

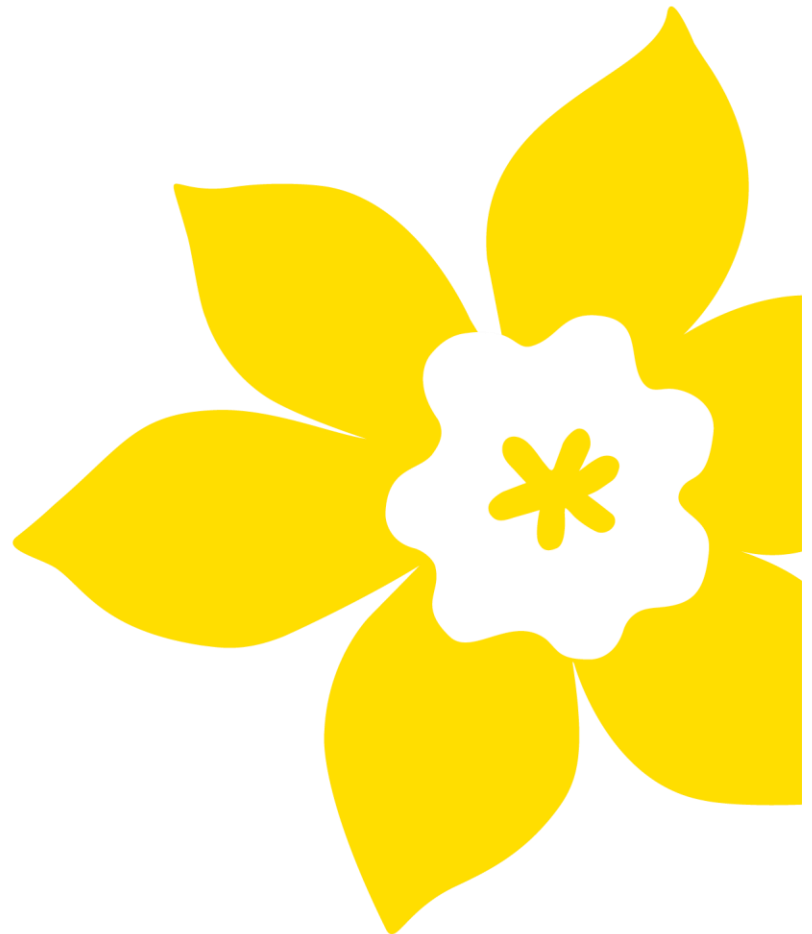


Canadian  
Cancer  
Society

# New Brunswick 2025-2026 Pre-Budget Consultation Submission

*Submitted to Department of Finance and Treasury Board on behalf of the  
Canadian Cancer Society*

February, 2025





## Executive Summary

New Brunswick finds itself at a pivotal moment, one where decisions made today about how and where the province invests in health and wellbeing will determine our ability to meet the growing challenges of tomorrow.

Thanks to critical investments in cancer research, better methods of detection and more effective treatments, New Brunswickers are living longer with cancer than ever before. Despite these advances, the number of people diagnosed with cancer is expected to increase dramatically in the years to come as the population grows and ages. As this trend continues, our healthcare system will face new challenges. These challenges span the entire cancer care system— impacting prevention, early detection, screening, diagnosis, treatment, palliative care, survivorship or recovery, end-of-life care and research. Without the appropriate investments and supporting policies, New Brunswick’s healthcare system risks becoming under-resourced to manage the growing number of New Brunswickers impacted by cancer. In 2024 alone, we anticipated 5,700 new cancer cases in New Brunswick, with an estimated 2,300 lives lost to the disease.<sup>1</sup> Immediate investments must be made to ensure equitable and timely access to cancer care services and to create a sustainable healthcare system for all New Brunswickers, regardless of where they live or where they receive care.

The Canadian Cancer Society (CCS) would like to acknowledge and applaud the Government of New Brunswick for emerging as a leader in expanding access to vital screening tools for New Brunswickers over the past couple of years, like the lung cancer screening program, replacing traditional Pap tests with human papillomavirus (HPV) testing, and the expansion of the breast cancer screening program, allowing women aged 40-49 to self-refer for a mammogram. We are also pleased to see the government’s commitment to implementing HPV self-sampling. Self-administered HPV testing, also known as self-sampling or at-home testing, may improve opportunities to reach under-screened and never-screened individuals and improve cervical screening program participation rates. These are all important steps to support early detection and increased likelihood of successful treatment. However, more can be done to further reduce cancer risks.

Beyond its physical and emotional toll, cancer often imposes significant financial burdens on New Brunswickers and their families. Despite living in a country with universal healthcare, many people with cancer face substantial out-of-pocket expenses for medications, prostheses, assistive products, post-operative supplies and caregiving needs – costs that are not always covered by private or public insurance. Moreover, the financial challenges of cancer are not felt equally. Deep disparities in cancer risk, care and costs can profoundly impact a person’s treatment, outcomes and overall experience.

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<sup>1</sup> Canadian Cancer Society. (2024). Summary of projected number of cancer cases and deaths in New Brunswick in 2024. Available at: [https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2024-statistics/2024-cmaj/2024\\_province-specific/nb-specific-stats-2024.pdf](https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2024-statistics/2024-cmaj/2024_province-specific/nb-specific-stats-2024.pdf)



For those in rural New Brunswick, these financial burdens are exacerbated by travel costs and difficulties in accessing care. Regular trips for oncology appointments, chemotherapy and radiation, and accommodations for long-distance travel further strain household budgets. These expenses come at a time when many patients are unable to work, leading to reduced income or no income at all.

These financial pressures hit hard, especially in today's economy, as the cost of living soars and millions of Canadians are struggling to make ends meet. The reality is cancer is not something we plan for – and certainly not something most people have budgeted for.

Yet for 2 in 5 New Brunswickers, it will become their reality. A 2024 report from by CCS reveals that the average cancer patient in Canada faces nearly \$33,000 in direct and indirect costs over their lifetime.<sup>2</sup> In 2024 alone, people with cancer and their caregivers will shoulder 20 percent of Canada's total cancer costs, amounting to \$7.5 billion.<sup>3</sup> 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.<sup>4</sup>

It's going to take all of us working together to lower the cost of cancer care. No one should have to worry about how they will make ends meet, if they can afford their travel to and from treatment, or if they will have a job to return to after their cancer journey. But far too many do worry.

