AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

Thursday, 7:00 p.m.
2015 July 16

MISSION - MIDDLESEX-LONDON BOARD OF HEALTH

The mission of the Middlesex-London Health Unit is to promote wellness, prevent disease and injury, and protect the public's health through the delivery of public health programs, services and research.

MEMBERS OF THE BOARD OF HEALTH

Ms. Patricia Fulton
Mr. Jesse Helmer (Vice Chair)
Mr. Marcel Meyer
Mr. Ian Peer (Chair)
Ms. Viola Poletes Montgomery
Ms. Nancy Poole
Mr. Kurtis Smith
Mr. Mark Studenny
Mr. Stephen Turner
Ms. Joanne Vanderheyden

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

BUSINESS ARISING FROM THE MINUTES

DELEGATIONS

7:05 – 7:15 p.m. Ms. Trish Fulton, Chair, Finance and Facilities Committee re Item #1 - Finance and Facilities Committee Meeting – July 2nd (Report 044-15)

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1.	Finance and Facilities Committee Meeting (044-15)	Appendix A	x	x		To receive information and consider recommendations from the July 2nd FFC meeting
Delegations and Recommendation Reports						
2.	Generation Squeeze (045-15)			x		To request that the Board of Health endorse the invitation to an organized community forum to share information about Generation Squeeze
Information Reports						
3.	Vaccine Preventable Diseases Standard Compliance 2015-2016 (046-15)				x	To receive information about changes to the Vaccine Preventable Disease program
4.	Summary Information Report for July 2015 (047-15)	Appendix A			x	To provide a summary of various Health Unit programs and matters
5.	Medical Officer of Health Activity Report - July (048-15)				x	To provide an update on the activities of the MOH for July 2015

CONFIDENTIAL

OTHER BUSINESS - Upcoming Meetings

- Finance and Facilities Committee Meeting: Thursday, September 3, 2015 @ 9:00 a.m.
- Governance Committee: Thursday, September 17, 2015 @ 6:00 p.m.
- Board of Health Meeting: Thursday, September 17, 2015 @ 7:00 p.m.

CORRESPONDENCE

a) Date: 2015 June 12 (by email)
Topic: Disposition of Resolutions
From: Ms. Susan Lee, Manager, Administrative & Association Services, Association of Local Public Health Agencies (alPHa)
To: All Board of Health Members

Background:
Seven resolutions were considered at the June 2015 alPHa Annual Conference: 1) Applying a Health Equity Lens, 2) National Universal Pharmacare Program, 3) Amending Public Pools Regulation 565, 4) Public Health Support for a Basic Income Guarantee, 5) Provincial Availability of Naloxone, 6) Physical Literacy Education and Childcare Settings, and 7) Increasing the Minimum Legal Age for Access to Tobacco Products in Ontario to 21. Items 1 and 7 were carried and items 2, 3, 4, 5, 6 were carried as amended.

Recommendation:
Receive.

b) Date: 2015 June 19 (by email)
Topic: Ontario Grades 1-12 Health and Physical Education Curriculum "Human Development and Sexual Health" Content
From: Dr. Miriam Klassen, Medical Officer of Health, Perth District Health Unit
To: Copy of Correspondence to The Honourable Kathleen O. Wynne, Premier of Ontario

Background:
The Ministry of Education released the updated Health and Physical Education curriculum that will be implemented starting September 2015. This follows extensive consultation with stakeholders, including the Ontario Public Health Association and the Ontario Healthy Schools Coalition. Updates to the curriculum include healthy relationships, consent, mental health, online safety, "sexting", being more inclusive of Ontario's diverse population.

Perth District Health Unit has collaborated with partner school boards to create information sheets and will be participating in a public information meeting to respond to questions and concerns.

Recommendation:
Receive.

c) Date: 2015 June 19 (by email)
Topic: Public health support for a basic income guarantee and increasing alcohol availability In Ontario
From: Ms. Rosanne St. Denis, Executive Assistant to the Medical Officer of Health and CEO, Windsor-Essex County Health Unit
To: MOHs and Board Chairs

Background:
On June 18, 2015 the Board of Health endorsed the Simcoe Muskoka District Health Unit's correspondence pertaining to public health support for a basic income guarantee and increasing alcohol availability in Ontario.

