



Hastings Prince Edward Public Health Board of Health Meeting

Information Items

Wednesday, September 7, 2022

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Listing of Information Items Board of Health Meeting – September 7, 2022

1. Toronto Public Health - Memo to Boards of Health in Ontario - re: response to COVID-19 - April 2022 Update dated June 9, 2022
2. Grey Bruce Health Unit - Letter to Tobacco Control Directorate, Health Canada re: support for south west tobacco control area network dated June 15, 2022
3. Simcoe Muskoka District Health Unit - Letter to Ontario Boards of Health re 2020 and 2021 annual report dated June 21, 2022
4. Sudbury and Districts Public Health - Letter to Ministry of Children, Community and Social Services re: Healthy Babies Healthy Children funding dated June 21, 2022
5. Chatham-Kent Public Health - Letter to Doug Ford re support for resolution A22-4 (drug poisoning crisis in Ontario) dated June 28, 2022
6. Niagara Region Public Health - Letter to Dominic LeBlanc re: updating Ontario Building Code and support for small businesses and local organizations dated July 5, 2022
7. Timiskaming Health Unit - Letter to Federal Minister of Health re decriminalization of personal possession of illicit drugs dated July 15, 2022
8. Timiskaming Health Unit - Letter to Sylvia Jones re: letter of support - addressing substance use harms dated July 15, 2022
9. Niagara Region Public Health - Letter to Sylvia Jones and Monte McNaughton re: extension of temporary paid sick days and making them permanent dated July 19, 2022
10. Grey Bruce Health Unit - Letter to Ministry of Children, Community and Social Services re support for a local board of health dated July 20, 2022
11. Niagara Region Public Health - Letter to Sylvia Jones re escalating opioid crisis dated July 22, 2022
12. Niagara Region Public Health - Letter to Sylvia Jones re Addressing Public Health funding shortfalls in Niagara dated July 29, 2022
13. Simcoe Muskoka District Health Unit - Letter to Community Partners and Stakeholders re Indirect impacts surveillance dashboard
14. Letter from Todd Smith re smoking and vaping among youth dated June 15, 2022



John D. Elvidge
City Clerk

City Clerk's Office

Secretariat
Julie Amoroso, Board Secretary
Toronto Board of Health
Toronto City Hall, 10th Floor, West Tower
100 Queen Street West
Toronto, Ontario M5H 2N2

Tel: 416-397-4592
Fax: 416-392-1879
E-mail: boh@toronto.ca
Web: www.toronto.ca/council

June 9, 2022

SENT VIA E-MAIL

To: Boards of Health in Ontario and the Association of Local Public Health Agencies

Subject: Response to COVID-19 - April 2022 Update (Item HL36.1) (see Part 10 of the Toronto Board of Health's decision on page 2 which is addressed to all Boards of Health in Ontario and the Association of Local Public Health Agencies)

The Toronto Board of Health, during its meeting on April 11, 2022, adopted [Item HL36.1](#), as amended, and:

1. Expressed its full support to the Medical Officer of Health to implement additional measures to address the harm of COVID-19, as needed.
2. Requested the Medical Officer of Health, in partnership with Ontario Health and the City's community and health sector partners, to accelerate the integration of the delivery of on-site COVID-19 vaccination, testing, treatment, and health and social services.
3. Requested the Medical Officer of Health to continue using the VaxTO program for the COVID-19 3rd- and 4th-dose campaign, and to scale up live calling in support of vaccine booster dose uptake.
4. Requested the Province of Ontario to re-enable local Medical Officers of Health to issue letters of instruction as part of the local toolkit to reduce the impact of COVID-19 and help keep people safe.
5. Requested the Medical Officer of Health to implement a public health promotion campaign to inform the public of COVID-19 risks and provide guidance for risk mitigation.
6. Requested the Medical Officer of Health and the Province of Ontario to provide additional focused guidance to help the public discern how best to employ layers of protection against COVID-19 and to provide support to those at greatest risk for severe outcomes from COVID-19, including priority access to testing, personal protective equipment, and other resources to support safer public interactions.

7. Requested the Medical Officer of Health to explore innovative and accessible ways to use data to communicate with the public to enable informed decisions about how best to mitigate the risk of COVID-19.
8. Requested the Ministry of Health and Ontario Health to work with Toronto Public Health, primary care, pharmacies, other health care practitioners, and any other relevant stakeholders, to facilitate access to and increase appropriate uptake of COVID-19 treatments, incorporating core elements such as:
 - a. an information campaign to raise awareness among health care providers and the public of the availability of this effective treatment;
 - b. resources to support health care providers and the public to use available COVID-19 treatments; and
 - c. a strategy to leverage existing community vaccine distribution infrastructure to ensure effective, equitable access to COVID-19 treatment.
9. Requested the Province of Ontario to work with relevant stakeholders and communities to expand the collection of sociodemographic data in the health system (which may include, for example, optimizing the linkage of existing Census data with health data) to ensure that resources are deployed to the populations with the greatest need and to ensure equitable and culturally-safe access to health and social services.
10. Forwarded Part 9 above, concerning the collection of sociodemographic data, to all Boards of Health in Ontario and the Association of Local Public Health Agencies.
11. Requested the Medical Officer of Health to provide public reporting on, and consider for potential inclusion in dashboard changes, the following:
 - a. COVID-19 related hospitalizations among school-aged children and youth;
 - b. transmission of COVID-19 in schools; and
 - c. health workforce absentee data.

To view this item and background information online, please visit:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2022.HL36.1>.

Yours sincerely,



Julie Amoroso
Board Secretary
Toronto Board of Health

Sent (via e-mail) to the following Boards of Health in Ontario and the Association of Local Public Health Agencies:

- Algoma Public Health Board of Health, c/o Mayor Sally Hagman, Chair
- Brant County Board of Health, c/o Councillor John Bell, Chair
- Chatham-Kent Board of Health, c/o Councillor Joe Faas, Chair
- City of Hamilton Board of Health, c/o Mayor Fred Eisenberger, Chair
- Durham Region Board of Health (Health and Social Services Committee), c/o John Henry, Durham Regional Chair
- Eastern Ontario Health Unit Board of Health, c/o Councillor Syd Gardiner, Chair
- Grey Bruce Health Unit Board of Health, c/o Mayor Sue Paterson, Chair
- Haldimand-Norfolk Health Unit Board of Health, c/o Mayor Kristal Chopp, Chair
- Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health, c/o Councillor Doug Elmslie, Chair
- Halton Region Board of Health (Regional Council), c/o Gary Carr, Halton Regional Chair
- Hastings Prince Edward Public Health Board of Health, c/o Mayor Jo-Anne Albert, Chair
- Huron Perth Public Health Board of Health, c/o Councillor Kathy Vassilakos, Chair
- Kingston, Frontenac, Lennox & Addington Public Health Board of Health, c/o Deputy Warden and Mayor, Denis Doyle, Chair
- Lambton County Board of Health (County Council), c/o County Warden and Mayor, Kevin Marriott, Chair
- Leeds, Grenville & Lanark District Health Unit Board of Health, c/o Mayor Doug Malanka, Chair
- Middlesex-London Health Unit Board of Health, c/o Councillor Maureen Cassidy, Chair
- Niagara Region Board of Health (Regional Council), c/o Jim Bradley, Regional Chair
- North Bay Parry Sound District Health Unit Board of Health, c/o Nancy Jacko, Chair
- Northwestern Health Unit Board of Health, c/o Mayor Doug Lawrance, Chair
- Ottawa Board of Health, c/o Councillor Keith Egli, Chair
- Peterborough Public Health Board of Health, c/o Deputy Warden and Mayor Andy Mitchell, Chair
- Porcupine Health Unit Board of Health, c/o Mayor Sue Perras, Chair
- Public Health Sudbury & Districts Board of Health, c/o Councillor René Lapierre, Chair
- Region of Peel Board of Health (Regional Council), c/o Nando Iannicca, Regional Chair and Chief Executive Officer
- Region of Waterloo Board of Health (Region of Waterloo Council), c/o Karen Redman, Regional Chair
- Renfrew County and District Health Unit Board of Health, c/o Ann Aikens, Chair
- Simcoe Muskoka District Health Unit Board of Health, c/o Deputy Mayor and Councillor Anita Dubeau, Chair
- Southwestern Public Health Board of Health (Oxford, Elgin and St. Thomas), c/o Warden Larry Martin, Chair
- Thunder Bay District Health Unit Board of Health, c/o Councillor James McPherson, Chair
- Timiskaming Health Unit Board of Health, c/o Mayor Carman Kidd, Chair

- Wellington-Dufferin-Guelph Public Health Board of Health, c/o Mayor and Councillor George Bridge, Chair
- Windsor-Essex County Health Unit Board of Health, c/o Warden and Mayor Gary McNamara, Chair
- York Region Board of Health (York Regional Council), c/o Wayne Emmerson, York Region Chairman and Chief Executive Officer
- Dr. Paul Roumeliotis, Association of Local Public Health Agencies, President, COMOHA Representative, East Region

cc (via e-mail):

- Dr. Eileen de Villa, Medical Officer of Health, Toronto Public Health



June 15, 2022

Manager, Legislative Review
 Office of Policy and Strategic Planning
 Tobacco Control Directorate
 Controlled Substances and Cannabis Branch, Health Canada
 0301A-150 Tunney's Pasture Driveway
 Ottawa, ON K1A 0K9
 Email: legislativereviewtpa.revisionlegislativelpv@hs-sc.gc.ca

Re: Support for South West Tobacco Control Area Network

On May 27, 2022, at a regular meeting of the Board for the Grey Bruce Health Unit, the Board of Health reviewed the Southwest T-CAN's submission to the Tobacco Control Directorate of Health Canada on ways to strengthen the Tobacco and Vaping Products Act. The submission, presented to the Board of Health for their endorsement, is part of a mandated three-year review of the Act and has a focus on the vaping regulation sections of the Act and their ability to protect young people from the harms of vapour products.

The Board endorses the submission and strongly supports the recommendations to Health Canada, including a ban on all vapour and e-product flavours, implementing a framework to strictly regulate the advertising of vapour products, and restricting the availability of high-concentration vapour products.

Motion No: 2022-41

Moved by: Brian Milne Seconded by: Luke Charbonneau

"THAT, the Board of Health endorse the report South West Tobacco Control Area Network (Ontario) Submission to the Legislative Review of the Tobacco and Vaping Products Act."

Carried.

Sincerely,

A handwritten signature in black ink that reads "Susan Paterson". The signature is written in a cursive, flowing style.

Sue Paterson
 Chair, Board of Health
 Grey Bruce Health Unit

cc: Honourable Alex Ruff, MP for Bruce-Grey-Owen Sound
 Warden for Bruce, Warden Janice Jackson
 Warden for Grey, Warden Selwyn Hicks
 Ontario Boards of Health

Encl.
 /mh

A healthier future for all.



Appendix B to Report No. XX-22

Manager, Legislative Review
 Office of Policy and Strategic Planning
 Tobacco Control Directorate
 Controlled Substances and Cannabis Branch, Health Canada
 0301A-150 Tunney's Pasture Driveway
 Ottawa, ON K1A 0K9
 Email: legislativereviewtpa.revisionlegislativelpv@hs-sc.gc.ca

Southwest Tobacco Control Area Network (Ontario) Submission to the Legislative Review of the *Tobacco and Vaping Products Act*

The Southwest Tobacco Control Area Network (SWTCAN) commends Health Canada for the steps taken to prevent the initiation of vaping by youth, young adults and non-smokers. Since March 2019, the member public health units of the SWTCAN have made submissions providing comments and feedback on the *Tobacco and Vaping Products Act (TVPA)* and Regulations. The SWTCAN is pleased to submit further comments to the Department's mandated 3-year review of the *Act* focusing on its vaping regulation sections and their ability to protect young persons from the harms of vapour products.

