# Comprehensive Tobacco Control Strategy

## *Addressing Nova Scotia's most preventable health challenge*

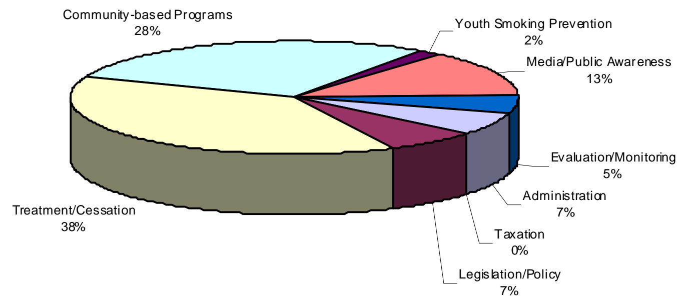
### Summary of Issue

Tobacco use is Nova Scotia's number one preventable health problem. Tobacco use causes over 1,600 deaths each year in Nova Scotia. Recent studies have estimated the costs of tobacco use to the health care system to be in excess of $168 million - the cost to families, communities and individuals are beyond measure.

The provincial government currently spends approximately $1.5 million as of FY 02/03 on the Comprehensive Tobacco Control Strategy (the provincial government introduced its tobacco control strategy in October 2001 - the strategy can be found at: http://www.gov.ns.ca/health/downloads/tobacco.pdf)

Based on our understanding, the funding is currently allocated as follows:

| ITEM | ALLOCATION |
|---|---|
| Taxation: | no allocations |
| Legislation/Policy: | $100,000 |
| Treatment/Cessation: | $575,000 |
| Community-based Programs: | $425,000 |
| Youth Smoking Prevention: | $25,000 |
| Media/Public Awareness: | $200,000 |
| Evaluation/Monitoring: | $75,000 |
| Administration: | $100,000 |




**Total: $1.5 million**

There are encouraging signs that tobacco use is now considered a more serious public and political concern. A number of new programs, services, policies and legislation have been developed and adopted over the last two years. The increases in tobacco taxes also represent a significant step in reducing tobacco use. This attention taken together has led, in part, to a decrease in smoking prevalence rates in Nova Scotia to 22% from 30% two years ago.

### Best Practices in Tobacco Control

The US Centers for Disease Control (CDC) produced a paper in 1999 entitled, *Best Practices in Tobacco Control* aimed at assisting individual states determine how to use increasing levels of funds to reduce tobacco use.

*Best Practices in Tobacco Control* (http://www.cdc.gov/tobacco/bestprac.htm) examined the accumulated experiences of US states in reducing tobacco use and discovered that states which implemented a comprehensive, multi-faceted strategy

were more successful than states which employed programs that were more stand-alone in nature.

*Best Practices in Tobacco Control* was used as the basis for shaping Nova Scotia's multi-faceted Comprehensive Tobacco Control Strategy. Nova Scotia's 7-point strategy is consistent with the advice given by the CDC, except when we consider funding guidelines. *Best Practices* recommends that a jurisdiction the size of Nova Scotia (approximately 1 million people) should invest a minimum $US10 per capita. In Canadian dollars, this equates to roughly $15 per capita.

To move forward and fund innovative programs and services for the benefit of the health of Nova Scotians, the provincial government must invest more resources in tobacco control - consistent with the funding recommendations outlined by the Centers for Disease Control. A minimum investment of $2.825 million in FY 03 / 04 would be required to continue reducing tobacco use in Nova Scotia and constitute a first step towards fulfilling the recommendations of the CDC.

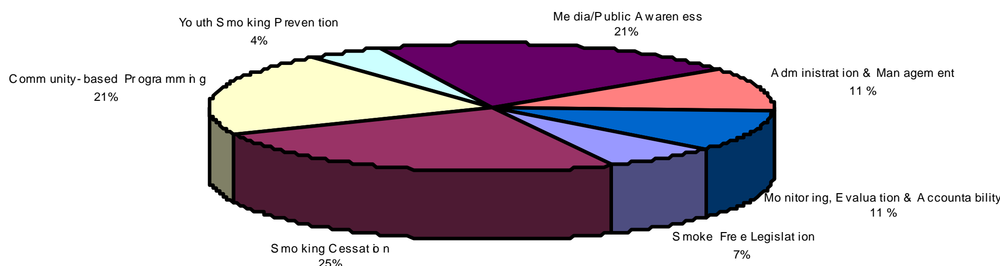
## Recommendations

The Canadian Cancer Society, Nova Scotia Division recommends the provincial government fund the Comprehensive Tobacco Control Strategy adequately and appropriately in the manner outlined below. These funding recommendations include where applicable pre-existing funding allocations.

