Canadian Cancer Society

Alberta 2025-2026 Pre-Budget Consultation Submission

Submitted to Minister Horner
President of Treasury Board and Minister of Finance
on behalf of the Canadian Cancer Society

January 2025

Canadian Cancer Society

Executive summary

At the Canadian Cancer Society (CCS), we are committed to improving and saving lives. That's why we are always looking for new ways to prevent cancer, find it early and treat it more successfully. It's why we're always ready to give people with cancer and their caregivers the help and support they need to lead more fulfilling lives. We set ourselves apart from other cancer charities by taking a comprehensive approach against cancer, funding world-leading cancer research, providing a national support system, advocating for healthy policies and offering trusted cancer information.

Revealed in CCS's *Canadian Cancer Statistics: A 2022 special report on cancer prevalence*,[1] there are over 1.5 million people in Canada who are living with or beyond cancer. As more people live with and beyond cancer, Canada's already stretched healthcare systems continue to face challenges. These challenges extend to the entire cancer care system, impacting prevention, early detection, screening, diagnosis, treatment, palliative care, survivorship or recovery and end-of-life care, as well as research.

The number of people diagnosed with cancer is expected to increase dramatically in the years to come as our population grows and ages.[2] In 2024, 23,800 Albertans were expected to be diagnosed with cancer and 7,900 were projected to have died of the disease[3] compared to 23,200 diagnosed and 7,700 Albertans dying of cancer in 2023.[4] Without new investments and supporting policies, Alberta's healthcare system will be under-resourced to keep up with the growing number of Albertans who will be impacted by cancer. Investments must be made to ensure equitable and timely access to cancer care services and to create a sustainable healthcare system for all Albertans, regardless of where they live or where they receive care.

Alberta 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 for years to come. The burden of cancer is growing, and we need to work together to develop innovative solutions that will address the challenges that our healthcare system as well as cancer patients and their families are experiencing today and into the future. Improving cancer prevention and screening programming and policies as well as addressing the growing financial burden of out-of-pocket costs for cancer patients is vital in tackling the burden of cancer in Alberta. We hope as the healthcare system in Alberta embarks on another period of transition that innovative solutions to manage the growing burden of cancer will be prioritized and that seamless delivery of cancer care and support along the entire cancer journey is maintained and improved.

CCS's role in advocacy is to press for healthy public policies and programs that reduce the number of people diagnosed with and dying from cancer and enhance the quality of life for people in Canada who are living with all types of cancer. As the voice for Canadians who care about cancer, we are prepared to work in partnership with the Government of Alberta and all Members of the Legislative Assembly to make the recommendations in this document a reality.

About the Canadian Cancer Society

The Canadian Cancer Society works tirelessly to save and improve lives. We raise funds to fuel the brightest minds in cancer research. We provide a compassionate support system for all those affected by cancer,

Canadian Cancer Society

across Canada and for all types of cancer. Together with patients, supporters, donors and volunteers, we work to create a healthier future for everyone. Because to take on cancer, it takes all of us. It takes a society.

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Our Recommandations

The Canadian Cancer Society is calling on the Alberta government to adopt measures to address the gaps in the cancer experience - from prevention to screening and diagnostics, to treatment, to recovery and survivorship, and to palliative care and end-of-life. Our recommendations include the following evidence-informed and best practices approaches:

1) Affordability of Care

To ensure that no cancer patient and their family experience financial hardship during their cancer care journey, we recommend the Alberta government:

1.1) Ensure that no one with cancer worries about job security while undergoing treatment and recovery by extending unpaid job-protected long-term illness and injury leave to at least 26 weeks to align with the federal Employment Insurance (EI) sickness benefit.

1.2) Improve access to oncofertility services for children, adolescents and young adults affected by cancer by covering the upfront cost of fertility preservation procedures, including required medications, cost of ongoing storage and travel to and from the procedures.

1.3) Improve financial support for caregivers who are caring for loved ones with a serious illness by making the provincial portion of the Caregiver Credit refundable.

1.4) Improve access to medical travel supports for cancer patients and their families.

2) Early Detection

Early Detection

During this time of health system transition, now is the time to implement innovative solutions that can help reduce the burden of cancer on our health system and improve access to care. This includes finding cancers early when they are easier to treat. To help improve early detection of cancer in Alberta we recommend the Alberta government:

2.1) Review the latest colorectal cancer screening research and consider lowering the Alberta colorectal cancer screening program start age to 45 and provide sufficient

resources to the Alberta colorectal cancer screening program to improve and build program capacity.