SECTION 1

PROTECT YOUNG PERSONS AND NON-USERS OF TOBACCO PRODUCTS FROM INDUCEMENTS TO USE VAPING PRODUCTS

- Q.1 Are the current restrictions on advertising and promotional activities adequately protecting youth?*
- Q.2 Are the restrictions within the Act and its regulations sufficient to address potential inducements to use these products by youth and non-users of tobacco products?*
- Q.3 Are there other measures the Government could employ to protect youth and non-users from inducements to use tobacco products?*
- Q.4 Does the TVPA contain the appropriate authorities to effectively address a rapidly evolving product market and emerging issues such as the observed increase in youth vaping?*
- Q.5 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?*

Health Canada Messaging about Vapour Products

Vaping prevalence rates have skyrocketed in recent years, particularly among youth and young adults. The nation-wide prevalence of vaping among students (grades 7-12) has doubled, rising from 10% in 2016-2017 to 20.2% in 2018-2019. (Health Canada, 2018;2019).

Since the 2018 publication of the assessment of vaping ("Public Health Consequences of E-Cigarettes") by the US National Academy of Science, Engineering and Medicine (NASEM), scientific understanding of the various harms now known to be associated with e-cigarette use by young people has significantly increased. As noted by colleagues at [Physicians for a Smoke-Free Canada](#) (PSC), the NASEM assessment was based on only one-third of the evidence available today (PSC, 2022). PSC's blogpost on the current status of Health Canada's messaging on vaping and its impact on younger users reads, in part, as follows:

“In its 2018 assessment, the NASEM panel of experts explored the scientific evidence behind 47 conclusions finding that there was conclusive or substantial scientific evidence for only 18, moderate evidence for 8, and limited or no evidence for 21 of the conclusions. Fifteen of the 18 conclusions for which there was strong or substantial level of confidence confirmed potential harms from these products and only two conclusions related to potential benefits of vaping” (PSC, 2022). The NASEM panel of experts concluded that e-cigarette users who entirely quit using tobacco products and transition to vapour products were exposed to fewer of the chemicals found in cigarette smoke and they experienced short-term health consequences in some organ systems (PSC, 2022).

The amount of available scientific evidence regarding the safety and dangers of vapour products is growing, and since 2018 other governments have tasked scientists to conduct reviews. There is a scientific consensus that is building that warns that vaping is dangerous and not particularly useful as a cessation method, especially when purchased and regulated as a consumer product (PSC, 2022). At present, there is no updated authoritative document that has brought together available systematic reviews, meta-analyses and reports from researchers and pertinent health/government agencies; however, according to Physicians for a Smoke-Free Canada (2022), some conclusions can be drawn that warrant significant consideration when considering public health messaging and government legislation:

1. *“E-cigarettes have increased the number of young nicotine users in some countries;*
2. *Young people who use e-cigarettes are more likely to smoke conventional cigarettes;*
3. *Dual use is common and harmful;*
4. *When purchased as consumer products, e-cigarettes are not effective cessation aids;*
5. *E-cigarettes cause damage to respiratory and circulatory systems;*
6. *Other governments have provided more recent scientific assessments.” (PSC, 2022)*

The Southwest Tobacco Control Area Network recommends that Health Canada’s messaging on vaping and the safety of vapour products be reviewed, revised and updated to reflect all available evidence.

Vapour Product Flavouring and Additives

The plethora of flavours in vapour products has posed significant challenges in public health efforts to halt vapour product uptake, especially by young people. Youth consider the flavour of vaping products to be the most important factor when trying e-cigarettes, and vaping initiation is more likely to occur with fruit, sweet, menthol and cherry flavoured products (Zare et al. 2018). Additionally, when non-traditional flavours are restricted and mint and menthol remain on the market, young people shift their purchasing and consumption preferences toward mint and menthol flavour (Morean et al., 2018; Diaz et al., 2020). The exclusion of menthol and mint flavours from the pending ban on flavours under the *Tobacco and Vaping Products Act* and regulations needs to be revisited. According to Al-Hamdani, Hopkins, and Davidson (2021) and the 2020-2021 Youth and Young Adult Vaping Project, almost all vapour product users consumed a flavoured vape juice both at initiation (91.9%) and at present (90.3%). In addition, in most provinces, berry, mango and mint/menthol were the most reported flavours being used (Al-Hamdani, et al., 2021).

The Southwest Tobacco Control Area Network highly recommends Health Canada to adopt the regulation to ban all vapour product and e-substance flavours, including mint and menthol or a combination of mint/menthol, except for tobacco flavoured products, without delay.

Vapour Product Promotion and Advertising

The current restrictions on advertising and promotional activities do not adequately protect youth. Vaping products should be brought under the same advertising and promotion control framework as tobacco. Advertising at such places as recreational facilities, restaurants, places of entertainment, post-secondary institutions, broadcast media, in print publications and online/social media should be prohibited given the potential for youth exposure. Vapour product advertising should only be information advertising or brand preference advertising, which would align the vaping product promotional framework with the approach applied to tobacco products. A 2019 national Leger poll found that 86% of Canadians believe that the government should apply the same advertising restrictions to vaping products with nicotine as it does to tobacco products in order to protect youth (Leger, 2019). Additionally, there should be a complete ban on offering free or discounted vaping

products. There is a substantial body of evidence that supports price control measures and strong taxation regimes for reducing youth and young adult smoking initiation, as they are more sensitive to price increases (Public Health Ontario, 2017). According to Huang, Tauras and Chaloupka (2013) and research conducted by Corrigan and colleagues (2021), policies increasing the price of vapour products, either through a taxation regime or limiting rebates, discount pricing, and coupons/bulk buying incentives could dissuade relatively few older adult cigarette smokers from switching to e-cigarettes while at the same time, be highly effective at preventing youth and young adults from initiating the use of vapour products.

The Southwest Tobacco Control Area Network highly recommends that Health Canada implement a comprehensive framework that strictly regulates advertising and promotional activities in alignment with current controls in place for tobacco products. Further, the inclusion of product pricing measures and prohibitions on incentive and bulk buying programs are required.

On-Screen Impressions of Smoking and Vaping

For over a decade, staff members from the Southwest Tobacco Control Area Network have been active members of the Ontario Coalition for Smoke-Free Movies (OCSFM) and have closely followed emerging evidence about the impact on youth when they observe tobacco and vapour product use on screen.

OCSFM's extensive experience on this issue, including frequent interactions with colleagues and researchers from the United States has led to the conclusion that frequent exposure of youth to both smoking and vaping on theatre screens, on television and on-line continuously encourages youth to try or continue using both tobacco and vapour products (Truth Initiative, 2021; Bennett et al., 2022; US Surgeon General, 2012).

Prior to the introduction of multiple viewing platforms and ubiquitous streaming services for both movies and episodic series, the on-screen presence of tobacco products was largely limited to combustibles, usually cigarettes, and usually seen in movies in theatres. Smoking impressions and tobacco imagery within movies in North America has very rarely been the subject of a "restricted" movie rating. Internationally replicated research that began in the early 2000s demonstrated that youth were often influenced to start smoking by seeing movie characters smoking on screen (Dalton et al., 2003). The American film industry has significant global influence, and the influence that tobacco imagery within movies has on youth should not be underestimated (Polansky, Driscoll and Glantz, 2019).

By 2016, researchers had confirmed and replicated their conclusions to the point that the World Health Organization called on signatories of the Framework Convention on Tobacco Control (FCTC), of which Canada is one, to implement the following policy measures, in line with the guidelines of article 13, to reduce the impact that smoking in the movies is having on youth tobacco use initiation:

- Require adult ratings for films with tobacco imagery to reduce overall exposure of youth to tobacco imagery in films;
- Certify within movie credits that film producers received nothing of value for using or displaying tobacco products in a film;
- Prohibit the display and identification of tobacco brands in films;
- Make media production companies ineligible for public subsidies and grants if they show smoking or tobacco brands, or identify a relationship with the tobacco industry; and,
- Require strong anti-smoking advertisements to be shown prior to showing films that contain tobacco imagery through all distribution channels (cinemas, televisions, online, etc) (World Health Organization, 2015).

The platforms on which youth can access movies, episodic series and other content today have multiplied since the 2000s. Streamed films and episodic series are readily accessible in the home, in theatres and on various portable media devices. While these products are often preceded by advisories about violence, drug use, explicit sexual content, or mature themes, only Netflix and Disney+ make any mention of smoking. The WHO's policies noted above are entirely disregarded. This disregard takes on even greater importance as new research from the United States shows that when youth see tobacco smoking on-screen, many youth respond by initiating the use of vapour products (Bennett et al., 2022). According to the US Truth Initiative, "...research shows **on-screen exposure to tobacco imagery makes young people more likely to start vaping**. A landmark 2020 study published in [Preventive Medicine](#), found that exposure to smoking images through episodic programming can triple a young person's odds of starting to vape nicotine" (Truth Initiative, 2022). The Truth Initiative's

2021 report, [While You were Streaming: Nicotine on Demand](#) shows that 60% of young people's top 15 favorite streaming and broadcast season shows released in 2020 featured smoking, exposing an estimated 27 million youth to tobacco imagery (Truth Initiative, 2021). The report also highlights the poor performance of Netflix, one of the most popular on-line streaming platforms with viewers of all ages. Despite efforts by the US National Association of Attorneys General to urge US streaming services and creative guilds to limit tobacco depictions in programming appealing to youth, Netflix "remains the worst offender four years in a row based on its new 2020 season releases and popular binge-worthy shows" (Truth Initiative, 2022). Canadian youth watch much the same media content as their counterparts in the United States; therefore, the latest findings should be cause for alarm as there is no evidence-based reason to conclude that Canadian youth are less-susceptible to the influence of frequent exposure to on-screen smoking and (increasingly) vaping.

At present, there are no provincial restrictions in place to prevent – or reduce the likelihood of - youth exposure to on-screen smoking or vaping. While Ontario did at one time have a legislated requirement that film advertising had to contain an advisory of tobacco use if warranted, recent legislation removed that requirement. The 2020 *Ontario Film Content Information Act* cancelled the province's previous film rating system, and now asks "exhibitors" to advise moviegoers about film content, but without prescribed regulations specifying how this requirement should be achieved.

In light of the increasing evidence about the pervasiveness of on-screen smoking and its effect on the initiation of youth smoking and vaping, the Southwest Tobacco Control Area Network recommends that Health Canada explores the enactment of WHO's policy options to address on-screen tobacco and vaping imagery.

SECTION 2

PROTECT THE HEALTH OF YOUNG PERSONS AND NON-USERS OF TOBACCO PRODUCTS FROM EXPOSURE TO AND DEPENDENCE ON NICOTINE THAT COULD RESULT FROM THE USE OF VAPING PRODUCTS

Q.1 Are the current restrictions in the Act and its regulations sufficient to protect the health of young persons from exposure to and dependence on nicotine that could result from the use of vaping products?

Q.2 Are the new restrictions on nicotine concentration levels sufficient to protect youth and non-users of tobacco products from nicotine exposure? If not, what additional measures are needed?

Q.3 Are there other measures that the Government could employ to protect the health of young persons from exposure to and dependence on nicotine from vaping products?

Q.4 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Nicotine Concentration and Uniform Dosing Levels

Data from the 2018-19 Canadian Student Tobacco Alcohol and Drugs (CSTADS) survey showed that 20.2% of Canadian students (approximately 418,000) had used an e-cigarette (with or without nicotine) in the past 30 days (Health Canada, 2019). Students that reported vaping (with or without nicotine) in the past 30 days were vaping regularly, with approximately 40% reporting daily or almost daily use (Health Canada, 2019). CSTADS also showed that vaping had led to an overall increase in nicotine use by youth, which suggested that vaping had not replaced smoking behaviours among young people. In fact, the total prevalence of vaping and smoking among young people was much higher than the prevalence of smoking in that population a decade ago. By far, most of the youth in Canada who vaped were using devices that contained nicotine, with 87.6% of all current grade 7 – 12 students vaping nicotine (Health Canada, 2019). In addition, according to the 2020-2021 Youth and Young Adult Vaping project, of the 3000 individuals between the ages of 16 and 24 who were interviewed, 64.3% reported using vape juice containing the highest possible concentrations of nicotine (50-60 mg/ml) (Al-Hamdani et al., 2021).