Recommendation:
Receive.

d) Date: 2015 June 25 (by email)
Topic Open Letter to Ask Policy Makers and Political Leaders to Increase Their Investment in Young Children
From: Dr. Andrea Feller, Associate Medical Officer of Health, Niagara Region Public Health Department
To: Dr. Christopher Mackie, Medical Officer of Health, Middlesex London Health Unit

Background:
The Atkinson Centre for Society and Child Development & The International Network for Early Childhood Knowledge Mobilization are asking for greater investment in high-quality early childhood education and are looking for 4,000 signatures before presentation of the letter to policy makers in advance of the October 19th federal election.

They refer to early childhood education as programs for young children based on an explicit curriculum delivered by qualified staff and designed to support children's development and learning.

Recommendation:
Endorse.

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

ADJOURNMENT

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 044-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 16

FINANCE AND FACILITIES COMMITTEE MEETING JULY 2nd

The Finance and Facilities Committee met at 9:00 a.m. on July 2, 2015 (**Agenda**). The draft public minutes are attached as Appendix A. The following items were discussed at the meeting and recommendations made:

Reports	Summary of Discussion	Recommendations for Board of Health's Consideration
Financial Update – May 2015 (**Report 18-15FFC**)	Summary of actual budget to May 31st and outstanding risks for the current budget year	FFC received for information
2016 PBMA Process, Criteria and Weighting **(Report 019-15)**	- Dr. Mackie summarized PBMA process and the criteria developed in 2013 for 2014 budget process - Board approved revisions to the criteria in 2014	*That the Board of Health endorse the criteria presented in Report No. 19-15FFC re Proposed Criteria for 2016 PBMA Process.*

The Finance and Facilities Committee moved in camera to discuss matters concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.

The next meeting of the Finance and Facilities Committee has been scheduled for Thursday, September 3, 2015 at 9:00 am..

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, MLHU Board Room
MIDDLESEX-LONDON BOARD OF HEALTH
2015 July 2 9:00 a.m.

COMMITTEE MEMBERS PRESENT:
Ms. Trish Fulton (Committee Chair)
Mr. Jesse Helmer
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden

OTHERS PRESENT:
Dr. Christopher Mackie, Medical Officer of Health and CEO
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy
Mr. John Millson, Director, Finance and Operations
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)
Mr. Steve Goodine, Vice Chair, London InterCommunity Health Centre
Dr. Trevor Hunter, Board of Health Member
Ms. Michelle Hurtubise, Executive Director, London InterCommunity Health Centre

At 9:05 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Ms. Fulton inquired if there were any disclosures of conflict of interest to be declared. None were declared.

2. APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the **AGENDA** of the July 2, 2015 Finance and Facilities meeting be approved with the Confidential session being moved to Item #3.*

Carried

3. CONFIDENTIAL

At 9:10 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Peer *that the Finance and Facilities Committee move in camera to discuss matters concerning matters about a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 10:40 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the Finance and Facilities Committee return to public form and report that matters were discussed concerning a proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

4. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the **MINUTES** from the June 11, 2015 Finance and Facilities Committee Meeting be approved.*

Carried

5. BUSINESS ARISING FROM MINUTES – none

6. NEW BUSINESS

6.1. Financial Update – May 2015 (**Report 18-15FFC**)

Dr. Christopher Mackie, Medical Officer of Health & CEO, and Mr. John Millson, Director, Finance and Operations, summarized the report and identified the outstanding risks for the current budget year to include the following:

1. Provincial funding (will not learn about Ministry of Health and Long-Term Care funding until late fall) and
2. Potential continuation of the trend of a seasonal increase in benefit costs to the Health Unit.