2.2) Lower the self-referral start age to 40 for the Alberta breast cancer screening program and ensure there are sufficient resources to improve and build program capacity.

3) Cancer Prevention

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. This requires implementation of cancer prevention policies and programs that will help improve population health and reduce health disparities. We recommend the Alberta government:

3.1) At a minimum, adopt a once eligible, always eligible policy for HPV vaccination in the Alberta publicly funded catch-up program for individuals who missed the school-based immunization programs. This means that an individual who did not receive a publicly funded vaccine when first offered to them are still eligible to receive the vaccine at no cost.

3.2) Improve policies and programming that help reduce the alcohol consumption of Albertans and increase their awareness about the risk of cancer related to alcohol consumption.
- 3.2.1) Improve and update the Alberta Alcohol Strategy to include a full range of evidence-based interventions and policies. A strategy should be developed in partnership with key public health stakeholders and should be developed independently from the alcohol industry.
- 3.2.2) Implement enhanced health and safety messaging and signage requirements, including the risk for cancer and other chronic diseases related to alcohol consumption, at any outlet where alcohol is sold.

3.3) Implement a commercial tobacco and vaping products fiscal framework to reduce the affordability of commercial tobacco and vaping products, particularly for youth.
- 3.3.1) Implement a proportionate cost recovery fee on tobacco companies based on provincial market share percentage with revenue used to offset the cost the Alberta Tobacco and Vaping Reduction Strategy. This fee can be collected directly from tobacco companies.
- 3.3.2) Increase taxes on cigarettes by at least $10.00 per carton of 200 with proportional tax increases on smokeless and loose commercial tobacco products.
- 3.3.3) Implement a retail licensing and fee structure for commercial tobacco and vaping product retailers.
- 3.3.4) Implement an evidence-based strategy to curtail contraband tobacco.

Canadian Cancer Society

1) Affordability of Care

Cancer is one of the most significant challenges facing Canadians and our healthcare system. Beyond its devastating physical and emotional costs, it imposes a staggering financial burden on patients, their families, and caregivers. Cancer and its treatment are associated with reduced income as well as high health-related out-of-pocket costs, even in countries with a universal healthcare system like Canada.

Cancer is not something anyone plans for—certainly not something most Canadians budget for. Yet for two in five Albertans, it will become their reality. The average cancer patient in Canada faces nearly $33,000 in out-of-pocket costs over their lifetime.[5] In 2024 alone, people with cancer and their caregivers will shoulder 20 per cent of Canada's total cancer costs, amounting to $7.5 billion.[6] These figures are projected to rise to $8.8 billion annually over the next decade, driven by inflation and the growing number of people diagnosed with cancer in Canada.[7]

The financial costs of cancer are not felt equally. Families in rural and remote areas often pay more for travel and accommodations to access treatment, while low-income households face impossible choices, such as delaying care to cover basic needs. For caregivers, the unpaid labour they provide – though critical to cancer care – often comes at a great personal cost, with little recognition or financial relief. Action is needed to make cancer care not only more affordable but also more equitable.

We encourage the implementation of the following measures that will help ensure no Albertan experiences financial hardship during their cancer care journey.

1.1) Ensure that no one with cancer worries about job security while undergoing treatment by extending unpaid job-protected long-term illness and injury leave to at least 26 weeks to align with the federal Employment Insurance (EI) sickness benefit.

When someone faces cancer, their struggle is not just medical, but also financial. People living with cancer often face a reduction in income or a rise in expenses as well as increased risk of unemployment due to a cancer diagnosis.[8, 9,10,11,12] The increased anxiety and stress due to financial insecurity can impact a cancer patient's psychosocial wellbeing and can have adverse impacts on their mental and physical health as well as the quality of life of their families.[13,14,15] Providing adequate job protection for cancer patients as they receive and recover from treatment will help reduce financial insecurity and help patients heal and return to work as healthy and productive as possible. Currently, a person in Alberta who takes time off work due to long-term illness, such as cancer, risks losing their job after 16 weeks[16] of unpaid leave. This length of leave does not reflect the realities of cancer treatment and recovery.