Nicotine is a highly addictive substance that poses significant risk, especially to young people. The brain continues to develop until an individual reaches the approximate age of 25. Exposure to nicotine during brain development can result in nicotine addiction, mood disorders, permanent lowering of impulse control, and changes to attention and learning (NASSEM, 2018). Other health impacts include increased blood pressure, increasing risk of heart disease and stroke (Gonzalez and Cooke, 2021), and the potential for increased risk of the spread of breast cancer to the lungs (Huynh et al., 2020). The

adverse effects from the use of high concentrations of nicotine include vomiting, headaches, dizziness, nausea and in extreme cases, fainting and nicotine poisoning (NASEM, 2018).

Federal regulation of nicotine levels offers consistent protection from nicotine addiction for youth across Canada, by bringing the current patchwork of provincial regulations into alignment across Canada. The federal regulation to limit nicotine concentration in vaping products to a maximum of 20 mg/ml has been supported by many public health agencies across Canada and is in alignment with the European Union Commission. Nicotine is a highly addictive substance and reported youth preferences for products with the highest levels of nicotine (Al-Hamdani et al., 2021) justifies the requirement for Health Canada to monitor the scientific evidence on an ongoing basis and adjust product limits accordingly.

Another important factor related to nicotine concentration levels is the application of vapour product design standards to ensure the consistent and uniform dosing of nicotine to vapour product users. According to the European Union's (EU) Commission investigating the latest available evidence on vapour products, at present, vapour products are not held to design and manufacturing standards that ensure that the device delivers the same amount of nicotine per puff by the user (European Union SHEER, 2021). Given that cigarettes are engineered to deliver consistent doses of nicotine, it appears logical that e-cigarettes should do the same if they are to effectively replace nicotine delivered from cigarettes.

The Southwest Tobacco Control Area Network supports the immediate enactment of the 20 mg/ml nicotine concentration level maximum for vapour products, along with the development of an annual review of available scientific evidence which would allow for downward adjustments if necessary. Further, it is recommended that Health Canada impose product engineering standards to ensure uniform nicotine dosing so that users know how much nicotine they are inhaling.

SECTION 3

PROTECT THE HEALTH OF YOUNG PERSONS BY RESTRICTING ACCESS TO VAPING PRODUCTS.

Q.1 Are measures in the Act sufficient to prevent youth from accessing vaping products? If not, what more could be done to restrict youth access to vaping products?

Q.2 Are there other measures that the Government could employ to protect youth from accessing vaping products?

Q.3 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Retailer Prohibitions of Sales of Tobacco and Vaping Products

The Middlesex-London Health Unit (MLHU), a member public health unit of the SWTCAN, reported that between 2020 and 2022, they observed an increase in the number of tobacco youth access test shopping failures, as well as an all-time high rate of vapour product youth access test shopping failures. Prior to 2020, MLHU's tobacco and vapour product youth access compliance rates were ~99.9%. Tobacco Enforcement Officers (TEOs) within Middlesex-London are noting an alarming trend. Since October 2021, TEOs and youth test shoppers have completed 200 youth access checks for vapour products that have resulted in 21 failures (89.5% compliance rate), with more retailers yet to be inspected. The majority of the youth access failures were at non-specialty vape stores, including convenience stores and gas stations, using youth test shoppers who are between 15 and 16 years of age -- well below the legal age of 19 years in Ontario.

Under the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)*, only vapour products flavoured with mint, menthol and tobacco can be sold in non-specialty vape stores (e.g. convenience stores, gas station kiosks, grocery stores, etc.); whereas, vapour products that contain other flavours must only be sold in age-restricted specialty vape stores. Furthermore, under the *SFOA, 2017*, vapour products that have a nicotine concentration of greater than 20 mg/ml can only be sold in age-restricted specialty vape stores. In the Middlesex-London area, during this latest round of youth access inspections, many of the vapour products that were sold to youth test shoppers from non-specialty vape stores were flavoured with fruit and candy-flavoured additives, and had a nicotine concentration of greater than 20 mg/ml, despite the provincial legislation. The illegal sale of these products has resulted in the issuance of charges for the sale of prescribed vapour products in a prohibited place and the seizure of these products. Between June 2021 and March 2022, tobacco enforcement officers (TEOs) for MLHU have conducted a total of 5 vapour product seizures, with estimated values ranging from \$200 - \$25,000 from each establishment. In addition to the loss of merchandise, fines under the *SFOA, 2017* are also applied for each offence;

however, it has become apparent that the fines and seizures of vapour products are an insufficient deterrent.

Under the *SFOA, 2017*, routine non-compliance with tobacco sales offences results in the issuance of an automatic prohibition order under Section 22. At present, there is no automatic prohibition lever that can be applied to retailers who continue to sell vapour products to persons under the age of 19 years, nor for non-specialty vape stores that continue to sell vapour products that should only be available for sale in age-restricted stores in Ontario. Operators have shared with MLHU TEOs that the total revenue from sales of vapour products alone far exceeds both the fine amounts and the risk of product seizures and is viewed as a cost of doing business. Based on the current compliance rate and reported retailer behaviors, current vapour product regulations are insufficient.

The Southwest Tobacco Control Area Network recommends that Health Canada implement an automatic prohibition regime for both tobacco and vaping products under the TVPA modelled after Section 22 of the *Smoke-Free Ontario Act, 2017*, for repeated convictions against retailers including those who:

- sell tobacco and/or vaping products to persons under the legal age;
- sell flavoured tobacco and vaping products prohibited by law; and,
- sell vaping products with nicotine concentration levels that exceed 20 mg/ml.

Reciprocal Relationships and Cooperation Between Federal and Provincial Inspectors

In Ontario, the display, promotion and sale of tobacco and vaping products at retail are regulated by both provincial and federal legislation. The *TVPA* is enforced by Health Canada Inspectors exclusively, who are responsible for monitoring and ensuring compliance with the *Act* and the Regulations. In Ontario, public health unit staff are designated by the authority outlined under the *Smoke-Free Ontario Act, 2017*, to enforce the requirements and restrictions at retail under provincial legislation exclusively, with no authority under the *TVPA*.

This means that if non-compliance with the *TVPA* and/or Regulations are observed by the local public health inspectors, the only recourse available is to refer the non-compliance and possible infraction to the Health Canada Inspectorate. Given the size and scope of jurisdiction that falls to the Health Canada Inspectorate, it is difficult for their Inspectors to respond to the referral in a timely matter. This means that in many cases, vapour products, prescribed by federal law to be “illegal” and subject to federal seizure, remains within the store for continued sale. There is significant consumer demand for this product; therefore, despite warnings issued by provincial inspectors, product will remain on store shelves available for sale or for distribution through other illegal means. In Ontario, there has been some success with reciprocal relationships and collaboration between Ontario Ministry of Finance Inspectors (enforcement of the *Tobacco Tax Act*) and public health staff (enforcement of the *SFOA, 2017*). For example, if illegal tobacco products (under the *Tobacco Tax Act*) are found within a retailer, and a Ministry of Finance Inspector is not within the jurisdiction, under direction of the Ministry of Finance Inspector, the Health Unit Inspector will safely secure the product off site until the Ministry of Finance Inspector can attend to seize the product for their investigation. Not only does this reciprocal and collaborative relationship help to remove illegal products from the marketplace, but it also increases public and retailer perception of a greater enforcement presence, which contributes to greater compliance overall. It is recommended that a similar arrangement be explored between federal and provincial enforcement agencies given the continued availability of flavoured and high nicotine concentration products. Alternatively, the cross designation of provincial and federal inspectorate for sections of the *TVPA* and Regulations that pertain to retail could also be explored.

The Southwest Tobacco Control Area Network recommends that Health Canada engage with provincial Ministries of Health and representatives from local public health enforcement to explore the options that exist to support more timely enforcement action.

Tighten Restrictions for Online Retail Marketing

Besides the availability of vapour products at retail outlets such as convenience stores, gas stations, grocery stores, and specialty vape stores, vapour products are widely available for sale through websites and social media (Hammond, et al., 2015). While many online vendors use age-verification measures during online purchase, people under the age of 18 years are still able to purchase vapour products online (Hammond et al., 2015). In 2017, the Canadian Tobacco and Drug Survey

(CTADS) indicated that more than 75% of youth age 15-19 years who tried a vaping product borrowed, shared or bought it from a friend or relative (Health Canada, 2018). In 2019, the Canadian Tobacco and Nicotine Survey showed that social access of vaping products among those aged 15-19 years had dropped to 58%, and 43% of this age group purchase from retail sources, including online vendors (Health Canada, 2019).

Underage youth who purchase vaping products online either falsely claim to be of legal age when they access the website, or they are not required to show proof of age. A content analysis of internet e-cigarette vendor practices discovered that most vape vendors (over 60%) did not require age verification or relied on ineffective strategies such as checking a box to verify legal age (Williams et al., 2018). Similarly, Gaiha and colleagues (2020) found that more than a quarter of underage e-cigarette users surveyed were not required to verify their age when purchasing e-cigarettes online.

The local experience within the Middlesex-London jurisdiction is in congruence with the evidence. Since resuming in-person learning within Middlesex-London schools in the fall of 2021, approximately 80% of youth are telling TEOs they buy vapour products online. Young people are reporting that they find it easy to get vaping products through online sources. One youth stated that the vapour products are delivered to their mailbox and that he can easily conceal the purchase from his parents because it is his responsibility to pick up the mail after school.

Some specialty vape stores that formerly operated a brick and mortar store within the Middlesex-London jurisdiction have shifted to manufacturing and wholesale, and/or to online-based operation to continue to sell flavoured and high nicotine concentration products to all ages, with less enforcement scrutiny. These products are shipped directly to customers' houses or offered through curbside pickup. This process applies the obligation of age verification to the agents/agencies used for delivery. Enforcement agencies, both at the federal and provincial levels are challenged to be able to effectively monitor retailer compliance with youth access provisions.

Industry brand-incentive programs, like the "Vuse – Click and Collect" program, are also operating within southwestern Ontario. This program allows customers to place their orders online and then pick up the vapour products, including all flavours and nicotine concentrations, at select convenience stores. Programs like this appear to have been able to find legislative loopholes and they contribute to the erosion of progress that had been made to prohibit youth access to tobacco and vapour products and to restrict access to flavoured and high nicotine concentration vapour products.

The *TVPA* prohibits youth access to vaping products in a public place or in a place to which the public has access, which includes online retailing. The *Act* specifies that a person, including a retailer, must verify the age of a person purchasing vaping products, however it does not specify how age verification is to be implemented. The current system on many websites of clicking a box to attest to being of age has obvious pitfalls.

The Southwest Tobacco Control Area Network recommends that Health Canada works with provincial Ministries of Health to implement consistent and strict requirements to regulate online sales, including the following measures:

- **Require online retailers to post information advising prospective customers that the sale of vaping and tobacco products are restricted to persons of legal age;**
- **Require two-step age verification for online retailing - the two-step process should involve two authentication methods performed one after the other to verify identity;**
- **Require online retailers to utilize third-party verification services;**
- **Require tobacco and vapour products to contain a label that states that age verification is required at delivery;**
- **Upon delivery, require that a signature be obtained from the person who ordered the package, confirming they are of legal age, and packages must not be left on doorsteps;**
- **Require that delivery be restricted to prescribed carriers.**

Enactment of a Tax and Vapour Product Pricing Regime

There is unequivocal evidence documented in the tobacco control literature that price increases result in decreased demand and use of cigarettes, and increased intentions to quit smoking (SFO-SAC, 2017). Many provinces have proposed or passed

legislation to tax vapour products, including British Columbia, Alberta, Prince Edward Island, Saskatchewan and Newfoundland Labrador. There exists the opportunity to enact a national tax regime on vapour products to reduce the consumption of vapour products by youth and young adults as they tend to be more price sensitive than adults (U.S. Department of Health and Human Services, 2000). The revenue from taxes from tobacco products along with the revenue from the taxation regime applied to vapour products could be used to fund comprehensive tobacco and vapour product control programming, including prevention and cessation efforts, increased compliance monitoring and enforcement, and ongoing research. A complementary measure to increase the retail price of tobacco and vapour products is to mandate a minimum pre-tax set price minimum (Feighery, et al., 2005). Setting minimum price limits inhibits the manufacturers' ability to use discount pricing and the retail sale of low-cost brands or devices to offset the price increases from taxation (SFO-SAC, 2010). Minimum price policies are effective and widely used to reduce alcohol consumption and harms (Anderson, et al., 2009). The taxation level and the set price minimums for vapour products should be set independently from tobacco products, with careful consideration being given to ensure that e-cigarettes do not become more expensive than cigarettes but set high enough to deter youth and young adult initiation. The 2021 federal budget announced the Government of Canada's intention to introduce a new taxation framework for vaping products in 2022.

