

As Canadians age, struggles over access to health care extend to prescription drugs

One-in-six Canadians 55 and older have failed to take medication as prescribed because of the cost.

Month X, 2019 – As the federal government's Advisory Council on the Implementation of National Pharmacare [calls for a universal, single-payer system](#) for prescription drug coverage in Canada, a new report from the non-profit Angus Reid Institute – part of its ongoing series on access to and perceptions of health care among those ages 55 and older – finds a significant number of Canadians this age struggling to afford prescription medications.

The [first part](#) of this report – which focused on access to doctors and health care services – found one-in-five older Canadians (21%) facing major access issues, and a full majority having at least some trouble getting the care they need in a timely manner.

This second part of the study finds one-in-six Canadians (17%) in the 55-plus age group – a figure that represents upwards of 1.8 million people – say that they or someone else in their household have taken prescription drugs in a way other than prescribed because of cost.

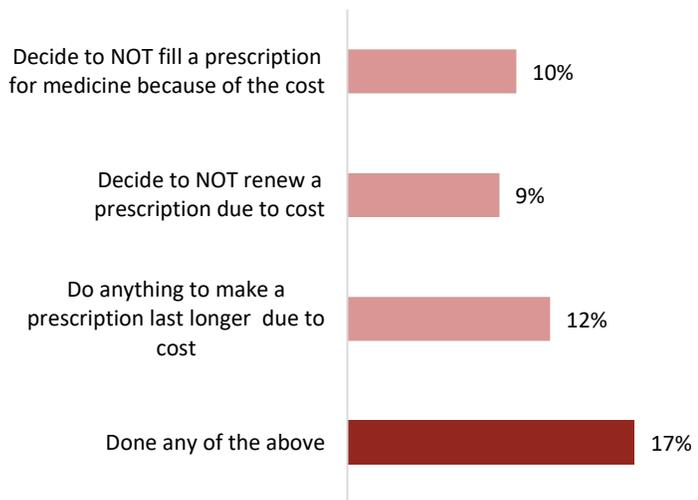
One-in-ten (10%) have decided to simply not fill a prescription because it was too expensive, and a similar number (9%) have decided not to renew one for the same reason. One-in-eight (12%) have taken steps to stretch their prescriptions, such as cutting pills or skipping doses.

Some 17 per cent of Canadians 55 and older have done at least one of these things, and that proportion rises among those who have greater difficulty accessing other aspects of the health care system.

More Key Findings:

- One-in-three aging Canadians who have “major access issues” (33%) with the health care system as a whole also have cost-related struggles with prescription drugs in their household

In the past 12 months, did you or anyone else in your household do any of the following? (Among those ages 55+, n=2001)



METHODOLOGY:

The Angus Reid Institute conducted an online survey from April 9 – 16, 2019, among a representative randomized sample of 3,049 Canadians ages 30 and older who are members of [Angus Reid Forum](#). The sample plan included an oversample of 2,001 Canadians ages 55 and older, as well as 1,048 Canadians ages 30-54. For comparison purposes only, probability samples of this size would carry margins of error of +/- 2.2 and +/- 3.0 percentage points, respectively, 19 times out of 20. Discrepancies in or between totals are due to rounding. The survey was self-commissioned and paid for by ARI. Detailed tables are found at the end of this release.

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- Perhaps unsurprisingly, household income is also correlated with difficulty dealing with the cost of prescriptions. One-in-five of those in the lowest income bracket (22%) have taken one of the cost-saving actions canvassed in this survey, while those with higher incomes are less likely to have done so
- Medical devices such as hearing or walking aids also represent a cost challenge for many aging Canadians. Nearly three-in-ten (28%) who have such a device in their household say they have opted to delay purchasing a new one because of cost
- One-in-six Canadians 55 and older (16%) have used cannabis for medical purposes, and almost three-quarters (73%) of those who used it say it worked

About ARI

*The **Angus Reid Institute (ARI)** was founded in October 2014 by pollster and sociologist, Dr. Angus Reid. ARI is a national, not-for-profit, non-partisan public opinion research foundation established to advance education by commissioning, conducting and disseminating to the public accessible and impartial statistical data, research and policy analysis on economics, political science, philanthropy, public administration, domestic and international affairs and other socio-economic issues of importance to Canada and its world.*

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One-in-six face barriers to prescription drug access

The [Advisory Council's report](#) includes some striking findings about access to prescription drugs in Canada. One-in-five Canadians, the council concludes, have either no insurance or inadequate insurance to meet their prescription drug needs. The same number of Canadian households – one-in-five – have at least one member who, in the last year, has not taken a prescribed medicine because it was too expensive.

