

CORRESPONDENCE – November 2019

- a) Date: 2019 October 1
Topic: Annual Community Report
From: Simcoe Muskoka District Health Unit
To: All Health Units

Background:

On October 1, 2019, for Simcoe Muskoka District Health Unit (SMDHU) wrote to Association of Local Public Health Agencies to share their 2018-2019 Annual Community Report with all Ontario Health Units.

Recommendation: Receive.

- b) Date: 2019 October 1
Topic: Addressing the Opioid Emergency in Ontario – Recommendations from the Association of Municipalities of Ontario
From: Peterborough Public Health
To: The Honourable Christine Elliott

Background:

On October 1, 2019, the Board of Health for Peterborough Public Health wrote to Minister Elliott to endorse recommendations from the Association of Municipalities of Ontario (AMO) to address the opioid emergency in Ontario. The AMO recommendations contain four actions to be considered: 1) The opioid crisis be recognized as a priority 2) An “all of government approach” to be used 3) A provincial coordinator be identified 4) Formal means be established to improve communication. Peterborough Public Health supports the need for enhanced treatment options and hope that harm reduction efforts will be expanded to include supervised consumption as an opportunity to provide life-saving response and prevent deaths from poisonings.

Recommendation: Receive.

- c) Date: 2019 October 10
Topic: Update on Public Health and Emergency Health Services Modernization
From: Helen Angus, Deputy Minister, Ministry of Health
To: Public Health and Emergency Health Stakeholders

Background:

On October 10, 2019, Helen Angus, Deputy Minister, Ministry of Health wrote to public health and emergency health stakeholders to announce that Mr. Jim Pine will play a key role in facilitating public health modernization discussions between the Ministry of Health, municipal elected officials and administrative leadership.

Recommendation: Receive.

- d) Date: 2019 October 11
Topic: Vapour Products Display and Promotion
From: Kingston, Frontenac, Lennox & Addington Public Health
To: The Honourable Christine Elliott

Background:

On October 11, 2019, the Kingston, Frontenac, Lennox & Addington (KFL&A) Public Health wrote to Minister Elliott to express concerns about the ongoing promotion of vaping products in Ontario. The Board of Health for KFL&A urge the provincial government to immediately remove Section 21 and 22 or Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

Recommendation: Receive.

- e) Date: 2019 October 16
Topic: Expanding alcohol retail outlets
From: Southwestern Public Health
To: The Honourable Christine Elliott

Background:

On September 11, 2019, the Board of Health for Southwestern Public Health wrote to Minister Elliott requesting that the provincial government consider the negative impact of increasing the number of retail outlets on healthy and safety of Ontarians before moving forward with additional legislative changes. Southwestern Public Health further requests that the Ontario Government consider recommendations proposed by the Council of Medical Officers of Health (COMOH) and The Centre for Addiction and Mental Health to mitigate potential harm associated with new policy and regulatory changes to increase alcohol availability in Ontario.

Recommendation: Receive.

- f) Date: 2019 October 16 [Received October 17]
Topic: Comprehensive measures to address the rise of vaping in Canada
From: Kingston, Frontenac, Lennox & Addington Public Health
To: The Honourable Ginette Petitpas Taylor, Minister of Health

Background:

On October 16, 2019, the Board of Health for Kingston, Frontenac and Lennox & Addington (KFL&A) wrote to Minister Petitpas Taylor expressing concerns about the rising vaping rates among youth and young adults. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products, similar to those regulating tobacco products, and consider other evidence-informed strategies to address the emerging public health issue.

Recommendation: Receive.

- g) Date: 2019 October 18 [Received October 21]
Topic: Municipal alcohol policies and municipal options to mitigate alcohol harms
From: Kingston, Frontenac, Lennox & Addington Public Health
To: Mayor Bryan Paterson and City Council

Background:

On October 18, 2019, the Board of Health for Kingston, Frontenac and Lennox & Addington (KFL&A) wrote to Mayor Paterson regarding the recent regulatory changes that will impact the sale, service and consumption of alcohol in local communities. The KFL&A Board of Health passed a motion to strongly advise municipalities to continue to prohibit alcohol consumption in public spaces and urge KFL&A municipalities to strengthen or develop the Municipal Alcohol Policy.

Recommendation: Receive.

- h) Date: 2019 October 28
Topic: Reappointment Order-in-Council
From: The Honourable Christine Elliott, Minister of Health
To: Mr. Ian Peer, Board member, Middlesex-London Health Unit

Background:

On October 25, 2019, Mr. Ian Peer was reappointed as a part time member of the Board of Health for the Middlesex-London Health Unit effective until December 31, 2020.

Recommendation: Receive.

- i) Date: 2019 October 28
Topic: Reappointment Order-in-Council
From: The Honourable Christine Elliott, Minister of Health
To: Ms. Tino Kasi, Board member, Middlesex-London Health Unit

Background:

On October 25, 2019, Ms. Tino Kasi was reappointed as a part time member of the Board of Health for the Middlesex-London Health Unit effective until December 31, 2020.

Recommendation: Receive.

- j) Date: 2019 October 25
Topic: Vapour products in convenience stores
From: Simcoe-Muskoka District Health Unit
To: The Honourable Christine Elliott, Minister of Health

Background:

On October 25, 2019, the Board of Health for Simcoe-Muskoka District Health Unit wrote to Minister Elliott in support of the decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. The Board of Health for Simcoe-Muskoka District Health Unit also renewed their request to ban flavoured e-cigarettes.

Recommendation: Receive.

- k) Date: 2019 October 25
Topic: Protecting youth from dangers of vaping
From: Ontario News – Ministry of Health
To: All Health Units

Background:

On October 25, 2019, the Ministry of Health issued a notice informing that Ontario is taking urgent action to address the issue of youth vaping. Effective January 1, 2020, the promotion of vapour products will be banned in convenience stores and gas stations. Promotion of vapour products will only be permitted in specialty vape stores and cannabis retail store, open only to people aged 19 and over.

Recommendation: Receive.

- l) Date: 2019 October 28
Topic: News Release - Making Ontario work better for people, smarter for business
From: Loretta Ryan, Executive Director, Association of Local Public Health Agencies
To: All Health Units

Background:

On October 28, 2019, the Ontario Government announced the proposed Better for People, Smarter for Business Act and regulatory changes to lower the cost of doing business by making it simpler and cheaper to comply with regulations. The proposed changes specifically support food banks and religious charities, colleges, universities and seniors. The targeted approach to reduce regulatory burdens will make it easier to do business, create jobs and grow wages.

Recommendation: Receive.

- m) Date: 2019 October 29
Topic: Opioid Overdose Emergency
From: Durham Region
To: The Right Honourable Justin Trudeau

Background:

On October 24, 2019, the Council of the Region of Durham wrote to Prime Minister Trudeau requesting that the Government of Canada recognize and declare a national health epidemic in respect to the opioid overdose emergency in Canada. Furthermore, Durham Region requests that the Government of Canada endorse the Association of Municipalities Ontario's (AMO) recommendations with respect to Ontario's opioid overdose emergency and continue funding the important work of public health units to help address the opioid crisis. In support of their request, Durham Region

submitted a copy of the Manager of Population Health's presentation regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.

Recommendation: Receive.

- n) Date: 2019 October 22 [Received October 24]
Topic: Restrictions on display and promotion of vaping products and the ban of flavoured e-cigarettes
From: Windsor-Essex County Health Unit
To: The Honourable Ginette Petitpas Taylor, The Honourable Christine Elliott

Background:

On October 22, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Petitpas Taylor and Minister Elliott in support Simcoe Muskoka District Health Unit's call for stringent restrictions for the display and promotion of vaping products and to ban flavoured e-cigarettes. Refer to correspondence item a) in the [October 17, 2019 Board of Health agenda](#).

Recommendation: Receive.

- o) Date: 2019 October 21 [Received October 24]
Topic: The harms of vaping and the next steps for regulation
From: Windsor-Essex County Health Unit
To: The Honourable Christine Elliott

Background:

On October 21, 2019, the Board of Health for the Windsor-Essex County Health Unit wrote to Minister Elliott in support of the ban on the promotion of vaping products in the retail setting and online, and that the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit.

Recommendation: Receive.

- p) Date: 2019 October 30
Topic: alPHa Regulatory Changes for comment and feedback
From: Association of Local Public Health Agencies (alPHa)
To: All Health Units

Background:

The Association of Local Public Health Agencies (alPHa) issued a summary of the regulatory changes that have been posted for comment that relate to public health programming and practice. These regulatory changes include: 1) Amendments to the Wells Regulation, 2) Amendments to the Smoke-Free Ontario Act, 2017 3), Amendments to Regulation 50/16 under the Healthy Menu Choices Act, 2015, 4) Proposed amendments to the Food Premises Regulation 493/17 under the Health Protection and Promotion Act, and 5) Proposed amendments to Ontario Regulation 136/18 (Personal Service Setting) made under the Health Protection and Promotion Act.

Recommendation: Receive.

- q) Date: 2019 October 31
Topic: The harms of vaping and next steps for regulation
From: Renfrew County and District Health Unit
To: The Honourable Christine Elliott

Background:

On October 31, 2019, the Board of Health for Renfrew County and District wrote to Minister Elliott in support of Windsor-Essex County Health Unit's motion regarding the Harms of Vaping and Next Steps for Regulation. Refer to correspondence item o) above.

Recommendation: Receive.

- r) Date: 2019 October 31
Topic: Funding for leave the pack behind
From: Grey Bruce Health Unit
To: The Honourable Christine Elliott

Background:

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Board of Health for Peterborough Public Health's concern over the provincial government's decision to cease funding for Leave the Pack Behind. Refer to correspondence item j) in the [September 19, 2019 Board of Health agenda](#).

Recommendation: Receive.

- s) Date: 2019 October 31
Topic: National school food program
From: Grey Bruce Health Unit
To: The Right Honourable Justin Trudeau

Background:

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Board of Health for Peterborough Public Health's request to move forward with implementing a cost-shared national school food program. Refer to correspondence item k) in the [September 19, 2019 Board of Health agenda](#).

Recommendation: Receive.

- t) Date: 2019 October 31
Topic: Display and promotion of vaping products – Simcoe-Muskoka District endorsement
From: Grey Bruce Health Unit
To: The Honourable Christine Elliott

Background:

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Board of Health for Simcoe Muskoka District Health Unit's request to implement

restrictions on the display and promotion of vaping products. Refer to correspondence item a) in the [October 17, 2019 Board of Health agenda](#).

Recommendation: Receive.

- u) Date: 2019 October 31
Topic: Display and promotion of vaping products – alPHa endorsement
From: Grey Bruce Health Unit
To: The Honourable Christine Elliott

Background:

On October 31, 2019, the Board of Health for Grey Bruce Health Unit wrote to Minister Elliott in support of the Association of Local Public Health Agencies (alPHa) endorsement to implement restrictions on the display and promotion of vaping products. Correspondence received from alPHa is dated September 19, 2019.

Recommendation: Receive.

- v) Date: 2019 November 07
Topic: Ontario Economic Outlook and Fiscal Review
From: Gordon Fleming, Association of Local Public Health Agencies
To: Ontario Boards of Health

Background:

On November 6, 2019, the Association of Local Public Health Agencies (alPHa) announced that Finance Minister Rod Phillips released the 2019 Ontario Economic Outlook and Fiscal Review: A Plan to Build Ontario Together. The instances that where public health are mentioned refer to the modernizing of public health, the investment in Ontario Seniors Dental Care Program, and the investment of \$41 million to support Public Health Units as the Ministry considers option to modernize public health.

Recommendation: Receive.

- w) Date: 2019 October 31
Topic: Status update regarding MLHU's Review of Public Health Services in Middlesex County
From: Middlesex County Warden, Kurtis Smith
To: Ms. Trish Fulton, Chair, Middlesex-London Board of Health

Background:

On October 30, 2019, Middlesex County wrote to the Board of Health for Middlesex-London Health Unit requesting an update regarding the Review of Public Health Services in Middlesex County. A status report for the initiatives to be completed in 2019 and implementation timelines for 2020 service improvements has been requested.

Recommendation: Refer to staff.

- x) Date: 2019 November 13

Topic: Resignation of Councillor E. Peloza from the Board of Health
From: Cathy Saunders, Clerk, City of London
To: Dr. Christopher Mackie, Medical Officer of Health / CEO

Background:

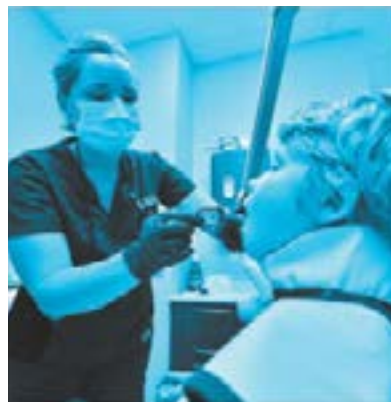
On November 13, 2019, Ms. Cathy Saunders, City Clerk, wrote to Dr. Christopher Mackie advising that the resignation of Councillor Elizabeth Peloza from the Board of Health was accepted by Council at its meeting on November 12, 2019. The appointment of another member will be considered at the next meeting of the Strategic Priorities and Policy Committee.

Recommendation: Receive.

ANNUAL COMMUNITY REPORT

Health@Simcoe Muskoka

2018-2019



MESSAGE FROM THE BOARD OF HEALTH



Anita Dubeau
Chair, Board of Health

The governance of the Simcoe Muskoka District Health Unit comes with the reward of being involved in work that has great value and meaningful impact on our communities.

In the years I have served with the Simcoe Muskoka District Health Unit Board of Health we have offered support for emergency responses such as tornadoes and flooding. We have presided over decisions that make dining experiences safer; that offer parenting resources from before birth through children's teen years; that reduce the threat of infectious diseases; and respond to emerging public health threats. In assuming the chair of the Board this year, I am thrilled to be able to take the lead in supporting the staff of the health unit as they continue to devote themselves to the public's well-being, even as resources become scarcer.

In 2018, the Board of Health declared opioids as an issue of urgent public health concern in order to focus health unit resources to address the growing crisis of overdoses and drug use in our communities. We also pressed the province to develop a comprehensive provincial child care strategy to increase the number of licensed, affordable child care spaces available to working parents. The Board acted as a vital liaison to help local municipalities understand the complex rules around cannabis legalization. For the 2018 provincial and municipal elections we supported an awareness campaign urging the public and candidates to consider issues such as food insecurity, housing, legalization of cannabis, the opioids crisis and climate change, and suggested actions.

While it is the front-line work of the health unit that draws the attention of the public, the Board's efforts in the background are of equal importance. Last year a new set of Board by-laws was developed and enacted. By-laws ensure the effective and ethical operation of the Board of Health. They also serve as a guarantee to the public that public revenues are directed toward issues that matter to the long-term health of our communities.

The Board of Health has always played a role in providing vision, creative thinking, and influential support for public health programs and services. Following the municipal elections in the fall of 2018, we bade farewell to several elected and appointed members of the Board, including several whose service extended beyond a decade. I offer my thanks to them all for their contributions to the public's health. I also look forward to working with the fresh ideas and enthusiasm of a new Board of Health in 2019.

This will be particularly important while the Board works through a challenging period of transition ahead as the provincial government implements its plan to transform the public health system in Ontario. As announced in the April 11, 2019 budget, Ontario's 35 health units will be replaced by 10 new regional public health entities on April 1, 2020. With our new strategic transition plan in place, and an outstanding record of public health achievements over the past 14 years behind us, I am confident we will carry forward into these new entities our legacy of unique and excellent public health programs and services to the people and communities of Simcoe and Muskoka.

MESSAGE FROM THE MEDICAL OFFICER OF HEALTH

Public health in Ontario is in a period of transition as the Ontario government moves forward with transforming the public health sector.

As details of the transition have emerged, it is clear that for the coming year substantial administrative effort will be diverted to the transition into one or two of 10 new provincially defined regional public health entities. While the future is not clear, I can certainly look back on 2018 as a year of achievements garnered through the valuable programs and services we deliver and the close community partnerships we have developed that have strengthened our ability to protect and promote the health of the population of Simcoe Muskoka into 2019.

As of January 2018, health units across the province began implementing the updated Ontario Public Health Standards and its associated guidelines and protocols. Stated simply, these documents set goals for the priorities in health unit operations and programs, and establish new standards for transparency.

Two new mandates have been added to the public health standards: vision screening for young children and mental health promotion. We now have staff trained to conduct vision screening at the Senior Kindergarten level, to identify existing vision problems or those at high risk of visual impairments. This is a service that will help parents give their children a strong start in school and socially. In the spring of 2019, we completed a situational assessment of mental health promotion needs in Simcoe and Muskoka, and how the health unit would be best positioned to address those needs. A mental health promotion strategy, building from that assessment, was completed in May this year.

In December 2018, we came to the end of our agency's 2016-18 Strategic Plan and a new plan was being completed to continue into the next four years. The provincial restructuring changes leave the health unit unable to commit to strategic tasks beyond 2020. As a result, the four-year strategic plan has been streamlined to a more focused one-year work plan, capturing the elements of the strategic plan that can be managed through the coming year. The overarching principles of the original plan remain: maintaining strong relationships among staff and with external partners; meeting the Ontario Public Health Standards through evidence-informed decision making; and ensuring accountability and good governance. Into these principles we have included activities that will not only ensure the continued excellent services we provide to our communities, but also help the agency make a successful transition into a new public health entity or entities by 2020.

Climate change, Lyme disease, legalization of cannabis, the opioid crisis: we live in times of new and emerging public health challenges. Along with those will be the challenge of reorganization according to the plans of the provincial government. The work of the past year has prepared us to meet the public health challenges. The skill and experience of our staff will be invaluable in ensuring we continue to provide our services while we work through the disruptions ahead.