The Southwest Tobacco Control Area Network recommends that Health Canada enact a comprehensive, national vapour product taxation and pricing regime without delay, to reduce youth and young adult consumption and associated harms from vapour product use.

SECTION 4

PREVENT THE PUBLIC FROM BEING DECEIVED OR MISLED WITH RESPECT TO THE HEALTH HAZARDS OF USING VAPING PRODUCTS

Q.1 Are the current measures in place sufficient to prevent the public from being deceived or misled about the health hazards of vaping products?

Q.2 What additional measures would help reduce the misconceptions about the health hazards of vaping products?

Q.3 Has scientific evidence emerged in this area since the legislation was enacted in 2018 that points to the need for additional action or further restrictions?

Appealing Vapour Product Marketing and Unsubstantiated Health Claims

Websites selling vapour products online are ubiquitous and use marketing tactics that are appealing to youth. In 2019, the Ontario Tobacco Research Unit (OTRU) collected samples of flavoured vaping products from online Canadian vape stores and found several examples of flavoured vaping products with attractive packaging, design elements, names and descriptors with youth-appeal (O'Connor, et al., 2019). Furthermore, researchers who conducted a systematic content and legal analysis of the claims made by e-cigarette manufacturers and retailers on their websites concluded that the vast majority of websites made at least one health-related claim, focusing on potential health benefits while minimizing or eliminating information about possible harmful effects of vaping products (Klein, et al., 2016). Grana and Ling's (2014) content analysis of e-cigarette retail websites also discovered that health claims and cessation messages that are unsupported by current scientific evidence are frequently used by vapour product retailers to sell vaping products (Grana and Ling, 2014). Vaping products have not been approved by Health Canada as a smoking cessation aid because they are not currently tested, manufactured, and regulated as such in Canada. Therefore, claims about vapour product efficacy as a cessation tool should be strictly prohibited.

Enforcement reports from Health Canada inspectors reinforce the lack of compliance by online retailers with current promotion and advertising restrictions under the *TVPA*. Between July 2020 and March 2021, Health Canada inspectors conducted inspections of Instagram social media accounts to assess vapour product industry compliance, with a focus on publicly accessible online promotions. Inspectors reviewed 304 accounts on Instagram and observed non-compliance on 53% of the accounts, resulting in the issuance of a warning letter (Health Canada, 2021) Increased enforcement (issuance of fines) and stricter prohibitions on vapour product advertising are required.

The Southwest Tobacco Control Area Network recommends Health Canada to prohibit online vapour product retailers from making health claims, using celebrity and medical professional endorsements, and promoting e-cigarettes as a cessation aid. Increased compliance monitoring and the use of progressive enforcement measures (Part I charges and Part III summonses) are required.

Vapour Product Appearance and Packaging Design

In November 2019, Canada implemented plain and standardized tobacco product packaging regulations. With strict promotion and advertising rules in effect for tobacco products across Canada, the tobacco package became an important marketing tool, using colours, images, logos and distinctive fonts, finishes and sizing. According to Moodie, Mackintosh, Hastings and Ford, (2011), studies have determined that the colour, shape and size of a package can influence consumer behaviour and contributes to consumer perceptions of the product. Package design can make its contents appear safe to use, undermining the visibility, credibility and effectiveness of health warnings. The same body of evidence can be applied to the regulation of vapour products and packaging. Devices are being manufactured to look like small, discrete everyday objects, so that youth can vape discretely, hiding their nicotine addiction from parents, employers and teachers. Across southwestern Ontario, the ability to “stealth vape” in school washrooms and classrooms undermine the efforts that school staff and public health unit staff are taking to promote and enforce the *Smoke-Free Ontario Act, 2017* on school property. The devices can be customized, which complements the lifestyle messaging that youth are receiving from the internet and on social media.

The Southwest Tobacco Control Area Network recommends that Health Canada apply a similar plain and standardized packaging regime to vapour products that Health Canada has already applied to commercial tobacco and cannabis products.

SECTION 5

ENHANCE PUBLIC AWARENESS OF HEALTH HAZARDS

Q.1 Have public awareness efforts been effective at educating Canadians about the health risks of vaping products?

Q. 2 What more could be done to educate Canadians about the health risks of vaping products?

Q.3 Are there still knowledge gaps to fill with regard to the health risks of vaping products? If so, what areas should research focus on?

Q.4 What approach should be taken to close the gap between scientific evidence and public perception so that youth and non-users of tobacco products are aware of the health risks of using vaping products, while adults who smoke are aware that they are a less harmful alternative to tobacco if they switch completely to vaping?

Comprehensive Review of Available Scientific Evidence Required

There has been a concerted effort to increase the body of scientific evidence available to assess the potential harms and potential benefits associated with vapour products, in an attempt to keep up with the ever-expanding vapour product market. According to a 2022 published report from [Grandview Research](#), the global vapour product market size was valued at \$18.13 billion USD in 2021 and is expected to expand at a compound annual growth rate of 30% between 2022 to 2030; North America dominated the global market with a share of over 40% in 2021 (Grandview Research, 2022). They note that the projected market growth expansion is due to the “rising awareness about e-cigarettes being safer than traditional cigarettes, especially among young people”. They go on to explain that the growing online retail market amid the COVID-19 pandemic is also projected to factor into the market growth (Grandview Research 2022). The increase in the availability of vapour products by youth and young adults combined with the apparent belief and pervasive messaging found online that “less harmful” means that vapour products are safe is a significant public health concern.

As noted by Physicians for a Smoke-Free Canada (2022), the 2018 NASEM assessment of evidence on e-cigarette and vapour products relied on only one-third of the evidence that is available today. Since the release of the publication, researchers have developed a greater understanding of the potential harms associated with e-cigarette use, including health harms from dual use of vapour products and cigarettes and the potential for vapour products to aid in smoking cessation. Messaging available on Health Canada web pages require review and revision to incorporate findings from the growing body of scientific evidence.

- ***Dual use of combustible cigarettes and e-cigarettes is common and harmful.***

Health Canada’s webpage on Vaping and Quitting Smoking (2020) states that if individuals switch completely from

smoking cigarettes to using vapour products, individuals will experience short-term general health improvements. The challenge with this messaging is that research has shown that in Canada, 38% of Canadian vapers are people who both smoke cigarettes and vape (PSC, 2021). In addition, the 2020 Canadian Tobacco and Nicotine Survey results showed that although youth and young adults between the ages of 15 and 24 made up only 15% of the surveyed population, they represented 40% of those who reported that they vape. The emphasis on the harm reduction approach clouds the fact that there is scientific consensus that using both vapour products and conventional cigarettes is likely more harmful than only smoking or only using vapour products (PSC, 2022), and youth and young adults are then more susceptible to trying vapour products because ‘they aren’t as bad as smoking’.

▪ ***E-cigarettes cause damage to respiratory and circulatory systems.***

The available scientific evidence regarding the impact of vapour product use on respiratory and circulatory systems has increased substantially, with hundreds of studies examining the health harms in laboratory studies of both animals and humans.

- Researchers have concluded that the damage caused by vapour products leads to lung and heart disease and stroke (Keith and Bhatnagar, 2021). Vapour product use may also compromise the ability to remove microbial pathogens, increasing the risk of infection from viruses, fungi and bacteria (Keith and Bhatnagar, 2021).
- In another comprehensive review of cardiovascular effects, findings from Buchanan and colleagues (2020) suggest that vapour product use is associated with inflammation, oxidative stress and haemodynamic imbalance increasing risk of cardiovascular disease (Buchanan et al., 2020).
- In a review of 38 studies measuring cardiovascular effects of e-cigarettes, “most studies suggest potential for cardiovascular harm from electronic cigarette use, through mechanisms that increase risk of thrombosis and atherosclerosis” (Kennedy et al, 2019).
- A 2020 review and meta-analyses of vapour product impact on lung health showed that e-cigarette use was associated with a 39% increase in the risk of asthma and a 51% increase in the risk of developing chronic obstructive pulmonary disease; studies conducted within laboratories showed influence on biological processes that contribute to respiratory harm and illness (Wills et al., 2020).
- According to Lauren Davis and colleagues (2022), based upon a review of the pulmonary effects of long-term vaping product use, they conclude that e-cigarette use is “...likely to result in irreversible parenchymal lung tissue damage and impaired gas exchange, contributing to chronic lung conditions in long-term vapers”.

▪ ***There is insufficient evidence to support/promote vapour products as a cessation tool when sold and regulated as a consumer product.***

Health Canada’s web page on [Vaping and Quitting Smoking](#) reads that “quitting smoking can be difficult, but it is possible. Vaping products and e-cigarettes deliver nicotine in a less harmful way than smoking cigarettes”. The web page further states that “while evidence is still emerging, some evidence suggests that using e-cigarettes is linked to improved rates of success” (Health Canada, 2020). There has been a growing body of scientific evidence to evaluate the effectiveness of vapour products to help those addicted to tobacco to quit, with mixed results. Physicians for a Smoke-Free Canada (2021) compiled a [summary](#) of scientific reports published after both the release of NASEM (2018) and the release of European Union’s scientific advisors “[Final Opinion on Electronic Cigarettes](#)” (2021). The following conclusions were drawn that warrant further investigation by Health Canada:

- Published studies to date, including longitudinal data analysis, randomized control trials and meta-analysis of e-cigarettes as consumer products (i.e. not regulated or monitored in a clinical setting), when dual use of smoking and vaping was assessed, found high levels of dual use. Further, those that successfully quit smoking had a high prevalence of sustained use of e-cigarettes (PSC, 2021).
- Vapour products may be helpful as smoking cessation aids, but the available evidence indicates that this is only observed in clinical settings with strict product oversight. Vapour products may have the potential to be as effective as other approved methods for cessation (e.g. nicotine replacement therapy, varenicline, bupropion, etc.); however, they do not meet minimum threshold levels for safety for widespread use. In Canada, vapour products are regulated, marketed and sold as a consumer product (not a drug). Due to the high risk of dual use, sustained addiction to vapour products, growing scientific consensus regarding respiratory and cardiovascular

harms associated with use, and the high risk of uptake of vapour products by never smokers, a precautionary approach remains prudent (PSC, 2021).

At present, vaping products have not been approved by Health Canada as a smoking cessation aid because they are not currently tested, manufactured, and regulated as such in Canada. Therefore, until an intensive review of the latest evidence is completed, Health Canada's messaging is confusing and contributing to misperceptions of perceived product safety.

The Southwest Tobacco Control Area Network recommends that Health Canada's messaging on vaping and the safety of vapour products be reviewed, revised and updated to incorporate all available evidence for public consumption and comprehension. Any legislated health warnings on vapour products or product promotional materials should be reviewed to ensure congruence with the growing body of scientific evidence available for vapour products.

