



Access to prescription drugs

Under the Canada Health Act, Canada's universal health care system ensures access to hospital and physician visits, but some essential services are excluded¹. Among the services excluded is access to prescription drugs. Across Canada, each province and territory offers some form of prescription drug coverage to selected populations, such as those on social assistance, seniors, or those with specific diseases with high drug costs. However, who is covered, and which drugs are covered, varies between and within provinces, leaving significant gaps in coverage across the country².

Many working-age Canadians have access to prescription drug coverage through insurance plans through their employer. As the proportion of adults employed in part-time, precarious work increases³, and as employers increasingly cut back on their drug coverage plans, fewer and fewer Canadians enjoy employer coverage.

For too many Canadians a lack of drug coverage means being unable to afford the prescription drugs that they need. A full one-third of working Canadians don't have coverage for prescription drugs through their employer, and our patchwork of drug programs across the country leaves many unable to afford the prescription drugs they need⁴. Further, prescription drug access and affordability has been found to be an issue for 23% of Canadian households.⁵ Being unable to afford their prescription drugs means that they are not getting the health coverage they need; or, they have to give up other necessities – like food – in order to pay for their drugs.

A plan that address the issue of prescription drug unaffordability and ensures that all populations across the country are able to access the drugs prescribed to them by their physicians would significantly enhance the health of Canadians.

Health Impacts of Insecure Access to Prescription Drugs

There are major health implications to being unable to afford the prescription drugs necessary for medical treatment. Patients' inability to afford the treatments that they need can result in lower self-reported health, and increased risk of illness and complications^{6,7}. For those with chronic conditions like diabetes and hypertension, cost-related non-adherence to prescription drugs can make it difficult to manage conditions and lead to further complications. Research has also shown that not being able to afford drugs can lead to higher rates of hospitalizations, placing further burden on the healthcare system⁸.

Nearly a quarter of Canadians reported in 2015 that they had worried in the past year about how they or their families might be able to afford the drugs they need⁹. The anxiety associated with inability to afford basic necessities such as food, housing, prescription drugs and dental forces individuals to make trade-offs which may impact their health, such as making the decision whether to fill a prescription or go to the dentist.

Health Equity Impacts of Insecure Access to Prescription Drugs

Low-income Canadians are far more likely to report an inability to access medically necessary drugs. In Canada, twenty-two percent of drugs are paid for out of pocket¹⁰ and this cost disproportionately falls on low-income individuals and their families. Low income families are far less likely to have employer-provided coverage than higher income families, and are also more likely to have chronic medical conditions requiring ongoing treatment. Those who work full time are almost three times as likely to have employer provided coverage than those who work part time; with 73% of part-time workers without coverage. Further, 94% of Canadians making over \$100,000/year have employer-provided coverage, compared with just 17% of those making under \$10,000, and 32% of those making between \$10,000 and \$20,000¹¹.

Canadians without access to private or public prescription drug coverage will either pay out of pocket or be unable to receive medically necessary drugs. That many Canadians are faced with this choice of paying for medically necessary drugs, or to sacrifice other household expenses, is a major source of health inequities. Canadians with a household income under \$20,000 are four times more likely to report not filling a prescription because of cost than those with a household income over \$80,000¹².

Low-income Canadians are already at a health disadvantage. It has been well-documented that a lack of access to the basic social determinants of health - housing, food, education, good jobs - puts people at a great risk of poor physical and mental health¹³ (Mikkonen and Raphael 2010). These disadvantages are then exacerbated in situations where low-income people have poorer access to healthcare than higher-income people. By creating a system in which low-income people have a harder time getting high quality health care, including the drugs prescribed to them, those most in need are being put at even further risk of poor health.

How do the federal candidates measure up for equity in access to prescription drugs?

	 Conservative	 Green ¹⁴	 Liberal	 NDP ¹⁵
Public Prescription Drug Coverage	Not yet addressed	Create a national pharmacare plan covering prescription drugs for all Canadians	Not yet addressed	Working with the provinces, government will invest \$2.6 billion over four years, with the goal of providing universal access to prescription drug coverage.
Cost of Prescription Drugs	Not yet addressed	<p>Advocate for prohibition of all industry-sponsored advertisements on prescription drugs to the public</p> <p>Initiate a public inquiry into the rising costs and over-prescription of drugs;</p> <p>Require reporting of side-effects requiring a doctor visit or hospitalization due to prescribed drug use,</p> <p>Establish a Crown corporation to bulk buy prescription drugs to drive down the cost to provinces</p>	<p>Join provincial and territorial governments to negotiate better prices for prescriptions medications through bulk purchasing.</p> <p>Support and disseminate research to reduce over-prescribing of medications</p> <p>Review cost of prescription medications</p>	<p>Enhance the quality of prescription drugs and reduce their cost by improving the analysis of new drugs to ensure their quality, safety and cost effectiveness</p> <p>Review how the patented drugs price review board establishes the price of new drug</p> <p>Ensure that international trade agreements do not drive up drug costs.</p> <p>Use common bargaining power between provinces to decrease costs</p>