Dr. Charles Gardner
Medical Officer of Health



CLINICAL SERVICES DEPARTMENT

- Education and awareness to reduce the incidence and spread of infectious diseases
- Investigation and follow-up with clients with diseases of public health significance
- Conducting infectious diseases surveillance
- Immunization of children and adults, including distribution of publicly-funded vaccines to health care providers
- Sexual health clinic services, including sexually transmitted infection follow up
- Healthy Smiles Ontario dental services – both mobile and fixed clinics
- Infection prevention and control education, inspection and complaint investigation in health care, personal services and child care settings

216 community & institutional outbreak investigations	25,501 children screened for tooth decay	81 infection prevention & control complaint investigations	8,392 vaccines given during public immunization clinics
1,423 personal services settings & child care inspections	3,072 client visits to sexual health clinics	21,010 vaccines given at schools	4,081 diseases of public health significance investigations

HPV VACCINE

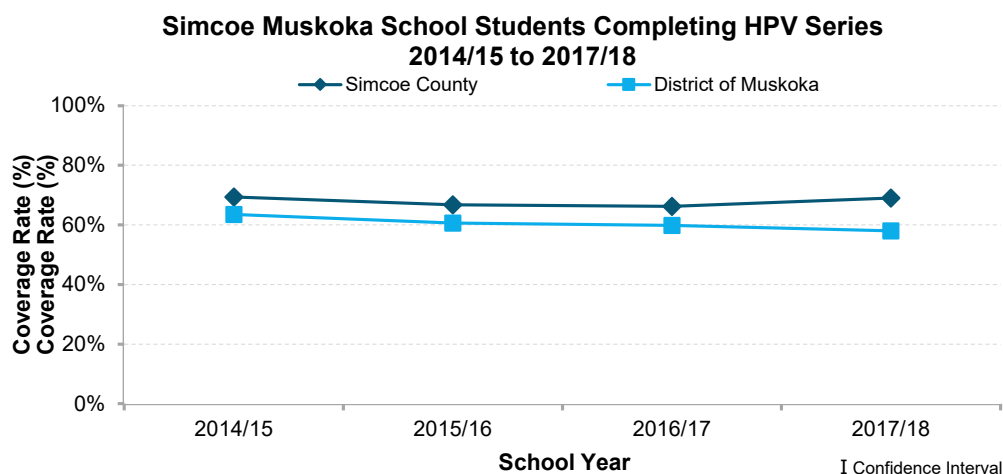
Effective cancer prevention

Human Papillomavirus (HPV) is a sexually transmitted virus that causes genital warts and virtually all cervical cancers. It is also responsible for a number of other cancers, including mouth and throat, anal, penile, and vaginal and vulvar cancers. It is so common that 75 per cent of sexually active people will get HPV at least once in their lifetime.

HPV can be prevented through vaccination. In Ontario, a free vaccine for HPV is offered to every Grade 7 student. In Simcoe Muskoka the vaccine is provided at school clinics by health unit nurses. Despite the HPV vaccine being safe and effective cancer prevention, only 68 per cent of local kids were vaccinated against HPV-related cancers in 2017/18. This rate has remained unchanged since 2014/15.

Recent research shows that the incidence of HPV infections in nine high-income countries, including Canada, decreased by 64 per cent after the introduction of HPV vaccination programs to girls younger than 20 years of age. The vaccine is also highly effective against genital warts.

Because a recommendation from a health provider is the biggest influence in convincing parents to vaccinate their children, in 2018 the health unit partnered with a local doctor and gynecologic oncologist to improve HPV vaccination rates. The result was an ongoing awareness campaign to inform parents, as well as health care providers, that the vaccine is about preventing cancer. In addition, using local infectious diseases data, the health unit continues to encourage health care providers to discuss the effectiveness and importance of HPV vaccination with their patients. The campaign continues in 2019 with further direct outreach to health care practitioners.



Data Source: Ministry of Health and Long-Term Care, Digital Health Immunization Repository, extracted by Simcoe Muskoka District Health Unit [2018/09/13].

Notes: 2017/18 was the first school year where HPV-9 was provided to students. 2016/17 school year was the first cohort to offer the vaccine to Grade 7 students and was a double cohort with Grade 8 females also receiving HPV. 2015/16 school year only provided HPV to Grade 8 female students.

Immunization data are presented by location of the school the student attends.



COMMUNITY AND FAMILY HEALTH DEPARTMENT

- Healthy lifestyle programming to prevent chronic diseases through physical activity and healthy eating
- Healthy schools program to help create and maintain healthier school environments
- Prevention of injuries and substance misuse
- Healthy child development support from pre-conception to school transition
- Prenatal classes, breastfeeding clinics and support, and parenting education
- Home visits to new parents through the Healthy Babies Healthy Children program

1,171 parent/caregiver visits to The Breastfeeding Place	857 expectant parents registered for online prenatal classes	533 families received Triple P (Positive Parenting Program) support from SMDHU
4,618 home visits by public health nurses and family home visitors	70 schools engaged with public health nurses from the School Health program (2018/2019 school year)	1,061 expectant parents attended in-person prenatal classes

OPIOIDS

Coordinated strategy is helping to save lives

Opioid misuse is an urgent and complicated issue that continues to impact families, individuals and communities in Simcoe Muskoka. It's also an issue that shows few signs of abating any time soon.

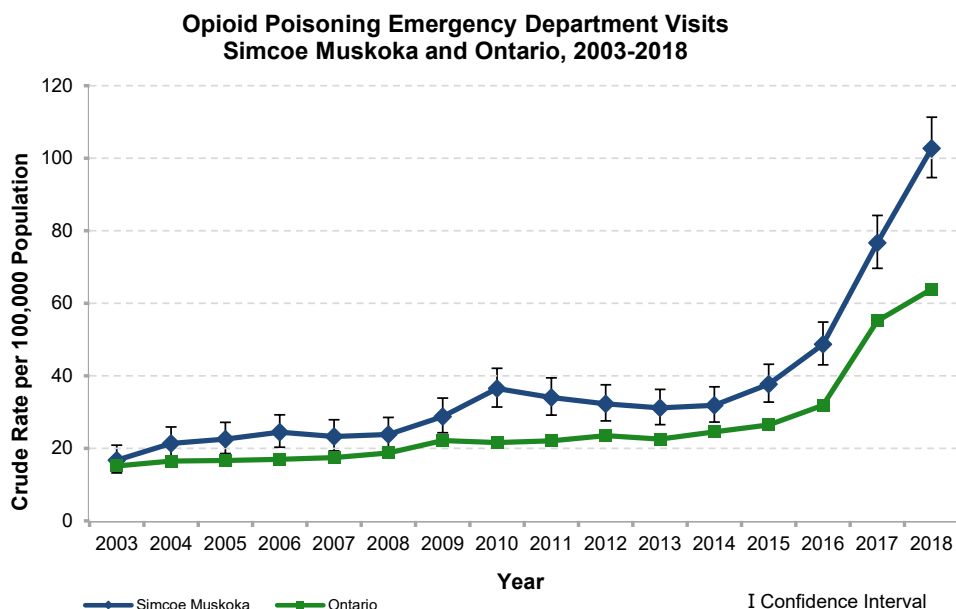
In 2018, there were 78 opioid-related deaths or 13 deaths per 100,000 residents in our region. This was significantly higher than the provincial rate of 10 deaths per 100,000 and part of an ongoing upward trend that has seen local opioid-related death rates triple over the past 10 years. Equally as disturbing, in 2018 there were 600 emergency department (ED) visits or 103 ED visits per 100,000 population for opioid poisonings among Simcoe Muskoka residents (see graph). This represents more than a 30 per cent increase over the previous year.

The health unit has been working with community partners on a multi-pronged, coordinated and comprehensive response to reduce opioid harms in our communities since 2017 when the Simcoe Muskoka Opioid Strategy (SMOS) was created. The strategy consists of five action pillars including prevention, treatment/clinical practice, harm reduction, enforcement and emergency management, with two foundational pillars, data and evaluation, and lived experience.

As part of the strategy, the health unit provides active surveillance, including monitoring the number of emergency department visits for suspected unintentional opioid overdoses. At a certain threshold these numbers can act as a trigger to the health unit to issue a public alert that anyone using street drugs should be cautious about their supplies, and how and when they are using drugs. In 2018 the health unit issued two public alerts about increased overdoses in Simcoe Muskoka.

Under the SMOS prevention pillar, the health unit also launched an anti-stigma campaign, "People who use drugs are real people", to educate the public that addictions are an illness, not a choice. Short videos of local families who have been affected by opioid use were produced and shared on the health unit's website and on social media to help increase the understanding – and reduce stigma – around substance use.

Harm reduction is an important strategy to address the opioid crisis. The health unit, along with the Gilbert Centre and the Canadian Mental Health Association - Simcoe Branch, are working together to submit an application for a supervised consumption site (SCS) within the City of Barrie. The application process has included consultation with the community and key stakeholders, and the identification of a proposed site in downtown Barrie. Barrie has been particularly hard hit by opioids. In 2017, among the 26 Ontario cities with populations over 100,000, Barrie ranked third highest for emergency department visits for opioid overdose. Data for 2018 moves Barrie into second place among large cities for opioid overdose emergency department visits.



Data source: 2003-2018 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>. Updated July 15, 2019
Denominators for 2006-2018 were taken from Statistics Canada; Table 17-10-0139-01;
Population estimates, July 1, by census division, 2016 boundaries

PROGRAM FOUNDATIONS AND FINANCE DEPARTMENT

- First point of contact for the public through Health Connection service
- Health promotion and communications planning and implementation
- Media relations
- Integrating health equity and determinants of health into all programming
- Population health assessment, surveillance, evaluation and quality improvement
- Finance and administration

602,022

times our Facebook posts seen

88,686

Health Connection inquiries

73,768

visits to the Simcoe Muskoka HealthSTATS website

355

times SMDHU mentioned in local news

HUMAN RESOURCES AND INFRASTRUCTURE DEPARTMENT

- Human resources management and implementation of human resources strategy, health and safety, and payroll
- Infrastructure, renovation and facilities management for eight office locations
- Information technology and telecommunications planning and implementation

311

staff as of December 31

8

office locations

8,800

square kilometers of land area covered

540,249

Simcoe Muskoka population served

QUALITY AND PERFORMANCE MEASUREMENT

Our commitment to continuous quality improvement

Simcoe Muskoka District Health Unit's approach to performance management is based on a commitment to continuous quality improvement, a culture of information sharing and understanding, achieving value for money, and a focus on risk management. Measures of performance are reported annually to the province, Board of Health and the community.

Program Budgeting and Marginal Analysis

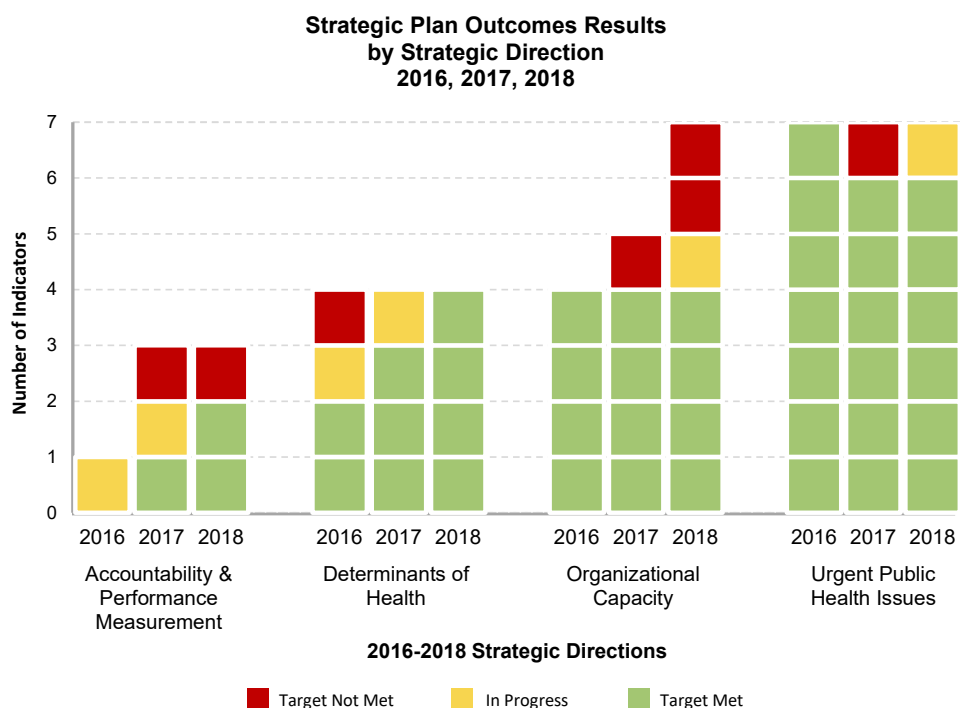
Since 2016, public health funding has been somewhat tenuous. Given continuing fiscal constraints, the health unit identified the need to use a practical evidence-based method for resource allocation. Program budgeting and marginal analysis (PBMA) is used to assess the net impact of different ways of providing services in relation to an organization's ability to meet strategic objectives and priorities. PBMA helps ensure that we are delivering the right mix of programs and services that are responsive to the needs of our local communities.

Strategic Plan

Effective strategic planning provides a road map for where an organization is going, the actions needed to make progress, and the benchmarks for assessing progress along the way. The health unit monitors, measures and reports progress on the agency strategic plan using a set of indicators established for each of the strategic outcomes. Colour is used to visually depict progress. Green represents success in meeting an indicator related to the strategic outcome, yellow represents work in progress and red reflects limited or no action initiated to date.

At the end of 2018, a total of 21 indicators were monitored across the four strategic directions. Sixteen targets were met, two showed work in progress and three indicated limited movement forward. These results have been used to inform 2019 plans and priorities in an effort to achieve our strategic outcomes.

The 2016-2018 Strategic Plan has come to an end. Reflection on this plan – our successes and areas requiring improvement – have been used to create SMDHU's 2019-2020 Strategic Transition Plan. This plan focuses on key components that will be positioned as health unit priorities for possible adoption in the changing public health landscape. The plan also allows the health unit to manage the impacts of Ontario's public health restructuring and transition.





ENVIRONMENTAL HEALTH DEPARTMENT

- Food safety education and food premises inspections
- Safe water inspections and education
- Health hazard prevention and management, including vector-borne diseases
- Rabies prevention and control
- Tobacco-free living, including cessation, prevention, protection, education and enforcement
- Emergency management and response planning

181 people received counseling and got free nicotine replacement therapy



37

STOP smoking workshops held to support people to quit smoking

8,406

food premises inspections

2,678

Smoke-Free Ontario Act inspections for smoking and vaping including retail compliance and test shopping with youth

184

tick submissions

1,332

recreational water facility inspections

1,434

rabies exposure investigations

72,512

Inspection Connection page views

DISCLOSURE

Inspection results at your fingertips

Public health inspectors (PHIs) check a variety of businesses and settings in Simcoe Muskoka, including restaurants, child care centres and beaches, to ensure they are meeting requirements and standards that help keep people healthy, safe and injury free. Routine inspections help to prevent and reduce the risk of injuries and the spread of illnesses and diseases, including food-borne illness, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Depending upon the facility or setting, PHIs may be checking that foods are stored at proper temperatures so that dangerous bacteria can't grow, that equipment is clean and that sanitizing procedures are followed. PHIs also test water at public beaches. If weekly testing results are unacceptable, public health inspectors assist municipalities in posting notices to the public about water quality for those beaches. Tobacco enforcement officers make sure retailers comply with the Smoke-Free Ontario Act, 2017 to not sell tobacco or vapour products to minors.

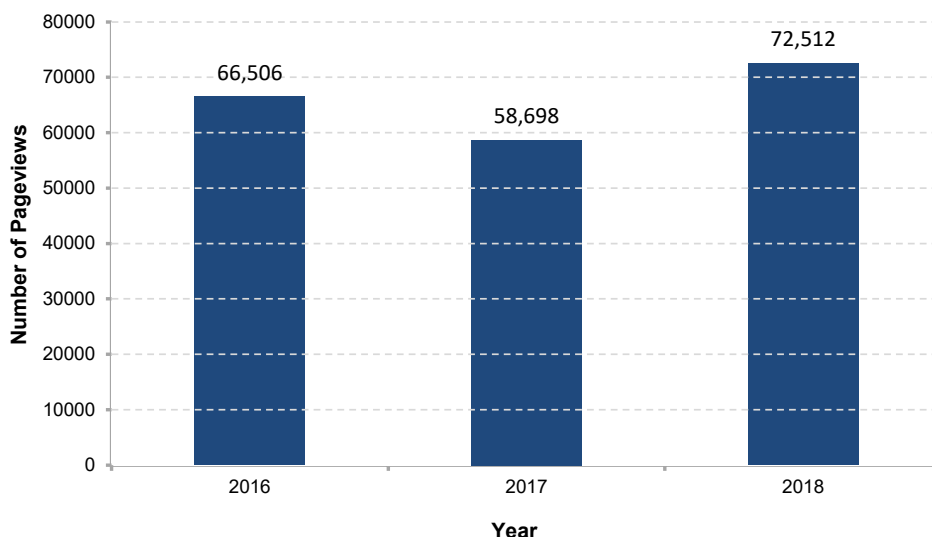
Inspection and investigation results must be made available to the public in accordance with the Ontario Public Health Standards. Disclosing results provides transparency to the inspection process and gives people information they can use when making decisions about visiting a particular premises or setting.

The health unit began posting inspection results on our website in 2014, starting with the health unit's food safety disclosure program. Infection prevention and control lapses were added in 2016, followed by the status of beach water quality. Most recently, inspections for recreational water, including public swimming pools, wading pools, spas and splash pads; recreational camps; and small drinking water systems were added to the website.