References

- Al-Hamdani M, Hopkins DB, and Davidson M. (2021). The 2020-2021 Youth and Young Adult Vaping Project. The Lung Association, Smoke-Free Nova Scotia and the Heart and Foundation Foundation of Canada. Retrieved from <https://www.heartandstroke.ca/-/media/pdf-files/get-involved/yyav-full-report-final-eng-24-3-2021.ashx>
- Anderson, P., Chisholm, D., & Fuhr, D. C. (2009) Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*, 373(9682), 2234-46. Doi: 10.1016/S0140-6736(09)60744-3.
- Bennett M, Hair EC, Liu M, Pitzer L, Rath JM, Vallone, DM. (2020). Exposure to Tobacco Content in Episodic Programs and Tobacco and Ecigarette Initiation. *Preventive Medicine*, Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/32750386/>
- Buchanan ND, Grimmer JA, Tanwar V, Schwieterman N, Mohler PJ, Wold LE. (2020) Cardiovascular risk of electronic cigarettes: a review of preclinical and clinical studies. *Cardiovasc Res*. 2020;116(1):40-50. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8204488/>
- Canadian Tobacco and Nicotine Survey, 2020-2021(CTNS) Retrieved from: <http://www.smoke-free.ca/SUAP/2021/CTNS-2020-results.pdf>
- Centers for Disease Control and Prevention (CDC). National Youth Tobacco Survey (2011-2021). Retrieved from: https://www.cdc.gov/TOBACCO/data_statistics/surveys/NYTS/index.htm
- Corrigan JR, Hackenberry BN, Lambert, VC, et al. (2018). Estimating the price elasticity of demand for JUUL E-Cigarettes among teens. *Drug and Alcohol Dependence*. 2020 Nov 13. Retrieved from <http://davidhammond.ca/wp-content/uploads/2018/03/2020-JUUL-Price-Elasticity-DAD-Corrigan-et-al.pdf>
- Dalton MA, Sargent JD, Beach ML, Titus-Ernstoff L, Gibson JJ, Ahrens MB, Tickle JJ, Heatherton TF (2003) Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *Lancet* Jul 26;362(9380):281-5. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/12892958/>
- Davis, L., et. al. (2022). Predicting the pulmonary effects of long-term e-cigarette use: are the clouds clearing? *European Respiratory Journal*. Retrieved from: <https://err.ersjournals.com/content/31/163/210121>
- Diaz MC, Donovan EM, Schillo BA, Vallone D (2020). Menthol E-cigarette Sales Rise Following 2020 FDA Guidance. *Tobacco Control*. Published online September 23, 2020. doi:10.1136/tobaccocontrol-2020-056 _
- European Union Committee, Scientific Committee on Health, Environmental and Emerging Risks. (2021). Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Brussels, Germany. Retrieved from <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1621500846386&uri=COM%3A2021%3A249%3AFIN>
- Feighery, E. C., Ribisl, K. M., Schleicher, N. C., Zeller, L., & Wellington, N. (2005). How do minimum cigarette price laws affect cigarette prices at the retail level? *Tobacco Control*, 14(2), 80-85. Retrieved from <https://tobaccocontrol.bmj.com/content/14/2/80.long>.
- Film Content Information Act, 2020. (Ontario). Retrieved from: <https://www.ontario.ca/laws/statute/20f36>
- Gaiha SM, Lempert LK, Halpern-Felsher, B. (2020). Underage Youth and Young Adult e-Cigarette Use and Access Before and During the Coronavirus Disease 2019 Pandemic- online survey of youth and young adults. *JAMA Netw Open*. 2020;3(12):e2027572. Retrieved from: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773494>
- Gonzalez JE and Cooke WH. (2021). Acute effects of electronic cigarettes on arterial pressure and peripheral sympathetic activity in young non-smokers. *American Journal of Physiology: Heart and Circulatory Physiology*. <https://doi.org/10.1152/ajpheart.00448.2020> Retrieved from <https://journals.physiology.org/doi/full/10.1152/ajpheart.00448.2020>

- Gotts, J., et. al., (2019). What are the respiratory effects of e-cigarettes? *BMJ* 366:l5275. Retrieved from: <https://www.bmj.com/content/366/bmj.l5275>
- Grana, R. A. & Ling, P. M. (2014). “Smoking Revolution” A Content Analysis of Electronic Cigarette Retail Websites. *American Journal of Preventive Medicine*, 46(4), 395–403. <https://dx.doi.org/10.1016%2Fj.amepre.2013.12.010>
- Grandview Research (2022). E-Cigarette and Vape Market Size, Share & Trends Analysis Report by Product (Disposable, Rechargeable), By Distribution Channel (Online, Retail), By Region, And Segment Forecasts, 2022-2030. 2022 March. Retrieved from <https://www.grandviewresearch.com/industry-analysis/e-cigarette-vaping-market>
- Hammond, D., White, C. M., Czoli, C. D., Martin, C. L., Magennis, P., & Shiplo, S. (2015). Retail availability and marketing of electronic cigarettes in Canada. *Canadian Journal of Public Health*, 106(6):e408-12. Available from: <http://journal.cpha.ca/index.php/cjph/article/view/5105/3215>.
- Health Canada (2021). Vaping Compliance and Enforcement Report: July 2020 to March 2021. Last updated on 2021 Sept 24. Retrieved from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/compliance-enforcement/online-inspections-july-march-2021.html>
- Health Canada. (2019). Canadian Student Tobacco, Alcohol and Drugs (CSTADS) survey 2018-2019. Retrieved from: <https://www.canSada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-detailed-tables.html>
- Health Canada. (2018). Canadian Student Tobacco, Alcohol and Drugs (CSTADS) survey 2016-2017. Retrieved from: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2016-2017-supplementary-tables.html>
- Health Canada: Vaping and Quitting Smoking. Retrieved from: <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/smokers.html>
- Huang J, Tauras J, Chaloupka FJ. (2014). The impact and price of tobacco control policies on the demand for electronic nicotine delivery systems. *Tobacco Control*. 2014;23:iii41–iii47. doi:10.1136/tobaccocontrol-2013-051515. Retrieved from https://tobaccocontrol.bmj.com/content/tobaccocontrol/23/suppl_3/iii41.full.pdf
- Huynh D, Huang J, Le Thu TL, et al. (2020). Electronic cigarettes promotes the lung colonization of human breast cancer in NOD SCID-Gamma Mice. *Int J Clin Exp Pathol*. 2020; 13(8): 2075–2081. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7476960/#:~:text=A%20follow%2Dup%20study%20with,lung%20metastasis%20of%20breast%20cancer>.
- Keith, R., & Bhatnagar, A. (2021). Cardiorespiratory and Immunologic Effects of Electronic Cigarettes. *Current addiction reports*, 8(2), 336–346. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7935224/>
- Kennedy CD, van Schalkwyk MCI, McKee M, Pisinger C. (2019) The cardiovascular effects of electronic cigarettes: A systematic review of experimental studies. *Prev Med*. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/31344384/>
- Klein, E. G., Berman, M., Hemmerich, N., Carlson, C., Htut, S., & Slater, M. (2016). Online E-cigarette Marketing Claims: A Systematic Content and Legal Analysis. *Tobacco regulatory science*, 2(3), 252–262. <https://doi.org/10.18001/TRS.2.3.5>
- Leger, (2019). Promotion of Vaping Products Seen by Youth. Research conducted on behalf of the Coalition Quebecoise Pour Le Controle du Tabac. Retrieved from: http://www.cqct.qc.ca/Communiqués_docs/2019/PRSS_19_05_09_Joint_Urgent_call_for_vaping_legislation.pdf053
- Moodie C, Mackintosh AM, Hastings G, Ford A. (2011). Young adult smokers’ perceptions of plain packaging: a pilot naturalistic study. *Tobacco Control*, 20(5), 367-73. DOI:10.1136/tc.2011.042911.

- Morean ME, Bold KW, Kong G, et al. (2020). High school students' use of JUUL pod flavors before and after JUUL implemented voluntary sales restrictions on certain flavors in 2018. *Plos One*. 2020;15(12). Retrieved from: <https://journals.plos.org/plosone/article/metrics?id=10.1371/journal.pone.0243368#citedHeader>
- National Academies of Sciences, Engineering and Medicine. (2018). Public Health Consequences of E-cigarettes. Retrieved from: <https://www.nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes>
- National Institute on Drug Abuse (2021). Monitoring the Future. Retrieved from: <https://nida.nih.gov/drug-topics/trends-statistics/monitoring-future>
- O'Connor S, D'Souza S, Diemert L, Schwartz R. Promotion of Flavoured Vaping Products That Appeal to Youth.; 2019:12. Retrieved from https://www.otru.org/wp-content/uploads/2019/04/otru_projectnews_apr2019.pdf
- Ontario Tobacco Research Unit (OTRU), 2021. Youth Access to E-Cigarettes: Regulatory Options and Online Sales Test Shop webinar. Retrieved from: <https://www.youtube.com/watch?v=WPQeDXby4zQ>
- Physicians for a Smoke-Free Canada. (2022). "Science has marched on: it's time to update the advice to Canadians", posted 2022 Feb 14. Retrieved from <https://smoke-free.ca/science-has-marched-on-its-time-to-update-the-advice-to-canadians/>
- Physicians for a Smoke-Free Canada (2021). Conclusions from the EU's scientists and others on whether e-cigarettes help smokers quit. 2021 Apr 30. Retrieved from <http://smoke-free-canada.blogspot.com/2021/04/the-european-unions-scientific.html>
- Physicians for a Smoke-Free Canada (2021). The Canadian Tobacco and Nicotine Survey, 2020-2021: Five insights from national survey data. 2021 July. Retrieved from <http://www.smoke-free.ca/SUAP/2021/CTNS-2020-results.pdf>.
- Polansky, Jonathan R; Driscoll, Danielle; Glantz, Stanton A, PhD. (2019). Smoking in top-grossing US Movies: 2019. Retrieved from: <https://escholarship.org/uc/item/86q9w25v>.
- Poonam Rao. (2022). Physician's for a Smoke Free Canada (2022). Science has marched on: it's time to update the advice to Canadians. Retrieved from: <https://smoke-free.ca/science-has-marched-on-its-time-to-update-the-advice-to-canadians/>
- Smoke Free Media, (2020). R-rate films with tobacco Retrieved from: <https://smokefreemedia.ucsf.edu/policy-solutions/r-rate>
- Smoke-Free Ontario Act, 2017 (SFOA, 2017). Retrieved from: <https://www.ontario.ca/laws/statute/17s26>
- Smoke-Free Ontario Scientific Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario). Evidence to guide action: Comprehensive tobacco control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario; 2017.
- Tommasi, S., et. al. (2021). A novel role for vaping in mitochondrial gene dysregulation and inflammation fundamental to disease development. *Scientific Reports*. Retrieved from: <https://www.nature.com/articles/s41598-021-01965-1#citeas>
- Truth Initiative Report: While You Were Streaming: Nicotine on Demand (2022). Retrieved from: <https://truthinitiative.org/press/press-release/new-truth-initiative-report-shows-troubling-use-tobacco-imagery-tv-shows-movies>
- U.S. Department of Health and Human Services. (2000). Reducing Tobacco Use: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000.
- U.S. Department of Health and Human Services (2012). Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf

U.S. Department of Health and Human Services (2021). Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic (2021). Retrieved from: <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

World Health Organization (2015). Smoke-Free Movies: From Evidence to Action, 3rd Edition. Retrieved from <https://www.who.int/publications/i/item/9789241509596>

Williams, R. S., Derrick, J., Liebman, A. K., LaFleur, K., & Ribisl, K. M. (2018). Content Analysis of Age Verification, Purchase and Delivery Methods of Internet E-Cigarette Vendors, 2013 and 2014. *Tobacco Control*, 27(3), 287–293. <https://doi.org/10.1136/tobaccocontrol2016-053616>:

Wills, T., et. al. (2020). E-cigarette Use and Respiratory Disorder: An Integrative Review of Converging Evidence from Epidemiological and Laboratory Studies. *European Respiratory Journal*. Retrieved from: <https://erj.ersjournals.com/content/early/2020/10/15/13993003.01815-2019>

Zare S, Nemati M, Zheng Y. (2018). A Systematic Review of Consumer Preference for E-cigarette Attributes: Flavor, nicotine strength, and type. Cormet-Boyaka E, ed. *PLOS ONE*. 2018;13(3). Retrieved from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0194145>

June 21, 2022

Attention Ontario Boards of Health

Sending on behalf of Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit

Hello,

I am pleased to provide you with a link to Simcoe Muskoka District Health Unit's [2020 & 2021 Annual Report](#). This report highlights the health unit's work and accomplishments in 2020 and 2021. Most of this work over these two years was concentrated on the agency's response to the COVID-19 pandemic. This focus had a significant impact on the delivery of SMDHU's regular public health services and programs; however, priority programs were maintained with restricted capacity, which are also highlighted in this report.

