



NARAL
Pro-Choice America Foundation

Emergency Contraception Can Help Reduce the Teen-Pregnancy Rate

Emergency contraception (EC) holds tremendous potential for reducing the number of unintended pregnancies among young women. EC, also known as the “morning-after” pill, contains the same active ingredients as ordinary birth-control pills and can substantially reduce a woman’s chance of becoming pregnant when taken soon after sex.¹ EC does not cause abortion; rather it *prevents* pregnancy.² Fewer unintended pregnancies mean a reduced need for abortion – a goal on which everyone should be able to agree.

Despite EC’s tremendous benefits, the U.S. Food and Drug Administration (FDA) approved EC for over-the-counter (i.e. non-prescription) sales in August 2006, but only for individuals ages 18 and older.³ In April 2009, the FDA announced that it would comply with a federal court ruling issued the previous month calling for the agency to heed scientific findings and allow 17-year-olds to have over-the-counter access to EC.⁴ Even though it’s been lowered by a year, the FDA’s age restriction means, unfortunately, that EC’s potential to reduce teen-pregnancy rates over the long term will not be fully realized. Public-health experts agree that this age restriction is unnecessary. Requiring those under 17 to get a prescription and find a pharmacist means some teens simply won’t have access to the medication, and will face unintended pregnancy – and for some, abortion – as a result.

Timely access to EC is particularly important for teens. Despite efforts to encourage abstinence among young people, evidence demonstrates that many teens will have sex. Nearly one-third of U.S. teenage girls become pregnant before reaching the age of 20.⁵ In addition, teens are more likely than adults to experience contraceptive failure, and many teens use no contraception or do not use it consistently. All too frequently the end result is unintended pregnancy, which can have devastating consequences for teens’ health and lives. The problem is particularly alarming in African-American and Hispanic communities, where pregnancy rates are higher than in white communities.

Access to EC, which can be used to prevent pregnancy when other contraceptive methods fail or are not used at all, is therefore incredibly important for young women. In addition to making the medication itself widely available, it is also vitally important that all women be educated about EC, how it works, and how to take it so as to maximize its effectiveness at preventing pregnancy. Safe medications like EC, and information about them, must not be held hostage by political ideology.

Emergency Contraception is Safe for Over-the-Counter Sale to *All* Women

EC is safe, effective, and easily self-administered; it is suitable for over-the-counter use by all women.

- The dosage and timing of EC use does not vary from woman to woman.⁶
- No valid medical or public-health argument exists for imposing restrictions on young women's access to EC. When the FDA approved the emergency contraceptive Plan B[®] for prescription sale, it imposed no age restrictions.⁷ Furthermore, research on EC use confirms that young women will use EC correctly if it is available over the counter.⁸
- No specific medical conditions preclude a woman's use of EC. In fact, the only contraindication to EC is pregnancy – not because EC can harm a woman or her pregnancy, but simply because EC will not work once pregnancy begins.⁹
- The most common side-effects of EC are similar to those of the ordinary birth-control pill: nausea and vomiting; other side effects include dizziness, fatigue, and headache. These short-term side effects are not serious and are easily managed without medical supervision.¹⁰

Improved Access to EC is Particularly Important for Young Women

In denying those under 17 over-the-counter access to EC, the FDA missed a crucial opportunity to help prevent unintended pregnancies and the negative consequences that result.

- Access to contraceptive methods that prevent pregnancy *after* sex is incredibly important for young women. Teens are more likely to experience contraceptive failure than adults. Twenty-five percent of young women and 18 percent of young men use no contraceptive method the first time they have sex,¹¹ and approximately one-third of sexually active teens using contraception use it inconsistently.¹² And teens, like other women, are at risk for sexual assault, in which often no contraceptive method is used.
- A sexually active teen that does not use contraceptives has a 90-percent chance of becoming pregnant.¹³
- Almost 750,000 pregnancies occur annually among U.S. teens aged 15-19, and more than three-quarters of all teen pregnancies are unintended.¹⁴

