



Universal Access to No-Cost Prescription Contraception

Briefing Paper - Updated April 6, 2026

The Need

Access to contraception is a basic human right,¹ but unfortunately, many Canadians cannot access this right. A 2016 study published in the Canadian Medical Association Journal found that one in five Canadian women have had an unplanned pregnancy.² An estimated “27-40% of pregnancies in Canada are unintended, and one in three women have an induced abortion in their lifetime.”³ The direct cost of unplanned pregnancies in Canada is over \$320 million per year.⁴

More than 25% of Canadian 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.⁵ Consistent contraception use substantially reduces risk for unintended pregnancy.

Unintended pregnancies:

- Can derail life plans and come with high personal costs.
- Are at higher risks to negative health impacts for both the mother and child.⁶
- Have significant costs to our health and social services systems.

The Barriers

Cost remains a significant barrier to people accessing contraception.⁷ A UBC study concluded that “young, low-income women in Canada are less likely to use more effective methods of birth control like the pill, and more likely to use no contraception or condoms only.”⁸ 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.⁹ A pilot study from Paediatrics & Child Health found that 10% of young people (14-21) could not access the contraception they wanted, or chose to stop using it, due to cost.¹⁰

In Canada, a hormonal intra-uterine device (IUD) can cost \$550 and a copper IUD can cost \$75, oral contraceptive pills can cost at least \$240 a year or more (\$20 per month or more), hormone injections can cost as much as \$180 per year, and an implant can cost \$350.¹¹ These costs fall disproportionately on women and people who can get pregnant,¹² and represent a significant barrier for people accessing contraception, particularly to women with low incomes, youth, and people from marginalized communities.¹³ The COVID-19 pandemic has only exacerbated the impact of cost to these populations and has introduced additional barriers to contraception.¹⁴

The most reliable methods of contraception, long-acting reversible contraceptives (LARCs) like IUDs or the implant, also have the highest upfront costs. Because of this, many people turn to less reliable methods, like condoms.¹⁵ Studies have found that when cost is removed, people are better able to access contraception, and they increasingly chose more reliable forms of contraception – LARCs.¹⁶ And that “improving access to affordable contraception may decrease the number of young women at risk of unintended pregnancy due to financial barriers.”¹⁷

Researchers at UBC’s Contraception and Abortion Research Team (CART), published in the *BMJ*, found an immediate increase in LARC usage after BC’s universal program began, and after the first 15 months of the program, monthly dispensations of LARCs increased by 49%. They also calculated that because of the

policy, there were 11,365 people using LARCs who would have been expected to had the policy not been introduced.¹⁸

Recent research from Ontario also supports these findings. From January 2018 to March 2019, the Ontario Health Insurance Plan Plus Program (OHIP+) provided free prescription medications to people under the age of 25. Unfortunately, it was then scaled back to exclude people with private insurance. Researchers from McMaster University found that over the course of the program, over 1.17 million oral contraceptive pills were dispensed to young people in Ontario, which constituted an increase of more than 250,000 (27%) compared to the previous year.¹⁹ They also found that “IUD use jumped by nearly 80 per cent, before dropping again when the program was scaled back.”²⁰

The Current System

While there is currently a hodgepodge of programs and sporadic coverage for people in most Canadian provinces and territories, these programs are largely income dependent. People should not have to pass a means test or face financial burdens in order to freely exercise their right to make choices about their reproductive health.

Cumbersome application processes and complicated paperwork further discourage the use of these programs and represent additional barriers.²¹ Programs where individuals pay upfront and are later reimbursed also present a cost and confidentiality barrier. Waiting for reimbursement is a particularly significant challenge when an estimated 26% of Canadian households do not have sufficient resources to on hand to cover an unexpected expense of \$500.²²

The high costs of contraception significantly impacts young people. While young people may be covered through their parent’s plans, as a parent is almost always the primary subscriber for health insurance, a young person may be forced to give up their privacy in order to access contraception.²³ Depending on their situation, this could jeopardize their housing, well-being safety, or safety.

Employer-sponsored and private drug insurance plans are also inadequate. Statistics Canada reports that in 2021, 21% of Canadians “reported not having insurance to cover any of the cost of prescription medications in the past 12 months.”²⁴ And while 79% of Canadians have some type of access to prescription drug insurance, Statistics Canada notes that “the level of coverage can vary widely across benefit plans, resulting in possible differences in the ability to fill prescriptions and to adhere to healthcare provider recommendations.”²⁵ Research from CART found that in BC, 37% of people were paying for contraception out of pocket before free prescription contraception, while this number dropped to 13% after the policy was implemented.²⁶ No one’s access to prescription medication should depend on their employment status, nor on the uncertainty or variability of an employer’s health plan.

The Proposed Policy

All provinces and territories should adopt a policy where prescription contraception is universally available to all residents at no cost. In April 2023, British Columbia became the first province to implement the policy (see below for details).²⁷ In October 2024, Manitoba became the second province,²⁸ PEI’s program began in May 2025,²⁹ and Yukon is committed to implementing the program before January 2026.³⁰ Free prescription contraception is part of the national Pharmacare plan (Bill C-64), which was adopted by Parliament in October 2024, and the next step in this process being that each province now needs to negotiate agreements with the federal government around the plan and implementation.³¹

Many other countries subsidize universal access to contraception, in full or in part; these include the UK, France, Spain, Sweden, Denmark, the Netherlands, Luxemburg, Italy, Germany, and Ireland.³² 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 are revenue positive!** This is because the cost of providing free prescription contraception is considerably lower than the high costs associated with unintended pregnancy.

