

„Morning-after” pills prove ineffective on a population level
(an overview of basic source literature)

The European Commission decided, that “ellaOne”, the so-called emergency contraceptives, can be accessible in EU countries without prescription. Authorities of the Member States will have the final word whether to permit internal sales of the product.

This type of pills should not be treated as contraceptives, as their effect exceeds regular contraception. The purpose of the medication is to prevent ovulation, conception and implantation of the embryo or to terminate pregnancy in its early stage.

Supporters of increased, prescription-free access to such pills claim, that such an approach will help women prevent unwanted childbirths and decrease abortion rates.

However, “morning-after” pills are ineffective in decreasing unplanned pregnancy and abortion rates on the population level. Many studies and research papers published in renowned scientific magazines have shown their ineffectiveness in decreasing abortion rates:

1. In the UK, percentage of women using "morning-after" pills and registering for abortion amounted to: 1% in 1984, 6% in 1996 and 12% in 2002, according to A. Glasier, director of a local NHS unit, who published an article in the "British Medical Journal". "Despite the clear increase in the use of emergency contraception, abortion rates have not fallen in the UK. They have risen from 11 per 1000 women aged 15-44 in 1984 (136,388 abortions) to 17.8 per 1000 in 2004 (185,400 abortions). Similarly, increased use of emergency contraception in Sweden has not been associated with a reduction in abortion rates". She also states, that: **"ten studies in different countries have shown that giving women a supply of emergency contraception to keep at home (...) increases use by twofold to threefold. (...) Advance provision of emergency contraception increased its use but had no measurable effect on rates of pregnancy or abortion"**. She comes to the following conclusion: "If you are looking for an intervention that will reduce abortion rates, emergency contraception may not be the solution". (A. Glasier, *Emergency contraception. Is it worth all the fuss?*, in: „British Medical Journal”, Vol. 333, 2006, p. 560-561)
2. A study aimed at assessing sexual and contraceptive behaviour of 2,117 women aged between 15 and 24, all of them randomly chosen clients of 4 Californian family

planning clinics, 3 groups were isolated according to their accessibility to "morning-after" pills: a) women with free access (provided with 3 packages of the said pills), b) women who could obtain the pills in a pharmacy, and c) women, who could receive the pills in designated clinics only (control group). A study conducted 6 months later revealed, that women who received 3 packages of "morning-after" pills used them twice as often as the women in control group, 8% of the women became pregnant and 12% developed a condition concerning sexually transmitted diseases (STDs). None of the researched groups demonstrated reduction in pregnancy rate. (T.R. Raine, C.C. Harper, C.H. Rocca, et al., *Direct access to Emergency Contraception Through Pharmacies and Effect on Unintended Pregnancy and STIs: a Randomized Controlled trial*, in: „*Journal of the American Medical Association*”, Vol. 293, 2005, p. 54-62)

3. Results of research conducted in Lothion (Scotland) encompassing 85,000 women aged 16 to 29 suggest, that wide distribution of a considerable supply of "emergency contraception" by healthcare units may not be an effective way of reducing the frequency of unwanted pregnancies in Great Britain. All women who participated in the research were offered 5 free doses of "emergency contraception" which they could use at home. About 17,800 women took a supply of "emergency contraception" home, and more than 4,500 shared at least one dose with a friend. It was proved that almost 45% of the women who had a supply at home used at least a dose during the 28 months of the research. A total of 8,081 doses of "emergency contraception" was used. In 75% of the cases, the pills were used within 24 hours after intercourse. Abortion rates in Lothion were compared to the rates of three other regions of Scotland. No change in abortion rates resulting from easy access to "emergency contraception" was proved. (A. Glasier, K. Fairhurst, S. Wyke, et al., *Advanced provision of emergency contraception does not reduce abortion rates*, in: „*Contraception*”, Vol. 69, 2004, p. 361-366)
4. Authors of an analysis based on data collected from 23 scientific research projects conducted in 10 countries confirmed that there is evidence proving that easy access to quantities of "morning-after" pills implies increased frequency of their use, but none of the analysed researches proved that easy access to "morning-after" pills reduces unwanted pregnancy or abortion rates. (E.G. Raymond, J. Trussell, Ch.B.

