A Submission to the Conversation on Health

The Ministry of Health
5-3, 1515 Blanshard St.
Victoria, BC V8W 3C8

Prepared by the Canadian Cancer Society, BC & Yukon Division

565 West 10th Ave
Vancouver, BC V5Z 4J4

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Executive Summary

Cancer is growing. Two in five Canadians will be diagnosed with cancer at some point in their lives, and one in two of those diagnosed will die of cancer, making it the leading cause of premature death in Canada. The incidence of cancer is expected to increase 60% over the next 20 years due to our aging and growing population. This will place added strain on our health care system and result in the loss of productivity of British Columbians. Currently, it is estimated that cancer costs the BC economy over $1.7 billion per year in direct and indirect costs.

Along the cancer control continuum, from prevention to palliation, the Ministry of Health can be instrumental in implementing policies that will help to reduce the incidence of cancer, and other chronic diseases, and enhance the quality of life of those people living with cancer.

With respect to prevention, the good news is that approximately 50% of cancers, and other major chronic diseases, can be prevented, in large part, by addressing the common risk factors of tobacco use, unhealthy weight, unhealthy eating, and physical inactivity. The primary prevention of cancer, or stopping cancer before it starts, has the greatest potential to reduce the burden of cancer, which will help reduce the incidence of chronic disease and lead to a healthier population and a sustainable health care system. We must pay more attention to keeping healthy people healthy, instead of focusing on treating illness after it sets in. Reducing the incidence of preventable cancers in BC is a priority of the Canadian Cancer Society, and should be a key priority of the Ministry of Health.

Founded in 1938, the Canadian Cancer Society is a national, community-based organization that seeks to eradicate cancer and improve the quality of life of people living with cancer. The Society provides valuable cancer information services, funds research and educates Canadians on cancer risks. In British Columbia and the Yukon, the Canadian Cancer Society has funded $19 million in BC-based research over the last five years and recently established the Canadian Cancer Society Research Chair in Primary Prevention of Cancer at UBC. The Canadian Cancer Society was instrumental in developing the Canadian Strategy for Cancer Control (now Canadian Partnership Against Cancer [CPAC]), and securing federal funding for the cancer strategy. Our National CEO sits on the Board of CPAC, and our BC and Yukon Division CEO, Barbara Kaminsky, is Chair of the Primary Prevention Action Group and Co-Chair of the BC and Yukon Council of CPAC.

We are pleased to submit the Canadian Cancer Society’s recommendations for policy interventions to the Ministry of Health, investment in which will help ensure that British Columbians enjoy sustainable health care programs and services for generations to come, and that British Columbia is the healthiest jurisdiction to ever host an Olympic Games, both in 2010, and beyond.
Summary of Recommendations:

1. Increase Tobacco Control Measures: The Ministry of Health should:
   a) Strengthen the Tobacco Sales Act and Proposed Regulation;
   b) Increase Tobacco Taxes; and,
   c) Continue to Subsidize Nicotine Replacement Therapies.

2. Increase Physical Activity Requirements: The Ministry of Health should ensure that the Minister of Education’s recent announcement that all students get 30 minutes of daily physical activity by September 2008 is implemented, and ensure that all schools in BC develop safe routes to school.

3. Increase Healthy Weight/Healthy Eating Investment: The Ministry of Health should continue to expand the School Fruit and Vegetable Program across BC, and recommend to the Ministry of Education that it provide additional resources to schools to increase their ability to offer low-cost, healthy food choices in school settings.

4. Increase Measures to Reduce Exposure to Occupational and Environmental Carcinogens: The Ministry of Health should recommend to the BC government that it implement province-wide pesticide-restriction legislation, and consumer ‘Right to Know’ legislation.

5. Increase Measures to Reduce Exposure to Tanning Salons and Improve Shade Policies

6. Increase Prevention Investment: The Ministry of Health should:
   a) Establish a 6% resource allocation target for the total health services budget in the area of chronic disease prevention;
   b) Recommend that the BC government continue to fund and implement ActNow BC beyond 2010;
   c) Fund an organized, province-wide, population-based colorectal cancer screening program;
   d) Maintain its financial commitment to the Screening Mammography Program of BC and the Go-Have-1 Campaign, and target resources to increase public awareness.

7. Decrease Drug Costs: The Ministry of Health should recommend to the BC government that it:
   a) Contribute to the National Pharmaceuticals Strategy to create, update and disseminate national standards for the provision of drugs required in the medical management of cancer;
   b) Ensure drug companies compete on price; and,
   c) Implement innovative strategies to keep drug costs down, such as ‘bulk-centralized’ purchases.