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.

CCS is proud to be there for New Brunswickers when they need it, by reducing the financial barriers to care and providing support services, especially for those living in rural communities. From our toll-free cancer information helpline, staffed with specialists who can help people navigate an often-complex care system, to our wig and prosthesis program that delivers affirming care options directly to their doorsteps, and our travel treatment fund that helps eliminate financial barriers of travel associated with care. Our programs and services help people answer questions about cancer, manage life with cancer, find community and connection, and build wellness and resilience. These programs and services – available at no cost – empower people with cancer and their loved ones to manage life with cancer, find community support and build resilience.

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<sup>2</sup> Canadian Cancer Society (2024). New report released by the Canadian Cancer Society reveals that cancer costs the average 33,000 in their lifetime. Available at: <https://cancer.ca/en/about-us/media-releases/2024/cancer-statistics-special-report>

<sup>3</sup> Ibid

<sup>4</sup> Ibid



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As we talk about the future of healthcare in New Brunswick, this must include policies that help shape the future patient population. More can be done to implement cancer prevention policies and programs that will have an important population health impact including modernizing tobacco and vaping control legislation and reducing alcohol consumption. 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.

CCS is committed to improving and saving lives. Our ambitious approach to funding world-leading cancer research, our powerful influence shaping a healthier society and our deep commitment to provide compassionate support to all who need it are unparalleled.

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 New Brunswick and all Members of 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, 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.

### Contact

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## Our Recommendations

### 1. Health System Innovation

Now is the time to develop innovative solutions that can address the challenges that our healthcare system is experiencing. As part of this health system innovation, we are calling on the Government of New Brunswick to:

- 1.1 Expand access to care by reevaluating the start-age for colorectal cancer screening, from 50 to 45 years of age.
- 1.2 Improve cervical cancer outcomes by adopting a “once eligible, always eligible” policy in the human papillomavirus (HPV) vaccination publicly funded catch-up programs.

### 2. Affordability of Care

To ensure that no New Brunswicker experiences financial hardship during their cancer experience, we are calling on the Government of New Brunswick to:

- 2.1 Ensure that no one with cancer worries about job security while undergoing treatment by extending unpaid job-protected leave to at least 26 weeks.
- 2.2 Create better support for caregivers through the creation of a refundable tax credit or financial benefit.
- 2.3 Close the gap for oncofertility services for adolescents and young adults with cancer.
- 2.4 Include take-home cancer drugs in the province’s public drug insurance plan.
- 2.5 Support rural and remote cancer patients by removing financial barriers to access care.

### 3. Tobacco Control and 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 smart health policies aimed at prevention and tobacco control. We are calling on the Government of New Brunswick to:

- 3.1 Increase the minimum age of sale for tobacco and vaping products from 19 to 21 years of age, and implement a smoke-free generation.



- 3.2 Increase the tobacco tax by \$12.77 per carton of 200 cigarettes, from \$51.04 to \$63.81, to match inflation, and close the roll-your-own loophole.
- 3.3 Increase the retail license fee for tobacco and e-cigarette retailers to at least \$365 per year.
- 3.4 Set upper limits on the density of outlets selling tobacco and vaping products and restrict proximity to schools.
- 3.5 Implement a provincial alcohol strategy, including mandatory health and safety messaging requirements at any outlet where alcohol is sold.



## 1. Health system innovation

### 1.1 Expand access to care by reevaluating the start-age for colorectal cancer screening, from 50 to 45 years of age.

Colorectal cancer (CRC) is the fourth most common cancer in Canada, accounting for 10 percent of new cases in 2022.<sup>5</sup> Approximately 90 percent of CRC cases are diagnosed after age 50, yet the incidence of CRC among younger populations is rising. Incidence of CRC 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.<sup>6</sup> Early detection is essential to improving health outcomes: the 5-year survival rate is 90% when CRC is detected early, compared to just 13 percent for advanced-stage diagnoses.<sup>7</sup>

Currently, all provinces and territories except Quebec and Nunavut have organized CRC screening programs for individuals aged 50-74, primarily using the fecal immunochemical test (FIT). Research shows<sup>8</sup> that organized programs increase screening participation, reduce CRC incidence, and lower mortality. However, national participation rates remain below the Canadian target of 60%. No province currently meets this target with participation rates in New Brunswick being one of the lowest at 30%, highlighting the need for improved program resources and expanded outreach efforts.

While the Canadian Task Force on Preventive Health Care has not updated its CRC screening guidelines since 2016, and does not plan to do so before 2026, evidence supports starting screening earlier. Given the increasing CRC incidence in younger populations, **we are calling on the Government of New Brunswick to review emerging evidence on CRC screening and consider lowering the organized program start age to 45 years.** Expanding resources, specifically health human resources, for existing screening programs would also support New Brunswick in meeting and exceeding the national target participation rate of 60%, especially with additional efforts to reach underserved populations.

The two-year prevalence of CRC is higher among Canadians with lower incomes, who face more barriers to accessing screening and primary care. Social factors, such as perceived risk, psychosocial stress, and lack of support, can further hinder screening uptake. Furthermore, underserved communities—including Indigenous, racialized populations, and newcomers—continue to experience lower screening rates. Addressing these disparities is essential to reducing CRC incidence and mortality across all groups.

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<sup>5</sup> Canadian Cancer Society (2024). *Colorectal cancer statistics*. Available at: <https://cancer.ca/en/cancer-information/cancer-types/colorectal/statistics>

<sup>6</sup> Vera, Mary A. et al (2022). *Early-Age-Onset Colorectal Cancer in Canada: Evidence, Issues and Calls to Action*. Available at: <https://pubmed.ncbi.nlm.nih.gov/35621646/>

<sup>7</sup> Canadian Cancer Society (2024). *Survival statistics for colorectal cancer*. Available at: <https://cancer.ca/en/cancer-information/cancer-types/colorectal/prognosis-and-survival/survival-statistics>

<sup>8</sup> Shaikat, Aasma (2022). *Current and future colorectal cancer screening strategies*. Available at: <https://www.nature.com/articles/s41575-022-00612-y>



Early action in New Brunswick could set a precedent for proactive cancer prevention across Canada, reducing CRC incidence and mortality and fostering a more equitable healthcare system.