As Chair of the SMDHU Board of Health, I am proud of what this agency has accomplished over the past two years to protect and promote the health and well-being of those who live, work and play in Simcoe Muskoka, particularly our staff's unwavering dedication to preventing the transmission of COVID-19 in our communities.

I would also like to take a moment to recognize all our community partners who played critically important roles in their respective ways in the response to the pandemic. Together as a community we accomplished much, and our collaborative efforts not only helped to safeguard the health of our residents through measures to help prevent the transmission of the virus, but also contributed to less severe illness and many lives saved through assessment, testing, case management, vaccination, treatment, and compliance and enforcement of public health measures and mandates. Although the pandemic is not over and we will be dealing with COVID-19 for some time to come, I would like to thank you, on behalf of the Board of Health, Dr. Charles Gardner and the entire staff of the health unit, for your invaluable partnership and your exemplary work in response to the pandemic.

I request that you share our 2020 & 2021 Annual Report with others inside and outside of your organization. If you have any questions, comments or concerns about public health issues in your community, please contact Health Connection at [705-721-7520](tel:705-721-7520), or [1-877-721-7520](tel:1-877-721-7520) or through the online contact form on our website.

Sincerely,
Anita Dubeau
Chair, Board of Health



June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



Letter Re: Healthy Babies Healthy Children Funding
June 21, 2022
Page 2

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health

June 28, 2022

Item #5

The Honourable Doug Ford
Premier of Ontario

Delivered via email: doug.fordco@pc.ola.org

RE: SUPPORT FOR RESOLUTION A22-4

At the Chatham-Kent Board of Health meeting of June 15, 2022, the Board received an update regarding the proceedings of the 2022 Association of Local Public Health Agencies (ALPHA) annual general meeting and conference.

As part of this update, resolution A22-4, and its associated amendments, was discussed. The original motion is attached and the amendment is as follows:

That the drug poisoning crisis in Ontario be declared an emergency under the emergency management and civil protection act (RSO 1990).

The following amendment to the amendment was then proposed:

And further that ALPHA recommend the provincial government consider the potential role and appropriate timing of declaring the drug poisoning crisis in Ontario as an emergency under the emergency management and civil protection act (RSO 1990).

Drug use and subsequent poisonings were already on the rise in Ontario and were further exacerbated by the COVID-19 pandemic. The additional stress from the pandemic on both people who use drugs and the health care system brought this issue to a boiling point with dramatic increases in deaths from opioid-related toxicity.

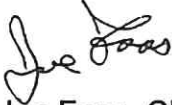
As the province and the public health system recover from the pandemic, it will be crucial that local public health units have the tools and resources required to support their communities. An emergency declaration in regard to the drug poisoning crisis will allow the government to take necessary steps to protect the health of the public, and particularly the most vulnerable members of our society.

The Board feels there is significant evidence to support such a declaration, and passed a motion to support resolution A22-4 and its amendments at the June meeting.

.../2

We look forward to expanded partnerships and detailed plans on this matter.

Yours truly,



Joe Faas, Chair
Chatham-Kent Board of Health

Encl.

C:

The Hon. Sylvia Jones, Deputy Premier and Minister of Health
The Hon. Monte McNaughton, MPP, Lambton-Kent-Middlesex, Minister of Labour,
Immigration, Training and Skills Development
Trevor Jones, MPP, Chatham-Kent-Leamington
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health

LATE alPHa RESOLUTION A22-4

TITLE: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario

SPONSOR: Council of Ontario Medical Officers of Health (COMOH)

WHEREAS the ongoing drug/opioid poisoning crisis has affected every part of Ontario, with the COVID-19 pandemic further exacerbating the issue, leading to a 73% increase in deaths from opioid-related toxicity from 2,870 deaths experienced in the 22 months prior to the pandemic (May 2018 to February 2020) to 4,951 deaths in the 22 months of available data since then (March 2020 to December 2021); and

WHEREAS the burden of disease is particularly substantial given the majority of deaths that occurred prior to the pandemic and the increase during the pandemic have been in young adults, in particular those aged 25-44, and the extent of the resulting trauma for families, front line responders, and communities as a whole cannot be overstated; and

WHEREAS the membership previously carried [resolution A19-3](#), asking the federal government to decriminalize the possession of all drugs for personal use based on broad and inclusive consultation, as well as supporting robust prevention, harm reduction and treatment services; and

WHEREAS the membership previously carried [resolution A21-2](#), calling on all organizations and governmental actors to respond to the opioid crisis with the same intensity as they did for the COVID-19 pandemic; and

WHEREAS the Association of Local Public Health Agencies (alPHa) has identified that responding to the opioid crisis is a priority area for local public health recovery in their *Public Health Resilience in Ontario* publication ([Executive Summary](#) and [Report](#)); and

WHEREAS recognizing that any responses to this crisis must meaningfully involve and be centred-around people who use drugs (PWUDs), inclusive of all backgrounds, and must be founded not only on evidence- and trauma-informed practices but also equity, cultural safety, anti-racism as well as anti-oppression; and

WHEREAS COMOH's Drug / Opioid Poisoning Crisis Working Group has recently identified nine provincial priorities for a robust, multi-sector response that is necessary in response to this crisis (see Appendix A); and

WHEREAS local public health agencies are well positioned, with additional resourcing, to play an enhanced role in local planning, implementation and coordination of the following priority areas: harm reduction, substance use prevention and mental health promotion, analysis, monitoring and reporting of epidemiological data on opioid and other substance-related harms, health equity and anti-stigma initiatives, efforts towards healthy public policy related to substance use including but not limited to decriminalization, and providing and mobilizing community leadership; and

WHEREAS this work of local public health agencies aligns with the Substance Use and Harm Reduction Guideline (2018) and the Health Equity Guideline (2018) under the Ontario Public Health Standards;

NOW THEREFORE BE IT RESOLVED that alPHa endorse the nine priorities for a provincial multi-sector response;

AND FURTHER that the noted provincial priorities and areas of contribution by local public health agencies be communicated to the Premier, Minister of Health, Associate Minister of Mental Health & Addictions, Attorney General, Minister of Municipal Affairs & Housing, Minister of Children, Community & Social Services, Chief Medical Officer of Health, Chief Executive Officer (CEO) of Ontario Health and CEO of Public Health Ontario;

AND FURTHER that alPHa urge the above-mentioned parties to collaborate on an effective, well-resourced and comprehensive multi-sectoral approach, which meaningfully involves and is centred-around PWUDs from of all backgrounds, and is based on the nine identified provincial priorities.

A22-4 Appendix A – Priorities for a Provincial Multi-Sector Response

The following was developed by the Drug / Opioid Poisoning Crisis Working Group of COMOH, and shared with the COMOH membership for review at its general meeting on April 27th, 2022:

1. Create a **multi-sectoral task force**, including people with lived experience of drug use, to guide the development of a robust, integrated provincial drug poisoning crisis response plan. The plan should ensure necessary resourcing, health and social system coordination, policy change, and public reporting on drug-related harms and the progress of the response. An **integrated approach** is essential, to address the overlap between the use of various substances, to integrate aspects of the response such as treatment and harm reduction, and to ensure a common vision for addressing health inequities and preventive opportunities.
2. Expand access to **harm reduction** programs and practices (e.g. Consumption and Treatment Service (CTS) sites, Urgent Public Health Needs Sites (UPHNS), drug checking, addressing inhalation methods as a key route of use and poisonings, and exploring the scale up of safer opioid supply access).
3. Enhance and ensure sustainability of support for substance use **prevention** and mental health promotion initiatives, with a focus from early childhood through to adolescence.
4. Expand the collection, analysis and reporting of timely integrated **epidemiological data** initiatives, to guide resource allocation, frontline programs and services, and inform healthy public policy.
5. Expand access to **treatment** for opioid use disorder, including opioid agonist therapy in a range of settings (e.g., mobile outreach, primary care, emergency departments) and a variety of medication options (including injectable). To support the overall health of PWUDs, also connect with and expand access to care for other substances, for mental illness and trauma as key risk factors for drug use, and for comprehensive medical care for PWUDs.
6. Address the structural **stigma**, discrimination and related harms that create systemic barriers for PWUDs, through re-orienting systems for public health, first responders, health care, and social services, to address service provider and policy-level stigma, normalize services for drug use, and better meet the needs of PWUDs. Also, support community and community leadership conversations to address drug use stigma and its societal consequences.
7. Advocate to and support the Federal government to **decriminalize** personal use and possession of substances, paired with increased investments in health and social services and a focus on health equity at all levels. These efforts aim to address the significant health and social harms of approaches that criminalize PWUDs, including Black, Indigenous and other racialized communities.
8. Acknowledge and address **socioeconomic determinants of health**, **systemic racism**, and their intersections that are risk factors for substance use and substance use disorders, and pose barriers to accessing supports. This includes a need for more affordable and supportive **housing** for PWUDs, and efforts to further address **poverty** and **unemployment/precarious employment**.
9. Provide funding and other supports to enable consistent **community leadership** by PWUDs and by community organizations, including engagement with local drug strategies. People who bring

their lived experience should be paid for their knowledge contribution and participation at community tables.

**Office of the Regional Chair | Jim Bradley**

1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7

Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243

Email: jim.bradley@niagararegion.ca

www.niagararegion.ca

July 5, 2022

The Honourable Dominic LeBlanc

sent by e-mail

Minister of Intergovernmental Affairs, Infrastructure and Communities

House of Commons

Ottawa, ON K1A 0A6

Dear Minister LeBlanc,

On June 23, 2022, the Niagara Region Board of Health endorsed a motion to urge that two measures be adopted to help protect Ontarians and Canadians from COVID-19 over the long-term:

1. Updating the Ontario Building Code as well as the National Building Code of Canada, and any other applicable building standards, to incorporate higher air quality standards such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes as best available evidence evolves;
2. Furthermore, in order to ensure the benefits are available to existing buildings, our Region is asking for a fund to be established to support small businesses and local organizations to upgrade the ventilation and filtration in their existing buildings, as well as invest in validated air cleaning/disinfection technologies with demonstrated safety and effectiveness, so that current public spaces and workspaces can be made safer from COVID-19 and other respiratory infections, including future pandemics of a respiratory virus.

The motion passed by our Board of Health is enclosed.

Prior to the COVID-19 pandemic, air has been known to play a role in human health by facilitating the transmission of infectious agents such as the influenza virus or pollutants such as cigarette smoke. A range of negative health outcomes are possible depending on the agent, with outcomes ranging from infectious symptoms all the way to exacerbation of asthma in children and cancers. Research is clarifying the much greater role air plays in COVID-19 transmission but it is now clear that a properly performing air handling system represents a critical tool that can help reduce the risk of COVID-19 as summarized by Public Health

Ontario¹ and the Public Health Agency of Canada². As discussed by the Centres of Disease Control and Prevention³, appropriate ventilation can help reduce the concentration of COVID-19 viral particles present and can be combined with other recommendations including using the highest efficiency filter appropriate and other emerging air cleaning/disinfection technologies.

Although the risk of infectious disease transmission can never be completely eliminated, adding another layer of protection will not only substantially protect those most vulnerable to serious outcomes but will also reduce the need for disruptive measures, such as lockdowns, to protect the health of Ontarians and Canadians. This will help society to remain open with the economy continuing to function as these automatic measures work continuously in the background, while also ensuring our society is more resilient to future respiratory infection pandemics.

