



Abortion Rights  
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Coalition pour le droit à  
l'avortement au Canada

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*Canada's only national political pro-choice advocacy group*

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## **Position Paper #43**

# **Canada Needs Universal Coverage of Contraception**

No matter what rhetoric anti-choice or religious groups espouse, people will continue to have sex for non-reproductive purposes. For this reason, the best way to prevent accidental pregnancy and abortion is to use contraception. Comprehensive sex education is an important way to encourage this, but given the provinces' differing approaches<sup>1</sup>, a much more effective way to prevent accidental pregnancy (and STIs) would be for the federal government to enact universal coverage of contraception such as via a national public drug plan. (ARCC supports the proposal of a group of expert stakeholders in this regard.<sup>2</sup>)

## **Overview: Contraceptive Use**

For a more in-depth analysis of the use of contraception in Canada, please see ARCC's position paper #37.<sup>3</sup> As a brief summary, while contraceptive method choice is not tracked by the government, two 2015 studies found that the most commonly used methods of contraception were oral contraceptives (44%) and condoms (54%), followed by withdrawal (12%).<sup>4</sup> In a 2006 national survey, "more than 30% of women were using both condoms and oral contraceptives, with the rate of combined OC and condom use highest in the group aged 15 to 19 years (47%)."<sup>5</sup> This suggests that young people want to have safe sex and avoid pregnancy, and the federal government should encourage this by providing them with the tools to do so.

## **Why Can't Women Just Buy Contraception?**

Contraception is expensive and obtaining it is not always as simple as going to the pharmacy. On average, a box of 12 condoms is around \$10. Depending on the brand of oral contraceptive, the pill can be \$10-15 a month. Coming from a place of privilege, this may not seem like a lot,

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<sup>1</sup> Almost no Sex Ed programs discuss abortion and some only provide scant information on condoms and the pill. Most still promote abstinence. See *ARCC Position Paper #39 – Sex Education*.

<sup>2</sup> [https://www.actioncanadashr.org/sites/default/files/2019-04/Women-Deliver\\_contraceptive-coverage-proposal\\_Feb-2019.pdf](https://www.actioncanadashr.org/sites/default/files/2019-04/Women-Deliver_contraceptive-coverage-proposal_Feb-2019.pdf)

<sup>3</sup> *Contraceptive Use in Canada*: <http://www.arcc-cdac.ca/postionpapers/37-Contraceptive-Use.pdf>

<sup>4</sup> Canadian Contraception Consensus. No. 329, October 2015. <https://sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510E.pdf> Page 5.

<sup>5</sup> [http://www.jogc.com/article/S1701-2163\(16\)34242-6/pdf](http://www.jogc.com/article/S1701-2163(16)34242-6/pdf) Page 3 (629).

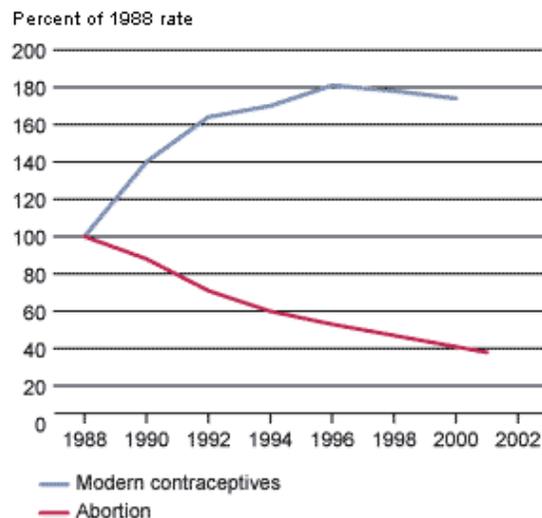
but to others it is a decision between paying a water bill or putting gas in the car. There is a correlation between low-income, low education level, and location regarding instances of unwanted pregnancy<sup>6</sup>. Likewise, when women or transgender people do opt to pay for cheaper forms of contraception, these have a higher failure rate<sup>7</sup>. If people were not required to pay out-of-pocket for contraception, more would use it and they would experience fewer unexpected pregnancies and abortions.

Similarly, a lot of young people are still on their parents' health plans, resulting in the parent having to pay the remainder of the prescription for the pill or IUD. Many youth are too embarrassed or could face abuse from their parents if they tried to put their contraception on the family health plan. While comprehensive sex-ed can help with understanding why contraception is important, if sexual agency is not taught or respected in the home, birth control can still be unattainable to many people if it is not provided free of charge.

