



Universal Access to No-Cost Prescription Contraception

Briefing Paper - Updated January 2025

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 as a factor, people increasingly chose 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) recently found that as of June 2024, approximately 80,200 women in BC were using LARCs, and that this number was 11,400 people higher than would have been the case had the province not made prescription contraception free, indicating that cost was indeed serving as an impediment to people accessing LARCs.¹⁸

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.¹⁹ 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 \$500.²⁰

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.²¹ 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."²² 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."²³ 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.²⁴ 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).²⁵ In October 2024, Manitoba became the second province.²⁶ 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.²⁷

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.²⁸ 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.²⁹ A 2015 study in the *Canadian Association Medical Journal* estimated savings of \$320 million in the form of direct medical costs of unintended pregnancy.³⁰ 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.³¹ When similar analysis was conducted for Ontario, the team concluded that this province would save \$76.9 million per year.³²

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.³³ 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.³⁴ 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.³⁵

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.³⁶ 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.³⁷
 - Prescription contraception is often used to treat a number of chronic gynecological conditions like endometriosis and polycystic ovary syndrome (PCOS),³⁸ for menstrual regulation and treating hormonal acne,³⁹ as part of gender-affirming care,⁴⁰ and even to prevent against some forms of cancer.⁴¹
- 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.⁴²

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).⁴³ 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.⁴⁴

BC's program has been wildly successful and should be replicated across the country. In the first eight months of the program (April to November 2023), more than 188,000 people received free

contraceptives.⁴⁵ A more recent new report notes that in the first 15 months of the program, 252,000 British Columbians access free prescription contraception, including: 152,200 patients who accessed hormonal pills, 48,200 hormonal IUDs, 9,500 hormonal injections, 7,500 copper IUDs, 7,400 implants, and 2,000 vaginal rings.⁴⁶ 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.⁴⁷

Endorsements

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

- The Canadian Medical Association.⁴⁸
- The Society of Obstetricians and Gynaecologists of Canada.⁴⁹
- The Canadian Pediatric Society.⁵⁰

The AccessBC Campaign has been directly endorsed by 36 municipalities across BC,⁵¹ and two resolutions were passed at the 2020 Union of British Columbia Municipalities (UBCM) Convention.⁵² A growing number of groups, organizations, unions, and other civil society actors across BC and Canada have also added their support.⁵³

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 Network⁵⁴

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

For more information, contact:

AccessBC Campaign

Dr. Teale Phelps Bondaroff
Campaign Chair and Co-Founder

www.accessbc.org
tealepb@gmail.com

778-678-8325

Sources:

¹ 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; and see Marwaha, *et al.* (2021). "[Universal contraception: A basic human right](#)." *UBC Medical Journal*, 12:2, 47-48.

² Vogel L. (2017 July 10). "[Canadian Women Opting for Less Effective Birth Control](#)." *Canadian Medical Association Journal*, 189:27, E-921-E922; see also Laucius J. (2017 June 19). "[Oops! 61 Per Cent of Canadian Women Have an 'Unintended' Pregnancy, says Survey](#)." *Ottawa Citizen*.

³ Albanese, M. (2024 February 25). "[Why access to free prescription contraception is a crucial component of a national pharmacare program for Canada](#)." *The Conversation*, citing Oulman, E., Kim, T.H.M., Yunis, K., & Tamim, H. (2015). "[Prevalence and predictors of unintended pregnancy among women](#): An analysis of the Canadian