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance & Facilities Committee receive Report No. 18-15FFC re Financial Update – May 2015 for information.*

Carried

6.2. 2016 PBMA Process, Criteria and Weighting **(Report 019-15)**

Dr. Mackie summarized the Program Budgeting Marginal Analysis process and presented the criteria that were originally developed in 2013 for the 2014 budget process. Based on feedback from Health Unit Staff and the Board of Health, the Board approved revisions to the criteria in 2014.

In response to a question about the sensitivity of the impact of changes to the criteria have on the final budget, Dr. Mackie explained that a change in criteria weight of a couple of points has a relatively minor impact on scoring. However, changes to the criteria weights do provide important guidance to staff and managers as they develop proposals, and influence the selection of proposals that come forward.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee recommend that the Board of Health endorse the criteria presented in Report No. 19-15FFC re Proposed Criteria for 2016 PBMA Process.*

Carried

7. OTHER BUSINESS

7.1. Annual Work Plan – Ms. Fulton reported that she has revised the annual work plan. She will email the plan to Committee members for review, and she will meet with Mr. Millson during summer. The Committee will review the Terms of Reference at its September meeting which will include a review of the Terms of Reference of the Finance and Facilities Committee.

7.2. The next scheduled meeting of the FFC is Thursday, September 3, 2015 at 9:00 a.m. in room 3A.

8. ADJOURNMENT

At 11:10 a.m., it was moved by Mr. Meyer, seconded by Mr. Helmer *that the meeting be adjourned.*

Carried

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TRISH FULTON
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer

MIDDLESEX-LONDON HEALTH UNIT

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

REPORT NO. 045-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 16

GENERATION SQUEEZE

Recommendation

It is recommended that the Board of Health endorse the invitation of Dr. Paul Kershaw to an organized community forum to share information about Generation Squeeze, serving as strategy to raise awareness and energize community leaders to invest in families.

Key Points

- The primary driver of net wealth for Canadians age 50 and over is now the primary source of debt for younger Canadians.
- Canadians under age 49 are squeezed for time and money, working and studying more to have less.
- Childhood development is unintentionally negatively impacted as parents spend less time at home, struggle to afford the necessities of life and have difficulty coping with tremendous stress.

Background

Generations X and Y are running faster than ever before only to stay in the same spot. These young men and women are spending much time studying and working resulting in less time to spend with their families. They are "squeezed" between time spent working and money needed to live meaningful and balanced lives. When compared to the 1970s, today's Canadians between the ages of 25 and 34 are earning less despite more being post-secondary graduates with larger student debts and facing housing prices that have more than doubled. During this time, the federal government has increased spending on benefits and services for older Canadians by $58 billion while decreasing spending on younger Canadians by $16 billion. This is in large part due to the advocacy efforts of groups such as Canadian Association of Retired Persons (CARP), a national organization committed to bringing financial security and equitable access to services for older Canadians. Dr. Paul Kershaw, a University of British Columbia professor, is the founder of Generation Squeeze, which is a national voice for Canadian's in their 40s and younger advocating for a nation that works for all generations.

Impact on Families and Children

Caring for a child requires both time and financial means which adds further strain on the already stretched resources of the squeezed generations. This strain can compromise early childhood development in key areas such as relationships and learning.

A secure sense of attachment is paramount in parent-child relationships and begins right from birth in the stage that theorist Erikson defines as trust versus mistrust. Establishing a trusting relationship requires a great investment of time as parents learn their child's cues and how to respond to them. While parental leave from the workforce allows one or both parents to spend time with children during their infancy, a couple sharing a year at home will forgo on average $15,000 of their after tax income compared to the year before their child was born. The need for parents to maintain their employment or return to work early in order to

provide for their family comes at the expense of spending time with their child. The long-term benefits of secure attachment, including confidence, resiliency and prevention of problem behaviours and mental illness, are being compromised.