## **1.2 Improve cervical cancer outcomes by adopting a once eligible, always eligible policy in the human papillomavirus (HPV) vaccination publicly funded catch-up programs.**

Virtually all cervical cancers are due to human papillomavirus (HPV) infection and about 75 percent of sexually active people contract an HPV infection at least once in their lifetime. Despite being almost entirely preventable, cervical cancer is now the fastest increasing cancer (+3.7 percent per year since 2015), marking the first significant increase in cervical cancer incidence since 1984.<sup>9</sup> An estimated 1,600 Canadian women were diagnosed with cervical cancer in 2024 and an estimated 400 died from it.

The most effective ways of reducing the incidence of cervical cancer are through prevention and early detection – which are achievable with HPV vaccination and routine cervical cancer screening. Canada has committed to the elimination of cervical cancer by 2040, and virtually all cervical cancers are due to HPV.

Free HPV vaccines are offered through school-based programs and catch-up programs in all provinces and territories in Canada, but there is significant variety in eligibility. 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 have some of the highest vaccination rates in the country.

According to the Canadian Partnership Against Cancer (CPAC), people who do not qualify for school-based or catch-up programs would need to privately purchase the HPV vaccine series (3 doses) for \$510 to \$630.<sup>10</sup> Some people may receive partial or full coverage for the vaccine through private health insurance. HPV vaccinations are a very cost-effective prevention tool for the New Brunswick government.

Cervical cancer is perhaps the easiest form of cancer to prevent, and comprehensive school-based and catch-up programs have the ability to significantly impact the trajectory of this disease. 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.<sup>11</sup> Vaccination after onset of sexual activity is also beneficial, as the individual is unlikely to be infected with all HPV types in the vaccine.

**We are calling on the government of New Brunswick to adopt a once eligible, always eligible policy in their 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 it was first offered to them are still eligible to receive the vaccine at no cost.

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<sup>9</sup> Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. Canadian Cancer Statistics 2023. Toronto, ON: Canadian Cancer Society; 2023.

<sup>10</sup> [Canadian Partnership Against Cancer](#)

<sup>11</sup> [Access to HPV immunization – Canadian Partnership Against Cancer](#)





## 2. Affordability of care

### 2.1 Ensure that no one with cancer worries about job security while undergoing treatment by extending unpaid job-protected leave to at least 26 weeks.

As Canadians live longer, with longer careers, more people are likely to develop an illness while in the workforce. Those New Brunswickers facing a serious illness like cancer should feel safe to seek out the care they need without fear of risking their employment.

The current length of job-protected leave in New Brunswick is not adequate to cover the average length of treatment for many people with cancer. The average length of treatment and recovery is up to 36 weeks for breast cancer and 37 weeks for colon cancer – two of the most common types of cancer in Canada. In jurisdictions where job-protected leave is less than the federal sickness benefit period, eligible individuals entitled to access the federal Employment Insurance (EI) sickness benefit do so at the risk of losing employment unless New Brunswick amends legislation to protect their employment.

A new survey released by the Canadian Cancer Society (CCS) in partnership with the Angus Reid Institute found that people are concerned that a cancer diagnosis would impact their job prospects. Among survey respondents in their working years (ages 18-64), 28% felt it was likely they would lose their job if diagnosed with cancer and 42% felt it would be likely they would be demoted or miss out on an opportunity to advance in their career. Additionally, 66% felt it was likely they would have to take significant unpaid time off work for treatment and recovery.

CCS was a strong advocate for the extension of the EI sickness benefit. The extension of the federal benefit went into effect on December 18, 2022, and impacts an estimated 169,000 Canadians according to Finance Canada. While income support is covered under the EI program, it is solely up to each province and territory to determine the length of job-protected leave for employees who are sick. It is now time for New Brunswick to extend job projected leave to at least 26 weeks, to be in line with the federal benefit.

Support for this ask continues to grow across Canada. Like CCS, other organizations support our ask for serious illnesses and support an extension of job protective leave from 5 days to at least 26 weeks of which letters of support have been attached (Appendix A). According to a Narrative Research poll conducted on behalf of the Canadian Cancer Society in August 2023, 85 percent of New Brunswickers overwhelmingly supported the extension of job protection to 26 weeks.

In addition, in 2024 several governments across Canada have recognized the importance of this ask – with Nova Scotia, Prince Edward Island, Newfoundland and Labrador, Manitoba, and Ontario all extending job protective leave to 27 weeks. British Columbia's new government also committed in their party platform to extend job protective leave. It is time that New Brunswick caught up to other jurisdictions and protected New Brunswickers jobs so they can focus on getting better and not worrying about if they have a job to return to.



**That is why we are calling on the Government of New Brunswick to introduce legislation to extend unpaid job protection to those with serious illness from the current 5 days to at least 26 weeks, to align with the federal government EI program.**

*“When someone gets diagnosed with a life-threatening and/or life changing disease like cancer, having to worry about job security shouldn't have to be top of mind. This is what a caring society does for its sick: it provides them the time to adjust and prepare and start treatment when they can focus on their health, not worry about losing their long-term ability to support their family.” -Elizabeth (from patient survey on job-protected leave, 2024)*

## **2.2 Create better support for caregivers through the creation of a refundable tax credit or financial benefit.**

Caregivers are the backbone of our healthcare system. According to Statistics Canada, in 2018 roughly 7.8 million individuals – or 1 in 4 Canadians – provided care to a relative or friend with a long-term health condition,<sup>12</sup> and 1 in 3 employees in the workforce are balancing their caregiving responsibilities with their employment.<sup>13</sup>

Caregiving is a profound act of love and generosity of spirit. Caregivers' responsibilities include managing medications, equipment, home care visits and medical appointments; giving baths and personal care; preparing meals; cleaning; doing dishes, laundry, and exterior household maintenance; getting groceries; handling banking and financial management, and keeping the client, family members and providers up to date.

