

DISABILITY INFORMATION



SHEET

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2003

Persons with Disabilities and Medication Use

In this 11th edition of *CCSD's Disability Research Information Sheets*, we provide statistics on medication use by persons with disabilities using data from Statistics Canada's Participation and Activity Limitation Survey (PALS), 2001. PALS is a post-censal survey which focuses on the population of persons with disabilities with rich and specific information such as disability type and severity level. It should be noted that national-level PALS data do not include the Yukon, the Northwest Territories, or Nunavut. As well, the data presented here apply only to the adult population in households, that is, those aged 15 and older. We also provide information on children aged 10 to 15 with special needs, using data from the National Longitudinal Survey of Children and Youth (NLSCY), 1998.

Generally, we find that gender, age, and severity of disability are all important factors in the regular use of medication. Women are more likely than men to use medication regularly; seniors are more likely than non-seniors to be regular medication users; and regular use of medication increases with the severity level of the disability.

We also find that some individuals are unable to get the medication they require because they cannot afford it. Here again, gender, age, and severity of disability are important factors. Working-age women with severe disabilities are the most likely to find themselves in this situation, and one-quarter of this group reported that at some point in the previous year, they were unable to get the medication they required due to cost concerns.

Finally, we find that children with special needs are more likely than their peers without special needs to feel excluded at school.

REGULAR USE OF MEDICATION

Gender and Severity¹

The percentage of persons with disabilities who report using medication regularly – including prescription and non-prescription drugs – is summarized in Table 1. Regular medication use is defined as “at least once a week.” It is evident from these data that women are more likely than men to take medication regularly. The regular use of medication also increases with the severity of the

disability for both women and men. For example, among those aged 15 to 64 who have mild disabilities, 57.1% of the men and 73.8% of the women reported regular medication use. However, among those aged 15 to 64 with severe or very severe disabilities, regular medication use increased to 83.4% for men and 90.4% for women. While women with severe or very severe disabilities are more likely than their male counterparts to report regular medication use, it is evident that the gap in regular medication use between women and men narrows as the severity level of the disability increases.

Table 1

Persons with Disabilities using Medication Regularly, by Gender, Age Group and Severity of Disability, 2001

Severity Level	Mild		Moderate		Severe/Very severe	
	Male	Female	Male	Female	Male	Female
Age Group						
15 to 64 yrs	57.1%	73.8%	66.4%	82.8%	83.4%	90.4%
Aged 65+	84.5%	89.8%	90.1%	95.0%	94.0%	94.9%

Note: These data exclude individuals residing in the Yukon, Northwest Territories and Nunavut.

Source: Calculations by the Canadian Council on Social Development using data from PALS, 2001.



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Age

Table 1 also illustrates the impact of age on the regular use of medication. Seniors (aged 65+) are more likely than working-age adults (15 to 64 years) to report regular medication use, regardless of gender or the severity level of the disability. In fact, among seniors, the gap between women and

¹ Severity level is based on an index that is influenced by the intensity of the activity limitation as well as the number of different types of activity limitations faced by an individual. The “severe” and “very severe” categories have been combined here.

men and even the gap between levels of severity is much narrower than it is among those under age 65. For example, 84.5% of senior men with mild disabilities reported regular medication use, compared with 89.8% of senior women with mild disabilities. (Comparable figures among those aged 15 to 64 were 57.1% and 73.8% respectively.) Similarly, among seniors with severe or very severe disabilities, 94% of the men and 94.9% of the women reported regular medication use.

Further investigation needs to be done to determine the following:

- the type of medication being used (prescription vs non-prescription);
- the frequency and volume of use;
- the number of different types of medication being used.

As well, we need to understand more about expenses related to medication and how that might factor into rates of usage. (Later in this *Information Sheet*,

we begin a preliminary examination of this issue.) In the future, PALS should be able to provide valuable additional information in this regard.

Regular Medication Use by Province

Medication use seems to vary somewhat by province as well. Among working-age adults with disabilities, the lowest rate of regular medication use was reported in Quebec (63.6% for men and 79.6% for women).

Noticeably lower-than-average rates of regular medication use were also reported in British Columbia (67.1% for men; 79.9% for women) and in Alberta (64.2% for men; 81.7% for women) for those aged 15 to 64. Ontario stands out as the province with the highest rate of regular medication use by working-age persons with disabilities – with 75.2% of the men and 86.3% of the women reporting regular use. New Brunswick and Nova Scotia were not far behind (see Table 2).

Table 2

Persons with Disabilities using Medication Regularly, by Gender, Age Group and Province, 2001

	Aged 15 to 64		Aged 65+	
	Male	Female	Male	Female
All Canada*	70.3%	83.3%	89.4%	93.3%
Newfoundland & Labrador	70.3%	82.3%	92.3%	94.2%
Prince Edward Island	74.6%	81.6%	94.5%	93.7%
Nova Scotia	73.8%	84.0%	90.6%	96.0%
New Brunswick	72.7%	85.5%	89.8%	94.9%
Quebec	63.6%	79.6%	90.2%	95.5%
Ontario	75.2%	86.3%	89.8%	93.0%
Manitoba	71.0%	82.7%	88.5%	93.3%
Saskatchewan	71.2%	81.4%	89.5%	90.3%
Alberta	64.2%	81.7%	88.8%	92.6%
British Columbia	67.1%	79.9%	87.1%	91.3%

*Note: These data exclude individuals residing in the Yukon, Northwest Territories and Nunavut.

