

The Supply of Pill Packs for Self-managed Abortion Increased Substantially After the U.S. Supreme Court Eliminated the Constitutional Right to Choose Abortion

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In the *Dobbs v Jackson Women’s Health Organization* decision in June 2022, the United States Supreme Court eliminated the constitutional right to choose an abortion. Several states, particularly in the south, immediately imposed total or near-total abortion bans or severely restricted abortion access. In the 6 months after the *Dobbs* decision, an estimated 32,260 fewer abortions took place within the formal health care system.

This brief reports on a recent study [1] that sought to answer two follow-up questions: over the same 6-month period (July-December 2022), (1) how many abortion pill packs did entities outside of the formal U.S. health care system supply to people in the U.S. over and above the baseline of what was being provided pre-*Dobbs*, and (2) how many people used the pill packs for a self-managed medication abortion? Self-managed medication abortion is defined as an individual

taking pills – either mifepristone and misoprostol or misoprostol alone – to terminate a pregnancy outside of a clinic without the involvement of a U.S.-based healthcare provider.

Prior research found an increase in the **demand** for self-managed abortion in 2020 after short-term bans on abortion under COVID-19 restrictions and in 2021 after Texas implemented a ban on abortions after 6 weeks of pregnancy. Researchers also found that requests for self-managed abortion increased sharply at the online telemedicine service Aid Access immediately after the *Dobbs* decision, especially in states with abortion bans. But little was known about any changes in the **supply** of pill packs for self-managed abortion post-*Dobbs*. This brief reports on a recent study [1] that filled this gap.

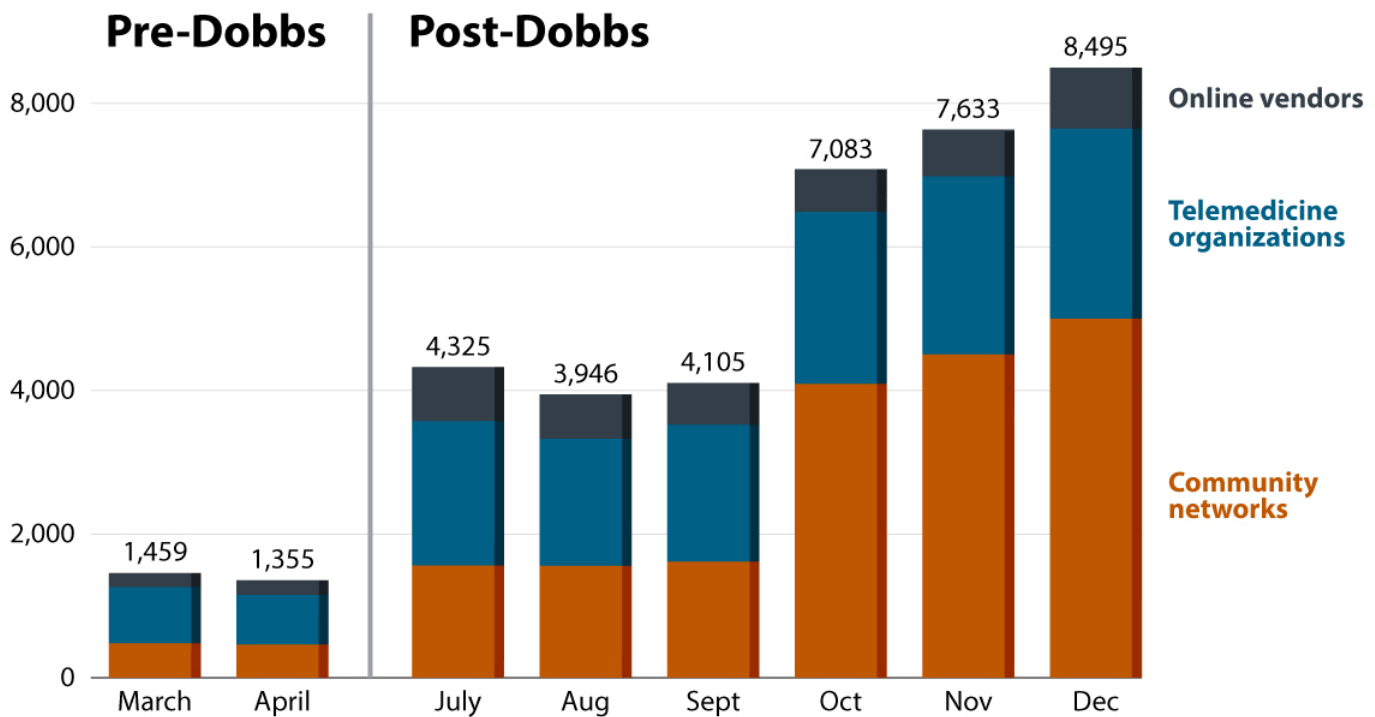
The authors gathered data from as many known suppliers of abortion medications outside of the U.S. formal health care system as possible and counted how many pill packs these entities provided for self-managed abortions during the 6 months post-*Dobbs*. They then adjusted these raw counts in two ways. First, they subtracted the number of self-managed abortions from the totals that might have been expected if the *Dobbs* decision had not been handed down. Second, they accounted for the fact that an estimated 3-14% of recipients of pill packs for self-managed abortion do not use them.

