

**A Submission on Children's Health to the House of Commons
Standing Committee on Health**



**Canadian
Cancer
Society**

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Introduction

The Canadian Cancer Society (CCS) is the only national charity supporting Canadians with all cancers in communities across the country. As the voice for Canadians who care about cancer, in addition to appearing before the committee on this study, we are pleased to make the following submission to the Standing Committee on Health on their study on Children's Health.

Cancer incidence and COVID-19 impacts

Cancer is the leading cause of disease-related death in children under the age of 15 years. The Canadian Cancer Society has invested \$16.4 million in childhood cancer research projects across the country in the past five years alone. In trusted partnership with donors and volunteers, we work relentlessly to improve the lives of all those affected by cancer through world-class research, transformative advocacy and compassionate support. Last year alone, we provided trusted information specific to childhood cancer to over 125,000 users of cancer.ca. We know that an estimated 1,100 children under the age of 14 were expected to have faced a cancer diagnosis in 2021 – however, it is suspected that diagnosis for many cancers has fallen since the onset of the COVID-19 pandemic in Canada. We know that significant work is needed to better understand how to rectify the backlogs, specifically with children, and that there is not just one solution. We are currently surveying our community of people with cancer and caregivers on the current state of care access and cancer experience, and we would be pleased to share with the committee any relevant information to support this study.

Canada is at a pivotal moment where the decisions to invest in our health and well-being today will fundamentally shape the future of our healthcare system in the years to come.

CCS urges the provinces, territories and federal governments to work together to commit to long-term, stable health funding that will create a sustainable healthcare system able to address current and future needs for all people living in Canada.

We need new investments that must be clearly and transparently reflected to improve our healthcare system, with targeted funding for healthcare services throughout the cancer experience. Funding should also improve cancer services that address the unique needs of underserved communities.

We have had success diagnosing and treating cancer impacting children over the past number of decades thanks to world-class research and innovative treatments. The 5-year survival for childhood cancer is about 84%. This means about 84% of children with cancer survive at least 5 years past their diagnosis. In the late 1980s, survival was around 71%. Childhood cancer death rates have also dropped from 40 per million children in 1985 to 20 per million in 2009.

Although childhood cancers account for less than 1% of all cancer cases diagnosed in Canada, they have a significant and lasting impact on both individuals and their caregivers. An estimated two-thirds of childhood cancer survivors have at least one chronic or late side effect from their cancer therapy including a higher risk of physical and mental health problems or secondary cancers.

Tobacco control

Tobacco smoking is the leading modifiable risk factor for cancer cases and deaths in Canada and is also the leading preventable cause of disease and death. The Canadian Community Health Survey shows that there are still 3.8 million Canadians who smoke (aged 12+, 2021), and even more if other types of tobacco use are included.¹ The overwhelming majority of people who smoke begin smoking as underage youth and an unacceptably high number of youth start using tobacco each month. Preventing youth from ever starting to use tobacco is thus essential to reduce tobacco consumption and to long-term success in tobacco control. Total direct healthcare costs attributable to smoking have been estimated at \$6.5 billion per year.²

The federal government should strengthen its tobacco control strategy, including to reduce tobacco use and vaping among youth. While progress has been made, far more work needs to be done to reach the objective of under 5% tobacco use among Canadians by 2035.³

CCS recommends that the government strengthen its tobacco control strategy, including to reduce tobacco use among youth.

Canada is currently faced with a dramatic increase in youth vaping, leading to overall increases in youth nicotine addiction. Among high school students in Canada in grades 10 to 12, youth vaping increased from 9% in the 2014–15 school year, to 16% in 2016–17, to 29% in 2018–19, tripling over a four-year period.

The thousands of potential e-cigarette flavour variations available in the Canadian market is a major factor resulting in high rates of youth vaping. In response, the federal government should adopt as soon as possible the draft Health Canada regulation restricting flavours in e-cigarettes that was published in June 2021. Indeed, the proposed regulation can be strengthened by removing the exemption for mint and menthol.

