



# 2022-2023 Pre-Budget Submission

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**Cancer Council Australia**

January 2022



## Submission Summary

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Cancer is a major cause of illness and death in Australia. In 2021 around 151,000 Australians were diagnosed with cancer, that's 413 people every day\*. Tragically, 49,000 Australians, or 135 people every day, die from cancer each year. Almost every Australian is affected by cancer directly or indirectly.

Cancer Council has identified five priority areas for the 2022-2023 federal budget to reduce and address the burden of cancer on the Australian community. These priorities are:

- Reduce tobacco use
- Improve the provision of optimal cancer care
- Reduce the financial toxicity of cancer
- Promote participation in the National Bowel Cancer Screening Program
- Use economic interventions to improve Australians' health

Now more than ever it is important to invest across the spectrum of cancer control, with activity to prevent cancer, find more cancers earlier when treatment outcomes are better, deliver evidence-based treatment, support world class research and reduce the burden of cancer for all Australians.

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Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

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\* Australian Institute of Health and Welfare 2021. Cancer in Australia 2021. Cancer series no. 133. Cat. no. CAN 144. Canberra: AIHW.

## A package to reduce tobacco use

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Almost 2.1 million Australians aged 18 years and over currently smoke tobacco products daily [1]. A further quarter of a million teenagers who have experimented with smoking could potentially become regular smokers [2]. The Australian government has committed to reduce the national adult daily smoking rate to below 5% by 2030 [3]. Cancer Council unreservedly supports government initiatives currently underway to reduce tobacco use including the thematic review of national tobacco legislation, ongoing commitment to the Tackling Indigenous Smoking program, and the pending draft National Tobacco Strategy. However, on current trends (with adult smoking rates still about 12% [1]), this target will only be achieved with the strongest evidence-based measures. Cancer Council recommends additional tobacco control initiatives that, combined, are likely to have the highest immediate impact and assist us to achieve our national goal.

### **Deliver a fully funded National Tobacco Strategy**

**Priority action: Commit to the immediate delivery and comprehensive funding of the National Tobacco Strategy**

The National Tobacco Strategy provides a national framework to reduce tobacco-related harm in Australia. The last National Tobacco Strategy expired in 2018, and despite the new Strategy being developed, the draft has not been released for consultation and it is still to be funded. Australia is a party to the WHO Framework Convention on Tobacco Control (WHO FCTC) and consequently has an obligation to deliver comprehensive multisectoral national tobacco control strategies, plans and programs. Without an endorsed and fully funded National Tobacco Strategy Australia does not meet this most basic of obligations.

Cancer Council is calling on the Australian Government to release the draft National Tobacco Strategy immediately, to fully cost all the components of the Strategy requiring national funding, and to include in the upcoming Budget an allocation for each of the next four years to support the delivery of all aspects, activities and programs outlined in the Strategy.

### **Increase investment in and implement an integrated multi-media mass-reach campaign**

**Priority action: Increase investment in mass reach multi-media quit smoking campaigns<sup>†</sup> to \$46 million per year for at least three years.**

Most smokers want to quit, and even smokers who say they do not want to quit concede that they would change their mind if faced with health concerns [4]. However, many Australians who smoke are addicted to tobacco-delivered nicotine and find it all too easy to put off quitting or become discouraged. Mass reach media campaigns increase smokers' urgency and resolve to quit at the same time as they recruit influential friends, family, and health professionals to support that effort. There is strong evidence that media campaigns designed for adult smokers also reduce the prevalence of smoking among youth [5].

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<sup>†</sup> Although there is significant community concern around the apparent rise in e-cigarette use in Australia, more research is needed to examine whether media campaigns about electronic nicotine delivery systems (ENDS) can prevent uptake among non-smokers and help those addicted to ENDS to successfully quit. Early evidence from some campaigns in the US indicates that that well developed campaigns may reduce intentions to use e-cigarettes and increase motivation to quit among youth. Up-to-date data is required for current levels of ENDS use among Australian youth and adults to determine whether a mass communication strategy is warranted and safe.

This is because the earlier their smoker parents quit, the less likely adolescents are to become smokers [6], and because reducing young adult smoking erodes pro-smoking norms so fewer adolescents aspire to become smokers.