When parents return to work, they are faced with the financial burden associated with quality child care. Quality learning environments are crucial to child development, as is being emphasized in Ontario's new Child Care Modernization Act. Child care is essential to a parent's ability to earn income and contribute to society. Two incomes today barely bring home what one did in 1976 – $68,580 compared to $65,360 – while child care fees continue to rise. Parents who cannot afford this cost or who work irregular shifts are often forced to place their children in unlicensed centres that may provide poorer quality learning environments and care. Research has shown that quality child care programs positively impact school readiness. School readiness scores for London indicate that 27% of senior kindergarten students are not ready to enter grade one.

Parents are faced with difficult choices. They can choose to stay home with their children in hopes of developing secure relationships. However, with this choice they forgo wages that may help get them out of debt. Alternatively, parents can choose to place their children in child care centres so that they can work. Yet child care costs will use much of their wages. Parents are squeezed between decisions regarding time and money that will ultimately impact their child's development.

Next Steps

Strategies of prevention travel the greatest distance if implemented at life's earliest stages. Community leaders have come together during the recent Poverty Simulation in hopes to truly understand what it is like to live in poverty. The Middlesex-London Health Unit supports partnership with initiatives advocating from better outcomes for families and their children.

A Canada that works for all ages is a country that has policies in place to protect people no matter what stage of life they are experiencing. Allocating resources is truly a balancing act that can create inequities. Childhood development and family well-being are impacted by current inequities in government policy and planning.

Under the direction of Dr. Paul Kershaw, Generation Squeeze is creating and amplifying a collective voice through advocacy strategies. The first strategy involves connecting with leaders directly while the second strategy involves energizing others to join forces. The Middlesex-London Health Unit supports the organization of a community forum and inviting Dr. Kershaw to be the keynote speaker. This will serve to raise awareness and energize community leaders and politicians to protect childhood development.

This report was prepared by Ms. Stephanie McKee, PHN, Early Years Team, Family Health Services.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 046-15R

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 16

VACCINE PREVENTABLE DISEASES STANDARD COMPLIANCE 2015-2016 - REVISED

Recommendation

It is recommended that the Board of Health receive information about the following Vaccine Preventable Disease program changes:

- ***Assessment and suspension requirements under the Immunization of School Pupils Act will be prioritized for students 7 years and 17 years of age for the 2015-2016 school year.***
- ***The Health Unit will plan for a two dose Human Papillomavirus Virus vaccine schedule per the recommendation from the National Advisory Committee on Immunization, with a final decision to be made pending guidance from the Ministry of Health and Long-Term Care.***

Key Points

- MLHU was unable to assess students' immunization records and comply with ISPA in the 2014-2015 school year due to logistical challenges associated with Panorama implementation. These challenges will continue for the remainder of 2015 and into 2016, necessitating adaptations.
- The Ontario Chief Medical Officer of Health has requested that ISPA be prioritized, and that staff be redeployed to address high-priority program areas. Adaptations recommended in this report will maintain program delivery and address the Ontario Public Health Standards requirements.
- Advances in vaccine research point toward a transition to a two-dose schedule for HPV

Background

The Vaccine Preventable Diseases program was non-compliant with requirements to assess student records in the 2014-15 year, per Report No. 021-15 re Panorama and Vaccine Preventable Diseases Standard Compliance at the March 2015 Board of Health meeting. This was a result of implementation of Panorama and revisions to the Immunization of School Pupils Act (ISPA) in 2014. Implementation of the provincial immunization database, Panorama, was initiated at MLHU at the end of July, 2014. The implementation created a backlog of data entry and duplicate records.

The Vaccine Preventable Disease (VPD) team has been working diligently on the back log of data entry, resolution of duplicate records and reconciliation of exemption affidavits (activities which need to be completed before records can be assessed according to ISPA). Additional funding has been requested from the Ministry to provide the staffing required to complete this work, although indications are that these resources are not forthcoming. Without additional resources, the VPD team is unlikely to be able to complete these activities and be in full compliance with ISPA. In addition, the ISPA was revised in July 2014, now requiring students to be immunized for three additional vaccines, and requiring additional doses for other vaccines already included in the legislation.

