

**AT A GLANCE ...**

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## Are Canadians *really* that depressed?

Too many doctors are prescribing anti-depressants to treat “normal” periods of sadness, says one of Canada’s leading psychiatrists.

According to McGill University professor and former chair of its Department of Psychiatry, Dr. Joel Paris, too many Canadians are treating unhappiness in the same way they would handle something they dislike about their bodies: by asking their doctor to fix the problem and make their lives better.

*“We’re not always happy and there are often good reasons for unhappiness but there is this idea that we should all have high self-esteem, fantastic relationships and tremendous jobs,”* Dr. Paris asserts. *“It’s like cosmetic psychopharmacology: If you don’t like the way you look, you go to a plastic surgeon. If you’re not happy enough, you go to a doctor and go on anti-depressants.”*

Canadians have the third highest consumption rate of anti-depressants among the members of the Organization of Economic Co-operation and Development (OECD), easily exceeding the rates of other developed countries such as Italy, France and the United Kingdom.

According to the OECD’s 2013 *Health at a glance* report, 86 out of every 1,000 people in Canada use anti-depressants on a daily basis. With usage rates of 106 and 89 per thousand respectively, only Iceland and Australia exceed that rate. Usage rates in comparable countries such as Italy, Germany and the Netherlands range from 42 to 50 per thousand.

More than 42 million prescriptions for anti-depressants, valued at more than \$1.8 billion, were filled by Canadian pharmacies in 2012.

Such medications should only be used for severe, debilitating or life-threatening depression, Dr. Paris says. In addition, in cases of mild depression, the effectiveness of anti-depressant medications is often negligible or, at best, they produce a placebo effect, which may not last.

*“Then you get onto this thing where you try one then another...It’s a whole treadmill of pharmacology that people get caught up in,”* he says. *“They’re terrified to stop. The fear of relapse has driven doctors to keep people on them for years.”*

Compounding the problem is a lack of training among family physicians, who account for the bulk of prescriptions for the drugs. As well, diagnostic criteria for depression are often too vague or flexible, the McGill professor says. For example, the criteria for a major depressive disorder involve two weeks of being in a depressed mood for most of the day. Common occurrences, such as a loss of a job, a relationship break-up, grief or other normal disruptions in daily life can create those symptoms.

*“Half the population will meet the criteria at some point in their life,”* Dr. Paris says. *“It’s almost like the common cold.”*

In 2012, the OECD reported that depression is becoming a leading cause of death, disability and economic dislocation and predicted that, by 2020, it will be the second leading cause of illness in the world.

An employee assistance program (EAP) can provide referral or other professional services to help plan members and/or their family members to cope with depression. Contact your Coughlin consultant for more information.

...*Anti-depressant: continued from page 1*

## Anti-depressant use among children skyrockets

The number of children being prescribed anti-depressants has jumped by more than 300 per cent over the past 24 years, according to a study conducted by the University of Saskatchewan and Ottawa's Montfort Hospital.

According to reports published in the February 20, 2014 edition of the *Ottawa Citizen*, the rates of anti-depressant use among children and teenagers age 19 and under is soaring. The heaviest users: girls age 15 to 19. According to study findings, the number of prescriptions written for that demographic group multiplied by 14.5 times from 1983 to 2007.

Of particular concern is the increased prescribing of selective

serotonin reuptake inhibitors (SSRIs), powerful medications that Health Canada has warned could result in side effects such as mania, aggression, suicidal behaviour and other abnormal behavioural changes.

While these drugs are often given to adolescents and children, none of them have been approved for use among that group.

The daily usage rates of anti-depressants among young people average 15.4 per thousand, the study says. The Canadian average is 86 per thousand (see chart below.) In 1983, the usage rate among 10-to-19-year-olds was 5.9 per thousand, the University of Saskatchewan study notes.

