



Canadian Cancer Society
Société canadienne du cancer

Canadian Cancer Society Response to Protect, Support and Recover from
COVID-19 Act (Budget Measures), 2020
Submission to the Standing Committee on Finance and Economic Affairs



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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. In 2018, we funded \$40.4 million in ground-breaking research, invested \$52.6 million in trusted information and compassionate and practical support to people with cancer and their families, and helped shape health policies to prevent cancer and support those living with the disease. With almost 1 in 2 Ontarians expected to develop cancer in their lifetime, it is vital we work together to strengthen our efforts to reduce the cancer burden in Ontario.

Those with cancer are among the most vulnerable in our communities right now and are at greater risk of more serious outcomes from COVID-19. While the immediate impact is easy to understand, the long-term effects will be equally devastating. As Ontario begins to resume services, there will be a significant backlog to our healthcare system with cancer patients who have gone untreated, hopeful their cancer hasn't spread. The COVID-19 pandemic highlights the importance of continuing our efforts to improve treatments, early detection, prevention, and increase access to critical support programs. Now, more than ever, the Ontario government must commit to the cancer cause.

CCS recommends the following amendments to Bill 229, Protect, Support and Recover from COVID-19 Act (Budget Measures), 2020

- 1) Increase support available to people suspecting cancer, living with the disease, as well as survivors and caregivers;
- 2) Implement a cost recovery fee on the tobacco industry to pay the full cost of smoking cessation and enforcement of untaxed tobacco in Ontario;
- 3) Amend Schedule 12, the Film Content Information Act, to include evidence-based measures to reduce youth exposure to smoking and vaping in movies.

Increase support available to people suspecting cancer, living with the disease, as well as survivors and caregivers

Prior to the pandemic, it was estimated that there will be an estimated 225,800 new cancer cases and 83,300 cancer deaths in Canada in 2020—this is a health issue of great consequence and universal concern. Our surveys show that almost half of patients' report having their cancer care appointments postponed or disrupted because of COVID-19. Results of a study involving Canadian cancer patients published recently in the British Medical Journal suggest that people whose treatment for cancer is delayed by even one month have about a 10% higher risk of dying. The risk varies from 6 to 13% depending on cancer type and type of treatment. Risk also increases the longer it takes for treatment to start.



While we continue to support Ontario's increased investments to reduce the surgical backlog in Ontario, more support is required to ensure the unique needs of people impacted by cancer and their loved ones are not forgotten during this pandemic. The following initiatives will help address immediate needs and foster success in cancer care long after the pandemic is behind us.

- Resume all organized cancer screening programs for breast, cervical and colorectal cancers at full capacity and all efforts must be made to not pause their delivery again;
- Prioritize rapid access to diagnostics for those suspected of having cancer;
- Adopt solutions to address the clinical backlog and reduce wait times, especially for postponed cancer screenings and delayed cancer surgeries;
- Integrate psychosocial support for people with cancer, survivors and caregivers into models of care;
- Ensure that Ontarians with cancer have timely access to high-quality, person-centered palliative care and end-of-life care regardless of their age or where they live;
- Recognize caregivers as an essential part of the health care team, regardless of their age or where they live;
- Expand public coverage of take-home cancer drugs in Ontario and work with the federal government to address drug shortages to ensure access to cancer drugs without financial hardship;
- Ensure data monitoring and research that has a focus on the long-term impact of public health measures and the health system response on Ontarians with cancer and their caregivers;
- And ensure access to transportation and accommodations to help people get to and from cancer appointments.

Implement a cost recovery fee on the tobacco industry to pay the full cost of smoking cessation in Ontario

Tobacco use continues to be the leading preventable cause of cancer in Canada. Smoking is responsible for an estimated 30% of all cancer deaths in Canada.¹ Each year, cigarette smoking claims 16,000 lives in Ontario. Based on 2012 estimates, smoking costs Ontario \$2.26 billion each year in direct health care costs.²

Schedule 44 of the Budget Measures Act opens and makes amendments to the *Tobacco Tax Act, 1990*. In addition to the measures outlined in Schedule 44, CCS requests a cost-recovery fee on the tobacco industry to recover the full cost of tobacco control initiatives in Ontario. Tobacco companies can be mandated to pay the fee based on market share. The fee would generate approximately \$44 million in annual revenue for the Ontario government

¹ Canadian Cancer Statistics Advisory Committee. "Canadian Cancer Statistics, 2019". Toronto, ON: Canadian Cancer Society; 2019. Available at: cancer.ca/Canadian-Cancer-Statistics-2019-EN.

² Dobrescu, Alexandru, Abhi Bhandari, Greg Sutherland, and Thy Dinh. The Costs of Tobacco Use in Canada, 2012. Ottawa: The Conference Board of Canada, 2017.



to cover the cost of the Smoke-Free Ontario Strategy, not to mention the additional existing costs of enforcement of the *Tobacco Tax Act*, as later described.

