

**CANADIAN CANCER SOCIETY  
2015 FEDERAL PRE-BUDGET SUBMISSION**

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**Canadian  
Cancer  
Society**

**Société  
canadienne  
du cancer**

## **About the Canadian Cancer Society**

First established in 1938, the Canadian Cancer Society is a national, community-based organization whose mission is to eradicate cancer and enhance the quality of life of people living with cancer. Thanks to our 1.5 million donors and 140,000 volunteers, the Society has the most impact, against the most cancers, in the most communities in Canada.

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## **Executive Summary**

Canada faces a growing cancer challenge. The number of new cancer cases and deaths continues to rise steadily as the Canadian population grows and ages, which is increasing the burden on families, healthcare providers, and our economy. Despite important gains in prevention and treatment, cancer remains Canada's leading cause of death.

Gaps in government policies and programs are undermining efforts to eradicate cancer. The Canadian Partnership Against Cancer is creating new opportunities for collaboration, but closing these gaps, and strengthening the cancer-fighting partnership among all stakeholders, is a long-term project requiring additional political leadership and the support of all levels of government. In the near-term, the federal government can make headway by taking practical steps that deliver concrete benefits to Canadians.

In the 2015 federal budget, the Canadian Cancer Society (CCS) is calling on the Government of Canada to:

- 1. Protect young Canadians and reduce tobacco use by strengthening Health Canada's Federal Tobacco Control Strategy (FTCS) and significantly increasing its current \$38 million annual budget.**

The FTCS' current funding equals just 1.1 per cent of federal tobacco tax revenues (\$3.5 billion per year) and barely half the per capita amount spent federally on tobacco control by the United States government. New investments should be coordinated with other measures, including new regulations on tobacco promotion, tobacco packaging, and flavoured tobacco.

- 2. Support cancer patients and families by reforming the Employment Insurance (EI) Sickness and Compassionate Care benefits.**

The maximum benefit periods for both programs should be extended, from 15 to 52 weeks for the Sickness benefit, and from 6 to 26 weeks for the Compassionate Care benefit. The rules governing these programs need to be made more flexible as well, so patients and caregivers can access income support that better reflects their distinct circumstances and needs.

## **Introduction**

Nothing does more harm to Canadians than cancer.

As the country's number one cause of death, cancer will claim an estimated 76,600 lives in Canada this year alone. Every hour more than 20 Canadians discover they have developed the disease, joining the more than 800,000 people across the country living with a cancer diagnosis.

The numbers of new cancer cases and deaths continue to rise steadily as the Canadian population grows and ages. Cancer already costs Canadians \$17.4 billion per year. As the number of cases increases, so does the burden on families, the healthcare system, and our national economy.

Despite these sobering statistics, there are reasons to be hopeful. We have made important gains. The decline in the smoking rate during the past half-century has saved tens of thousands of Canadian lives. Thanks to improved treatment and earlier detection, more Canadians are surviving cancer, and survivors are living longer, happier lives.

While we must build on our successes, we must also confront clear deficiencies. Our national patchwork of public policies and programs must be repaired. Troubling gaps exist between regions and levels of government, weakening the fight against cancer on all fronts, whether in research, prevention, or care. As a result, inequalities fester, inefficiencies grow, and Canadians fall through the cracks.

With significant federal support, the Canadian Partnership Against Cancer (CPAC) has opened the door to increased collaboration among public, private, and non-profit stakeholders. However, additional political leadership, and the support of all levels of government, is required if governments are to successfully modernize their cancer policies and programs; rapidly expand new prevention strategies; and make the most of research investments and the discoveries they produce.

We won't get there overnight. However, the Government of Canada can move us forward in Budget 2015 and take practical steps that benefit all Canadians.

### **Recommendation One: Youth and Tobacco Use**

***That the federal government protect young Canadians and reduce tobacco use by strengthening Health Canada's Federal Tobacco Control Strategy (FTCS) and significantly increasing its current \$38 million annual budget.***

The most effective way to prevent cancer deaths is to reduce tobacco use, and a fundamental way to do that is by keeping young Canadians from using tobacco in the first place. But despite the dramatic decline in the percentage of Canadians who smoke over the past 50 years, smoking remains the leading preventable cause of cancer deaths, causing 30 per cent of all cancer deaths, including 85 per cent of lung cancers. An unacceptably high number of teenagers begin smoking each year, and now worrying new data on youth tobacco use is emerging.

Given the magnitude of the tobacco epidemic, it is essential that Health Canada's Federal Tobacco Control Strategy (FTCS) be comprehensive, well funded, and sustained. Far more must be done to prevent youth tobacco use, especially given the highly addictive nature of tobacco products and the fact that the overwhelming majority of new smokers begin as teenagers or pre-teens.