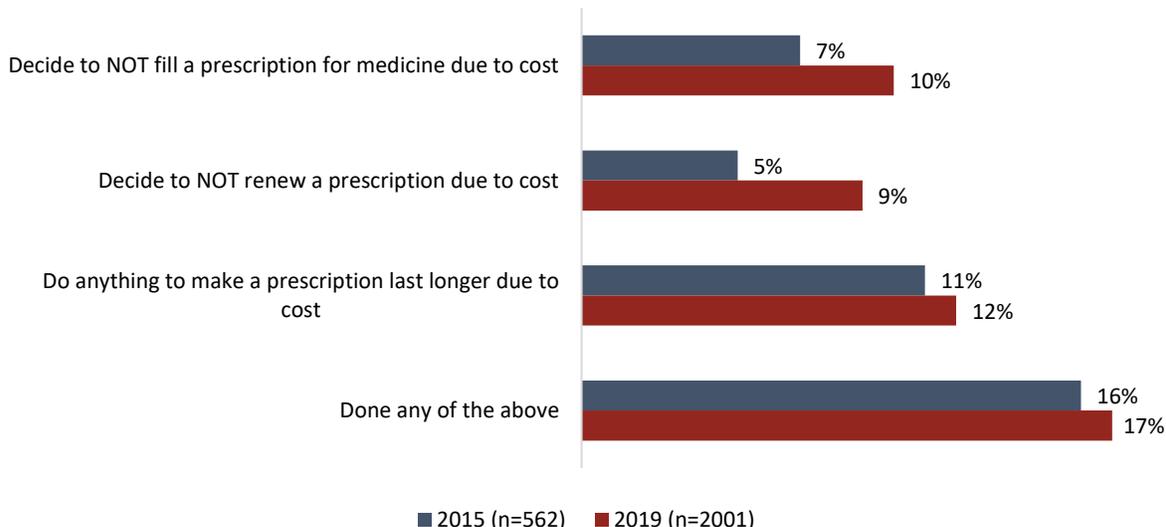
These findings closely match what the Angus Reid Institute itself found in [a 2015 study](#) of pharmaceutical access among the general population.

This 2019 study's focus on Canadians in the 55-plus age group – members of which tend to be heavier users of the health care system, including prescription drugs, than those in younger age groups – makes direct comparisons to the advisory council's report difficult. That said, the 2019 findings largely match what ARI found among those ages 55 and older in 2015:

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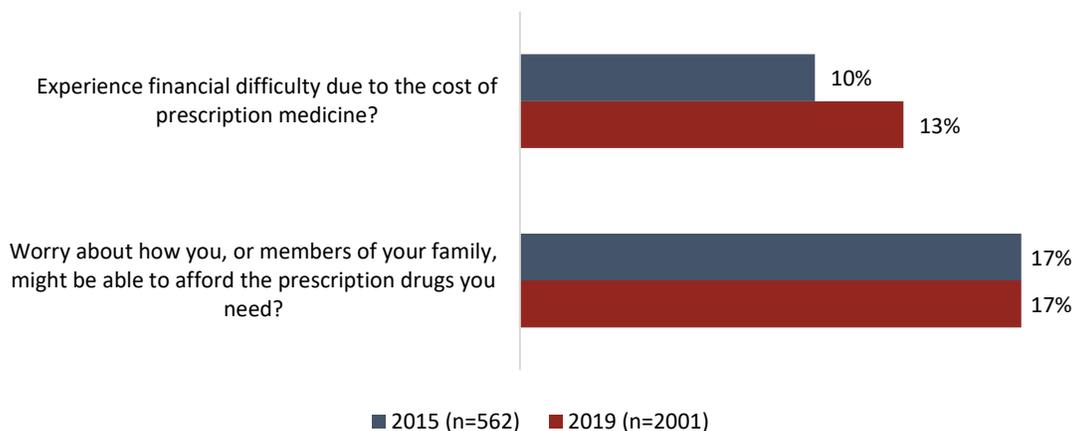
In the past 12 months, did you or anyone in your household do any of the following? (Those saying "yes" shown, responses from Canadians ages 55+)



As seen in the preceding graph, the percentages of Canadians in the Baby Boom generation and older who have seen someone in their household decide not to fill or renew a prescription because of cost have each increased over the last four years. That said, the overall number of Canadians this age who have done any of the activities listed remains largely unchanged.