Options for Sexual Health estimated that every \$1 spent on contraceptive support can save as much as \$90 in public expenditure on social supports.³³ A 2015 study in the *Canadian Association Medical Journal* estimated savings of \$320 million in the form of direct medical costs of unintended pregnancy.³⁴ A 2018 report by CART estimated that the policy would save the BC health system around \$27 million, or \$5 per BC resident, per year.³⁵ When similar analysis was conducted for Ontario, the team concluded that this province would save \$76.9 million per year.³⁶

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.³⁷ The Finnish Institute for Health and Welfare (THL) attributed the 66% decline in teenage abortions that occurred in Finland between 2000 and 2023 on free prescription contraception and compulsory sex education in schools.³⁸ A study in St. Louis, Missouri that provided 9,256 women with free LARCs of their choice, found that that abortion rates among study participants were 62-78% lower than the national rate.³⁹

Another US study looked at the impact of eliminating cost-sharing for contraception from Title X, which is a national program that subsidizes reproductive health services for low-income people.⁴⁰ Covering the full cost of contraception for recipients, rather than a portion, was estimated to cost the US federal government US\$178 million per year, but result in a reduction of US\$1.61 billion in federal and state government spending in the first year of the program, resulting in a net savings of US\$1.43 billion.

The Benefits

- Empowers people:
 - Money should never be a barrier to someone 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 risky for mothers and babies.⁴¹
 - Prescription contraception is often used to treat a number of chronic gynecological conditions like endometriosis and polycystic ovary syndrome (PCOS),⁴² for menstrual regulation and treating hormonal acne,⁴³ as part of gender-affirming care,⁴⁴ and even to prevent against some forms of cancer.⁴⁵
- Good education policy:
 - This policy helps normalize conversations about sex, sexual and reproductive health.
- Saves money:
 - This policy is revenue positive, saving governments millions, because those who cannot afford contraception may struggle to afford to raise a child, and the cost of providing free prescription contraception is considerably lower than the costs associated with unintended pregnancy.

We are urging all provincial and territorial governments across Canada to implement universal no-cost prescription contraception immediately, and to ensure that the policy adopted is as expansive as possible. The most straightforward and maximally effective policy is to make all forms of prescription contraception available to everyone at no cost, and using similar mechanisms that are used for the free provision of Mifegymiso, the abortion pill, which is freely available across Canada.⁴⁶

Success in British Columbia

In April 2023, BC became the first Canadian province to make prescription contraception free. BC PharmaCare currently covers the full cost of more than 60 commonly used types of prescription contraception, including hormonal pills, copper and hormonal IUDs, implants, hormonal injections, vaginal rings, and emergency contraception (also known as the morning-after pill).⁴⁷ In June 2023, the Government of BC also expanded pharmacists’ scope of practice, allowing pharmacists to prescribe contraceptives and medications to treat 21 minor ailments, removing additional non-monetary barriers.⁴⁸

BC’s program has been wildly successful and should be replicated across the country. Between 1 April 2023, and February 28, 2026, 407,000 people in BC received free prescription contraception (including emergency contraception). This included 232,000 patients who accessed hormonal pills; 105,000 hormonal IUDs; 101,000 emergency pills; 17,000 implants; 16,000 copper IUDs; 14,000 hormonal injections; and 7,000 vaginal rings.⁴⁹ CART found that as of June 2024, the number of people using any form of prescription contraception increased by 10% following the implementation of the policy.⁵⁰

Contraception Patients in BC April 1, 2023, and June 30, 2025	
Category	PharmaCare Patients
Hormonal Pill	232,000
Hormonal IUD	105,000
Emergency Pill	101,000
Implant	17,000
Copper IUD	16,000
Hormonal Injection	14,000
Vaginal Ring	7,000
All Contraceptives	407,000

Endorsements

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

- The Canadian Medical Association.⁵¹
- The Society of Obstetricians and Gynaecologists of Canada.⁵²
- The Canadian Pediatric Society.⁵³

The AccessBC Campaign has been directly endorsed by 36 municipalities across BC,⁵⁴ and two resolutions were passed at the 2020 Union of British Columbia Municipalities (UBCM) Convention.⁵⁵ A growing number of groups, organizations, unions, and other civil society actors across BC and Canada have also added their support.⁵⁶

Grassroots campaigns actively fighting for free prescription contraception across Canada that we are proud to stand in solidarity with:

- Project EmpowHer (Alberta)
- Universal Access to Contraception Saskatchewan
- Birth Control Access Manitoba
- Cover ContraceptiON (Ontario)
- Révolution Contraceptive Québec
- Access Now Nova Scotia
- New Brunswick Abortion Care Network⁵⁷

It's time for all provincial and territorial governments across Canada to make prescription contraception universally available at no cost!

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- ⁵⁷ Find all of our amazing sister campaigns and news from across Canada at: <https://www.accessbc.org/campaigns-across-canada>