8. Improve Access to Hospice Palliative End-of-Life Care: The Ministry of Health should designate and fund hospice palliative end-of-life care as a core service within BC, and recommend to the BC government that it contribute to and support national standards for home care and hospice palliative end-of-life care delivery programs.
9. Increase Access to Cancer Care in the North: The Ministry of Health should work with Northern Health and the BC Cancer Agency to implement the Northern Cancer Control Strategy, and ensure that Northern Health provides financial assistance to northern cancer patients for travel and accommodation related to cancer treatment.

Canadian Cancer Society Recommendations

1. Increase Tobacco Control Measures

Smoking remains the number one preventable cause of death and disease, killing more than 6,000 British Columbians each year. Tobacco has long been recognized as a major cause of cancer, accounting for about 30% of cancers and more than 85% of lung cancers. Smoking also increases the risk of bladder, breast, cervix, colorectal, esophagus, kidney, larynx, oral, and pancreatic cancers. The direct and indirect costs from tobacco use in BC are estimated to be $2.3 billion annually.

In 2006, 16% of British Columbians were smokers – the lowest smoking rate in Canada, albeit up from 15% in 2005 (CTUMS, 2006). With the recent amendments to the Tobacco Sales Act, the BC government has demonstrated its commitment to fight cancer caused by tobacco use and exposure to second-hand smoke, and has taken steps to reassert BC’s leadership position in tobacco control. And, the BC government is playing a commendable national leadership role in its lawsuit to recover health care costs from the tobacco industry. On behalf of the Canadian Cancer Society, BC and Yukon Division, we extend our sincere thanks and congratulations to the BC government for taking significant steps toward improving the health outcomes of all British Columbians. But there is more work to be done, in order to achieve lower smoking rates and reduced exposure to second-hand smoke. The proposed Regulation to the Tobacco Sales Act does not do a number of things, and we recommend that it be strengthened.

a) Strengthen the Tobacco Sales Act and Proposed Regulation

First, the Regulation does not ban the sales of cigarettes from pharmacies. We agree with the Opposition Health Critic (who raised the issue during debate of what was then Bill 10), that the sale of tobacco products should be prohibited in all pharmacies, premises which contain a pharmacy, and kiosks associated with a pharmacy. Selling tobacco products is entirely inconsistent with the profession of pharmacists, just as it would be unthinkable for cigarettes to be sold in a doctor’s office. It is a conflict of interest for pharmacists to sell an addictive drug which makes people sick, and at the same time sell medications to make people better. Selling tobacco products in a pharmacy sends the wrong message to children and undermines educational and tobacco cessation initiatives. A full two-thirds (66%) of British Columbians support prohibiting the sale of tobacco products in pharmacies (Ipsos Reid, February 2006).

In Quebec, the Quebec Order of Pharmacists has concluded that it is professional misconduct for pharmacists to sell tobacco products in any part of their stores. In Newfoundland and Labrador, the Newfoundland Pharmaceutical Association Council, using its regulatory power, adopted a legally-binding standard prohibiting tobacco sales in pharmacies.
Eight Canadian provinces and territories (Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland & Labrador, Northwest Territories, and Nunavut) have adopted legislation to prohibit the sale of tobacco products in pharmacies. Alberta's proposed tobacco reduction law, Bill 45, which received second reading on June 13, 2007, will also ban tobacco sales in pharmacies. It's time that the BC government did the same. In BC, the College of Pharmacists has repeatedly asked the government to introduce legislation to prohibit tobacco sales in pharmacies. Outside of North America, it is practically unheard of that tobacco would be sold in pharmacies.

Second, the proposed Regulation does not adequately prohibit smoking from entranceways. The Ministry of Health proposes the minimum distance between outdoor smoking and a doorway, opening window or air intake be 3 metres. The Canadian Cancer Society recommends that the prescribed distance from doorways, windows or air intakes be at least 7.5 metres in keeping with Canada’s Green Building Council, which recommends a distance of 7.5 metres, as well as the scientific evidence of James Repace and others, who have determined that the distance one must be from environmental tobacco smoke, before the toxins approach the levels of background air, be 7 metres. The Ministry of Health’s proposed 3 metres is not based on scientific evidence, and is not enough to achieve the health benefits of avoiding exposure to second-hand smoke.