Of those diagnosed with cancer in Canada, nearly 40% are in their working years (ages 20 to 64).[17] With a growing population and global studies showing a rising number of young adults being diagnosed with cancer,[18] we can expect that number will increase. That means cancer often comes at a time when people are likely paying down debt, supporting their families or planning for

retirement. Having adequate job-protected serious illness leave in place will help ensure that Albertans can access the cancer care they need without the added stress and worry caused by job loss and financial insecurity.

Extending unpaid job-protected long-term illness leave to at least 26 weeks aligns with the federal Employment Insurance sickness benefit that provides benefits to people unable to work due to illness or injury. In jurisdictions where unpaid job-protected long-term illness leave is less than the federal sickness benefit period, people accessing the benefit do so at the risk of losing their job. Aligning job-protected serious illness leave with the federal sickness benefit can help reduce the financial insecurity faced by cancer patients and their families by ensuring they have fulsome access to the benefits they need to help make ends meet during treatment and recovery.

Several jurisdictions in Canada have recently extended unpaid job-protected illness leave. Saskatchewan, Manitoba, Ontario, PEI, Nova Scotia, and Newfoundland and Labrador provide 27 weeks of unpaid job-protected serious illness leave. Quebec provides 26 weeks of unpaid job-protected illness leave. New Brunswick has conducted public consultations on extending provincial unpaid job-protected illness leave.

Extending the length of unpaid job-protected serious illness leave will demonstrate the Alberta government's commitment to reducing financial insecurity for all Albertans. Extending unpaid job-protected serious illness leave will help reduce barriers to cancer care, reduce the financial burden experienced by people affected by cancer, and ensure people with cancer have the time they need to heal and return to work as healthy and productive as possible. This is particularly important during this time of financial restraint. No Albertan should experience financial hardship during their cancer care journey.

1.2) Improve access to oncofertility services for adolescents and young adults affected by cancer by covering the upfront cost of fertility preservation procedures, including required medications, cost of ongoing storage and travel to and from the procedures.

The burden of out-of-pocket costs for cancer patients and their families is particularly difficult for the families of children, adolescents and for young adults. Cancer patients in young adulthood may experience difficulty in obtaining employment and of those who do find work, they are more likely than the general population to experience low-income, are more likely to be under-employed, and are more likely to be reliant on financial assistance programs.[19]

In 2020, 965 children under the age of 15 were diagnosed with cancer in Canada.[20] In 2023, 9,000 adolescents and young adults aged 15 to 39 years were diagnosed with cancer in Canada.[21] Cancer and cancer treatments, particularly at a young age, can damage the organs or glands in the body's sexual reproductive system, which may affect fertility or the ability to get/stay pregnant or get someone pregnant.[22] Sometimes, people can take steps to plan for fertility by freezing their eggs or sperm. This involves working with a fertility specialist or clinic. For example, in Alberta, at the University of Calgary, a new ovarian tissue cryopreservation program has been implemented that allows Albertan prepubertal patients with ovaries who are facing cancer treatments that may impact their fertility have the opportunity to preserve tissue allowing these patients the

possibility of having biological children in the future. Unfortunately, equitable and affordable access to fertility preservation services, such as the University of Calgary ovarian cryopreservation program, is inadequately addressed for child, adolescent and young adult cancer patients in Canada.[23,24] Currently, only a small fraction of newly diagnosed child, adolescent and young adult cancer patients in Canada can access fertility preservation services with affordability being a substantial barrier.[25]

Fertility preservation costs include the fertility preservation procedure, medications, long-term storage and future embryo transfer or in-vitro fertilization. This can pose a huge financial burden and barrier where these services are not subsidized. In Alberta, the costs of fertility preservation are not covered by health insurance. Alberta only covers the costs of fertility consultations and recommended follow-up tests. Utilization of fertility preservation depends on affordability, leading to inequitable access to fertility services.

The burden of infertility as a cancer complication is a potentially preventable problem and should be considered a standard of care. Addressing fertility concerns can help enhance the quality of life for cancer survivors, allowing them to plan for future families and reducing emotional distress related to infertility.[26] Supporting oncofertility has the potential to lead to long-term savings in healthcare costs by reducing the need for future interventions related to infertility and associated mental health issues. The Alberta government is in a leadership position to support life changing procedures for people with cancer that should not be an out-of-pocket expense and investing in oncofertility can help ensure that all cancer patients, regardless of socioeconomic status, have access to fertility preservation options, promoting health equity.

