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Emergency Contraception Fails to Reduce Unintended Pregnancy and Abortion

Supporters of Plan B (levonorgestrel) and other types of "emergency contraception" (EC) once claimed that easier access to EC could reduce both unintended pregnancies and abortions by 50%.[1]

However, that estimate came from hypothetical projections. In 2006, EC supporters began to admit that the hard data tell a different story:

Wrote Kirsten Moore, President and CEO of Reproductive Health Technologies Project, "the experts had estimated that we would see a drop by up to half in the rates of unintended pregnancy and the rates of abortion. And in fact in the real world we're not seeing that."[2]

The following year Dr. James Trussell, prominent among expert advocates for EC, conceded that 23 studies from 10 countries, published between 1998 and 2006, had disproved his claim, as "no study found an effect on pregnancy or abortion rates" from enhanced access to and use of EC.[3]

In 2013, Dr. Trussell reaffirmed this conclusion: Programs making EC more available to women have "no effect" in reducing the pregnancy or abortion rate. "Furthermore," said an article about his findings, "there is some evidence showing that such schemes only make women more inclined to have unprotected sex as they regard the morning-after pill as a safety net." Dr. Trussell said: "It has no population impact…. I just don't think its [sic] strategy that is going to lead to a reduction in unintended pregnancies or abortions."[4]

Finally, a 2020 review of available data reached the same conclusion that "there has not been any impact of EC on abortion rates at the population level, even when oral EC is provided in advance to keep at home in case of need."[5]

These studies from the U.S., Europe, and China are among those demonstrating the failure of EC to reduce unintended pregnancies and abortions:

Sixteen months after 18,000 sexually active women in Scotland were each given 5 packets of EC, researchers concluded: "No effect on abortion rates was demonstrated with advanced provision of EC. The results of this study suggest that widespread distribution of advanced supplies of EC through health services may not be an effective way to reduce the incidence of unintended pregnancy in the UK."[6]

Women in the San Francisco Bay area were randomly assigned to one of three groups. The first group was given packets of EC; the second was told how to obtain EC free from pharmacies; the third had to return to the clinic for EC. After six months, 7-8% of women in each group were pregnant. "We did not observe a difference in pregnancy rates in women with either pharmacy access or advance provision [of EC]; the adjusted risk of pregnancy for both treatment groups

was not significantly less than 1. Previous studies also failed to show significant differences in pregnancy or abortion rates among women with advance provisions of EC."[7]

A randomized, controlled trial of 2,000 postpartum women was conducted in Shanghai, China, where women had a strong incentive not to become pregnant within a year of giving birth as this was forbidden by the government. Half were given 3 doses of mifepristone to use at home as emergency contraception (EC) "as needed." The other half (control group) had to see a doctor to obtain the drug. Both groups could also purchase a Plan B-type emergency contraceptive at supermarkets. There was no difference in pregnancy or abortion rates after one year. "This study adds to the growing literature casting doubt on the increased use of EC as a quick fix for rising abortion rates. That is not to say that EC will not prevent pregnancy for some women, sometimes, but rather that it may not make much difference to public health."[8]

Examining the impact of free, over-the-counter EBC [emergency birth control] for teenagers in England, researchers reported that the program had a "somewhat ambiguous impact on conception rates," either having "no impact" or being associated with "a modest *increase* in teenage conceptions."[9] However, "the presence of a pharmacy EBC scheme in a local authority is associated with an increase in the rate of STI [sexually transmitted illness] diagnoses amongst teenagers of about 5%. The equivalent figure for [children under 16] is even larger at 12%."[10] The researchers cautiously observed that this finding "is consistent with the hypothesis that greater access to EBC induces an increase in adolescent risky sexual behavior."[11]

A study of the Washington State Pilot Project, in which pharmacies dispensed EC without a prescription from February 1998 to June 1999, concluded: "If the increased accessibility of emergency contraception reduces unintended pregnancy, there should be evidence of reduced pregnancy and abortion rates. To be sure, abortions in Washington reached the lowest level in two decades, dropping by 5% from 1997 to 1998... However, the national abortion rates also were declining during this period, reaching their lowest levels since 1978. In 1999, both pregnancy rates and rates of induced abortion increased slightly in Washington State…"[12] Furthermore, between 1996 and 2000, while Washington State's abortion rate declined 3%, the Guttmacher Institute reports that nationally the abortion rate declined 5%.[13]

