



ISSUE

Contraception is not easily accessible through the province of Alberta. Financial and gatekeeping barriers must be resolved in order to provide comprehensive reproductive care for Albertans.

PURPOSE

To equitably provide free contraception to all Canadians for their medical needs and reproductive rights.

RECOMMENDATION

- Health Canada address the gap in contraception access in Alberta by funding all forms of contraception including hormonal contraceptives, intrauterine devices (IUDs), condoms and emergency contraception pills.
- Pharmacies, schools, and government agencies should distribute these medications/products at no cost to improve access—especially to vulnerable populations.
- Health Canada should also fund additional resources for nurses in schools, prisons, shelters and non-governmental organizations (NGOs).

RATIONALE

- The *Canada Health Act* requires publicly funded medically necessary services be provided, yet many in Canada either cannot access or cannot afford appropriate contraception (Chaudhary, 2021). Access is not equitable in every province, with British Columbia as the only province providing universal provision of contraception for their whole population (Global Contraception Policy Atlas, 2023).
- As with all good public health programs, expanding support for sexual and reproductive health saves lives and resources; comparable programs actually save government spending in a variety of areas as well as support the overall health of the population.
- Canadians are spending at least half of their reproductive lives at risk for unintended pregnancy, while nearly a third of women have at least one induced abortion in their life (Journal of Obstetrics and Gynecology Canada, 2015).
- A key barrier facing individuals wanting to avoid pregnancy is the cost of contraception (the University of British Columbia, 2023).
- Vulnerable populations, including the homeless, the incarcerated, the young, and those who live in rural areas are negatively and disproportionately affected by lack of access and accordingly are disproportionately represented in terms of underage pregnancies and sexually transmitted infections.
- Nonprescription availability of contraception may reduce barriers to access by allowing individuals to obtain a contraceptive without the need to first see a health care provider. There is a gatekeeping barrier to some populations accessing counselling due to age, sexual orientation, mental illness status, or individual physicians/pharmacists not prescribing/dispensing.
- The Alberta Government is reluctant to address comprehensive sexual health curriculum and as a result, many adolescents are left without necessary knowledge; quite topically, the adolescent LGBTQ+ community is particularly vulnerable (Gervais, 2021). Students know that grade school information is poor and have requested that the federal government address the shortfalls.

- Alberta has a syphilis epidemic which is affecting not only adults but newborns; the incidence of congenital syphilis in Alberta in 2023 has risen to 169.1 per 100,000 live births (Johnson, 2023).
- In Alberta, currently there is a strain on community general practitioners and family physicians. This work is often poorly compensated enough to disincentivize these professionals from doing counseling about contraception and sexual health. Providing this takes time it and not appropriately compensating healthcare workers impacts patient access to these services.
- 74% of Albertans support universal access to free birth control (Markus, 2023).
- The Canadian Medical Association and the Society of Obstetricians and Gynaecologists of Canada have proposed that provincial/territorial and federal health care plans cover 100% of costs of all contraceptives for all Canadian women (Di Meglio & Yorke, 2019).

BACKGROUND

- On September 26, 2023, project EmpowHer sent a petition with almost 13,000 signatures supporting free birth control to Health Canada (Project EmpowHer, 2023).
- In the United States, there are current programs where daily oral contraception medications are available without a prescription and pilot projects should be initiated in Canada to do the same (U.S. Food & Drug Administration, 2023).
- The timing of having access impacts an individual's use of contraception. Contraception and sexual health medications, including emergency contraception, must be available and easily accessible before and after intercourse. It is in society's best interest that Albertans have access regardless of where they live—rural or urban, housed or unhoused, financially stable or financially insecure.
- Locations should be easily accessible. These medications/products should be available in physician's offices, hospitals, secondary schools, government agencies, prisons, NGOs for unhoused populations, and municipal agencies such as libraries.
- All types of contraception should be covered by Health Canada, including over the counter birth control pill and emergency contraception pills, IUDs (also used as emergency contraception), condoms, prophylactic jelly and intramuscular injections.
- Indigenous women have poorer health outcomes than the general population. Driving these poor outcomes is reduced access to healthcare. Reducing these barriers to contraception for Indigenous women living both urban and rural is an important step forward (Yee J. et al, 2011).

FINANCIAL IMPLICATIONS

- The cost savings are estimated as:
 - The cost of delivering universal contraception across Canada would be \$157 million. The savings on direct medical costs of unintended pregnancies alone would be approximately \$320 million (Morgan et al., 2015).
 - The average direct medical cost of one adult unintended pregnancy is \$2,129 and for all Canadian youth is estimated to exceed \$125 million per year (Di Meglio & Yorke, 2019).
 - One study has shown a 9:1 total cost savings in healthcare and non-healthcare savings for money invested in publicly provided contraception (Public Health England, 2018).
 - In British Columbia, free contraception had the potential to save the health system approximately \$27 million per year (the University of British Columbia, 2023).

- The cost savings for pregnancy-capable people are significant, as much as \$10,000 over their lifetime (the University of British Columbia, 2023).

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