Residents and visitors can go online to our Inspection Connection web page to look at the most recent inspection report of a favourite restaurant, or to see which retailer has been convicted under the Smoke-Free Ontario Act, 2017. The beach water testing section has been enhanced to include testing results and a map link, and new images that make it easy for people to know which beaches are open, posted with a swimming advisory or closed. Inspection results for licensed child care settings and tobacco and electronic cigarette retailer convictions were added in 2018, making Inspection Connection an easily accessible one-stop shop for inspection results.

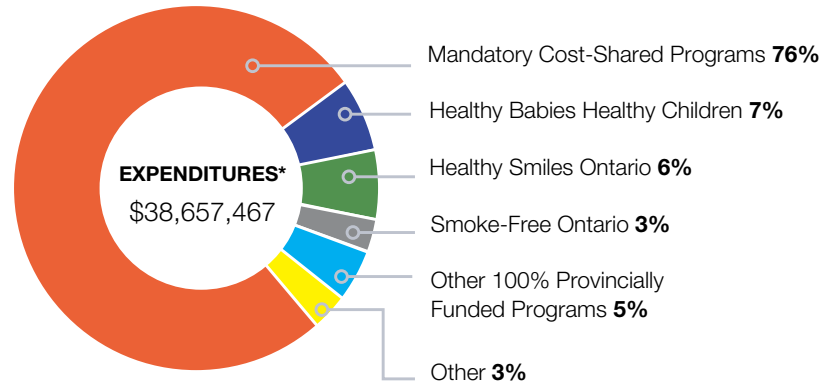
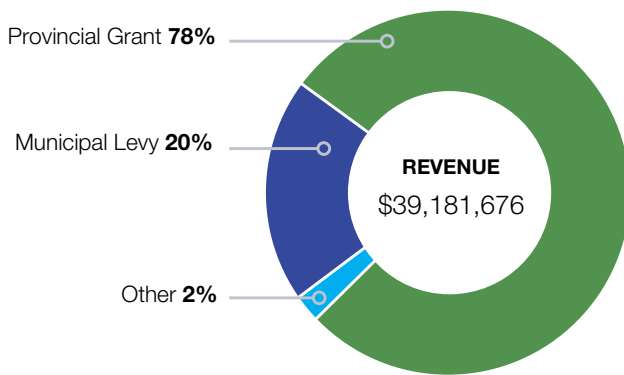
Inspection results for personal services settings, which includes aesthetics, hair styling, tattooing and nail salons, are set to become available in 2020.

**Simcoe Muskoka District Health Unit's
Inspection Connection Website Pageviews, 2016-2018**



Data source: Google Analytics, 2019

2018 HEALTH UNIT FINANCIALS



MEDICAL OFFICERS OF HEALTH

Dr. Charles Gardner

Medical Officer of Health & Chief Executive Officer

Dr. Colin Lee - Associate Medical Officer of Health

Dr. Lisa Simon - Associate Medical Officer of Health

We would like to recognize the contributions of those Board members whose terms expired in 2018:

Sergio Morales, Terry Pilger, Elizabeth Saul,
Brian Saunderson and Barry Ward.



BOARD OF HEALTH

Anita Dubeau – ChairCounty of Simcoe Appointee
(Voted in Feb 6, 2019)

Ralph Cipolla – Vice ChairCounty of Orillia Appointee
(Voted in Feb 6, 2019)

Thomas Ambeau..... Provincial Appointee
(Term expired June 2019)

Sandy Cairns..... District of Muskoka

Lynn DollinCounty of Simcoe Appointee

Gary Harvey.....City of Barrie Appointee
(Appointed Jan 2019)

Stephen Kinsella..... Provincial Appointee
(Reappointed Sep 2019)

Peter KoetsierDistrict of Muskoka Appointee
(Appointed Jan 2019)

Betty Jo McCabe Provincial Appointee
(Term expired June 2019)

Micheal McCann.....City of Barrie Appointee
(Appointed Jan 2019)

Rick Milne.....County of Simcoe Appointee
(Appointed Jan 2019)

Larry Oehm Provincial Appointee
(Appointed Aug 2019)

Floyd PintoCounty of Simcoe Appointee
(Appointed Jan 2019)

Peter Preager..... Provincial Appointee

Scott Warnock..... Provincial Appointee
(Reappointed May 2019)

Peter Willmott Provincial Appointee
(Reappointed Aug 2019)

October 1, 2019

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Addressing the Opioid Emergency in Ontario - Recommendations from the Association of Municipalities of Ontario

As Ontario develops its Mental Health and Addiction strategy, Peterborough's board of health hopes that there will be specific attention paid to the opioid crisis that has emerged over the years, fueled by increased rates of opioid prescribing and only made worse by the contamination of the illicit drug supply by fentanyl.

We believe that the recent submission, in September, of recommendations from the Association of Municipalities of Ontario¹ (AMO) presents your government with a comprehensive and carefully considered set of actions that we hope will be seriously considered. These were reviewed at the board's September meeting, with the subsequent decision that its support and endorsement for these recommendations be expressed to you.

The AMO recommendations contain four foundation actions for your government to consider:

- **That the opioid crisis be recognized as a priority**, with the appropriate attention and resourcing required to address it in a comprehensive and effective manner;
- That an **"all of government approach"** be used to ensure that upstream prevention of substance use and other components of the crisis are addressed;
- That, in order to ensure success, a **provincial coordinator** be identified who can focus solely on this one issue and broker the right relationships and partnerships required to achieve the needed results; and
- **Formal means** be established to allow for transparent, accountable and two-way communications.

In addition, the AMO recommendations outline specific strategies that a provincial coordinator would undertake as components of this comprehensive, all of government approach. Taken as a whole, they provide solid advice that has been gleaned from the front lines, from the evidence, and from provincial expertise. We hope that you will find the recommendations to provide helpful guidance as you further develop your response.

As Minister of Health, we look to you for your leadership during these challenging times. Peterborough's population has been hit hard, with opioid poisonings and deaths occurring at an alarming rate. In the first quarter of 2019, we experienced a confirmed death rate of 6.2 per 100,000, a rate much higher than the

provincial rate of 2.7 deaths per 100,000. We are concerned that more needs to be done but with the dissolution of the Central East LHIN board, we no longer have a common meeting place for the planning, coordination and prioritization of health sector services like these.

The strategy that we contributed to developing, through the Central East LHIN, will require updating and adaptation to ensure that we do not lose ground, but instead, continue to build on our successes to date. For example, more people are receiving timely and effective access to treatment for addictions, through our RAAM clinic. Since opening, the Peterborough RAAM clinic has seen over 400 new patients.² Of these, 35% were seeking help for opioid use.

Our board of health supports the need for enhanced treatment options for those who fail to respond to oral agonists and we hope that Ontario will provide our community with funded access to injectable opioid agonist treatment options. The recent publication of clinical and operational guidelines³ now make this a stronger possibility. We hope, too, that harm reduction efforts will be expanded to include supervised consumption as an opportunity to provide life-saving response and prevent deaths from poisonings. We hope that more people with addictions and mental illness will be diverted away from the criminal justice system and into treatment and harm reduction services. And we hope that people with lived experience of substance use will be included in the planning, delivery and evaluation of a comprehensive strategy to ensure that we can capitalize on their insights and build a response that is inclusive, barrier-free and life affirming.

Municipalities and local public health agencies are working together to ensure that communities are responsive to their local opioid emergencies, and that Naloxone is available to assist with reversing the deadly effects of acute poisonings. But we do not act in a vacuum and we will be unable to make a difference unless we can be part of a bigger, comprehensive, complex yet coordinated strategy. That is what the AMO recommendations address, and we wish to emphasize their utility and timeliness as you progress toward a provincial Mental Health and Addictions strategy. We congratulate AMO for convening a working group to prepare and present these recommendations to you, Minister Elliott. And we hope that they will provide you with the guidance you seek in order to ensure Ontario is meeting its obligation to protect the health of its residents.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Local MPPs
Local Municipal and First Nation Councils
Peterborough Drug Strategy
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Addressing the Opioid Emergency in Ontario: Municipal Recommendations for a Municipal Response, AMO, September 4, 2019, accessed at <https://www.amo.on.ca/AMO-PDFs/Reports/2019/Addressing-the-Opioid-Overdose-Emergency-in-Ontari.aspx>

² Communications, September 30, 2019

³ Fairbairn N et al. Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. CMAJ 2019 September 23,191:E1049-56.doi: 10.1503/cmaj.190344

October 10, 2019

MEMORANDUM TO: Public Health and Emergency Health Services Stakeholders

FROM: **Helen Angus**
Deputy Minister
Ministry of Health

RE: Update on Public Health and Emergency Health Services
Modernization

Dear colleagues,

As you know, our health system is in need of transformational change. Over the past year, the ministry has made great progress to building a connected, integrated, and coordinated system of care – centred around the patient. This includes the creation of Ontario Health, the province's new central health agency, and the work that's been accomplished toward establishing the first wave of local Ontario Health Teams to serve our communities.

As part of this plan, we must also consider how best to deliver public health – a central component of community health – in a way that is resilient, nimble, and meets the evolving health needs and priorities of Ontario's families. Within the context of this broader health transformation, we have an opportunity to modernize and strengthen the role of public health, and to consider how it is connected to our communities.

Another part of transforming the health system is to modernize the way emergency health services are delivered in the province. In addition to our plans to upgrade the ambulance dispatch system and support new models of care for 911 patients, we are looking for ways to improve emergency health services and ensure that dispatch centres and paramedic services work well together.

Today, I am pleased to introduce Mr. Jim Pine, who will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership. Mr. Pine started his career with the Ministry of Municipal Affairs and Housing and served in various positions in his nine years with the ministry including as regional director for eastern Ontario. He is well respected across the province and has been in municipal affairs for 39 years, working as a city administrator, and as a chief administrative officer in small municipalities, most recently for the County of Hastings. He has also served in a number of roles with Association of Municipalities of Ontario (AMO), including as secretary-treasurer and as a member of the Board of Directors. Mr.

.../2

Pine is also the co-lead of the Eastern Ontario Regional Network, and chairs the ONWARD Initiative which is a network of all the major municipal staff organizations in Ontario dedicated to staff training and improvement.

Building upon the work of the technical tables established with the AMO, Association of Local Public Health Agencies (aLPHa), and the City of Toronto, the ministry has begun work with Mr. Pine on launching a renewed consultation with municipalities and our partners in public health and emergency health services. Through this consultation process, we will ensure that sufficient time is provided for thoughtful dialogue and implementation planning. This next phase of engagement will also include the release of a discussion paper.

If you have any feedback that you would like to share prior to the beginning the consultation period, please email us at ehsphmodernization@ontario.ca. Thank you all for your continued support and collaboration.

A handwritten signature in black ink, appearing to read 'H. Angus', with a horizontal line underneath.

Helen Angus
Deputy Minister, Ministry of Health

c: Alison Blair, ADM Emergency Health Services & Executive Lead, Public Health Modernization
Dr. David Williams, Chief Medical Officer of Health

October 11, 2019

The Honourable Christine Elliott, Deputy Premier
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Re: Vapour Products Display and Promotion

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the on-going promotion of vaping products in Ontario.

While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. KFL&A Board of Health is alarmed by the rising vaping rates among youth. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of nicotine containing vapour products, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping related pulmonary disease reports emerging from the United States, Quebec and our own province.

A suite of robust regulatory measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. Because exposure to vapour products marketing and advertising decreases the perception of the associated risk of vaping and increases the odds of trying these products, immediate action is needed to limit youth's exposure to product promotion. Our youth and young adults are frequently being exposed to vaping advertising on the internet, at point of sale in convenience stores and gas stations, as well as on television, magazines, billboards, social media, and public transit. To that end, KFL&A Board of Health passed the following motion on 2019-09-25:

THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Sections 21 and 22 of Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

.../2

KFL&A Board of Health applauds the Government of Ontario's recently expressed concerns about youth vaping and the health risks and your willingness to find evidence-informed solutions to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands
 Randy Hillier, MPP Lanark-Frontenac-Kingston
 Daryl Kramp, MPP Hastings-Lennox and Addington
 Mark Gerretsen, MP Kingston and the Island
 Scott Reid, MP Lanark-Frontenac-Kingston
 Mike Bossio, MP Hastings-Lennox and Addington
 Ginette Petitpas Taylor, Minister, Health Canada
 Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
 Dr. Theresa Tam, The Chief Public Health Officer
 Loretta Ryan, Association of Local Public Health Agencies
 Ontario Boards of Health*

September 11, 2019

christine.elliott@ontario.ca

The Honourable Christine Elliott
Minister of Health
College Park 5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Honourable Christine Elliott:

Re: Expanding alcohol retail outlets

The Government of Ontario continues to outline their plans to increase the accessibility of beverage alcohol in Ontario. Recently, the province announced plans to introduce legislation to end the near monopoly on beer sales and expand alcohol sales to corner, big-box, and more grocery stores, resulting in more retail outlets. Research has long established that increasing access to alcohol is related to a subsequent increase in alcohol use and, in turn, alcohol related harms (e.g., alcohol-related diseases, injuries, violence, crime, and traffic crashes). Therefore, this proposed change to legislation is concerning considering alcohol use is already a leading preventable cause of morbidity and mortality in Ontario.

Where alcohol privatization and deregulation has occurred elsewhere in Canada (e.g. Alberta and British Columbia), alcohol availability has risen significantly, with subsequent increases in consumption and related harms.^{1,2,3} Additionally, following the 2015 partial deregulation of alcohol sales in Ontario, increases in the number of alcohol outlets and longer average hours of operation were positively associated with increased emergency department visits attributable to alcohol.⁴ Alcohol costs to the individual and society are significant. A recently published document shows that alcohol costs Ontario \$5.34 Billion for healthcare, lost productivity, criminal justice and other direct costs.⁵

Furthermore, it is important to consider that the impacts of increased alcohol availability may disproportionately impact vulnerable populations. In British Columbia, privatization is associated to reduced compliance with age of sale policies, which can be observed by the low rates of compliance in privatized stores in comparison to government stores.⁶ The implication is that the sale of alcohol becomes easier for underage drinkers, increasing the risk of alcohol-related harms for a population that is already considered especially vulnerable to the negative impacts of alcohol.

We are requesting the Ontario government consider the impact of increasing the number of retail outlets on the health and safety of Ontarians before moving forward with more legislative changes.

We also request the Ontario Government consider the following recommendations proposed by the Council of Ontario Medical Officers of Health and The Centre for Addiction and Mental

Health to mitigate the potential harms associated with new policy and regulatory changes to increase alcohol availability in Ontario. We believe it is possible to create a culture of lower risk alcohol use in Ontario that balances interests in public health, government revenue, economic development and consumer preference.

Some measures we request be implemented include:

- Regulate retail availability, including the density, location, hours of sale, and access restrictions.
- Give municipalities the authority to restrict outlet density and hours and days of sale.
- Conduct a risk-based assessment for every tailgating event.
- Ensure operational compliance by expanding the current Mystery Shopper Program to encompass bi-annual visits to every alcohol outlet with publicly reported penalties that escalate with repeat offences.
- Conduct annual education visits to retail outlets.
- Implement pricing policies that will increase provincial revenue while also reducing alcohol-related harms.

Now is the time for Ontario to take leadership and address the harms of alcohol use. Therefore, as outlined in the government's report, we are interested in ensuring the government work with public health experts to ensure increasing convenience does not lead to increased social and healthcare costs related to alcohol. Thank you for your consideration.

Sincerely,



Larry Martin
Chair, Board of Health

- c. The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Pegeen Walsh, Executive Director, Ontario Public Health Association
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Association of Local Public Health Agencies
Ontario Boards of Health
Area municipalities served by Southwestern Public Health

References

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http://www.madd.ca/media/docs/MADD_Canada_2012_Provincial_and_Territorial_Legislative_Review_FINAL.pdf.
4. Myran, DT, Chen JT, Giesbrecht N, Rees, VW. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. *Addiction*. 2019;114(7), 1183-91.
5. Canadian Substance Use Costs and Harms Scientific Working Group. Canadian Substance Use Costs and Harms in the Provinces and Territories (2007–2014). Ottawa, ON: Canadian Centre on Substance Use and Addiction; 2018. Available from:
<http://csuch-cemusc.ccsa.ca/Resource%20Library/CSUCH-Canadian-Substance-Use-Costs-Harms-Provincial-Territorial-Report-2018-en.pdf>
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http://www.madd.ca/media/docs/MADD_Canada_Provincial_Liquor_Boards.pdf.
7. Centre for Addiction and Mental Health (2019). Alcohol Policy Framework. Toronto: CAMH.

October 16, 2019

Via E-mail: Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

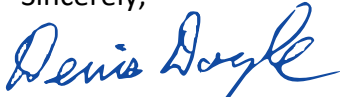
- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

*The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada*

Page 2

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

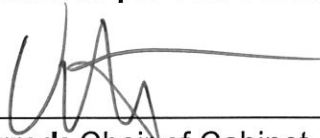
PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Tino Kasi** of London be reappointed as a part-time member of the Board of Health for the Middlesex-London Health Unit to serve at the pleasure of the Lieutenant Governor in Council effective November 2, 2019 or the date this Order in Council is made, whichever is later, to and including December 31, 2020.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Tino Kasi** de London est reconduite au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Middlesex-London pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, à compter du dernier en date du 2 novembre 2019 et du jour de la prise du présent décret jusqu'au 31 décembre 2020 inclusivement.



