

Quebec extends free drug coverage to 300 000

Anti-poverty groups in Quebec are welcoming a government initiative to extend free prescription medication benefits to nearly 300 000 additional people — those on welfare and senior citizens on limited incomes.

Quebec Health Minister Philippe Couillard announced the move on Feb. 1, at the same time detailing a plan to lift the freeze on prescription drug prices in effect since 1994.

“The price freeze was no longer sustainable,” Couillard said. “We were facing a situation where some manufacturers were ready to withdraw their products from the Quebec market.”

As of Apr. 18, pharmaceutical companies will be free to increase prices to match the inflation rate, which hovered at about 2% last year.

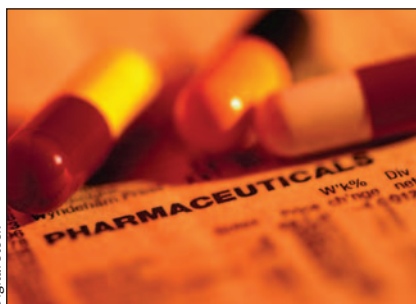
Patent drugs will also be allowed to stay 15 years on the list of eligible prescriptions under the province’s mandatory public drug plan, even if cheaper generic versions come on the market. Couillard said the measure is meant to help secure the 20 000 jobs in Quebec’s patent pharmaceutical sector.

Quebec has been assessing its provincial drug plan for 3 years. Since it was introduced a decade ago, costs have ballooned from \$1.1 billion in 1997 to \$3 billion in 2006. That in turn sent premiums sky-rocketing. In 1997, Quebecers without private drug insurance plans were compelled to join the public plan, paying \$175 annually in premiums. By 2006, that premium was \$538.

Making drugs free to another 300 000 people at the bottom of the income ladder is a significant improvement to the drug plan, says Aaron Lakoff, a community organizer at Project Genesis, a group in Côte-des-Neiges, one of Montréal’s poorest neighbourhoods.

Until now, most welfare recipients paid premiums of \$16 per month under the mandatory prescription drug plan. But with welfare hovering around \$560 a month for a single person, even that small amount was significant.

Several community groups are calling on the government to extend the free



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drug plan to the working poor — another estimated 300 000 in Montréal alone—who earn less than \$20 000 per year.

Health professionals say lifting the freeze on prescription drug prices was inevitable, as Quebec’s market is too small to dictate prices to global pharmaceutical giants. But they acknowledge that ending the moratorium will almost certainly translate into higher insurance premiums.

“Premiums will eventually go up,” agrees Lakoff. “So, the health minister is giving a small candy to the poor while giving quite a large gift to the big pharmaceutical companies who are going to benefit from the increase in the price of medication.” — Loreen Pindera, Montréal, Que.

Loreen Pindera is a journalist with CBC Radio in Montréal.

DOI:10.1503/cmaj.070273

Cochrane Library to be available to all Canadians

Free access to the vast online databases of the Cochrane Collaboration, including 4655 Cochrane systematic reviews, 5900 non-Cochrane reviews and 5 other databases of research evidence, could soon be a reality for all Canadians.

Free, nationwide access to the Cochrane Library is a priority and could happen within the year, said Canadian Cochrane Network and Centre Director Jeremy Grimshaw. Only 10%–15% of Canadians — mostly medical students and researchers — now have full access to the Cochrane Library. But a focus on consumers is critical to expanding

Cochrane’s global reach and influence, Grimshaw told the 300 attendees at the 5th Annual Canadian Cochrane Symposium, Feb. 12–13 in Ottawa. The transfer of research knowledge to the public, policymakers and professionals was the symposium’s theme.

“We are trying to strengthen, year by year, the way we’re interacting with consumers, and making them aware of Cochrane and how to use it to help their decision making,” Grimshaw told *CMAJ*. This is especially important given the number of Canadians who look to the internet for information about their health.

Named after pioneering British medical researcher Archie Cochrane, the Cochrane Collaboration is an international non-profit organization dedicated to promoting evidence-based health care.

Currently, Cochrane provides free access to their review abstracts and plain language summaries. But access to the organization’s extensive library of systematic reviews is generally available only to paid subscribers at an annual cost of about \$350. But there are exceptions.

Over the past few years, the organization has convinced governments and international aid agencies to sponsor free, nationwide access for approximately 2 billion people in 15 countries, including England, Ireland, Scotland, Australia, New Zealand, India, Finland, Norway, Poland, South Africa, and all of Latin America and the Caribbean. Progress has been somewhat slower in Canada, where full access is only available in Nova Scotia, New Brunswick, Saskatchewan, the Northwest Territories, Yukon and Nunavut. (Access in the US is limited to residents of Wyoming.)

Throwing the doors open to the general public requires a national licence that would allow anyone with a Canadian IP address instant access. Grimshaw says such a licence would cost about \$450 000 annually, an amount not covered by current funding. In 2005, the Centre received 5-year funding of \$7.8 million from the Canadian Institutes of Health Research and the Canadian Agency for Drugs and Technologies in Health.

The Canadian Network will work with stakeholders, including professional associations, to iron out a proposal for federal funding.