Our already-strained system could not function without caregivers, who provide upwards of 75% of care to people receiving home care in Canada.<sup>14</sup> Caregivers usually do not get compensated for the labour they provide for their loved one and often incur additional expenses as a result of their duties. It is estimated that unpaid caregivers save Canada's healthcare system upwards of \$26 billion every year in unpaid labour.<sup>15</sup>

Additionally, half of all caregivers are between 45-65 years old – the peak earning years in terms of employment and income potential.<sup>16</sup> Employed caregivers face additional challenges in balancing employment and caregiving commitments. In many circumstances, caregivers are unable to work or must work reduced hours, leading to reductions in employment income with potential impacts on future career opportunities.

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<sup>12</sup> Statistics Canada. (2020). Supports received by caregivers in Canada. Ottawa, ON: Government of Canada. Available at: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2020001/article/00001-eng.htm>

<sup>13</sup> <https://www.carerscanada.ca/wp-content/uploads/2022/02/Supporting-Caregivers-at-Work-Key-Facts-and-Figures-final.pdf>

<sup>14</sup> Canadian Cancer Society. (2023). Caregiver support. Toronto, ON: Canadian Cancer Society. Available at: <https://cancer.ca/en/get-involved/advocacy/what-we-are-doing/caregiver-support>

<sup>15</sup> Ibid.

<sup>16</sup> Ploeg and Markle-Reid. (2018). Informal caregivers need better support. Hamilton, ON: McMaster University. Available at: <https://mira.mcmaster.ca/news-events/news-item/2018/04/06/informal-caregivers-need-better-support>



During the COVID-19 pandemic, caregivers for a loved one at home experienced a sharp increase in caregiving duties, exacerbating the need for greater psychosocial, physical and practical supports for caregivers. Those facing homelessness, those in rural and remote communities, and Indigenous peoples faced the most hardship, particularly with isolation protocols and the shift to virtual care.<sup>17</sup> Advanced care planning and goals of care discussions became even more imperative during this period.

In Atlantic Canada, 73% of caregivers are under the age of 65 – prime working years where caregiving responsibilities often require them to reduce hours, leave jobs, or put career growth on hold, all while juggling the responsibilities of caring for a loved one with a serious illness, raising a family, and getting by with the current cost of living. We need comprehensive policies that recognize caregivers as essential to our healthcare system—just like doctors and nurses. This means better support, tailored to their realities. 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 that can lower the high costs associated with hospital care.

**We are calling on the Government of New Brunswick to create a refundable caregiver tax credit or caregiver benefit program for all caregivers.** While this does not fully compensate caregivers for their efforts, it does acknowledge the value of caregiving and provides much-needed financial support directly to caregivers who are caring for loved ones with a serious illness. We encourage the government to ensure these benefits are available to all caregivers, regardless of their age or the age of the loved ones for whom they are caring.

*As New Brunswick's population is aging and growing, our health systems will continue to face increasing pressure, and reliance on caregivers will grow. When we think of the future of our health system and how we are resourcing it, the New Brunswick government also needs to think of caregivers and the vital role they play. Caregivers are health heroes and deserve to be acknowledged. - Isabelle Allain-Labelle, Advocacy Volunteer, breast cancer patient and caregiver (February, 2025)*

### **2.3 Close the gap for oncofertility services for adolescents and young adults with cancer.**

Cancer and cancer treatments can damage the organs or glands in the body's sexual reproductive system, which may affect a person's fertility or the ability to get/stay pregnant or get someone pregnant. Sometimes, people can take steps to plan for fertility problems by freezing their eggs or sperm. This involves working with a fertility specialist or clinic that informs people about options, costs and what is covered where they live.

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<sup>17</sup> Canadian Home Care Association (2021) [https://cdnhomecare.ca/wp-content/uploads/2021/06/Home-and-Community-based-Palliative-Care-Shaping-the-Future-from-Lessons-Learned-during-the-COVID-19-Pandemic\\_JUN25.pdf](https://cdnhomecare.ca/wp-content/uploads/2021/06/Home-and-Community-based-Palliative-Care-Shaping-the-Future-from-Lessons-Learned-during-the-COVID-19-Pandemic_JUN25.pdf)



Egg freezing involves removing mature eggs from the ovary and freezing them. When a person is ready to become pregnant, the eggs can be thawed, fertilized with sperm in the lab, and then implanted in the uterus. Sperm freezing involves collecting and freezing sperm for future use in pregnancy.

The cost of these services includes paying for 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, particularly for younger people where financial dependence on family may play a large role in affording and accessing fertility preservation, especially in a period of life with other financial challenges, such as costs of education.

Utilization of fertility preservation depends on two things: affordability and accessibility.

Financial barriers, such as the immediate costs, ongoing costs of sample storage and cost for future treatment to complete fertility goals, continue to greatly influence adolescents and young adults' (AYA) decisions to undergo fertility preservation procedures.

It is important to acknowledge that Atlantic Canadians are especially challenged in accessing these services, due to limited health human resources practicing in this field and fewer clinics specializing in reproduction technology. Across our four provinces, there are just three fertility clinics and only two of those offer in vitro fertilization, meaning longer wait times and increased costs associated with travel for those who require assistance to conceive.

We are pleased to see the Minister of Health's mandate include increasing access to fertility treatments by funding one round of IVF. Prior to treatment beginning, children, adolescents and young adults with cancer should be provided options to receive fertility treatments. The burden of infertility as a cancer complication is a potentially preventable problem and should be considered a standard of care.

CCS suggests that the government of New Brunswick expand funding for one round of IVF to include paying for the fertility preservation procedure prior to treatment beginning for children, adolescents and young adults with cancer, 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. A reimbursement or tax credit after the procedure are measures that create additional administrative and cost burden on the person with cancer.

**We are calling on the government of New Brunswick to close the gap for oncofertility services for adolescents and young adults with cancer by working with provincial cancer care to assess the cost to government to include the cost of travel, fertility preservation procedures, including required medication and cost of storage, as a component of care for people with cancer.**

Additionally, CCS suggests the government of New Brunswick invest in an awareness campaign for healthcare providers, equipping healthcare teams to have conversations about oncofertility with their patients.



