



National Lung Health Alliance Pre-Budget Submission (August 1, 2025)

Transforming Canada's Respiratory Health

By: The National Lung Health Alliance (NLHA)

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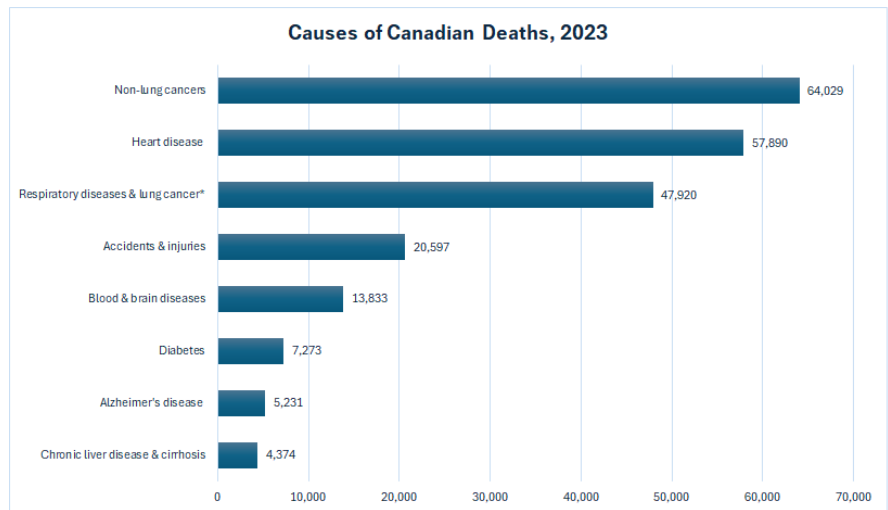
List of Recommendations

It is recommended that the federal government:

- 1) Commits to fully understanding and measuring the scope of the respiratory health crisis by commissioning a comprehensive report. This report should define the scale and impact of the issue using reliable data, identify urgent gaps, set clear national targets, and lay the foundation for tracking measurable progress in improving respiratory health.
- 2) Recognize that vaping and nicotine use are key points of initiation for youth and commit to reviewing the Tobacco and Vaping Products Act. This review should include the integration of nicotine reduction targets—such as the federal “5% by 2035” goal—into relevant national policies and mandates.
- 3) Support Canadians with a Healthy Homes Tax Credit, removing the financial barriers to indoor air quality, funding up to \$5,000 for radon mitigation and up to \$2,000 for retrofits and equipment that improve both short-term safety and prevent long-term illness.

Background and Urgency

In 2023, Statistics Canada reported chronic lower respiratory diseases, COVID-19, influenza and pneumonia among the top 10 leading causes of death. Taken together with lung cancer, respiratory diseases contributed to 47,920 Canadian deaths in 2023, making respiratory diseases the 3rd leading cause of death.ⁱ



*Includes chronic (e.g., COPD, asthma) as well as infectious respiratory diseases (e.g., influenza, pneumonia) and lung cancer
Sources: Statistics Canada Table 13-10-0933-01 & Canadian Cancer Statistics 2023

Despite these alarming statistics, work in lung health continues to be underfunded. These statistics underscore the urgent need for the federal government to take bold action.

One in four Canadians will develop chronic obstructive pulmonary disease (COPD) in their lifetimeⁱⁱ due to occupational hazards, genetics, smoking, secondhand smoke, or a combination of these factors. Inadequate COPD management leads to increased flare-ups, leading to increased healthcare utilization. The economic and healthcare cost of COPD is expected to rise to \$9.45 billion CAD by 2030.ⁱⁱⁱ Similarly, the cost of asthma is projected to increase to \$4.2 billion CAD annually by 2030,^{iv} and is a leading cause of paediatric hospitalization.

At a time when our healthcare systems are overburdened, wildfires are on the rise, Canadian youth vaping rates are among the highest in the world^v, and new strains of infectious respiratory diseases continue to emerge, the federal government cannot afford to ignore investing in respiratory health.

