

**Americans Want “Our Nation’s Best Kept Secret” Revealed:  
Study finds Strong Public Support for Government Role in  
Emergency Contraception Public Education Initiative**

“If I don’t want to get pregnant, what can I do if the condom breaks... if I am forced to have sex...if I forgot to take my pill?” For most women in the United States, the answer, **emergency contraception**, remains a secret.

The **Food and Drug Administration** is in on the secret. In 1997, it declared emergency contraceptive pills safe and effective in reducing the risk of pregnancy after under or unprotected sex.

The **American College of Obstetricians and Gynecologists (ACOG)** knows too. In 2001, President Thomas Purdon, MD, FACOG issued a letter to members urging them to talk with and inform their patients about emergency contraception (EC).

However, the **general public—including some health care providers**—is still in the dark. More than 60% of voters say they do not know of a product or drug that has been proven effective in preventing pregnancy after sex. When asked to specify an EC product, almost one-third of voters who said they knew of such a product responded “RU-486,” indicating EC is often mistakenly confused with other drugs.

EC is a safe, effective back-up birth control method that can significantly reduce the risk of pregnancy when used within days after contraceptive failure, unprotected intercourse, or unwanted sex. With approximately 3 million unintended pregnancies annually, half of which result from contraceptive failure, [your organization] is calling on the federal government to declassify the secret.

Senator Harry Reid (D-NV) and Representative Louise Slaughter (D-NY) have introduced the **Prevention First Act** (S.20/H.R. 1709) to increase funds for family-planning services, ensure contraceptive equity in health-insurance plans, and **improve women’s access to emergency contraception**, among other things.

A survey<sup>i</sup> conducted on behalf of the Reproductive Health Technologies Project in July 2002 found a majority of the public supports such legislation. More than three-quarters believe government should play a role in providing women with more complete information about their health options so they can make appropriate decisions about their own medical needs.

Once informed about what EC, voters strongly favor government involvement in efforts to raise awareness of EC and its availability in this country. Support for such legislation is consistent

across all partisan backgrounds, including 81% of Democrats, 76% of independents, and 60% of Republicans.

Voters believe that information about EC should be shared broadly and not restricted to certain groups. Notably, more than three-quarters of all voters say teenagers should have access to information about EC. The advantage that voters see in making information about EC widely available outweighs their concerns about any possible mixed messages on this issue.

Voters consider its narrow window of efficacy – it works best if taken within days of unprotected sex – the most compelling reason for a public health initiative. Labels for the FDA approved products say EC should be used within 72 hours, or 3 days. While recent research shows EC's efficacy up to 120 hours or 5 days, there is no reason to delay. The sooner treatment is initiated, the better.

The message is clear. The public recognizes the link between information and the ability to make responsible choices. Americans support initiatives to educate the public and providers about their second chance options to prevent unintended pregnancy. Join in the campaign to raise EC awareness by contacting your Congressional representatives to urge them to become sponsors of the Prevention First Act.

For more information on the bill and its current sponsors, visit [www.backupyourbirthcontrol.org](http://www.backupyourbirthcontrol.org).

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<sup>i</sup> On behalf of the Reproductive Health Technologies Project, Peter D. Hart Research Associates interviewed 503 likely voters. The interviews were conducted from July 11 to 14, 2002. The margin of error for the overall results is +/-4.5%