- Potentially due to factors such as decreased access to health-care services and information, the problem of teen pregnancy is even more pronounced in the African-American and Latino communities, where rates of teen pregnancy are higher than those in white communities – 15 percent and 14 percent respectively compared to five percent.¹⁵
- Fifty-three percent of Latina teens and 51 percent of African-American teen girls will become pregnant at least once before they turn 20. In comparison, only 19 percent of non-Hispanic white teen girls will become pregnant before the age of 20.¹⁶
- Unintended pregnancies can have serious negative health consequences for teens. Teenage girls have a higher risk of pregnancy complications and are less likely to obtain prenatal care.¹⁷ Meanwhile, babies born to teen mothers are at greater risk of low birth weight, childhood health problems, and developmental delays.¹⁸
- Unintended pregnancies often have a long-lasting negative impact on teens' lives. The probability that a teen mother will graduate from high school by age 25 is less than 60 percent compared with 90 percent for those who postpone childbearing.¹⁹ Additionally, 28 percent of teen mothers are poor in their 20s and early 30s compared with seven percent of women who have their first child after adolescence.²⁰ Teen mothers are also more likely to have lower family incomes in later in life.²¹

Over-the-Counter Access to EC Does Not Lead to Riskier Behaviors

Lawmakers and advocates who argue that improved access to EC leads to riskier behavior or increased rates of sexually transmitted diseases distort the facts in an attempt to insert their political ideology into science.

- A 2003 study of young women ages 15 to 20 years old revealed that providing young women with an advance supply of EC does not increase the likelihood of unprotected sex, nor does it reduce the use of condoms or other ongoing forms of contraception. In fact, at the six-month follow-up, more young women in the advance-EC group reported using condoms than those in the group receiving only EC education. The advance-EC group also reported fewer pregnancies and no more STDs than the group not receiving an advance supply of EC. The study also found that young women given an advance supply of emergency contraceptive pills are more likely to use EC when needed and to use EC sooner, when the pills are more effective.²²

- Improving young women’s access to EC is not associated with an increased risk of sexually transmitted diseases. Data from three different studies of young women suggest that women given a package of EC in advance, and information about EC, are not more likely to have unprotected intercourse, and therefore be at risk of sexually transmitted diseases, than women given only information.²³
- The FDA’s Nonprescription Drugs and Reproductive Health Drugs Advisory Committees agreed that the Plan B® labeling is comprehensible and clear enough for women – regardless of age – to understand that Plan B® does not protect against STDs/HIV.²⁴

EC Education Does Not Encourage Promiscuity or Increase Sexual Activity

In addition to making EC more readily available, it is also essential that women be educated about its availability, how it works, and how to take it so that it has the best chance of preventing pregnancy. And contrary to anti-choice claims, teaching young people about contraceptive options gives them information they need to make responsible decisions. It does not lead to riskier behavior.

- According to a study published in the *British Medical Journal* in 2002, young people who received EC education demonstrated an increased understanding of the contraceptive method without a change in their sexual activity.²⁵
- Studies in the United States have demonstrated that teaching young people about contraception does not increase sexual activity. In fact, a 2001 review of studies of sex-education programs that include information on contraception found that such programs:
 - *do not* hasten the onset of sex;
 - *do not* increase the frequency of sex; and
 - *do not* increase the number of sexual partners.²⁶

Medical Professionals and Health Experts Agree: Young Women Should Have Over-the-Counter Access to Emergency Contraception

Respected members of the medical community urged the FDA to make its decision on the Plan B® application based on scientific evidence and to reject unnecessary restrictions on young women’s access.

American College of Obstetricians and Gynecologists:

- “The issue most often raised about OTC [over-the-counter] accessibility has been the use of emergency contraception by teenagers. Again, we urge you to look at

the available evidence, which supports providing the same access to teens as to other women.”²⁷