Third, the proposed Regulation does not ban smoking on patios of bars and restaurants. The evidence is unequivocal: second-hand smoke kills, and there is no safe level of exposure. There is now scientific evidence demonstrating that drifting smoke from outdoor patios compromises air quality. Through scientific evidence and the advent of new technology, according to Richard Stanwick, Vancouver Island Health Authority's chief medical health officer, "we were able to establish that with as few as three cigarettes being smoked, the air quality was very similar on those patios to that which used to be found in indoor premises with no restrictions on smoking" (Victoria Smokers told to get their butts off the patios New rules ban smoking both inside and in outdoor areas of bars and restaurants, the Globe and Mail, July 3, 2007).

The only way to adequately protect workers and the public from exposure to second hand tobacco smoke is to ban smoking on outdoor patios, decks, and sidewalk cafes, whether or not they are enclosed. This ensures:

- tobacco smoke concentrations do not pose a health risk to staff and patrons outdoors and tobacco smoke does not drift inside affecting the health of patrons and staff indoors
- no compliance and enforcement issues related to determining what is “fully or substantially enclosed”;
- a level competitive playing field for all hospitality establishments (many of which simply cannot have an outdoor patio, deck, sidewalk cafe).
- a strong message is sent about non-smoking being the community norm, which has a significant impact on smoking rates by preventing youth from starting to smoke, allowing more ex-smokers to successfully stay quit, motivating more smokers to quit, and reducing the amount smoked by current users.

Creating a single, easily understandable, piece of non-smoking provincial legislation also enhances public and operator compliance and thereby simplifies enforcement. There is now sufficient experience with owner/operator response to the issue of smoking on patios to conclude that if smoking is not prohibited on patios in provincial legislation, or unless a definition of a patio is prepared which prevents partial or full enclosure and
heating, there will be widespread proliferation of semi- or virtually-enclosed “patios” on which smoking will take place, resulting in significant second-hand smoke exposure of staff and patrons, and increased youth and adult smoking rates.

Legislation prohibiting smoking on outdoor patios of restaurants and bars has been adopted in the provinces of Nova Scotia, Newfoundland & Labrador, and 18 Canadian municipalities, including Edmonton, Calgary, Saskatoon, Thunder Bay, Kingston, the CRD (July 1, 2007), Vancouver (August, 2007), White Rock (effective 2009), and Abbotsford (pending).

Fourth, the proposed will prohibit retail display of tobacco products in any manner that they can be viewed by children (from inside or outside the establishment).

The Canadian Cancer Society recommends that the Regulation prohibit signage and visible displays of tobacco products at all retail outlets; not just ones where kids can go. In Ontario, Quebec, Nova Scotia, and Prince Edward Island, the retail display ban applies to all stores, not only to stores accessible to minors.

Retail promotion is today the leading type of tobacco industry marketing. Canada-wide, in 2005, tobacco manufacturers paid retailers $100.1 million for the prominent display of tobacco products, such as through “power walls” (large visual tobacco product displays in prominent locations) and counter top displays. Such displays expose children to cigarettes, increase the perceived popularity of cigarettes, and increase smoking to levels higher than would otherwise be the case.

Children should not grow up in an environment where cigarettes are displayed as an every day product and placed beside hockey cards and bubble gum. Prominent displays encourage impulse purchases, including among kids who are not yet addicted, and including among the one-fifth of smokers who are occasional, non-daily smokers. Such displays also stimulate cravings among ex-smokers who are struggling to remain smoke-free.

In Ontario, Quebec, Nunavut, Nova Scotia, and Prince Edward Island, the legislation applies to all premises; not just those accessible to minors. Similarly, Alberta’s proposed tobacco reduction law, Bill 45, will prohibit all visual displays of tobacco products; not just those accessible to minors.

b) Increase Tobacco Taxes

The Ministry of Health should recommend to the BC government that it increase tobacco taxes, and close the roll-your-own tobacco tax loophole.

Higher tobacco taxes are an extremely effective way to reduce smoking, especially among youth who are particularly price-sensitive. Most studies conclude that a 10% increase in the price of a package of cigarettes reduces overall cigarette consumption by 3 to 5%. In BC, roll-your-own tobacco is taxed at only half the rate as manufactured cigarettes. 81% of British Columbians say they would support increasing tobacco taxes by $0.40 per package if this could help reduce smoking among teenagers (Ipsos Reid, February 2006).

