

TITLE: 2023 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario – Balancing Act: An All-of-Society Approach to Substance Use and Harms

TO: Board of Health

FROM: Health Promotion Substance Use Prevention/Harm Reduction Team

DATE: April 15, 2024

APPROVED BY: Dr. Natalie Bocking, Medical Officer of Health & CEO

In Camera?  Yes  No

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## Overview

On March 28, 2024, The Annual Report of the Chief Medical Officer of Health (2023), Balancing Act: An All-of-Society Approach to Substance Use and Harms (the report) was released. This report calls for a comprehensive, coordinated, all of society approach to address the urgent public health issue of the rising rates of substance use and related harms in Ontario. It calls for an investment in upstream approaches (i.e. building stronger families, improving mental health, and building stronger communities) that will prevent substance use issues before they occur, while still supporting downstream approaches that help mitigate the harms of substance use (i.e. education, regulatory measures, and harm reduction interventions). It also acknowledges that substance use and related harms is an issue that cannot be solved by public health alone, and that it needs all of society to effectively address it.

## Recommendations to Board

THAT the Board of Health ...

- i) Receive the information outlined in the 2023 Annual Report Of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario – Balancing Act: An All-of-Society Approach to Substance Use and Harms.

AND

- ii) Send a Letter of support to the Premier and Minister of Health for the province of Ontario for the 2023 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario – Balancing Act: An All-of-Society Approach to Substance Use and Harms.

## Issue

The Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) is mandated to implement the Ontario Public Health Standards to deliver substance use prevention programming and harm reduction program enhancement initiatives. Public health has limited funding and resources to implement upstream and downstream evidence-based interventions. Current programming that is implemented through local health units and drug strategies requires a comprehensive provincial approach as outlined in the 2023 Annual Report of the Chief Medical Officer of Health (CMOH) of Ontario to the Legislative Assembly of Ontario – Balancing Act: An All-of-Society Approach to Substance Use and Harms report to reach priority populations. There is a need to prioritize and advocate for health in all alcohol, cannabis, opioids, tobacco, and other substances policies that support substance use prevention and harm reduction, and there is a need to work collaboratively with our partners and the community to decrease substance use harms.

## Background

Substances (such as alcohol, tobacco, caffeine, opioids, etc.) have been used by people throughout history, for enjoyment, religion, stress reduction, pain reduction and many other reasons. Many people who use these substances do so without apparent signs of harm to their health or wellbeing, however, some people experience real and severe harm to their health and relationships<sup>1</sup>.

Across Ontario, there is a rise in substance use harm<sup>1</sup>. Ontario is seeing increased rates of vaping among non-smokers, high burden of hospitalizations and cancers due to alcohol use, increased unintentional child poisonings due to cannabis, over 2,500 fatalities due to opioid poisonings and thousands more are treated for accidental overdoses.<sup>1</sup> The harmful use of cannabis, alcohol, tobacco and opioids by Ontarians are costing the province \$14.91 billion in decreased productivity, health care and criminal justice costs as well as other direct costs.<sup>1</sup>

Data for HKPR (Northumberland County, the City of Kawartha Lakes, and Haliburton County), demonstrate similar trends as seen in Ontario. For alcohol and cannabis related harms, hospitalization, mortality and emergency department visit rates are similar to those of the province (see Appendix 1). However, HKPR is experiencing higher rates than the province for both tobacco and opioid related issues (see Appendix 1). For example, for tobacco (those 35 years and above) Public Health Ontario (PHO) has estimated a rate of 302.7 deaths per 100,000 people in HKPR vs 209.1 per 100,000 people for Ontario; 1,170.3 hospitalizations per 100,000 people in HKPR vs 841.6 per 100,000 people in Ontario; and 2,805.8 emergency department visits per 100,000 people in HKPR vs 1,550.83 per 100,000 people in Ontario. This demonstrates that for tobacco, HKPR