- “While there is sincere concern about the potential for increased sexual activity among young people in response to the availability of emergency contraception, there is, in fact, evidence that this has not been the reaction in other situations in which emergency contraception has become more easily available.”²⁸
- “If we restrict a teenager’s ability to obtain emergency contraception when it is most likely to work, then we risk compromising her health and well being with an unintended pregnancy. We seem to forget that pregnancy itself is not without risk, especially for a young woman.”²⁹
- “Clearly, we all wish to encourage responsible sexuality. However, contraceptive failures occur, mistakes are made, and teenage women may not always have control over their own sexuality. Pregnancy should not be a price that they have to pay.”³⁰
- “By restricting its OTC availability to women age 18 and older [now 17 and older], the FDA has missed an unparalleled opportunity to prevent teenage pregnancies. Each year there are more than 800,000 teen pregnancies in the US, with many ending in abortion. . . . There is no scientific or medical reason to impose an age restriction and to withhold EC from this population. EC is safe for over-the-counter use by women of all ages.”³¹

American Academy of Pediatrics (AAP) and the Society for Adolescent Medicine (SAM):

- “It is important to provide easily accessible and affordable emergency contraception for adolescents whose contraception fails or is not used during the most recent sexual encounter. It is essential that EC products are available for all adolescents and women of reproductive age. . . . AAP and SAM would oppose any age limitations on product availability, as well as any efforts to limit accessibility via location placement within a store or clinic.”³²
- “. . . [T]he Society believes that requiring adolescents age 17 and younger to obtain a prescription is not good policy: it increases the risk of unintended pregnancies and childbearing among adolescents and does not protect their health. Adequate information is available about the safety of Plan B for sexually active women and adolescents of all ages. Therefore, Plan B should be available to all sexually active women and adolescents, regardless of their age.”³³

Dr. Gretchen Sauer Stuart, Obstetrician/Gynecologist (on behalf of the National Family Planning and Reproductive Health Association):

- “[I]n terms of safety, Plan B poses no special safety concerns for teens . . . as a physician I will emphasize that safety regarding this product is not an issue even for teens. In fact, the health risks associated with unintended pregnancy are much greater than those posed by the use of Plan B.”³⁴
- “In addition, I can say unequivocally that easier access to EC will not cause non-sexually active teens to start having sex or sexually active teens to start having unprotected sex. There is no basis for such arguments in my professional experience and from a policy perspective it is clear that levels of sexual activity show no correlation to the availability of contraception. In fact, studies have shown that in countries with greater access to EC . . . teens are no more likely to engage in unprotected sex.”³⁵

Conclusion

Emergency contraception is an important contraceptive option for young people. Enhanced access to and education about EC will neither increase young women’s frequency of sexual activity nor their risk of sexually transmitted diseases. Rather, EC can help young women reduce the risk of unintended pregnancy, and improve their reproductive health. Unnecessary age restrictions, including requiring a prescription before women under 17 can obtain EC, merely result in more unintended pregnancies and more abortions, and endanger the health of more young people.

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Notes:

¹ Press Release, Women’s Capital Corporation, *A New Generation of Emergency Contraception Has Arrived* (July 28, 1999). While labels for FDA-approved ECPs indicate that they should be used within 72 hours after unprotected sex, recent research shows that ECPs can be effective up to 120 hours after sex. However, ECPs are more effective the sooner they are taken. Charlotte Ellertson et al., *Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 Hours*, 101 *OBSTETRICS & GYNECOLOGY* 1168, 1168-71 (2003); Helena von Hertzen et al., *Low Dose Mifepristone and Two Regimens of Levonorgestrel for Emergency Contraception: a WHO Multicentre Randomised Trial*, 360 *THE LANCET* 1803, 1803-10 (2002); Gilda Piaggio et al., *Timing of Emergency Contraception with Levonorgestrel or the Yuzpe Regimen*, 353 *THE LANCET* 721 (1999).

² ROBERT A. HATCHER ET AL., *EMERGENCY CONTRACEPTION: THE NATION’S BEST KEPT SECRET* 29-30 (1995); American College of Obstetricians & Gynecologists (ACOG), *Statement on Contraceptive Methods* (July 1998). In fact, EC does not work if a woman is already pregnant.

Notes, cont.