Among provinces and territories, New Brunswick, Nova Scotia, Prince Edward Island and the Northwest Territories have already implemented legislation banning flavours in e-cigarettes other than tobacco flavour. In the US, e-cigarette flavour bans have been implemented in New York, New Jersey, Massachusetts and Rhode Island. In Europe, a growing number of countries are doing likewise, including Finland, Lithuania and Netherlands, among others. If all of these places can do so, then so can the federal government.

Canada has made such progress reducing youth smoking that we do not need a new generation addicted to nicotine. However, that is exactly what is happening.

CCS recommends that the government take further action to reduce youth vaping, including to finalize regulations restricting flavours in e-cigarettes.

Higher tobacco taxes are the most effective strategy to reduce smoking, especially among youth. Tobacco taxes have long been recognized by the federal government as a 'win-win', both decreasing tobacco consumption and increasing government revenue. A February 2022 Ipsos national poll found 77% of Canadians support "an increase in taxes on cigarettes as a strategy to reduce youth smoking."³

¹ Statistics Canada. (2022). Health characteristics, annual estimates Table: 13-10-0096-01. Retrieved from: <https://www150.statcan.gc.ca/t1/tb1/en/tv.action?pid=1310009601>.

² Conference Board of Canada, "The Costs of Tobacco Use in Canada, 2012" 2017.

³ Health Canada. (2022). Canada's Tobacco Strategy. Retrieved from: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>

CCS recommends that federal tobacco taxes be increased by at least \$6.00 per carton of 200 cigarettes, with corresponding increases for other tobacco products.

A tobacco manufacturer cost recovery fee would require tobacco companies to pay an annual fee to recover the \$66 million annual cost of the federal government’s tobacco control strategy. The measure was included in the Liberal, Conservative and NDP 2021 election platforms and in the mandate letter to The Minister of Mental Health and Addictions & Associate Health, Carolyn Bennett. Companies would pay a fee based on market share. In the US, legislation since 2009 has required a tobacco fee to recover the Food and Drug Administration’s annual tobacco control budget, which is now US\$712 million.

CCS recommends that the federal government move quickly to implement its commitment for a tobacco manufacturer cost recovery fee.

Prevention

It’s important to note that the causes of most childhood cancers are largely unknown and modifiable risk factors usually have little or no effect on most childhood cancers. But it is important to recognize that teaching healthy lifestyle choices and preventing certain environmental exposures in childhood may reduce cancer risk later in life.

From the CCS-funded Canadian Population Attributable Risk of Cancer (ComPARE) study, we know that about 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians.⁴ The study also estimated the number of cancer cases due to 20+ modifiable risk factors. While we have made progress on cancer prevention by educating people on how they can adopt healthy lifestyles as well as by working with all levels of government to introduce healthy public policies that help people adopt healthy lifestyles, the COVID-19 pandemic has hindered many of these efforts. Public health measures and coping mechanisms in how people responded to the pandemic have impacted behaviours that increase cancer risk.

Trends in modifiable risk factors like diet, physical inactivity, UV exposure and alcohol vary by age and community:

- As much as 90% of food and beverages marketed to children for processed foods are high in sugar, salt and/or saturated fat. Food and beverage marketing has an impact on the foods children eat, their food preferences and beliefs and increased risk factors for chronic diseases such as diabetes, heart disease, stroke and cancer.⁵
- Only 37.2% of youth aged 12 to 17 met the physical activity recommendations in 2020 compared to about half (50.8%) in 2018.⁶
- In 2014, about 1.7% of Canadians between 12 and 17 years old reported that they had used indoor tanning equipment in the last year even though most provinces had youth tanning bed bans at the time.⁷

⁴ Poirier AE, Ruan Y, Volesky KD, King WD, O’Sullivan DE, Gogna P, Walter SD, Villeneuve PJ, Friedenreich CM, Brenner DR on behalf of the ComPARE Study Team. (2019). The current and future burden of cancer attributable to modifiable risk factors in Canada: Summary of results. *Preventive Medicine* 120: 140–147.

⁵ Stop Marketing to Kids Coalition. (2022). The Health Context. Available at: <https://stopmarketingtokids.ca/the-health-context/>.