This will improve the care and support of children and AYAs with cancer, with emphasis on survivorship success beyond treatment, including timely access to information on the potential impacts of treatment on fertility and fertility preservation options available to them, including a subsidy for oncofertility services.

“Fertility was one of the first things that crossed my mind when I received my diagnosis...I opted to electively freeze my eggs pretty early on in my care plan prior to any of my surgeries, knowing that there was a high likelihood that I would end up needing some sort of treatment that affected my fertility. Until I was faced with having to get chemo, I didn't know how much fertility was implicated. You're already dealing with so much, you're dealing with life and death, and then you're also worrying about family planning. It's a lot. I found it really challenging to advocate for myself and make these decisions and I'm someone who had the knowledge and experience to do so. It made me scared for all the other women and individuals facing, you know, cancer and treatment plans, who didn't necessarily have the knowledge and resources that I had. This is one of the biggest reasons that I got involved as an advocate.” -Robby Spring, Advocacy Volunteer, age 36, breast cancer (from CCS video, [Robby Spring On Oncofertility](#), 17 October 2024)

## 2.4 Include take-home cancer drugs in the province's public drug insurance plan.

Drugs required for cancer care play an essential role in treatment and can greatly improve health outcomes and quality of life for people living with and beyond cancer. Cancer drugs can be provided intravenously in a hospital setting, or in oral form that can be taken anywhere, even in the comfort of one's home. Thanks to innovation and research, more than half of new cancer medications being developed are in oral form and often referred to as take-home cancer drugs.

While innovation and research are greatly improving the availability of cancer drugs, the costs of cancer drugs have substantially grown. The Patented Medicine Prices Review Board (PMPRB) reported that the sales of cancer drugs in Canada have nearly tripled in the past decade and that cancer drugs have now become increasingly more expensive, with certain medicines with 28-day treatments that cost over \$7,500 account for more than half of all sales of cancer drugs in Canada.<sup>18</sup> To put this into perspective, in New Brunswick, the average monthly income is \$5,167<sup>19</sup>.

In a poll commissioned by the Canadian Cancer Society and Heart & Stroke in February 2024, we found that 1 in 5 people in Canada (16%) do not have enough coverage, with more than 1 in 4 (27%) finding it difficult to afford the cost of prescriptions. More than 1 in 4 (28%) have had to

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<sup>18</sup> Government of Canada. (2020). Oncology Medicines in Canada: Trends and International Comparisons, 2010-2019. Available at: <https://www.canada.ca/en/patented-medicine-prices-review/services/npduis/analytical-studies/oncology-medicines-trends-international-comparisons.html>

<sup>19</sup> Statistics Canada. (2021). 2021 Census of Population New Brunswick, Province of Canada. Available at: <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?topic=5&lang=E&dguid=2021A000213>



make difficult choices to afford prescription drugs such as cutting back on groceries, delaying rent, mortgage, or utility bills and incurring debt.<sup>20</sup>

While the Government of New Brunswick has taken steps to expand access to drug coverage, cancer patients continue to fall through the cracks of coverage as the public drug program has not kept up with advancements in cancer research and innovation or provided broadscale financial support for people impacted by rising cancer drug costs. Like the rest of Canada, New Brunswick automatically covers cancer treatments in hospital settings (as required by the *Canada Health Act*), but does not automatically cover take-home cancer drugs, unlike the western provinces.

It's time for New Brunswick to catch up to the rest of Canada.

In provinces like New Brunswick, people who are prescribed take-home cancer drugs for treatment and supportive medication need to use private insurance or pay out of pocket to cover prescription costs because the province does not automatically cover take-home cancer drug prescriptions.

New Brunswick has created a patchwork of programs that require people to meet a certain set of criteria to qualify for public coverage. In many instances, New Brunswickers may need to navigate complex administrative barriers to request government assistance in paying for take-home cancer drugs. This creates unnecessary financial and/or administrative burdens that people likely wouldn't have had to experience if they lived in a different part of Canada. Even when people eventually have access to cancer drugs, CCS has heard from many New Brunswickers who express concern about the onerous administrative burden of filling out forms and the length of time it takes to access public coverage. Delays in cancer treatment create undue stress and can impact people's mental health and outcomes.

The lack of public coverage on take-home cancer drugs creates challenges for too many people, even as more than half of cancer medications being developed are oral formulations that can be taken at home. Not only are these medications proven to better target and treat cancer, but they also reduce dependency on our hospitals and minimize patient-caregiver disruptions from having to travel to and from cancer clinics. All too often, people with cancer are left facing steep financial and administrative burdens that come with their diagnosis. There is no reason that anyone in New Brunswick facing a cancer diagnosis should still have to worry about whether they will need to pay out-of-pocket to access the most effective and approved treatment for their diagnosis.

**We are calling on the Government of New Brunswick to take concrete steps towards ending its patchwork system of drug access for people impacted with cancer and include take-home cancer drugs in the province's public drug insurance plan.**

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<sup>20</sup> Canadian Cancer Society (2024). *National poll finds nearly 1 in 4 people in Canada report measures such as skipping doses, splitting pills, not filing prescriptions due to costs*. Available at: <https://cancer.ca/en/about-us/media-releases/2024/national-pharmacare>



## **2.5 Support rural and remote patients by removing financial barriers to access care.**

People with cancer and their caregivers who must travel for cancer treatment or medical appointments often face significant out of pocket costs. This includes people who don't live near big cities or cancer centres, as well as those who travel outside of their own city, town, province, or territory for treatment.

Distance to care significantly impacts decision making for those with cancer. 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.

Travel burden negatively influences stage at diagnosis, appropriate treatment, outcome and quality of life in cancer patients. Patients who travel 50 miles or 1 hour or more in driving time were associated with a more advanced disease at diagnosis.<sup>21</sup> New Brunswickers living in rural and remote areas of the province do not have a cancer centre and are required to travel great distances to receive care and treatment. Travel-related financial strain not only worsens health outcomes but also deepens existing inequities in rural and remote communities.