Raising tobacco taxes, and closing the roll-your-own tobacco tax loophole, would help to reduce smoking and would raise money for the BC government.
c) Continue to Subsidize Nicotine Replacement Therapies

We were delighted to learn of the 3 month pilot program, called Quit Smoking Now!, that the BC government implemented in January 2007 (to coincide with National Non-smoking week), which provided Nicotine Replacement Therapy (skin patches or gum) to British Columbians on income assistance who wanted to quit smoking. Targeting help to those in greatest need (ie highest smoking rates and lowest financial resources) makes a great deal of sense. We understand that the pilot program is being evaluated, and that the evaluation will be completed by the end of October 2007. We trust that the evaluation will demonstrate that the program was effective, and provide recommendations on how it could be improved, such that the Quit Smoking Now! program will be repeated and expanded to other groups as well (ie low-income workers).

The Canadian Cancer Society commissioned an Ipsos Reid poll in February 2006 to gauge public support for measures such as subsidizing smoking cessation products. A high percentage of BC residents (87%) say they would support allocating a small portion of money from the sale of tobacco products to a fund that would subsidize the cost of cessation products, such as the nicotine patch and nicotine gum, for smokers who wish to quit.

We trust that the Ministry of Health will, in time, recommend to the BC government that it continue to subsidize the cost of Nicotine Replacement Therapies.

2. Increase Physical Activity Requirements

Physical inactivity and obesity is a risk factor for cancer. Studies show a direct link between being physically active when young and lifelong health and well-being. Children need encouragement to adopt healthy habits – including physical education and physical activity – and the school setting is one of the best ways to achieve this. However, over half of our children are not active enough for healthy growth and development and, in BC, one in four children between the ages of two and 17 are overweight or obese.

We therefore commend the recent announcement by the Minister of Education which will require all students to get at least half an hour of daily physical activity, effective September 2008. This policy will help to fight obesity in BC’s children and youth. Further, other of the ActNow BC initiatives, including the “LocalMotion Fund,” Action Schools! BC, and “Active Kids” programs, are also a step in the right direction.

We recommend, however, that the Ministry of Health work with the Ministry of Education to ensure that the increased physical activity requirement is implemented, and that the Ministry of Education invests in the necessary infrastructure and programming (ie., staff support for schools, increase playing fields, more after school recreational programs) required to meet these new physical activity requirements.

We also recommend that the Ministry of Health recommend to the BC government that it consult with partner organizations as listed in the Select Standing Committee on Health’s November 2006 report to ensure that all schools in BC develop safe routes to school.
3. Increase Healthy Weight/Healthy Eating Investment

Healthy eating is essential to maintain health and prevent disease. Healthy children learn better and are more likely to develop positive attitudes toward nutritious foods and physical activity – attitudes that can last a lifetime. Eating well, keeping active and staying at a healthy body weight can prevent 30% of all cancers.

Healthy lifestyles begin at home, but schools are an important setting that can influence the foods eaten by children. Environments that provide opportunities to learn to like unhealthy food choices, such as vending machines laden with foods high in fat, sugar and salt, and few opportunities to learn to like fruit and vegetables, encourage obesity. Creating a supportive environment, by implementing healthy school policies and engaging the students, results in significant change.

The BC government’s vision for BC, which includes the implementation of nutrition guidelines in BC schools, and a plan to remove junk food from all vending machines and cafeterias in all schools by September 2008, will help reduce risk factor behaviours and improve the health outcomes of British Columbians. We congratulate the BC government for showing such leadership in the area of nutrition and school health, and recommend that it provide additional resources to schools to increase their ability to offer low-cost, healthy food choices in school settings. For instance, we agree with the Select Standing Committee’s recommendation, contained in its November 2006 report, that the BC government provide additional resources for expanding hot, nutritious school lunch programs (Select Standing Committee on Health: A strategy for combating childhood obesity and physical inactivity in British Columbia, November 2006, at pp. 46 and 47). We congratulate the government for its vision in recently announcing an expansion of the School Fruit and Vegetable Program, and recommend that the Ministry of Health continues to expand this program across BC.

We also recommend that the Ministry of Health recommend to the Ministry of Education that it provide additional resources to schools to increase their ability to offer low-cost, healthy food choices in school settings.

4. Increase Measures to Reduce Exposure to Occupational and Environmental Carcinogens

Where the health of Canadians is at risk, the Canadian Cancer Society believes it is important in some circumstances not to wait for perfect scientific clarity to take action to protect Canadians. We strongly support the precautionary principle that states, “when an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause-and-effect relationships are not fully established scientifically.”