The Canadian Cancer Society recommends that the Alberta government cover the costs of the fertility preservation procedure, including required medications, cost of ongoing storage and travel to and from the procedure. The government should cover the costs upfront, prior to the procedure. However, as an important first step, the CCS supports the implementation of a fertility treatment tax credit, similar to the Fertility Treatment Tax Credit in Manitoba.[27]

The Alberta government should work with Cancer Care Alberta to assess the cost to government to include this important component of cancer care as a standard of care for child, adolescent and young adult cancer patients.

1.3) Improve financial supports for caregivers by making the Alberta Caregiver Credit refundable.

The number of people diagnosed with cancer is expected to increase dramatically in the years to come as our population grows and ages.[28] This is creating a growing burden on families, healthcare systems and our economy.[29] That's why it is so important that we have policies in place to support people living with cancer and the people who need to take time away from work to help care for them.

Caregivers, also known as unpaid or informal caregivers, provide support to loved ones who can be family members, friends, or neighbours, of any age and ability level. 1 in 4 Canadians aged 15

and older are currently caregivers for a loved one,[30] and 1 in 3 employees in the workforce are balancing their caregiving responsibilities with their employment.[31] It is estimated that 1 in 2 Canadians will be a caregiver at some point. [32]

Caregivers are the backbone of our healthcare system and when caregivers thrive our healthcare system thrives as well. Caregivers provide upwards of 75 percent of care to people receiving home care in Canada.[33] Caregivers usually do not receive compensation for the labour they do to care for their loved one and often incur additional expenses as a result of their duties. Caregivers face out-of-pocket expenses for costs related to transportation (i.e. parking), medical supplies, and professional services (i.e. personal care workers, respite, nursing services, homemaking) for their loved ones.[34] Caregivers in Canada spend 5.7 billion hours each year providing care and are estimated to contribute the equivalent of $97.1 billion annually to Canada's economy.[35]

Additionally, half of all caregivers are between 45-65 years old – the peak earning years in terms of employment and income potential.[36] Employed caregivers face additional challenges in balancing employment and caregiving commitments. In many circumstances, caregivers are also unable to work or must work reduced hours, leading to reductions in employment income with potential impacts on their future career opportunities and financial security, such as employment insurance coverage and pension contributions.[37] More than 60% of caregivers report facing additional challenges as they are attempting to balance paid employment and unpaid caregiving. Caregivers often face emotional distress, financial distress, social isolation and even physical health challenges as a result of their caregiving responsibilities. When asked, the most common types of support that caregivers with unmet needs[38] said they would have liked to have received were financial support, government assistance and tax credits (68%).

CCS recommends that the Government of Alberta provide financial support for caregivers who are caring for loved ones with a serious illness by making the provincial portion of the federal Caregiver Credit refundable.

Appropriate support for caregivers will allow our healthcare system to deliver more services at home or in the community, an approach that is often preferred by patients and families and lower the high costs associated with hospital care.

1.4) Partner with the CCS to scale up the CCS Travel Treatment Fund to reduce medical travel financial barriers for Alberta cancer patients and their families.

For Albertans facing cancer, accessing treatment should not be an additional burden. Yet, for those living in rural and remote areas, travel is almost always required to receive care, adding practical, emotional, and financial challenges to an already difficult journey.

For those outside urban centres, the costs of travelling for cancer treatment or related medical appointments—including expenses for different modes of transportation, parking, accommodations, and food—can be overwhelming, especially when extended absences from work are required. Without financial support the burden of travelling can negatively impact how early someone is diagnosed, what treatment they get, their finances and the quality of life for people

with cancer and their caregivers. [39,40, 41,42,43,44,45] People who must travel long distances for treatment are more likely to opt for surgery as opposed to radiation treatment, as radiation means more frequent appointments, a longer time spent away from home and therefore a greater financial burden. Patients who travel 80 km or more or 1 hour or more in driving time were associated with an increased risk of more advanced disease at diagnosis and poorer outcomes.

People with cancer and their caregivers should be able to get to cancer treatment or medical appointments by the transportation of their choice, and have accommodations if needed, without financial challenges. As caregivers play a crucial role in physical and emotional support and health care system navigation, it is important that they are able to accompany their loved one.

