



# Universal Access to No-Cost Prescription Contraception in BC

## Information Sheet

### The Need

Access to contraception is recognized as a basic human right,<sup>1</sup> but unfortunately many people in BC can't access this right. A study published in the Canadian Medical Association Journal found that one in five Canadian women had had an unplanned pregnancy in 2016,<sup>2</sup> and as many as 61% of Canadian women have had unintended pregnancy.<sup>3</sup> Across Canada, 59,000 young people under the age of 24 had unintended pregnancies in 2014.<sup>4</sup>

More than 25% of youth who do not wish to be pregnant report that they do not use contraception at every act of intercourse and some never use it at all.<sup>5</sup> Consistent contraception use substantially reduces risk for unintended pregnancy,

Unintended pregnancy can:

- Derail life plans and come with high personal costs.
- Are at higher risks to negative health impacts for both the mother and child.
- Have significant costs to our health and social services systems.

### The Barriers

Cost remains a significant barrier to women accessing contraception.<sup>6</sup> An intra-uterine device (IUD) can cost between \$75 and \$380, oral contraceptive pills can cost \$20 per month, and hormone injection can cost as much as \$180 per year.<sup>7</sup> These costs fall disproportionately on women and people with uteruses, and cost represents a significant barrier, particularly to women with low incomes, youth, and people from marginalized communities.

Canadian contraceptive care providers identify cost as the single most important barrier to access, and youth as the population most disproportionately affected by this barrier.<sup>8</sup> A very recent and pilot study from Paediatrics & Child Health found that 10% of young people (14-21) could not access contraception they wanted or chose to stop using it due to cost.<sup>9</sup>

The most reliable methods of contraception, long-acting reversible contraceptives (LARCs) like IUDs, also have the highest upfront costs. Because of high upfront costs, many people turn to less reliable methods, like condoms.<sup>10</sup> Studies have found that when cost is removed as a factor, people increasingly chose LARCs.<sup>11</sup>

## **The Current System**

While there is currently a hodgepodge of programs and sporadic coverage for people in BC (such as Fair PharmaCare in BC), these programs are largely income dependent. Women should not have to pass a means test or face financial burdens in order to freely exercise their right make choices about their reproductive health.

Cumbersome application processes and paperwork further discourage the use of these programs and represent additional barriers.<sup>12</sup> Programs where individuals pay upfront and then get reimbursed is both a cost and confidentiality barrier.

High costs of contraception significantly impact young people. While young adults may be covered through their parent's plans, because a parent is almost always the primary subscriber for health insurance, a young person is therefore often forced to give up their privacy in order to make choices about their bodies.<sup>13</sup> Depending on their situation, doing so could also put their safety in jeopardy.

## **The Proposed Policy**

**We propose that BC adopt a policy where no-cost prescription contraception is universally available to all residents.** This policy could be delivered using a similar method to Mifegymiso, the abortion pill that was made universally available at no cost in January 2018.<sup>14</sup>

Many other countries already subsidize universal access to contraception, in full or in part; these include UK, France, Spain, Sweden, Denmark, the Netherlands, Italy and Germany.<sup>15</sup> These countries have done so because the personal, public health, and social benefits far outstrip the costs.

In fact, programs that offer free prescription contraception to women have been found to be revenue positive! This is because the cost of providing free prescription contraception to women is considerably lower than the costs associated with unintended pregnancy.

Options for Sexual Health (2010) estimated that every \$1 spent on contraceptive support for a woman can save as much as \$90 in public expenditure on social supports.<sup>16</sup> This study estimated that the BC government could save as much as \$95 million annually if it implemented a program of universal access to prescription contraception.<sup>17</sup>

A 2015 study in the Canadian Association Medical Journal estimated cost of delivering universal contraception in Canada at \$157 million, but the savings, in the form of direct medical costs of unintended pregnancy, have been estimated at \$320 million.<sup>18</sup>

When Colorado implemented a program offering free IUDs to young people (43,713 at a cost of \$28 million), this program reduced teen pregnancies by 54% and teen abortion rates by 64% over the course of eight years, and saved the government an estimated \$70 million.<sup>19</sup>

## The Benefits

- Empowers people:
  - Money should never be a barrier to someone accessing their rights;
  - Exercising their right to say what happens to their body, and to decide when, and whether or not, they have children.
- Promotes equality:
  - Condoms are freely available in clinics, campuses, and other locations.
  - The costs of prescription contraception fall disproportionately on women and people with uteruses.
- Promotes health outcomes:
  - Unintended pregnancies can be the most risky for mothers and babies.
- Good education policy:
  - This policy helps normalize conversations about sex, sexual and reproductive health.
- Saves money:
  - Those who can't afford contraception, likely can't afford to raise a child.
  - This policy is revenue positive, saving the BC Government millions.

**We are urging the BC Government to make the provision of no-cost prescription contraception in the 2020 budget as expansive as possible.** The most straightforward and maximally effective policy would be to make no-cost prescription contraception available to everyone. If the government wishes to take a more 'targeted' approach, we are advocating for a policy which would offer no-cost prescription contraception to all people 25 and younger.

