



Recommendations by the Canadian Diabetes Association for B.C. Budget 2016

Submitted to the

Select Standing Committee on Finance and Government Services

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The Canadian Diabetes Association (the Association) is a registered charitable organization that leads the fight against diabetes by helping those affected by diabetes to live healthy lives, and preventing the onset and consequences of diabetes while we work to find a cure. Our staff and more than 20,000 volunteers provide education and services to help people in their daily fight against the disease, advocate on behalf of people with diabetes for the opportunity to achieve their highest quality of life, and break ground towards a cure.

In British Columbia, we help prevent diabetes and we work with people living with diabetes lead better lives through programs and initiatives offered by four regional offices in the community. Our mission is both simple and ambitious: it is to lead the fight against diabetes by 1) helping those affected by diabetes to live healthy lives, 2) preventing the onset and consequences of diabetes, and 3) discovering a cure.

The Association believes that British Columbians with diabetes have the right to be treated with dignity and respect, and have equitable access to high quality diabetes care and supports. Such are the guiding principles within the Association's Diabetes Charter for Canada.¹ Our vision through the Charter is a country where all people with diabetes can live to their full potential.

I. Introduction

Diabetes is a condition that can, without optimal management, become worse over time and cannot be reversed. The burden of diabetes is significant to those living with the disease, both in terms of quality of life and out-of-pocket costs. The financial burden to the government of British Columbia is also staggering, reaching into billions of dollars each year.

If left unattended, the rising prevalence of diabetes has the potential to drive the health budget over the financial cliff in the coming years. Today, an estimated 442,000 British Columbians have been diagnosed with diabetes, representing 8.9% of the population. An additional 744,000 people (21%) live with prediabetes.² In ten years from now, 213,000 more people will be diagnosed with diabetes, bringing the total to 655,000 people or 11.6% of the population. This represents a 48% increase in prevalence.³**Error! Bookmark not defined.**

. Action on diabetes is particularly important as the disease has reached epidemic proportions: today, more than 10 million Canadians have diabetes or prediabetes. Diabetes is a serious chronic disease that causes 30 per cent of all strokes, 40 per cent of all heart attacks, 50 per cent of kidney failure requiring dialysis and 70 per cent of all lower limb non-traumatic amputations.⁴ One of ten deaths in Canadian adults was attributable to diabetes in 2008/09.⁵ Compared to the general population, people with diabetes are also:

- Over three times more likely to be hospitalized with cardiovascular disease;
- 12 times more likely to be hospitalized with ESRD;
- Over 20 times more likely to be hospitalized for a non-traumatic lower limb amputation.⁴

As highlighted in the Budget 2016 consultation paper, the province of British Columbia is a leader in Canada in health outcomes such as mortality due to heart disease and for cancer. It is important to build on this track record by improving supports for people with diabetes so that they can better self-manage their disease and delay or avoid serious and costly complications.

On the one hand, our submission call for investments for key measures that will reduce medical complications and potential costly hospitalization, and on the other proposes a measure that will contribute to the province's revenues.

II. Recommendations

1. Enhance coverage for insulin pumps by including all individuals with type 1 diabetes who are clinically eligible.

There is compelling evidence to support the use of insulin pumps versus multiple daily injections of insulin for people living with diabetes for those who are clinically eligible. The use

Executive Summary

Today 442,000 British Columbians are currently living with diabetes. To put this in perspective, it is the equivalent to over two-thirds of the population within the City of Vancouver. By 2025, this number is estimated to rise to 655,000 or 11.6% of the B.C. population. The increasing rate of diabetes and its complications poses a serious burden on B.C.'s publicly funded health care system and economy. Diabetes currently costs the province \$1.6 billion, and in ten years from now, diabetes will cost our economy over \$2 billion.

To alleviate the cost pressures on the health care system, the Canadian Diabetes Association recommends the following:

1. Enhance coverage for insulin pumps by including all individuals with type 1 diabetes who are clinically eligible.
2. Introduce a tax on sugar-sweetened beverages and use the revenues generated to support initiatives that promote the health of British Columbians
3. Allocate at least 6 per cent of the health budget in integrated and collaborative approaches to health promotion and chronic disease prevention.

of an insulin pump has been shown to improve A1C values (an indication of blood glucose control), which can reduce serious complications over the long term. However, there are high out-of-pocket costs associated with the use of a pump which are as a barrier to optimal management of diabetes for many people. Insulin pumps cost between \$6,000 and \$7,000 on average and need to be replaced every five years. In addition, annual pump supplies can cost up to \$4,000 per person per year.

Switching from daily injections to an insulin pump can offer better blood glucose control, reducing the likelihood of developing serious complications. This is critically important since, as an example, the number of people with diabetes who have End Stage Renal Disease is expected to increase by 146% from 360 people in 2012 to 887 people by 2032 in British Columbia. In addition, significant increases are also projected in the number of people with diabetes suffering from heart attack, stroke and lower-limb amputation.⁶

B.C. PharmaCare currently insures insulin pumps for insulin dependent people with diabetes who are 25 years or younger, using insulin and have met specific clinical criteria. It also insures pump supplies for both children and adults of all ages. The coverage had previously been available to eligible children and youth under 19 and was expanded to include adults with diabetes under 26 in February 2014. The Association applauded the B.C. government's decision and considered this change an important step to ensure more British Columbians with diabetes have the support they need to manage their disease.