Two other questions in this vein yield similar results. Slightly larger numbers of Canadians 55 and older say they or someone in their household has experienced financial difficulty because of the cost of prescription drugs than did so in 2015, while the percentage who worry about how they might afford the medication they need is unchanged:

In the past 12 months, did you or anyone in your household ... (Those saying "yes" shown, responses from Canadians ages 55+)



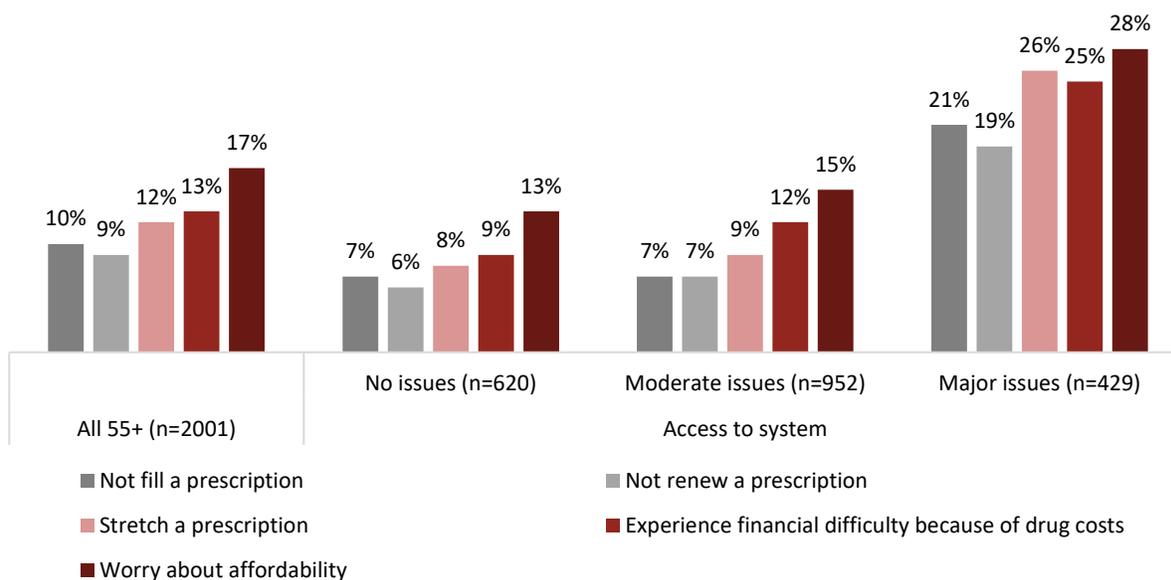
‘Major access issues’ extend to prescription drugs

As first discussed in [chapter one](#) of this multi-part report, Canadians ages 55 and older can be sorted into three groups based on their access to the health care system where they live. These three groups are those with “no access issues” (31% of those ages 55-plus), those with “moderate access issues” (48%), and those with “major access issues” (21%).

The three groups exist along a continuum, with the “major access issues” cohort representing those who face the greatest barriers to health care and the “no access issues” group representing those who face the fewest. For greater detail on these three groups and how they were derived, see notes on methodology at the end of this release, or [read chapter one](#) in full.

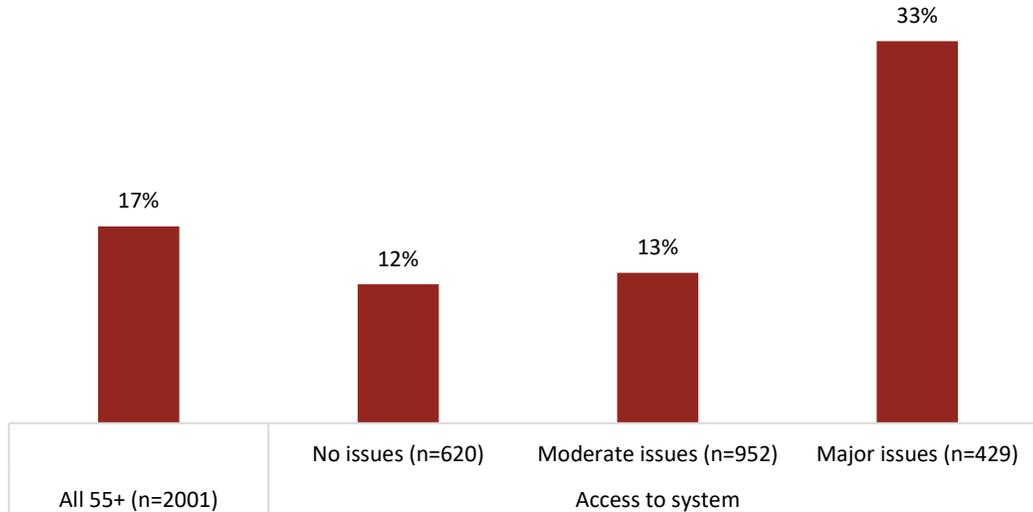
Notably, difficulty accessing the health care system overall tends to translate into difficulty accessing prescription drugs as well. Those with major access issues are considerably more likely to have household-level experience with each of the financial struggles asked about in this survey, as seen in the graph that follows.