Investments are urgently needed to protect Canadians from developing or worsening chronic lung conditions by:

- addressing nicotine addiction at its inception;
- ensuring that Canadian's have clean air to breathe;
- supporting Canadians in managing their chronic lung conditions to empower them to lead healthy and productive lives.

1) Investing in Canadian Respiratory Health

Respiratory health remains underfunded across Canada, despite COPD being the leading cause of hospitalizations, lung cancer the deadliest form of cancer, and new infectious respiratory diseases continually emerging. In 2022, chronic respiratory disease received only 4% of non-communicable disease grants, compared to 12% for cardiovascular disease and 21% for cancer.^{vi}

Canada lacks a federal respiratory health strategy, as do the provinces and territories. The federal government must investigate the current state of Canadian respiratory health, including research and health policy, and generate actionable solutions. Collaboration and coordination amongst provincial/territorial governments is crucial. Additionally, respiratory health remains overlooked in populations that receive healthcare delivery from the federal government.^{vii}

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a public health crisis made worse by increasing air pollution and wildfire smoke.^{viii} A federal initiative to promote early detection and improve access to breathing tests (spirometry) is crucial for reducing the burden on our healthcare system, as only 35% of people with COPD were tested within a year of their diagnosis.^{ix} Breathing tests are critical for accurate diagnosis and staging, informing optimal treatment for disease management and slowing progression.

Though also invaluable to slowing COPD progression and preventing flare-ups, only 0.4% of COPD patients currently access pulmonary rehabilitation.^x Access to respiratory healthcare must improve – only 10.7% of COPD patients have seen a respirologist,^{xi} an especially troubling percentage as only 19% of primary care physicians feel well equipped to answer COPD-related questions.^{xii}

Certified Respiratory Educators (CREs) should be more extensively used to ensure proper care management and support patients. While progressively debilitating, Canadians living with COPD can continue to have a high quality of life and remain contributing members of society for many years with early diagnosis and proper management.

Asthma

Over 4.6 million Canadians, including 900,000 children under 19, live with asthma. Over 300 people are diagnosed each day.^{xiii} More than 50% live with uncontrolled asthma, presenting with daily symptoms such as difficulty breathing, frequent flare-ups requiring hospitalization and poor quality of life. Children with uncontrolled asthma often miss school and face limitations on their daily activities and many Canadians do not realize that their asthma is uncontrolled.^{xiv} About 10% of Canadians live with such severe asthma that proper treatments and adherence yield no improvement. In addition, asthma disproportionately affects people from

marginalized and lower-income communities; for example, it is 40% more prevalent among First Nations, Inuit, and Métis communities than the general Canadian population.^{xv}

Many people living with asthma, particularly severe asthma, face obstacles within the healthcare system that impede their ability to manage their symptoms, adding further strain on the system. Asthma can be effectively controlled for most patients through proper diagnosis, monitoring, medication, and management of triggers.

Lung Cancer

Lung cancer kills more Canadians than colon, breast and prostate cancer combined.^{xvi} Currently, 70% of lung cancers are diagnosed at an advanced stage^{xvii} where the five-year survival rate is under 5% compared to 60% if diagnosed at Stage I.^{xviii} Despite causing approximately 1 in 4 cancer deaths, lung cancer receives only 5% of cancer research funding.^{xix}

Only three provinces – British Columbia, Nova Scotia and Ontario – have permanent lung cancer screening programs. Screening programs for other types of cancers have seen rapid advancements in capacity, promotion and access. Lung cancer screening needs to be similarly prioritized. Though accessibility is improving, the lack of diagnostic imaging such as low-dose CT scans, remains a barrier for expansion across Canada. Even in provinces with established screening programs, access lags in rural, remote and Indigenous communities despite higher rates of smoking.^{xx}

Canadians need access to diagnostic and innovative therapies. Biomarker testing allows cancer specialists to identify specific genetic mutations and the corresponding therapy. New gene-specific therapies and immunotherapies are emerging, with 10-15 treatments expected to seek Canada's Drug Agency approval within the next year. However, lack of access to these diagnostic tests will lead to missed opportunities to utilize them and delays in treatments.