Prescription Drugs for a Healthier Canada

Access to prescription drugs is an integral component of health care, and is essential to the maintenance of good health and the treatment of disease. The NDP and the Green Party have both considered the health impacts of inequitable access to prescription drugs in their platforms. Despite the gap in Canada’s health care system which leaves over one quarter of Canadians unable to afford their prescription drugs, neither the Liberals nor the Conservatives have yet addressed the issue of prescription drug affordability in Canada.

The Green Party would address the gap in access to affordable prescription drugs by developing a national pharmacare plan. This plan would provide universal access to prescription drugs for all Canadians at little or no direct cost to patients, and ensure equitable access regardless of demographic characteristics or illness. This commitment is based on a plan proposed by pharmacare experts¹⁶ and would have a significant impact in reducing health inequities in Canada.

The NDP has committed \$2.6 billion over four years to support bulk purchasing of prescriptions drugs in partnership with provinces with a goal of achieving universal access. Through this bulk purchasing, they are targeting a 30 percent reduction in prescription drug costs. This reduction in costs will improve access to

prescription drugs, but may potentially leave gaps in affordability and access for some groups. Depending on how this expansion of public coverage is structured, it could leave some Canadians in positions where other household costs leave them unable to afford prescription drugs.

The Liberal Party has acknowledged the need to address the cost of prescription drugs through bulk purchasing and a review of the cost of prescription drugs. While this decrease in cost would improve access to prescription drugs for some populations it would still leave many Canadians without coverage and unable to afford the prescriptions drugs they need.

The Conservative Party has not addressed public prescription drug coverage.

ENDNOTES

- 1 Minister of Justice (1985) "Canada Health Act," <http://laws-lois.justice.gc.ca/eng/acts/C-6/FullText.html>
- 2 S Barnes and L Anderson (2015). "Low Earnings, Unfilled Prescriptions." The Wellesley Institute. <http://www.wellesleyinstitute.com/publications/low-earnings-unfilled-prescriptions/>
- 3 Law Commission of Ontario (2012). "Vulnerable Workers and Precarious Work." <http://www.lco-cdo.org/en/vulnerable-workers-final-report>
- 4 S Barnes and L Anderson (2015). "Low Earnings, Unfilled Prescriptions." The Wellesley Institute. <http://www.wellesleyinstitute.com/publications/low-earnings-unfilled-prescriptions/>
- 5 Angus Reid. (2015) "Prescription drug access and affordability an issue for nearly a quarter of all Canadian households" <http://angusreid.org/prescription-drugs-canada/>
- 6 Heisler, Michelle et al. (2004). "The health effects of restricting prescription medication use because of cost". *Medical Care* 42(7): 626-634.
- 7 J Piette et al. (2004). "Health insurance status, cost-related medication underuse, and outcomes among diabetes patients in three systems of care". *Medical Care* 42(2): 102-109.
- 8 M Sokol et al. (2005). "Impact of medication adherence on hospitalization risk and healthcare cost". *Medical Care* 43(6): 521-530.
- 9 Angus Reid. (2015) "Prescription drug access and affordability an issue for nearly a quarter of all Canadian households" <http://angusreid.org/prescription-drugs-canada/>
- 10 "National Health Expenditure Trends, 1975 to 2014," (Ottawa: Canadian Institute for Health Information, 2014).
- 11 Barnes and Anderson 2015. Low Earnings, Unfilled Prescriptions
- 12 Law et al. (2012). "The Effect of Cost non Adherence to Prescription Medications in Canada." *CMAJ* 184(3): 297-302.
- 13 Mikkonen J and Raphael D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. <http://www.thecanadianfacts.org/>
- 14 http://www.greenparty.ca/sites/default/files/platform_english_web.pdf; <http://www.greenparty.ca/en/media-release/2015-07-28/green-party-announces-national-pharmacare-plan>
- 15 <http://www.ndp.ca/better-access-to-prescription-drugs>
- 16 S. Morgan, D. Martin, M.A. Gagnon, B. Mintzes, J.R. Daw and J. Lexchin, Pharmacare 2020: The future of drug coverage in Canada. Vancouver, *Pharmaceutical Policy Research Collaboration*, University of British Columbia, July 2015. http://pharmacare2020.ca/assets/pdf/The_Future_of_Drug_Coverage_in_Canada.pdf.