HASTINGS PRINCE EDWARD
Public Health

Hastings Prince Edward Public Health
Board of Health Meeting

Information Items

Wednesday, May 1, 2024

Listing of Information Items
Board of Health Meeting – May 1, 2024

1. Middlesex-London Health Unit – Letter to Mark Holland re Recommendation for provincial and federal restrictions on nicotine pouches dated March 22, 2024
2. Sudbury & Districts Public Health – Letter to Doug Ford re Recommendations for government regulation of nicotine pouches dated April 22, 2024
3. Sudbury6 & Districts Public Health – Letter to Mark Holland re Recommendations for government regulation of nicotine pouches dated April 22, 2024
4. alPHa Association of Local Public Health Agencies – Letter to Sylvia Jones re 2023 Chief Medical Officer of Health (CMOH) Annual Report: an all-of-society approach to substance use and harms dated April 5, 2024
5. Haliburton, Kawartha, Pine Ridge District Health Unit – Letter to Philip Lawrence, MP and Jamie Schmale, MP re Private member's Bill C-322 – national framework for a school food program act dated March 21, 2024
6. Timiskaming Health Unit – Letter to Doug Ford re Endorsement of Public Health Sudbury & Districts letter on gender-based and intimate partner violence (IPV) dated April 12, 2024
7. Peterborough Public Health – Letter to Dr. Kieran Moore and Sylvia Jones re 2023 Chief Medical Officer of Health (CMOH) Annual Report: an all-of-society approach to substance use and harms dated April 23, 2024
8. Chief Medical Officer of Health 2023 Annual Report – Balancing Act: An All-of-Society Approach to Addressing Substance Use and Harms – Focus on Tobacco/Vaping Products, Cannabis, Alcohol, and Opioids slide deck dated March 2024

The above information items can be found on the Hastings Prince Edward Public Health's website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

March 22, 2024

The Honourable Mark Holland
Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

Re: Recommendation for Provincial and Federal Restrictions on Nicotine Pouches

Dear Minister Holland:

The Middlesex-London Health Unit (MLHU), on behalf of Ontario's Southwest Tobacco Control Area Network (SWTCAN), wishes to express our sincere, wholehearted support of Health Canada's recent announcement to address the increasing interest and non-therapeutic use of nicotine-containing products, including nicotine pouches, among youth. This announcement deeply resonates with our shared commitment to safeguard the health and well-being of our communities, and is in line with our support and endorsement of the Windsor-Essex County Board of Health Resolution Report entitled "*Steps Toward Limiting Nicotine Addiction in Youth*", attached as Appendix A. The SWTCAN, comprised of Chatham-Kent Public Health, Grey Bruce Public Health, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, and the Windsor-Essex County Health Unit, applauds Health Canada's determined pursuit of regulatory measures to tackle youth appeal, access, and use of nicotine products.

Currently, the administrative decision by Health Canada to approve Zonnic nicotine pouches for sale under the *Natural Health Products Regulations* has meant that flavoured nicotine pouches are now available for purchase in all kinds of retail settings, primarily convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Other brands of nicotine pouches, including "Zyn" and "KlinT" have found their way to the retail shelves in southwestern Ontario. Large video advertisements and branded display units promote the sale of nicotine pouches in the same retail settings where commercial tobacco and vaping products are available for purchase. The spectrum of available nicotine products is growing as the commercial tobacco and vapour product industry capitalize on gaps in the current regulatory framework.

The rapid emergence of nicotine pouches in the market has meant that provincial governments have had insufficient time to establish their own regulatory frameworks to respond to the sale of these products, with the exception of British Columbia and Quebec. On March 20, 2024, Health Canada issued a public advisory to (a) use authorized nicotine pouches only as directed for quitting smoking, and (b) avoid unapproved nicotine pouches in Canada. As Health Canada works to create a regulatory framework, the SWTCAN continues to express its support for the implementation of federal and provincial regulations targeting the retail sale and promotion of flavored nicotine pouches, and other nicotine-containing products that have not yet been proven effective as cessation aids. Specifically:

- that the federal government takes swift action to close the regulatory gap that permits the sale of nicotine pouches and other nicotine-containing products that have not yet been proven effective as cessation aids to individuals under 18 years of age; and,
- that the provincial government consider taking action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches and other nicotine-containing products under the *Smoke-free Ontario Act, 2017.*

To provide the necessary time for provincial governments to work with Health Canada to respond to this emerging nicotine delivery device, the SWTCAN further recommends that Health Canada reclassify nicotine pouches as a prescription product or enact a suspension and temporary moratorium on the approval and sale of all nicotine pouches until appropriate regulatory measures are in place.