As an additional benefit, Health Canada has identified numerous indoor air pollutants which can cause negative health effects typically seen on longer time scales due to chronic nature of low-level exposure. Improving indoor air quality can also have long-term benefits in preventing these diseases from occurring in the first place and by preventing the worsening of pre-existing conditions.

As any amendments to the Ontario Building Code will not apply retroactively, it is important to establish a means to support existing businesses and organizations to make any necessary changes. This will not only help to protect the health of the public immediately but also ensure these benefits are distributed equitably throughout Ontario as opposed to only being available to highly-resourced communities. Improving aged and inefficient air handling systems coupled with other building improvements, such as those listed in the Canada Greener Homes Initiative, could also help meet climate change goals thereby providing further benefits.

¹ [Public Health Ontario. Heating, ventilation and air conditioning \(HVAC\) systems in buildings and COVID-19](https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en). Toronto, ON: Queen's Printer for Ontario; 2021 Mar. (<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en>)

² [Public Health Agency of Canada. COVID-19: Guidance on indoor ventilation during the pandemic](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html). Ottawa, ON: Government of Canada; 2021 Jan 18. (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html>)

³ [Centres for Disease Control & Prevention. COVID-19 – Ventilation in Buildings](https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html) Atlanta, GA: U.S. Department of Health & Human Services; 2021 Jun 2. (<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>)

July 6, 2022

To: Hon. Dominic LeBlanc
Re: Improving Air Quality to
Sustainably Prevent COVID-19

Page 3

Simply put, improving the indoor air Ontarians and Canadians breathe is not only good for their health but also for society and the economy. Moreover, it provides an opportunity to advance our climate change objectives.

Thank you for your consideration around this important issue and our Region keenly awaits your response.

Yours truly,


Jim Bradley, Regional Chair
Chair of the Board of Health
Niagara Region

cc: Hon. Chrystia Freeland, Minister of Finance
Hon. Jean-Yves Duclos, Minister of Health
Hon. Mary Ng, Minister of International Trade, Export Promotion, Small Business and
Economic Development
Dr. Theresa Tam, Chief Public Health Officer of Canada

Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
Ontario's Boards of Health

Enclosure

Public Health and Social Services Committee
Open Session Minutes PHSSC 6-2022
June 14, 2022
Page 4

5.2 PHD 10-2022

Improving Indoor Air Quality to Sustainably Prevent COVID-19, Improve Health & Keep Society Open for Good

Moved by Councillor Witteveen
Seconded by Councillor Butters

That Report PHD 10-2022, dated June 14, 2022, respecting Improving Indoor Air Quality to Sustainably Prevent COVID-19, Improve Health & Keep Society Open for Good, **BE RECEIVED** and the following recommendations **BE APPROVED**:

1. That Regional Council, as the Board of Health, **DIRECT** the Chair to write to the Provincial Government (Minister of Health; the Minister of Municipal Affairs and Housing; the Minister of Finance; and the Chief Medical Officer of Health) and the Federal Government (Minister of Health; Minister of Intergovernmental Affairs, Infrastructure and Communities; Minister of International Trade, Export Promotion, Small Business and Economic Development; Minister of Finance; and the Chief Public Health Officer) requesting that they urgently:
 - 1.1 Update building codes to incorporate higher standards of air quality such that respiratory diseases, especially COVID-19 and other emerging infections, can be sustainably prevented in all new buildings, with regular updates to these building codes, as best available evidence evolves; and
 - 1.2 Create a fund to support small business and local organizations to upgrade the ventilation and filtration in their existing buildings, as well as, invest in validated air cleaning/disinfection technologies with demonstrated safety and effectiveness, so that current public spaces and workspaces can be made safer from COVID-19 and other respiratory infections, including future pandemics of a respiratory virus; and
2. That the above correspondence **BE SHARED** with Niagara's Members of Provincial Parliament, Members of Parliament, and all Ontario Boards of Health.

Carried



Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Item #7

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

July 15, 2022

Hon. Jean-Yves Duclos
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Duclos:

Re: Decriminalization of Personal Possession of Illicit Drugs

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms.

Motion (#25R-2022) was passed which included the following:

That the Timiskaming Board of Health support the call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services...

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Carman Kidd, Board of Health Chair

C: Hon. Carolyn Bennett, Minister of Mental Health and Addictions / Associate Minister of Health
Hon. Anthony Rota, Member of Parliament Nipissing-Timiskaming
Hon. Charlie Angus, Member of Parliament Timmins-James Bay
Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police
Aviva Rotenberg, Executive Director, Canadian Association of Chiefs of Police
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

March 16, 2022

The Honourable Christine Elliott
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Elliott:

Re: Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide

On March 16, 2022, the Simcoe Muskoka District Health Unit (SMDHU) Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Simcoe Muskoka and province-wide. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

In the 19 months of available data since the start of the pandemic (March 2020 to September 2021) there have been 245 opioid-related deaths in Simcoe Muskoka. This is nearly 70% higher than the 145 opioid-related deaths in the 19 months prior to the start of the pandemic (August 2018 to February 2020), when our communities were already struggling in the face of this crisis. The first nine months of 2021 saw an opioid-related death rate more than 33% higher than the first nine months of 2020, suggesting the situation has not yet stabilized.

As such, the SMDHU Board of Health urges your government to take the following actions:

1. Create a multisectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination.
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer opioid supply options.
3. Explore revisions to the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods.
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments), and a variety of medication options.
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders.
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels.

☐ **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

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives, that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood.
8. Fund a fulltime position of a Drug Strategy Coordinator/Lead for the Simcoe Muskoka Opioid Strategy.

The SMDHU Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response. Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services, as our Board called for in 2018. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair
Simcoe Muskoka District Health Unit

cc: Associate Minister of Mental Health and Addictions
Attorney General of Ontario
Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Health
Ontario Boards of Health
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Mayors and Municipal Councils in Simcoe Muskoka



Head Office:

247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:

Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

July 15, 2022

Hon. Sylvia Jones
Deputy Premier and Minister of Health
3rd Floor, 180 Broadway Ave.
Orangeville, ON L9W 1K3

Dear Minister Jones:

Re: Letter of Support – Addressing Substance Use Harms

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms including a letter from Simcoe-Muskoka District Health Unit endorsing a set of recommendations for the province of Ontario and provincial Ministry of Health to help address the escalating opioid crisis province-wide.

Motion (#25R-2022) was passed which included endorsement of the Kingston, Frontenac, Lennox & Addington (KFLA) Drug Strategy Advisory Committee's online petition to reduce the harms to those who use illicit drugs. In addition the motion included a call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services.

The motion also included the following:

That the Timiskaming Board of Health endorse the letter from Simcoe-Muskoka District Health Unit (SMDHU) to the Ontario Minister of Health ([Appendix A](#)) in response to the Opioid Crisis province-wide (recommendations 1 – 7), and that this be communicated in writing to the Ontario Minister of Health.

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration for expanding these provisions to all public health unit regions.

Sincerely,

Carman Kidd, Board of Health Chair

Enclosure

C: Michael A. Tibollo, Associate Minister of Mental Health and Addiction
Hon. John Vanthof, MPP, Timiskaming-Cochrane
Association of Local Public Health Agencies
Kerry Schubert-Mackey and Tyler Twarowski Co-Chairs, Timiskaming Drug and Alcohol
Strategy


Office of the Regional Chair | Jim Bradley

1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7

Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243

Email: jim.bradley@niagararegion.ca

www.niagararegion.ca

July 19, 2022

The Honourable Sylvia Jones
 Deputy Premier and Minister of Health
 Ministry of Health and Long-Term Care
 777 Bay Street, 5th Floor
 Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton
 Minister of Labour, Immigration, Training
 and Skills Development
 777 Bay Street, 5th Floor
 Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

To: Ministers Jones and McNaughton
Re: A Renewed Call for Paid Sick Leave in Ontario

Page 2

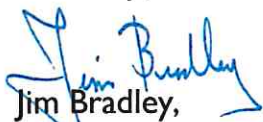
July 19, 2022

during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illnessⁱ as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic “new normal” where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be \$16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.ⁱⁱ

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,



Jim Bradley,
Chair, Board of Health, Niagara Region
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
All Boards of Health

ⁱ Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

ⁱⁱ The Conference Board of Canada. Available from (<https://www.conferenceboard.ca/e-library/abstract.aspx?did=5780>). Published September 23, 2013.

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000* (ESA) set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.¹

¹ Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces² including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act*. Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of \$943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons¹:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

² Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: <https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/>)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (alPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

[PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days \(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502\)](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)

[PHD 01-2021 Collaborative Acton to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days \(https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323\)](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)

Prepared by:
Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:
M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:
Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.



July 20, 2022

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Support for a Local Board of Health

On June 24, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from Public Health Sudbury & Districts regarding Healthy Babies Healthy Children funding. The following motion was passed:

Motion No: 2022-49

Moved by: Alan Barfoot

Seconded by: Luke Charbonneau

“THAT, the Board of Health endorse the correspondence from Sudbury & Districts Public Health regarding Healthy Babies Healthy Children Funding.”

Carried.

Sincerely,

A handwritten signature in black ink that reads "Susan Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for Maternal and Child Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

A healthier future for all.



June 21, 2022

VIA ELECTRONIC MAIL

Ministry of Children, Community and Social Services
Government of Ontario
438 University Avenue, 7th Floor
Toronto, ON M5G 2K8

Dear Honourable Minister:

Re: Healthy Babies Healthy Children Funding

The Board of Health for Public Health Sudbury & Districts remains wholly committed to the critical Healthy Babies Healthy Children program, however, has longstanding and increasing concerns about the Board's ability to meet clients' growing needs with current program funding. Please be advised that at its meeting on June 16, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution #19-22:

THAT the Board of Health for Public Health Sudbury & Districts request the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

The Board of Health recognizes that the Healthy Babies Healthy Children (HBHC) program provides a critical prevention/early intervention program and is designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services. Since 1997 the province has committed to resourcing the Healthy Babies Healthy Children program at 100%. Unfortunately, the HBHC budget has not been increased since 2015, resulting in significant erosion in capacity due to fixed cost increases such as collective agreement commitments and steps on salary grids, travel and accommodation costs, and operational and administrative costs.

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



Letter Re: Healthy Babies Healthy Children Funding
June 21, 2022
Page 2

This has been further compounded by the increased intensity of need in our communities pre-dating but further exacerbated by the COVID-19 pandemic.

The HBHC program has made every effort to mitigate the effects of the funding shortfalls over the years and to protect programming. The program, however, is not sustainable and significant service reductions will be required without increased to base funding.

It remains our priority to ensure that the HBHC program can effectively identify and support children and families most in need throughout the Sudbury/Manitoulin District. To this effect, we are submitting a revised 2022/23 HBHC program budget based on current needs and requesting consideration by the Ministry staff.

The Board of Health for Public Health Sudbury & Districts is respectfully requesting the Minister's commitment to carefully review base-funding needs for the HBHC program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.

Thank you for your attention to this important public health issue.

Sincerely,



Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Jackie Schleifer Taylor, Chair, Governing Council of Provincial Council for
Maternal and Child Health
Sanober Diaz, Executive Director of Provincial Council for Maternal and Child
Health

**Office of the Regional Chair | Jim Bradley**

1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7

Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243

Email: jim.bradley@niagararegion.ca

www.niagararegion.ca

July 22, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Training Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

sent by e-mail

Dear Minister Jones,

On June 23, 2022, Niagara Region's Board of Health endorsed a set of provincial recommendations to help address the ongoing and escalating opioid crisis experienced within Niagara and across the province. Despite regional activities in response to the opioid crisis, there remains an urgent need for heightened provincial attention and action to promptly and adequately address the extensive burden of opioid-related deaths being experienced by those who use substances.