The FTCS was originally planned to have a \$110 million annual budget, but the current Health Canada annual tobacco control funding level is barely one-third of that amount. The current FTCS funding level of \$38 million represents just 1.1 per cent of the approximately \$3.5 billion in annual federal tobacco tax revenue.<sup>1</sup> Moreover, the current FTCS funding level represents only C\$1.07 per capita, much lower than the C\$2.05 per capita tobacco control budget of the US federal government.<sup>2</sup>

The Canadian Cancer Society recommends that the current FTCS funding of \$38 million per year be increased substantially to enable Health Canada to implement a more comprehensive and effective strategy. Increased funding would allow for the return of mass media public awareness campaigns; improved research, surveillance and enforcement; increased capacity for legislative and policy development; and enhanced programming for youth prevention, adult cessation, and aboriginal populations.

Needed initiatives in a renewed federal tobacco control strategy would complement important measures already adopted, including the federal tobacco tax increase in the 2014 federal budget; the introduction of larger cigarette package health warnings that include a national toll-free quit-line number (2012); and Bill C-32 banning print advertising and implementing partial restrictions on flavoured tobacco (2009).

A federal comprehensive tobacco control strategy should also include further tobacco taxation measures; contraband prevention; plain packaging; larger picture warnings for all tobacco product packaging; a ban on flavours for all tobacco products; a total ban on tobacco promotion; regulation for electronic cigarettes; new measures to curb water pipe (hookah) smoking; a ban on "slims" and "super-slims" cigarettes; and other initiatives.

### **Recommendation Two: Support for Patients and Families**

***That the federal government improve support for patients and their families by reforming the Employment Insurance (EI) Sickness and Compassionate Care benefits.***

Undergoing cancer treatments and waiting for test results are stressful enough without having to worry about losing income or your job. Unfortunately, wage losses are a significant burden on

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<sup>1</sup> Federal tobacco tax revenue (not including GST/HST) was \$2.81 billion in fiscal year 2012-13. The tobacco tax increase in Budget 2014 is projected to increase federal tobacco tax revenue by \$685 million in fiscal year 2014-15.

<sup>2</sup> The US Food and Drug Administration has a tobacco control budget of US\$501 million (fiscal year 2013-14), while the US Office on Smoking and Health (part of Centre for Disease Control and Prevention, Department of Health and Human Services) has an annual tobacco control budget of US\$100 million. The total of US\$601 million works out to US\$1.88 per capita (C\$2.05, exchange rate US\$1.00 = C\$1.0917). See: <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Reports/BudgetReports/UCM388309.pdf>  
<http://www.cdc.gov/tobacco/osh/organization/>

patients and their families. New cancer cases cost Canadians \$3.18 billion in lost wages every year, according to recent estimates.

That's why we are calling on the federal government to extend the maximum benefit periods for the Sickness and Compassionate Care benefits, from 15 to 52 weeks for the former, and from 6 to 26 weeks for the latter. The rules governing both programs need to be made more flexible as well, so patients and caregivers can access income support that better reflects their distinct circumstances and needs.

Reform is overdue. Almost 40 per cent of cancer patients are away from work for more than 24 weeks but are only eligible for income support for a maximum of 15 weeks. The situation is even worse for patients battling breast cancer, whose average treatment lasts 38 weeks – a full two and half times longer than the current maximum support period.

As for family caregivers, more than 43 per cent provide care for six months or longer, but under existing rules, the Compassionate Care benefit provides a maximum of just 6 weeks income support.

In addition, the rules for accessing these benefits are overly restrictive. The current requirement that individuals claim sickness benefits in weeks-long blocks ignores the reality that some patients may require shorter, if more frequent, work absences.

The rigid terms governing access to the Compassionate Care benefit are also a problem. The requirement that care must be provided within 26 weeks of diagnosis, and that the diagnosis must include “risk of dying”, ignores the individual needs of countless patients whose cancer treatment and care do not conform to strict and arbitrary regulations.

## **Conclusion**

Despite important gains in the fight against cancer, the number of cases and deaths continue to rise while gaps in government policies and programs weaken efforts to eradicate the disease. Closing these gaps, building on the work of CPAC, and strengthening the cancer-fighting partnership among all stakeholders, is a long-term project requiring national political leadership and the support of all levels of government.

In the near-term, the federal government can make headway by taking practical steps that protect youth, reduce tobacco use, and provide badly-needed support to cancer patients and their families. At CCS we are ready to help make our recommendations a reality, and to continue working with all partners to build a future where Canadians no longer need to fear cancer.