**And, in the past 12 months, did you or anyone else in your household do any of the following because of cost?
(Those saying "yes" shown, responses from Canadians ages 55+)**



Likewise, the overall number who have someone in their household who has not filled, not renewed, or stretched a prescription in the last year is nearly three times as high for those with major access issues as it is for those with moderate or non-existent ones:

Percentage who have not filled/not renewed/stretched a prescription in the last year because of cost (Among those ages 55+, n=2001)

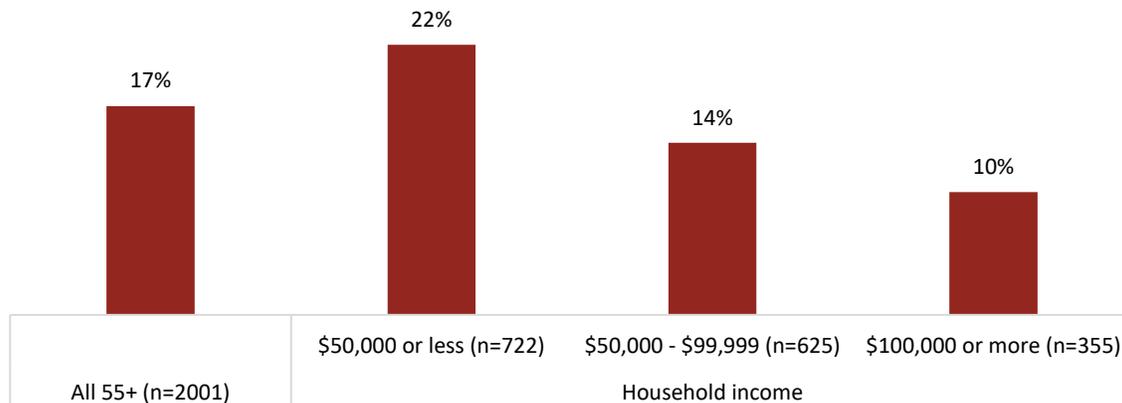


Income is a key factor, but not the only one

Baby Boomer and senior households with lower incomes are more likely to have members who aren't taking their medications as prescribed because of the financial burden associated with doing so.

That said, as seen in the graph that follows, the percentage who have not filled, not renewed, or stretched a prescription is less correlated with income than it is with trouble accessing other aspects of the health care system. Among 55-plus households with annual incomes less than \$50,000, more than one-in-five (22%) have employed at least one of these cost-saving strategies. Smaller, but still significant, numbers of wealthier households have had the same experience:

Percentage with a household member who has not filled/not renewed/stretched a prescription in the last year because of cost (Among those ages 55+, n=2001)



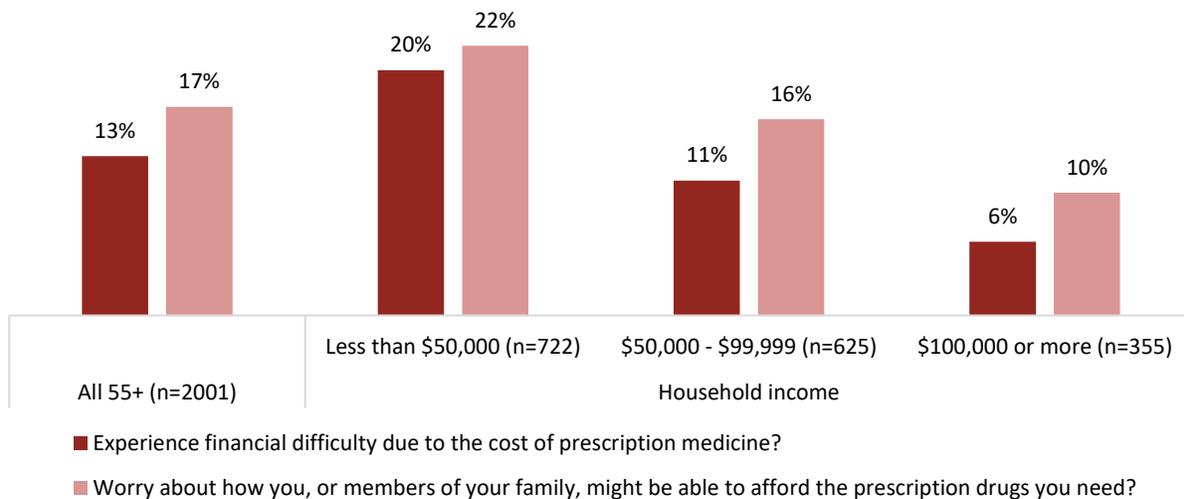
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There are also many Canadians 55 and older who describe experiencing financial or emotional distress because of the cost of prescriptions.