Mass media quit smoking campaigns drive quit attempts and deliver the best return on investment in tobacco control, being highly cost-effective and cost saving [7-10]. While a decade ago, the dominance of traditional media channels meant that a large segment of the population could be reached by broadcasting a 30-second video message on television, with the growth of digital and social media campaigns we must now deliver messages in more targeted ways across many different platforms and channels. These types of campaigns can now more easily target geographic areas and specific multi-media channels to expose smokers and key influential people surrounding them. This type of integrated media mix costs a similar amount or slightly more than previous traditional campaigns because there are more creative assets to produce and more channels to invest in to reach a similar number of people<sup>‡</sup>.

Adequate campaign intensity and duration is essential to reduce health inequity. Tobacco dependence is a chronic relapsing disorder, and most smokers need to make numerous attempts to quit before they finally succeed, so mass media campaigns discouraging smoking must run not just occasionally, but several times every year. Campaigns motivate disadvantaged smokers to make quit attempts at the same or higher levels as more advantaged groups, but often these smokers need additional support to maintain a smoke-free life via use of available cessation resources and a supportive social and health network – each of which can be facilitated by campaign messaging [11-15]. Priority groups with high smoking rates are disadvantaged by under-investment in public education [16] with lower campaign exposure levels maintaining or exacerbating disparities in smoking prevalence between low and high socio-economic groups [17].

Over the past decade, investment in mass media quit smoking campaigns to discourage smoking has declined and is now at record low levels [18]. The implementation of media campaigns over the next four years would enhance the effectiveness of any proposed new health warnings on tobacco products [19-20], promote cessation and encourage smokers to use evidence-based tobacco dependence treatment. Advice from expert media buyers indicates that \$46M per annum (\$11.5M per burst of activity by four bursts) should be included in the 2022 Budget to enable ongoing messaging to activate different sets of smokers who cycle into being open to making a quit attempt throughout the year. This budget level enables follow-up of those who show interest in quitting with targeted additional supportive and relapse prevention messaging, with digital links to available cessation resources. It also enables messaging that reaches those surrounding the smoker, helping to shift problematic social norms [21] and to encourage and prepare health professionals to provide best practice cessation advice. It is estimated that this level of investment could increase the number of successful long-term quitters from around 7,000 to 66,000 per year [22].

Allowing for multiple attempts per person per year and for greater numbers of attempts per person as the number of campaign bursts increases, we estimate the number of quit attempts could be increased by 350,000 with one quarter of campaign activity, up to an extra 1.6M attempts per year with campaign activity in every quarter of the year. It is estimated that this level of investment could lead to an extra ~7,000 (one burst of activity) to an extra ~50,000 (four bursts of activity) long-term quitters per year [22].

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<sup>‡</sup> Despite declines in smoking prevalence, the actual number of smokers in Australia has not declined as steeply as incidence due to population growth.

## **Harmonise excise/customs duty on roll your own (RYO) tobacco and standardise pack and pouch size**

**Priority action: Standardise pack and pouch size and further increase excise/customs duty on RYO tobacco over next four years.**

Reducing the affordability of tobacco products through taxation is a cost-effective way to reduce tobacco use [23-24]. However not all tobacco products are taxed at the same rate. Tobacco companies have consistently undermined taxation by using strategies such as offering a wide array of pack and pouch sizes and aggressively promoting cheaper RYO tobacco [26]. Standardising the number of cigarettes in a pack (to 20) and the amount of tobacco in a roll-your-own pouch (to 30g) would make the price of tobacco products much clearer and increase the effectiveness of future tax increases in reducing consumption. Further harmonising the excise/customs duty on RYO tobacco over the next four years, so that RYO cigarettes weighing more than 0.6g are taxed at a rate equivalent to that applied to factory-made cigarettes, would further reduce smoking prevalence. Projections indicate this harmonisation would also provide increased revenue of approximately \$160m in 2021-22, increasing to \$440m by 2024-25.

## Improve the provision of optimal cancer care

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Cancer outcomes in Australia are among the best in the world, but this is not experienced equally across the community with First Nations Australians and those living in disadvantaged and regional and rural Australia missing out on world class outcomes [27-29].