A cost recovery fee is similar to the U.S. Food and Drug Administration tobacco strategy fee (in place since 2009) and the Canadian federal cannabis annual regulatory fee. Manitoba, Quebec, and New Brunswick each have a provincial cost recovery mechanism in place for cannabis. According to a 2019 Ipsos poll, 92% of Ontarians support making the tobacco industry pay for programs to reduce smoking. Over a five-and-a-half-year period, 2014 to 2019 inclusive, the tobacco industry increased prices by \$17.40 per carton, net of taxes, now generating \$2 billion in incremental revenue per year that should be going to governments.

Bolster Action Against Untaxed Tobacco

In addition to recovering the costs for tobacco control initiatives, the cost recovery fee can be expanded to recover the costs of enforcement of untaxed tobacco in Ontario. Tobacco taxes are widely acknowledged to be the most effective tool to reduce smoking rates.³ The rate of contraband tobacco is higher in Ontario than in any other province. To this end, CCS supports the Ontario governments ongoing consultations on untaxed tobacco and has raised the cost recovery fee at this table. CCS supports the government's efforts to consult on untaxed tobacco and urges quick and decisive action. CCS will continue to participate in the consultation and offer evidence based, public health solutions to address untaxed tobacco in Ontario.

Amend Schedule 12, the Film Content Information Act, to include evidence-based measures to reduce youth exposure to smoking and vaping in movies

Health organizations internationally, including the World Health Organization and the United States Surgeon General, have drawn a causal link between smoking that is seen on screen and youth smoking initiation. As noted by the Ontario Tobacco Research Unit, "A meta-analysis pooled five US studies to obtain an overall population attributable risk estimate of 37% for adolescent smoking due to exposure to tobacco imagery in movies, meaning that 37% of youth smokers in the population are recruited to smoking due to seeing smoking in movies."⁴

Section 12 enacts the *Film Content Information Act, 2020*. The *Film Content Information Act, 2020* replaces longstanding legislation governing movie ratings in Ontario under the *Film Classification Act, 2005*. In effect, this change eliminates mandatory age-based movie ratings in Ontario. This builds on the government's elimination of the Ontario Film Authority last year, which had authority over film classification. We recommend that the government amend the proposed *Film Content Information Act, 2020* to:

- I. At a minimum, content warnings for films must include warnings regarding depictions of tobacco and vaping use and its harms.

³ World Health Organizationm. "Taxation." May 30, 2019. <https://www.who.int/tobacco/economics/taxation/en/>.
Ontario Tobacco Research Unit, "Youth Exposure to Tobacco in Movies in Ontario, Canada: 2002-2018", June 2019,
4. https://www.otru.org/wp-content/uploads/2019/07/special_sfm_2019.pdf



The proposed *Film Content Information Act, 2020* only states the content warnings “may include” depictions of smoking or vaping, or any of the other suggested criteria in the content warning. The World Health Organization describes “general requirements that rating bodies merely ‘consider’ smoking in films without also providing specific guidelines” as “problematic” because such descriptors “...fail to convey the harmful effect of a film’s smoking imagery.”⁵ At a minimum, the research suggests in order to be effective, it must be mandatory for exhibitors to share the information regarding a suggested age for the intended audience for the film as well as the presence and harms of smoking and vaping to be included in the content warning, rather than just an example exhibitors may include in a content warning. As such, at a minimum we recommend mandatory content warnings on all films depicting smoking and vaping.

- II. The appropriate Ministry immediately establish a consultation process to evaluate effectiveness of an age-based rating system as opposed to the proposed information disclosures.

The government should consult on the merits of an age-based rating system broadly before making the proposed changes in the *Film Content Information Act*. The evidence suggests adult ratings for films depicting tobacco serve as a deterrent for the film industry to produce and distribute movies with smoking and vaping content. According to the Breathe California-UCSF Onscreen Tobacco Database, from 2015 to 2019, R-rated films grossed half (49%) as much at the domestic box office as PG-13 films. Higher ratings can also limit the value of contracts for the film’s “downstream” revenue from foreign cinema distribution, physical, and electronic home video media and syndication. An adult rating creates a market disincentive for the film industry to include smoking and vaping use all together in its movies. We believe it is critical that the depictions of smoking and vaping be included as part of the information that is considered in terms of whether a movie is appropriate for a given audience, particularly a movie otherwise geared toward children or younger audiences. A consultation will allow for the government to consider these impacts before it makes its final decision.

Contact Information

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⁵ World Health Organization, “Smoke Free Movies: From Evidence to Action, Third Edition” (2015), 28. <https://www.who.int/tobacco/publications/marketing/smoke-free-movies-third-edition/en/>