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Emergency Contraception

Emergency contraception (EC), sometimes referred to as “the morning-after pill,” is a form of backup birth control that can be taken up to a few days after intercourse and still prevent a pregnancy. Approved by the Food and Drug Administration (FDA) in 1999 for use with a doctor’s prescription, EC supporters believe this contraceptive has enormous potential to reduce the rate of unintended pregnancies. However, use of EC has been opposed by some groups that believe it is an abortifacient and by some groups that argue EC may encourage riskier sexual behavior and poorer use of regular contraception, especially among teens. These disagreements have been particularly visible recently, as the FDA considers an application to make the drug available over-the-counter without a prescription. Policy debates around EC have touched on other issues as well, including patient education, sexual assault, the role of pharmacists, and the impact of religious or moral beliefs on provision of health services.

WHAT IS EC?

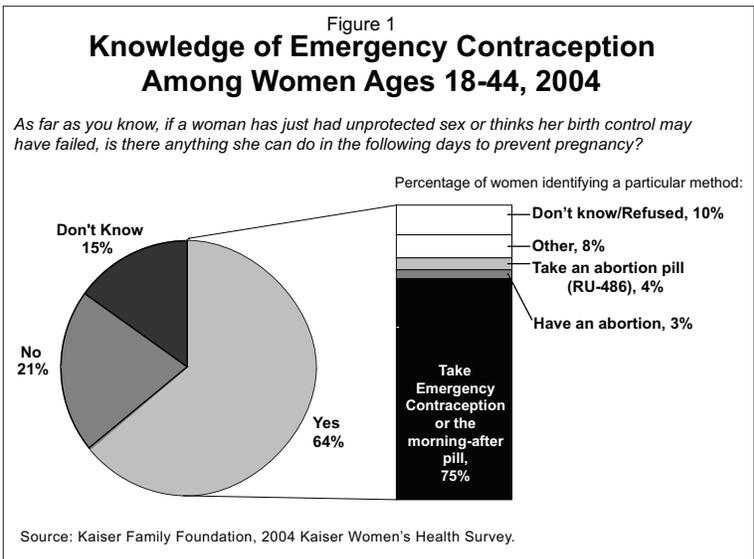
Emergency contraception is a pre-packaged dose of pills containing the hormone progestin, the same hormone found in daily oral contraceptives. It is not intended for use as a regular contraceptive method, but rather as a back-up in the event of unprotected sex or a contraceptive failure, such as a condom breaking.

- EC does not affect an established pregnancy, nor is it a medical abortion drug like mifepristone (RU-486) or methotrexate that end an established pregnancy. Studies of women who inadvertently continued to take their daily birth control pills (the same hormones as EC) during the early weeks of pregnancy show no evidence of negative effects on the fetus.¹ No study has yet examined the long-term effect of taking EC once a pregnancy is established.
- Plan B, the most widely used form of EC, is a two-dose regimen that must be taken within days of unprotected sex in order to be effective.² Studies indicate that EC prevents pregnancy by inhibiting or delaying ovulation,³ or by preventing implantation of a fertilized egg in the uterus.⁴ EC reduces the likelihood of pregnancy by 81 to 90% when taken within 72 hours of intercourse.⁵
- There are no known serious side effects associated with progestin-only EC; 23% of women experience nausea and 6% vomit.⁶
- Researchers estimate that widespread use of EC could potentially prevent up to half of the approximately 3 million unintended pregnancies that occur annually in the U.S., and one study has suggested that broader use could help prevent as many as 700,000 pregnancies that now result in abortion.^{7,8}
- In 2003, only 6% of U.S. women aged 18 to 49 reported ever using EC.⁹

WOMEN'S KNOWLEDGE OF EC

Although health care providers have known about EC for three decades, awareness of this option among women is still lagging.

- A 2004 survey of women found that nearly two-thirds (64%) of women of reproductive age correctly said there is something a woman can do to prevent pregnancy following sexual intercourse (Figure 1).¹⁰ This was up from 51% of women in 2000.¹¹
- There has been ongoing confusion between EC pills and medical abortion drugs. In a 2003 survey, only one in four reproductive age women in California knew that EC pills are different than the medical abortion drug, RU-486.¹²
- A review of newspaper coverage of EC from 1992-2002 found that 44.5% of newspaper articles confused EC with abortion, and 32% inaccurately described how EC works.¹³ Inaccurate depictions of EC in the media may contribute to limited knowledge and confusion about this contraceptive.
- In July 2005, Congressional legislation (HR 3326 IH.) was introduced to fund national campaigns to educate the general public and health care providers about EC.