### ***Universal Coverage in Other Countries***

Universal coverage of contraception has been a success in many countries. Australia, New Zealand and many European countries have universal contraceptive coverage. In the U.S. State of Colorado, the teen birth rate fell 54% and the teen abortion rate declined 64% between 2010 and 2017 due to the state supplying free IUDs<sup>8</sup>.

Russia's abortion rate is among the world's highest, but it has dropped by half since the mid-2000s. In the last decade there has been little change in the legal status of abortion, while modern contraceptives became available.



These countries are examples of how increased access to contraception lowers rates of abortion and gives women more control over their bodies.

<sup>6</sup> ARCC *Position Paper #37 – Contraceptive Use in Canada* goes into more depth on how these conditions affect sexual health.

<sup>7</sup> <https://www.theglobeandmail.com/life/health-and-fitness/health/canadians-feel-the-cost-of-health-policies-limiting-access-to-birth-control/article23883108/>

<sup>8</sup> <https://www.denverpost.com/2017/11/30/colorado-teen-pregnancy-abortion-rates-drop-free-low-cost-iud/>

<sup>9</sup> <https://www.guttmacher.org/gpr/2003/10/contraceptive-use-key-reducing-abortion-worldwide>

## **Expert Stakeholders Support Universal Coverage for Contraception**

A coalition of experts, including Action Canada for Sexual Health and Rights, the Canadian Association of Midwives, Oxfam, and the National Aboriginal Council of Midwives, have put forward a proposal for Universal Contraceptive Coverage. The groups say:

“Expert stakeholders propose that Canada commit to universal cost coverage for contraceptives for all, within a call for a national public drug plan that is universal, public and single-payer, comprehensive safe and effective, accessible and affordable. Such a plan would provide free access to contraceptive methods, and over-the-counter emergency contraceptives, for all people in Canada, including those who are non-insured. Millions of women across Canada will benefit from this program. Lower income, marginalized and younger women will gain the most.”

They also provide an analysis of costs and cost-savings<sup>10</sup>. For example, American research shows savings to health systems of “over \$7 for every \$1 invested in contraception.”

On May 9, 2019, the Canadian Paediatric Society released a position statement urging universal coverage for contraception for youth under 25<sup>11</sup>.

### **Other Considerations**

The federal government can also ensure that provincial healthcare systems are broadened and regulated to provide contraceptive methods to patients. There must be stipulations that doctors who morally object to contraception be required to provide a referral to another doctor, such as in Ontario<sup>12</sup>. There must be increased training and available locations to provide women with IUDs, as they are more likely to choose this method if money is not an issue<sup>13</sup>. Midwives should be allowed to insert IUDs and pharmacies should be allowed to dispense other forms of contraception. Due to the provinces’ differing approaches to sex education, the federal government should promote the use of contraceptives in areas that are high risk for unwanted pregnancy or STIs, including university campuses and high schools. The federal government could also include information on contraception on the Health Canada website to ensure a central repository of accurate information.

### **Conclusion**

Access to contraception is recognized as a human right, and basic preventive healthcare. As such, while the Under-25 proposal of the Canadian Paediatric Society is a great step forward, women age 25-29 have the largest number of abortions<sup>14</sup>. Therefore, coverage should be universal for everyone and be included under a national public drug plan.

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<sup>10</sup> [https://www.actioncanadashr.org/sites/default/files/2019-04/Women-Deliver\\_contraceptive-coverage-proposal\\_Feb-2019.pdf](https://www.actioncanadashr.org/sites/default/files/2019-04/Women-Deliver_contraceptive-coverage-proposal_Feb-2019.pdf)

<sup>11</sup> <https://www.cps.ca/en/documents/position/universal-access-to-no-cost-contraception-for-youth-in-canada>

<sup>12</sup> <https://www.cbc.ca/news/canada/toronto/ontario-appeal-court-doctors-referrals-objections-1.5136455>

<sup>13</sup> <https://www.theglobeandmail.com/life/health-and-fitness/health/canadians-feel-the-cost-of-health-policies-limiting-access-to-birth-control/article23883108/>

<sup>14</sup> <https://www.cihi.ca/sites/default/files/document/induced-abortion-2017-en-web.xlsx> 22,946 for 2017 for women aged 25-29. Second largest group is 18-25 with 21,911, then 30-34 with 18,409.