## Endorsements

Programs that offer no-cost universal access to contraception have been called for by the:

- The Canadian Medical Association.<sup>20</sup>
- The Society of Obstetricians and Gynaecologists of Canada.<sup>21</sup>
- The Canadian Pediatric Society.<sup>22</sup>

Our campaign has been endorsed by a growing number of groups across BC,<sup>23</sup> including:

- The Vancouver District Labour Council (DVLC).
- The Victoria Labour Council.
- The University of Victoria Students' Society.
- The Camosun College Students' Society.
- West Coast Leaf.
- Baobab: Inclusive Empowerment Society.

The Select Standing Committee on Finance and Government Services released its 'Report on the Budget 2020 Consultation,' Recommendation 50, called for the 2020 Budget to "explore the provision of free contraception in a targeted and incremental manner."<sup>24</sup>

## For More Information, Contact

### AccessBC Campaign for Free Prescription Contraception

Dr. Teale Phelps Bondaroff

Campaign Chair

[www.accessbc.org](http://www.accessbc.org)

778-678-8325

tealepb@gmail.com



## Sources:

<sup>1</sup>United Nations Population Fund (2012). [“By Choice, not by Chance: Family Planning, Human Rights and Development.”](#) Vol. viii, New York: United Nations Publication Fund, p.128.

<sup>2</sup> Vogel L. (2017, July 10). [“Canadian Women Opting for Less Effective Birth Control.”](#) *Canadian Medical Association Journal*, 189:27, E-921-E922.

<sup>3</sup> Laucius J. (2017, June 19). [“Oops! 61 Per Cent of Canadian Women Have an ‘Unintended’ Pregnancy, says Survey.”](#) *Ottawa Citizen*.

<sup>4</sup> Di Meglio G. & Yorke E. (2019). [“Universal Access to No-Cost Contraception for Youth in Canada.”](#) *Paediatric & Child Health*, 24:3, 160-164.

<sup>5</sup> Black A., Yang Q., Wu Wen S., Lalonde A.B., Guilbert E., Fisher W. (2009). [“Contraceptive use Among Canadian Women of Reproductive Age: Results of a National Survey.”](#) *Journal of Obstetrics and Gynaecology Canada*, 31:7, 627-640.

<sup>6</sup> Black A. & Guilbert E. (2015, November). [“The Road to Contraceptive Consensus.”](#) *Journal of Obstetrics and Gynaecology Canada*, 37:11, 953-954, p. 954; and see Hulme *et al.* (2015). [“Barriers and Facilitators to Family Planning Access in Canada.”](#) *Healthcare Policy*, 10:3, p.54-55, 50.

<sup>7</sup> Aging Out. (n.d.). [“Birth Control Options”](#); and see Options for Sexual Health (2010). [“Universal Access to Publicly Funded Contraception in British Columbia.”](#) p.5.

<sup>8</sup> Hulme J. *et al.* 2015.

<sup>9</sup> Di Meglio, Yeats & Seidman. (2019, May). [“Can Youth get the Contraception they Want? Results of a Pilot Study in the Province of Quebec.”](#)

<sup>10</sup> Dr. A. Black, SOGC’s Contraception Awareness Program Working Group, quoted by Vogel L. (2017, July 10). [“Canadian Women Opting for Less Effective Birth Control.”](#) *Canadian Medical Association Journal*, 189:27, E-921-E922.

<sup>11</sup> Secura G.M., Madden T., McNicholas C., *et al.*(2014). [“Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy.”](#) *The New England Journal of Medicine*, 371:14, 1316-1323.

<sup>12</sup> Options for Sexual Health 2010:9-10.

<sup>13</sup> Bessett *et al.* 2014:94.

<sup>14</sup> BC Government. (2018, July 20). [“Universal, No-Cost Coverage for Mifegymiso in B.C. to Start on Jan. 15, 2018.”](#)

<sup>15</sup> Centre for Reproductive Rights 2009, cited by Options for Sexual Health 2010:10; and see Hulme *et al.* 2015:60.

<sup>16</sup> Options for Sexual Health 2010:5.

<sup>17</sup> Options for Sexual Health 2010:6.

<sup>18</sup> Morgan S.G., Law M., Daw J.R., Abraham L., & Martin D. (2015). [“Estimated Cost of Universal Public Coverage of Prescription Drugs in Canada.”](#) *Canadian Medical Association Journal*, 187:7, 491-7; and see Black *et al.* 2015.

<sup>19</sup> Colorado Department of Public Health and Environment (2017, January). [“Taking the Unintended Out of Pregnancy: Colorado’s Success with Long-Acting Reversible Contraception”](#); and see Stewart B., (2019, May 29). [“Former Gov. Hickenlooper Unveils Plan to Expand Access to Women’s Contraception.”](#) *ABC News*.

<sup>20</sup> CBC News (2012, August 16). [“Canadian Doctors Want Ottawa to Pay for Birth Control.”](#)

<sup>21</sup> Black A., Guilbert E., Costescu D., *et al.* (2015). [“Canadian Contraception Consensus \(Part 1 of 4\).”](#) *Journal of Obstetrics and Gynaecology Canada*, 37:10, 936-942.

<sup>22</sup> Di Meglio & Yorke 2019.

<sup>23</sup> For full list, see AccessBC, [“Allies.”](#)

<sup>24</sup> Legislative Assembly of BC. (2016, August). [“Select Standing Committee on Finance and Government Services: Report on the Budget 2020 Consultation.”](#)