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110-355 Wellington St. | London, ON | N6A 3N7
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BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

Nicotine is a highly addictive substance, with substantial evidence documenting the adverse effect of nicotine on the developing brains of youth and young adults. The Middlesex-London Health Unit and the public health units within SWTCAN remain committed to working collaboratively with our school, municipal, provincial, and federal partners to prevent nicotine dependence, to promote cessation, and to protect communities through the promotion and enforcement of health protective policies.

The Middlesex-London Board of Health reviewed further information, which has been attached to this letter (Report No. 16-24 and Appendix A).

Sincerely,

Matthew Newton-Reid	Dr. Alexander Summers MD, MPH, CCFP, FRCPC	Emily Williams BScN, RN, MBA, CHE
Board Chair	Medical Officer of Health	Chief Executive Officer

Cc: Ontario Boards of Health
Hon. Sylvia Jones, Ontario Minister of Health
Arielle Kayabaga, Member of Parliament, London West
Karen Vecchio, Member of Parliament, Elgin-Middlesex-London
Lianne Rood, Member of Parliament, Lambton-Kent-Middlesex
Lindsay Mathyssen, Member of Parliament, London-Fanshawe
Peter Fragiskatos, Member of Parliament, London North Centre
Teresa Armstrong, Member of Provincial Parliament, London-Fanshawe
Hon. Rob Flack, Member of Provincial Parliament, Elgin-Middlesex-London
Terence Kernaghan, Member of Provincial Parliament, London North Centre
Peggy Sattler, Member of Provincial Parliament, London West

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

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 16-24

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2024 March 21

RECOMMENDATION FOR PROVINCIAL AND FEDERAL RESTRICTIONS ON NICOTINE POUCHES

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 16-24 re: "Recommendation for Provincial and Federal Restrictions on Nicotine Pouches" for information;*
2) *Endorse the Windsor-Essex County Board of Health Resolution Report, attached as Appendix A; and*
3) *Direct staff to submit a letter to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as Appendix B.*

Report Highlights

- Health Canada authorized nicotine pouches containing 4 mg of nicotine under the *Natural Health Products Regulations,* raising concerns nationwide due to their accessibility, marketing, and appeal to youth.
- The Windsor-Essex County Board of Health Resolution Report, attached as Appendix A, calls for swift federal action to curb sales to those under 18 years of age and calls for provincial restrictions on the flavoring, sale, display, and promotion of nicotine pouches under the *Smoke-Free Ontario Act, 2017.*
- Health Unit staff prepared a letter for submission to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as Appendix B, endorsing the Windsor-Essex County Board of Health Resolution Report.

Current Landscape of Nicotine Products in Canada

Nicotine pouches made by Imperial Tobacco Canada Ltd. were officially authorized for sale by Health Canada as a natural health product on July 18, 2023, under the *Natural Health Products Regulations* as nicotine replacement therapy and a smoking cessation aid. Each package contains 10 or 24 pouches, and each pouch contains up to 4 milligrams of nicotine. The amount of nicotine in a cigarette can vary, depending upon the brand (11.9 to 14.5 mg of nicotine); however, those who smoke will only absorb 1 to 1.5 mg of nicotine from a single stick. This means that one pouch may contain nicotine that is the equivalent of up to 4 cigarettes.

The classification of nicotine pouches as a natural health product allowed the pouches to fall beyond the scope of the federal *Tobacco and Vaping Products Act (TVPA*) and the provincial *Smoke-Free Ontario Act (SFOA), 2017*, which regulate the marketing, retail sale and display, and public use of commercial tobacco and vaping products. Presently, in Ontario, nicotine pouches are available for purchase at convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Large video advertisements and branded display units promote the pouches as a quitting aid, while the producers of these products continue to manufacture and market commercial tobacco and vaping products. The spectrum of available nicotine products is growing as the tobacco industry capitalizes on gaps in the current regulatory framework.