## Overview of Recommended FY 03 / 04 Funding Levels

| ITEM | ALLOCATION |
|---|---|
| Smoke Free Legislation: | $200,000 |
| Smoking Cessation: | $700,000 |
| Cessation ($500k) | |
| Pharmacological Aids ($200k) | |
| Community-based Programming: | $600,000 |
| Youth Smoking Prevention: | $125,000 |
| Media Awareness: | $600,000 |
| Administration/Management: | $300,000 |
| Monitoring, Evaluation & Accountability: | $300,000 |

**TOTAL $2,825,000**



## Smoke Free Legislation $200,000

- Enforcement of the *Smoke Free Places Act* is the responsibility of a number of government agencies and departments. The Canadian Cancer Society – Nova Scotia Division supports the use of the food safety and Alcohol and Gaming inspectors to enforce the *Smoke Free Places Act* – especially since these agencies have regular contacts with those establishments and facilities that fall under the purview of the *Act*.

- A periodic review should be established to determine the degree to which this type of enforcement mechanism is effective and make appropriate recommendations for change if and when necessary.

- Establish a financial assistance envelope of $200,000 to help municipalities who have or are considering adopting smoke free by-laws that fill the gaps left open by the province's *Smoke Free Places Act*.

## Smoking Cessation $700,000

- **$500,000** to ensure each district dedicates an Addiction Services counselor who can work with individual smokers to build quit plans and communities to develop cessation strategies.

- **$200,000** for appropriate interventions to assist smokers in quitting. The need may arise to provide pharmacological aids for Nova Scotians. If an Addiction Services Counselor discovers such a need these aids should be made available free of charge.

## Community-based Programming $600,000

- Funding would continue to be directed to dedicating staff in each district, financial support to tobacco control groups and provide necessary regional skill-building workshops as necessary.

## Media Awareness $600,000

- Media and public awareness campaigns are a critical element of the Comprehensive Tobacco Control Strategy. These types of campaigns inform the public about the dangers of tobacco use and exposure to second hand tobacco smoke. Media campaigns can also draw the public's attention to the action communities and individuals can take to reduce tobacco use in Nova Scotia.

### Youth Smoking Prevention $125,000

- **$50,000** to continue adequately supporting the in-school Smoke Free For Life program and other effective youth smoking prevention initiatives.

- **$75,000** to continue funding enforcement of the *Tobacco Access Act* until a review of the enforcement program of the *Tobacco Access Act* is undertaken in Nova Scotia. Currently, enforcement of the *Act* is divided between the province and Health Canada.

### Administration and Management $300,000

- The US Centers for Disease Control has consistently recommended that governments should not neglect or underestimate the importance of establishing strong management structures to facilitate the coordination of the various components of the strategy. We recommend the Office of Health Promotion hire additional staff persons to assist with the coordination of provincial and community tobacco control programs across the province.

### Monitoring, Evaluation & Accountability $300,000

- In order to track the impact of the Strategy, funds are needed to determine regional and local tobacco use level in order to make adjustments, when necessary, in the strategy's direction and demographic focus.

# Tobacco Taxes

## *A proven way to significantly reduce tobacco use*

### Summary of Issue

Analysis conducted by a number of respected experts (http://www.nsra-adnf.ca/english/oct99taxrep.html) clearly shows that increasing tobacco taxation is the best single step to take to reduce tobacco use.

Research shows that a 10% price increase typically leads to a 3 - 4 % reduction in the number of smokers. This figure has been shown to rise to 6 - 8% in the case of young people – a market segment that are particularly sensitive to price.

We applaud the Government of Nova Scotia for its leadership on tobacco taxes.

The five tobacco tax increases since 1999 are an important reason why we have experienced decreases in tobacco consumption in Nova Scotia. However, it is important to remember that tobacco taxes are only one component of a comprehensive tobacco control strategy.

### Recommendations

- The provincial government should continue to increase tobacco taxes either in coordination with other provinces or unilaterally.

- We recommend that any tobacco tax increase should also be automatically followed by a dedicated increase to the tobacco control strategy (consistent with our funding recommendation of $2.825 million) and other health promotion initiatives (as outlined in the coming pages).

# Access to Medications and Treatments

## *Ensuring no Nova Scotian goes without the care they need*

### Summary of Issue

Every day 14 families in Nova Scotia will receive the devastating news that a loved one has been diagnosed with cancer. Some of these families will have adequate medical coverage. Others will be even more devastated when they learn that their personal coverage is not adequate or that the public plan does not cover "out of hospital" expenses.