harms are significantly higher than those of Ontario. To put this into perspective, Public Health Ontario estimates over the last 5 years harms that are directly related to tobacco account for an estimated 3,529 emergency department visits, 1,472 hospitalizations, and 376 deaths per year in HKPR. For harms directly related to alcohol (i.e. does not include cancers related to alcohol) there were 3 deaths, 503 hospitalizations, and 1,028 emergency department visits a year. For harms directly related to Cannabis there were 64 hospitalizations and 166 emergency department visits (there is no data available for deaths) per year. For opioids there were 35 deaths, 39 hospitalizations and 195 emergency department visits. In addition, data does not highlight the inequities experienced by some of the most vulnerable in our communities who are adversely impacted by the social determinants of health. This data demonstrates some of the harms being experienced in our communities and the need for an all-society approach to address substance use as an urgent public health issue.

HKPRDHU works with community partners to address substance use harms. Effective public health approaches and interventions include engagement with community coalitions and the community itself, program development, implementation, and evaluation; establishment of evidence-based resources, and policies to support local action for substance use prevention and harm reduction. Public health interventions should use a balanced approach to substance use that is based on localized community need. Current programming interventions include:

#### *Upstream approaches:*

- Poverty reduction and food security work.
- Working with partners on homelessness initiatives.
- Healthy Babies Healthy Children (HBHC) and Nurse Family Partnership (NFP) program home visiting programs.
- Utilizing the Adverse Childhood Events (ACES) and Preventing Adverse Childhood events (PACES) approaches to target priority populations adversely impacted by ACES.
- School health programs: working with schools to address substance use prevention including support with programs such as Not an Experiment (for grade 4 and up), Playground Activity Leadership (PALS), social emotional wellbeing programs and activities for elementary schools, Brain day events (for grade 9's- focusing on mental health, resiliency, substance use prevention, injury prevention), and school nutrition programs.
- Advocacy: working with partners and other health units to advocate for healthy public policy for alcohol, tobacco and cannabis – including advocacy for alcohol labeling, alcohol and cannabis density and access restrictions, restricting sales of nicotine pouches to 18+, banning flavours for vaping products, tightening marketing restrictions to decrease the impact of marketing to youth.
- Youth engagement: working with local partners and youth to develop and implement substance use initiatives in the community and schools, including Not an Experiment, providing education and awareness to youth and parents about tobacco and vaping harms, supporting local community mental health and substance use events.

- Working with the Central East Tobacco Control Area Network (CE TCAN) – to develop and implement regional initiatives (like Not an Experiment) in our local communities and support regional tobacco control advocacy.
- Supporting local Youth Wellness Hubs and the implementation of new hubs in the area.
- Community engagement: all programs are planning to engage with those with lived or living experience in the identification of needs, planning and the development of programs to address substance use prevention.
- Built environment work that focuses on connected and safe communities.
- Mental Health Promotion work internal to HKPR and in the community.

### *Downstream approaches:*

- Ontario Naloxone Distribution Program: offers education, prevention strategies and access to life saving naloxone kits to individuals and eligible outreach organizations.
- Drug Test Strip Program: Test Strip Kits and education are being distributed by outreach to provide to people who use drugs. This program allows people to be more informed of what is in the toxic drug supply.
- Needle Syringe Program: Harm reduction supplies are provided including inhalation equipment, and injection equipment to help reduce the transmission of blood borne infections. Wound care kits are also distributed. Used equipment is returned and properly disposed of through available community kiosks and or organizations identified as needle syringe program sites.
- Harm Reduction Outreach: Limited harm reduction outreach is available in each county.
- Surveillance: Daily monitoring of suspect overdose visits to emergency departments. The health unit issues alerts and supports distribution of naloxone and harm reduction supplies through outreach in the event an alert is issued.
- Drug Response Plan: The health unit has a drug response plan that is written to support community mobilization in the event there is an aberration of drug poisonings resulting in overdose.
- Drug Strategy: There are 3 local drug strategies and an overarching drug strategy steering committee. Local strategies are in the City of Kawartha Lakes, Haliburton County, and Northumberland County. Strategies work to establish goals and work towards harm reduction initiatives specific to each local community need.
- Diversion Programming: The Police subcommittee involves local and provincial policing agencies who meet to discuss community safety, decriminalization strategies, and evidence-informed recommendations to address the opioid crisis.
- Tobacco cessation programs focused on target populations, such as pregnant women.