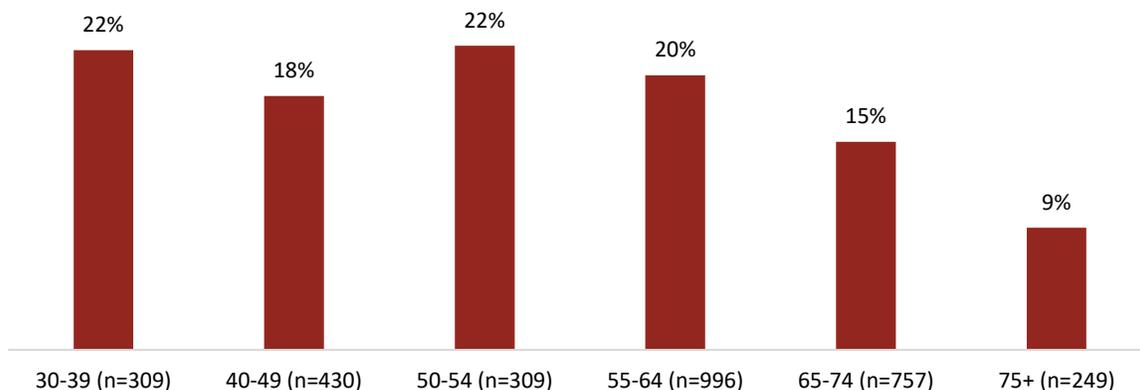
One-in-five lower-income Baby Boomers and seniors say their household has experienced financial difficulty due to prescription costs (20%) or dealt with worries about how they were going to be able to purchase the medications they need (22%):

And, in the past 12 months, did you or anyone else in your household ...



Age is also a factor. In 2015, younger Canadians were more likely than older ones to have done each of the cost-saving measures on the list. This is true in 2019 as well, both within the 55-plus sample, where those ages 55-64 are more likely to have done one of the three than those in older cohorts, and in the booster sample of younger respondents, as seen in the graph that follows:

Percentage with a household member who has not filled/not renewed/stretched a prescription in the last year because of cost (All respondents, n=3049)

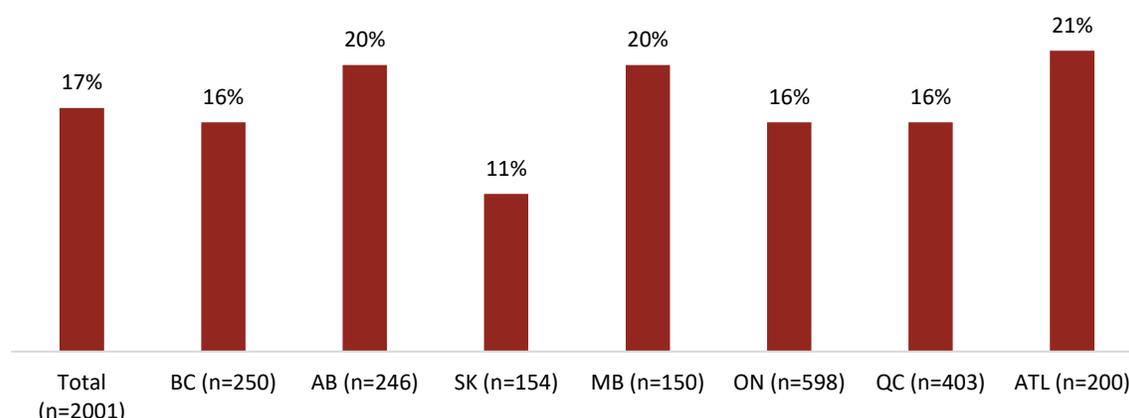


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Regionally, Atlantic Canada has the highest rate of barriers to prescription drug access among respondents 55 and older, though it is joined by Alberta and Manitoba at roughly one-in-five. Saskatchewan has the lowest rate (11%):

**Percentage with a household member who has not filled/not renewed/stretched a prescription in the last year because of cost
(Among those ages 55+, n=2001)**



Heavy users of the health care system face more barriers to drug access

The vast majority of Canadians ages 55 and older have at least one prescription. Only 18 per cent say they are not currently taking any medication, leaving more than eight-in-ten (82%) who are.

This proportion rises with age. While one-quarter (24%) of those ages 55-64 do not currently have any prescriptions, this drops to 14 per cent among those 65-74 and falls to just 7 per cent among those 75 and older.