KEY FINDINGS

- ▶ Community networks, telemedicine organizations, and online vendors provided a total of **35,587** pill packs for self-managed abortion in the 6 months after the *Dobbs* decision (July-December 2022); *see figure*.
- ▶ The overall monthly average increased from 1,407 pre-*Dobbs* to 5,931 post-*Dobbs*.
- ▶ **Community networks accounted for over half of the total supply post-*Dobbs*.**
- ▶ After accounting for the estimated rate of supplied vs. used medications, as well as estimates of what usage would have been in the absence of the *Dobbs* decision, the number of self-managed abortions that took **place increased by an estimated 26,055 in the 6 months after *Dobbs*.**

The authors identified 3 types of suppliers of abortion medications outside of the formal U.S. healthcare system for the period March to December 2022: (1) community networks, (2) telemedicine organizations, and (3) online vendors. **Community networks** typically involve a network of volunteers who source medications from outside of the U.S. They mail or hand deliver the pills to recipients and also provide information and support individually or through hotlines. These networks often do not charge for the service. **Telemedicine organizations** typically involve a physician located outside of the U.S.; recipients report relevant clinical information and donate up to \$100 for the service; pill packs are mailed to the U.S. from an overseas pharmacy, and the organizations provide support through an online help desk. **Online vendors** sell abortion pill packs through a website for anywhere from \$39 to \$470 and generally do not provide information or support for their service.

The supply of pill packs for self-managed abortion in the U.S. increased substantially in the 6 months after the Supreme Court decision eliminating the constitutional right to choose abortion



This figure shows the monthly number of abortion pill packs supplied before and in the 6 months immediately after the June 2022 *Dobbs v. Jackson Women’s Health Organization* decision. Community networks, which are run by volunteers who also provide peer-to-peer support and information, accounted for over half of the total supply of abortion pill packs post-*Dobbs*.

POLICY IMPLICATIONS

A significant number of people accessed medications for abortion in the face of abortion bans and restrictions enacted by U.S. states. Self-managed abortion will likely continue to be how many people access abortion in the U.S. post-*Dobbs*. Health care providers should be prepared to meet the needs of patients who may be considering self-managed medication abortion, including connecting those who want or need postabortion care to the formal health care system.

DATA AND METHODS

The authors identified as many entities as possible that supplied abortion medications to people outside of the formal U.S. health care system between March 1 and December 31, 2022. From these sources, they obtained data on the number of abortion medications supplied each month during the period. They excluded data for May and June 2022 because of the volatility of demand for abortion medications following the leak of the *Dobbs* decision (in May) and its formal announcement (in June), as well as because these months are not included in published estimates of the numbers of abortion provided in the formal health care setting.

To estimate the increase in the number of abortion medications supplied in the 6 months post-*Dobbs*, the authors executed three steps. They first ran statistical models using the pre-*Dobbs* monthly counts; second, they used these findings to estimate what the expected number of abortion medications supplied each month for each source would have been in the absence of *Dobbs*. Finally, they subtracted these estimated expected monthly numbers from the actual post-*Dobbs* numbers; the difference is the estimated monthly number of abortion medications supplied over and above the number that would have been expected had *Dobbs* not occurred.

To estimate the change in the number of self-managed abortions that took place in the 6 months post-*Dobbs*, the authors multiplied the estimated excess supply of abortion pills post-*Dobbs* by the published estimated usage rates for each source type, which ranged from 86% to 97%. Specifically, research shows that, 88% of recipients of pills from telemedicine organizations and 97% of recipients of pills from community networks use the pill packs they are sent. The authors could not find research for online vendors so assigned them an 86% rate, which was the lowest published usage rate they found.

REFERENCE

[1] Aiken, A.R.A, Wells, E.S., Gomperts, R. & Scott, J.G. (2024). Provision of medications for self-managed abortion before and after the *Dobbs v Jackson Women's Health Organization* decision. *JAMA*. Published online March 25, 2024. <https://doi.org/10.1001/jama.2024.4266>.

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