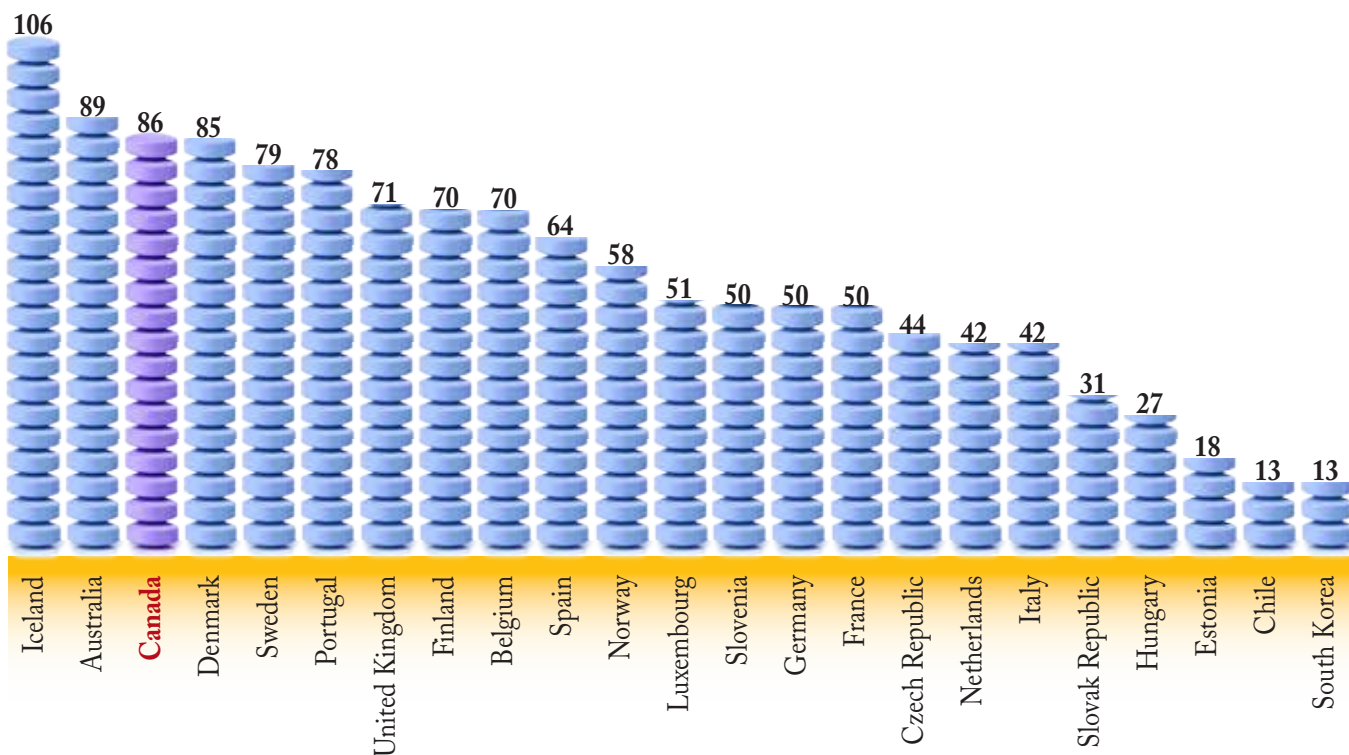
While the study's data is confined to the province of Saskatchewan, "We would not be surprised if other provinces experienced similar trends," says study author and University of Saskatchewan research associate Dr. Xiangfei Meng.

The sharp increase in anti-depressant use among children and teenagers raises an important clinical and moral question: are psychiatric illnesses among young people being diagnosed more frequently or are doctors over-prescribing anti-depressants to members of that group?

Either way, plan sponsors and administrators should expect to see increased claims for anti-depressant medications among children and teenagers. 🌊

## Depressing numbers

Number of people per thousand using anti-depressants on a daily basis. 🌊



Source: OECD

## Quebec assisted suicide bill a step closer to becoming law

Quebec is on the verge of becoming the first province in Canada to permit physician-assisted suicide in cases when a patient faces a terminal illness.

Under the province’s proposals, doctors would be protected from prosecution when they provide an end-of-life mechanism, such as a lethal self-injection, to a patient facing a confirmed terminal illness.

Under the proposed law, a patient requesting end-of-life treatment would have to be an adult resident of Quebec, be capable of providing consent to the procedure and be in the advanced stages of a terminal illness. At least two physicians would also have to confirm that the patient meets the criteria. Input from the patient’s family would also have to be collected. (See the January 2014 issue of the *Coughlin Courier* for background.)

The bill, which was modelled after similar legislation now in place in Belgium, was expected to be hotly debated in the Quebec National Assembly and to be the target of various right to life protests. However, reaction to the bill to date has been relatively muted, receiving broad support from all three major parties in the Assembly.