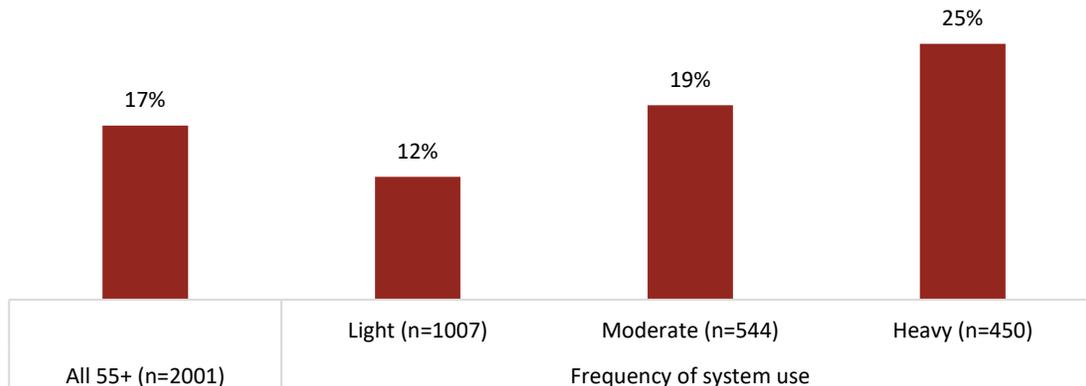
These higher rates of prescription drug usage among the oldest Canadians mirror the overall pattern of health care system usage. As discussed in [chapter one](#) of this report, Canadians ages 75 and older are more likely to be heavy users of the system, defined by the frequency and severity of their interactions with both primary and specialty care. For more on the definition of “heavy users,” see notes on methodology at the end of this report.

As seen in the graph that follows, heavy users of the system are more likely to have failed to take their medications as prescribed.

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**Percentage with a household member who has not filled/not renewed/stretched a prescription in the last year because of cost
(Among those ages 55+, n=2001)**



This finding stands in contrast to the age-related findings previously discussed. While the oldest Canadians are more likely to be heavy users of the system, and heavy users of the system are more likely to have not filled, not renewed, or stretched a prescription, those 75 and older are less likely, overall, to have engaged in any of these behaviours.

The reasons for this divergence are unclear, but its presence suggests two things:

First, this finding suggests that those ages 75 and older who *aren't* heavy users of their province's health care system also aren't struggling to afford prescription drugs. And second, it suggests that those under 75 who *are* heavy users are more likely to be taking these cost-avoidance measures.

Marijuana and medical devices

In addition to questions about pharmaceutical use, this survey also asked aging Canadians about their use of medical devices, such as hearing aids, dentures, canes, and walking aids, among other things.

Fully half of respondents ages 55 and older (51%) report having a device like this in their home, either for personal use or for someone else in their household.

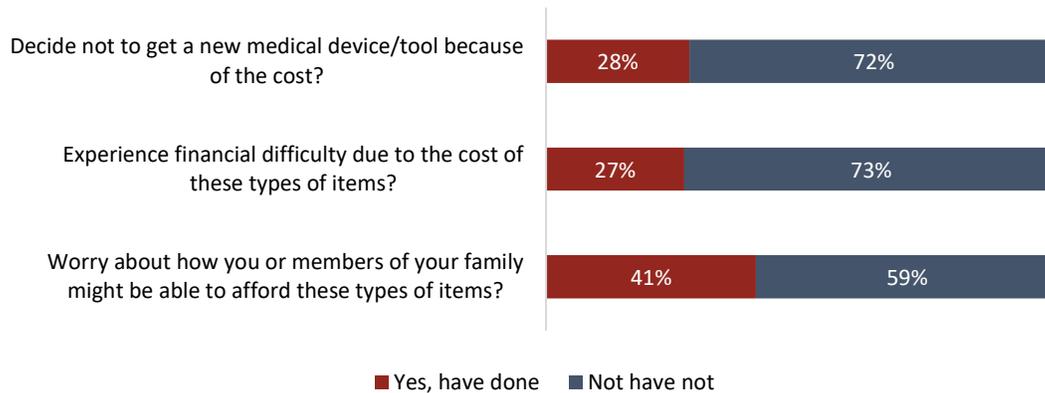
Of those who have a device, three-in-ten (28%, or 14% of all Canadians 55 and older) say they have decided not to purchase a new device because of the cost, and a similar number say they have experienced financial hardship because of the cost of such items.

Moreover, some four-in-ten (41%) Canadian Boomers and seniors with a medical device in their household say they have worried about their ability to afford such items, as seen in the graph that follows.