- ³ Press Release, Barr Pharmaceuticals, Inc., *FDA Grants OTC Status to Barr's Plan B® Emergency Contraceptive* (Aug. 26, 2006); Press Release, U.S. Food and Drug Administration, *FDA Approves Over-the-Counter Access for Plan B for Women 18 and Older, Prescription Remains Required for Those 17 and Under* (Aug. 24, 2006).
- ⁴ Press Release, Reproductive Health Technologies Project, *FDA revises restriction on over-the-counter access to Plan B emergency contraception for women 17 and over* (Apr. 22, 2009).
- ⁵ National Campaign to Prevent Teen Pregnancy, *Fact Sheet: How Is the 3 in 10 Statistic Calculated?* (2006).
- ⁶ Charlotte Ellertson et al., *Should Emergency Contraceptive Pills Be Available Without Prescription?*, 53 JAMWA 226, 227 (1998).
- ⁷ Reproductive Health Technologies Project (RHTP), *What the FDA Really Said About Teens & Emergency Contraception* 3 (undated).
- ⁸ Testimony, A. George Thomas, MD, Physicians for Reproductive Choice and Health, *The Scientific and Public Health Need for Emergency Contraceptive Pills to be Available Over-the-Counter* (Dec. 5, 2003) (citing additional sources); Anna Glasier & David Baird, *The Effects of Self-Administering Emergency Contraception*, 339 NEW ENG. J. OF MED. 1, 3-4 (1998); *Impact of Advance Provision of Emergency Contraception on Adolescent Sexual and Contraceptive Behaviors*, EMERGENCY CONTRACEPTION NEWSLETTER (American Society for Emergency Contraception & International Consortium for Emergency Contraception), Spring 2002, at 18.
- ⁹ Charlotte Ellertson et al., *Should Emergency Contraceptive Pills Be Available Without Prescription?*, 53 JAMWA 226, 227 (1998).
- ¹⁰ Press Release, Women's Capital Corporation, *A New Generation of Emergency Contraception Has Arrived* (July 28, 1999); Task Force on Postovulatory Methods of Fertility Regulation, *Randomised Controlled Trial of Levonorgestrel Versus the Yuzpe Regimen of Combined Oral Contraceptives for Emergency Contraception*, 352 THE LANCET 428, 431 (1998); Charlotte Ellertson et al., *Should Emergency Contraceptive Pills Be Available Without Prescription?*, 53 JAMWA 228 (1998).
- ¹¹ National Center for Health Statistics, *Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002*, VITAL AND HEALTH STAT, SERIES 23, NO. 24, at 9 (Dec. 2004).
- ¹² Statement of Sarah S. Brown, Director, The National Campaign to Prevent Teen Pregnancy, *Emergency Contraception, Teenagers, and the Prospect of Over-the-Counter Availability*, Dec. 5, 2003, at 3 (citing E. Terry & J. Manlove, National Campaign to Prevent Teen Pregnancy, *Trends in Sexual Activity and Contraceptive Use Among Teens* (2000)).
- ¹³ Guttmacher Institute *Facts on American Teens' Sexual and Reproductive Health* (September 2006) at http://www.guttmacher.org/pubs/fb_ATSRH.html#n10 (last visited October 1, 2009).
- ¹⁴ Guttmacher Institute, *U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity*, at 5 (Sept. 2006); Lawrence B. Finer and Stanley K Henshaw, *Disparities in Rates of Unintended Pregnancy In the United States, 1994 and 2001*, 38 PERSP. ON SEXUAL & REPROD. HEALTH 90, 93 (2006).

Notes, cont.

