SUBMISSION

CANADIAN NURSES ASSOCIATION®

2018 PRE-BUDGET CONSULTATION

Submission to the Standing Committee on Finance

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CNA is the national professional voice of over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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Introduction

The Canadian Nurses Association (CNA) is pleased to provide the federal government with cost-effective recommendations to promote Canadians' health and productivity by strengthening public health and closing health-care gaps experienced by Indigenous Peoples.

CNA's recommendations for the 2018 budget will strengthen public health through investments in the following areas:

- A public health approach to reduce harmful health, social and economic consequences for all Canadians related to the legalization of cannabis.
- Antimicrobial stewardship programs to minimize the emergence of antimicrobial resistance, a considerable threat to Canadians' health and well-being.
- Early, secondary and post-secondary education programs for Indigenous students, and investments in health services and professional development programs for health-care providers serving Indigenous communities.

By implementing these recommendations, the federal government will be well positioned to meet critical goals that protect and improve the health of individuals and communities across Canada.

Recommendations

1. Strengthening public health

▶ Cannabis

Prior to legalizing non-medical cannabis via Bill C-45, the *Cannabis Act*, CNA recommends that the federal government invest $25 million annually (over five years) on public education, with ongoing funding of $2 million per year for a harm reduction-based cannabis awareness campaign that targets youth and adults. This additional funding would appropriately increase the current 2017 federal budget commitment to provide $9.6 million (over five years) to advance public education, with $1 million per year ongoing.

Federal government funds would be used by every province and territory to develop and disseminate relevant resources to educate their respective populations. This public health approach would enable each jurisdiction to tailor public education campaigns to meet regional population needs and reduce the harms associated

with non-medical cannabis use. Federally-funded public education campaigns would commence before the legislation is expected to take effect (July 1, 2018).

Legalization is intended to remove the social harms and costs of prohibition. Each year, Canada spends more than a billion dollars to enforce cannabis possession laws, arresting approximately "60,000 Canadians . . . for simple possession, [which is] nearly 3% of all arrests. . . . At least 500,000 Canadians carry a criminal record for this offense."[1] Funds realized through savings from reduced enforcement efforts and/or through taxation could be redirected toward investments in substance use prevention and treatment programs across Canada.

The federal government currently invests $46 million per year in its tobacco control strategy,[2] an amount that includes public education. This figure can be used as a guide for the required investment in public education related to cannabis. Canada can also look to Colorado, which has made significant investments in public education on cannabis. With a population of about 5.5 million, the state legalized the commercial sale of cannabis in 2014, allocating $7 million for a Department of Public Health and Environment public education campaign.[3] In the 2016-2017 fiscal year, the Retail Marijuana Education program (which focuses on youth prevention and a trusted adults campaign) was paid for out of the more than $105 million in cannabis tax revenue the state generated.[4] Aligning cannabis public education investments in Canada with federal government spending on tobacco education (and similarly scaled programs in Colorado) suggests that a minimum investment of $25 million per year would be required.

Public education campaigns must help Canadians reduce the risks associated with non-medical cannabis — for example, the need to delay use until early adulthood, to avoid driving for at least six hours after inhalation and, for vulnerable groups such as youth and pregnant women, to abstain from using the drug.[5]

The aim of such a public health approach is to reduce

> the adverse health, social and economic consequences of at-risk activities. [It] is part of a comprehensive health-care response to the health and social harms experienced by people who use substances, [which] complements abstinence, prevention and treatment strategies for substance use. [Harm reduction] is most commonly used in relation to public health programming with people who use psychoactive substances, but it can also be applied to programs that address alcohol use, sexual practices, safe

[1] (Crépault, 2014, p. 6)
[2] (Health Canada, 2012)
[3] (Colorado Department of Public Health and Environment, 2016)
[4] (Colorado Legislative Council Staff, 2016)
[5] (Canadian Nurses Association [CNA], 2017)

cycling, driving, gaming practices and more. [It does not require that at-risk practices be discontinued; instead, the focus is] on promoting safety, preventing death and disability, and supporting safer use for the health and safety of all individuals, families and communities.[6]

▶ Antimicrobial resistance (AMR)

CNA recognizes that AMR is a substantial threat to health both nationally and internationally. Nurses across Canada are well placed to help minimize the need for antimicrobials, by preventing infections through a variety of mechanisms, including immunization and infection prevention and control programs, and to prevent AMR through low-cost, high-impact stewardship activities.