Recommended: Minister of Health

Recommandé par : La ministre de la Santé



Concurred: Chair of Cabinet

Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:

Approuvé et décrété le : OCT 25 2019



**Lieutenant Governor
La lieutenante-gouverneure**



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Ian Peer** of London be reappointed as a part-time member of the Board of Health for the Middlesex-London Health Unit to serve at the pleasure of the Lieutenant Governor in Council effective November 14, 2019 or the date this Order in Council is made, whichever is later, to and including December 31, 2020.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Ian Peer** de London est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Middlesex-London pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, à compter du dernier en date du 14 novembre 2019 et du jour de la prise du présent décret jusqu'au 31 décembre 2020 inclusivement.



Recommended: Minister of Health

Recommandé par : La ministre de la Santé



Concurred: Chair of Cabinet

Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le :

OCT 25 2019



**Lieutenant Governor
La lieutenante-gouverneure**

October 25, 2019

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I wish to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the *Smoke-Free Ontario Act, 2017* will have immediate and long-lasting benefits, protecting the health of the youth in our province.

Your leadership is in keeping with the letter from the Board of Health to you and the federal Minister of Health on September 18, 2019, calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes. This is to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth. The Board noted that vaping has been increasing rapidly in our youth which has been borne out in the evidence: A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018.

In recognizing this significant amendment to display and promotion regulation, I renew the Board of Health's request to ban flavoured e-cigarettes. With thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, the evidence clearly supports that flavoured e-liquid is a significant factor in youth uptake and use .

The Ministry of Health's leadership in enacting the *Smoke-Free Ontario Act, 2017* one year ago has been critical to the protection of Ontario's citizens from the harms of tobacco, vaping and cannabis. The Board of Health recognizes this action as being an important step, and recommends the further development of a renewed comprehensive tobacco control strategy towards the tobacco endgame goal of achieving a smoking rate of less than 5% by 2035.

Thank you for your leadership on this very important public health matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

☐ **Barrie:**
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

☐ **Collingwood:**
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

☐ **Huntsville:**
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

☐ **Midland:**
A-925 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

☐ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

Protecting Youth from the Dangers of Vaping*Ontario Banning the Promotion of Vaping Products Outside of Specialty Stores*

October 25, 2019 9:00 A.M.

Ontario is taking urgent action to address the issue of youth vaping by banning the promotion of vapour products in convenience stores and gas stations. Starting January 1, 2020, the promotion of vapour products in retail stores will only be permitted in specialty vape stores and cannabis retail stores, which are only open to people aged 19 and over.

"Restricting the promotion of vapour products in retail stores will help prevent youth from being exposed and influenced by promotion in retail settings," said Christine Elliott, Deputy Premier and Minister of Health. "This is just one way our government is taking action to protect young people in Ontario."

These changes follow consultations with stakeholders - including experts, communities and families concerned with youth vaping and the promotion of vapour products - as well as new and emerging research from health experts that indicate vaping among Ontario's youth is on the rise.

"Vaping is not without risk, and the potential long-term effects of vaping remain uncertain," said Elliott. "As we continue to engage with experts and families to identify further action we can take to protect our youth, this first step will help begin to curb the alarming increase in young people vaping."

The regulatory amendment will align rules for in-store promotion of vapour products with those for tobacco under the *Smoke-Free Ontario Act, 2017*, bringing Ontario in line with seven other Canadian provinces with similar restrictions.

QUICK FACTS

- Under the *Smoke-Free Ontario Act, 2017* (SFOA, 2017), retail stores that are not specialty vape stores ("non-specialty stores") like convenience stores and gas stations currently can promote vapour products, if the promotion complies with the *Tobacco and Vaping Products Act* (Canada).
- Vaping has become increasingly popular, particularly with youth. In just one year, from 2017 to 2018, there has been a 74 per cent increase in vaping among Canadian youth aged 16-19 (Hammond et al, 2019).
- Of concern, two thirds of students who vape are using products with nicotine (Canadian Student Alcohol and Drugs Survey, 2017).

LEARN MORE

- [Learn more about the risks of vaping](#)
- [Statement by Deputy Premier and Minister of Health Christine Elliott](#)

David Jensen Communications Branch
media.moh@ontario.ca
416-314-6197
Hayley Chazan Senior Manager, Media Relations
hayley.chazan@ontario.ca
416-726-9941

[Available Online](#)
[Disponible en Français](#)

Elizabeth Milne

From: Loretta Ryan <loretta@alphaweb.org>
Sent: Monday, October 28, 2019 1:52 PM
To: All Health Units
Subject: Making Ontario Work Better for People, Smarter for Business

From: Ontario News <newsroom@ontario.ca>
Sent: October 28, 2019 1:43 PM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Making Ontario Work Better for People, Smarter for Business



News Release

Making Ontario Work Better for People, Smarter for Business

October 28, 2019

Reducing regulatory burdens to make everyday life easier and remove barriers to job creation and income growth

TORONTO — The Ontario government is taking action to make life easier for people and for businesses. Empowering people and getting out of the way of businesses are key to creating good jobs, growing wages and increasing our standard of living.

Today, Prabmeet Sarkaria, Associate Minister of Small Business and Red Tape Reduction, announced a package of over 80 proposed actions to eliminate unnecessary or outdated rules and streamline regulations that need updating. If passed, the *Better for People, Smarter for Business Act*, along with regulatory changes, will simplify and modernize regulations that we need, while eliminating requirements that are outdated or duplicative, making regulatory processes more efficient for business and better for people. These proposed changes will lower the cost of doing business by making it simpler and cheaper to comply with regulations, while also making it easier to interact with government. The proposed changes also specifically support food banks and religious charities, colleges, universities and seniors — and reinforce environmental protections.

"Many regulations are in place for good reasons, like those that protect health, safety and the environment," said Sarkaria. "But at the same time, decades of government regulation have resulted in rules that are duplicative, outdated or unclear, causing businesses to spend time and money complying with rules that simply could be better. We're ensuring that Ontario's regulations are effective, targeted, clear and focused — while maintaining Ontario's high standards."

This thoughtful, targeted approach proposes to reduce regulatory burdens across several sectors, including farming, trucking, construction, health care and restaurants. It will provide direct benefits to people in their everyday lives, while also making it easier to do business, create jobs and grow wages. For example, if passed:

- The government will consult on a separate, tailored regulation to support Ontario's food banks and religious charities involved in food donation and community feeding. Currently, these organizations are required to navigate stringent rules that also apply to fast-food restaurants and institutional cafeterias. New rules would get government out of the way when members of a church, mosque, temple, synagogue or other not-for-profit want to hand out pre-packaged, ready-to-eat snack foods at after-school programs or in soup kitchens
- Restaurant owners and operators will be allowed to decide for themselves whether to let their customers bring a dog with them on a patio. This will also apply to indoor eating areas at sites where beer, wine, cider or spirits are made, and where only beverages and certain types of low-risk food are served. This proposal will make it easier and more enjoyable for dog owners to have a meal out
- Professional truck drivers and companies will save time and money as the government combines separate inspections for emissions standards and vehicle safety into a single inspection. Both tests are important, but doing them separately makes no sense and takes drivers off the road when they could be delivering goods
- Pit and quarry operators will have more streamlined requirements and improved access to aggregate resources. Construction companies use aggregates such as stone and gravel as key ingredients in the asphalt and concrete used to build the roads and houses needed for Ontario's growing population
- Farmers will benefit from new rules that will make it quicker and easier to obtain or renew crop insurance. They will also benefit from changes that will make the Farm Business Registration Program more farmer-friendly
- Pharmacists and patients will benefit from proposals to align regulations with other provinces and territories and national processes. These proposed changes will speed up patients' access to new and lower-cost drugs and ensure that Ontario is prepared for any future potential drug shortages.

These proposals build on over 100 actions that the government has already taken to reduce regulatory burdens. "Businesses would rather be filling out their order books than filling out government forms," said Sarkaria.

QUICK FACTS

- The government has committed to saving businesses \$400 million in the cost of complying with regulations by 2020.

- Preliminary estimates suggest that by June 2019 it had achieved \$126 million in savings through actions completed by then. The government had also reduced fees, charges and levies on businesses by an additional \$160 million. The Better for People, Smarter for Business Act and regulatory changes are expected to further reduce costs by \$52 million, resulting in an estimated total of \$338 million in savings.
- In January 2019, the Canadian Federation of Independent Business gave Ontario an A- in its 2019 Red Tape Report Card. That was Ontario's highest grade ever, and a big jump from the C+ that the previous government received in 2018.

ADDITIONAL RESOURCES

- [Better for People and Smarter for Business](#)
- [Descriptions of the Ontario government's new proposals to reduce regulatory burdens](#)
- [Ontario Open for Business: Resources to help companies do business and invest in Ontario](#)

QUOTES

"Ontario is a role model in reducing the regulatory burden on businesses. I am impressed by the government's leadership in making regulation more agile by applying a small business lens and taking a lighter touch to enforcing regulations. We need to take this approach across Canada."

— *Dominic Barton, Global Managing Partner Emeritus at management consultancy McKinsey & Company*

"The Ontario government is creating the right environment for local businesses to succeed by removing ineffective regulations. They are championing companies like ours by allowing us to make smart, responsible and popular decisions that communities are asking for — like allowing people to bring their dogs with them on patios, and indoors where food isn't being prepared."

— *Rob Garrard, Co-Founder/Owner, The Second Wedge Brewing Co., Uxbridge*

"Making Ontario open for business and open for jobs includes reducing costs and regulatory burden for our job creators to allow them to do what they do best – create good jobs for

Ontario workers. We know there is more work to do, and this legislation is the next step in that effort."

— *Vic Fedeli, Minister of Economic Development, Job Creation and Trade*

CONTACTS

Ian Allen

Director of Communications Office of the Minister of Small Business and Red Tape Reduction

Ian.Allen@ontario.ca

Ministry of Economic Development, Job Creation and Trade

<https://www.ontario.ca/medjct>

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99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1



The Regional
Municipality of
Durham

Corporate Services
Department –
Legislative Services

605 Rossland Rd. E.
Level 1
P.O. Box 623
Whitby, ON L1N 6A3
Canada

905-668-7711
1-800-372-1102
Fax: 905-668-9963

durham.ca

October 24, 2019

The Right Honourable Justin Trudeau
Prime Minister
House of Commons
Ottawa ON K1A 0A6

Honourable Sir:

**RE: Notice of Motion re: Opioid Overdose Emergency
Resolution Our File: P00**

Council of the Region of Durham, at its meeting held on October 23, 2019, adopted the following recommendations of the Health and Social Services Committee:

"Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario's Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

- i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;
- ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;
- iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;
- iv. That the Ministry of Health provides more funding to support, enhance and expand evidence-based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;
- v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;
- vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;

- vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;
- viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;
- ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;
- x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;
- xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;
- xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;
- xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and
- xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

- A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;
- B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;
- C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

- D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and
- E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue."

As directed, attached is a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.



Ralph Walton,
Regional Clerk/Director of Legislative Services

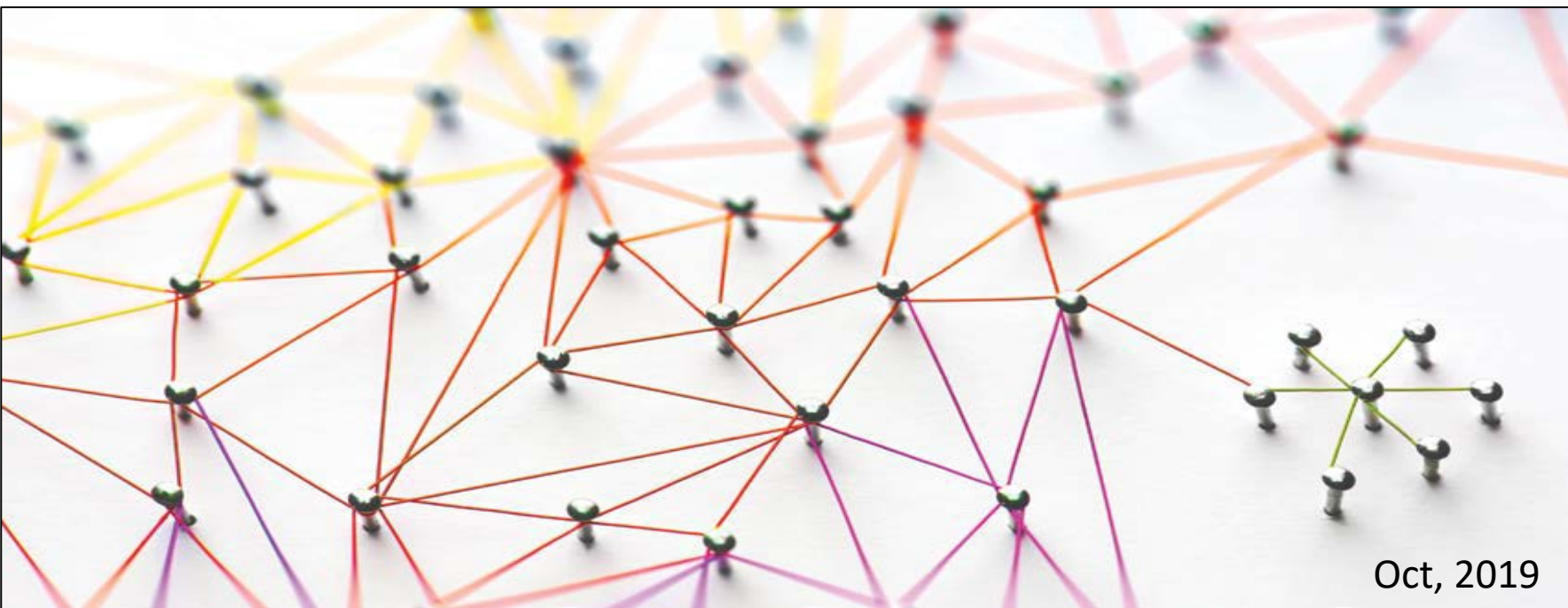
RW/np

Attach.

- c: The Honourable Ginette C. Petitpas Taylor, Minister of Health
The Honourable Jean-Yves Duclos, Minister of Families, Children
and Social Development and Minister Responsible for the Canada
Mortgage and Housing Corporation
Mark Holland, MP (Ajax)
Mr. Erin O'Toole, MP (Durham)
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)
Philip Lawrence, MP (Northumberland/Peterborough South)
Dr. Colin Carrie MP (Oshawa)

Jennifer O'Connell, MP (Pickering/Uxbridge)
Ryan Turnbull, MP (Whitby)
Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Deputy Premier & Minister of Health
The Honourable Todd Smith, Minister of Children, Community and
Social Services
The Honourable Rod Phillips, Minister of Finance
The Honourable Steve Clark, Minister of Municipal Affairs and
Housing
Rod Phillips, MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Chief Medical Officer of Health
Brian Rosborough, Executive Director, Association of Municipalities
of Ontario (AMO)
L. Ryan, Executive Director, Association of Local Public Health
Agencies (alPHa)
C. Saab, Executive Director, Policy and Public Affairs, Federation of
Canadian Municipalities (FCM)
A. Harras, Acting Clerk, Town of Ajax
B. Jamieson, Clerk, Township of Brock
A. Greentree, Clerk, Municipality of Clarington
M. Medeiros, Acting Clerk, City of Oshawa
S. Cassel, City Clerk, City of Pickering
J.P. Newman, Director of Corporate Services/Clerk, Township of
Scugog
D. Leroux, Clerk, Township of Uxbridge
C. Harris, Clerk, Town of Whitby
Ontario boards of health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

The Opioid Crisis: A Complex, Multifaceted Health and Social Issue



Oct, 2019

Opioid Overdose Crisis

History

- A very complex health and social issue
- Trauma and adverse childhood experiences greatly contribute to opioid use
- Overprescribing of prescription drugs and use of illegal opioids have contributed to the issue

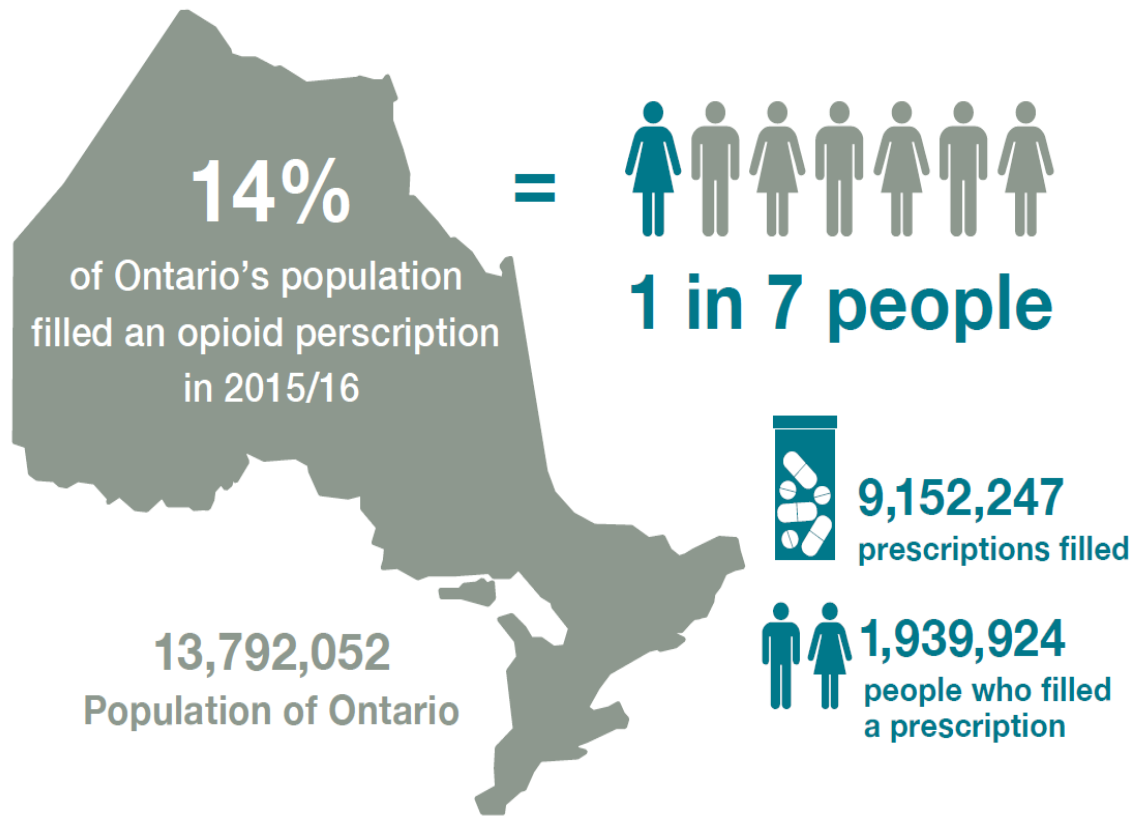
Risk Factors for Developing Opioid Addiction Include:

- Personal history of substance use
- Family history of substance use
- History of childhood trauma such as pre-adolescent sexual abuse
- History of mental illness

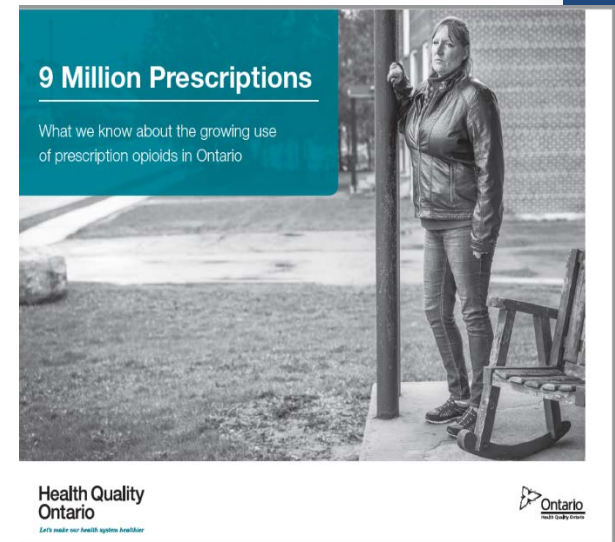
Canadian research studies have shown that up to 90% of women in treatment for substance use have experienced trauma. (Jean Tweed Centre, 2013)

Prescription Opioids

Number of people who filled an opioid prescription and number of prescriptions filled,
2015/16

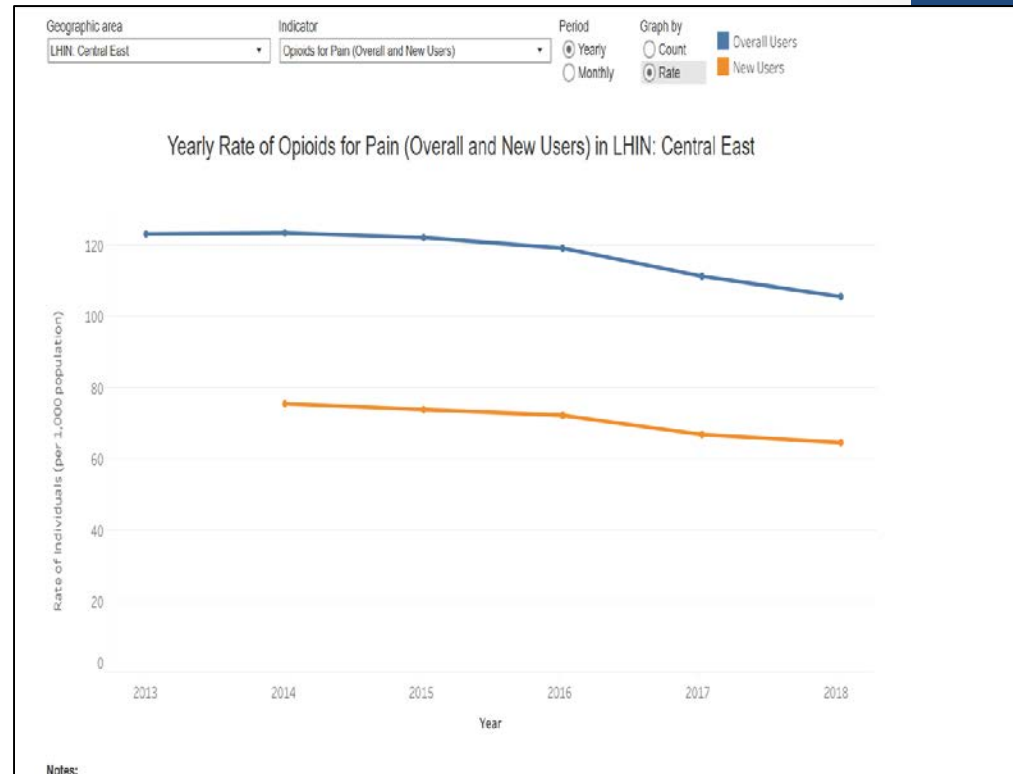


Data Sources: Narcotics Monitoring System, provided by the Ministry of Health and Long-Term Care; Population estimates, provided by the Ministry of Finance



The Root Cause of the Opioid Crisis

- Although increased availability of prescription opioids fueled the overdose crisis, this does not adequately explain the situation nor does it adequately explore the source of the demand for these medicines
- Trends over the past 3 years show a decline in opioid prescribing rates across the province and CE LHIN, yet opioid overdose rates have not declined and in many areas continue to rise



The Opioid Crisis... A Complex, Multifaceted Issue

While increased opioid prescribing for chronic pain has contributed to the crisis, factors such as reduced economic opportunity, poor working conditions, and financial poverty are root causes of the misuse of opioid and other substances

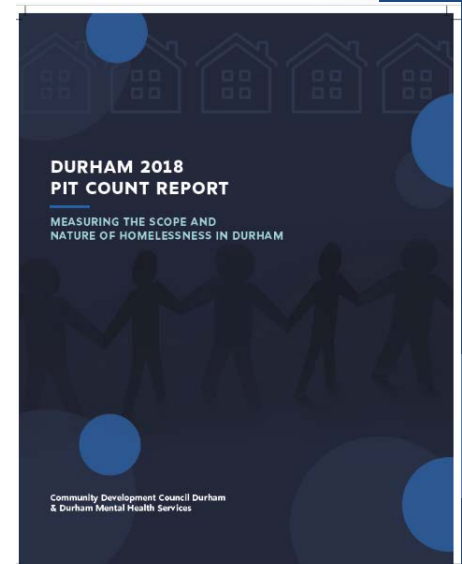
Poverty and substance use problems operate synergistically



Durham Region

2018 Point-in-Time Count

- The 2018 Everybody Counts Report provides a snapshot of homelessness in Durham Region
- 291 individuals experiencing homelessness
- Most individuals surveyed were staying in an emergency shelter or experiencing hidden homelessness
 - 13% of individuals surveyed were unsheltered
 - 79% of individuals surveyed were single adults
 - 31% of individuals surveyed identified struggling with addiction of substance abuse



Social and Genetic Factors

- Individuals living in low socioeconomic neighbourhoods are more likely to develop chronic pain after car crashes
- Evidence shows that people convert social stress and anxiety into physical pain
- Studies have looked at a group of people who use heroin and have previously been employed in a steel production plant which closed. The people cited economic hardship, social isolation and hopelessness as reasons for drug use



Public Health Mandate

Ministry of Health and Long-Term Care

Substance Use Prevention and Harm Reduction Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018

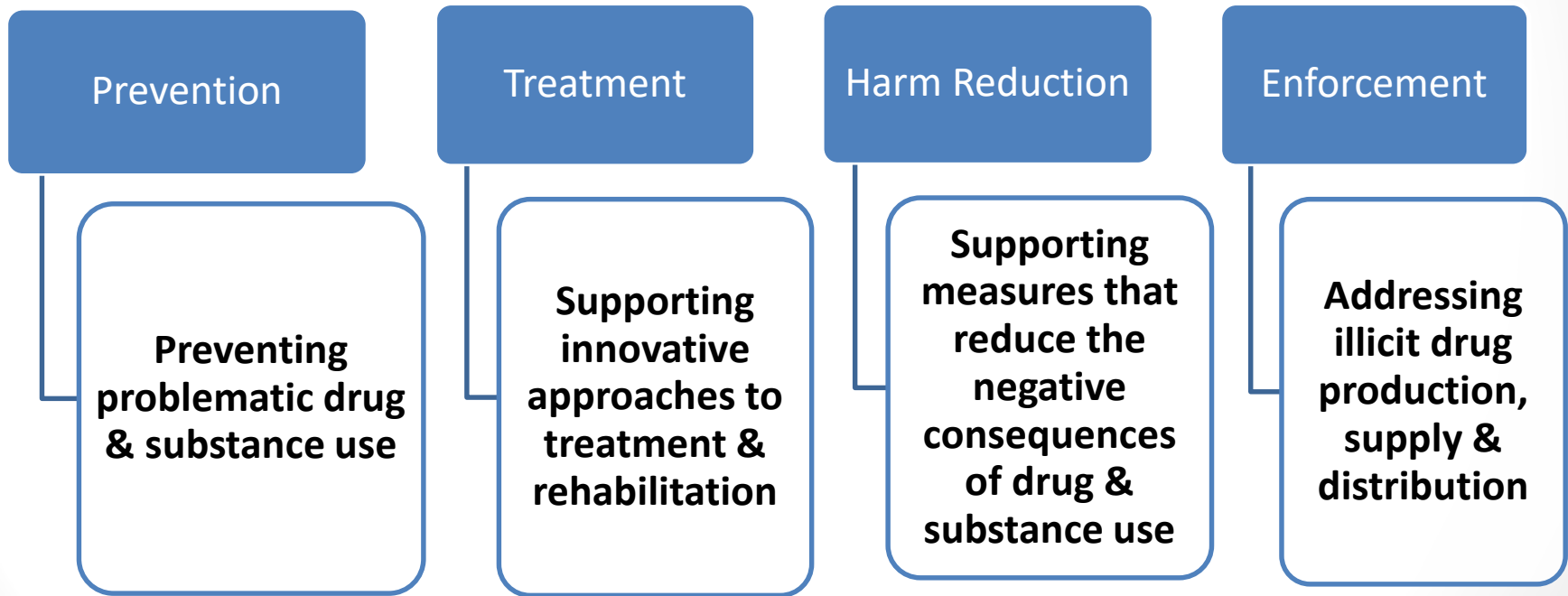


1. Develop a Local Opioid Response

2. Naloxone Distribution

3. Develop an Early Warning & Surveillance System

Canadian Drugs & Substances Strategy Framework (Health Canada)



Durham Region Opioid Response Plan



Coordinate surveillance activities & use of 'real-time' data from across sectors



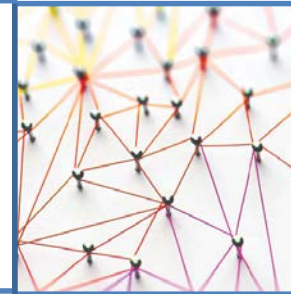
Support ongoing knowledge exchange



Increase awareness of the connection between mental health, trauma & substance abuse



Increase treatment options

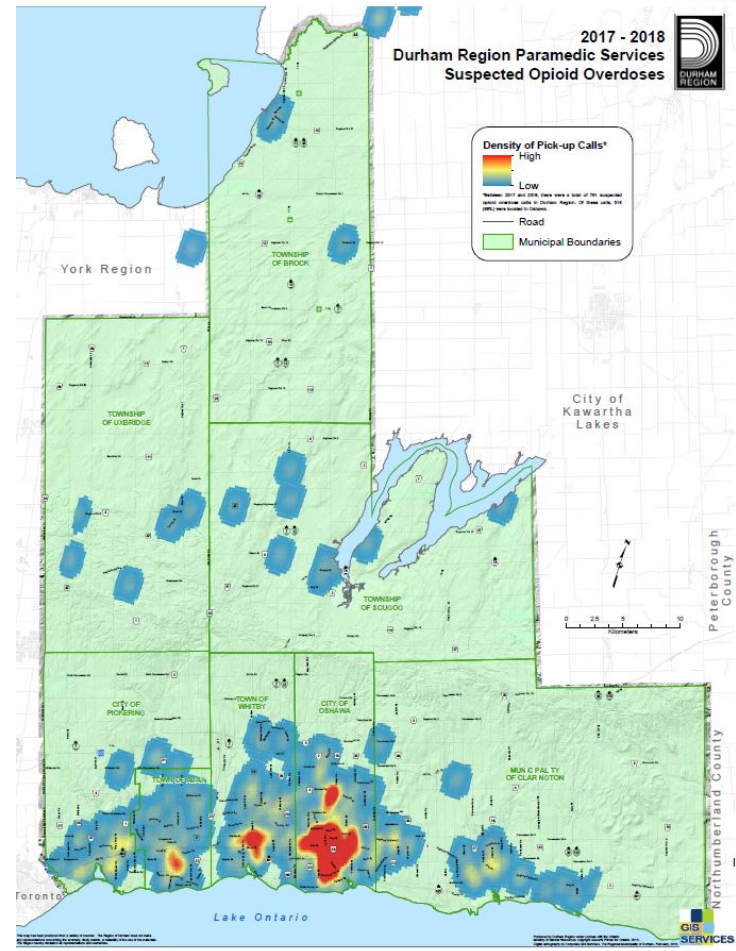
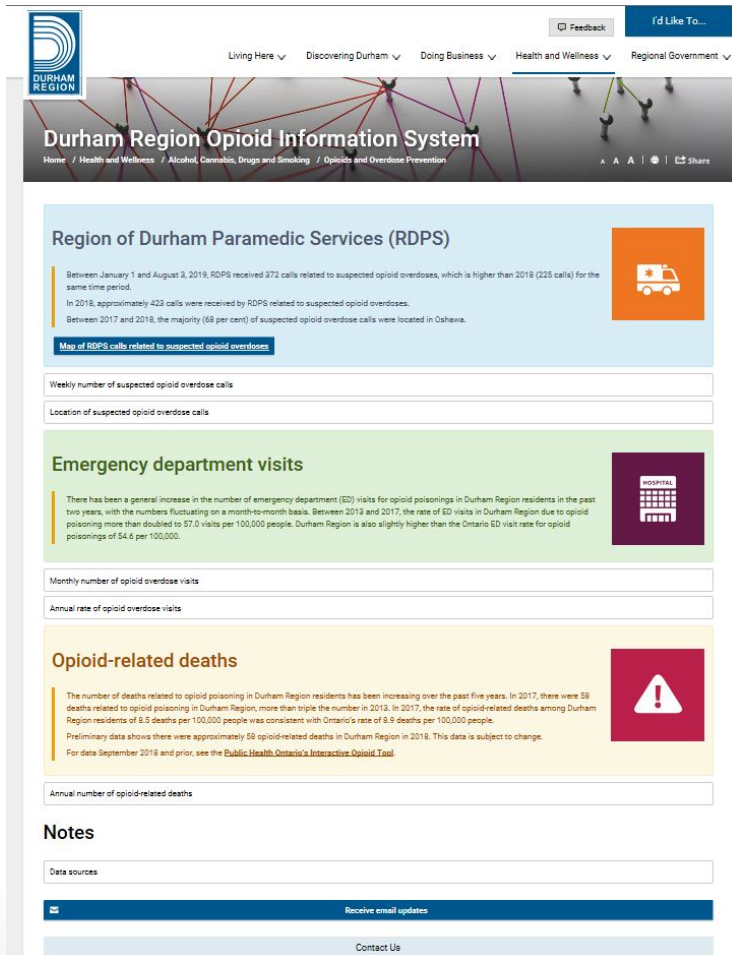


Develop a local evidence-based harm reduction strategy to foster coordination and access to services



Continue addressing illicit drug production, supply & distribution

DRHD Opioid Information & Data System (DROIS)



Needle Exchange Program (NEP)

Harm reduction strategies aim to increase awareness of the risk of behaviour, and provide tools and resources to decrease a person's risk to themselves or others

Success is measured in terms of individual and community quality of health, not in the levels of substances use

Purpose:

- **Designed to reduce harm by preventing the transmission of deadly diseases such as HIV, hepatitis C (HCV) and hepatitis B (HBV)**
- **While NEP's are not designed to treat addictions, they do provide an access point for other addiction services, health and social services**

Services:

- **Provides sterile needles and other supplies**
- **Provides education and counselling to clients**
- **Provides referrals to addiction treatment and other health and social services**

Benefits of a Needle Exchange Services

Lower numbers of contaminated needles in a community

Reduced prevalence of new infectious diseases e.g. HIV

Increased access to education and drug treatment referral services

Increased access to testing and diagnostic services

Increased communication with hard-to-reach populations

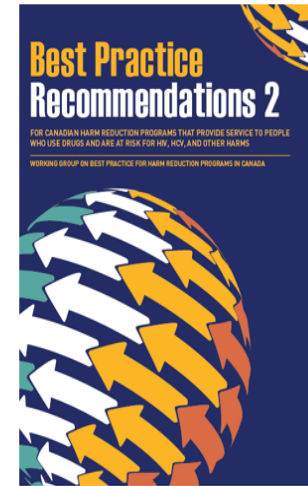
Best Practices for NEPs

Provide sterile needles in the quantities requested by clients without requiring clients to return used needles

Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)

Encourage clients to return and /or properly dispose of used needles and syringes

Provide multiple, convenient locations for safe disposal of used syringes and equipment



[Resource Link](#)

Best Practices for NEPs

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

Refer clients to testing and counselling service providers in the community as well as substance use treatment programs

Educate program staff to assess and respond to client motivation and readiness for substance use treatment

Assess feasibility of co-locating low-threshold substance use treatment programs within needle exchange programs



Needle Exchange Programs

Numerous studies have searched for unintended consequences and found no convincing evidence to support common myths.