Niagara has been disproportionately impacted by the toxicity of the unregulated drug supply, particularly in regards to opioids. Since the beginning of the COVID-19 pandemic (March 2020 – September 2021), there have been 259 confirmed opioid-related deaths in Niagara^{1,2}. This was a 67.1% increase compared to the 19 months prior to the COVID-19 pandemic (August 2018 – February 2020)^{1,2}. From 2018 – 2020, Niagara's opioid-related death rate was almost double the provincial death rate (Figure 1)^{1,2}. Preliminary data for 2021 suggests that Niagara's opioid-related death count will surpass previous years^{1,2}. In addition to an increase in opioid-related deaths, opioid-related emergency department (ED) visits in Niagara have also increased since the beginning of the COVID-19 pandemic¹. There were 1,350 opioid-related ED visits in Niagara from March 2020 – September 2021 which was a 24.9% increase compared to the 19 months prior to the COVID-19 pandemic¹.

We are acutely aware of the complexities of substance use and substance use disorders. We are also aware that implementing a concerted, multi-pronged approach involving all levels of government is **urgently** needed to stem the tide of these needless deaths and subsequent grief that is devastating our communities.

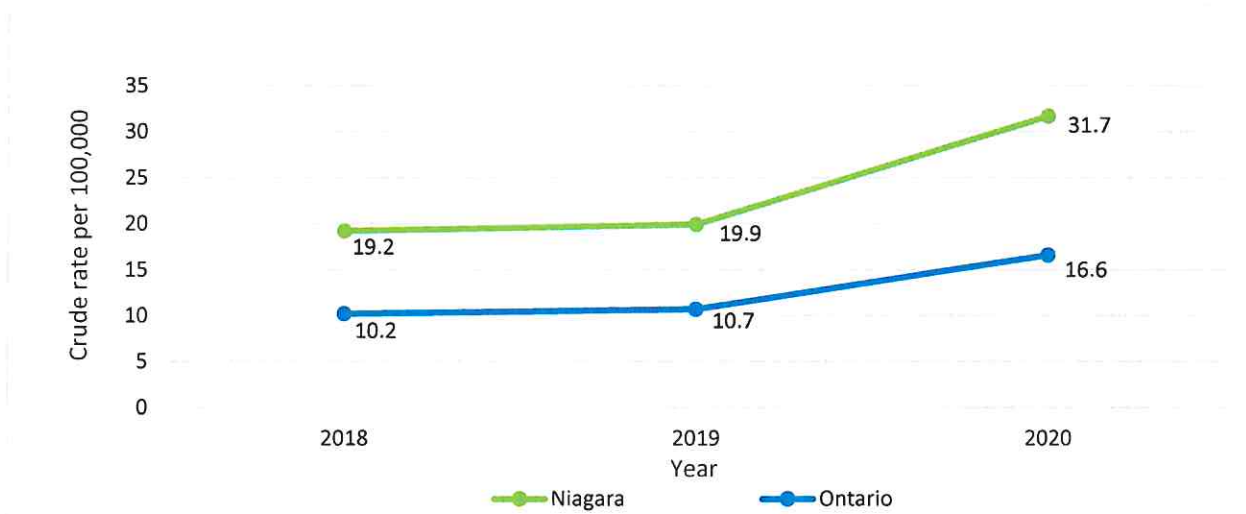


Figure 1. Opioid-related death rates in Niagara compared to Ontario, 2018-20

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2021. <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool>.

2. Coroner's Opioid Investigative Aid, 2021; Office of the Chief Coroner for Ontario, 2021; Data for 2021 is preliminary and is subject to change without notice

As such, Niagara Region's Board of Health, urges your government to take the following actions:

1. Create a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
2. Expand access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options;
3. Revise the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;
4. Expand access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
5. Provide a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;
6. Address the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;

To: The Honourable Sylvia Jones Page 3
Re: Response required to the Opioid Crisis in Ontario

July 22, 2022

7. Increase investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood;
8. Fund additional and dedicated positions for local public health to support the critical local coordination and leadership of local opioid and substance strategies;

Niagara Region's Board of Health has endorsed these recommendations based on the well-demonstrated need for a coordinated, multi-sectoral approach that addresses the social determinants of Health and recognizes the value of harm reduction strategies alongside substance use disorder treatment strategies, as part of the larger opioid crisis response.

Evidence has shown that harm reduction strategies can prevent overdoses, save lives, and connect people with treatment and social services. Further, there is an urgent need to change the current Canadian drug policy to allow a public health response to substance use, through decriminalization of personal use and possession paired with avenues towards health and social services. These recommendations collectively promote effective public health and safety measures to address the social and health harms associated with substance use.

Sincerely,



Jim Bradley
Chair, Board of Health, Niagara Regional Area
Regional Chair, Niagara Region

cc: Premier Doug Ford
The Honourable Doug Downey, Attorney-General of Ontario
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
The Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
Association of Local Public Health Agencies
All Ontario Boards of Health

**Office of the Regional Chair | Jim Bradley**

1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7

Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243

Email: jim.bradley@niagararegion.ca

www.niagararegion.ca

July 29, 2022

Sent by e-mail

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

Dear Minister Jones,

Re: ADDRESSING PUBLIC HEALTH FUNDING SHORTFALLS IN NIAGARA

I am writing to you on behalf of Niagara Regional Council who, on July 12, 2022, received and approved the enclosed report concerning the growing gap in current provincial funding for Public Health and Emergency Medical Services.

As you know, the majority of Public Health services provided by local public health agencies to the public are funded jointly by the Province and municipal governments, an arrangement that allows for stable, predictable delivery of critical public health services to residents. However, the recent reduction in the Province's share of funding for cost-shared Public Health services, coupled with the change of several 100% provincially funded programs to cost-shared programs, has placed a new financial burden on municipal governments. Beyond public health, where these changes have led to significant budget challenges in critical areas including supports for newborn infants and their parents, the effects are also being felt in the delivery of mental health programming and Emergency Medical Services (EMS) dispatch.

Niagara's mental health program is 100% funded through provincial funds, allocated via Ontario Health (OH). While OH provides an annual lump sum of \$39,500 to cover indirect allocations, the actual expenses incurred by the Region greatly exceed this. In fact, local taxpayers have had to cover a total deficit of nearly **\$2 million** over the past five fiscal years.

Furthermore, the annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental

Health budget despite inflation and the pandemic's impact on the cost of health care delivery.

As alluded to in my previous letter in May of 2022, Niagara's EMS service continues to face significant challenges due to the COVID-19 pandemic. In addition to the budget implications of increased offload delays, Niagara EMS's dispatch program is underfunded for its operations, with a deficit of **\$1,241,912** over the past five fiscal years. This reflects a three-fold increase in call volume with no increase in funding to increase capacity, leading to staffing challenges to maintain operations, and increased costs through additional sick time of overburdened emergency responders, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be affected unless additional funding is available to increase the staffing complement to match this new call volume.

These shortfalls are also affecting the delivery of our Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS), both funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. This has required these programs needing to reduce their staffing levels to reduce costs by **\$201,828** to absorb the impact of inflation over that time. These staffing reductions have resulted in a reduction in service delivery, with the impacts still to be evaluated.

Unfortunately, these challenges are compounded by the lack of increases in base Public Health funding to account for inflation. We very much appreciate the 1% increase in base budget for 2022. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continue to increase with inflation estimated to be 8.1%. Stable and predictable funding with inflationary increases year-to-year is needed to plan and deliver the stable and predictable services that our residents need.

As I'm sure you can appreciate, these funding shortfalls not only make long-term program planning difficult; they form a risk that our residents will not have access to critical public health services when they need them, especially during this critical juncture for the health of our residents. In addition to the continued impact of COVID-19, there is significant catch-up work to be done (e.g. missed grade 7 vaccinations) to recover from the effects of the pandemic, and to ensure the population continues to receive necessary health services. These funding shortfalls endanger that work.

It is my hope that this letter will open a dialogue between the Niagara Region and your respective offices as we search for remedies to these funding shortfalls and leverage our positive working partnerships to ensure that Niagara's residents continue to receive the high-quality public health services they have come to rely on.

Yours sincerely,



Jim Bradley, Chair
Niagara Region

cc: Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
S. Oosterhoff, MPP, Niagara West
W. Gates, MPP, Niagara Falls
J. Burch, MPP, Niagara Centre
J. Stevens, MPP, St. Catharines
Association of Municipalities of Ontario (AMO)
Local Area Municipalities
Ontario Board of Health
Association of Local Public Health Agencies (alpha)
Dr. M. M. Hirji, Acting Medical Officer of Health
R. Ferron, Acting Chief/Director, Emergency Medical Service

Encl: PHD 13-2022 Report – Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
 - 1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
 - 1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
 - 1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
 - 1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
 - 1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
 - Mental Health: \$1,963,156
 - EMS Dispatch: \$1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of \$201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%¹.

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sum of \$39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from \$340,942 to \$462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of \$1,963,156 over the past five years.

¹ [Consumer price index portal](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)
(https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of \$1,241,912 over the past five fiscal years and \$150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by \$201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health, or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

Prepared by:

Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

Recommended by:

M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.



August 11, 2022

To Community Partners and Stakeholders:

Re: Indirect Impacts Surveillance Dashboard

Early in the pandemic, the Simcoe Muskoka District Health Unit (SMDHU) conducted a situational assessment to understand the indirect population health impacts of the COVID-19 pandemic. A report entitled '[Mitigating Harms of COVID-19 Public Health Measures](#)' was released in September 2020, and outlined key findings, mitigation strategies and recommendations. It also included an epidemiological data summary, local environmental scan, as well as literature reviews conducted by SMDHU, Public Health Ontario, Timiskaming Health Unit and Southwestern Public Health.

Based on the report's recommendation to continue surveillance of the pandemic's impact on various domains of population health and health equity, SMDHU identified priority indicators and developed a tool to communicate the data. The result is the development of the [Indirect Impacts Surveillance Dashboard](#). The dashboard provides relevant data for SMDHU, community partners and municipalities to consider in priority setting and planning through future pandemic waves, recovery and beyond.

The dashboard presents analyzed data and describes the change from pre-pandemic values across eight indicator categories. These eight categories include basic needs, child and family health, substance use, mental health, immunizations, oral health, infectious disease, and general health. The dashboard uses local data where possible, and displays indicators for Simcoe Muskoka, Simcoe County, Muskoka District and Ontario. SMDHU will continue to monitor the indicators and update the dashboard twice per year. COVID-19 data can also be accessed via [SMDHU's HealthSTATS](#) pages.

I hope the dashboard and situational assessment will be of value to your organization. If you have questions please direct them to Brenda Guarda, Manager Population Health Assessment, Surveillance and Evaluation at brenda.guarda@smdhu.org.

Sincerely,

ORIGINAL Signed By:

Charles Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

☐ **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



MPP
Todd Smith
BAY OF QUINTE



5503 Hwy 62 S, Unit D, Belleville, ON K8N 0L5 - 613-962-1144 - todd.smithco@pc.ola.org - toddsmithmpp.ca

Item #14

June 15, 2022

Joanne Albert
Chairperson
Hastings Prince Edward Board of Health
179 North Park St.
Belleville, ON K8P 4P1

Dear Ms. Albert, *Joanne,*

I appreciate you taking the time, alongside medical officer of health Dr. Ethan Toumishay, to copy me on your letter to the incoming Minister of Health encouraging additional measures to limit youth exposure to vaping products available in our communities.

Two years ago, the Province consulted extensively with health officials, parents, and retailers and it did bring in a suite of regulatory changes and prevention initiatives. These changes were designed as a balanced approach to protect youth and to avoid fueling an underground market for unsafe products. The flavour restrictions you mentioned and advertising prohibitions for specialty vape shops were included.

At that time, Ontario did also indicate that it is in favour of working with the federal government to create a national tax on vaping products, ensuring consistent treatment across the country.

Given the recent nature of those changes, some of the ideas for stronger measures you've suggested – like raising the age restriction on specialty vape shops to 21 and eliminating all flavoured vape products – may have been considered as part of that process. A new Minister of Health may bring a fresh set of eyes to the file, however. I will share your correspondence with the new minister for consideration.

Thank you for your continued efforts to promote the safety and wellbeing of Bay of Quinte residents.

Sincerely,

Todd Smith
MPP Bay of Quinte

CC: Dr. Ethan Toumishay, Hastings Prince Edward MOH