These studies confirm what an editorial in the British Medical Journal concluded in 2006, after noting that the British abortion rate had risen sharply from 1984 to 2004 "despite the clear increase in the use of emergency contraception": The "experimental evidence" for the effectiveness of EC is "disappointing," because in various studies "advance provision of emergency contraception increased its use but had no measurable effect on rates of pregnancy or abortion…. If you are looking for an intervention that will reduce abortion rates, emergency contraception may not be the solution."[14]

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[1] See: J. Trussell et al., "Emergency contraceptive pills: a simple proposal to reduce unintended pregnancies," 24.6 *Family Planning Perspectives* (Nov/Dec 1992) 269-73 at 270; "Postcoital pills could cut unplanned pregnancies by half," 14.3 *Contraceptive Technology Update* (March 1993) 33-6, 39 at 33 (If used correctly, EC pills "could prevent 1.7 million unplanned pregnancies each year which is 50% lower than such pregnancies which already occur

each year. They could also reduce the number of annual induced abortions by 50% from (1.6 million to 800,000)"), abstract at https://www.ncbi.nlm.nih.gov/pubmed/12318083.

[2] Quoted in A. Smith, "'Plan B': What Science Can't Tell Us," *New York Post*, August 11, 2006, at https://nypost.com/2006/08/11/plan-b-what-science-cant-tell-us/.

[3] E. Raymond et al., "Population Effect of Increased Access to Emergency Contraceptive Pills: A Systematic Review," 109.1 *Obstetrics & Gynecology* (January 2007): 181-8 at 181; abstract at https://journals.lww.com/greenjournal/Abstract/2007/01000/Population_Effect_of_Increased_Access_to_Emergency.25.aspx.

[4] S. Borland, "Morning-after pill failure: Letting women keep stocks of drug at home 'will not cut unwanted pregnancies or abortions'," *The Daily Mail* (London), 14 October 2013, at https://www.dailymail.co.uk/news/article-2460045/Morning-pill-failure-Keeping-stocks-drug-home-cut-unwanted-pregnancies.html.

[5] L. Michie and S.T. Cameron, "Emergency contraception and impact on abortion rates," 63 *Best Practice & Research Clinical Obstetrics and Gynaecology* (2020) 111-9 at 116; https://www.sciencedirect.com/science/article/pii/S1521693419300872?via%3Dihub.

[6] A. Glasier et al., "Advanced provision of emergency contraception does not reduce abortion rates," *Contraception* 69.5 (May 2004) 361-6 at 361; abstract at https://www.researchgate.net/publication/8599972_Advanced_provision_of_emergency_contraception_does_not_reduce_abortion_rates.

[7] T. Raine et al., "Direct Access to Emergency Contraception Through Pharmacies and Effect on Unintended Pregnancy and STIs," 293.1 *Journal of the American Medical Association* (January 5, 2005): 54-62 at 61; https://jamanetwork.com/journals/jama/fullarticle/200095.

[8] X. Hu et al., "Advanced provision of emergency contraception to postnatal women in China makes no difference in abortion rates: a randomized controlled trial," 72.2 *Contraception* (August 2005) 111-6 at 115; abstract at https://www.sciencedirect.com/science/article/abs/pii/S0010782405000697.

[9] S. Girma and D. Paton, "The impact of emergency birth control on teen pregnancy and STIs," 30.2 *Journal of Health Economics* (March 2011): 373-80 at 377 (emphasis added); abstract at https://www.sciencedirect.com/science/article/abs/pii/S0167629610001505.

[10] Id. at 378.

[11] Id. at 379.

[12] J. Gardner et al., "Increasing Access to Emergency Contraception Through Community Pharmacies: Lessons from Washington State," 33.4 *Family Planning Perspectives* (July/August 2001) 172-5 at 174-5; https://www.guttmacher.org/sites/default/files/article_files/3317201.pdf.

[13] L. Finer and S. Henshaw, "Abortion Incidence and Services in the United States in 2000," 35.1 *Perspectives on Sexual and Reproductive Health* (January/February 2003) 6-15 at 6, 9 (Table 2); https://www.guttmacher.org/sites/default/files/article_files/3500603.pdf.

[14] A. Glasier, Editorial, "Emergency contraception: Is it worth all the fuss?", 333 *British Medical Journal* (2006): 560-1 at 561; abstract at https://www.bmj.com/content/333/7568/560.