For New Brunswickers 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. CCS, through the generosity of donors, offers short-term financial assistance to New Brunswickers to cover some costs of traveling to cancer treatments through our Travel Treatment Fund. This includes expenses like fuel and taxi or public transit fares. It is available to people with a low income who are currently receiving cancer treatment. The government needs to allocate funds and develop programs tailored to the unique needs of populations in different geographical areas, keep pace with the cost of living, and support required for people living with low income.

For those outside urban areas who live far from cancer centres, the costs of travelling for treatment or medical appointments—including expenses for gas, parking, accommodations, meals, and local transportation—can be overwhelming, especially when extended absences from work are required. Without financial support for these travel needs, some patients may be forced to delay or even forego essential care.

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.

**CCS calls on the New Brunswick government to allocate funds and establish a travel and accommodation assistance program designed to support individuals with cancer and their**

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<sup>21</sup> Ambroggi M, Biasini C, Del Giovane C, Fornari F, Cavanna L. Distance as a Barrier to Cancer Diagnosis and Treatment: Review of the Literature. *The Oncologist*. 2015;20(12):1378-1385. doi:<https://doi.org/10.1634/theoncologist.2015-0110>



caregivers to access the care they need that includes coverage for such things as gas, parking and fares for flights, trains, ferries, taxis and public transit, accommodation and meals.

### 3. Tobacco control and prevention

#### 3.1 Increase the minimum age of sale for tobacco and vaping products from 19 to 21 years of age and implement a smoke-free generation.

While we have made progress in reducing youth smoking, we now have a new generation becoming addicted to nicotine through e-cigarettes, also known as vapes. Widespread targeting of youth to vape has not been by accident – but by design.

We know that the overwhelming majority of people who smoke began as teenagers. Delaying the age when young people first experiment or begin using products with nicotine, including e-cigarettes, can reduce the risk that they transition to regular use and increase their chances of successfully quitting, if they do become regular users. If we can prevent youth from starting to smoke or vape, we can have a big impact long-term on smoking and vaping prevalence. By starting with increasing the age of sale to 21, this would eventually help lead to a smoke-free generation, as those who are legally allowed to be sold tobacco and nicotine products would decrease over time. This approach, coupled with supportive education and cessation tools, as well as additional legislative restrictions is not only smart policy but would set a new national standard for reducing tobacco and e-cigarette-related harms.

It is essential that the smoke-free generation policy apply to all tobacco products and include vaping products. Tobacco products include not only cigarettes and cigars, but also pipe tobacco, water pipe tobacco, chewing tobacco, snuff, heated tobacco, bidis, and any type of innovation that the tobacco industry might come up with in the future.

A smoke-free generation policy should be part of a comprehensive approach. By starting with increasing the age of purchase and sale to 21, this would eventually help lead to a smoke-free generation, as those who are legally allowed to be sold tobacco and nicotine products would decrease over time.

Vaping hurts our youth. It alters their brain development, reduces their lung function and can damage their cardiovascular system. In addition to these harms, vaping creates a physical dependency. E-cigarettes contain nicotine and, as we all know, nicotine is highly addictive.

This culture of youth vaping cannot be controlled or stopped with education and awareness alone. We need a legislative approach to make vaping harder to access and less attractive to a young audience.

Despite not being legal age to purchase these products, vaping rates among youth in New Brunswick are at extremely high levels. The 2018-19 Canadian Student Tobacco, Alcohol and Drugs Survey reported that among New Brunswick youth in grades 7-12, 27.7 percent reported





regular use compared to the national average of 20.2 percent.<sup>22</sup> More alarmingly, among this same age cohort, over 41% of New Brunswick youth indicated that they had tried an e-cigarette product at least once.<sup>23</sup>

The 2023-24 New Brunswick Student Wellness and Education Survey indicated 35% of New Brunswick students in grades 9 to 12 reported having ever used an e-cigarette.<sup>24</sup>

Our youth are often able to access vapes through individuals of legal age willing to sell to them. The Canadian Student Tobacco, Alcohol and Drugs Survey found that 79% of underage (grades 7-12) users obtained their e-cigarette from a social source, and one quarter (21%) of students in this same cohort purchased their products from a retailer or store.<sup>25</sup>

Our teens are often getting their hands on vapes because they know someone of legal age willing to sell to them. One way governments have tackled the issue of illegal sales to underage youth and social sourcing is by increasing the minimum sales age for tobacco and e-cigarettes to 21 years old. It is much harder for a teen who is 15 or 16 to know someone who is 21 and is willing to sell. It also makes it easier for retailers to better identify someone who is of legal age, as opposed to someone underage and passable for 19.

**We are calling on the government of New Brunswick to protect our children and youth from nicotine addiction by increasing the minimum age of sale for tobacco and vaping products from 19 to 21 years of age.**

We know the costs of not enforcing stricter measures on preventable disease. Tobacco remains the leading preventable cause of death, tied to at least 16 different types of cancer, as well as heart disease, emphysema and other diseases. It also contributes millions of dollars to our mounting healthcare costs - \$152 million annually in tobacco-related healthcare costs in New Brunswick.<sup>26</sup>

It has been done before, right here in Atlantic Canada. In 2019, Prince Edward Island emerged as a national leader in tackling youth vaping, becoming the first province to increase the minimum legal sales age for tobacco or e-cigarettes to 21. Motivated by his experience as a coach and referee in minor sports and witnessing a disturbing increase in the number of young people engaged in smoking and vaping, Cory Deagle, a member of the Island's Progressive Conservative Party, introduced a private member's bill to increase the age of sale to 21 and implement a flavour ban. The minimum age provision applied to both tobacco and e-cigarette products. The bill also allowed a phase-in for individuals and would only apply to individuals who become 19 after

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<sup>22</sup> Statistics Canada. (2020). Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018-2019. Available at: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-detailed-tables.html#t6>

<sup>23</sup> Ibid.