Most of the 60 tabled amendments to the bill were technical in nature and generally designed to clarify the bill’s legal definitions and terminology.

The final vote could occur as early as March 2014, provided it is not scuttled by a snap election or the defeat of the provincial budget tabled on February 20. Since the province has a minority government, either scenario is a distinct possibility.

A key requirement of the bill is the provision of “medical aid in dying.” While federal legislation prevents euthanasia (the termination of a life by a doctor), Quebec’s proposed law would make termination of life the final stage of the health care process, thereby avoiding a potential federal-provincial debate on the issue. Health care is a provincial responsibility.

*“The main safeguard is really that the request has to come from the person himself or herself, in a repeated manner,”* says Quebec Social Services Minister Véronique Hivon.

The legislation will come into effect 18 months after it receives Royal Assent. 🇩🇪

## Average weekly earnings: How does your salary compare?

Salaries increased by 2.5 per cent from November 2012 to November 2013, Statistics Canada reports. Following are the average gross weekly earnings by province before deductions:

Northwest Territories	\$1,337.14
Alberta	1,131.40
Nunavut	1,096.53
Yukon	1,009.56
Saskatchewan	967.45
Newfoundland & Labrador	959.41
Ontario	939.83
<b>Canada average (all sectors)</b>	<b>927.61</b>
British Columbia	892.14
Manitoba	857.06
Quebec	831.34
New Brunswick	826.59
Nova Scotia	810.92
Prince Edward Island	759.24

### Top two payers by industry

Mining, quarrying and oil and gas extraction	\$1,957.05
Utilities	\$1,728.41

### Lowest two payers by industry

Arts, entertainment and recreation	\$577.45
Accommodation and food services	\$366.72

## Ontario appoints panel to develop provincial pension plan

Ontario Premier Kathleen Wynne has appointed an expert panel to develop a made-in-Ontario pension to supplement the federal Canada Pension Plan (CPP.)

Heading the list of appointees is former prime minister Paul Martin, who played a key role in reforming the Canada Pension Plan in the 1990s when he was federal finance minister.

Also appointed to the advisory group are: David Denison, former head of the Canada Pension Plan; Bill Morneau, chairman of the Morneau Shepell human resources and benefits consulting firm; Joe Keohane, chief executive officer of the Healthcare of Ontario Pension Plan; Keith Ambachtscheer, director of the Rotman International Centre for Pension Management; Susan Eng, vice-president of advocacy for the Canadian Association of

Retired Persons (CARP); and Melissa Kennedy, general counsel for the Ontario Teachers' Pension Plan.

The appointment of the group by Ontario follows several months of warnings by the province that Canada is heading for "a huge economic crisis" if the country doesn't take action to improve retirement incomes. The province initially favoured the expansion of the Canada Pension Plan's payout level from 25 to 35 per cent of career average earnings. It also favours increasing the joint employer-employee contribution from 9.9 per cent of pensionable earnings to 12.1 per cent. (See the January 2014 edition of the *Coughlin Courier* for background.)

However, Ontario's proposal was rejected by federal Finance Minister Jim Flaherty. The province has threatened to develop its own

pension plan modelled on the CPP if its proposals were rejected. (See the November 2013 edition of the *Coughlin Courier* for background.)

Fewer than 35 per cent of the province's workers have a workplace pension plan.

Ontario is not the only province that is prepared to develop its own pension plan. On December 12, 2013, Quebec Labour and Employment Minister Agnès Maltais unveiled the first draft of a new *longevity pension* that would provide all Quebec workers with a defined benefit pension beginning at age 75. Key elements of that plan were based on the recommendations of the D'Amours Committee, a similar panel of experts assigned to study and develop a supplemental pension plan for that province. 🇨🇦

## Most early retirees return to work, study says

Freedom 55 may not be all that attractive after all.

More than half of those who retire between the age of 55 and 64 return to work within 10 years, according to data released by Statistics Canada.

In a study of workers who retired between the years of 1994 and 2000, a total of 60 per cent of those who retired between the ages of 55 and 59 were re-employed within 10 years.

