

ISSUE BRIEF, MARCH 2018

## How obtaining an abortion versus being denied one impacts alcohol, tobacco, and drug use

### Key Points:

- **There is no evidence that having an abortion leads women to increase their alcohol, tobacco, and drug use over time.**
- **Most women, even those with unwanted pregnancies, reduce their alcohol use upon discovering pregnancy.**
- **Some women who are denied abortions may need additional support and resources to reduce and/or stop problematic alcohol, drug, and tobacco**

### Background

- Previous research on the effect of abortion on alcohol, tobacco, and other drug (ATOD) use has suffered from methodological flaws. Some studies claim to show a relationship between having an abortion and subsequent ATOD use, while others report no evidence that women having abortions are at a greater risk of substance use and use disorders.
- Nevertheless, some anti-abortion advocates claim that negative mental health consequences of abortion include ATOD disorders.
- In 1989, the U.S. Surgeon General outlined a study design that would account for the methodological problems that plagued previous studies.<sup>1</sup>
- This study uses data from the Turnaway Study, the first study to conform to these

recommendations. The study followed almost 1,000 women for five years after they sought abortion from 30 facilities across the U.S. Some of the women in the study received an abortion and some did not because they were too late in pregnancy. The Turnaway Study is specifically designed to assess the consequences for women and their families of having an abortion versus being denied a wanted abortion and carrying an unwanted pregnancy to term.

- Researchers from Advancing New Standards in Reproductive Health (ANSIRH) have published extensively from the Turnaway Study data on the relationship between obtaining an abortion and being denied an abortion and ATOD use. This brief summarizes this impressive body of work.

### Findings

- Having an abortion does not lead women to increase alcohol, tobacco, and drug use. Women having abortions typically continued the same alcohol use patterns they had prior to discovering their pregnancies.
- Women who had abortions had higher levels of any alcohol use and binge alcohol use after having an abortion than women who continued their pregnancies. The difference in alcohol use is not explained by negative emotions about the abortion, but instead is related to women who give birth reducing their alcohol consumption during the course of their pregnancy.
- Both women denied wanted abortions and women who had an abortion gradually

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increased their alcohol use over time. Women denied wanted abortions increased alcohol use more rapidly. Even so, the amount this group reported drinking was below the low-risk drinking guidelines.

- There was no difference in problem alcohol, tobacco, or drug use over time between women who were able to obtain abortions and women denied wanted abortions. This means that women denied abortions who continued their pregnancies do not appear to have reduced or stopped their problematic alcohol, tobacco, or drug use.
- Only 59% of women in the entire sample reported having a usual source of health care, and even fewer (44%) women with an alcohol problem symptom reported having a usual source of healthcare.

## Conclusions

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- Having an abortion does not lead women to increase their substance use or develop alcohol use disorders.
- The differences in alcohol use between women having abortions and women giving birth are due to reductions in alcohol use among women giving birth rather than increases among women having abortions.
- Policies that require abortion providers to tell women that having an abortion might put them at risk for alcohol or drug disorders are inaccurate.
- Some women denied abortions do reduce or stop their alcohol consumption, but it does not appear that women denied abortions stop their

problematic alcohol use, tobacco use, or drug use.

- Limiting women's ability to obtain an abortion does not lead them to stop their substance use.
- Policy makers and public health officials should devote public resources to implementing the policies, programs, and health care initiatives that support pregnant women using alcohol and drugs to reduce their use, and mitigate the harms to women and children due to that use.

For information on all the publications on this topic and how other crucial public health issues intersect with abortion, such as mental health, emotions, socioeconomic status, and intimate partner violence, visit [www.ansirh.org](http://www.ansirh.org).

## References and related publications

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