Polis, *Population Effect of Increased Access to Emergency Contraceptive Pills*, in: „Obstetrics & Gynecology”, Vol. 109, Nr 1, 2007, p. 181-188)

5. Based on a research on 315 Swedish students it has been stated, that between 1999 and 2004 the ever use of "morning-after" pills increased by more than twofold (from 22% to 52%). Within the given time period, abortion rate remained unchanged (6%), while percentage rate of risky sexual behaviours increased - number of sexual partners grew from 5.4 to 7.4 and 45% of the surveyed women admitted unprotected first-date intercourse experience (37% in 1999). Percentage of self-reported sexually transmitted diseases within the given period increased from 14% to 21%. (M. Larsson, T. Tydén, *Increased sexual risk taking behavior among Swedish female university students: repeated cross-sectional surveys*, in: „Acta Obstetricia et Gynecologica”, Vol. 85, 2006, p. 966-970)
6. An experimental research has been conducted in the USA on a group of 1490 women aged 14-24. The participating women were randomly divided into two groups: intervention and control group. Intervention group received unlimited free emergency contraceptive pills on demand, whereas control participants obtained the medication when needed at usual cost. In a year, more pregnancies classified as possible medication failure were observed in the intervention group than in the control group (12 out of 74 pregnancies in the intervention group and 1 case out of 74 in the control group). In the intervention group, emergency contraceptives were used in 23% of menstrual cycles leading to pregnancy, but only 3% in the control group. According to the authors of the experiment, unlimited access to "morning-after" pills could imply increased frequency of sexual intercourse that in turn could lead to pregnancy. (E.G. Raymond, M.A. Weaver, *Effect of an emergency contraceptive pill intervention on pregnancy risk behavior*, in: „Contraception”, Vol. 77, 2008, p. 333-336)
7. Analogous studies were performed in Hong Kong in 2001-2002 and in the USA in 1998-1999. The Hong Kong study comprised of an analysis of 1030 women aged 18-45. The women were divided into 2 groups - intervention group was provided a supply of emergency contraceptive pills, and the control group could obtain them in the clinic. After a year-long monitoring, no difference in pregnancy rates was observed in both groups. The researchers concluded, that unrestricted access to

"emergency contraception" may be unreliable as a strategy of reducing unwanted pregnancy rates. (S.S. Lo, S.Y.S. Fan, P.C. Ho, A.F. Glasier, *Effect of advanced provision of emergency contraception on women's contraceptive behavior: a randomized controlled trial*, in: „Human Reproduction”, Vol. 19, 2004, p. 2404-2410)

8. In the report "The Morning-After Pill" by Dr Anne Williams, published by the Scottish Council on Human Bioethics, the number of abortions performed in Scotland was compared to the number of prescriptions for "morning-after" pills in the years 1989 - 2003. According to the comparison, despite rapid increase in the number of prescriptions, the amount of abortions was on a systematic rise. The decrease in the number of prescriptions was due to increased availability of "morning-after" pills over the counter. (A. Williams, *The Morning-After Pill*, Scottish Council of Human Bioethics (Nov. 2005) (www.schb.org.uk/downloads/publications/morning-after_pill.pdf; visited Apr. 6, 2011)

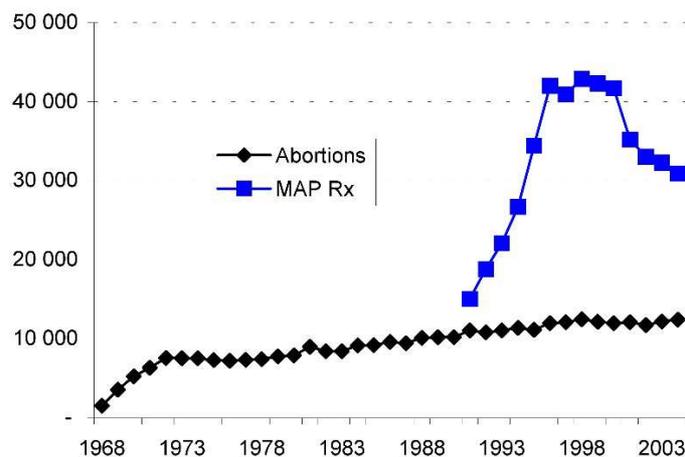


Figure 6: Numbers of abortions and prescriptions for the morning-after pill.

9. According to Swedish researchers who carried out a study on the state of knowledge, attitudes and experiences of young women concerning "emergency contraception", easy access to "morning-after" pills did not influence decline in abortion rates in this country. Just the contrary, number of abortions is rising, especially among women under 25. (T. Tyden et al., *No reduced number of abortions despite easily available emergency contraceptive pills*, in: „Lakartidningen”, Vol. 99, 2002, s. 4730-2, 4735)