The re-employment rate was even higher among those who left work between the ages of 50

and 54. According to the government agency, 82.7 per cent of men and 78.3 per cent of women in that age range had returned to work within a decade of retiring. The return rate was more modest among the 60 to 64 age group, ranging from 41.3 per cent for women to 46.8 per cent for men.

Statistics Canada noted that members of registered pension plans were less likely to go back to work after retirement. As well, retired public sector workers were less likely to re-join the workforce. 🇨🇦



## The continuing e-cigarette debate: a burning issue or just smoke?

The debate surrounding electronic cigarettes (also known as e-cigarettes) continues to grow as more people begin to use the new smoking devices.

To date, Health Canada has issued cease and desist notices to 250 businesses selling nicotine-based e-cigarettes. However, the government regulator has met with strong opposition from e-cigarette retailers as well as a number of advocacy organizations, including non-smokers' rights and public health groups.

E-cigarettes are electronic inhalers designed as a substitute for tobacco smoking. The mechanical devices use heating elements to vaporize a liquid solution, usually composed of propylene glycol, liquid nicotine and flavouring. Powered by small batteries, the liquid solution is heated, creating a steam-like vapour, which is then inhaled, like a cigarette.

At issue is the question of whether e-cigarettes are the latest smoking fad or an effective smoking cessation product. Users of the product argue that e-cigarettes can be used to gradually reduce the nicotine content at each fill-up, opening the potential for them to kick the nicotine habit altogether

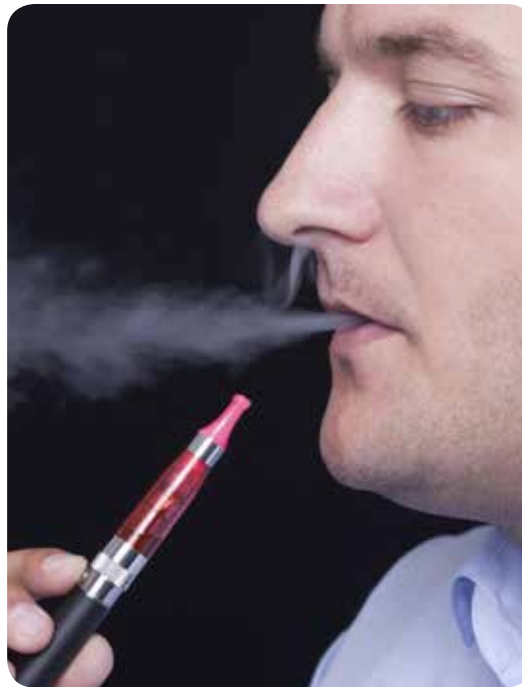
*"We have never seen any nicotine replacement product that has generated so much interest on behalf of smokers,"* says France Damphousse, researcher with the Non-smokers Rights Association of Canada.

According to Ms. Damphousse, e-cigarettes present a safer alternative

to regular cigarettes, which, in addition to nicotine, contain tar, chemicals and other harmful by-products of burning tobacco.

*"If you have a choice because you're addicted [to nicotine], go for the safer product,"* Ms. Damphousse argues.

Health Canada counters that, despite appearances, e-cigarettes *"have potential for nicotine poisoning*



*and addiction."* As well, the heating of propylene glycol can result in irritation of the mouth and throat, it says. However, it has not sought an outright ban of the product.

While many retailers and the Electronic Cigarette Trade Association argue that the bulk of their customers use the product to wean themselves off tobacco, groups like the Canadian Cancer Society have warned that the

growing popularity of e-cigarettes among young people threatens to "re-normalize" smoking while increasing rates of nicotine addiction.

Their position has been supported by prominent health experts including Nova Scotia's Chief Medical Officer of Health Dr. Robert Strang.

*"In the last decade, we've made significant gains, especially in youth smoking. We have a generation of young people growing up in an environment where non-smoking is much more the norm. We run the risk of rolling that back,"* he warns.

While medical research on e-cigarettes is limited, early indicators from New Zealand support the position of e-cigarettes being a smoking cessation product. A clinical trial of 657 people in that country indicated that 7.3 per cent of e-cigarette users had quit the tobacco habit altogether after six months. That compares to 5.8 per cent for users of the nicotine patch.