### **Analysis**

While HKPRDHU uses upstream and downstream approaches to address substance use prevention, local and provincial data demonstrate the continued need to further implement recommendations outlined in the Annual Report of the CMOH (2023), Balancing Act: An All-of-Society Approach to Substance Use and Harms. These include:

Level of Society	Recommendations
<b>Communities</b>	<ul style="list-style-type: none"> <li>• Come together to build community coalitions and create supportive local environments</li> </ul>
<b>Local, provincial, federal and Indigenous governments and agencies</b>	<ul style="list-style-type: none"> <li>• Invest in programs and services that address the upstream social factors, such as equitable access to income, education, housing, and childcare, that contribute directly and indirectly to people initiating or continuing substance use.</li> <li>• Increase the investment in public health programs, such as Healthy Babies, Healthy Children, that support healthy child development and strong families and communities.</li> <li>• Enforce legislation on the sale of illegal tobacco, alcohol, and cannabis products.</li> <li>• Earmark a portion of any settlement from litigation against a company for knowingly marketing a substance that causes harm to fund public health measures to reduce those harms.</li> </ul>
<b>Public health and social services to work together and with community partners</b>	<ul style="list-style-type: none"> <li>• Engage with community coalitions, including non-governmental organizations, to develop community substance use committees as well as policies and resources to support local action.</li> <li>• Increase local substance use prevention interventions, such as positive parenting, social-emotional learning, and youth hub services.</li> </ul>
<b>Organizations at all levels (local, provincial, national, Indigenous) responsible for developing and delivering policies, programs and services to reduce substance use harms</b>	<ul style="list-style-type: none"> <li>• Partner and engage people with lived and living experience with substance use in the design of those interventions, recognizing their knowledge, expertise and relationships, and providing employment opportunities.</li> <li>• Work collaboratively with populations at greatest risk of substance use harms to enhance health equity.</li> <li>• Increase access to culturally competent and culturally safe, trauma-informed care and services for people who use substances – including those with addictions and those experiencing other substance use harms – and their families.</li> <li>• Address the systemic and structural stigma, racism and discrimination that people who use substances experience when they access health, social, housing, and legal services.</li> </ul>
<b>The public health sector</b>	<ul style="list-style-type: none"> <li>• Enhance the province’s capacity to conduct surveillance and assess population health related to substance use, harms, risk and</li> </ul>

	<p>protective factors, equity considerations, and specific substances that are causing harms, including the toxic drug supply.</p> <ul style="list-style-type: none"> <li>• Evaluate policies and programs that may have an impact on substance use and harms and/or on health equity, to build evidence and advance healthy public policy.</li> <li>• Determine whether the public health standard related to substance use should be updated to meet emerging needs.</li> <li>• Continue to educate the public and increase awareness of substance use harms.</li> <li>• Continue to work with regulators to enforce age restrictions on the sale of all regulated substances.</li> </ul>
<p><b>The health care system</b></p>	<ul style="list-style-type: none"> <li>• Build on the Roadmap to Wellness to develop a comprehensive, connected mental health and addiction system that improves quality and access, expands existing services, and implements innovative solutions.</li> <li>• Provide effective and acceptable treatment for conditions that make people vulnerable to substance use and its harms, including stress, anxiety, depression and other mental health conditions, and chronic pain.</li> <li>• Establish recommended minimum wait times for Ontarians to access addiction and mental health treatment services.</li> <li>• Enhance the capacity of primary care to assess, monitor, and treat substance use disorders.</li> <li>• Enhance and ensure equitable access to evidence-based screening, diagnosis, crisis response, withdrawal management, and treatment for substance use disorders in primary care and acute care settings such as emergency departments and hospitals.</li> <li>• Enhance access to evidence-based treatment programs within correctional facilities as well as continuity of care and supports post-release.</li> <li>• Enhance and ensure equitable access to evidence-based treatments, including pharmacotherapy as well as longer-term and residential treatment programs.</li> </ul>

**Recommendations taken from** Chief Medical Officer of Health of Ontario. (2023). 2023 Annual Report Of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario – Balancing Act An All-of-Society Approach to Substance Use and Harms. King’s Printer for Ontario 2024.