Health Units who implemented Panorama in 2013 and were able to assess and suspend students under the ISPA in the 2014-2015 school year reported that they had at least twice the number of notifications to parents, suspension notices and suspensions due to the additional requirements under the revised ISPA

and the one year absence of assessment and suspensions. For MLHU, this expected increase in notifications and suspensions in the absence of additional resources will have significant impact on workload. The additional workload also has an impact on school staff who work with families to obtain information and immunization and assist with the suspension process, and health care providers who administer vaccines.

Dr. David Mowat, Acting Chief Medical Officer of Health for Ontario, has asked that compliance with the ISPA be a priority for Health Units, although no additional funding is likely to be available. Dr. Mowat indicated that if health units are unable to meet other AA indicators due to redeployment of staff to assist with ISPA compliance, this rationale will be considered by MOHLTC.

Several health units are planning to move toward selective implementation of ISPA to cope with these pressures. MLHU plans to prioritize ISPA implementation for students who are 7 years of age and 17 years of age for the 2015-2016 school year. Screening immunization records at age 7 provides an opportunity to ensure children are protected at the school entry; screening records for 17 year olds ensures students leaving school are fully immunized.

Changes to HPV Schedule

Health Units in Ontario currently offer a three dose series of publicly funded Gardasil (HPV) vaccine to Grade 8 female students in school-based immunization clinics. Three clinics are held in each elementary school throughout the school year to administer the vaccine.

Based on new evidence, the National Advisory Committee on Immunization (NACI) now recommends that HPV vaccines may be administered as a two-dose series with equivalent effectiveness and a slight reduction in side effects. The Ministry is considering changing the official provincial program to a two dose schedule for school-based clinics. In the meantime, several Health Units including MLHU will be planning to implement NACI's recommendation, with a final decision pending guidance from the Ministry of Health and Long-Term Care. In addition to providing better service for clients, this will contribute to the resources required for ISPA-related activities.

Next Steps

Selective implementation of ISPA and to two-dose HPV are being planned for the 2015-2016 school year.

MLHU VPD program has been experiencing significant challenges associated with increased workload due to logistical challenges associated with Panorama implementation and recent additions to the vaccination requirements in ISPA. Prioritization of workload and staff redeployment to address high-priority program areas will help maintain program delivery and address the Ontario Public Health Standards requirements. This approach will allow time to resolve the challenges associated with Panorama implementation and adequately prepare student records for assessment.

This report was prepared by Ms. Marlene Price, Manager, Vaccine Preventable Diseases Team and Dr. Gayane Hovhannisyan, Associate Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

This report addresses the following requirement(s) of the Ontario Public Health Standards:
Vaccine Preventable Diseases Standard, requirement # 13.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 047-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 16

SUMMARY INFORMATION REPORT FOR JULY 2015

Recommendation

It is recommended that Report No. 047-15 re Information Summary Report for July 2015 and the attached appendix be received for information.

Key Points

- Collaboration is planned between the Middlesex-London Health Unit and London Health Sciences Centre to improve birth outcomes for pregnant women and newborns by providing timely resources and education.
- The discussion about the decriminalization and legalization of cannabis is global and is part of the Federal election campaign, making it timely for public health to consider what legal and regulatory approach best reduces the risks of health and social harms associated with cannabis use.
- Health Unit records that include client personal information were stolen from an employee vehicle. Efforts are currently underway to notify the affected individuals and the Information and Privacy Commissioner's Office/Ontario.

Background

This report provides a summary of information from a number of Health Unit programs. Appendices and links will provide further details, and additional information is available on request.

LHSC/MLHU Collaborative Antenatal Resources and Education (CARE)

The LHSC/MLHU Collaborative Antenatal Resources and Education (CARE) initiative was developed in response to feedback received from pregnant women and nursing staff in regards to the current practice of attending a 36 week 1 hour pre-admit visit at LHSC. Nurses recognized they were providing women with an overwhelming amount of information with much of it being untimely. Clients also expressed dissatisfaction with the visit stating they felt rushed with their needs not being met.