-
- Maternity Experiences Survey." *BMC Pregnancy and Childbirth*, 15, Article 260; Norman, W.V., Bryan, S., et al. (2017 June). "[British Columbia 2015 Sexual Health Indicators](#): Rates and determinants among 14 to 49 year old females." *Canadian Sexual Health Survey*; and Norman, W.V. (2011). "[Induced abortion in Canada 1974–2005](#): Trends over the first generation with legal access." *Contraception*, 85:2, 185-191.
- ⁴ Black, A.Y. et al. (2015). "[The cost of unintended pregnancies \(CoUP\) in Canada: Estimating direct cost, role of imperfect adherence, and the potential impact of increased use of long-acting reversible contraceptives.](#)" *Journal of Obstetrics and Gynaecology Canada*, 37(12), 1086–1097.
- ⁵ 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.
- ⁶ Nelson, H.D., Darney, B.G., Ahrens, K., et al. (2022). "[Associations of unintended pregnancy with maternal and infant health outcomes](#): A systematic review and meta-analysis." *JAMA*, 328:17, 1714-1729.
- ⁷ 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.
- ⁸ Nethery, E., Schummers, L., Maginley, S., Dunn, S., & Norman W.V. (2019). "[Household income and contraceptive methods among female youth](#): A cross-sectional study using the Canadian Community Health Survey (2009–2010 and 2013–2014)." *CMAJ Open*, 7:43, E646-653.
- ⁹ Hulme J. et al. 2015.
- ¹⁰ Di Meglio, Yeats & Seidman. (2019 May). "[Can Youth get the Contraception they want?](#) Results of a Pilot Study in the Province of Quebec."
- ¹¹ Aging Out. (n.d.). "[Birth Control Options](#)"; and see Options for Sexual Health (2010). "[Universal Access to Publicly Funded Contraception in British Columbia.](#)"
- ¹² Zwiers, E., Janssens, W., & Ketel, N. (2023 May 8). "[Women in committed relationships largely pay for contraception themselves.](#)" *University of Amsterdam*.
- ¹³ Meharali, S., et al. (2021). "[Barriers to and facilitators of South Asian immigrant adolescents' access to sexual and reproductive health services in Canada: A qualitative study.](#)" *The Canadian Journal of Human Sexuality*.
- ¹⁴ Gilbert, M. et al. (2021). "[Accessing needed sexual health services during the COVID-19 pandemic in British Columbia, Canada: a survey of sexual health service clients.](#)" *Sexually Transmitted Infections*; and see Raeside, A., Handa, M., & Spitzer, R. (2021). "[The disproportionate impact of COVID-19 on already marginalized communities](#): Considerations for sexual and reproductive health care." *Journal of Obstetrics and Gynaecology Canada*, 43:11, 1229-1230.
- ¹⁵ Dr. A. Black, SOGC's Contraception Awareness Program Working Group, quoted by Vogel 2017.
- ¹⁶ 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.
- ¹⁷ Nethery et al. 2019.
- ¹⁸ See research reported on by Grant, K. (2024 December 19). "[UBC research shows increase in birth-control use after province made contraception free.](#)" *The Globe and Mail*.
- ¹⁹ Options for Sexual Health 2010:9-10.
- ²⁰ Statistics Canada. (2023 February 13). "[One in four Canadians are unable to cover an unexpected expense of \\$500.](#)"
- ²¹ Bessett et al. 2014. "[Barriers to Contraceptive Access after Health Care Reform](#): Experiences of Young Adults in Massachusetts." *Women's Health Issues*, 25:2, 91-96.
- ²² Cortes, K., & Smith L. (2022 November 2). "[Pharmaceutical access and use during the pandemic.](#)" *Statistics Canada*.
- ²³ Statistics Canada. (2024 January 10). "[Study: Gaps in prescription insurance coverage.](#)"
- ²⁴ See research reported on by Grant, K. (2024 December 19). "[UBC research shows increase in birth-control use after province made contraception free.](#)" *The Globe and Mail*.
- ²⁵ Government of BC. (2023 March 31). "[Universal contraception coverage starts April 1.](#)"
- ²⁶ Government of Manitoba. (2024 October 1). "[Manitoba Prescription Birth Control Program.](#)"
- ²⁷ Government of Canada. (2024 October 10). "[An Act respecting pharmacare.](#)"
- ²⁸ Centre for Reproductive Rights 2009, cited by Options for Sexual Health 2010:10; and see Hulme et al. 2015:60; see also European Parliamentary Forum for Sexual & Reproductive Rights. (2020 December 15). "[Ireland to roll out free contraception for 17-25 year olds](#)"; and Beauchamp, Z. (2014 June 30). "[Here's a map of the countries where the pill is fully subsidized \(it includes Iran\).](#)" *Vox*; France24. (2021 December 31). "[France introduces free](#)