Reaction and Regulatory Approaches Across Canada

Due to nicotine's highly addictive nature and its adverse effects on the developing brains of youth and young adults, the approval by Health Canada sparked significant concern among health organizations across Canada. The advertising of nicotine pouches is governed federally; however, where these products can be sold, including age and advertising restrictions at retail, rest with provinces and territories. Youth-friendly advertising, substantial marketing and distribution strategies, and flavoured nicotine products that lack age restriction regulations are a local public health concern. Retailers are reporting that they are challenged to keep the different brands of nicotine pouches and gum produced by the tobacco industry in stock across Middlesex-London, and packaging is being littered in schools and in parks.

Until recently, Québec was the sole Canadian province with a regulatory framework limiting the sale of nicotine replacement therapy products, including nicotine pouches to pharmacies. However, on February 7, 2024, British Columbia enacted regulation to restrict the sale of nicotine pouches to behind the counter at pharmacies, requiring consultation with a pharmacist prior to purchase. At the time of drafting this report, no additional measures have been taken by other provinces.

Next Steps

In January 2024, the Windsor-Essex County Board of Health passed a resolution report, attached as Appendix A, calling for immediate federal and provincial regulatory action. The Resolution Report calls on the federal government to take swift action to address the regulatory gap allowing nicotine pouch sale to individuals under 18 years of age. Furthermore, the resolution calls on the provincial government to regulate the retail sale of nicotine pouches under the *Smoke-free Ontario Act, 2017.* An endorsement letter was prepared by Health unit staff on behalf of the Southwest Tobacco Control Area Network (i.e., the seven public health units in southwestern Ontario), attached as Appendix B. With Board of Health direction, the letter would be submitted to Health Canada and copied to the Ontario Ministry of Health.

This report was prepared by the Social Marketing and Health System Partnerships Team.

Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Substance Use and Injury Prevention Standard (requirements 2 and 3) as outlined in the *Ontario Public Health Standards*
- The *Tobacco and Vaping Products Act*
- The *Smoke-free Ontario Act, 2017*
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Our public health programs are effective, grounded in evidence and equity.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan and Taking Action for Reconciliation: An Organizational Plan, specifically ensuring the use of culturally appropriate language.

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT

Steps toward Limiting Nicotine Addiction in Youth;

Local, Provincial, and Federal Restrictions on Nicotine Pouches

Date: Thursday, January 18th, 2024

ISSUE/PURPOSE

The recent availability of Nicotine Pouches under the brand name "Zonnic" has triggered widespread concern from health organizations across Canada, including the Canadian Cancer Society, Heart and Stroke, and the Canadian Lung Association, who have issued calls for immediate federal action to regulate their sale to youth (von Stackelberg, 2023). Health Canada has approved the products under their *Natural Health Products* designation as a Nicotine Replacement Therapy (NRT) which can be used to quit smoking. Each package contains either 10 or 24 pouches with each pouch contains up to 4mg of nicotine, the equivalent of up to 2 cigarettes (Marsh, 2023).

Nicotine is highly addictive and has permanent adverse effects on the developing brains of youth and concerns regarding the nicotine pouches are rooted in their marketing and distribution approach being attractive to young people. An approach which includes attractive colours and targeted promotions, fruity flavouring which includes sweeteners, and a lack of regulations which makes it legal for children and youth to purchase these products. The similarities in purpose, advertising, and the range of flavors offered by nicotine pouches relative to the already popular vaping products poses a significant risk of sparking a trend comparable to rapid uptake of vaping amongst youth.

BACKGROUND

Nicotine pouches were approved for sale in Canada on July 18, 2023 as a *Natural Health Product*. The nicotine pouches are currently outside the scope of the federal *Tobacco and Vaping Products Act* (TVPA) and the provincial *Smoke-free Ontario Act (SFOA) 2017* which regulate tobacco and vaping products by restricting their advertisement, display, and public use. As a result, the nicotine pouches are currently being sold at convenience stores and gas stations, placed alongside items such as candy and chips. The pouches are sold in vibrant packaging and various sweet and fruity flavours which are attractive to younger populations.