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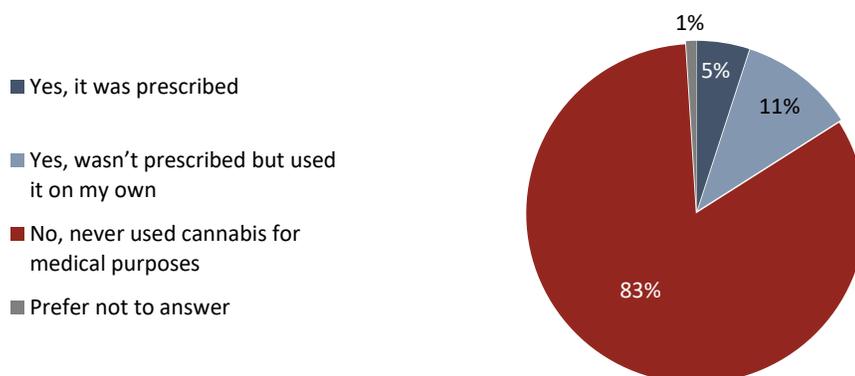
In the past 12 months, did you or anyone in your household do any of the following? (Asked of those ages 55+ who have a medical device in their household, n=1022)



Perhaps unsurprisingly, the groups that are more likely to have struggled to afford prescription drugs also tend to be more likely to say yes to each of the items shown in the preceding graph. Those with lower household incomes ([see comprehensive tables](#)) and those with major access issues ([see access tables](#)) are more likely to have chosen not to get a new device or to have experienced financial difficulty because of the cost of one.

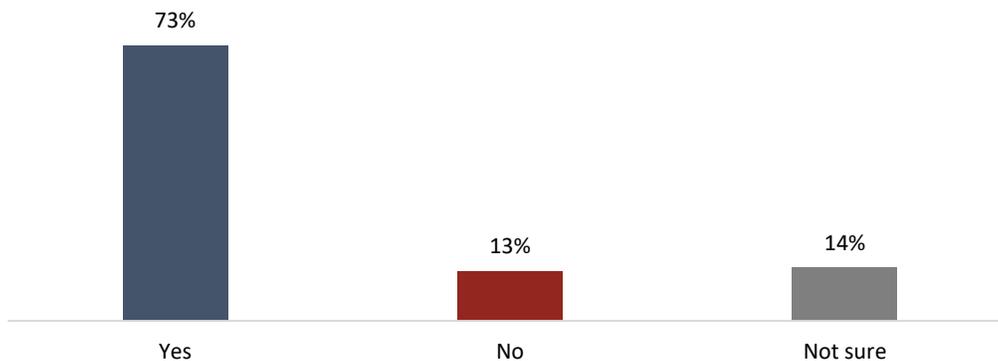
As with medical devices, this survey asked some questions about another area of inquiry adjacent to prescription drugs: the use of cannabis for medical purposes. Among those ages 55 and older, one-in-six (16%) say they have used marijuana to achieve some kind of medical effect, though only 5 per cent say it was prescribed to them:

Have you ever used cannabis for medical purposes, either because a doctor prescribed it to you or because you felt it would help? (Among those ages 55+, n=2001)



Among those who have tried it, nearly three-quarters (73%) say it was helpful:

And, in your experience, did it help? (Asked of those 55+ who have used marijuana for medical purposes, n=313)



Notes on methodology

System Access Index

In order to measure overall access to the health care system among Canadians, Angus Reid Institute researchers combined respondents' answers to questions about primary care, medical specialists, advanced diagnostic tests, and surgical procedures, assigning each response a value in points. The three groups that make up the System Access Index – those with “no issues,” “moderate issues,” and “major issues” – are derived by adding up a respondents' total accumulated points and grouping them with those achieving similar scores.

Points were awarded to respondents in the following manner:

- **Primary care:** Those who say it is “easy” to get an appointment with their family doctor, or who don't have a family doctor but aren't interested in having one, receive 0 points. Those who say they have to wait a few days – the group described as having “acceptable access” to primary care – receive 1 point. Those who say it is difficult to get an appointment with their doctors receive 2 points, and those who don't have a family doctor, but are looking for one, receive 3.
- **Medical specialists:** Those who say they haven't seen a medical specialist in the last year and do not need one receive 0 points. Those indicating they have seen one in the last year or need one but haven't seen them yet are scored based on the amount of time they have waited, with those waiting less than six months receiving 1 point, those waiting six months to a year receiving 2 points, and those waiting longer receiving 3.
- **Advanced diagnostic tests:** These procedures are scored in the same way as medical specialists. Those who haven't needed one receive 0 points, those who have needed one are scored based on wait times, with less than six months equating to 1 point, six months to a year equating to 2, and longer equating to 3.
- **Surgery:** These procedures are scored in mostly the same way as medical specialists and advanced diagnostic tests, with one notable exception. Because the benchmark wait time for two of the most common surgical procedures is six months, those waiting less than six months for a

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surgical procedure receive 0 points. Those waiting longer than six months, but less than a year receive 2 points, and those waiting a year or more receive 3.