<sup>24</sup> New Brunswick Health Council. Summary of results of the 2023-24 New Brunswick Student Wellness and Education Survey [https://nbhc.ca/indicators/sh\\_vap01\\_1](https://nbhc.ca/indicators/sh_vap01_1)

<sup>25</sup> Statistics Canada. (2023). Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2021-22. Available at: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-summary.html>

<sup>26</sup> Canadian Centre on Substance Use and Addiction and the Canadian Institute for Substance Use Research (2023). *Canadian Substance Use and Harms*. Available at: <https://www.ccsa.ca/canadian-substance-use-costs-and-harms>



implementation of the legislation. The Bill received all party support and became law. At least 15 countries have set the minimum sale age for tobacco products at 21, including the United States where laws in 30 states and nationally are in place.

This policy approach is not only supported by the Canadian Cancer Society, but also the New Brunswick Medical Society, Heart and Stroke Foundation of New Brunswick, teachers and more.

There is also significant public support for this legislation. A 2024 national Ipsos opinion poll conducted for the Canadian Cancer Society showed 79 percent of those surveyed support a minimum tobacco age of 21 for tobacco and e-cigarettes. Those surveyed in Atlantic Canada showed 80 percent support.

### **3.2 Increase the tobacco tax by \$12.77 per carton of 200 cigarettes, from \$51.04 to \$63.81.**

Increasing tobacco taxes is a win-win, both reducing tobacco consumption and increasing government revenue. Studies show that higher tobacco taxes are the most effective strategy for reducing smoking. Studies also show that tobacco tax increases are especially effective at reducing youth smoking because teenagers are more responsive to changes in cigarette prices.

Inflation is eroding the real after-inflation tobacco tax rate. In New Brunswick, the last tobacco tax increase took effect February 1, 2017. Cumulative inflation between February 2017 and March 2025 is projected to be 25.5% (actual inflation between February 2017 and December 2024 is 25.0% with the projection to 25.5% factoring in January-March 2025). Thus, unless there is a further tobacco tax increase to at least match inflation, the result of inflation would be that the effective tobacco tax rate is decreasing considerably.

The tax rate on a carton of 200 cigarettes should be increased by \$13.00, from \$51.04 to \$64.04 per carton, thus adjusting for cumulative inflation of 25.5%. Tax rates on other tobacco products should be increased proportionately, while for roll-your-own tobacco further action should be taken to close the roll-your-own loophole.

It is important to note that over a 11-year period, from 2014 to 2024 inclusive, the tobacco industry has implemented windfall net-of-tax price increases on average of \$35.20 per carton of 200 cigarettes, generating approximately \$2 billion Canada-wide in additional revenue for the tobacco industry *per year*. This revenue should be going to governments. While the tobacco industry has lobbied against increasing tobacco taxes on the basis that this would cause contraband, the tobacco industry at the same time has been increasing its own prices by \$31.80 per carton, demonstrating hypocrisy. If the tobacco industry can increase its prices, the New Brunswick government can certainly increase its own tobacco tax rate.

A February 2024 national Ipsos opinion survey conducted for CCS found that 76% of Canadians (including 71 percent of Atlantic Canada residents) support an increase in taxes on cigarettes as a strategy to reduce youth smoking.



New Brunswick should also take action on the roll-your-own loophole, with a potential next step being to increase the tax rate on 0.5g of all types of loose tobacco (including roll-your-own) to 75 percent of the rate as on one cigarette, instead of the current 50 percent in New Brunswick. Ultimately, the tax rate on 0.5g of all types of loose tobacco should be the same as on one cigarette.

The Quebec government has implemented a series of recent tobacco tax increases totalling \$12.00 per carton of 200 cigarettes: effective February 9, 2023, \$8.00 per carton of 200 cigarettes and \$4.00 per 200 roll-your-own cigarettes (100 g); effective March 13, 2024, of \$2.00 per carton and \$1.00 per 200 roll-your-own cigarettes (100 g); and effective January 6, 2025, of \$2.00 per carton and \$1.00 per 200 roll-your-own cigarettes (100 g). New Brunswick should implement a tobacco tax increase that exceeds what Quebec has done.

### **3.3 Increase the retail license fee for tobacco and e-cigarette retailers.**

New Brunswick currently requires retailers to obtain a retail vendor licence to sell tobacco products and e-cigarette products, but the fee is only \$50 per year for tobacco products and only \$200 per year for e-cigarette products.

**We are calling on the government of New Brunswick to increase the retail license fee for tobacco and e-cigarette retailers in the province.** The tobacco and e-cigarette licence fees should each be increased to at least \$365 annually, or just \$1 per day.

### **3.4 Set upper limits on the density of outlets selling tobacco and vaping products and restrict proximity to schools.**

The addictive and harmful nature of tobacco products and e-cigarettes warrants special retail responsibility and accountability for sales. Without action, continuing to offer the ability to sell these products without meaningful regulations on density and proximity to schools encourages continued consumer tobacco and vaping use.

Provincial and territorial governments are responsible for regulations on the sale of tobacco and vaping products. They can regulate density of points of sale. The New Brunswick government should ensure there is comprehensive tobacco control strategies and policies in place.

In Canada, no province/territory or municipality has established a declining cap for the number of tobacco retailers. San Francisco, Philadelphia, and New York City all have a declining cap for the number of tobacco retailer licences that will be issued. For instance, in San Francisco, there are 11 supervisorial districts. Pursuant to an ordinance adopted in 2014, no new tobacco retailer licences will be issued unless the number of tobacco retailers is below the cap of 45 tobacco retailers per district. New licences will not be issued if certain factors exist, such as being within 500 feet of school grounds, being within 500 feet of another tobacco retailer, or being a restaurant or bar.<sup>27</sup>

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<sup>27</sup> City and County of San Francisco Department of Health, "Rules and Regulations for the Retail Tobacco Permit Program Article 19H of the San Francisco Health Code" August 12, 2015.



In Philadelphia, a regulation approved by the Board of Health in December 2016 established a cap on the number of tobacco retailers. “There [are] 18 planning districts in the city and the cap is 1 tobacco retailer per 1,000 residents. If the district is at or above the cap no permits will be approved. If the district is below the cap permits can be approved based on the number of available slots.”<sup>28</sup>

In May 2024, Prince Edward Island launched a public consultation regarding a phased-in reduction in the number of tobacco retailers in the province. Prince Edward Island already has significant restrictions on the number and type of vaping product retailers in the province.