Evidence shows that needle exchange programs:

- Do not lead to greater injection frequency
- Do not increase illicit drug use
- Do not lead to a rise in syringe lending
- Do not result in recruitment of new injection drug users
- Do not lead to greater numbers of discarded used needles
- Do not increase the incidence of needle stick injuries in public places such as parks and playgrounds
- Do not lead to less motivation to change (reduce drug use)
- Do not lead to increased transition from non-injecting drug use to injection drug use

Needle Exchange Program

2018

8,730 repeat client visits; 261 new client visits

497,985 needles in through NEP + 30, 562 from City of Oshawa kiosks

618,791 needles out

715 referrals to treatment (addiction 486; medical 229)

38 referrals for testing (HIV 18; STI 20)

712 referrals for housing, employment

8,962 interactions (counselling & education)

2019

5,349 repeat client visits; 245 new client visits

258,797 needles in / City of Oshawa Kiosk numbers pending

324,751 needles out

1,350 referrals to treatment (addiction 767; medical 583)

20 referrals for testing (HIV 10; STI 10)

336 referrals for housing, employment

5,594 interactions (counselling/education)

Needle Exchange Program Return Rates

Year	Durham Region Return Rate for the Needle Exchange Program	Durham Region Return Rate NEP + City of Oshawa Community Kiosks	Provincial Return Rate for Ontario Needle Exchange Programs	Standings
2018	80.5%	85.4%	55% average	Durham Region's return rate is 30% higher than the provincial average
2019 (Jan to June)	76.4% return rate	Pending	Pending	Pending

Needle Exchange Sites in Durham Region

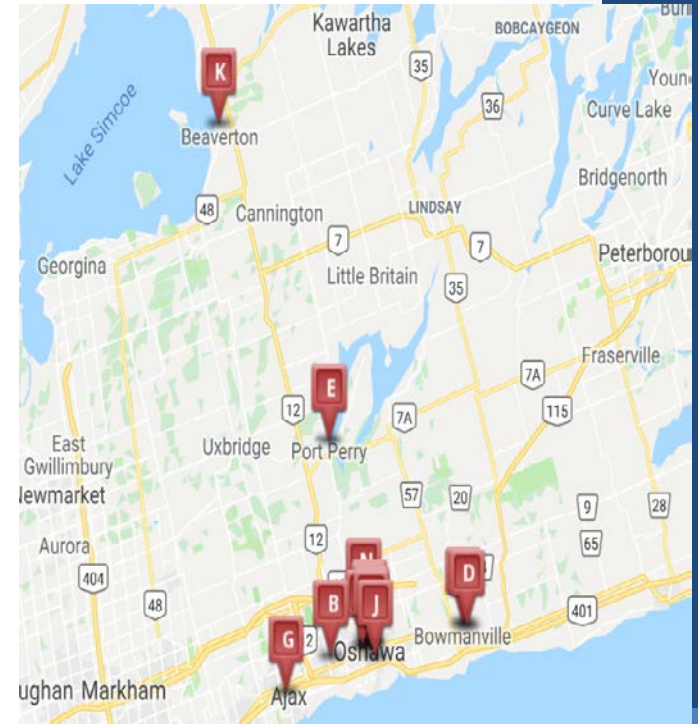
**John Howard Society Durham Region: Bowmanville;
Whitby; Oshawa**

**Pinewood Addiction Support Services & Community
Treatment Services: Oshawa, Bowmanville, Port
Perry, Ajax**

AIDS Committee of Durham Region: Oshawa

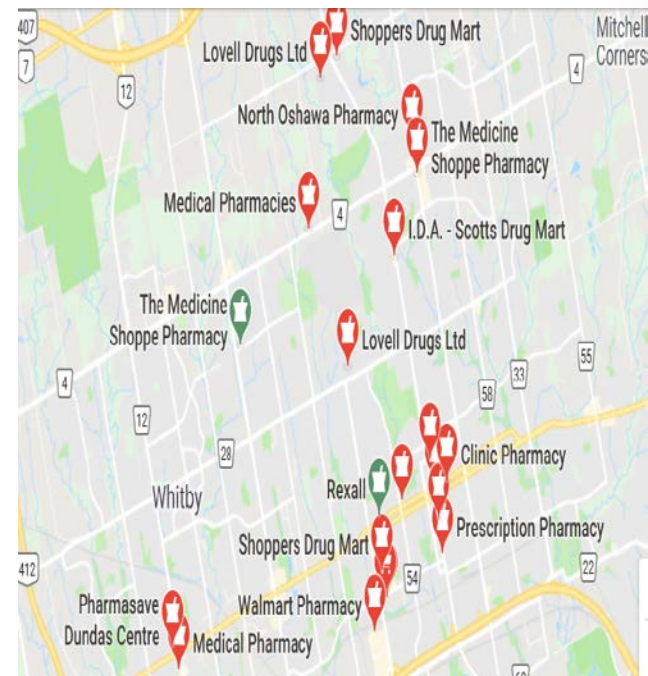
**Ontario Addiction Treatment Centre: Oshawa,
Beaverton**

3 Pharmacies: Oshawa



Community Options for Needle Return

- Any pharmacy in Durham Region
- Kiosks at many retail shopping centres and malls
- Local business e.g., local gym facilities, fast food/restaurant
- Public / outdoor Kiosks
- Libraries



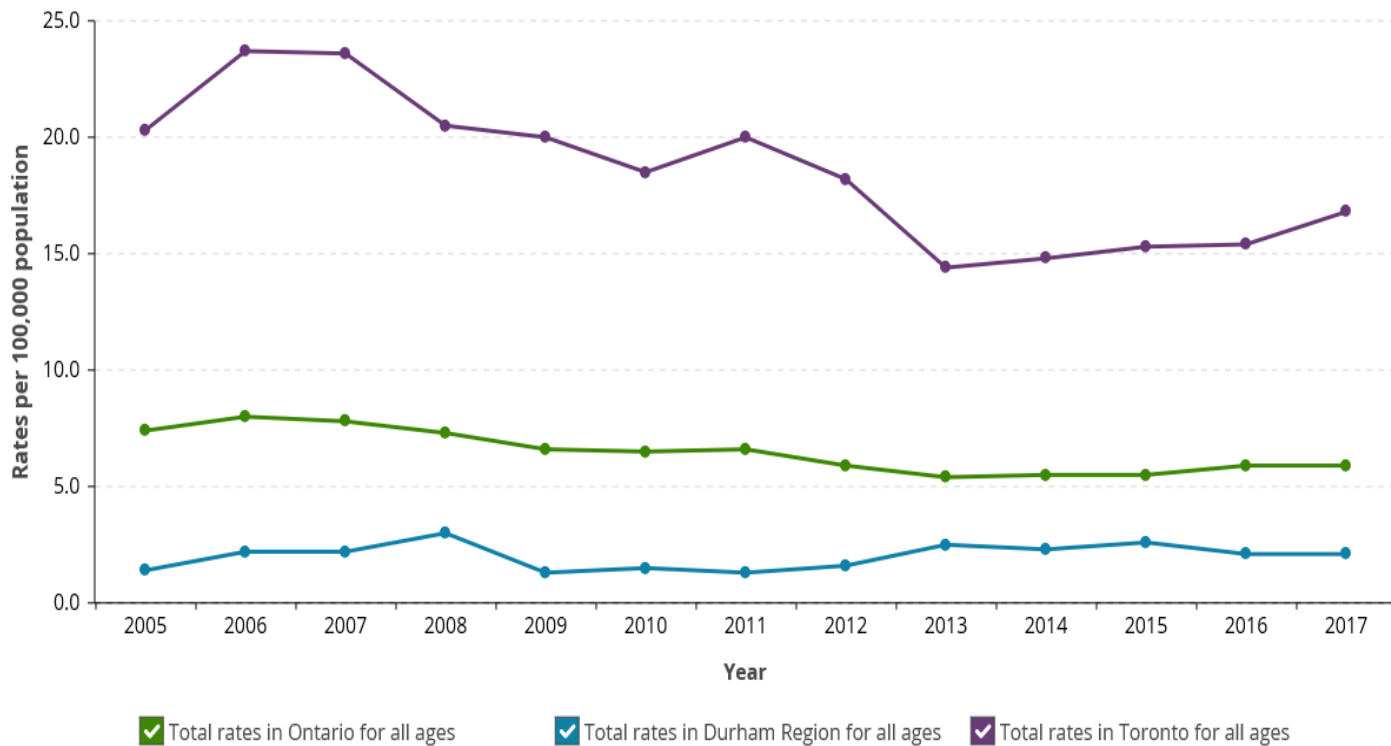
Risks Associated with Community Based Needlestick Exposure

- **The risk of blood-borne virus transmission from syringes discarded in the community is low**
- **To date, global data indicates there have been two case reports of HBV and three of HBC transmissions and no reported transmission of HIV following injuries by needles discarded in the community**

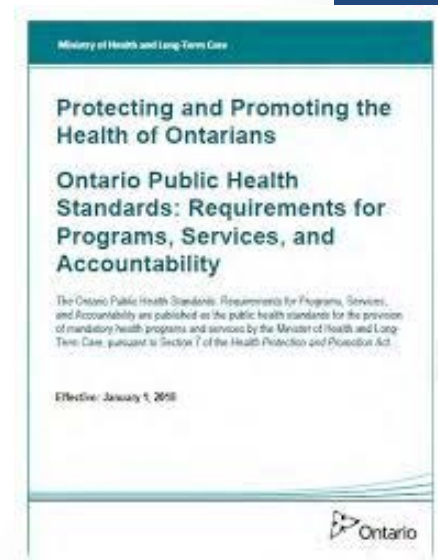
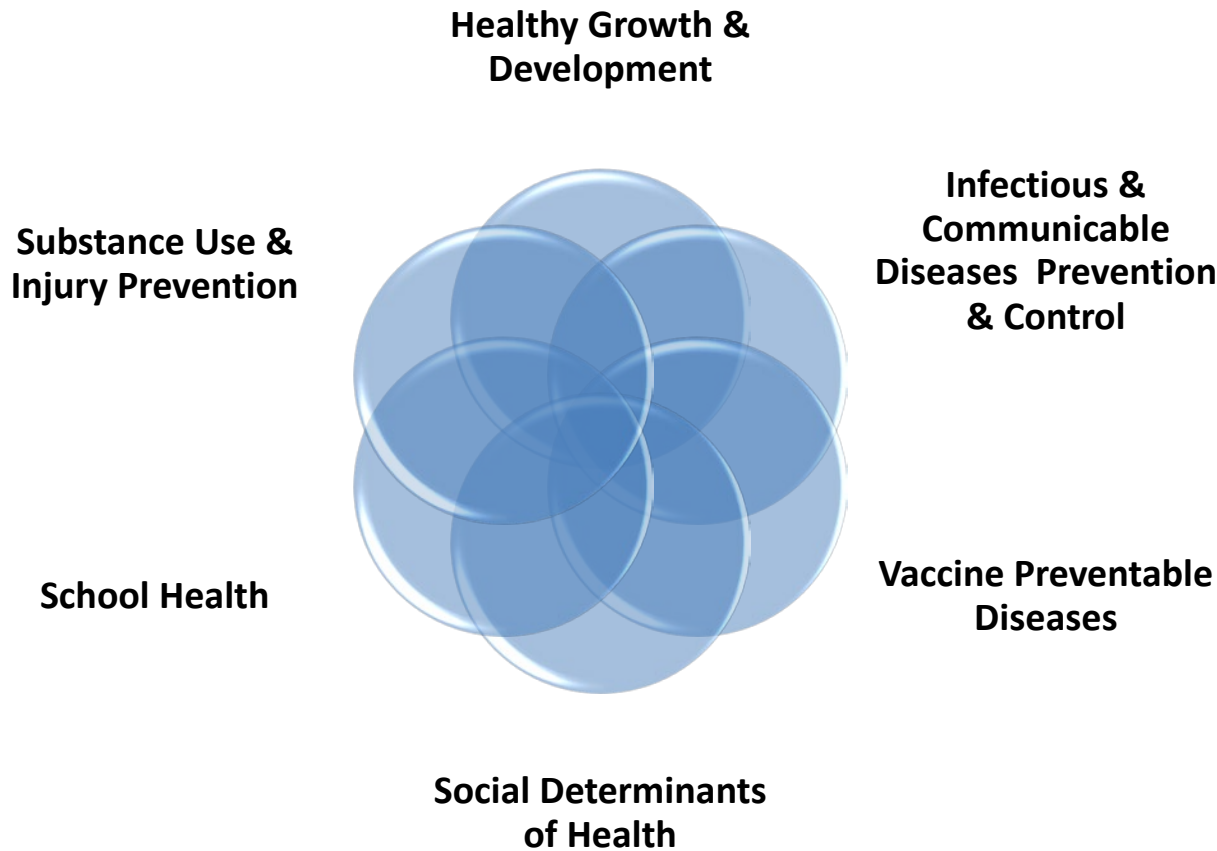


HIV Rates (All Ages, All Sexes)

HIV rates for all ages, for all sexes, in select areas



Public Health Services for Prevention and Early Intervention



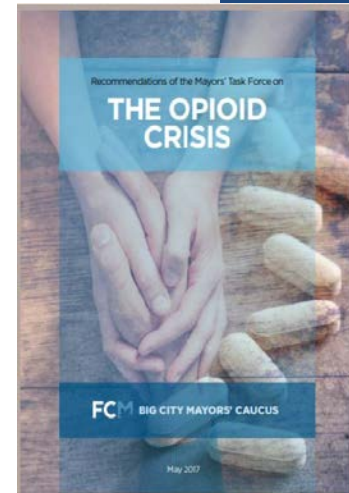
FCM Recommendations of the Mayor's Task Force on the Opioid Crisis, 2017

The Task Force is calling for a pan-Canadian action plan spanning all four pillars of the national drug strategy:

- **Harm reduction:** removing barriers to getting medical help during an overdose—and to accessing supervised consumption services
- **Treatment:** including better access to opioid substitution therapy and zero delays for getting into comprehensive treatment programs
- **Prevention:** starting with urgent public education on the risks of opioids, and to fight the stigma that stops people from getting help
- **Enforcement:** stopping the production and imports of non-prescription opioids and pill presses

All orders of government need to work together to address roots of addiction, with supportive housing, action on homelessness and access to crucial social services.

*Complete list of recommendations contained in appendices section



[Resource link](#)

Association of Municipalities of Ontario

- The Province take an 'all of government' effort to develop a comprehensive provincial drug strategy, based on a public health approach
- The Province examines and its ministries provide, a coordinated response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness and trauma
- That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario
- That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities



Addressing the Opioid
Overdose Emergency in
Ontario

Municipal Recommendations for a Provincial Response

September 4, 2019

[Resource Link](#)

Questions

Melissa Hutchinson MN, BA, RN

Program Manager

Durham Region Health Department

Population Health Division

- (T) 905-668-7711, ext. 3095 | 1-800-841-2729 ext. 3095 | (F) 905-666-6214
| melissa.hutchinson@durham.ca
 - durham.ca

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Appendix

- Best Practices for Needle Exchange Programs
- Number of Contacts By NEP Location
- Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario
- FCM Recommendations of the Mayor's Task Force on the Opioid Crisis
- Ontario Public Health Standards
- Local Opioid Reports-Durham Region Health Department

Best Practices for Needle Exchange Programs

Provide sterile needles in the quantities requested by clients without requiring clients to return used needles

Place no limit on the number of needles provided per client, per visit (one for one exchange is not recommended)

Encourage clients to return and /or properly dispose of used needles and syringes

Offer a variety of needle and syringe types by gauge, size and brand

Educate clients on the proper use of syringes

Educate clients about the risk of using non-sterile needles

Provide pre-packages safer injection kits and individual safe injection supplies concurrently.

Provide daily access to services using varied modes of program delivery i.e.) fixed sites with daily hours, mobile distribution, satellite sites.

Provide multiple, convenient locations for safe disposal of used syringes and equipment.

Best Practices for Needle Exchange Programs (cont'd)

Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB

Educate clients about the types of testing available to facilitate informed choice

Refer clients to testing and counselling service providers in the community

Establish and maintain relationships with a variety of testing and counselling service providers, in particular those with experience working with people who use drugs

Encourage peer workers with lived experience to participate in existing peer support/navigation programs or assist in developing and delivering peer support/navigation activities for clients

Educate clients about substance use treatment options (e.g., detoxification, drug substitution programs, and psychotherapy)

Refer clients to substance use treatment programs in the community

Establish and maintain relationships with a variety of agencies providing substance use treatment services, including services for illicit drug use as well as alcohol and/or tobacco use

Educate program staff on how to properly assess and respond to client motivation and readiness for substance use treatment

Assess feasibility of co-locating low-threshold substance use treatment programs within needle and syringe programs(NSPs)/harm reduction programs and vice versa

Number of Contacts By NEP Location

(Jan – Aug 31, 2019)

Location	Number of contacts
Ajax	149
Beaverton	60
Bowmanville	118
Courtice	22
Newcastle	2
Oshawa	7185
Pickering	10
Port Perry	4
Uxbridge	5
Whitby	225

Association of Municipalities Ontario: Addressing the Opioid Overdose Emergency in Ontario

Initial Foundational Steps: Recommended Action for 2019:

1. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary.
2. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a nondiscriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved.



Addressing the Opioid Overdose Emergency in Ontario

Municipal Recommendations for a Provincial Response

September 4, 2019

Initial Foundational Steps: Recommended Action for 2019 (continued):

3. That the Ministry of Health appoint a dedicated coordinator focused solely on the provincial response to the emergency, and tasked with building partnerships between various sectors and act as a liaison between the government and the sectors.