This creates a scale with a minimum score of 0 and a maximum score of 12, with most respondents registering on the lower end.

The group referred to in this report as having “no access issues” are those who score a 0 or a 1 on this scale. Those scoring a 2 or a 3 are considered to have “moderate access issues.” By definition, members of this group must either have difficult access to primary care, a wait time longer than six months for a test, specialist, or surgery, or multiple shorter waits and “acceptable access” to primary care.

Finally, those scoring a 4 or higher are considered to have “major access issues.” Mathematically, this group must have either difficult or non-existent access to primary care *and* a notable wait time for a specialist, test, or surgery, or they must have multiple wait times longer than six months, with acceptable or better access to primary care.

System Usage Index

Using similar methodology, ARI researchers also scored respondents based on their usage of the system. Specifically, researchers assigned points to respondents’ answers to the question: “In the last year, how often, if at all, have you done each of the following?” Eight items were listed, and respondents could indicate that they had done each one “never,” “once,” “2-3 times,” “4-5 times,” or “6+ times.” The items listed were:

- Visited a family doctor/GP
- Visited a walk-in clinic for primary care
- Visited an emergency room for primary care (i.e. non-emergency reasons)
- Visited an emergency room for an emergency
- Visited a medical specialist
- Received an advanced diagnostic test
- Been admitted to hospital overnight
- Had surgery

The first three items on the list (visited a family doctor, walk-in clinic, or emergency room for primary care) were scored according to the following scale: 0 points for “never,” 1 point for “once,” 2 points for “2-3 times,” 3 points for “4-5 times,” and 4 points for “6+ times.”

The next three items (visited an emergency room for an emergency, visited a medical specialist, and received an advanced diagnostic test) are considered more serious uses of the health care system, and were awarded double points in comparison to the first three items. For these three, scores were 0 points for “never,” 2 points for “once,” 4 points for “2-3 times,” 6 points for “4-5 times,” and 8 points for “6+ times.”

The final two items on the list (surgery and overnight hospital visits) are considered especially serious, and were given triple points: 0 points for “never,” 3 points for “once,” 6 points for “2-3 times,” 9 points for “4-5 times,” and 12 points for “6+ times.”

This creates a scale with a minimum score of 0 and a maximum score of 60, with most respondents registering on the lower end.

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For the purposes of this report, those scoring 0 to 6 on the scale (50% of all respondents ages 55 and older) are considered “light users,” those scoring a 7 – 12 (27% of seniors) are considered “moderate users,” and those scoring 13 or higher (23%) are considered “heavy users” of the health care system.

Summary tables follow. For detailed results by age, gender, region, education, and other demographics, [click here](#).

For detailed results by System Access Index, [click here](#).

In the last 12 months, have you or anyone else in your household done any of the following? (All respondents, n=3049)						
(weighted sample sizes)	Respondent age					
	30-39 (309)	40-49 (430)	50-54 (309)	55-64 (996)	65-74 (757)	75+ (249)
Decide to NOT fill a prescription for medicine because of the cost	14%	12%	13%	12%	9%	4%
Decide to NOT renew a prescription due to cost	13%	12%	13%	11%	8%	3%
Do anything to make a prescription last longer due to cost	16%	14%	17%	16%	10%	6%
Do any of the above	22%	18%	22%	20%	15%	9%
Experience financial difficulty due to the cost of prescription medicine	18%	13%	18%	16%	12%	8%
Worry about how you, or members of your family, might be able to afford the prescription drugs you need	21%	16%	23%	20%	15%	10%
Don't have any prescriptions	34%	38%	25%	24%	14%	7%

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In the last 12 months, have you or anyone else in your household done any of the following? (Respondents 55+, n=2001)				
(weighted sample sizes)	All 55+ (2001)	System usage		
		Light users (1007)	Moderate users (544)	Heavy users (450)
Decide to NOT fill a prescription for medicine because of the cost	10%	7%	11%	16%
Decide to NOT renew a prescription due to cost	9%	6%	10%	14%
Do anything to make a prescription last longer due to cost	12%	8%	14%	19%
Do any of the above	17%	12%	19%	25%
Experience financial difficulty due to the cost of prescription medicine	13%	8%	15%	23%
Worry about how you, or members of your family, might be able to afford the prescription drugs you need	17%	12%	18%	27%
Don't have any prescriptions	18%	27%	10%	6%

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