People with cancer in Australia encounter significant barriers, confusion and distress when moving through the health system to receive treatment and support. They tell Cancer Council and their cancer service providers that they need a navigation system to help them with their care, with this being especially true for people who find it hard to access cancer care.

### Facilitate people with cancer to better navigate the health system to receive optimal cancer care

**Priority action: Introduce an approach to navigation to ensure all Australians with all cancers have access to the right information and navigation support.**

Access to navigation support can improve cancer experience and outcomes [30]. Complementing existing tumour-specific specialist nurses already working in health services (such as those supported by the Prostate Cancer Foundation of Australia, Lung Foundation and Ovarian Cancer Australia), Cancer Council's 13 11 20, the McGrath Foundation's specialist nurses and non-nurse navigators for people with advanced cancer project and the All.Can navigation proposal are in a position to deliver all aspects of such an approach to cancer navigation. Cancer Council's 13 11 20 is a free, confidential multimodal information and support service for people affected by cancer. It is a nationally accessible and consistent service, with a commitment to equity, and includes telephone, text and web-based mediums. 13 11 20 is currently funded by community donations and while those who access 13 11 20 receive benefit from the service, our biggest challenge is in connecting with people with cancer at the beginning of their cancer experience so that their needs can be assessed and addressed proactively, and navigation support provided as required.

*Cancer Council plays a really important role. It's about providing that support that might not exist at the hospital, to make sure they have the time to ask all their questions to make informed decisions...part of our role is really just to listen.*

*Katherine | 13 11 20 Cancer Nurse*

### Support the development, update, and dissemination of clinical practice guidelines

**Priority action: Invest at least \$8.8 million over five years to support the update and dissemination of cancer clinical practice guidelines.**

Clinical guidelines save lives and improve cancer care by providing clinicians with easy access to the latest systematic review of the evidence and assessment of the benefits and harms of alternative care options. Supported by the Australian Department of Health, Cancer Australia and various other cancer organisations, Cancer Council Australia's Clinical Guidelines Network has been developing high quality, evidence-based cancer clinical practice guidelines since 1994. Developed with the Clinical Oncology Society of Australia and cancer clinicians from across the country, these clinical practice guidelines bring together the best available evidence to underpin scientifically valid recommendations for the prevention and diagnosis of cancer and treatment of care of patients and aid clinician and patient decisions regarding appropriate health care for specific clinical circumstances.

It is not always necessary to conduct a full revision with guidelines most appropriately being updated by a cycle of staged updates with different sections updated as new evidence is published (taking a living

guideline approach). Of Cancer Council Australia's suite of guidelines, there are currently eight<sup>§</sup> appropriate for inclusion in such a staged revision process over a five-year period.

## **Improve the provision of information to people affected by cancer**

**Priority action: Provide an allocation of \$750,000 to support the development of a national cancer information strategy.**

The provision of evidence-based and trusted information is essential for people affected by cancer to be active participants in their care and be making informed decisions. Cancer information must meet a wide range of highly personalised and situation-dependent needs to be useful and usable for people with cancer, their carers and family. Currently barriers and gaps exist in cancer information resources and provision mechanisms, and many health resources fail to be accessible to those who need them most and do not meet the needs of those with low health literacy.

Cancer Council has strong expertise in the provision of information to people with cancer and have been working over the past year to develop our own internal cancer information strategy and address these gaps as they pertain to our suite of information. Additionally, the [National Action Plan for Blood Cancer](#) identified the need for a blood cancer information strategy as part of a broader digital health and information strategy for people with cancer. However, aside from the work underway at Cancer Council, there is currently no plan to develop this broader national strategy which is needed to improve the provision of information to people affected by cancer. Based on costings developed for the National Action Plan for Blood Cancer, this allocation would support the development of a broader digital health and information strategy for people with cancer.

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<sup>§</sup> Clinical practice guidelines for: the Prevention, Early Detection and Management of Colorectal Cancer (which underpin the National Bowel Cancer Screening Program), Surveillance Colonoscopy, the diagnosis and management of melanoma; PSA testing and early management of test-detected prostate cancer; the management of locally advanced and metastatic prostate cancer; the treatment of lung cancer; the treatment and management of endometrial cancer; and Cancer pain management in adults.

