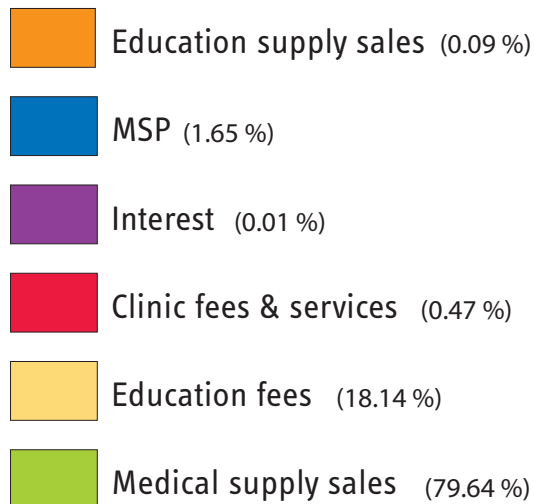
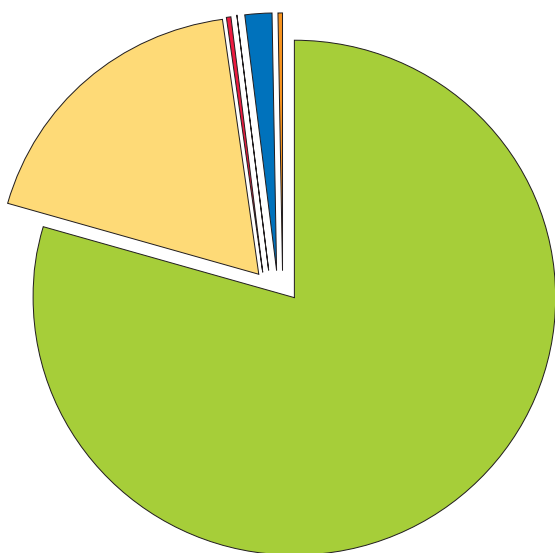


Breakdown of Revenue Types

Fundraising



Services



Opt's Position on Abortion

Opt is a pro-choice organization. We believe that:

- All women in British Columbia have the right to access core components of the health care system including reproductive health screening, contraception and abortion services.
- Providers of these services have the right to work with dignity in a safe, respectful and supportive environment.
- All women experiencing pregnancy have the right to choose among the options of parenting, adoption and abortion.
- Abortion services should be readily accessible without delay and without limitations or restrictions. OPT recognizes that currently in British Columbia, this is not the case.

Opt will:

- Provide its clients with clear and accurate information related to abortion in a non-judgmental, non-directive manner.
- Support and respect the individual choice of all women. This support includes providing an abortion referral upon request and seeking to enhance all services pertaining to a woman's choice.
- Advocate for readily accessible, readily available, unrestricted and unlimited access to abortion for all women throughout British Columbia including the following:
 - o Better access to medical and surgical abortion.
 - o Access to mifepristone
 - o Access to reciprocal billing in the Canada Health Act
 - o Classification of abortion as an "essential service"
 - o Increased abortion provider availability
 - o Community education to increase knowledge and understanding of reproductive choice
 - o Cessation of the use of public and United Way funds for so-called "crisis pregnancy centres"
 - o Cessation of the designation of charitable status for so-called "crisis pregnancy centres"
 - o Better access to pre- and post- abortion counselling
 - o Better access to pre- and post-abortion medical care (including ultrasound and medical follow-up)
 - o Protection of Access Zone legislation
 - o Collaboration with other like-minded agencies

Our commitment to the above is consistent with the mission of the Abortion Rights Coalition of Canada (ARCC), who seek to ensure women's reproductive freedom by protecting and advancing access to abortion and quality reproductive health care. OPT also shares the goal of Canadian Federation for Sexual Health (CFSH) to support a woman's individual right to choose and obtain an abortion. As a member of International Planned Parenthood Federation's (IPPF), CFSH works to ensure the elimination of unsafe abortions and to increase the right of access to safe, legal abortions for all women.

Appendix: Common Abortion Myths and Facts

Myth #1: Abortion is illegal in Canada.

Fact: In January 1988 the Supreme Court of Canada made the decision that any law that restricted a woman's right to life, liberty, and security of person, as guaranteed under the Canadian Charter of Rights and Freedoms, Section 7, was unconstitutional. This is called the Morgentaler Decision. Since this ruling there have been no laws regulating abortion or protecting rights to abortion in Canada.

