



Chronic Disease Prevention Alliance of Canada

2018 pre-budget submission to the House of Commons Standing Committee on Finance

August 4, 2017

The Chronic Disease Prevention Alliance of Canada (CDPAC) is pleased to submit this brief to the House of Commons Standing Committee on Finance as part of the 2018 pre-budget consultation.

CDPAC (www.cdpac.ca) is an alliance of Canada's major national health organizations sharing a common vision for an integrated system of research, surveillance, policies, and programs for the promotion of healthy living for the prevention of chronic disease.

The causes of chronic diseases are complex and require a comprehensive approach spanning multiple government departments, civil society and the private sector. In 2011, the UN General Assembly unanimously endorsed the Political Declaration on the Prevention and Control of Non-Communicable Diseases – mainly cardiovascular diseases, some cancers, diabetes and chronic respiratory diseases. These non-communicable diseases (NCDs), also commonly referred to as 'chronic diseases' are largely preventable and are predominantly caused by a common set of avoidable risk factors, most notably: tobacco use and exposure to second hand smoke; unhealthy diet; insufficient physical activity; unhealthy weights; harmful use of alcohol; and poverty. Canada remains committed to the UN declaration and supported the adoption of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020.¹

In Canada, three out of five people over the age of twenty live with one of these preventable diseases, and four out of five are at risk.² Every year, over 150,000 Canadians die from them. Together, these preventable diseases account for 65% of all deaths in Canada.³ As well as taking healthy years of life away from Canadians,⁴ they also exert a significant financial toll. In total, it is estimated that chronic diseases and other illnesses cost the Canadian economy \$190 billion annually, with \$122 billion in indirect income and productivity losses, and \$68 billion in direct health care costs. The direct cost of chronic diseases accounts for about 58% of the annual health care spending in our country.⁵ As well, we know that the cost of diet-related disease in Canada in 2015 was estimated at \$26 billion/annum.

While Canada has made some progress in the area of tobacco control over recent decades, there has been an increase in unhealthy weights. Over 60% of adult Canadians and over 30% of children and youth

¹ Philpott J and Qualtrough C. (2016). Government Response to the Second Report of the Standing Senate Committee on Social Affairs, Science and Technology, entitled Obesity in Canada – A Whole-of-Society Approach for a Healthier Canada. Retrieved from: https://sencanada.ca/content/sen/committee/421/SOCI/reports/SOCI_2016-08-05_obesity_GvtResponse_e.pdf.

² Public Health Agency of Canada. (2013). Preventing Chronic Disease Strategic Plan 2013-2016. Retrieved from http://publications.gc.ca/collections/collection_2014/aspc-phac/HP35-39-2013-eng.pdf. Accessed March 3, 2017.

³ Vital statistics: Death database, CANSIM Table 102-0561. Retrieved from <http://www5.statcan.gc.ca/cansim/a05?lang=eng&id=1020561>.

⁴ Public Health Agency of Canada Steering Committee on Health-Adjusted Life Expectancy. Health-Adjusted Life Expectancy in Canada: 2012 Report by the Public Health Agency of Canada. Ottawa, Ontario: Public Health Agency of Canada; 2012.

⁵ Public Health Agency of Canada. Background: United Nations NCD Summit 2011 http://www.phac-aspc.gc.ca/media/nrrp/2011/2011_0919-bg-di-eng.php Accessed August 7, 2013.

are overweight or obese, and unhealthy weights are a risk factor for type 2 diabetes, heart disease, stroke, high blood pressure and cancer.

Sugary drinks are the single greatest contributor of sugar in our diets. Consuming too much sugar is a significant risk factor for overweight and obesity and several chronic diseases. The rates of chronic disease are increasing by approximately 14% per year.⁶ Sugary drinks are a significant driver of chronic disease and obesity. These drinks include soft drinks/pop, energy and sports drinks, flavoured waters, flavoured coffees and teas, flavoured dairy products and fruit drinks and 100% juice etc. If we can reduce sugary drink consumption, we can significantly reduce overall sugar intake and reduce health risks. Numerous health organizations and jurisdictions including Mexico, France, Chile, Hungary, Philadelphia and Berkeley have recognized the need to use public health policies to reduce the consumption of sugary drinks and make it easier for people to eat and drink healthy.

New research by the University of Waterloo commissioned by leading health organizations reveals sugary drink consumption is projected to result in over 63,000 deaths and cost the healthcare system over \$50 billion over the next 25 years.⁷ It is estimated that sugary drink consumption in Canada will be responsible for:

- More than 1 million cases of overweight and more than 3 million cases of obesity
- Almost 1 million cases of type 2 diabetes
- Almost 300,000 Canadians with ischemic heart disease
- More than 100,000 cases of cancer
- Almost 40,000 strokes
- Almost 2.2 million disability-adjusted life years (the number of years of healthy life lost due to ill health, disability or early death.)