In the area of occupational and environmental carcinogens, the Canadian Cancer Society is very concerned about the use of potentially carcinogenic substances for the purpose of enhancing the appearance of private gardens and lawns as well as parks, recreational facilities and golf courses (cosmetic use). We base this concern on the conclusions of the International Agency for Research on Cancer, and others, which state that some substances in pesticides are classified as known, probable or possible carcinogens. Some studies suggest an association between exposure to certain pesticides and some types of cancer.
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The list of cancers includes childhood leukemia, childhood brain cancer, adult leukemia, brain tumours, and some lung cancers. In some cases, evidence linking pesticides and cancer will not be scientifically definitive, but it is suggestive and may be growing.

Chemical pesticides have only been used for home and recreational facilities for a relatively short period of time and other alternative, non-toxic methods of pest and weed control are effective, and available. Since the cosmetic (non-essential) use of pesticides has no countervailing health benefit, and has the potential to cause harm to public health and the environment, the Canadian Cancer Society is advocating to local governments to implement bylaws which ban the cosmetic use of pesticides on lawns and gardens. There are now 130 municipalities across Canada which have implemented bylaws restricting pesticide use, including at least 12 in British Columbia, with another 15 considering such by-laws. While this is good news, it does result in a patchwork of bylaws, when a BC-wide restriction would be more effective. Further, the province of BC has jurisdiction to ban the sale of pesticides, while municipalities do not; they have jurisdiction to ban the use and application of pesticides only (see: 114957Canada Ltée (Spraytech, Société d’arrosage) v. Hudson (Town), 2001 SCC 40).

In Quebec, municipal bylaws have led to province-wide restrictions. A new Pesticide Management Code came into effect in 2006, specifically prohibiting the sale of 20 pesticide ingredients, and some 210 pesticide brands, including the popular herbicide 2,4-D. In Ontario, the Liberal Party has announced that it will make a province-wide ban on the cosmetic use of pesticides on lawns, gardens and parks, part of its fall 2007 provincial election platform.

In order to reduce British Columbians’ exposure to probable or potential carcinogens, the BC government should look at banning the sale of cosmetic pesticides in BC. This would allow our province to come in line with the Province of Quebec and the 130 Canadian municipalities that have banned the cosmetic use of pesticides in their municipalities.

Similarly, the Canadian Cancer Society believes that people have the right to know if they are being exposed to substances that are known, probable, or possible carcinogens, at the point of purchase or use. As such, we recommend the passage and implementation of legislation that would require consumer products to be labeled if they contain a known, probable, or possible carcinogen, both with a listing of the substance and a clearly recognizable symbol or visual element which would easily inform consumers about the products they purchase – i.e., by using a distinct symbol for each hazard class, such as a carcinogen. A recognizable carcinogenic, or cancer-causing symbol, would assist consumers in user-friendly disclosure of this information so that informed choices could be made immediately upon consideration of purchase. In California, Proposition 65 requires a clear warning label on products that contain a cancer-causing substance.

We simply must do a better job at protecting the health and wellbeing of our citizens. The Ministry of Health should recommend to the BC government that it implement legislation similar to the Province of Quebec, banning the sale of toxic pesticides, and that it implement 'Right to Know' legislation, so that British Columbians know if they are being exposed to substances that are known, probable, or possible carcinogens, at the point of purchase or use.
5. Increase Measures to Reduce Exposure to Tanning Salons and Improve Shade Policies

Skin cancer is the most common type of cancer in Canada. The number of skin cancer cases in Canada has increased by two-thirds since 1990. Sun exposure in childhood plays an important role in the subsequent development of cancer. Exposure to ultraviolet (UV) radiation is the main risk factor associated with the development of all skin cancers. The good news is that skin cancer is largely a preventable disease. It is estimated that 90% of all skin cancers could be prevented through healthy living and policies that protect the public.

The Canadian Cancer Society, therefore, recommends implementing policies which reduce over-exposure to UV radiation, including artificial sources of ultraviolet light such as tanning salons, and increase sun-protective behaviours. This can be done by implementing the following two health promoting policies, which we recommend that the Ministry of Health implement:

a) Implement legislation banning those under the age of 18 be banned from using artificial tanning equipment, as was recently recommended by the World Health Organization (in 2005) and the Medical Health Officers of the Vancouver Island Health Authority.

b) Promote shade creation policies for daycares and schools.