⁶ [Youth—but not adults—reported less physical activity during the COVID-19 pandemic \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/82-625-x/2021001/article/00006-eng.htm)

⁷ Qutob, S.S., O’Brien, M., Feder, K., McNamee, J., Guay, M., & Than, J. (2017). Tanning Equipment Use: 2014 Canadian Community Health Survey. *Health Reports*, 28(1), 12-16. [Statistics Canada, Catalogue 82-003-X].

- In 2018, 25.6% of Canadian 12- to 17-year-olds used alcohol in the preceding 12 months, despite being under the legal drinking age, and about 3.4% of youth were heavy drinkers.⁸

Reducing the prevalence or magnitude of modifiable cancer risk factors now will reduce the number of cancer cases, relieve pressures on the healthcare system and have significant cost savings later.

The federal government can play a strong leadership role in implementing policies and programs that will have an important population health impact. This includes policies to help prevent cancer including introducing restrictions on marketing to kids, introducing a manufacturers' levy on sugary drinks, implementing mandatory warning labels on all alcoholic products, addressing food insecurity, improving active transportation and implementing indoor tanning marketing regulations.

CCS recommends that the federal government move quickly to fulfil its commitment to restrict the commercial marketing of all food and beverages to children and youth.

CCS recommends that the federal government commits to increasing healthy living investments and implement policies and programs that will have an important population health impact on the prevention of cancer and other chronic diseases.

Palliative care

Everyone in Canada needs better palliative care options, regardless of age, gender, income, race or sexuality. Pediatric palliative care has its own distinct guiding principles, standards of practice and requires different professional resources or training to provide it and we continue to encourage the federal government to support pan-Canadian improvements to palliative care. In Canada, there are 13 pediatric palliative care programs in hospitals and only 7 pediatric hospices, which are located in Toronto, Ottawa, Milton, Montreal, Calgary, Abbotsford and Vancouver. Only Ontario has a framework that specifically addresses pediatric palliative care. In Canada today, as many as 8,000 families are caring for a seriously ill or dying child.

Significant work is required to give families who need palliative care, particularly for a child, the support they deserve, including improving education and training for healthcare workers, addressing equity, supporting kids struggling with grief, establishing standards, and improving the quality of care through better research and data collection. There is considerable space for the federal government to lead here in addition to necessary improvements to care delivery by provinces and territories.

CCS recommends that the federal government continues to invest in palliative care through bilateral funding agreements and funding for data, standards and research.

Pharmacare

⁸ Statistics Canada. (2019). Health Fact Sheets: Heavy Drinking, 2018. Available at: <https://www150.statcan.gc.ca/n1/en/pub/82-625-x/2019001/article/00007-eng.pdf?st=H9qNKlcX>

Drugs required for cancer care have an essential role in treatment and can greatly improve health outcomes and quality of life for people living with and beyond cancer. However, the current drug funding model in Canada creates significant discrepancies in coverage due to varying funding models between provinces and territories, private and public plans and drugs administered in the hospital or other settings. This often results in people with cancer having to access a patchwork of several funding programs to cover the cost of their treatment. Access for children and young adults can be more challenging, often because of lack of drug research aimed towards pediatric cancers, lack of access in clinical trials and/or lack of access to drugs with a pediatric indication.

In recent engagement surveys by the Canadian Cancer Society, access to prescription drugs and prescriptions was ranked by both people with cancer and caregivers as one of the most important supports required to manage their care moving forward.⁹

CCS recommends that the federal government improves access to drugs, accommodate and accelerate approval and funding for innovative cancer treatments and clinical trials, and remove unnecessary administrative barriers to ensure children with cancer have equitable access to the cancer drugs they require without financial hardship on their caregivers, regardless of where they live and where the drugs are taken.

About the Canadian Cancer Society

The Canadian Cancer Society (CCS) works tirelessly to save and improve lives. We fund the brightest minds in cancer research. We provide a compassionate support system for all those affected by cancer, from across Canada and for all types of cancer. As the voice for people who care about cancer, we work with governments to shape a healthier society. No other organization does all that we do to make lives better today and transform the future of cancer forever.

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⁹ To date, the Canadian Cancer Society conducted 5 engagement surveys with people with cancer and caregivers to learn more about their experience during COVID-19. The surveys were administered at various points throughout the pandemic: July 2020, November 2020, January 2021, August 2021 and January 2022. In total we received over 5,000 responses from across the country.