This prompted the development of the Collaborative Antenatal Resources and Education (CARE) program between MLHU and LHSC. The goal is to connect women to services early and provide key information to support positive pregnancy and birth outcomes. The CARE program pilot will start in September 2015 and will consist of four visits starting at 18 weeks gestation with the fourth visit at 36 weeks. Clients will be screened, provided with information and resources in a timely way in both one on one and group sessions.

Cannabis – Health Implications of Decriminalization, Legalization, and Regulation

The legislating of cannabis varies globally from complete prohibition, such as in Canada, to decriminalization in Portugal, to legalization with and without strict regulation in the United States. Although cannabis is illegal in Canada, it is the most widely used illicit drug in Ontario. In 2013, the Centre for Addiction and Mental Health determined that 42.6% of the general population has used cannabis in their lifetime with 14.1% admitting to use in the past year. Cannabis use, as with other drug use, is associated with health risks thus having public health and community implications. Annually in September, the Southwest Injury Prevention Network organizes the Not By Accident Conference. "Cannabis Legalization: Is this a trip we want to take?" is the title of this year's conference scheduled for September 17th. The organizing committee has intentionally structured the day with a blend of speakers with varying positions and research, outlining both the positive and negative consequences of cannabis legalization. Following the conference and a further review of the evidence (see Appendix A), staff of Middlesex London Health Unit will bring a public health position on cannabis to the Board of Health for consideration.

Information Privacy Breach

On Friday, July 03, 2015, a laptop and hardcopy client records were stolen from an employee vehicle that was parked on the lower level of the lot adjacent to the 50 King Street office building. As a result of a preliminary investigation into this incident, the personal information of approximately 12 families was contained within a locked case that was contained within the bag holding the laptop. Health Unit policy prohibits leaving laptops and client files in vehicles, even when locked. It is the Health Unit's practice to encrypt all agency laptops. Additionally, an agency username and password are required in order to gain access to any information contained on this device. Information Technology staff are able to trace individual devices and remotely "wipe" these items. The sensitivity of the stolen information is considered to relatively low. It is not believed that the loss of this information could result in any significant harms to the client (e.g. financial loss, negative impact on reputation, etc.). However, in accordance with S. 12(2) of the *Personal Health Information Protection Act* (PHIPA) efforts are currently underway to develop a notice to inform all of the individuals whose information was stolen. Staff will also be contacting the Information and Privacy Commissioner's Office/Ontario to inform them of this privacy breach. The investigation into this privacy breach is ongoing and remedial steps to prevent a privacy breach of this nature will be reported to the Board of Health and the IPC/O.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

THE PUBLIC HEALTH IMPLICATIONS OF CANNABIS LEGALIZATION

Background

The legislating of cannabis varies globally from complete prohibition, such as in Canada, to decriminalization in Portugal, to legalization with and without strict regulation in the US. Canada's leading organization for mental health and addiction, the Centre for Addiction and Mental Health (CAMH), did a global evidence review on the public health impact of cannabis practices. In doing so, CAMH published the Cannabis Policy Framework. This CAMH document provides public health with an excellent evidence-based perspective of the issue of cannabis legalization and provides harm reduction strategies similar to those in use for tobacco and alcohol. As stated in the report, the question for public health is to consider what legal and regulatory approach can best reduce the risks of health and social harms associated with cannabis use.

Although cannabis is illegal in Canada, it is the most widely used illicit drug in Ontario. In 2013, CAMH determined that 42.6% of the general population has used cannabis in their lifetime with 14.1% admitting to use in the past year. Greater use is found in the younger population with 23% of grade 7-12 students indicating past year use and 40.4% of 18-29 year olds admitting to cannabis use in the last 12 months (OSDUHS 2013).