The recent growth in popularity of vaping products serves as an example of the importance of moving quickly to mitigate the risk of these new products (University of Waterloo & Brock University, 2023). Although research on the health effects of using nicotine pouches is still emerging, the effects of using oral NRTs include mouth ulcers, mouth and throat soreness, and coughing (M. Jackson et al., 2023). For youth and young adults who develop a dependence on nicotine, lasting negative impacts on the cognitive abilities, growth, and development can also occur (Stein et al., 1998; Ren & Lotfipour, 2019). Most concerningly, given the highly addictive nature of nicotine, dependence can lead to further use of vaping product, tobacco products, or other drugs (Leslie, 2020).

The Windsor-Essex County Health Unit (WECHU) has consistently engaged businesses, school administrators, students, parents, and municipalities to inform these groups about the health consequences of tobacco and vaping

and has worked closely with them to develop policies, and enforce provincial regulations pertaining to smoking and vaping in public areas. The WECHU is committed to working closely with these same partners to better understand the best ways to keep residents, in particular young people, safe from these products however, until such time that a regulatory framework is established at the federal and provincial levels it is possible that the uptake of these products in Windsor and Essex County will escalate in a similar manner to vaping products.

PROPOSED MOTION

Whereas, Health Canada has approved Nicotine Pouches for sale under a *Natural Health Product* designation which does not provide restrictions on advertising or sale to minors; and

Whereas, there is no evidence to demonstrate the efficacy of Nicotine pouches as a smoking cessation aid; and

Whereas, the emergence of nicotine pouch products produced by Imperial Tobacco Canada, under the brand name "Zonnic" has occurred rapidly without the same regulations applied to other nicotine products; and

Whereas, the marketing and accessibility of Zonnic Pouches raises concerns regarding its appeal to youth populations; and

Whereas, the Nicotine Pouches fall outside existing provincial regulations on tobacco and vaping products; and

Whereas, there are significant concerns regarding the risks to youth and young adults who do not smoke and parallels between nicotine pouch use and vaping.

Now therefore be it resolved that the Windsor-Essex County Board of Health strongly encourages the federal government to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to people under the age of 18; and

FURTHER THAT, the Windsor-Essex County Board of Health strongly encourages the province of Ontario to take immediate action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches under the provincial *Smoke-free Ontario Act, 2017;* and

FURTHER THAT, the Windsor-Essex County Health Unit works closely with local municipalities to review tobacco/vape-free public place bylaws to include additional nicotine products; and

FURTHER THAT, the Windsor-Essex County Health Unit works closely with local schools and boards to update policies to ensure products like nicotine pouches, and other emerging products that are tobacco or nicotine related are prohibited on school property.

References

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Leslie, F. M. (2020). Unique, long-term effects of nicotine on adolescent brain. *Pharmacology Biochemistry and Behavior*, *197*(173010), 173010. https://doi.org/10.1016/j.pbb.2020.173010

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Marsh, S. (2023, June 23). How much nicotine is in a cigarette compared to a vape? *The Guardian*. https://www.theguardian.com/society/2023/jun/23/how-much-nicotine-is-in-a-cigarette-compared-to-a-vape#:~:text=Generally%2C%20a%20smoker%20absorbs%20between

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Stein, E. A., Pankiewicz, J., Harsch, H. H., Cho, J. K., Fuller, S. A., Hoffmann, R. G., Hawkins, M., Rao, S. M., Bandettini, P. A., & Bloom, A. S. (1998). Nicotine-induced limbic cortical activation in the human brain: a functional MRI study. *The American Journal of Psychiatry*, *155*(8), 1009–1015. https://doi.org/10.1176/ajp.155.8.1009

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WECHU. (n.d.). *Smoking and Vaping | The Windsor-Essex County Health Unit*. Www.wechu.org. Retrieved December 13, 2023, from https://www.wechu.org/school-health/substance-use/smoking-and-vaping#:~:text=In%20Windsor%2DEssex%2C%204%25

Public Health
Santé publique
SUDBURY & DISTRICTS

April 22, 2024

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building
Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Recommendations for Government Regulation of Nicotine Pouches

In July 2023, Health Canada gave approval to Imperial Tobacco Canada to sell Zonnic under the Natural Health Product Regulations as a Nicotine Replacement Therapy (NRT) product. Consequently, Zonnic is sold under the Health Canada approval without adhering to the restrictions of the Federal *Tobacco and Vaping Products Act, 1997* and the *Smoke-Free Ontario Act, 2017*.