Whether they're a smoking cessation product or a gentler way to consume nicotine, the popularity of e-cigarettes is soaring. According to data published by Wells Fargo Securities, if current trends continue, the use of electronic devices *"could surpass traditional cigarettes within the next decade."*

Until their status is clarified by Health Canada, it appears that electronic cigarettes will likely prove to be a claims challenge for plan sponsors and administrators. 🐼

## Homes, C/QPP will fund the retirement of most Canadians, study says

For more than one-quarter of Canadians, their home is more than their castle: it's their retirement income.

Data released by Sun Life Financial indicates that 24 per cent of Canadians are planning for their home to be their primary source of income after they retire.

That so many people are relying on their home equity to fund their retirement caught researchers by surprise.

*"It's a bit of a surprise. It's not something we would recommend,"* says Sun Life Global Investments executive Sadiq Adatia. *"People should be counting on their retirement savings and not really looking at their home. A home is something you can have and carry forward with you."*

Using home equity to fund retirement requires selling of the property, re-mortgaging it or buying a reverse mortgage. Any of those options could result in lifestyle, financial or, ultimately, estate complications.

While rising home values are cause for optimism, only those who have owned their home for years, perhaps even decades, could generate enough equity to support a person throughout retirement, Mr. Adatia suggests.

*"If you're 40 and bought your home five years ago, you can't afford it,"* he says.

The average value of a home in Canada is \$388,553, according to the Canadian Real Estate Association.

The reliance of home equity for retirement income appears to underline the fact that simply

putting aside money for retirement continues to challenge many people. According to a BMO Financial Group RRSP study, 90 per cent of Canadians plan to rely on the Canada Pension Plan (CPP) or Quebec Pension Plan (QPP) to cover the bulk of their income after they retire.

The problem: the maximum CPP/QPP benefit at age 65 is just over \$12,000 per year. The average CPP/QPP payout is \$600 per month, or \$7,200 per year.

*"Given the amount that the CPP or QPP pay out, Canadians should not rely on them as a primary source of income to fund their retirement,"* says BMO Wealth Planning Strategy Senior Manager Chris Buttigieg. *"They should focus on creating their own 'personal pension plan' by contributing to an RRSP on a regular basis."* 🐼

## Governments target public service retiree benefits

The federal, Ontario and Alberta governments have targeted their retired public service benefit plans to help reduce their budget deficits.

In the February 10, 2014 federal budget, Finance Minister Jim Flaherty announced that retired public sector workers will now have to pay 50 per cent of their benefit costs, compared to 25 per cent today.

In its February 2014 budget, the Ontario government announced that public service members who are not in receipt of a provincial pension by January 1, 2017 will be required to pay for half of their benefit premiums. The eligibility period for retirement benefits will also increase

to 20 years of service from 10 years, beginning in 2017.

Alberta has announced that it will amend its public service pension plan by removing early retirement provisions that allow its plan members to retire with full benefits as early as age 55 following 30 years of service. Under the province's new plan, members with 30 or more years of service will not be able to retire until age 60. Retiree benefit premiums will also be shared on a 50-50 basis with the employer.

All three government plans have met with strong opposition from their respective public service unions. 🐼



## Workplace harassment case leads to disability litigation

The Ontario Superior Court of Justice has ruled that a trial can take place to determine whether workplace harassment can lead to a long-term disability.

The case involves a woman employed by a major retailer who was stalked and threatened throughout 2007 by her former fiancé, who was a co-worker at the store where she worked.

By 2008, the harassment triggered panic attacks, anxiety and depression, which were confirmed by medical documentation from her general practitioner and, later, her psychiatrist, who recommended that she take a medical leave of absence.

She repeatedly requested her employer to address the situation but no assistance was provided.

In 2008, she terminated her employment but continued to receive psychiatric treatment. In 2013, she applied for long-term disability benefits from the retailer's benefit plan retroactive to early 2008. The company's insurer declined her claim. The case then went to litigation.

In responding to her case, the company's insurer took the position that the woman had left the company because of the harassment she was experiencing, not as a result of an illness. As a result, her problem was

work-related and had nothing to do with the insurer or its coverage.

They then sought to have the case dismissed.

In reviewing the case, the Court found that the insurer's argument was too simplistic.