Southwest Conference

For the last 16 years, the Southwest Injury Prevention Network has been providing an educational conference, Not By Accident (NBA), for injury prevention specialists. In 2014, one of the NBA conference topics was drug impaired driving, specifically related to cannabis use. This spurred the interest of the participants to identify the need for a better understanding about cannabis decriminalization and legalization, the pros and the cons given the current Federal discussion. The 2015 NBA conference is titled "Cannabis Legalization: Is this a trip we want to take?" The organizing committee has intentionally structured the day with a blend of speakers with varying positions and research, outlining both the positive and negative consequences of cannabis legalization.

Public Health Implications

Cannabis use, like other drug use, is associated with health risks. Evidence has shown that these health risks generally increase with frequent consumption (daily or nearly-daily) and when used at an early age. The need for a public health approach in discussions of cannabis decriminalization or legalization is paramount. A delicate balance between the health risks, social harms and legal ramifications is necessary when considering this complex issue.

Cannabis-Impaired Driving – Evidence has shown that driving while impaired by cannabis is associated with performance deficits in tracking, reaction time, visual function, concentration, short-term memory, and divided attention which increases the risk of motor vehicle crashes (CCSA, 2015 - Clearing the Smoke on Cannabis). Among young drivers, driving after using cannabis is more prevalent than driving after drinking alcohol (OSDUHS Report, 2013). In addition to these concerns, testing for drugged driving is complicated, inconsistent and the criteria for impairment levels has not been broadly established.

Youth Brain Development – There is growing evidence that regular cannabis use in adolescence can seriously harm the developing brain. Early regular cannabis use is associated with low levels of educational attainment, diminished life satisfaction, higher likelihood of developing cannabis use disorder, and increased risk of developing mental health problems (CAMH, 2014 – Cannabis Policy Framework). Given that a large portion of cannabis users are in this young population, this is a great public health concern.

Pregnancy – Cannabis use during pregnancy has been shown to affect the development and learning skills of children including children's cognitive functioning, behaviour, substance misuse and mental health (CCSA, 2015 – Clearing the Smoke on Cannabis).

Normalization – How will legalization and increased availability of cannabis normalize its use in our society and will it bring a false sense of safety to this drug? There is evidence from Colorado that the commercialization of cannabis has been associated with lower risk perception, especially among the younger population (Schuermeyer et al., 2014).

Addiction – Although much lower than the dependence rates for other drugs (e.g., nicotine, alcohol and cocaine), about 9% of cannabis users develop dependence (CAMH, 2014 – Cannabis Policy Framework). Cannabis is the 3rd highest drug reason (behind alcohol and alcohol & other drug) for admissions to publicly funded substance abuse treatment programs in the United States (Substance Abuse and Mental Health Services Administration, 2008).

Mental Health - Research has found that individuals who use cannabis, especially frequent and high potency users, are at increased risk for psychosis and psychotic symptoms (CCSA, 2015 – Clearing the Smoke on Cannabis and CAMH, 2014 – Cannabis Policy Framework).

Comparison of Decriminalization and Legalization

Currently in Canada cannabis is governed under the Controlled Drugs and Substances Act (CDSA). According to CAMH, 60,000 Canadians are arrested annually for possession which accounts for 3% of all arrests. There are approximately 500,000 Canadians with a criminal record for possession which can limit a person's employment opportunities and place restrictions on their travel. Enforcement of cannabis legislation is very costly with an estimated $1.2 billion spent in 2002 for police, court, and corrections costs. The evidence demonstrates that prohibition and tougher penalties do not lead to lower rates of use. The ineffectiveness and high cost of criminalization has been reported by the Le Dain Commission (1972), the Senate (1974), the Canadian Bar Association (1994), the Canadian Centre for Substance Abuse (1998), CAMH (2000), the Frasier Institute (2001), the Senate Special Committee on Illegal Drugs (2002), the Canadian Drug Policy Coalition (2013) and the Canadian Public Health Association (2014).

Decriminalization is considered by those that have researched it as a half measure. The evidence shows that decriminalization of cannabis reduces the adverse social impact of criminalization as the possession of the substance is no longer subject to the criminal code. There is a reduction of individuals caught in the criminal system and a reduction of enforcement costs. However, because cannabis use remains illegal (although not criminal) the costs are transferred to the civil system. In countries such as Portugal, which decriminalized cannabis in 2001, there has been evidence of decline in substance misuse and in drug-related harms, reduced burden on the criminal system, and reduction in use of illicit drugs by adolescents. Portugal's model focuses on diversion, referring users to a three-person panel whose primary aim is to direct people to treatment.