6. Increase Prevention Investment

a) Primary Prevention

In the Canadian Cancer Society, we do not consider the projected 60% increase in new cancer cases over the next 20 years to be inevitable. At least 50% of cancers are due to preventable factors. Primary prevention – stopping cancer before it even starts – is a major priority in the Canadian Cancer Society. In fact, primary prevention may be the ultimate cure. Primary prevention can occur by a combination of individual and environmental changes, such as implementing health-promoting public policies so as to create environments where healthy choices become easier choices.

Cancer primary prevention has not received the priority it deserves. Increased and sustained funding in prevention is necessary to reduce the incidence of preventable cancers in Canada, and ultimately reduce morbidity and mortality from this disease. The concept that primary prevention is a wise investment, rather than an incremental expense, needs to take hold. The ultimate goal is for prevention to obtain the appropriate increased priority and resource allocation, and to sustain this increase well into the future. The Select Standing Committee on Health, in its November 2006 report, recommended that the government increase the proportion of the Ministry of Health budget devoted to public health promotion and disease prevention from 3% to 6% of total health spending. We understand that the proportion now amounts to some 3.84% (see: Staying Healthy in BC – BC’s Strategic Approach to Public and Population Health, Presentation at the Canadian Public Health Association Annual Conference, by Andrew Hazlewood and Dr. Perry Kendall, May 2006).
We also understand that there is some work being done right now in terms of reviewing public health and primary care programs in order to determine expectations for key or core services.

However, in order to give primary prevention the priority it deserves, the Ministry of Health should establish a 6% resource allocation target for the total health services budget in the area of chronic disease prevention. This would include, but not be limited to, cancer prevention. Health Authorities should receive incremental government funding to achieve this target, and should be held accountable through annual performance agreements (or government letters of expectations) and 3-year health service redesign budget plans.

Further, with our growing and aging population, and costly advances in medicine, we will have tremendous pressures on our health care system beyond 2010. As the Premier has stated, if the health budget continues to grow as it has done in the past, public health care could consume over 70% of the total provincial budget by 2017 (from Office of the Premier, and Ministry of Health, "Milestones in Public Health Services", www.gov.bc.ca.) In order to ensure that our health care program and services are sustainable, we must continue to support and fund primary prevention initiatives, which reduce the burden of chronic diseases like cancer, such as ActNow! BC.

The Ministry of Health should recommend that the BC government continue to fund and implement ActNow BC beyond the 2010 Winter Olympic and Paralympic Games.

**b. Secondary Prevention**

Secondary prevention, or screening, is an organized system of testing large numbers of the population for early signs of cancer before symptoms become apparent. It is based on the principle that the earlier cancer is detected and treated, the better the outcome. Cancer rates in BC can be improved by implementing a province-wide, population-based colorectal cancer screening program in BC, and continuing to direct resources to the Screening Mammography Program of BC and the Go-Have-1 Campaign.

**i. Colorectal Cancer Screening Program:**

Colorectal cancer is the third most common cancer diagnosed in both genders, affecting 2,550 British Columbians. Colorectal cancer is highly treatable if detected early, but advanced colorectal cancer spells trouble. It is second only to lung cancer as the most common cancer-related death for men in BC, and third behind lung and breast cancers, as the most common cause of cancer death for women. In 2007, in British Columbia, 560 men are expected to die from colorectal cancer, and 470 women are expected to die from colorectal cancer.

Colorectal cancer screening works; it is cost-effective and other jurisdictions (Ontario, and soon Alberta) are implementing such programs. The Canadian Cancer Society has been advocating for a province-wide colorectal cancer screening program for more than four years. The Canadian Strategy for Cancer Control, BC and Yukon Council, has stated that colorectal cancer screening should be the next publicly funded cancer screening program in BC, in collaboration with the government, appropriate non-government organizations, and service delivery providers.
In April 2006, we noted that colorectal cancer deaths in Canada could be reduced by 17% if 70% of Canadians between the ages of 50 and 74 had a fecal occult blood test every two years (Canadian Cancer Statistics, 2006). In BC, this would translate to saving some 150 lives this year alone. Despite this evidence, BC still does not have an organized, province-wide, population-based colorectal cancer screening program.

The BC Cancer Agency has developed Phase 1 of a Colorectal Cancer Screening Pilot Project, and submitted a proposal and budget to the Provincial Health Services Authority for approval for Phase 1 testing in 2006-2007 in 1 or 2 test sites. The Provincial Health Services Authority Board has approved the Pilot Project budget in principle, and release of the funds pending confirmation of the BC Ministry of Health’s commitment to consider operating costs for provincial roll-out after completion of the Pilot Project. Funding for the Colorectal Cancer Screening Pilot Project, and the provision of incremental operating costs for the provincial roll-out after completion of the Pilot Project needs to occur.