Source: Calculations by the Canadian Council on Social Development using data from PALS, 2001.

The picture is somewhat different, however, among seniors with disabilities. British Columbia had the lowest rates of medication use by seniors with disabilities (87.1% for men and 91.3% for women). Quebec, which had the lowest rate among working-age adults, had one of the higher rates among seniors (90.2% for men and 95.5% for women). The Atlantic Provinces also tended to have slightly higher rates among seniors. Ontario, with the highest rate among working-age adults, was somewhere closer to the middle when it came to seniors – 89.8% of senior Ontario men reported regular medication use, as did 93% of senior Ontario women.

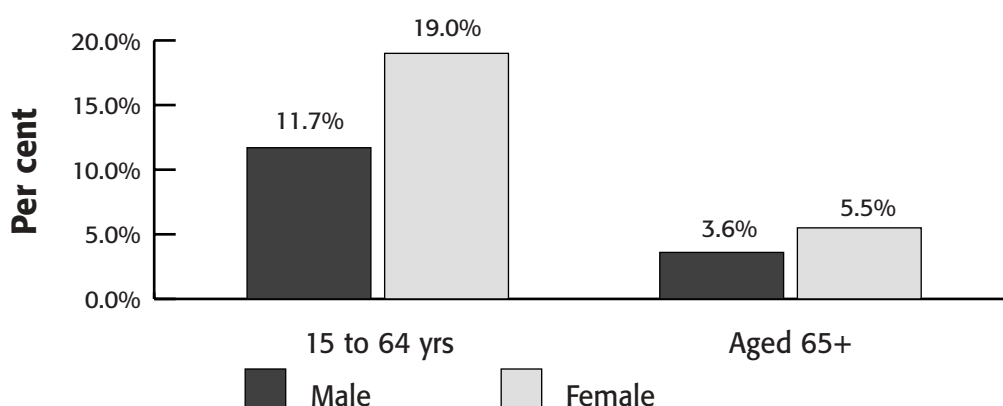
More investigation needs to be done to completely understand these differences. Differences among the provinces in terms of levels of severity, age distribution, income, level of urbanization, access to drug plans, and differences in health care plans should be investigated to develop a more-complete understanding.

DIFFICULTY IN GETTING MEDICATION

Gender

For some people, cost considerations can be a barrier to getting medication. As we learned in the previous section, working-age women with disabilities are the most likely to report regular medication use, and as the data below indicate, they are also the most likely to report being unable to get medication due to the costs involved. In fact, 19% of working-age women with disabilities reported that at some point in the previous year, they were unable to get the medication they needed because they could not afford it; for working-age men with disabilities, the figure was 11.7% (see Figure 3). These numbers were lower among seniors, however. Further investigation should be done to determine the underlying reasons for these gender differences. Can they be explained by different requirements for medication? Or by differences in access to employment, or to drug plans? Can

Figure 3 Persons with Disabilities Unable to get Medication Due to Cost, by Gender and Age Group, 2001



Note: These data exclude individuals residing in the Yukon, Northwest Territories and Nunavut.
Source: Calculations by the Canadian Council on Social Development using data from PALS, 2001.

they perhaps be explained by income levels or living arrangements?

Seniors and Non-seniors

Figure 3 also illustrates that seniors of both genders are less likely to be restricted in their access to medication due to cost concerns: only 5.5% of senior women with disabilities and 3.6% of their male counterparts reported being unable to get medication due to the costs involved. For those under age 65, comparable figures were 19% for women and 11.7% for men. Given the previous finding that seniors are much more likely to take medication regularly, these results seem somewhat odd. Do seniors face fewer financial barriers when it comes to purchasing medication? Could this be explained by income or living arrangements? Can it be explained by access to drug plans? Since most provinces have some provision in their health care plans for drug coverage for seniors, could this help explain these findings?

Does Severity of Disability Matter?

As the severity of the disability increases, so does the likelihood that an individual will be unable to get the medication they require due to cost concerns (see Table 4). Those who were most likely to cite cost considerations were working-age women with severe or very severe disabilities. Fully one-quarter of women under age 65 who had severe or very severe disabilities reported that they were unable to get their required medication due to the cost. Again, we see a decided difference between seniors and those under age 65.

Does the Province make a difference?

There were also some provincial variations in terms of the cost of acquiring medication (see Table 5). Among the working-age population, Quebec had the lowest proportion of persons with disabilities who reported that cost prevented them from getting their required medication (13.9%),

Table 4

Persons with Disabilities Unable to get Medication Due to Cost, by Gender, Age Group and Severity Level, 2001

Severity Level	Mild		Moderate		Severe/Very severe	
	Male	Female	Male	Female	Male	Female
Age Group						
15 to 64 yrs	5.2%	9.8%	9.5%	19.9%	18.1%	25.0%
Aged 65+	**	3.4%*	5.3%*	5.3%*	4.3%*	7.2%

* Numbers should be used with caution.