*"The approach taken by [the insurer] is simplistic in characterizing the problem*



*as employment-related as opposed to disability-related,"* wrote Justice Guy Di Tomaso. *"[The woman's] claims not only include her problems in the workplace arising from the presence of the former fiancé but also the causal connection between that workplace relationship and the cause of her psychiatric and psychological conditions. The connection between the workplace harassment and her alleged disability must be placed in context when her relationship with [her fiancé] is reviewed."*

He then dismissed the insurer's motion. However, the judge did call for a subsequent trial to determine the woman's eligibility for disability payments.

*"The test of total disability can only be answered upon review of the totality of evidence which, in this case, must include complete medical and employment files,"* he said.

*"The question of whether workplace harassment caused her psychiatric and psychological problems is much in issue."*

Justice Di Tomaso warned that, if the woman's disability is proven in court, the insurer's refusal to pay her disability claims could amount to a breach of contract and *"may give rise to damages for mental stress as well as punitive damages."*

For human resources professionals and benefit plan administrators, this case should reinforce the need to address employment harassment complaints promptly and in consideration of the potential legal and medical/psychological issues that can result from poisonous work relationships.

While the extent of the woman's disability is still to be decided, it appears that had the employer adequately addressed the harassment issue in the first place, the psychological and subsequent disability claim and its litigation might have been avoided. 🌊

## Fast facts

- The contradiction between Canadians' savings intentions and abilities has been highlighted in a recent CIBC poll. According to the bank's survey, 56 per cent of Canadians say they plan to contribute to a registered retirement savings plan or tax-free savings account this year. However, 64 per cent of those intending to contribute say they don't have enough money to do so. The savings gap is a result of a lack of a regular savings discipline, says CIBC Executive Vice-President Christina Kramer. Only 31 per cent of those surveyed had a regular savings plan where money is automatically set aside for retirement savings.
- How much does a smoker cost? According to an October 2013 study published by the Conference Board of Canada, each smoker costs their employer \$4,256 annually in lost productivity from unauthorized smoking breaks and increased sick days compared to non-smokers.
- Workplace stress tops the list of health risks that most concern employers, according to the Sun Life-Buffett National Wellness Survey. One-quarter of employers surveyed, 24 per cent, said stress was their number one concern. It was followed closely by: employee obesity, 23 per cent; high blood pressure, 19 per cent; smoking, 18 per cent; high cholesterol, 13 per cent; and poor nutrition, 12 per cent.
- **\$2.2 million.** The amount the affluent, those with at least \$1 million in investable assets, feel they need to retire comfortably. **\$908,000.** The amount average income earners say they need to set aside for a comfortable retirement.
- For the first time in its history, the Canada Pension Plan (CPP) investment fund has exceeded the \$200 billion mark. On December 31, 2013, the fund's net assets were \$201.5 billion, according to the CPP Investment Board.
- A total of 60 per cent of employees who had caregiving responsibilities had to care for both children and elderly relatives, according to a study of 25,000 employees conducted by Carleton University's Sprott School of Business. The study also found that 80 per cent of respondents with caregiving responsibilities found the responsibility to be overwhelming.
- Canadians pay the highest prices for drugs in the developed world, according to the Organization for Economic Co-operation and Development (OECD.) The organization says that other citizens of OECD countries spend an average of \$483 per person annually for patented drugs. In contrast, Canadians spend an average of \$701 per person per year. Reducing costs to the OECD level would save Canadians more than \$8 billion per year.
- Canadians have saved more than \$1 trillion in mutual funds, the Investment Funds Institute of Canada reports. This is the first time that total fund levels have exceeded the \$1 trillion level. Asset levels were boosted by a 16 per cent equity growth rate over the past year, the Institute says.
- Younger baby boomers age 50 to 59 are more concerned about their changing health than their finances, according to a RBC poll. The study found that 70 per cent of younger boomers say changes to their physical health was their top challenge as they face retirement. 🌊

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## PPN update

- The **Target Pharmacy** at 1585 Merivale Road in Nepean, has joined the Coughlin & Associates Ltd. Preferred Provider Network. Its phone number is: 613-274-3601.
- The **Target Pharmacy** located at 110 Place D'Orleans Drive, Orleans, has joined the Coughlin PPN. It can be reached at 613-590-5961.
- The **Wal-Mart Pharmacy**, of 1550 Cameron Street in Hawkesbury, Ontario, has joined the Coughlin & Associates Ltd. Preferred Provider Network. Phone 613-632-6062. 🌊

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