Since this time, nicotine pouches have become widely available to youth. These flavoured pouches can be legally purchased by those under 18 years of age in Ontario. The unrestricted sale, display, and promotion of nicotine pouches contribute to accessibility, normalization, and potential health hazards. Nicotine is highly addictive and its use, in any form, is unsafe for children[1] and youth[2]. Exposure to nicotine can have adverse effects on the developing brains of children and youth and increases the likelihood of initiation and long-term use of tobacco[2].

In March 2024, Public Health Sudbury & Districts released an advisory alert to local health system partners sharing concerns related to nicotine pouches. Additionally, letters were sent to education directors, educators, and parents to increase awareness of the availability and risks of nicotine pouches to children and youth.

At its meeting on April 18, 2024, the Board of Health for Public Health Sudbury & Districts took further action and carried the following resolution #26-24:

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

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1.866.522.9200

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WHEREAS Health Canada approved nicotine pouches for sale under the Natural Health Product regulations providing no restrictions on advertising or sale to children and youth; and
WHEREAS the unrestricted sale, display, and promotion of nicotine pouches contribute to their accessibility, the normalization of nicotine use, and potential health hazards; and

WHEREAS nicotine is highly addictive and its use, in any form, is unsafe for children and youth; and

WHEREAS exposure to nicotine can have adverse effects on the developing brains of adolescents and young adults and increases the likelihood of initiation and long-term use of tobacco products; and

WHEREAS the emergence of nicotine pouch products occurred rapidly without requiring adherence to the restrictions of the federal Tobacco and Vaping Products Act, 1997, and the Smoke-Free Ontario Act, 2017; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly encourage Health Canada to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to youth under 18 years of age; and

FURTHER THAT the Board of Health urge Health Canada to strengthen regulations to restrict the sale of new and emerging tobacco and nicotine products, ensuring that nicotine availability to children and youth never occur again; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts strongly encourage the Government of Ontario to exclusively sell nicotine pouches from behind pharmacy counters, limit their display in retail settings, and restrict their promotion, especially to youth; and

FURTHER THAT the Government of Ontario expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.

We strongly encourage the Government of Ontario to follow immediately the Government of British Columbia and the Government of Québec to exclusively sell nicotine pouches in pharmacies, specifically behind the counter. This decision reduces product availability, restricts their promotion, and limits their display in retail settings.

Until tighter restrictions of nicotine pouches are implemented, the widely available and accessible product will continue to expose children and youth to nicotine. The Board of Health for Public Health Sudbury & Districts strongly encourages the Government of Ontario to expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.

We thank you for your speedy attention to this important issue, and we continue to look forward to opportunities to work together to promote and protect the health of Ontarians.

Sincerely,

René Lapierre
Chair, Board of Health

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

cc: Honourable Mark Holland, Minister of Health of Canada
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Ya'ara Saks, Canada's Minister of Mental Health and Addictions and Associate Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Yasir Naqvi, Parliamentary Secretary to the Minister of Health, Honorable Mark Holland
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
All Ontario Boards of Health
Association of Local Public Health Agencies

[1] U.S. Department of Health and Human Services. (2014). "The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General." https://www.ncbi.nlm.nih.gov/books/NBK294308/#ch5.s2

[2] National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2016). "E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General." Retrieved on January 30, 2024 from www.cdc.gov/tobacco/sgr/ecigarettes/pdfs/2016_sgr_entire_report_508.pdf.

Public Health
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SUDBURY & DISTRICTS

April 22, 2024

VIA ELECTRONIC MAIL

The Honourable Mark Holland
Minister of Health of Canada
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister Holland:

Re: Recommendations for Government Regulation of Nicotine Pouches

In July 2023, Health Canada gave approval to Imperial Tobacco Canada to sell Zonnic under the Natural Health Product Regulations as a Nicotine Replacement Therapy (NRT) product. Consequently, Zonnic is sold under the Health Canada approval without adhering to the restrictions of the Federal *Tobacco and Vaping Products Act, 1997* and the *Smoke-Free Ontario Act, 2017*.