** Due to small sample size, estimate cannot be released.

Note: These data exclude individuals residing in the Yukon, Northwest Territories and Nunavut.

Source: Calculations by the Canadian Council on Social Development using data from PALS, 2001.

Table 5**Persons with Disabilities Unable to get Medication Due to Cost, by Age Group and Province, 2001**

	Aged 15 to 64	Aged 65+
Newfoundland & Labrador	16.1%	2.8%*
Prince Edward Island	14.4%	2.6%*
Nova Scotia	15.2%	3.7%*
New Brunswick	14.6%	4.7%*
Quebec	13.9%	6.9%*
Ontario	15.0%	3.9%*
Manitoba	15.0%	3.9%*
Saskatchewan	18.0%	4.1%*
Alberta	14.1%	3.4%*
British Columbia	19.9%	6.1%

* Numbers should be used with caution.

Note: These data exclude individuals residing in the Yukon, Northwest Territories and Nunavut.

Source: Calculations by the Canadian Council on Social Development using data from PALS, 2001.

while British Columbia had the highest proportion (19.9%). Among seniors, however, things were different. Quebec had the highest percentage of seniors reporting that cost prevented them from getting required medication (6.9%), with British Columbia a close second (6.1%). Prince Edward Island had the lowest rate for seniors citing cost concerns (2.6%).

CHILDREN WITH SPECIAL NEEDS AT SCHOOL

In *Disability Research Information Sheet* No. 10, we presented statistics from the National Longitudinal Survey of Children and Youth (NLSCY) on bullying among 10- and 11-year-olds² in 1996 and 1998. We found that children with special needs were more likely than those without special needs

to have experienced a high degree of bullying at school. In this current *Information Sheet*, we examine an indicator for social exclusion within the school setting for children with special needs. And in order to look at a larger age group – children aged 10 to 15 – we will examine 1998 statistics only.

As illustrated in Table 6, children with special needs are more likely than children without special needs to feel left out of things at school. Among children with special needs, 17.6% said they felt left out of things some of the time, compared with 13.5% of children with no special needs. A further 6.9% of children with special needs said they felt left out of things all or most of the time, whereas 4% of children without special needs felt similarly excluded.

² This was the only age group for which there were comparable statistics available for both years.

Table 6**Children with and without Special Needs
feeling Excluded at School, 1998****Children aged 10-15**

Do you feel left out at school?*	With special needs	No special needs
All/most of the time	6.9%*	4.0%
Some of the time	17.6%	13.5%
Rarely or never	75.5%	82.5%
Total	100.0%	100.0%

* Figure is less reliable due to small sample size.

** The actual wording on the NLSCY questionnaire was: "I feel like an outsider (or left out of things) at my school."

Note: Special needs includes learning and emotional disabilities, as well as physical disabilities. See CCSD's *Disability Information Sheet* No. 3 for more details.

Source: Calculations by the Canadian Council on Social Development using data from the National Longitudinal Survey of Children and Youth, 1998.

A Methodological Note on the Treatment of Missing Cases

With many variables on most survey databases, there are some individuals who do not provide a valid answer to the question – they may refuse to answer the question, they may not know the answer, or they simply fail to provide an answer. Unless these "cases" are important to an analysis or there are very large numbers of them, it is customary to eliminate these responses from the analysis as "missing cases." That means that all percentages are calculated on the remaining cases – that is, those for which valid and known answers are provided. We have followed this standard treatment of missing cases in this *Information Sheet*.

It should also be noted that for the variables used in this *Information Sheet*, the proportions of missing cases were very small. In fact, the proportions were too small to produce stable estimates and could therefore not be released as separate categories for the variables presented here. It is possible that some of the percentages presented here may vary slightly from those used by Statistics Canada elsewhere, depending on the chosen treatment of these missing cases. In this analysis, they have been eliminated.

For readers interested in additional PALS information on persons with disabilities, see the following publications available on Statistics Canada's website:

A Profile of Disability in Canada, 2001 (catalogue no. 89-577-XIE)
<http://www.statcan.ca/english/freepub/89-577-XIE/free.htm>

A Profile of Disability in Canada, 2001 – Tables (catalogue no 89-579-XIE)
<http://www.statcan.ca/english/freepub/89-579-XIE/free.htm>

A New Approach to Disability Data: Changes between the 1991 Health and Activity Limitation Survey (HALS) and the 2001 Participation and Activity Limitation Survey (PALS) (catalogue no 89-578 -XIE)
<http://www.statcan.ca/english/freepub/89-578-XIE/free.htm>

Disability Supports in Canada, 2001 (catalogue no. 89-580-XIE)
<http://www.statcan.ca/english/freepub/89-580-XIE/free.htm>

Disability Supports in Canada – Tables (catalogue no 89-581-XIE)
<http://www.statcan.ca/english/freepub/89-581-XIE/free.htm>



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