The Ministry of Health should fund an organized, province-wide, population-based colorectal cancer screening program, by approving the Colorectal Cancer Screening Pilot Project, as proposed by the BC Cancer Agency (of the Provincial Health Services Authority).

ii. Breast Cancer Screening Program:

The BC government is to be commended for funding the BC Cancer Agency’s Screening Mammography Program of BC, and the Canadian Breast Cancer Foundation’s Go-Have-1 Campaign. Despite this, not enough women participate in breast cancer screening in BC. Currently, only 47% of all eligible women in BC receive an annual mammogram. If 70% of women in BC between the ages of 50 and 69 went for an annual mammogram, breast cancer deaths could be reduced by as much as one quarter (Canadian Cancer Society Statistics, 2006). Targeted resources are required in order to raise public awareness and bring mammography participation rates in BC up to 70%.

The Ministry of Health should maintain its financial commitment to the Screening Mammography Program of BC and the Go-Have-1 Campaign, and target resources to increase public awareness and bring up mammography participation rates in BC to 70%.

iii. Cervical Cancer Screening and the HPV Vaccine:

BC had the first organized population-based cervical cancer screening program in the world. In place since 1949, the program currently screens 71% of eligible women in BC, and has succeeded in reducing incidence rates from cervical cancer by over 70% (see http://www.bccancer.bc.ca/PPI/Screening/Cervical/default.htm).

We are hopeful that BC’s cervical screening program will be enhanced, and that the Ministry of Health will heed the recommendations of the Provincial Health Officer, and expand the provincial vaccination program, beginning in September 2008, to include the vaccine for human papilloma virus (HPV) for grade 6 girls, and for grade 9 girls for the first three years of the program (to cover girls in grades 7, 8 and 9 when the program starts).

A critical risk factor for developing cervical cancer is HPV infection of the cervix. Two strains of HPV are responsible for approximately 70% of cervical cancers.
In July 2006 Health Canada approved a vaccine that prevents infection with the strains of HPV commonly associated with cervical cancer. The federal government has allocated $300 million to assist provinces and territories in launching a HPV immunization program in their jurisdictions.

Ontario, Nova Scotia, Prince Edward Island and Newfoundland have all announced plans to start this fall through their respective provincial in-school vaccination programs.

The Canadian Cancer Society believes the vaccine should be available and affordable to the public. The HPV vaccine can prevent about 70% of cervical cancers and has the potential to substantially reduce both new cases and deaths from this disease. The Provincial Health Officer has said that he thinks inoculating girls against HPV could reduce the number of women who get precancerous lesions as a result of the HPV by 70%. The vaccine will be particularly important in the Aboriginal populations, as research indicates that Aboriginal women tend to have higher cervical cancer rates than the general female population.

While the vaccine is good news for women, the Canadian Cancer Society continues to recommend that women be screened for cervical cancer, by having a Pap test and pelvic examination every 1 to 2 years. The HPV vaccine should be viewed as a complement, not a replacement for, cervical cancer screening.

### 7. Decrease Drug Costs

The financial burden associated with cancer is directly affected by escalating drug costs, which costs are also a major driver in the increasing health care costs that the BC government is witnessing. All British Columbians should have access to appropriate, affordable, high-quality and timely services, regardless of where they live or whether the drugs are delivered in hospital or in the community. National standards for the provision of drugs that are required in the medical management of cancer should be established. The Premier is to be commended for the leadership role that he has played in this area to date. The BC government should continue to contribute to a National Pharmaceuticals Strategy that will address these issues, including improving consensus around formulary guidelines.

The British Columbia Cancer Agency has established a centralized purchasing system for cancer drugs, which has allowed negotiation of reduced prices for both oral and IV cancer therapies. Similarly, the BC government should implement strategies to obtain best prices for drugs and vaccines, such as ‘bulk-centralized’ purchases, and also ensure that drug companies compete on price.

