



Ongoing Research about the Effects of Advance Provision of Emergency Contraception

Women's health advocates have long believed that easier access to emergency contraception – a safe, effective backup method of contraception that reduces the risk of pregnancy by up to 89% when used within three days after unprotected or under-protected intercourse – could reduce the numbers of unintended pregnancy and abortion. Since 2004, a number of studies have compared outcomes among women who are given information about using EC if their regular method failed or was not used versus those who are given information and free supplies of EC.

The good news is these studies consistently show that with ready access to EC, women were more likely to use it when they needed to prevent pregnancy. Three of the most rigorous studies found no significant differences in rates of sexually transmitted infections between the two groups of women. At the same time, researchers found equivalent pregnancy rates in the two groups, suggesting that earlier estimates about impact on unintended pregnancy were overly optimistic.

Taking a closer look at the data in all of these studies, we find:

- **Emergency contraception gives women a second chance to prevent an unintended pregnancy.** Even with all the highly effective contraceptives to choose from today, none provides 100% protection. And sometimes, mistakes happen. Safe, effective, FDA-approved emergency contraception can reduce the risk of pregnancy when taken in the first few days after birth control failure or unprotected sex. But for emergency contraception to work, women have to be able to get it in time.
- **Ready access promotes greater use of emergency contraception.** Women who have emergency contraception on hand are more likely to use it when their regular contraception fails or when they didn't use regular contraceptives. Experience in the real world after the FDA decision to allow sales of Plan B to consumers 18 and older also shows improvements in access. Approximately 40,000 units of Plan B are now sold weekly – the vast majority over the counter – compared with only 17,000 prescriptions filled before the OTC switch.
- **Increased use of emergency contraception does not change rates of sexually transmitted disease or unintended pregnancy.** There was no significant difference in STD rates among women who have EC on hand as compared with those who did not. This finding is expected and reassuring. Several studies indicate that women who keep emergency contraception in their medicine cabinet or get it directly from a pharmacist continue to use regular birth control methods – including condoms. At the same time, there is also no significant difference in pregnancy rates among women in these studies. This is not what we expected to see. One possible

explanation may be high rates of unprotected sex overall coupled with low-use of emergency contraception, even among women who have EC on hand. One other explanation based on a study sub-analysis suggests that free, unlimited access to EC may have an impact on sexual behavior.

- **Emergency contraception is one component of a successful, multi-faceted strategy to reduce unintended pregnancy.** Just think of it, the average woman will spend close to thirty years trying to prevent an unintended pregnancy. The average man, much longer. As in other areas of our lives, smoking cessation, healthy eating or exercise, for example, we know that individuals need different options at different points in time to help them achieve their goals. Real world experience with EC and other contraceptives show that reducing barriers to access is important but not sufficient.
- **We need options to help prevent sexually transmitted disease and unintended pregnancy, including backup options such as emergency contraception.** This requires more than just one technology, no matter how effective. It is also clear we need to better understand our needs, desires and motivations when it comes to sexual behavior and the consequences of our behavior for ourselves and others.