**We are calling on the government of New Brunswick to set upper limits on the density of outlets selling tobacco and vaping products in the province, limit number of licenses issued based on population and ensure no new outlets open within a certain proximity of schools.**

### **3.5 Create and implement a provincial alcohol-specific strategy that includes a full range of evidence-based interventions and policies, including mandatory health and safety messaging at outlets where alcohol is sold, to inform the public about risks of, and reduce harms from, alcohol consumption, including cancer risks.**

Alcohol is classified as a Group 1 carcinogen by the International Agency for Research on Cancer<sup>29</sup> and is estimated to be 1 of the top 3 causes of cancer deaths worldwide. Drinking any type of alcohol – beer, wine or spirits – increases your risk of at least 9 different types of cancer, including breast, colorectal, esophageal, laryngeal, liver, mouth, pharyngeal, stomach and pancreatic cancers. Evidence indicates regular alcohol consumption over time – even at low levels – increases the risk of developing alcohol-associated cancer. Yet, over 40% of Canadians are not aware that alcohol consumption increases the risk of cancer. New Brunswickers deserve access to the best available information on the adverse health risks of alcohol consumption to make informed decisions about their health.

An alcohol-specific strategy is integral to reducing alcohol-related harm, particularly the risk of cancer, and improving health outcomes in New Brunswick. Developed independently from the alcohol industry, an effective strategy would be one that is endorsed by the government using a health equity framework with adequate funding to implement and sustain the strategy.

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<http://2gahir48mok145i3z438sknv.wpengine.netdna-cdn.com/wp-content/uploads/Rules-and-Regs-Final.pdf> City and County of San Francisco, “Ordinance amending the Health Code by adding density, proximity, and sales establishment limitations on the granting of new tobacco sales permits, and renumbering all sections in Article 19H; amending the Business and Tax Regulations Code by increasing the annual license and application fees; and making environmental findings” Ordinance 259-14, signed by Mayor Dec. 19, 2014.

<http://www.sfbos.org/ftp/uploadedfiles/bdsupvrs/ordinances14/o0259-14.pdf>

<sup>28</sup> Philadelphia Department of Health, “Tobacco Retailer Permit Frequently Asked Questions” 2017

<http://www.phila.gov/health/pdfs/environment/Tobacco%20Retailer%20Permit%20Frequently%20Asked%20Questions%201%20Page%202017.pdf> Philadelphia Board of Health, “Regulation Relating to Tobacco Retailing” Approved December 8, 2016.

<http://www.phila.gov/health/pdfs/TobaccoRetailingRegulation.pdf> More information from the Philadelphia Department of Public Health: <http://www.phila.gov/health/environment/retailerPermits.html> Philadelphia Department of Health “Tobacco Retailers Per 1,000 Daytime Population by Planning District” 2017 (map)

<sup>29</sup> IARC: <http://monographs.iarc.fr/ENG/Monographs/vol44/volume44.pdf>



A provincial alcohol-specific strategy should include a full range of evidence-based interventions and policies, such as mandatory health and safety messaging requirements at any outlet where alcohol is sold. The messaging should include the risk for cancer and other chronic diseases related to alcohol consumption. New Brunswickers have a right to clear and accessible health and safety information about the alcohol products they buy. In fact, a Canadian Cancer Society survey in March 2023 indicated that over 90% of Atlantic Canadians support policies that increase public awareness about risks associated with alcohol and reduce its consumption. A provincial alcohol-specific strategy and alcohol health and safety messaging, with the purpose to protect public health, should consider the conclusive evidence outlining alcohol-related cancer risk. Further, the Canadian Cancer Society supports the evidence-informed alcohol policies recommended in the Canadian Alcohol Policy Evaluation project.

Enacting evidence-informed alcohol policies are the most effective way to reduce costs and harm from alcohol. A substance that, when revenue and societal costs are considered, cost New Brunswick \$92 million, after accounting for government revenues (\$319 million) and deducting healthcare spending, lost productivity, criminal justice and other direct costs (\$411 million)<sup>30</sup>. In 2020 alone, alcohol was responsible for more than 400 deaths and almost 34,000 emergency room and hospital visits across New Brunswick<sup>31</sup>, as well as 70 new cancer cases in 2015<sup>32</sup>. If the trend identified in the Canadian Population Attributable Risk of Cancer study continues, the number of new cancer cases due to drinking alcohol in Canada is expected to triple by 2042<sup>33</sup>. The advancement of public health policy, including a provincial alcohol-specific strategy and regulating alcohol health and safety messaging along with other alcohol policies, is a key step toward reducing alcohol-related cancer risk and improving health outcomes in New Brunswick. As the provincial regulator, the Government of New Brunswick and the New Brunswick Liquor Commission need to take every effort to bring alcohol advertising into alignment with the regulations and restrictions that are currently in place for cannabis and tobacco.

CCS is committed to advocating for stronger policies that reduce the alcohol consumption of New Brunswickers and increase their awareness about the risk of cancer related to alcohol consumption. Alcohol labelling, along with continued education, will ensure more New Brunswickers can make informed decisions for their health.

**We are calling on the Government of New Brunswick to create and implement a provincial alcohol-specific strategy, and provide health and safety messaging in all New Brunswick Liquor Commission outlets, to help inform the public about the risks of, and reduce harms from, alcohol consumption, including cancer.**

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<sup>30</sup> Canadian Alcohol Policy Evaluation (CAPE). 2023. Results from New Brunswick. Available at: <https://www.uvic.ca/research/centres/cisur/assets/docs/cape/cape3/nb-results-en-text.pdf>

<sup>31</sup>

Ibid.

<sup>32</sup> Grevers, X., Ruan, Y., Poirier, A. E., Walter, S. D., Villeneuve, P. J., Friedenreich, C. M., ... & ComPARE Study Team. (2019). Estimates of the current and future burden of cancer attributable to alcohol consumption in Canada. *Preventive medicine*, 122, 40-48.

<sup>33</sup> Ibid