4. That the provincial coordinator establishes formal means to engage with all relevant stakeholders, including municipal governments, public health units, and people with lived experience in order to hear advice and feedback on new and ongoing initiatives

Further Actions Based on Consultation with Stakeholders:

- 5. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma.**
- 6. That the provincial coordinator undertakes a study scoping out the problem of drug misuse, documenting local responses, and identifying leading practices.**
- 7. That the provincial coordinator plays a role to help municipal governments share information with each other on successful elements of drug strategies and leading practices.**

- 8. That the provincial coordinator facilitates better utilization of real-time data reporting from local surveillance systems to inform and guide provincial and local responses including how to reach at-risk populations.**
- 9. That the provincial coordinator develops sub-strategies based on the data for specific populations over represented among drug users, with adequate consultation with these populations. Any sub-strategy seeking to support Indigenous peoples should be developed in consultation with Indigenous communities, Indigenous service providers with relevant local service providers including municipal governments, local Public Health agencies and District Social Service Administration Boards.**
- 10. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario.**
- 11. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction.**
- 12. That the Ministry of the Solicitor General provides enhanced funding to enforce laws illicit drug supply, production, and distribution.**

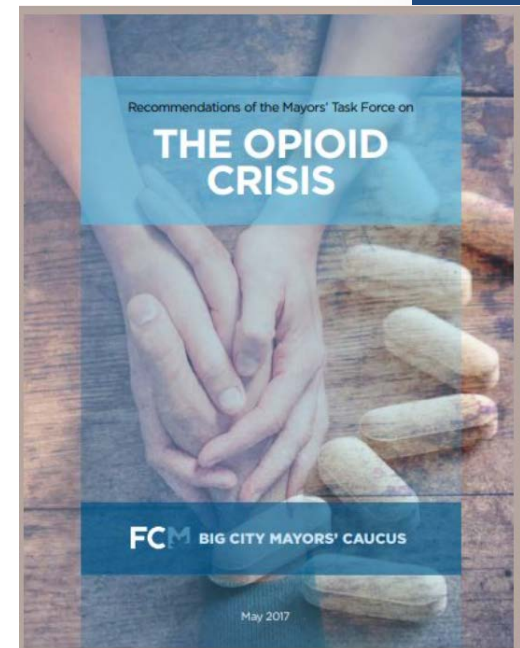
- 13. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services.**
- 14. That the Ministry of Health ensures there is awareness of the opioid emergency throughout the health care transformation process and ensure necessary services are available through the Ontario Health Teams, including primary care, to treat addiction.**
- 15. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services.**
- 16. That the Ministry of Health should continue work with the medical community on appropriate pain management and prescribing of opioids.**
- 17. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities.**

- 18. That the provincial coordinator work with the Ministry of Education to add a health- promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making.**
- 19. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use.**
- 20. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health.**
- 21. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province.**
- 22. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (2017)

Recommendations for a Pan-Canadian Opioid Response:

- 1. The federal government immediately establishes and reports on comprehensive timelines, measures and definitive evidence-based targets for specific outcomes related to each of the four pillars of the Canadian Drugs and Substances Strategy identified below, prioritizing targets for reducing overdose and overdose fatalities and deliver a progress report on the establishment of such targets by September 2017.**
- 2. The adoption of a comprehensive and coordinated pan-Canadian action plan which addresses the root causes of the opioid crisis. An intergovernmental action plan should align federal, provincial/territorial (P/T) and local strategies, respond to the specific needs of Indigenous communities, and rapidly expand all aspects of the collective response.**
- 3. The pan-Canadian action plan should include concrete actions to meaningfully and urgently address all four pillars of the Canadian Drugs and Substances Strategy, including:**



[FCM resource link](#)

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

A. HARM REDUCTION

- I. Support and implement evidence-based practices in order to substantially reduce opioid-related overdoses including facilitating access to drug checking/testing technologies for fentanyl and other drugs including opioids.**
- II. Eliminate barriers preventing people from seeking medical support during an overdose.**
- III. Facilitate access to supervised consumption services, including through the expedited implementation of Bill C 37 and approval of existing applications as appropriate.**

B. TREATMENT

- I. As an urgent priority, expand access to a range of treatment options including medically-supervised opioid substitution therapy (OST), including injectable options for people who have not found success with other interventions, and eliminate remaining barriers that limit access to OST.**
- II. Eliminate delays in access to comprehensive, wrap-around treatment services and long-term recovery supports.**

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

C. PREVENTION

- I. Work with stakeholders to implement national public education campaigns, before the end of 2017, including one focused on youth, to raise awareness of the risks of fentanyl and non-prescription opioid use, reduce stigma, and provide information on treatment and support options.
- II. With the active involvement of people with lived experience, develop and implement evidence-based strategies to address stigma and discrimination against people who use drugs.
- III. Continue with implementation of education programs and guidelines for physicians, pharmacists, nurses and other healthcare providers with respect to the proper use of opioids and alternative pain management techniques and the development of metrics to measure changes in prescribing practices.
- IV. Ensure that any strategy to restrict access to prescription opioids balances the legitimate needs of patients so that access to pain treatment is not unnecessarily restricted and that harm reduction and treatment services are in place to mitigate against unintended consequences such as increased use of illicit drugs.

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

D. ENFORCEMENT

- I. Continue expanded law enforcement efforts with respect to the production and importation of non-prescription opioids, including the new federal restrictions on the importation of pill presses contained in Bill C 37.
- II. Establish national evidence-based protocols for the remediation of contaminated scenes and the handling of fentanyl and carfentanyl.



FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

4. Improved surveillance, data collection and reporting should be an immediate focus of the action plan with a progress report by September 2017, in support of the four pillars approach and the development of targets for key indicators:

- a. Immediately establish a standardized, pan-Canadian format for the collection of death and non-fatal overdose data with respect to the opioid crisis;**
- b. Ensure consistent and timely access to opioid-related death and overdose data by establishing a pan-Canadian reporting standard with a minimum of quarterly reports and a target of monthly reports in all provinces/territories; and**
- c. Expand efforts to improve the evidence-base by collecting and reporting on demographic data, including in particular the impact of the opioid crisis on Indigenous communities, with a focus on prevention and addressing social determinants of health.**

5. Ensuring a coordinated national response to the opioid crisis involving all orders of government by engaging cities and local public health officials in the Special Advisory Committee (SAC) process, with a focus on the objectives set forth in the four pillars and the need for improved data coordination.

FCM Recommendations of the Mayor's Task Force on the Opioid Crisis (cont'd)

6. Consulting with the Mayors' Task Force on priorities for new federal funding dedicated to the opioid crisis response (including the \$116 million announced in Budget 2017) to ensure that federal efforts are targeted to address local needs and delivered urgently.

7. Working with cities to address the urgent need to develop more social and affordable housing, including supportive housing and housing employing a harm reduction approach, through the implementation of the federal government's National Housing Strategy and a long-term expansion of the Homelessness Partnering Strategy.

8. Working with P/Ts, municipalities, indigenous organizations and stakeholders to develop, implement and monitor the Canadian Poverty Reduction Strategy, which should address both the root causes of addiction, as well as supports to alleviate the immediate consequences of addiction.

9. Establishing an intergovernmental dialogue about access to substance use prevention, harm reduction and treatment options for individuals in Canada's correctional system, and the role of the criminal justice system in addressing the root causes of the opioid crisis.

Ontario Public Health Standards



MINISTRY OF HEALTH AND LONG-TERM CARE

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▼ Ontario Public Health Standards:
Requirements for Programs,
Services, and Accountability

▶ Infectious Diseases Protocol
2018

▶ Protocols and Guidelines

▶ Reference Documents

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E-MAIL PRINT

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards)

[The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability \(Standards\)](#)

identify the minimum expectations for public health programs and services to be delivered by Ontario's 36 boards of health. The Standards are published by the Minister of Health and Long-Term Care as per Section 7 of the *Health Protection and Promotion Act*. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced therein.

The Standards consist of the following sections:

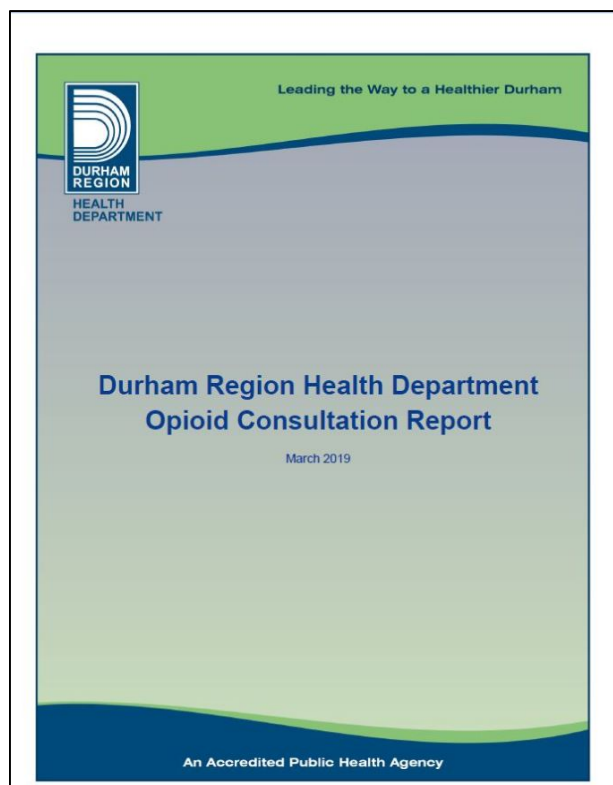
- Defining the work that public health does, which includes the Foundational and Program Standards;
- Strengthened accountability, which includes the Public Health Accountability Framework and Organizational Requirements; and
- Transparency and Demonstrating Impact, which includes the Public Health Indicator Framework for Program Outcomes and Contributions to Population Health Outcomes and Transparency Framework: Disclosure and Reporting Requirements.

[Protocols](#) provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards. The aim is to have consistent implementation of specific requirements across all 36 boards of health. [Guidelines](#) provide direction on how boards of health shall approach specific requirement(s) identified within the Standards. The aim is to provide a consistent approach to/application of requirements across all boards of health, while also allowing for variability in programs and services across health units based on local contextual factors as defined in the guidelines.

[Reference Documents](#) include topic-specific documents that provide information and best practices relevant to operationalizing and implementing the Standards, Protocols and Guidelines.

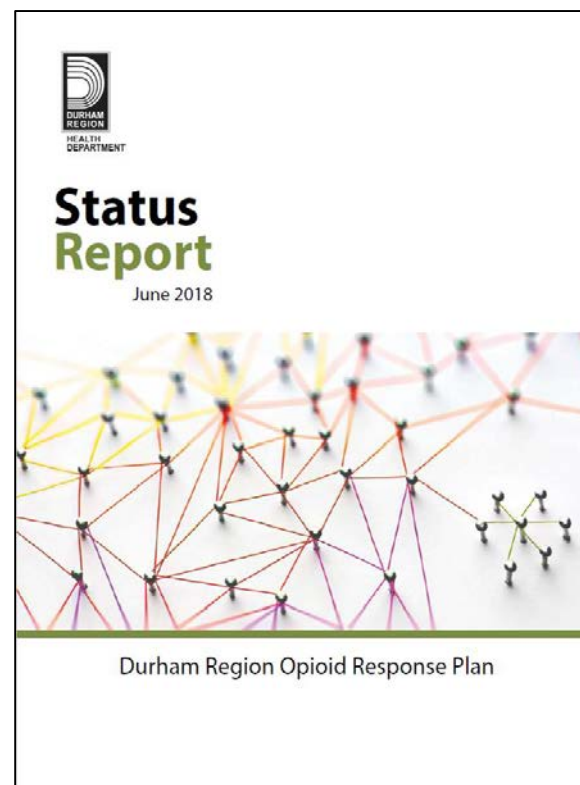
Local Opioid Reports

Opioid Consultation Report 2019



Available at: [Durham.ca](https://www.durham.ca)

Opioid Status Report 2018



Available at: [Durham.ca](https://www.durham.ca)

October 22, 2019

The Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Petitpas Taylor and Minister Elliott:

Restrictions on Display and Promotion of Vaping Products and the Ban of Flavoured E-Cigarettes

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Simcoe Muskoka District Health Unit where their Board of Health approved a motion at their September 18, 2019 Board of Health meeting calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping, and the potential risk of smoking commencement by youth.

The Smoke-Free Ontario Act, 2017 (SFOA) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco, however those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. Point of sale display and promotion of vaping products at convenience stores, gas stations and grocery store chains is widespread through promotional materials (posters, three-dimensional cut-outs and packaging displays).

In addition, the SFOA regulations need to be strengthened to include a ban on flavoured vaping products and the display and promotion of vaping products, mirroring the ban on tobacco products.

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Dr. Theresa Tam, Chief Public Health Officer
Corporation of the City of Windsor – Clerk's office
Local MP's – Brian Masse, Irek, Kusmeirczyk, Chris Lewis

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Council of Medical Officers of Health (COMOH)
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis

With the resumption of the sitting of the Legislature at Queen's Park, we have been made aware of a brace of regulatory changes have been posted for comment on the Ontario Regulatory Registry. Several of these are directly related to public health programming and practice and we encourage our members to circulate these among senior management of the affected departments for information and comment. High-level summaries of proposed changes are included here and full details can be examined by clicking the title link. Contact information is included and please note that it is important to include the Proposal Number in any correspondence.

Amendments to the Wells Regulation

We are seeking public input on proposed changes to the Wells Regulation (R.R.O. 1990, Regulation 903 made under the Ontario Water Resources Act) to reduce administrative burden on the well construction industry, while maintaining protections for the environment, human health and safety, and consumers.

Summary of Proposed Changes:

- Modify Minimum Insurance Requirements for Licensed Well Contractors
- Update Well Casing Standards
- Allow Placement of Shallow Well Screens for Test Holes and Dewatering Wells

Comments Due Date: November 27, 2019

Full Proposal and feedback information posted on the Environmental Registry at
<https://ero.ontario.ca/notice/013-1513>

Smoke-Free Ontario Act, 2017 Regulation

The following summary outlines proposed amendments to Ontario Regulation 268/18 under the Smoke-Free Ontario Act, 2017. The ministry is soliciting feedback on the proposed amendments related to the exemption requirements for existing tobacconists, and prescribed signs under the SFOA, 2017.

Summary of Proposed Changes:

- amend the inventory/sales requirements for existing tobacconists (i.e. the % of inventory considered to be specialty tobacco products to qualify as such)
- allow for the posting of signs that have Ontario's 2019 Trillium logo. Signs with the former Trillium logo would remain compliant with the regulation.

Comments Due Date: November 27, 2019

Proposal Number: 19-HLTC029

Posting Date: October 28, 2019

Contact Address:

Laura Pisko, Director

Health Improvement Policy and Program Branch

Ministry of Health

393 University Avenue, Suite 2100

Toronto, ON M7A 2S1

Laura.pisko@ontario.ca

Amendments to Regulation 50/16 under the Healthy Menu Choices Act, 2015

Proposed amendments to the regulation related to the requirement of food service premises with 20 or more locations in Ontario to post calories on menus.

Summary of Proposed Changes

- Limit applicability of the HMCA in grocery stores to the "food service" sections of the grocery store where the food or drink items are primarily restaurant-type foods that are clerk-served or available for self-serve.
- Exempt unprepared fruit and vegetables that are normally sold by weight or unit and that are not part of another standard food item.
- Exempt food items sold in grocery stores (including convenience stores) that have a Nutrition Facts table (NfT) except for those sold as part of another standard food item or combination meal.
- Exempt under the HMCA all standard food items that are prepackaged and are currently exempt from posting an NfT under the federal Food and Drug regulations (FDR).
- Exempt in-store advertisements on the same terms as the current exemption which applies to out-of-store advertisements (exempt in-store posters that do not list a price or a method to place an order).\
- Exempt catering menus from the definition of menus to reduce existing ambiguity regarding whether an item ordered through a catering service "is intended for immediate consumption".
- Additional minor changes would clarify outstanding questions including introducing additional flexibility regarding capitalization of the words "Calories", removing the distinction between flavoured and unflavoured bread, and allowing operators to post calories for self-serve items on a label or tag instead of a sign.

Comments Due Date: November 27, 2019

Proposal Number: 19-HLTC033

Posting Date: October 28, 2019

Contact Address:

393 University Ave, Suite 1802, Toronto, ON, M7A 2S1

[Comment on this proposal via email](#)

Proposed amendments to the Food Premises Regulation 493/17 under the Health Protection and Promotion Act

The following summary outlines two (2) proposed amendments to Ontario Regulation 493/17 (Food Premises) under the Health Protection and Promotion Act. The ministry is proposing an exemption to permit dogs in outdoor eating areas of food premises and under certain conditions, to allow dogs in areas of food premises where only pre-packaged and/or low risk food is displayed, served or sold to give Ontarians a choice to enjoy food as a social activity with their pet dogs.

Summary of Proposed Changes:

- an exemption that will allow food premise operators the discretion to permit dogs in outdoor eating areas of food premises (i.e., cafes, restaurants, pubs and breweries, grocery store patios).
- an exemption to allow dogs in a food premise where only pre-packaged or low-risk food items, or both, are manufactured, processed, prepared, stored, handled, displayed, distributed, transported, sold or offered for sale, provided the dogs are in an area of the food premise where food is served, sold, offered for sale or displayed.

Comments Due Date: November 27, 2019

Proposal Number:19-HLTC030

Posting Date: October 28, 2019

Contact Address:

Laura Pisko, Director

Health Improvement Policy and Program Branch

Ministry of Health

393 University Avenue, Suite 2100

Toronto, ON M7A 2S1

Laura.pisko@ontario.ca

Proposed amendments to the Food Premises Regulation 493/17 under the Health Protection and Promotion Act

The following summary outlines a proposed amendment to Ontario Regulation 493/17 (Food Premises) under the Health Protection and Promotion Act. The ministry is proposing to exempt food premises that serve low risk foods, which may include community feeding organizations and other entities serving those in need, from certain structural and equipment requirements, and from having a trained food handler on site.