CNA recognizes the need for a cost-effective, interprofessional approach to antimicrobial stewardship (AMS), which includes collaboration among nurses, physicians, pharmacists, patients and caregivers. With the focus on stewardship, CNA recommends the following strategies to address the issue of AMR in Canada:

- That the federal government support the recommendations on AMS put forward in *Putting the Pieces Together: A National Action Plan on Antimicrobial Stewardship* by HealthCare*CAN* and the National Collaborating Centre for Infectious Diseases.[7]
- That the federal government commit $9 million over each of the next five years[8] (with an accountability framework that guides how funds are applied)[9] to scale up provincial and territorial acute care and community-based AMS programs.
- That the federal government invest in AMS leadership by nurses, Canada's largest group of health-care providers and Canadians' first point of contact in the health system. Increasing AMS competence and capacity among nurses through a nurse-led knowledge translation and mobilization program could be achieved with a one-time investment of $1.5 million. As Canada's national, professional nursing organization, CNA has the role, experience and capacity to successfully undertake this work.

[6] (CNA & Canadian Association of Nurses in AIDS Care, 2012, p. 1)

[7] (HealthCare*CAN* & National Collaborating Centre for Infectious Diseases, 2016)

[8] Using an estimate of 25¢ per capita (based on data from a successful community-based AMS program run in two provinces, at a cost of 10-15¢ per capita annually), plus estimates for investment in acute care AMS programs. During the program's twelve plus years in B.C., it has helped to decrease prescribing by 15 per cent, saving $50 million annually — half of which was in governmental expenditures.

[9] Such an accountability framework could take several forms, such as the one CNA outlines in its 2017 pre-budget submission to the standing committee on finance (CNA, 2016).

2. Closing health-care gaps experienced by Indigenous Peoples

- **Continue to act on Truth and Reconciliation Commission recommendations.**

CNA asks the federal government implement the commission's Call to Action 21, a key 2015 recommendation.[10]

The 2018 federal budget can build on investments already made to improve health outcomes by including "sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority."[11]

- **Invest in early, secondary and post-secondary education for Indigenous students and expand broadband services to enable distance education.**

CNA encourages the federal government to provide $100 million annually for five years to improve education infrastructure in rural and remote communities. This investment could be used to improve existing educational facilities, to construct new training facilities, satellite learning centres, and primary and secondary facilities and to expand broadband services for better distance education and connectivity.

Funds could also be invested to augment and enhance educator recruitment, capacity and retention (including for Indigenous teachers), and the skills and cultural competency of teaching professionals who serve Indigenous students. High-quality education and access to learning resources will improve educational opportunities for children and youth living in rural and remote areas and make the attainment of post-secondary education (including in the health professions), more feasible.

- **Invest in Indigenous health services in urban, rural and remote communities by increasing access to home care and end-of-life care and enhancing professional development opportunities for health-care providers who serve Canada's Indigenous Peoples.**

CNA encourages the federal government to provide $100 million annually for five years to improve access to primary care, home care, and palliative and end-of-life care for Indigenous Peoples. The health and health service inequities faced by Indigenous populations living in urban, rural or remote areas across Canada are well established.[12] In addition, Indigenous populations are known to experience

[10] (Truth and Reconciliation Commission of Canada, 2015)
[11] Ibid., p. 226.
[12] (CNA & Aboriginal Nurses Association of Canada, 2014)

higher rates of chronic and infectious disease than the overall Canadian population. To address these inequities, CNA, together with the Canadian Indigenous Nurses Association,[13] recommends that earmarked funds be used for the following purposes:

- To increase the number of Indigenous health-care professionals available to provide culturally safe care to Indigenous communities. Investments in primary and secondary education will increase the feasibility of Indigenous students to pursue post-secondary education in the health professions, and investments in professional education will improve the skills, capacity, recruitment and retention of Indigenous and non-Indigenous health-care providers already serving Indigenous populations.
- To increase education and training of non-Indigenous health-care providers in the domains of cultural competence, cultural safety and cultural humility.
- To improve access to timely, high-quality, culturally safe primary care, home care, and palliative and end-of-life care for Indigenous populations living in urban, rural and remote locations, both on and off reserve.
- To improve health-care providers' access to information and technology solutions that improve care by investing in broadband infrastructure for rural and remote communities and in innovative mobile professional tools and solutions that improve the capture, accessibility and secure storage of personal health information.

Conclusion

By adopting CNA's recommendations, the standing committee can encourage the federal government to take concrete and meaningful action toward improving public health and closing gaps in our country's health-care system for all Canadians, including Indigenous Peoples and vulnerable populations.

[13] Formerly, the Aboriginal Nurses Association of Canada.

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