The Ministry of Health should recommend to the BC government that it:

- a) contribute to the National Pharmaceuticals Strategy to create, update and disseminate national standards for the provision of drugs required in the medical management of cancer.
- b) ensure that drug companies compete on price; and,
- c) implement innovative strategies to keep drug costs down, such as ‘bulk-centralized’ purchases.
8. Improve Access to Hospice Palliative End-of-Life Care

Most health care costs are incurred in the last 6-12 months of a person’s life. During this time, many health care services are delivered in a person’s home. This shifting of care from the hospital to the home creates many challenges for patients and their families, including the costs of care (supports, professional services, medications, etc). Providing affordable, high-quality home care and hospice palliative end-of-life care to all British Columbians through the publicly-funded health care system can be cost effective, and is the right thing to do. The term hospice palliative end-of-life care is used to denote that such services should begin when it is determined that a person has a deteriorating illness that will lead to death, and may be provided at any time through the spectrum of illness, from diagnosis to beyond the process of dying and bereavement, and impacts cancer and non-cancer patients.

Currently, Manitoba, Quebec, and Ontario are the only provinces which have designated hospice palliative end-of-life care as a key service under their provincial health plans. In other provinces, hospice palliative end-of-life services are included within home care or other health service budgets, leaving them more vulnerable to competing priorities and cutbacks. The BC Ministry of Health approved and released “A Provincial Framework for End of Life Care” in May 2006. This framework provides direction and guidance to help ensure that high quality hospice palliative end-of-life care will be available to all British Columbians who require this care through the mainstream provincial health care systems. Hospice palliative end-of-life care should be designated as a core service under the BC Ministry of Health. Health Authority performance agreements should include this important and neglected area. Minimal service level requirements should be defined, and integration between acute and community care is vital. While this would increase access to care and information for cancer patients, their families, and other caregivers, it would obviously help those dying of other diseases.

The Canadian Cancer Society also supports establishing national standards for home care and hospice palliative end-of-life care delivery programs. These standards will ensure that all British Columbians have access to quality and timely home care services, which will mean improved quality of life, and a dignified death in those situations where death is the only outcome.

The Ministry of Health should designate, provide, and fund hospice palliative end-of-life care as a core service within BC, as outlined in the Ministry of Health report “A Provincial Framework for End of Life Care” (May 2006).

The Ministry of Health should recommend to the BC government that it contribute to and support national standards for home care and hospice palliative end-of-life care delivery programs.

9. Increase Access to Cancer Care in the North

Cancer is a critical issue for Northern British Columbians. Northern BC has the highest mortality rate in the province from all forms of cancer, and cancers are the second leading cause of death among northerners. The number of cancer diagnoses is expected to climb by 40% from 1,000 per year in northern BC to 1,400 by the year 2015. Currently, there
are an estimated 8,000 northerners living with cancer and this number is expected to increase by 2015 to 11,000.

The Northern Cancer Control Strategy is a joint initiative of Northern Health and the BC Cancer Agency. The main purpose of the Strategy is to improve the health outcomes for northern British Columbians, by reducing the number of new cases of cancers, improving survival rates among people affected by cancer, improving quality of life for those living with cancer, and improving access to cancer care services for northerners. The Canadian Cancer Society strongly supports the development and implementation of the Northern Cancer Control Strategy in Northern BC. We applaud the Ministry of Health for recently expanding oncology services in the north. The recent opening of a new community cancer unit at the Quesnel hospital will improve access to cancer care for northern region residents. The Canadian Cancer Society looks forward to continuing to work with Northern Health and the BC Cancer Agency in the ongoing development and implementation of the northern cancer program.

In addition, to ensure equity in accessing cancer care services, the Northern Cancer Control Strategy must serve the entire Northern population. This will only be feasible if travel and accommodation assistance is provided. Referral patterns will not change if these challenges are not addressed effectively. To ensure equity in accessing cancer care, the Ministry of Health should ensure that Northern Health provides financial assistance to northern cancer patients for travel and accommodation related to cancer treatment.

**Conclusion**

The recommendations contained in this submission will help to reduce the incidence of chronic diseases, like cancer, in BC, as well as help the BC government achieve its goal of becoming the healthiest jurisdiction to host the 2010 Winter Olympic and Paralympic Games.

The Canadian Cancer Society is committed to reducing the incidence of preventable cancers caused by the common risk factors such as tobacco use, unhealthy weight, unhealthy eating, and physical inactivity by, among other things, advocating for healthy public policies that create supportive environments. Investment in primary prevention has great potential to reduce the burden of cancer and improve the health outcomes of British Columbians, thereby contributing to the sustainability of the health care system.

The Canadian Cancer Society looks forward to working with the Ministry of Health, and the BC government, in partnership, in the months and years to come. Not only will we then have a healthier province for the world to see in 2010, but we will also have a sustainable health care system for generations to come.