



Newfoundland & Labrador: Election 2019

Policy Recommendations



**Canadian
Cancer
Society**

1 888 939-3333 | CANCER.CA

At the Canadian Cancer Society (CCS) we know that while cancer changes people, it doesn't have to define them. At CCS, we believe that life is bigger than cancer. As the only national charity that supports Canadians with all cancers in communities across the country – no other organization enables and empowers what CCS does. As the voice for Canadians who care about cancer, we:

- fund ground breaking research into more than 100 types of cancer;
- offer trusted information, programs and services that help people with cancer and their families when they're unsure or anxious; and
- advocate to governments to drive important social change and funding for cancer related issues.

The Canadian Cancer Society believes that working with government and legislators to bring about health public policies is vital in the creation of a world where no Canadian fears cancer. While we have many policy recommendations, our current top priorities are related to the Medical Assistance Transportation Program (MTAP) and youth smoking/vaping.

Medical Assistance Transportation Program (MTAP)

The cost of medical-related travel and accommodations for all Newfoundlander & Labradorians, but particularly those living in rural and remote areas, is a significant barrier to the effective delivery of cancer care in the Province. In Newfoundland & Labrador, most cancer patients requiring radiation treatment or specialized cancer services are required to travel to St. John's for treatment. The costs associated with multiple trips from a rural area can be crippling at a time where most cancer patients see their income reduced due to employment leave.

Financial hardship is a grueling reality for most cancer patients, particularly for those living in rural and remote areas. While the Medical Transportation and Assistance Program (MTAP) does provide travel and accommodation support, the process is cumbersome, inefficient, and does not respond to the needs of the health care system and the patient. Research has shown that patients who live further away from treatment centers are more likely to cancel or not attend appointments.

MTAP is administered by The Department of Health & Community Services. MTAP can be used to assist with the cost of airfare, taxis, private vehicles, accommodations, meal allowance, busing, or use of ferries. In its current form, the MTAP program is not responsive to the needs of residents. Particularly for those living in Labrador, administration of air travel through the MTAP program is not patient-centered and remains cost prohibitive, even in instances where a percentage of the flight is covered. On average a flight from Goose Bay to St. John's costs almost \$1000, round trip.

The Canadian Cancer Society is urging government to repair the significant gaps in the Medical Transportation Assistance (MTAP) program, to more effectively meet the needs of people in rural and remote areas of our Province. MTAP must be more responsive to the needs of patients and caregivers and work seamlessly and efficiently within the timelines directed by the oncologists and cancer care team.

Curb youth smoking and vaping

Smoking rates in Newfoundland and Labrador are 20% - the highest in Canada. Tobacco use is the leading cause of preventable disease and death, causing about 30% of all cancer deaths. While there has been great progress in tobacco control, more needs to be done to help smokers quit and prevent people, especially youth from starting to smoke.

The Canadian Cancer Society is urging Government to address the growing rates of youth smoking and vaping. CCS advocates increasing the minimum age to purchase e-cigarette and tobacco products to 21.

Delaying the age when young people first experiment or begin using tobacco can reduce the risk that they transition to regular tobacco users and increase their chances of successfully quitting, if they do become regular users.

In Canada, smokers aged 18 or 19 are a significant supplier of tobacco products for younger children, who rely on friends or classmates for purchase. Given that students rarely reach 21 years old while in high school, increasing the age of sale would greatly reduce the number of high school aged students who would have access to tobacco.

If the minimum age is 19, youth aged 17 or 18 are likely to know an older sibling/friend who is 19 who will get them tobacco. But if the age is 21, then a 17 or 18 year old is much less likely to have access to someone who is 21.

In the U.S., the Institute of Medicine concluded in 2015 that increasing the minimum tobacco sales age to 21 in the U.S. would over time, decrease adult smoking by 12% and smoking-related deaths by 10%, with reductions in youth smoking of 25% for 15-17 year olds and 15% for 18-20 year olds.

In the U.S., there is tremendous momentum with tobacco age 21 already implemented in 12 states, including, Virginia, Massachusetts, California, Oregon, Hawaii, New Jersey and Maine and in at least 430 municipalities. Many more states and municipalities are in progress.

In all US states with age 21 for tobacco, the law also applies to establish age 21 for e-cigarettes. The dramatic increase in youth use of e-cigarettes in the U.S., described by the FDA and by the US Surgeon General as an epidemic, is driving more states to adopt age 21 for both tobacco and e-cigarettes. In Canada, there has been a similarly dramatic increase in youth use of e-cigarettes, prompting the need to adopt age 21 laws as soon as possible.



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