Summary of Proposed Changes:

- The ministry is proposing to exempt food premises that serve low risk foods from certain structural and/or equipment requirements, which would be similar to current exemptions for pre-packaged low risk foods and hot beverages (i.e., exempt from hand washing stations, equipment for utensil cleaning/sanitizing, provision of sanitary facilities etc.). The ministry is also proposing to exempt food premises that serve low risk food from the requirement to have a trained food handler on-site during operation.

Comments Due Date: November 27, 2019

Proposal Number:19-HLTC028

Posting Date: October 28, 2019

Contact Address:

Laura Pisko, Director

Health Improvement Policy and Program Branch

Ministry of Health

393 University Avenue, Suite 2100

Toronto, ON M7A 2S1

Laura.pisko@ontario.ca

Proposed Amendments to Ontario Regulation 136/18 (Personal Service Settings) made under the Health Protection and Promotion Act

The following summary outlines proposed amendments to Ontario Regulation 136/18 under the Health Protection and Promotion Act. The ministry is soliciting feedback on the proposed amendments.

Summary of Proposed Changes:

- Exempt premises that only perform barbering and hairdressing services from Section 5 of the Regulation requiring PSS operators to obtain the name and contact information of the person seeking the service before providing the service. In the event of an accidental exposure name

and contact information would be required to be recorded and kept in accordance with Section 14(1)4; and

- Exempt premises that only perform barbering and hairdressing services from requiring a dedicated sink for reprocessing equipment (e.g., cleaning of tools) under Section 8(3) of the Personal Service Settings Regulation. These premises would still require a dedicated handwashing sink.

Comments Due Date: November 27, 2019

Proposal Number: 19-HLTC031

Posting Date: October 28, 2019

Contact Address:

Laura Pisko, Director

Health Improvement Policy and Program Branch

Ministry of Health

393 University Avenue, Suite 2100

Toronto, ON M7A 2S1

Laura.pisko@ontario.ca

The full list of current proposals can be accessed at

<https://www.ontariocanada.com/registry/quickSearch.do?searchType=current>



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

October 31, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott,

On October 29, 2019, Renfrew County and District Board of Health passed the following resolution in support of Windsor-Essex County Board of Health's October 17, 2019 motion regarding *The Harms of Vaping and the Next Steps for Regulation*:

Resolution: # 4 2019-Oct-29

A motion by P. Emon; seconded by W. Matthews; be it resolved that the Board support Windsor-Essex County Health Unit's October 17 motion re: The Harms of Vaping and the Next Steps for Regulation and furthermore we implore the provincial government to move quickly to gather and share clinical information with Ontario Public Health Units and the public about the effects of vaping products on the teen and general public as soon as possible.

We thank you for considering this resolution.

Sincerely,

Janice Visneskie Moore
Chair, Board of Health

- c. Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Honourable David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies—Loretta Ryan
Ontario Boards of Health
Honourable John Yakabuski, Renfrew-Nipissing-Pembroke
Honourable Chery Gallant, Renfrew-Nipissing-Pembroke
Local Municipalities
AMO/ROMA

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis

October 31, 2019

The Honourable Christine Elliott
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: Funding for Leave the Pack Behind

On August 23, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding the provincial governments' decision to cease funding for Leave the Pack Behind. The following motion was passed:

GBHU BOH Motion 2019-67

Moved by: Anne Eadie

Seconded by: Sue Paterson

"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to Funding for Leave the Pack Behind."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Dr. David Williams, Chief Medical Officer of Health
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units



Jackson Square, 185 King Street, Peterborough, ON K9J 2R8
 P: 705-743-1000 or 1-877-743-0101
 F: 705-743-2897
peterboroughpublichealth.ca

July 17, 2019

The Honourable Christine Elliott
 Minister of Health
 10th Floor, Hepburn Block
 80 Grosvenor Street
 Toronto, ON M7A 2C4
 Sent via e-mail: christine.elliott@pc.ola.org

Dear Minister Elliot,

Re: Funding Cancelled for Leave the Pack Behind

At its meeting on June 12, 2019, the Board of Health for Peterborough Public Health had the opportunity to review communication from Leave the Pack Behind, a longstanding provincial partner in tobacco prevention and cessation among young adults. On behalf of the Board of Health, I am writing to express our concern over the provincial governments' decision to cease funding for Leave the Pack Behind.

Young adults aged 20 - 24 have the highest prevalence of e-cigarette use and other tobacco products like cigars and water pipes, and one of the highest rates of cigarette use in the province.¹ Additionally, the transition to daily, regular smoking in Ontario is likely established between the ages of 18 and 21 making cessation and prevention programs for young adults more imperative than ever.²

In Peterborough, both Fleming College and Trent University have smoke-free campus policies that protect students, staff, and visitors from the involuntary exposure to second-hand smoke and vapour. However, the success of these policies depends on a comprehensive approach to commercial tobacco control that includes cessation support for those that want to make a quit attempt.

Working with Leave the Pack Behind staff at both post-secondary institutions has allowed us to engage hundreds of young adults and inspire dozens of quit attempts that otherwise would not have happened without partnerships and collaboration.

It has been widely reported that the Provincial government has pledged to end 'hallway medicine' and is committed to balancing the budget. Reinstating the funding of this vital program will help the government meet both of those goals as for every dollar spent on tobacco control, \$20 are saved in future health care costs.^{3,4} Furthermore "there is now a substantial body of evidence showing that the majority of health care expenditures are spent on conditions that are largely preventable."⁵

Leave the Pack Behind was part of a 'no wrong door approach' that supported young adults with their quit attempts. As "tobacco dependence treatment can have a significant impact on health and be very cost-effective when compared with other health system activities"⁶ we are urging the Ministry to reconsider the cancelation of this comprehensive and impactful program.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions
Local MPPs
Kelli-an Lawrance, PhD, Director & Principal Investigator of Leave the Pack Behind, Brock University
Heather Travis, Manager, Leave the Pack Behind, Brock University
Ontario Boards of Health
Association of Local Public Health Agencies

¹ https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco_use_in_canada_2019.pdf

² <https://tobaccocontrol.bmj.com/content/14/3/181>

³ <https://jech.bmj.com/content/jech/71/8/827.full.pdf>

⁴ https://www.youtube.com/watch?v=TVZxtuZhN_M

⁵ <https://www.cpha.ca/making-economic-case-investing-public-health-and-sdh>

⁶ <https://www.ccohealth.ca/sites/CCOHealth/files/assets/CCOChronicDiseaseReport.pdf>

October 31, 2019

The Right Honourable Justin Trudeau
Prime Minister of Canada
justin.trudeau@parl.gc.ca

Re: National School Food Program

On August 23, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health regarding moving forward with implementing a cost-shared national school food program. The following motion was passed:

GBHU BOH Motion 2019-68

Moved by: Anne Eadie Seconded by: Sue Paterson
"THAT, the Board of Health support the correspondence from Peterborough Public Health with respect to Support for a National School Food Program."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units



Jackson Square, 185 King Street, Peterborough, ON K9J 2R8
P: 705-743-1000 or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

July 19, 2019

The Right Honourable Justin Trudeau
Prime Minister of Canada
justin.trudeau@parl.gc.ca

The Hon. Maxime Bernier, MP, Beauce
Leader, People's Party of Canada
maxime.bernier@parl.gc.ca

Yves-François Blanchet
Leader, Bloc Québécois
3750, boul. Crémazie Est
bureau 402
Montréal, QC H2A 1B6

Elizabeth May, MP, Saanich - Gulf Islands
Leader, Green Party of Canada
elizabeth.may@parl.gc.ca

The Hon. Andrew Scheer, MP, Regina - Qu'Appelle
Leader, Conservative Party of Canada
andrew.scheer@parl.gc.ca

Jagmeet Singh, MP, Burnaby South
Leader, New Democratic Party of Canada
jagmeet.singh@parl.gc.ca

Dear Prime Minister Trudeau and Federal Party Leaders:

Re: Support for a National School Food Program

The Board of Health for Peterborough Public Health requests that you honour and move forward with implementing a cost-shared, national school food program, as outlined in the [Federal healthy eating policy](#) with a commitment of resources.

Universal access to healthy food every day at school could improve students' food choices and support their academic success (including academic performance, reduced tardiness and improved student behaviour). An important step towards health equity, universal healthy school meals contribute to students' physical and mental health. Its' success requires all levels of government to be engaged and supportive. Canada is the only G7 country that does not provide federal funding or resources to support school food and nutrition programs.

Our Board of Health supports initiating consultations to develop an adequately funded national cost-shared school food program. As public health experts with extensive experience working with Ontario student nutrition programs, we urge that a universal program include appropriate nutrition education and food safety training of staff and volunteers, provide an optional and culturally appropriate daily nutrition meal, use best practices in service and delivery, function in inspected and adequately equipped spaces, and provide students with the opportunity to implement Canada's Food Guide key messages; specifically, students are given the opportunity to eat more vegetables and fruit, whole grains and protein foods in a socially inclusive environment where they enjoy, prepare and eat healthy food with others.

A well designed national school food program has the potential to enable children to develop food and nutrition habits they need to lead healthy lives and succeed at school.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Local MPs
Association of Local Public Health Agencies
Ontario Boards of Health

October 31, 2019

The Honourable Christine Elliott
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: Display and Promotion of Vaping Products

On September 27, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Simcoe Muskoka District Health Unit regarding implementing restrictions on the display and promotion of vaping products. The following motion was passed:

GBHU BOH Motion 2019-79

Moved by: Anne Eadie

Seconded by: Brian Milne

“THAT, the Board of Health support the correspondence from Simcoe Muskoka District Health Unit regarding Restrictions on the Display and Promotion of Vaping Products.”

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Dr. David Willians, Chief Medical Officer of Health
Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units



September 18, 2019

Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).¹ Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.² Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.³

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.⁴ The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.⁵ Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

² <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

³ Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

⁴ Health Canada. (2019-02-04). Vaping: Get the Facts.

⁵ Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

Barrie:
15 Sperling Drive
Barrie, ON
L4M 6K9
705-721-7520
FAX: 705-721-1495

Collingwood:
280 Pretty River Pkwy.
Collingwood, ON
L9Y 4J5
705-445-0804
FAX: 705-445-6498

Cookstown:
2-25 King Street S.
Cookstown, ON
L0L 1L0
705-458-1103
FAX: 705-458-0105

Gravenhurst:
2-5 Pineridge Gate
Gravenhurst, ON
P1P 1Z3
705-684-9090
FAX: 705-684-9887

Huntsville:
34 Chaffey St.
Huntsville, ON
P1H 1K1
705-789-8813
FAX: 705-789-7245

Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems⁶.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.⁷

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.⁸ There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.⁹

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

⁶ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

⁹ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study, *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network



alPHA's members are
the public health units
in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

September 19, 2019

Hon. Christine Elliott
Minister of Health
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Vapour Products Display and Promotion

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to reiterate our concerns about the ongoing proliferation of the promotion and display of vapour products in Ontario, especially as we deal with the emerging issue of vape-related severe respiratory illness.

While research has shown that vaping is less harmful than smoking tobacco, this same research shows that vaping still introduces poisonous substances into the body. In addition to this, the use of vape technology as a vehicle for nicotine and cannabis has become much more common and therefore aligns these products more closely to tobacco, for which we rightly have strict prohibitions on promotion and display.

Ontario has seen a sharp increase in youth vaping over the past two years and this will likely continue without strict prohibitions on their promotion and marketing. Emerging reports of ER admissions for incidences of vaping-related severe pulmonary disease are an immediate cause for alarm, and it is not unreasonable to anticipate more of these as the popularity of vaping increases.

Section 4.1 of the Smoke-Free Ontario Act, 2017 clearly prohibits the display and promotion of vapour products in any place where vapour products are sold or offered for sale, except in accordance with the regulations (RSO 2018, c. 12, Sched. 4, s. 3).

Regulation 268 sets out exemptions from this section, which include permission for retailers of vapour products to promote them (O. Reg. 439/18, s. 4). We strongly urge the immediate removal of this exemption and a return to the Smoke-Free Ontario Act's original intent of placing the same prohibitions on the promotion and display of vape products as it does on tobacco.

The appeal and popularity of these products among children and youth is well established, and our existing concerns are now sharply magnified by reports of hospital admissions related to the use of vape products. We are pleased that you have publicly expressed your own concerns about the prevalence and possible health consequences of vaping, particularly as they affect our youth, and we hope you agree that placing stronger restrictions on vape promotion is in fact one of the most obvious solutions to this emerging issue.

I would be pleased to meet with you to discuss our positions in more detail. Please contact Loretta Ryan, Executive Director, alPHa at 647-325-9594 or loretta@alphaweb.org to make arrangements for a meeting.

Yours sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly distinguishable.

Carmen McGregor
alPHa President

COPY: Hon. Michael Tibollo, Associate Minister, Mental Health and Addictions
Helen Angus, Deputy Minister, Ministry of Health
Dr. David Williams, Chief Medical Officer of Health
Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch
Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch

Elizabeth Milne

From: Gordon Fleming <gordon@alphaweb.org>
Sent: Wednesday, November 6, 2019 4:42 PM
To: All Health Units
Subject: Ontario Economic Outlook and Fiscal Review

ATTENTION
MEDICAL OFFICERS OF HEALTH
CHAIRS, BOARDS OF HEALTH
SENIOR MANAGERS, ALL PROGRAMS

Dear alPHa Members,

Finance Minister Rod Phillips today released the 2019 Ontario Economic Outlook and Fiscal Review: A Plan to Build Ontario Together. This document is similar in structure to a budget in that it lays out the roadmap for Government plans based on the economic context.

I have scanned this document very quickly and there are three instances where public health is specifically mentioned. I have included the relevant excerpts below, and the full suite of information released today by the Government can be accessed from [this page](#). The PDF of the document itself can be downloaded directly [here](#).

Please note that the section on Modernizing Public Health was also delivered nearly verbatim by the Minister of Health during her remarks to alPHa members this afternoon at our 2019 Fall Symposium.

Modernizing Public Health

As part of the government's plan to build a modern and better connected health care system, the Province is considering how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities. The government is renewing consultations with municipal governments and the public health sector, with this next phase of engagement being supported by advisor Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario. Mr. Pine will play a key role in facilitating productive discussions between the government, public health, emergency health and municipal stakeholders to ensure:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

This initiative responds to the 2017 findings made by the Auditor General that public health units are poorly coordinated and often duplicate work. In spring 2019, the government announced plans to update how public health is structured and funded in Ontario to achieve better coordination and more efficient service delivery. As consultations take place, the government has made a clear commitment to support municipalities as they modernize the delivery of public health in Ontario (p. 97).

Starting this fall, the government is investing approximately \$90 million a year to provide low-income seniors access to high-quality dental care. Ontario's low-income seniors, age 65 and older, with an income of \$19,300 or less, or couples with a combined annual income of \$32,300 or less, who do not have dental benefits, will qualify for the publicly funded Ontario Seniors Dental Care Program. Services will be accessed through public health units, community health centres and Aboriginal Health Access Centres across the province.(p. 20)

An investment of \$41 million to support Public Health Units as the ministry considers options to modernize public health, completes engagement with stakeholders and finalizes implementation approaches (p. 158)

We hope you find this information useful.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23





Office of the Warden

County of Middlesex, 399 Ridout Street North, London Ontario N6A 2P1

klsmith@middlesex.ca

Chairperson Trish Fulton
Middlesex-London Health Unit
50 King Street, London, Ontario
N6A 5L7

October 30th, 2019

Dear Chairperson Fulton,

I am writing today to request an update in regard to the MLHU's Review of Public Health Services in Middlesex County. Specifically, County Council would appreciate a status report for the initiatives that were to be completed in 2019 and additional information in regard to the implementation timelines for the 2020 service improvements.

During the June 25th County Council meeting, Dr. Mackie presented a broad overview of the findings of the community consultation for Middlesex County public health services along with a timeline for service improvements that were adopted by the Board of Health. During a recent County Council meeting, it was noted that to date we have not seen evidence of the implementation of the 2019 initiatives. While I recognize that 2019 is not yet complete any additional detail in regard to your planning and year to date progress for the following initiatives that are slated for 2019 completion would be appreciated:

- Updates after each board meeting to municipalities
- Identify program and changes to enhance programming to meet county needs
- Identify MLHU liaison lead to engage with CEO of Middlesex County library
- Develop administrative policy for community engagement
- Develop community partner inventory

As we look forward to 2020 service improvement initiatives, it is clear that several of these initiatives may require 2020 budget enhancements and that they will require planning in 2019 for 2020 implementation. In light of the changes that are taking place for the creation of regional public health entities, County Council is also requesting an update on your implementation strategy for these important service improvements in Middlesex County.

I thank you for your attention to this information request and I look forward to hearing more about your work to improve public health services for our residents.

Sincerely,

Kurtis Smith, Warden Middlesex County



London
CANADA

P.O. Box 5035
300 Dufferin Avenue
London, ON
N6A 4L9

November 13, 2019

Dr. C. Mackie
Medical Officer of Health and Chief Executive Officer
Middlesex-London Health Unit

I hereby certify that the Municipal Council, at its meeting held on November 12, 2019 resolved:

That the resignation of Councillor E. Peloza, dated October 25, 2019, BE ACCEPTED, and the appointment of another member BE CONSIDERED at the next meeting of the Strategic Priorities and Policy Committee. (4.2/21/SPPC)

C. Saunders
City Clerk
/hw

cc: Councillor E. Peloza
L. Guy, Executive Assistant, Middlesex-London Health Unit