Currently, an estimated 19,300 people in British Columbia are living with type 1 diabetes. Among these, approximately 12,500 people are over 26 years of age, and are currently not eligible for insulin pump coverage by B.C. PharmaCare. All people with type 1 diabetes require insulin to stay alive. Opportunities for improved health and quality of life as a result of benefits of the insulin pump therapy should be available for those over 26 years of age. The seriousness of the condition and acute complications for individuals when insulin is not administered as required highlights the need to optimize insulin therapy for all people with type 1 diabetes, regardless of their age. Research has demonstrated that insulin pump therapy can lessen the risk of developing serious and costly complications. Moreover, the fiscal challenges faced by many that are below the age of 26 simply do not end once they reach that age. We have heard from many young adults as well as from seniors who simply cannot afford an insulin pump, even though they are good candidates for these devices. As it currently stands, they are unable to access a very effective instrument in the treatment of their diabetes because of financial considerations.

For this reason, the Association recommends that the government build upon its commitment to people with diabetes, and expand the existing program to include all individuals with type 1 diabetes, regardless of age, provided that they meet specific clinical criteria.

2. Introduce a tax on sugar-sweetened beverages (SSBs) and use the revenues generated to support initiatives that promote the health of British Columbians

Overweight and obesity are risk factors for the development of prediabetes, type 2 diabetes and gestational diabetes. Approximately 60% of adult Canadians and one-third of children and youth aged 5 to 17 years are overweight or obese. Children who are obese are at increased risk of remaining overweight or obese as adults. Type 2 diabetes is being diagnosed earlier than ever before, and more frequently in children.

On the other hand, evidence-based studies conclusively demonstrate that excessive consumption of sugar-sweetened beverages directly increases the risk of developing type 2 diabetes. Sugar-sweetened beverages (SSBs) include soft drinks and other beverages such as sports drinks, fruit drinks, lemonade, iced tea and blended coffees. They contain large amounts of added sugar and are nutrient poor. A single serving of soft drink (e.g., cola) contains approximately 40 grams (about 10 teaspoons) of sugar.

Internationally, some governments have used policy levers to influence SSBs consumption. Mexico, France, regions in the U.S. and Europe, have applied taxes on SSBs as a means to deter consumption and redirect revenues toward health promoting initiatives. Preliminary results from the Mexico experience, which added a 10% tax to non-dairy and non-alcoholic drinks with added sugar, demonstrate a 6% decline in purchases in 2014 compared to pre-tax trends. These results were observed across socioeconomic groups and occurred in tandem with an increase in water consumption.

Given the serious impact of diabetes and its complications on Canadians and the link between excessive consumption of sugar-sweetened beverages and type 2 diabetes, the CDA urges the Government of British Columbia to introduce a tax on SSBs to help in the fight against type 2 diabetes as well as other chronic diseases. We also call on the Government of British Columbia to use the revenues generated to invest in initiatives that promote healthy living in British Columbia.

3. Allocate at least 6 per cent of the health budget towards integrated and collaborative approaches to health promotion and chronic disease prevention.

The Association applauds the B.C. government's continued support for healthy living, which is critically important for people living with diabetes. For example, the Canadian Diabetes is proud of its partnership with the Ministry of Health and the First Nations Health Authority to deliver our Food Skills for Families program. It has built community capacity by training over 347 Community Facilitators province-wide. Since the program began in September 2008 through to June 2014, Community Facilitators have delivered 830 programs to approximately 7,000 participants with an estimated reach of approximately 21,150 adults and children. Demand for this program is growing pointing to a need in communities for such health prevention initiatives.

Health promotion and chronic illness management are both essential components of an effective and sustainable health system. Without a coordinated approach to address the rising tide of diabetes and chronic illness in general, the burden of these conditions, both on individuals and the health system, will continue to rise. The Association supports the B.C. Healthy Living Alliance's recommendation that the Ministry of Health allocate at least 6 per cent of the health budget in integrated and collaborative approaches to health promotion and chronic disease prevention.

III. Conclusion

The Canadian Diabetes Association respectfully requests the Committee's consideration of these three recommendations, based on evidence and a vision of a healthy and sustainable future for all British Columbians. Better diabetes management improves the health outcomes of people with diabetes, reduces the burden on the provincial health care system, and directly contributes to building a stronger province. Once again, thank you for the opportunity to provide our recommendations to the Select Standing Committee on Finance and Government Services.

Endnotes

¹ Canadian Diabetes Association. (2014). The Diabetes Charter of Canada. Available at: <http://www.diabetes.ca/diabetes-and-you-know-your-rights/support-the-diabetes-charter-for-canada/diabetes-charter-for-canada>

² Prediabetes exists when blood glucose is elevated, but not as high as type 2 diabetes. About 50% of Canadians with prediabetes develop type 2 diabetes in their lifetime. See Diabetes: Canada at the Tipping Point – Charting a New Path, p. 8.

³ Canadian Diabetes Association (2015). Canadian Diabetes Cost Model.

⁴ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. (2013). Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. *Can J Diabetes*, 37 (suppl 1), S1-S212.

⁵ Public Health Agency of Canada. (2011). *Diabetes in Canada: Facts and figures from a public health perspective*. Ottawa, Ont.: Public Health Agency of Canada. Retrieved from <http://www.phac-aspc.gc.ca/cd-mc/publications/diabetes-diabete/facts-figures-faits-chiffres-2011/index-eng.php>

⁶ Canadian Diabetes Association. (2012). The Economic Benefit of Expanding Public Funding of Insulin Pumps in British Columbia. Available at: <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/economic-benefit-of-public-funding-for-insulin-pumps-in-british-columbia.pdf>