## Conclusions

HKPRDHU needs to embrace the all-in society approach and encourage the continued support of our community partners. This includes working together to review, adopt and implement the recommendations outlined in the Annual Report of the CMOH (2023), Balancing Act: An All-of-Society Approach to Substance Use and Harms. In collaboration with our partners and communities, HKPRDHU needs to support the CMOH's call to "create healthier communities that engage citizens and provide programs that address the underlying social and economic determinants, including systemic harms and discrimination, that drive substance use harms." <sup>1</sup>

## References

1. Chief Medical Officer of Health of Ontario. (2023). 2023 Annual Report Of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario – Balancing Act An All-of-Society Approach to Substance Use and Harms. King's Printer for Ontario 2024. Retrieved from <https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf>.

## Appendix 1 – HKPR substance use related cases and rates compared to Ontario cases and rates

	Number of cases (#) by substance and outcome, Haliburton, Kawartha, Pine Ridge District Health Unit				Number of cases (#) by substance and outcome, Ontario			
	Tobacco <sup>i</sup>	Alcohol <sup>ii</sup>	Cannabis <sup>iii</sup>	Opioids <sup>iv</sup>	Tobacco <sup>i</sup>	Alcohol <sup>ii</sup>	Cannabis <sup>iii</sup>	Opioids <sup>iv</sup>
Deaths	376	3	-	35	16,673	272	-	2,535
Hospitalizations	1,472	503	64	39	68,046	32,430	6,873	2,043
Emergency Department Visits	3,529	1,028	166	195	125,384	80,138	13,783	12,144

	Rate (per 100,000) by substance and outcome, Haliburton, Kawartha, Pine Ridge District Health Unit				Rate (per 100,000) by substance and outcome, Ontario			
	Tobacco <sup>i</sup>	Alcohol <sup>ii</sup>	Cannabis <sup>iii</sup>	Opioids <sup>iv</sup>	Tobacco <sup>i</sup>	Alcohol <sup>ii</sup>	Cannabis <sup>iii</sup>	Opioids <sup>iv</sup>
Deaths	302.7	1.4	-	18.3	209.1	1.9	-	16.7
Hospitalizations	1,170.3	235.9	43.9	20.4	841.6	210.9	46.2	13.5
Emergency Department Visits	2,805.8	579.6	108.4	102.2	1,550.83	543.3	92.7	80.2

<sup>i</sup> Estimated number of annual outcomes attributed to smoking among the population 35+ years of age. [Burden of Health Conditions Attributable to Smoking and Alcohol by Public Health Unit in Ontario | Public Health Ontario](#); Estimated number of events is the sum of age/sex-specific estimates (age 35+). Mortality estimates based on 2014-2018 data; Hospitalizations and emergency department estimates based on 2015-2019 data; Age-specific rates calculated by dividing the summed total of age/sex-specific cases (age 35+) by the average population (age 35+) over the corresponding 5-years of data.

<sup>ii</sup> Mortality from alcohol (with and without drug involvement). Mortality data, age-standardized rates, 2022; Hospitalizations and emergency department visits entirely attributable to alcohol, age-standardized rates, 2021. [Alcohol Harms Snapshot | Public Health Ontario](#)

<sup>iii</sup> Hospitalizations and emergency department visits for all cannabis-related harms, age-standardized rates, 2022. [Cannabis Harms Snapshot | Public Health Ontario](#)

<sup>iv</sup> Opioid-related mortality, crude rates, 2022. [Interactive Opioid Tool | Public Health Ontario](#)