Cancer imposes a staggering financial burden on cancer patients and their families. As a result, we are urging the Alberta government to partner with the Canadian Cancer Society to expand our Travel Treatment Fund to include all Albertans.

For over 20 years, the Canadian Cancer Society has provided transportation support for Albertans facing cancer through programs like the Travel Treatment Fund. This program currently offers short-term financial assistance to cover some costs of travelling to cancer treatments. This includes expenses like fuel and taxi or public transit fares. It is available to people experiencing low household income who are currently receiving cancer treatment and live with a 75 km radius of Edmonton, Calgary, Red Deer and Lethbridge. With support from the Alberta government, we envision a program that can help provide transportation support to more Albertans living with cancer, including those in rural and remote communities, who must travel to receive cancer treatment. This form of program aligns the Focus Area 2: Access priority action area of access to transportation in the Rural Health Action Plan.

Together, we can reduce barriers to cancer care and help Albertans focus on healing, not on how they will get treatment.

2) Early Detection

As the health system refocuses, now is the time to implement innovative solutions that can help reduce the burden of cancer on our health system and improve access to cancer care. This includes finding cancers early when they are easier to treat. To help improve early detection of cancer in Alberta we recommend the Alberta government:

2.1) Review the latest colorectal cancer screening research and consider lowering the organized screening program start age to 45 and provide sufficient resources to the Alberta colorectal cancer screening program to improve and build program capacity.

In 2024, it is estimated that 2,250 Albertans will be diagnosed with colorectal cancer and 840 Albertans will die from it.[46] Incidence of colorectal cancer has drastically increased for individuals younger than 50, with the likelihood of a colorectal cancer diagnosis being 2 to 2.5 times greater compared to previous generations at the same age.[47]

Canadian Cancer Society

Early detection is essential to improving health outcomes for colorectal cancer. When diagnosed early (stage 1 or 2), 5-year survival exceeds 80%.[48] Like most cancers this probability declines with each stage reaching less than 15% at stage 4.[49]

As of September 2024, all provinces and territories except Quebec and Nunavut, currently have an organized colorectal cancer screening program for people aged 50 to 74 who are asymptomatic and at average risk of colorectal cancer. All jurisdictions now use a fecal immunochemical test (FIT) as the standard practice with a follow-up colonoscopy for a positive test. Organized programs increase screening participation, reduce colorectal cancer incidence, and lower mortality.[50] However, national participation rates remain below the national target of 60 percent. No province currently meets this target, highlighting the need for improved program resources.

While the Canadian Task Force on Preventive Health Care has not updated its colorectal cancer screening guidelines since 2016 and does not plan to do so before 2026, the growing body of evidence is suggesting that screening begin at an earlier age. While provincial and territorial governments have taken the important initiative to create colorectal screening programs, the task now falls to provincial governments to react and alter these programs when new evidence presents itself. With increasing trends of incidents of colorectal cancer in younger populations, provincial and territorial governments will need to adjust course to detect these cases at an early stage.

Given the increasing colorectal cancer incidence in younger populations, the CCS is recommending the Alberta government review the latest colorectal cancer screening research and consider lowering the organized program start age to 45. The government needs to provide sufficient resources to ensure the existing colorectal cancer screening program can reach current and future demands.

2.2) Lower the self-referral start age to 40 for the Alberta breast cancer screening program and ensure there are sufficient resources to improve and build program capacity.

In 2024, 3,300 Alberta women will be diagnosed with breast cancer, representing 28% of all new cancer cases, and 510 will die from it.[51] Breast cancer is the most diagnosed cancer and the second leading cause of cancer-related death among Canadian women.[52] Regular mammograms help find cancer early and lower the risk of dying from breast cancer.

All provinces and territories, except Nunavut, have screening programs available to women at age 50. Ontario, New Brunswick, Nova Scotia, British Columbia, Newfoundland and PEI allow self-referral starting at age 40. Saskatchewan and Manitoba will be dropping their self-referral age to 40 within the next 2 years. Alberta, NWT and Yukon allow women in their 40s to take part in screening but either require a healthcare provider referral for ages 40-44 or do not actively recruit for the program.