During an era when costly treatments are increasingly being administered at home or in the community, restricting the coverage of necessary medications and treatments to a hospital setting has not kept pace with transformations in health care delivery.

Although the shift to greater community and home care is encouraging, the health care infrastructure simply is not meeting the needs of cancer patients. Cancer patients are especially vulnerable to assuming an unmanageable financial burden if they are either without private medical coverage (because they are self-employed, their place of work does not offer medical benefits or their private medical benefits are insufficient to cover the full extent of drug costs) or do not qualify for a select number of government assistance programs such as seniors pharmacare or community assistance.

Coverage for medically necessary out of hospital drugs and treatments is a significant problem in Nova Scotia. Health Canada recently commissioned a study to examine the extent of the problem. The study discovered approximately 25% of Nova Scotians have inadequate or no medical coverage for the "catastrophic" costs associated with out of hospital medically necessary drugs and treatments.

### A Continuing Challenge to Cancer Patients Despite Government Assistance

The provincial government has attempted to address the problem of cancer patients without medical coverage. Unfortunately, these programs do not accurately depict an individual person/family's living conditions, requirements or overall setting. As a result, artificially low income eligibility ceilings are set, continuing to leave many cancer patients without the medical coverage they need.

There are two "means tested" programs offered by two different government departments. The Department of Community Services' Boarding, Transportation and Ostomy program (BTO) endeavours to help cancer patients offset some of the costs related to their treatment. The eligibility formula, however, relies on a means test that does not consider the true living costs of providing basic necessities such as heat, water and power.

The other program is offered by the Department of Health. The Drug Assistance for Cancer Patients (DACP) program permits patients with a *maximum gross family income* of $15,720 to access the program, if they do not have coverage from any other source. DACP includes coverage for oral chemotherapy agents and medications to control pain, nausea or other side effects related to the patient's treatment. DACP does not cover, however, the costs of nutritional supplements, rehabilitative or incontinent supplies, all critical supports necessary in the progress of a patient's treatment.

One could be led to believe that as DACP is a means tested program, the $15,720 gross family income eligibility level is consistent with objective standardized measures of people's quality of life, such as Statistics Canada's low-income cutoff rate (LICO). The LICO is set according to the proportion of annual family income spent on food, shelter and clothing, see:
(http://www.statcan.ca/english/research/75F0002MIE/75F0002MIE2002005.pdf)

A family is considered "low income" when "its income is below the cutoff for its family size and its community." Yet, the LICO for a family of 4, depending on where they live, ranges from $24,502 to $34,455 far above the arbitrary gross family income eligibility level of DACP set at $15,720.

If DACP were consistent with LICO rates, we would automatically see an increase in the income eligibility levels for DACP. As well, eligibility would also need to take into consideration geographic location and the size of an individual's family. Regrettably, this is not the case.

## The Provincial Government's Recognition of the Problem

In a letter from then Minister of Health Jamie Muir on March 2, 2000, the Canadian Cancer Society – Nova Scotia Division was reassured that the eligibility level for DACP (at the time it was called the *Treatment Drug Assistance Program for Cancer Patients*) would be "reviewed as part of an initiative that will consider the broad issue of drug coverage for Nova Scotians."

The Minister continued that the review would "examine options to standardize the existing 'patchwork' of provincially funded drug programs, as well as options to address the issue of drug coverage for groups where no provincial assistance currently exists." As far as we have been able to gather, if a review of these programs was in fact conducted, the conclusions drawn about the problems of drug coverage in Nova Scotia or the options for addressing these problems were never made public for independent scrutiny or debate.

The provincial government has recognized the problem of drug coverage in its presentation to the Romanow Commission last year in the following manner (http://www.gov.ns.ca/health/downloads/romanow.pdf):

> The CHA (Canada Health Act) needs to be modernized to reflect current treatment delivery and adequate reimbursement for the wider spectrum of health services, including long term care, home care and pharmaceuticals.

The government's submission goes on to recommend that:

> Canadians have some insurance/assistance for pharmacare, home care and long-term care. The CHA should include coverage for all of the parts of the health care system, but it should be the same level of coverage across the country.