Although there are benefits to decriminalization, the model fails to address several harms due to cannabis remaining unregulated: little is known about the potency or quality of unregulated cannabis; as long as it remains illegal there is an enforcement focus, making it more difficult to provide prevention, risk reduction and treatment services; and the production and distribution remains under the control of an illicit market, perpetuating criminal activity.

Legalization with strict regulation can remove the social harms and costs of prohibition. More than $1billon annually could be saved in enforcement costs. Regulation is meant to mitigate the risk of harm from cannabis similar to other substances that are regulated in our community (e.g., tobacco and alcohol). Globally, the legalization of cannabis has been limited. In 2012, Uruguay was the first country to legalize and regulate the possession and production of cannabis. In 2014, the states of Colorado and Washington legalized recreational cannabis, neither adopting a regulatory model with strict controls on availability, marketing and production. It is too early to draw any conclusions about the impact of legalization.

Conclusion/Next Steps

The available research, together with the growing rate of users, especially young adults, validates that prohibition and criminalization of cannabis in Canada has not been effective in reducing use or harm. There are indications that the legalization of cannabis will be a topic of debate during the upcoming federal election. There is an opportunity for public health to carefully consider the decriminalization/legalization issue to help determine the most effective legislative system for reducing the risks of health and social harms associated with cannabis use.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 048-15

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 July 16

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT – JULY

Recommendation

It is recommended that Report No. 048-15 re Medical Officer of Health Activity Report – July be received for information.

The following report highlights activities of the Medical Officer of Health (MOH) from the May Medical Officer of Health Activity Report to July 6, 2015.

It's not all work at MLHU! The MOH joined about 60 other Health Unit staff on June 11th for the 8th Annual MLHU Charity Golf Tournament. Each year the MLHU United Way Committee and staff volunteers put together this wonderful event to raise awareness and funds for the United Way of Middlesex and London. We're excited to announce that the tournament raised an amazing $5,616.44.

In early June the 2nd Annual MLHU Employee Engagement Survey was launched. The MOH and staff were encouraged to complete the survey which was designed to gather staff feedback on various aspects of working at MLHU. A "special interest" section about employee readiness for change was added to the survey. The intention for the addition of this new section is to assist the Leadership Team with planning in respect to organizational structure.

The Medical Officer of Health and CEO also attended the following teleconferences and events:

June 10 Met with Thames Valley District School Board staff to discuss potential dental services integration

June 15 Attended the Open Data Conference for a consultation with the Honourable Deborah Matthews, Deputy Premier, President of the Treasury Board and Minister Responsible for the Poverty Reduction Strategy to provide input into the Province's Open Government and Open Data program – today and into the future.

June 16 Attended Middlesex County Council with Linda Stobo, Manager, Environmental Health and Chronic Disease Prevention. Linda was presenting on Regulatory Amendments to the Smoke-Free Ontario Act and Regulations as they pertain to Middlesex County

June 17 Participated in the 2015 Middlesex County Warden's Golf Tournament in Wardsville

June 18 Attended the United Way Community Impact Experience at the London District Distress Centre/Sexual Assault Centre at Goodwill Industries Building 3rd Floor - Horton St.

June 24 Key note speaker at the London Middlesex United Way AGM

June 25 Attended Youth Opportunities Unlimited Board Meeting

June 29 Attended LHSC 2015 Annual Community Meeting

June 30 Participated in an interview for the Regional HIV/AIDS Connection strategic planning process

July 2 Met with staff from UWO to discuss the Centre for Research on Health Equity and Social Inclusion (CRHESI) programs

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

This report addresses Ontario Public Health Organizational Standard 2.9 Reporting relationship of the medical officer of health to the board of health