CCS is calling on provinces and territories to lower the self-referral start age for breast screening programs to age 40 for individuals at an average risk of developing breast cancer. Our recommendation reflects evolving evidence and calls for action from patients and advocates who are frustrated that women aged 40 to 49 are being excluded from breast screening as well as the national guidelines developed by the Canadian Task Force on Preventive Health Care (CTFPHC). The CTFPHC draft recommendations runs counter to the lived experiences of patients and the advice of a large cross section of the advocacy community. They concluded that the potential harms, including overdiagnosis and additional testing (false positives), outweighed the benefits of breast cancer screening for everyone in their 40s.

We know that an estimated 1 in 8 women in Canada is expected to be diagnosed with breast cancer in their lifetime and about 13% of breast cancer cases are diagnosed between ages 40-49.[53] When we look to international evidence, we know that more Black women with breast cancer are diagnosed before they are 50 years old, and they are more often diagnosed with later stage disease compared to other women.[54] Expanded access to breast screening is important to help ensure health equity and finding breast cancers early when chances of successful treatment are better.

"Do better and screen younger. I had just turned 40 and had symptoms for months and no doctor would even touch me. I got my first and only mammogram after I found my lump. Had I been screened younger I would have caught it much sooner."
Woman in Alberta who sought out medical care because of symptoms and was diagnosed and received treatment for stage 2 breast cancer.

Further investments in the screening program are needed and as access to screening expands, the Alberta government must make new investments to accommodate lowering the screening age as well as an increase in overall participation. This should include, but is not limited to, sufficient health human and financial resources for the program including mammogram technologist, radiologists and radiology support staff as well as screening program staff to support the existing program and its growth.

3) Cancer Prevention

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. This requires implementation of cancer prevention policies and programs that will help improve population health and reduce health disparities. We recommend the Alberta government:

3.1) At a minimum, adopt a once eligible, always eligible policy for HPV vaccination in the Alberta publicly funded catch-up programs for individuals who missed the school-based immunization programs. This means that an individual who did not receive a publicly funded vaccine when first offered to them are still eligible to receive the vaccine at no cost.

Canadian Cancer Society

In 2024, an estimated 160 Alberta women are projected to be diagnosed with cervical cancer and 45 will die of the disease. These outcomes are almost entirely preventable as virtually all cervical cancer is due the human papillomavirus (HPV) which can be prevented through the HPV vaccine. HPV vaccination is an important component of the Action Plan for the Elimination of Cervical Cancer in Canada, 2020-2030.

HPV vaccination is associated with a substantially reduced risk of invasive cervical cancer.[55] While HPV vaccines are recommended for people before sexual activity begins, research has shown that vaccinating young women in catch-up programs is effective for improving herd immunity and reducing the risk of developing cervical cancer.[56,57] Vaccination after onset of sexual activity is beneficial as the individual is unlikely to be infected with all HPV types in the vaccine.[58,59]

In Alberta, free HPV vaccines are offered through school-based immunization and catch-up programs. Children (all genders) receive the HPV in grade 6 and children who did not receive the vaccine in grade 6 will be offered it again in grade 9.[60] Individuals up to and including 26 years of age who did not receive the HPV vaccine in school can receive it for free through primary care and through some post-secondary health initiatives. Unfortunately, due to strict age-based criteria for the publicly funded HPV vaccination program, there is a substantial cohort of young Albertans that have missed out on this life-saving vaccine.

The cost of the HPV vaccine for Albertans 26 years and older can be a barrier for some Albertans. The vaccine can be purchased privately for $510 to $630. Not all health insurance plans provide coverage for the HPV vaccination.

The Alberta in-school HPV vaccination rate for final dose is 42.6% for females and 40.9% for males.[61] Manitoba, Prince Edward Island and Newfoundland and Labrador are the only provinces with a "once eligible, always eligible" policy. As a result, PEI and Newfoundland and Labrador have some of the highest HPV vaccination rates in the country.

The Alberta government has taken important steps creating a school-based HPV vaccination program and catch-up program. It is vital to expand access to HPV vaccinations to those who, through no fault of their own, may have missed receiving the vaccine due to restrictive qualification criteria.

3.2) Improve policies and programming that reduce the alcohol consumption of Albertans and increase their awareness about the risk of cancer related to alcohol consumption.

Alcohol is classified as a Group 1 carcinogen (cancer-causing substance) by the International Agency for Research on Cancer.[62] Drinking any type of alcohol increases the risk for at least 9 different types of cancer.[63] Evidence shows that regular alcohol consumption over time – even at low levels – increases the risk of developing alcohol-associated cancer.[64] The less alcohol a person drinks, the lower their cancer risk.