### The First Ministers' Accord on Health Care Renewal

The recent adoption of the *Accord on Health Care Renewal* by the First Ministers (http://www.scics.gc.ca/pdf/800039004_e.pdf) recognizes that funding will be allocated to ensure that "no Canadian should suffer undue financial hardship for needed drug therapy. Accordingly, as an integral component of these reforms First Ministers will take measures, by the end of 2005/06, to ensure that Canadians, wherever they live, have reasonable access to catastrophic drug coverage."

Although few details have been made public concerning how new funds committed by the First Ministers' agreement will be allocated in Nova Scotia, we are hopeful that the provincial government will work with concerned community groups, including the Canadian Cancer Society and members of the Health Charities Network, to plan the most appropriate mechanisms to ensure that the financial burden for cancer patients, indeed all Nova Scotians, is reasonable and manageable.

### Recommendations

First and foremost, the provincial government should ensure that no Nova Scotian who is diagnosed with cancer has to face the extraordinary financial burden of acquiring the medications and treatment supports they need during the course of their treatment.

Equitable access to medications should be based on what is medically necessary to present a patient with the best possible outcome regardless of whether the medication or treatment is administered in a hospital or in the community.

Although the First Ministers' *Accord on Health Care Renewal* commits funding to catastrophic drug coverage to be allocated by the end of 2005 / 2006, steps can nevertheless be taken in the FY 03 / 04 budget to better the circumstances in which some cancer patients find themselves:

- The provincial government should as a first step increase the income eligibility levels of DACP and BTO in order to be more consistent with Statistics Canada's low income cutoff rates (LICO).

- The provincial government should expand the DACP to include all cancer medications, treatments, ostomy supplies, nutritional supplements, rehabilitative and incontinent supplies, prosthetics and board and transportation.

- The provincial government should review, as promised, the "patchwork" of provincially funded drug programs. The result of this review may conclude that all drug or patient support programs use the same eligibility criteria.

# Physical Activity Strategy

## *An effective way to reduce health risks*

### Summary of Issue

The recent release of "The Cost of Physical Inactivity in Nova Scotia" estimates the total direct costs of physical inactivity to our health system at $95 million. Indirect costs in terms of premature death, disability and lost productivity have been estimated at $336 million.

There is mounting evidence for the critical role physical activity plays in preventing cancer, including the following:

- Lack of regular exercise can lead to obesity. Obesity is associated with an increased risk of colorectal, prostate, breast, endometrial, kidney and gallbladder cancer;
- Women who lead active lifestyles may reduce their risk of breast cancer even if they only start exercising regularly after menopause;
- Physical activity can reduce the risk of colon cancer by at least 20 to 30 per cent;
- Evidence is growing for the role of physical activity in preventing prostate cancer; and,
- Two-thirds of Canadians are not active enough to maintain good health.

The release of the provincial government's *Active Kids/Healthy Kids Strategy* (AKHK) in October 2002 is a good beginning, but not adequate to address the costs of physical inactivity in Nova Scotia. The strategy requires additional funding and resources to make the necessary impact.

### Recommendation

- In presenting the *Active Kids/Healthy Kids* strategy and recommendations to the provincial government, health partners involved in the development of the strategy propose that the strategy receive $1.2 million in funding each year - $3.6 million over a 3-year period. The Canadian Cancer Society-Nova Scotia Division supports this proposal and believes that the provincial government should increase funding to meet this target.

# Chronic Disease Prevention Strategy

## *Addressing the enormous social, health and economic impacts of chronic disease in Nova Scotia*

### Summary of Issue

The economic, social and health impact of chronic disease in Nova Scotia needs to be re-examined. A recent estimate states that chronic disease costs Nova Scotia more than $3 billion in medical expenses and lost productivity each year. (http://www.gpiatlantic.org/pdf/chronicsumm/chronicsumm.pdf)

The provincial government is now working with groups from across the province to address the issue of the costs of chronic disease. Mandated by the Department of Health, the Unit for Population Health and Chronic Disease Prevention at Dalhousie University is leading and working with health groups to design a chronic disease prevention strategy. The strategy will examine how to develop best and effective practices in social marketing, community capacity building, healthy eating, healthy public policy, mental health and the role of health and wellness providers and professionals.

### Recommendations

- When the Chronic Disease Prevention Working Group completes its research/planning and puts forward recommendations, the Canadian Cancer Society – Nova Scotia Division will be asking that the provincial government act quickly on the recommendations, including the suggested levels of funding for programs and services.

- To ensure leadership on the implementation of the chronic disease prevention strategy, $500,000 should be dedicated either to the Unit for Population Health and Chronic Disease Prevention at Dalhousie University or the Office of Health Promotion in the Department of Health for surveillance, coordination and integration efforts.