## Reduce the financial toxicity of cancer

In Australia, out-of-pocket costs for healthcare are growing an estimated 6.8% per year [31]. In 2015-16, the government funded \$115 billion of all health spending, and non-government sources \$56 billion [32]. Of the non-government funding, individuals contributed more than half (17% or \$29 billion) [32]. People who are recently diagnosed with cancer or have private health insurance report higher out-of-pocket costs [33-38]. Recently a study of colorectal, lung, prostate and breast cancer patients in Western Australia reported that out-of-pocket costs were higher for men, those who had undergone surgery, worked prior to being diagnosed with cancer, resided in higher socioeconomic areas, or were receiving chemotherapy [39].

The financial impact of a cancer diagnosis, including out-of-pocket costs, continue to be felt by cancer patients beyond the initial diagnosis and treatment period. People with cancer have also told Cancer Council how the COVID-19 pandemic has exacerbated their financial difficulties, and while pandemic supplements may have provided temporary relief, financial toxicity continues to be a side effect of living with cancer for many Australians.

### Sandra's story

*Receiving a cancer diagnosis was challenging on its own. But along with the diagnosis I felt a lot of financial pressure. I can see how people get caught in the credit trap.*

*Not being able to earn any money was a blow to my self-esteem, as I felt like I wasn't contributing to the household budget.*

*Living about 50 km away from the hospital put a lot of pressure on the budget. Fuel costs were a concern, especially when I had to drive to appointments three days in a row. However, I sorted that out by talking to the staff about having all the appointments on the one day.*

*The car is also being used a lot more, so it needs more servicing which is an added cost. And I worry about finding the money to pay for repairs if something wears out.*

*It's important to speak up and let treatment staff know if there are things you can't afford to do, so they can try and help.*

## Increase access to financial counsellors for people affected by cancer

**Priority action:** Include in the Budget a specific line to support the implementation of all recommendations from the Sylvan Review of the Coordination and Funding for Financial Counselling Services across Australia.

Australia's financial counsellors are of high quality and their work makes a significant difference to many individuals and families who find themselves in or at risk of financial hardship. It is not uncommon for an individual or family's financial circumstances to change significantly following a diagnosis of cancer and many people access financial counselling services in these circumstances. In many cases, advice and support from a financial counsellor will mean people affected by cancer do not have to access government funded income support and are able to avoid the worst of the potential financial burden that can result from a cancer diagnosis.

However, there are not currently sufficient services to meet demand, and many people do not find out about the services offered by financial counsellors until it is too late. There are many organisations across Australia well placed to support increased access to financial counselling services if they were provided the opportunity to offer this service. Many organisations such as Primary Health Networks,



Community Legal Centres, charities who provide services to assist those in need (such as Cancer Council, the Salvation Army, or the Smith Family) and even public hospitals may have the ability to support their staff to extend their current scope of practice and offer financial counselling to those facing financial hardship as an additional service.

The Sylvan Review of the Coordination and Funding for Financial Counselling Services across Australia offered six recommendations, all of which have been supported by government. Funding these recommendations would make a significant difference to the wellbeing of people with cancer.

### **Ensure informed financial consent**

**Priority action: Implement the recommendations of the MBS Review Taskforce Report, particularly Recommendation 3 to develop and mandate a consistent documented procedure with appropriate provision of information to assist providers in explaining costs to consumers prior to a course of treatment.**

All Australians should be supported to provide informed consent prior to receiving any healthcare service. This includes informed financial consent which involves the provision of cost information to patients, including notification of likely out-of-pocket expenses by all relevant service providers, preferably in writing, prior to admission to hospital or commencement of treatment [40]. However, evidence continues to accumulate indicating a lack of informed financial consent across the health system, with many cancer patients continuing to report bill shock (receiving bills they did not expect or are higher than expected) and financial toxicity causing significant distress and often leading patients to make decisions about their care that may have negative health and ongoing financial impacts [41].

Recommendation 3 of the MBS Review Taskforce Report specifically addresses informed financial consent, outlining the need for the development and mandating of a consistent documented procedure, supported by appropriate provision of information to assist providers in explaining costs to consumers prior to a course of treatment. The [Standard for Informed Financial Consent](#) guides health professionals and practices to include cost in discussions regarding the risks and benefits of treatment to enable patients to better consider and prepare for the likely financial impact of cancer care.