Many Canadians don't realize they are drinking unsafe amounts, as they underestimate how much they are drinking by up to 75%.[65] In 2015, 3,300 new cancer cases were due to drinking alcohol in

Canadian Cancer Society

Canada.[66] If the trend continues, the number of new cancer cases due to drinking alcohol will triple, increasing from 3,300 to 10,100 in 2042.[67]

In 2023, 63% of Albertans 15 years and over reported consuming alcohol in the past 30 days.[68] In 2020, alcohol contributed to 2,049 deaths in Alberta.[69] That same year, the costs associated with alcohol use in Alberta were $3.1 billion ($997 million of that sum spent on healthcare) which is higher than any other substance, including commercial tobacco, cannabis and opioids.[70] The government of Alberta operates with an alcohol deficit of $768 million per year, when accounting for both government revenue and societal costs (healthcare, lost productivity, criminal justice and other direct costs).[71]

3.2.1) Improve and update the Alberta Alcohol Strategy to include a full range of evidence-based interventions and policies. A strategy should be developed in partnership with key stakeholders and should be developed independently from the alcohol industry.

A comprehensive approach, which includes awareness, policy, and programming, is needed to reduce alcohol consumption in Alberta. Alberta's alcohol strategy has not been updated since 2010 and is inactive.

Alcohol strategies or action plans can help prioritize and coordinate alcohol reduction policies, programming, initiatives, and interventions under government leadership that can inform and help reduce the risks associated with alcohol consumption.[72] An alcohol strategy is integral to reducing alcohol-related harm, particularly the risk of cancer, and will help improve health outcomes in Alberta. Developed independently from the alcohol industry, an effective strategy should be endorsed by the government and developed and implemented in partnership with key stakeholders using a health equity approach with adequate and sustainable funding.

The advancement of policies, programs and interventions that help reduce alcohol consumption, including a provincial alcohol-specific strategy, is an important step toward reducing alcohol-related cancer risk and improving health outcomes in Alberta.

3.2.2) Implement enhanced health and safety messaging and signage requirements, including the risk for cancer and other chronic diseases related to alcohol consumption, at any outlet where alcohol is sold.

The Canadian Cancer Society believes Albertans have the right to clear and accessible information about the health and safety of the products they buy. Mandated and varied health and safety messaging at outlets where alcohol is sold can help inform the public about the risks of alcohol consumption, including cancer risks.[73]

Signage and messaging should include a variety of evidence-based warning messages (e.g., cancer risk, national alcohol guidance, etc.), be prominently displayed, and accompanied by pictorials and support consumers in making informed decisions about product use.[74]

Canadian Cancer Society

A March 2023 national Ipsos opinion survey conducted for the Canadian Cancer Society found that 9 in 10 Canadians support policies that increase public awareness about risks associated with alcohol and reduce its consumption.[75]

A greater understanding of the health risks posed by alcohol gives us the opportunity to make changes individually and as a society that can support longer and healthier lives.

3.3) Implement a commercial tobacco and vaping products fiscal framework to reduce the affordability of commercial tobacco and vaping products, particularly for youth.

- 3.3.1) Implement a proportionate cost recovery fee on tobacco companies based on provincial market share percentage with revenue used to offset the cost the Alberta Tobacco and Vaping Reduction Strategy. This fee can be collected directly from tobacco companies.
- 3.3.2) Increase taxes on cigarettes by at least $10.00 per carton of 200 with proportional tax increases on smokeless and loose commercial tobacco products.
- 3.3.3) Implement a retail licensing and fee structure for commercial tobacco and vaping product retailers.
- 3.3.4) Implement an evidence-based strategy to curtail contraband tobacco.

The Canadian Cancer Society recommends the implementation of a commercial tobacco and vaping products fiscal framework. A comprehensive approach, which includes policy and programing as well as fiscal measures, is required to prevent and reduce commercial tobacco use and youth vaping in Alberta. The Canadian Cancer Society is a member of the Campaign for a Smoke-Free Alberta, a coalition of public health organizations working together to reduce commercial tobacco use and youth vaping in Alberta. Further details on our position and recommendations on this topic are within the pre-budget submission submitted by the Campaign for a Smoke-Free Alberta.

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