Immunization

Vaccination strategies are instrumental in managing the lung health of Canadians, particularly those susceptible to infection^{xxi}. Common infectious respiratory diseases like influenza and respiratory syncytial virus (RSV) often cause COPD and asthma flare-ups,^{xxii} while people living with lung cancer may be immuno-compromised, putting them at increased risk. It is vitally important these populations are prioritized for vaccine promotion and public coverage, and that herd immunity is protected. Investing in immunization strategies is a smart return on investment, with every dollar invested yielding \$8-\$45 in avoided healthcare costs and economic losses.^{xxiii}

We are asking the federal government to commit to fully understanding and measuring the scope of the respiratory health crisis by commissioning a comprehensive report. This report should define the scale and impact of the issue using reliable data, identify urgent gaps, set clear national targets, and lay the foundation for tracking measurable progress in improving respiratory health.

2) Exploring Bold Action to Protect Canadians from Smoking and Vaping: Smoke-Free Generation

Canada is a leader in youth vaping rates globally which exposes our youth to harm. Recent surveys estimate that 750,000 youth (ages 15-30 years) vape daily, 136,890 of those being teenagers.^{xxiv} Youths who vape are 3.6 times more likely to start tobacco smoking.^{xxv}

To protect youth and meet the federal commitment to reduce smoking rates “5% by 2035”, the government should seek to apply all restrictions and regulations that currently exist for tobacco to vape products as well. Flavour restrictions proven effective in lowering tobacco rates^{xxvi} and should be applied to all nicotine products.

The current Tobacco and Vaping Products Act serves as a minimum standard for the provinces. The federal government must follow and incorporate emerging innovations in nicotine control into this legislation. For example, Prince Edward Island has implemented flavour bans on vape products and is exploring a smoke-free generation – this should be evaluated and spread across Canada if proven effective.

We are asking the federal government to recognize that vaping and nicotine use are key points of initiation for youth and commit to reviewing the Tobacco and Vaping Products Act. This review should include the integration of nicotine reduction

3) Ensuring Canadians have Healthy Homes

Indoor Air Quality

Canadians spend approximately 90% of their time indoors.^{xxvii} With the increased prevalence of remote work and more frequent and intense wildfires, there is a pressing need to prioritize improving residential air quality.

Air pollution is one of the greatest environmental health risks. By reducing it, the government can decrease the burden of chronic and acute respiratory diseases, including lung cancer. As lung health charities, we have seen the direct harm caused by unsafe air

quality on Canadians living with lung health issues; however, all Canadians deserve to live in homes free from toxicants.

Combustion Particulates

Many Canadian homes do not offer sufficient protection from outdoor pollution like wildfire smoke. Air pollution, particularly PM_{2.5}, is well understood to worsen the prevalence and severity of lung health concerns like asthma and COPD. In Ontario, heavy wildfire smoke was linked to a 23.6% increase in hospitalizations related to asthma.^{xxviii} There is no “safe” level of exposure to air pollution: all exposure increases one’s risk of negative health effects. Every year, air pollution causes almost 17,400 premature deaths across Canada, and the annual economic cost of all health impacts attributable to air pollution in Canada is over \$146 billion.^{xxix}

Radon

Radon is a naturally occurring radioactive gas that is present in all buildings. At high levels, it is the leading cause of lung cancer after smoking.^{xxx} High radon levels can be mitigated with proper ventilation, yet national studies indicate that approximately 18% of Canadian homes have dangerous levels of radon.^{xxxi}

Healthy Homes Tax Credit

Radon testing and mitigation need to be promoted, and Canadians need support to be able to test and mitigate radon exposure in their homes. While testing is offered through several programs, the cost of mitigation can be a large barrier for many Canadians.

We are asking the federal government to implement a Healthy Homes Tax Credit that covers up to \$5,000 for Canadians who have high levels of radon exposure to have their radon mitigated by a Canadian National Radon Proficiency Program (C-NRPP) certified professional, and \$2,000 for Canadians to purchase and install in-home HEPA air filtration units and make retrofits to their homes to improve air quality.

Sincerely,

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