



Chronic Disease Prevention Alliance of Canada

2017 Pre-budget submission to the House of Commons Standing Committee on Finance

August 5, 2016

The Chronic Disease Prevention Alliance of Canada (CDPAC) is pleased to submit this brief to the House of Commons Standing Committee on Finance as part of the 2017 pre-budget consultation.

CDPAC (cdpac.ca) is an alliance of Canada's major national health organizations sharing a common vision for an integrated system of research, surveillance, policies, and programs for the promotion of healthy living for the prevention of chronic diseases.

The causes of chronic diseases are complex and require a comprehensive approach spanning multiple government ministries, civil society and the private sector. In 2011, the UN General Assembly unanimously endorsed the Political Declaration on the Prevention and Control of Non-Communicable Diseases - mainly cardiovascular diseases, some cancers, diabetes and chronic respiratory diseases. These non-communicable diseases (NCDs), also commonly referred to as 'chronic diseases' are largely preventable and are predominantly caused by a common set of avoidable risk factors, most notably: tobacco use and exposure to second hand smoke; unhealthy diet; insufficient physical activity; unhealthy weights; and, harmful use of alcohol.

In Canada, three out of five people over the age of twenty live with one of these preventable diseases, and four out of five are at risk.¹ Every year over 150,000 Canadians die from them, and together these preventable diseases account for 65% of all deaths in Canada.²

While Canada has made some progress in the area of tobacco control over recent decades, there has been an increase in unhealthy weights. According to recent data, approximately 60% of adults³ and 32% of children and youth⁴ are overweight or obese.

Evidence shows that upstream prevention of unhealthy weights in children and youth will lead to a significant reduction in the rates of adulthood overweight and obesity. According to the OECD, unhealthy weights "foreshadow increases in the occurrence of health problems (such as diabetes,

¹ Public Health Agency of Canada (PHAC); *Preventing Chronic Disease Strategic Plan 2013-2016*

² Vital statistics: Death database, CANSIM Table 102-0561. Retrieved from <http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=1020561>

³ Body composition of Canadian adults, 2009 to 2011. (n.d.). Retrieved from <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11708-eng.htm>

⁴ Body mass index of Canadian children and youth, 2009 to 2011. (n.d.). Retrieved from <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>

cardiovascular diseases and some cancers) and higher health care costs in the future.”⁵ Health impacts from tobacco smoking, excess weight, physical inactivity and alcohol in 2016 are estimated to have cost \$64.8 billion.⁶

CDPAC is encouraged that the Minister of Health’s mandate letter calls for action on several health supporting issues such as introduction of regulatory controls over marketing and advertising to children, an updated and expanded Nutrition North Canada food subsidy program and a commitment to poverty reduction.

Urgent action is also needed to reduce Canadians’ consumption of sugary drinks, given the evidence linking consumption of pop and other sweetened beverages to the development of childhood obesity.^{7,8} Sugar sweetened beverages are the largest source of sugar in our diet, carrying a lot of calories but little or no nutritional value. Marketing by the beverage and fast food industries has ‘normalized’ the consumption of sugary drinks on a daily basis. Sugary drinks are now known to be a leading driver of obesity, and they are independently related to an increased risk for type 2 diabetes.⁹ Recent results from jurisdictions such as Mexico, where a 10% tax on sugary drinks resulted in a 6-12% drop in consumption, show that price-related disincentives have a significant impact.¹⁰ Price disincentives by way of an excise tax also generate revenues for government. If the Government of Canada were to implement a tax of five cents per 100 mL on sugary drinks, it would generate estimated revenues of \$1.8 billion dollars annually.¹¹

Recommendation:

That the federal government as a part of a comprehensive approach to achieving healthy weights, introduce an excise tax on sugar-sweetened beverages, and use some of the revenues generated from this tax to fund healthy living initiatives

We would be pleased to provide further information and evidence underlying this recommendation.

Sincerely,



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⁵ Family Service Toronto; Campaign 2000. *Let’s Do This. Let’s End Child Poverty for Good. 2015 Report Card on Child and Family Poverty in Canada.*

⁶ Dr. Hans Krueger - Adjunct Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia and President, H. Krueger & Associates Inc., May 13, 2016. Personal Communication

⁷ Vartanian, L.R., M.B. Schwartz and K.D. Brownell. (2007). *Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis.* *Am.J.Public Health.* 97(4):667-675

⁸ Sturm, R. et al. (2010). *Soda Taxes, Soft Drink Consumption, and Children’s Body Mass Index.* *Health Affairs.*29:5.

⁹ Imamura F, O’Connor LYZ, Mursu J, et al. *Consumption of sugar-sweetened beverages, artificially sweetened beverages, and fruit juice and incidence of type 2 diabetes: Systematic review, meta-analysis, and estimation of population attributable fraction.* *BMJ* 2015;351:h3576.

¹⁰ *Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study.* *BMJ* 2016;352:h6704

¹¹ *Building a Strategy for Obesity Prevention One Piece at a Time: The Case of Sugar-Sweetened Beverage Taxation.* Susan Buhler, RD, MSc; Kim D. Raine, RD, PhD; Manuel Arango, MA, MHA; Suzie Pellerin; Neil E. Neary, MPH, *Canadian Journal of Diabetes* Volume 37, Issue 2, Pages 97-102, April 2013



The Chronic Disease Prevention Alliance of Canada (CDPAC) is a network of national health organizations that have come together around the common cause of promoting healthy living for chronic disease prevention.

Mission

“Working primarily at the national level, CDPAC’s mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease. CDPAC has two inter-related functions – advocacy and mobilizing knowledge for action”.

Vision

“Canadians will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs that promote health and prevent chronic disease.”

Alliance Members

Alliance representatives provide strategic direction and oversight to CDPAC’s shared priorities for action on chronic disease prevention. The Chair of the Alliance is Ms. Lisa Ashley, Canadian Nurses Association. The Past-Chair is Ms. Mary Collins, BC Healthy Living Alliance. The Alliance Members are:



* Representatives of the CDPAC Network of Provincial/Territorial Alliances.