

## Do you think everyone gets the medication they need?



### **NO they don't!**

A 2014 McGill University study suggested 1 in 3 prescriptions go unfilled and a 2012 UBC study suggested 1 in 10 go unfilled, or the patient skips doses, because of cost. In Ontario only people on Social Assistance and those over 65 and under 25 years of age have pharmacare or access to free medications.

## Are there that many people who can't afford their medications?



### **YES there are!**

Annually 20% of households in Canada spend more than \$500 on medications, and 8% spend more than \$1000. This is a real burden on low income households. According to a 2015 Wellesley Institute study, fully one third of Ontario workers and their families did not have a drug-plan.

## Is universal pharmacare too expensive?



### **NO it isn't!**

A Canadian Medical Association Journal article of 2015 demonstrates that because of bulk purchasing power, a universal pharmacare program would actually result in net savings of between \$4B to \$9B annually on what Canadians spend on prescription drugs. In 2017 the Parliamentary Budget Officer estimated the net savings at \$4B.

## Love Heals All

And they brought him a deaf man who had an impediment in his speech; and they asked him to lay his hand on him. Jesus took him aside to be by themselves, away from the crowd, he put his fingers into the man's ears and touched his tongue with spittle. Then looking up to heaven he sighed; and he said to him, 'Ephphatha,' that is, 'Be opened.' And his ears were opened, and at once the impediment of his tongue was loosened and he spoke clearly.

Mark 7:32-35

'As long as I am in the world I am the light of the world.'

Having said this, Jesus spat on the ground, made a paste with the spittle, put this over the eyes of the blind man, and said to him, 'Go and wash in the Pool of Siloam'. So he went off and washed and came back able to see.

John 9:5-7

**"Health care is not a consumer good, but rather a universal right, and therefore access to health care services cannot be a privilege."**

Pope Francis, *Speaking to Medici con L'Africa (Doctors with Africa)*

### **Society of Saint Vincent de Paul**

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# Pharmacare



**is the  
best  
medicine!**



**Society of Saint  
Vincent de Paul**

**Ontario Regional Council**

Website: [www.ssvp.on.ca](http://www.ssvp.on.ca)  
Email: [voice.of.the.poor@ssvp.on.ca](mailto:voice.of.the.poor@ssvp.on.ca)

## NOT AGAIN?

A paramedic and her assistant got the stretch into the lobby where they saw the supervisor pointing to a frail woman sitting on a bench.

Turning to the arrival of the paramedics, the woman kept silent. The superintendent answered, "KDYH FDOOHG KH KHU ZD\."

Not long after a young woman hurried to the lobby. She took the other paramedic gently said, "ORP QRW DJDLQ \$UH IRX KHU paxmeda KHU <HV. JKLW KDSSHQV DOO ZKDWR WR GR DQIPRUH ' 3:KDW LV KHU SUREOHP" Mom LV HSLOHSWLF DQG Z SLOOV VKH IDLQWV DQG 3:H IRXQG KHU RXWVLGH KHUH ' WKH HXSHUL QWHC

3:K\ GRHV Q\ WDNH KHU PH ambulance driver wondered aloud. 3, GRQTW NQRZ ' WKH GD all the time and does my dad works in a truck stop not far from repairing tires. 7KH DGGHG 3+H GRHV Q\ he GRHV Q\ W KDOPH PFG B B Q but they VLQJ WR PDNH HQC

While her daughter was still talking, the older woman slowly got up from the bench and on the stretch she said to the paramedics, 37RR PFK 3LOOV FRVW DP JRLQJ XSVWDLUV '

Without help she slowly walked to the elevator.

## Pharmacare: / H W ¶ V O D N H L W + D S

### It's Time...

The World Health Organization states that everyone should have access to necessary medicine. Canada is the **only** country with universal health care that does **not** have a universal drug plan, or pharmacare.

Many Canadians do not have access to necessary medications. Over the years the Hall Commission (1964), The National Forum on Health (1997), and the Romanow Commission (2002) have all recommended a national pharmacare program to rectify this inequity.

### It's Affordable...

Pharmacare allows for bulk purchasing, reducing costs. In Canada generic drugs are now nearly twice the median price of other OECD countries.<sup>1</sup>

1 Generic Drugs in Canada, 2013. Patented Medicine Prices Review Board. 2014.

Equitable access would help guarantee that everyone could afford to take their medications as prescribed. Preventable underuse of medications is estimated to cost our healthcare system between \$1B and \$9B annually.<sup>2</sup>

2 Clinical Service Proposal: Medication Adherence Services. British Columbia Pharmacy Association. 2013.

### It's Up to Us...

What we need to do is to advocate for a national pharmacare program.

First, Ontario should close the gap and set the example by extending pharmacare to all Ontarians, not just seniors, youth, and people on Social Assistance.

Second, we need to press the federal government to make our healthcare system truly universal by adding a national pharmacare program.

**Pharmacare helps achieve objectives of fairness, equity and economic efficiency**

It *really* is the best medicine!