Myth #2: Women will use abortion as their primary method of birth control.

Fact: The decision to have an abortion is not, for most women, a trivial matter. This, combined with the reality that abortion is inaccessible to many women in Canada prevents it from being a chosen or viable primary method of birth control.

Fact: Access to contraception is a challenge for many women in Canada. Even among women who do have access, no birth control method is 100% effective, and all women experiencing pregnancy have the right to choose among the options of parenting, adoption and abortion.

Myth #3: A woman can get an abortion at any point in her pregnancy.

Fact: Physicians performing abortions are governed by medical practice guidelines and legislation.





Canadian Medical Association (CMA) policy permits abortion after 20 weeks only under exceptional circumstances. Less than 0.4% of abortions occur after this point.

Fact: Access to abortion is not available equally across Canada. Thus a woman may have to wait to obtain an abortion, resulting in her being in the second term of her pregnancy.

Myth #4: Abortion is dangerous and poses more risks to a woman's health than does pregnancy.

Fact: Abortion procedures do occasionally have complications, just as pregnancy and delivery are not without risks to the health of both the woman and the foetus. But current Canadian data (2004) reports no deaths as a result of surgical abortion performed by an accredited physician. Abortion is safer than carrying a pregnancy to term and giving birth.

Myth #5: The drugs used in medical abortions are dangerous

Fact: According to the Compendium of Pharmaceuticals and Specialties (CPS), the most widely used source of drug information, the drug used in medical abortions (methotrexate) is safe and effective. Methotrexate has been used in the treatment of ectopic pregnancy since the early 1980s.

Myth #6: Complications from an abortion include haemorrhage, infection, perforation of the uterus, and laceration of the cervix.

Fact: Abortions performed by qualified physicians have a very low rate of serious complications.

Myth #7: Having an abortion will impact future pregnancies by leading to higher rates of miscarriage, ectopic pregnancy and placenta previa.

Fact: Women who have had an abortion experience these pregnancy complications at rates similar to women who have never had an abortion.

Fact: There is no evidence to suggest that there is any impact on a woman's ability to conceive and carry a pregnancy to term based upon her therapeutic abortion history.

Inability to conceive or carry a pregnancy to term is based on many factors (i.e. sexually transmitted infections, genetics, environmental factors) and abortion is not a risk factor for infertility or miscarriage.

Myth #8: Abortion causes breast cancer.

Fact: In March of 2003 the National Cancer Institute (NCI) declared emphatically that recent studies consistently show no association between induced and spontaneous abortions and breast cancer risk. Nevertheless, while no causal relationship between abortion and breast cancer has been scientifically established, anti-choice groups attempt to dissuade women from choosing abortion by exploiting their fear of breast cancer.

Myth #9: Abortion causes depression and long-term psychological trauma.

Fact: Since the early 1980s, groups opposed to abortion have attempted to document the existence of "post-abortion syndrome" which they claim has traits similar to post-traumatic stress disorder. The American Psychological Association (APA) convened





a panel of experts to review the data and they reported the studies with the most scientifically rigorous research designs consistently found no “post-abortion syndrome”. The American Medical Association (AMA) and Centre for Disease Control (CDC) concur that no such syndrome is scientifically or medically recognized.

Myth #10: Foetuses can feel pain.

Fact: Evidence regarding the capacity for foetal pain is limited, but indicates that foetal perception of pain is unlikely before the third trimester.

Myth #11: Religious people oppose abortion.

Fact: The Religious Coalition for Reproductive Choice (RCRC) is a coalition of national Christian, Jewish, and other religious organizations that support a woman’s right to decide when and whether to have a child. RCRC educates the public about abortion and teaches that it can be a religiously responsible decision.

Fact: Catholics For a Free Choice (CFFC) gives a voice to the many Catholics who respect a woman’s right to make sound and moral decisions concerning her own body, and who support reproductive choice.

Myth #12: Young women require parental consent for abortion.

Fact: Abortions for young women are legal, and can be provided to girls under the age of 16 without parental consent, but with informed consent of the patient. At abortion clinics in British Columbia, extensive counselling takes place prior to, and following, the procedure.



This annual report can be found at
www.optionsforsexualhealth.org/about-opt/annual-reports

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