10. In the USA, 370 women were engaged in a study. The participants were divided into two groups, one received a supply of "emergency contraception" pills. After a year, the researchers came to a conclusion that there is no significant statistical difference in the rates of unplanned pregnancies in both groups. (R.A. Jackson, E.B. Schwarz, L. Freedman, P. Darney, *Advance Supply of Emergency Contraception: Effect on Use and Usual Contraception—A Randomized Trial*, in: *Obstetrics & Gynecology*, Vol. 102, Nr 1, 2003, p. 8–16)
11. In a letter to the "Contraception" magazine in 2013, American and British scientists wrote: "based on current data, the expectation that increasing societal access to ECPs [emergency contraceptives] (...) will produce cost savings by reducing unintended pregnancies seems farfetched". The authors refer to an interview from 2010, which showed that as a result of 13 comparative interventions, all based on supplying women in advance with "emergency contraceptives", all trials increased use of the medicines, but they did not, neither individually nor collectively, produce population-level reduction in pregnancy rates. (J. Trussell, Ch.B. Polis, *Cost-effectiveness of increased access to emergency contraceptive pills: probably not*, in: „Contraception“, Vol. 87, 2013, p. 504-508)
12. American scientists conducted a meta-analysis of 11 interventions based on increasing access to "morning-after" pills. The interventions encompassed a total of 7695 people in the USA, China, India and Sweden. Increased access to the medicines did not cause pregnancy rates to fall (odds ratio: 0.98), revealed researches that included evaluation after 12 months, despite increase in use of the medicines (odds ratio: 2.47). The researches showed that chances of women getting pregnant were comparable regardless of access to a supply of "morning-after" pills before an unprotected intercourse. (C. Polis, D. Grimes, K. Schaffer, K. Blanchard, A. Glasier, C. Harper, *Advance provision of emergency contraception for pregnancy prevention*, in: „The Cochrane Library“, 2010, Issue 3)
13. In November 2006, the prestigious medical magazine "Obstetrics & Gynecology" published results of a research carried out by Dr. Elizabeth G. Raymond from Family Health International in Research Triangle Park, North Carolina. Her aim was to establish, whether accessibility of "morning-after" pills reduces number of pregnancies. A group of 749 women had unlimited access to "morning-after" pills for

12 months, the participants were obliged to have at least two packages at hand at all times and replenish the supply when required. Then, she compared the situation of the intervention group with situation of 744 women in control group. In comparison, women with direct access to "morning-after" pills used it earlier (12 hours after unprotected intercourse vs. 36 hours in the control group). However, pregnancy rate remained unchanged - in the intervention group it amounted to 9.9 per 100 women within a year and 10.5 in the control group. (Trussell J., Vaughan B., *Contraceptive Failure, Method-Related Discontinuation and Resumption of Use: Results from the 1995 National Survey of Family Growth, Family Planning Perspectives*, Vol. 31, Nr 2, 1999, p. 64-72 & 93).

14. In 2013, "Contraception" magazine published a meta-analysis of research from the years 1980-2012 aimed at assessment of safety and effectiveness of increased access to early abortifacient drugs. 714 papers were analysed, out of which 17 concerned the issue directly. Despite the fact that women who were supplied with early abortifacient drugs used them 2 to 7 times more often than women without such supply, pregnancy rate and rate of sexually transmitted diseases remained stable for both groups. The researchers concluded, that on a population level there were no differences between pregnancy rates in women with standard and increased access to "emergency contraception". (M.I. Rodriguez, K.M. Curtis, M.L. Gaffield, E. Jackson, N. Kapp, *Advance supply of emergency contraception: a systematic review*, in: "Contraception", Vol. 87, 2013, p. 590-601).
15. Research conducted on a group of 959 British teenagers, 240 of them pregnant, from 14 hospital units in Trent in the UK, have shown that 93% pregnant teenagers had undergone at least one medical consultation within the year preceding their pregnancy, 71% inquired about contraception at the time, and 50% received prescriptions for oral contraception. In general, contraception-oriented consultations took place 2.7 times more often among those teenagers who became pregnant, than among the participants from the control group. Pregnant teenagers were prescribed contraceptives more often than the ones from the control group. The researched pregnant teenagers were prescribed contraceptive pills at least once in their life 1.5 times more often than the teenagers from the control group, respectively - they were prescribed "morning-after" pills 3.2 times more often, interview on contraception

took place 1.8 times more frequently and they were provided with condoms 4.5 times more often. Among teenagers who received "morning-after" pills within the year prior to pregnancy, the pregnancy finished three times more often in abortion than in miscarriage or childbirth. Accessibility of "morning-after" pills is bound with increased risk of abortion. Admittedly, broader knowledge of "emergency contraception" pills and access thereto are, according to the researchers, factors leading to reduction of pregnancy numbers among teenagers, but their teenage users tend to undertake hazardous sexual behaviours, what consequently exposes them at risk of unintended pregnancy. (D. Churchill, J. Allen, M. Pringle, J. Hippisley-Cox, et al., *Consultation patterns and provision of contraception in general practice before teenage pregnancy: case-control study*, in: „British Medical Journal”, Vol. 321, 19-26 August 2000, s. 486-489)

Pdf available at: www.pro-life.pl/morning_after_pill_ineffective

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