## Promote participation in the National Bowel Cancer Screening Program

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The National Bowel Cancer Screening Program (NBCSP) could prevent 84,000 bowel cancer deaths by 2040 if participation rates were increased to and sustained at 60% [42-43].

Mass-media participation campaigns are cost-effective and assist to maximise the potential life-saving impact of bowel screening [44]. The evaluation of Cancer Council's 2019 National Bowel Screening Communications Strategy funded by the Australian Government to increase NBCSP screening participation showed the strategy reached a participation rate of 57.1% (exceeding the Government's target of 56.6%), a major increase on current participation levels of 42.4% [45].

The cost-effectiveness analysis indicated the 2019 strategy also delivered excellent value, with the return on investment estimated at approximately \$6.17 per dollar spent on the campaign, ranging from \$5.46 to \$6.87 for each burst of the campaign. Overall, the \$9 million investment in the campaign will likely return estimated savings of \$46 million in health system costs over the next 50 years. The strategy was not only an outstanding investment on the criteria for measuring social marketing and public education but could also be considered a leading investment in public health outcomes generally.

### Fund and deliver a national bowel cancer screening communications campaign

**Priority action:** Continue Cancer Council's national bowel cancer screening program communications strategy with an annual investment of at least \$36 million per year for at least three years to ensure cancer screening participation targets are met and sustained.

There is clear potential to save lives and deliver significant cost savings by investing in an integrated communications campaign to promote participation in the NBCSP. This investment would deliver three bursts of campaign activity (spending approximately \$12 million in each burst) supported by integrated activities annually and facilitate the development of new creative material.

Such a communications strategy would support an increase in overall participation in the program and target increasing participation among subgroups with lower participation rates such as first-time screeners, men aged 50-59, targeted geographical regions, Aboriginal and Torres Strait Islander peoples, culturally diverse populations, or other groups where participation is low. Boosting participation in the NBCSP would assist in offsetting some of the downstream cancer impacts expected because of delayed diagnosis and changed behaviours through the period of the COVID-19 pandemic.

#### Donna's story

Donna had no symptoms and didn't consider herself a likely candidate for bowel cancer, so she was shocked when her screening test came back positive. A diagnosis of stage two cancer followed which meant doctors had to remove half her bowel.

"I've spoken with so many people who've had some signs that could potentially indicate something of concern in their body but have still not completed the test," she said. "I've urged them to take the test and see their doctor; I've made it my aim in life to educate and warn as many people as possible about the importance of the testing and of not ignoring warning signs."

## Use economic interventions to improve Australians' health

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Price is a key factor in influencing individual choices about risk behaviours, and the Federal Government needs to use the fiscal levers at its disposal including taxation incentives, grants, pricing and subsidies to encourage physical activity and healthy diets.

### **Create environments that support healthy diets, consumption and lifestyle choices**

#### **Priority action: Introduce a 20% health levy on sugar-sweetened beverages.**

Overseas the introduction of a volumetric tax on sugar sweetened beverages has resulted in decreased purchases particularly in households of lower socioeconomic status [46-47], and the sugar purchased from soft drinks that were taken home decreased by 30 g per household per week since the introduction of the UK Soft Drinks Industry Levy [48].

There is increasing evidence in relation to the nature of a health levy on sugary drinks and how it is applied, indicating a sugar sweetened beverages levy based on the amount of sugar encourages widespread product reformulation to reduce sugar content.

#### **Priority action: Introduce a volumetric tax, with higher taxes for products with higher alcohol volume.**

The World Health Organization identifies increasing alcohol taxation, restricting availability and implementing bans on alcohol advertising as evidence-based best buys to minimise the harmful use of alcohol at a population level [49]. Taxation reforms and regulation have been identified in the National Alcohol Strategy and modelling supports the positive benefits likely delivered by such reforms [50-51].

Increasing the price of alcohol through taxation is one of the most effective ways to reduce alcohol use and associated harms. Policies that increase alcohol prices have been shown to delay initiation of alcohol use and reduce binge drinking in young people, as well as slow the progression towards drinking larger amounts [52-53].

Alcohol taxation should be volumetric – calculated according to alcohol content – with higher taxes on products with higher alcohol content by volume.

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