- ¹⁵ Legal Momentum, *Sex Lies & Stereotypes How Abstinence-Only Programs Harm Women and Girls* (2008) at www.legalmomentum.org, pg 23.
- ¹⁶ National Campaign to Prevent Teen and Unplanned Pregnancy, *Policy Brief: Racial and Ethnic Disparities in Teen Pregnancy* (July 2008) at http://www.thenationalcampaign.org/resources/pdf/Briefly_PolicyBrief_RacialEthnicDisparities.pdf (last visited October 1, 2009).
- ¹⁷ Stephanie J. Ventura & Sally C. Curtin, *Recent Trends in Teen Births in the United States*, STAT. BULL. – METROPOLITAN LIFE INS. COMPANY, Jan. 1, 1999, at 1.
- ¹⁸ The Annie E. Casey Found., *Kids Count Indicator Brief: Preventing Teen Births*, at 2 (2003).
- ¹⁹ Namkee Ahn, *Teenage Childbearing and High School Completion: Accounting for Individual Heterogeneity*, 26 FAM. PLAN. PERSP. 17, 18 (1994).
- ²⁰ AGI, *Facts in Brief: Teen Sex and Pregnancy* (1999).
- ²¹ WomensHealthChannel, *Teen Pregnancy*, at <http://www.womenshealthchannel.com/teenpregnancy/index.shtml> (last visited Oct. 13, 2009).
- ²² Melanie Gold et al., *The Effects of Advance Provision of Emergency Contraception on Adolescent Women's Sexual and Contraceptive Behaviors*, 17 J. PEDIATRIC & ADOLESCENT GYNECOLOGY 87, 91-95 (2004).
- ²³ RHTP, *What the FDA Really Said About Teens & Emergency Contraception 1* (undated) (citing T. Raine et al., *Emergency Contraception: Advance Provision in a Young, High Risk Clinic Population*, 96 OBSTETRICS & GYNECOLOGY 1 (2000); M. Belzer et al., *Advanced Supply of Emergency Contraception for Adolescent Mothers Increased Utilization Without Reducing Condom or Primary Contraception Use*, 32 J. OF ADOLESCENT HEALTH 122 (2003); Melanie Gold et al., *The Effects of Advance Provision of Emergency Contraception on Adolescent Women's Sexual and Contraceptive Behaviors*, 17 J. PEDIATRIC & ADOLESCENT GYNECOLOGY 87, 91-95 (2004)).
- ²⁴ RHTP, *What the FDA Really Said About Teens & Emergency Contraception 1* (undated) (citing Briefing Information, FDA Nonprescription Drugs Advisory Committee & the Advisory Committee for Reproductive Health Drugs (Dec. 16, 2003)).
- ²⁵ Anna Graham et al., *Improving Teenagers' Knowledge of Emergency Contraception: Cluster Randomised Controlled Trial of a Teacher Led Intervention*, 324 BRITISH MED. J. 1179 (2002).
- ²⁶ Douglas Kirby, The National Campaign to Prevent Teen Pregnancy, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, at 95 (2001).
- ²⁷ Letter from Ralph W. Hale, MD, American College of Obstetricians and Gynecologists, to The Honorable Tommy G. Thompson, Department of Health and Human Services (Jan. 30, 2004).
- ²⁸ Letter from Ralph W. Hale, MD, American College of Obstetricians and Gynecologists, to The Honorable Tommy G. Thompson, Department of Health and Human Services (Jan. 30, 2004).
- ²⁹ Letter from Ralph W. Hale, MD, American College of Obstetricians and Gynecologists, to The Honorable Tommy G. Thompson, Department of Health and Human Services (Jan. 30, 2004).
- ³⁰ Letter from Ralph W. Hale, MD, American College of Obstetricians and Gynecologists, to The Honorable Tommy G. Thompson, Department of Health and Human Services (Jan. 30, 2004).

Notes, cont.

- ³¹ Press Release, The American College of Obstetricians and Gynecologists, *Statement of The American College of Obstetricians and Gynecologists On the FDA's Approval of OTC Status for Plan B*[®] (Aug. 24, 2006). Since the press release was issued, new figures indicate a drop in teen pregnancies to 750,000 per year.
- ³² Letter from Carden Johnston, American Academy of Pediatrics & Vaughn I. Rickert, Society for Adolescent Medicine, to Food and Drug Administration (Dec. 5, 2003).
- ³³ Press Release, The Society for Adolescent Medicine, *Statement of the Society for Adolescent Medicine on FDA Approval of Over the Counter Availability of Plan B for Women Aged 18 or Older* (Aug. 24, 2006).
- ³⁴ Comments, National Family Planning and Reproductive Health Association, *Maximize the Potential of Emergency Contraception to Reduce Unintended Pregnancy and Abortion: Switch Plan B from Rx to OTC* (Dec. 5, 2003), at 5.
- ³⁵ Comments, National Family Planning and Reproductive Health Association, *Maximize the Potential of Emergency Contraception to Reduce Unintended Pregnancy and Abortion: Switch Plan B from Rx to OTC* (Dec. 5, 2003), at 5.