ACCESS AND AVAILABILITY

EC has been available in the U.S. for several years now with a doctor’s prescription and there have been a number of efforts to broaden women’s access to and awareness of EC. Because the effectiveness of EC is time-limited, many approaches have focused on simplifying access to the pills. A number of states now allow pharmacists to dispense EC directly to women without needing a doctor’s prescription. Most recently Barr Laboratories, the manufacturer of Plan B, has petitioned the FDA to allow the pills to be sold without a prescription, as it is in some other countries such as England and Canada.^{14,15}

Health Care Settings

- Major medical organizations endorse the use of EC and advocate for broader access. These include the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Medical Association, American Nurses Association, American Public Health Association, as well as other professional associations.¹⁶
- EC is still rarely mentioned in the clinical setting. Only 14% of women ages 18 to 44 report ever having discussed EC with a doctor or nurse.¹⁰
- Women who have an advance prescription or supply of EC are more likely than women without an advance prescription to use EC when they need it, and are not more likely to have unprotected sex or to use EC repeatedly.^{17,18}
- Although in most states obtaining EC requires a doctor's prescription, eight states – AK, CA, HI, MA, ME, NH, NM, and WA – allow women to obtain EC directly from a pharmacist, without first obtaining a prescription (Figure 2).¹⁹
- Some efforts have focused on making EC more readily available to survivors of sexual assault; however, some local studies have documented that a sizable share of hospitals do not routinely offer counseling, referral, or dispensation of EC to women who have been sexually assaulted.^{20,21}
- Currently, nine states- CA, MA, NJ, NM, NY, OH, OR, SC, and WA - require that emergency room staff offer EC to women after sexual assault (Figure 2).¹⁹
- In June 2005, two bills (HR 2928 and S1264) were introduced in Congress that would require hospitals receiving federal funds in all states to offer EC to women in cases of sexual assault.

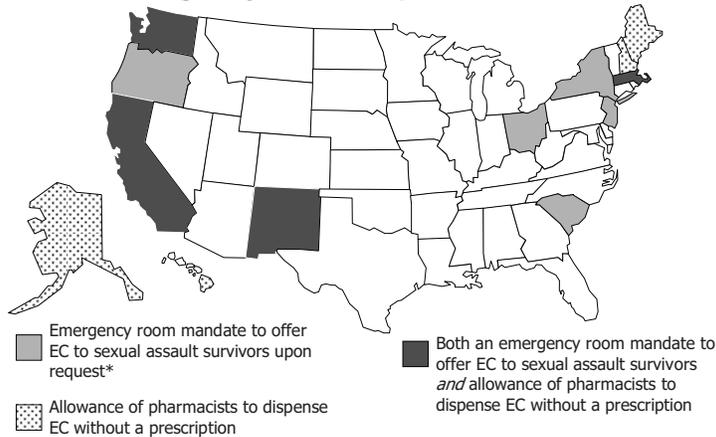
- Studies in Pennsylvania, South Dakota, and New Mexico found that a majority of pharmacies either did not stock or could not fill a prescription the same day it was requested. These studies also found that many pharmacists did not understand how EC worked and the time frame for its effectiveness.^{22,23,24}
- There have also been reports of pharmacists refusing to fill prescriptions for EC because they oppose its use on moral or religious grounds.²⁵
- In response to such reports, at least five states – CA, MO, NJ, WV, IL - have introduced measures that would require pharmacists to fill all prescriptions.²⁶
- Four states- AR, GA, MS, SD - have laws allowing pharmacists to refuse to dispense EC on the basis of moral or ethical objections. Similar legislation has been introduced in at least thirteen other states.²⁶

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Figure 2

Emergency Contraception Policies, 2005



*Ohio and Oregon policies do not include an enforcement mechanism; Massachusetts laws have passed but are not yet in effect. Sources: Kaiser Family Foundation, State Health Facts Online, www.statehealthfacts.org; Alan Guttmacher Institute, *State Policies in Brief*, November 2005.

Pharmacists

Pharmacies are a critical point of access for EC. Women can either get their doctors' prescriptions filled at pharmacies or in a handful of states, obtain EC directly from a pharmacist without a prescription. There are, however, some pharmacies that do not carry EC and pharmacists who will not dispense it.

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