This same research estimates that a 20% excise levy on the manufacturers of sugary drinks will result in more than 13,000 lives saved and will prevent:

- More than 600,000 cases of obesity and almost 100,000 cases of overweight among Canadian adults;
- Up to 200,000 cases of type 2 diabetes;
- More than 60,000 cases of ischemic heart disease;
- More than 20,000 cases of cancer; and
- More than 8,000 strokes.

In addition to reducing adverse health impacts, a 20% levy over the next 25 years will account for \$11.5 billion in health-care savings and government revenue of \$43.6 billion (\$1.7 billion per year). A direct benefit to Canadians' health is also projected —with almost 500,000 disability-adjusted life years (number of healthy life years lost due to ill health, disability or early death) being prevented if a 20% sugary drink levy was implemented by the federal government.

A minimum 20% levy will result in a significant rise in price of sugary drinks that will help to reduce consumption and send the message that these products are harmful. A levy that encourages Canadians

⁶ Elmslie, K. Against the Growing Burden of Disease. Public Health Agency of Canada. Retrieved from: <http://www.ccg-hscsih.ca/assets/Elmslie.pdf>.

⁷ Jones AC, Veerman JL, Hammond D. The health and economic impact of a tax on sugary drinks in Canada. March 2017. Retrieved from: <http://www.heartandstroke.ca/-/media/pdf-files/canada/media-centre/health-economic-impact-sugary-drink-tax-in-canada-en.ashx>. Accessed July 25, 2017.

to decrease consumption of an unhealthy product is a policy that supports health. A 20% increase in price is considered best practice and large enough to decrease consumption.⁸

A sugary drink levy is also an opportunity generate revenue for initiatives that promote healthy living and reduce the impact of poverty on health. Initiatives such as school lunch programs, subsidizing the cost of fruits and vegetables, improving access to potable drinking water for Indigenous and remote communities and addressing food security for Indigenous peoples in Canada will all go towards reducing the burden of chronic diseases on the Canadian economy.

A levy on sugary drinks is supported by Canadians. A 2017 Pollara poll⁹ commissioned by Heart & Stroke found that approximately 70% of Canadians are supportive of a levy on companies that make sugary drinks provided some of the resulting revenues are dedicated to supporting healthy living initiatives.

Recommendation:

As a pathway to reducing pressure on Canada's healthcare systems and improving Canadian's vitality and productivity, CDPAC urges the Government of Canada to strengthen its support for healthy living by **adopting at least a 20% levy on the manufacturers of sugary drinks to reduce consumption and to partially recover related health care costs.** The proceeds of a sugary drink levy on manufacturers can be used to fund healthy living initiatives. These include subsidizing vegetables and fruit to make them more affordable for Canadian families; ensuring access to safe drinking water and plain low fat milk in Indigenous communities; providing healthy school lunch programs for Canadian students; introducing public education and awareness including food literacy and skills; and implementing physical activity programs.

We trust that the breadth of the CDPAC membership's collective knowledge and insight reflects the importance and credibility of our recommendations. We would be pleased to provide further information and evidence underlying them.

⁸ World Health Organization. (2016). Fiscal policies for diet and prevention on noncommunicable diseases. Technical Meeting Report. 5-6 May 2015, Geneva, Switzerland. Retrieved from: <http://apps.who.int/iris/bitstream/10665/250131/1/9789241511247-eng.pdf?ua=1>.

⁹ A survey of Canadians was conducted by Pollara Strategic Insights. From Sept. 30 to Oct. 12, 2016, a total of 2,401 respondents aged 18 years and older were interviewed via online survey. As a guideline, a probability sample of this size carries a margin of error of +/- 2.0%, 19 times out of 20. Using standard statistical techniques, the results were weighted to ensure the dataset accurately represents the demographic and regional characteristics of the general population.



The Chronic Disease Prevention Alliance of Canada (CDPAC) is a network of national health organizations that have come together around the common cause of promoting healthy living for chronic disease prevention.

Mission

“Working primarily at the national level, CDPAC’s mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease. CDPAC has two inter-related functions – advocacy and mobilizing knowledge for action”.

Vision

“Canadians will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs that promote health and prevent chronic disease.”

Alliance Members

Alliance representatives provide strategic direction and oversight to CDPAC’s shared priorities for action on chronic disease prevention. The Chair of the Alliance is Ms. Lisa Ashley, Canadian Nurses Association. The Past-Chair is Ms. Mary Collins, BC Healthy Living Alliance. The Alliance Members are:

- Alberta Policy Coalition for Chronic Disease*
- Canadian Alliance on Mental Illness and Mental Health
- Canadian Cancer Society
- Canadian Medical Association
- Canadian Men’s Health Foundation
- Canadian Nurses Association
- Diabetes Canada
- Dietitians of Canada
- Heart & Stroke
- The Kidney Foundation of Canada
- Ontario Chronic Disease Prevention Alliance*
- YMCA Canada

*Representatives of the CDPAC Network of Provincial/Territorial Alliances.