-
- [birth control for all women under 25](#)"; European Parliamentary Forum for Sexual & Reproductive Rights. (n.d.). "[European contraception policy atlas](#)."
- ²⁹ Options for Sexual Health 2010:5.
- ³⁰ 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.
- ³¹ CART. (2018 June). "[Contraception Cost-Effectiveness in British Columbia](#)."
- ³² Norman, W.V. (2023). "[Considerations on Contraception Cost-Effectiveness](#)."
- ³³ 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*.
- ³⁴ Kauranen, A. (2024 June 3). "[Free contraception helps Finland reduce teenage abortions by 66%](#)." *Reuters*; and see Gyllenberg, F.K., *et al.* (2018 December). "[Induced abortion in a population entitled to free-of-charge long-acting reversible contraception](#)." *Obstetrics & Gynecology*, 132:6, 1453-1460.
- ³⁵ Piepert, J.F., Madden, T., Allsworth, J.E., & Secura, G.M. (2012 December). "[Preventing unintended pregnancies by providing no-cost contraception](#)." *Obstetrics & Gynecology*, 120:6, 1291-1297.
- ³⁶ Bailey, M.J. (June 2023). "[Increasing financial access to contraception for low-income American](#)." *The Hamilton Project*.
- ³⁷ See for example Rice, L.W., *et al.* (2020 February). "[Universal access to contraception: women, families, and communities benefit](#)." *American Journal of Obstetrics and Gynecology*, 222:2, 150.e.1-150.e5.
- ³⁸ For endometriosis, see for example Spritzer, P.M. (2022 April). "[Contraception for women with polycystic ovary syndrome: Dealing with a complex condition](#)." *Revista Brasileira de Ginecologia e Obstetrícia*, 44:4, 325-326; Oguz, S.H., & Yildiz, B.O. (2021 April). "[An update on contraception in polycystic ovary syndrome](#)." *Endocrinology and Metabolism*, 36:2, 296-311; and for PCOS see Weisberg, E., & Fraser, I.S. (2015). "[Contraception and endometriosis: challenges, efficacy, and therapeutic importance](#)." *Open Access Journal of Contraception*, 6, 105-115; Cooper, K.G., *et al.* (2024). "[Long acting progestogens versus combined oral contraceptive pill for preventing recurrence of endometriosis related pain: the PRE-EMPT pragmatic, parallel group, open label, randomised controlled trial](#)." *British Medical Journal*, 385.
- ³⁹ Van Hooff, M.A., *et al.* (2009). "[The use of oral contraception by adolescents for contraception, menstrual cycle problems or acne](#)." *Acta Obstetrica et Gynecologica Scandinavica*, 77:9, 898-904.
- ⁴⁰ Chiem, A., Marcos, M.C., Schwartz, B.I. (2024 May). "[Contraception and menstrual management in transmasculine and gender-diverse individuals](#)." *Current Obstetrics and Gynecology Reports*, 13, 144-153; and see Harris, M. (2023 May 23). "[How birth control can be part of gender-affirming care for trans and gender-nonbinary folks](#)." *Bedsider*.
- ⁴¹ Carey, M.S., & Allen, R.H. (2012). "[Non-contraceptive uses and benefits of combined oral contraception](#)." *Obstetrician & Gynaecologist*, 14:4, 223.
- ⁴² Action Canada. (2019). "[FAQ: The Abortion Pill Mifegymiso](#)."
- ⁴³ Government of BC. (2024 January 31). "[Contraceptives – information for health professionals](#)."
- ⁴⁴ Government of BC. (2023 May 31). "[Pharmacists can prescribe contraceptives, treatments for minor ailments](#)."
- ⁴⁵ Government of BC. (2023 December 8). "[300,000 have received free contraceptives, expanded pharmacist care](#)."
- ⁴⁶ Clark, K. (2024 September 12). "[Campaign urges Senate to implement universal free prescription contraception](#)." *The Marlet*.
- ⁴⁷ See research reported on by Grant, K. (2024 December 19). "[UBC research shows increase in birth-control use after province made contraception free](#)." *The Globe and Mail*.
- ⁴⁸ CBC News (2012, August 16). "[Canadian Doctors Want Ottawa to Pay for Birth Control](#)."
- ⁴⁹ 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.
- ⁵⁰ Canadian Paediatric Society (2019 May 15). "[Universal access to no-cost contraception for youth in Canada](#)."
- ⁵¹ AccessBC Campaign, "[Municipal Endorsements](#)."
- ⁵² AccessBC Campaign, "[Union of British Columbia Municipalities Supports Free Prescription Contraception](#)."
- ⁵³ For full list, see AccessBC, "[Allies](#)."
- ⁵⁴ Find all of our amazing sister campaigns and news from across Canada at: <https://www.accessbc.org/campaigns-across-canada>