

Office of the Honourable, Ya'ara Saks,  
Minister of Mental Health and Addictions

Fri, Feb 14, 2025

Subject: RE: Canadian National Pharmacare Registry

Dear David Martell,

Thank you for your correspondence dated June 20, 2024, to the Honourable, Ya'ara Saks, Minister of Mental Health and Addictions, concerning access to addictions medicines under national pharmacare. We appreciate you for taking the time to share the Canadian Society of Addiction Medicine's views and concerns. We sincerely apologize for the delayed response.

The Government of Canada's approach to addressing the overdose crisis and substance use-related harms in Canada is guided by the [Canadian Drugs and Substances Strategy](#). This Strategy includes timely access to a full range of measures to help people access the prevention, harm reduction, treatment, and recovery services and supports they need, when and where they need them.

While provinces and territories are generally responsible for the delivery of treatment services, the Government of Canada works with provinces and territories to enable a full range of integrated, evidence-based services and supports. In 2023, the Government of Canada announced a historic investment of nearly \$200 billion over 10 years to the provinces and territories. Of this, \$25 billion will flow to the provinces and territories through tailored bilateral agreements to support progress on four shared priorities: family health teams, health workforce, modernizing the health system, and mental health and substance use services. Our aim is to increase access to a full continuum of mental health and substance use services through a compassionate and person-centred approach to better support the needs of all those who live in Canada.

To support evidence-based treatment options for people who use drugs, the Government of Canada also approved the use of new medications to treat opioid use disorder, removed barriers to prescribing and dispensing, and supported the development of national clinical guidelines for injectable opioid agonist treatment.

Additionally, the Government of Canada has provided funding for the development of various clinical guidelines. This includes:

- \$1.5 million through the Substance Use and Addiction Program (SUAP) to the British Columbia Centre on Substance Abuse (BCCSU) for the development of the [Canadian Clinical Guideline on High Risk Drinking and Alcohol Use Disorder \(AUD\)](#), released in October 2023. Developed in collaboration with the Canadian Research Initiative for Substance Misuse (CRISM), this first national guideline for high-risk drinking and AUD supports practitioners to help identify, diagnose and treat AUD.
- The CIHR-funded Canadian Research Initiative for Substance Matters (CRISM) updated clinical guidelines for the management of opioid use disorder (OUD). Published on November 12, 2024, the [guidelines](#) are an update to CRISM's 2018 guidelines and are intended to provide national standardization for the clinical management of OUD, and a foundation for provincial- and territorial-specific guidance. This includes recommendations specifically with respect to the evidence-based opioid agonist therapy (OAT) medication options you note in your letter

The Government of Canada is also supporting projects through the Substance Use and Addictions Program to expand access to substance use treatment programs and Opioid Agonist Therapy services.

Lastly, through Budget 2024 the Government committed \$150M over three years, starting in 2024-25, for an Emergency Treatment Fund (ETF) that is open to municipalities and Indigenous communities to help provide rapid responses to emergent, critical needs related to the overdose crisis. The first ETF Call for Proposals closed in November 2024, with over 380 applications submitted by municipalities and First Nation, Inuit and Métis communities across the country. The significant response clearly demonstrates the urgent need to bolster local capacity to address the overdose crisis, and we are working closely with successful applicants to flow funding as quickly as possible. More information about the ETF can be found at the following [link](#).

On October 10, 2024, the *Pharmacare Act* received Royal Assent and came into force. The Act outlines the foundational principles for national universal pharmacare in Canada and describes the Government of Canada's intent to work with provinces and territories (PTs) to provide universal, single-payer, first-dollar coverage for a range of contraception and diabetes medications. More information can be found on Health Canada's website [here](#).

The four principles set out in the Act aim to address the greatest barriers to accessing prescription drugs and related products for Canadians:

- improve the accessibility of pharmaceutical products,
- improve the affordability of pharmaceutical products,

- support the appropriate use of pharmaceutical products and;
- provide universal coverage of pharmaceutical products.

The Act is an important step forward to improve health equity, affordability, and outcomes and has the potential of long-term savings to the health care system.

The Act also sets out the next steps that the Government of Canada will take, starting with universal, single-payer coverage for a range of contraception and diabetes medications. Pharmacotherapies for alcohol, opioid, and nicotine use disorders are not on the current list of pharmaceutical products for discussion.

Discussions about future phases will be informed by learnings from the contraception and diabetes medication coverage initiative, as well as by evidence generated from processes outlined in the Act, such as the report of the [National Pharmacare Committee of Experts](#), a pan-Canadian appropriate use strategy, and advice from Canada's Drug Agency on a national formulary and bulk purchasing strategy.

Lessons learned from the implementation of initiatives outside of the Act, namely the National Strategy for Drugs for Rare Diseases and the Improving Affordable Access to Prescription Drugs (IAAPD) initiative with Prince Edward Island (PEI) will also be considered.

As you have noted, the Government of Canada has helped support increased access to addiction medicines through pharmacare-related initiatives.

On August 11, 2021, the Government of Canada announced the signing of the [IAAPD agreement](#) with the Government of PEI to inform the advancement of national universal pharmacare. Through this agreement, PEI will receive \$35 million over four years in federal funding, to add new drugs to its list of covered drugs, and lower out of pocket costs for drugs covered under existing public plans for Island residents.

Through this initiative, PEI increased access to addiction medicines for their residents. Since June 1, 2022, PEI's Substance Use Harm Reduction Program (SUHRP) has provided no-cost access to medications for opioid or alcohol use disorders for eligible residents.

As of March 2024, this has saved Islanders more than \$2.3M in out-of-pocket costs and supported addiction treatment for those who need it most.

The Government of Canada will use early lessons from PEI's efforts to inform its ongoing work to advance national universal pharmacare.

If you require further clarification or have questions about the information provided in this reply, you can contact Daniel MacDonald, Director General, Office of Pharmaceutical Management Strategies, Health Policy Branch, at [daniel.macdonald@hc-sc.gc.ca](mailto:daniel.macdonald@hc-sc.gc.ca).

Sincerely,

Office of Pharmaceutical Management Strategies / Bureau des stratégies de gestion des produits pharmaceutiques

Health Policy Branch / Direction générale de la politique de santé  
Health Canada / Santé Canada