Since this time, nicotine pouches have become widely available to youth. These flavoured pouches can be legally purchased by those under 18 years of age in Ontario. The unrestricted sale, display, and promotion of nicotine pouches contribute to accessibility, normalization, and potential health hazards. Nicotine is highly addictive and its use, in any form, is unsafe for children[1] and youth[2]. Exposure to nicotine can have adverse effects on the developing brains of children and youth and increases the likelihood of initiation and long-term use of tobacco products[2].

In March 2024, Public Health Sudbury & Districts released an advisory alert to local health system partners sharing concerns related to nicotine pouches. Additionally, letters were sent to education directors, educators, and parents to increase awareness of the availability and risks of nicotine pouches to children and youth.

At its meeting on April 18, 2024, the Board of Health for Public Health Sudbury & Districts took further action and carried the following resolution #26-24:

WHEREAS Health Canada approved nicotine pouches for sale under

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
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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
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the Natural Health Product regulations providing no restrictions on advertising or sale to children and youth; and

WHEREAS the unrestricted sale, display, and promotion of nicotine pouches contribute to their accessibility, the normalization of nicotine use, and potential health hazards; and

WHEREAS nicotine is highly addictive and its use, in any form, is unsafe for children and youth; and

WHEREAS exposure to nicotine can have adverse effects on the developing brains of adolescents and young adults and increases the likelihood of initiation and long-term use of tobacco products; and

WHEREAS the emergence of nicotine pouch products occurred rapidly without requiring adherence to the restrictions of the federal Tobacco and Vaping Products Act, 1997, and the Smoke-Free Ontario Act, 2017; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly encourage Health Canada to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to youth under 18 years of age; and

FURTHER THAT the Board of Health urge Health Canada to strengthen regulations to restrict the sale of new and emerging tobacco and nicotine products, ensuring that nicotine availability to children and youth never occur again; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts strongly encourage the Government of Ontario to exclusively sell nicotine pouches from behind pharmacy counters, limit their display in retail settings, and restrict their promotion, especially to youth; and

FURTHER THAT the Government of Ontario expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.

We applaud your pledge to take action to review the approval process for flavoured nicotine sales and advertising. We acknowledge the advisory Health Canada issued in March stating nicotine pouches should be used for nicotine replacement therapy in adults and the emphasis on keeping them out of reach of children and youth.

However, only until tighter restrictions of nicotine pouches are implemented, the widely available and accessible product will continue to expose children and youth to nicotine. The Board of Health for Public Health Sudbury & Districts strongly encourages the federal government to take immediate action to close the regulatory gap by restricting the sale of nicotine pouches to those under 18 years of age**.** We also support Health Canada in their assertion to halt the legal purchasing loophole and ensure that nicotine availability to children and youth never occurs with new and emerging products.

We thank you for your attention to this important issue, and we continue to look forward to opportunities to work together to promote and protect the health of Canadians.

Sincerely,

René Lapierre
Chair, Board of Health

M. Mustafa Hirji, MD, MPH, FRCPC
Acting Medical Officer of Health and Chief Executive Officer

cc: Honourable Doug Ford, Premier of Ontario
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Ya'ara Saks, Canada's Minister of Mental Health and Addictions and Associate Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Yasir Naqvi, Parliamentary Secretary to the Minister of Health, Honorable Mark Holland
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
All Ontario Boards of Health
Association of Local Public Health Agencies

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alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

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Hon. Sylvia Jones
Minister of Health
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

April 5, 2024

Item 4

Dear Minister Jones,

Re: 2023 Chief Medical Officer of Health (CMOH) Annual Report: An All-of-Society Approach to Substance Use and Harms

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, we are writing in response to the Chief Medical Officer of Health's 2023 Annual Report, which addresses substance use and harms and recommends strategies to reduce them.

Public Health has an important mandate in several areas of the Ontario Public Health Standards to reduce harms related to substance use, including activities in chronic disease prevention, injury prevention, social determinants of health and substance abuse prevention and harm reduction. Comprehensive strategies to address the potential harms of substance use can only succeed through a multisectoral combination of interventions: education, early prevention, harm reduction, treatment, and regulation. The CMOH's report strongly supports this approach and suggests specific and evidence-informed policy measures in each of these areas to reduce the rising public health toll of substance use in Ontario.

We are very pleased that Dr. Moore has chosen this as the theme of this year's report, as our members have a long history of highlighting the significant impact of substance use on Ontarians and its burden on public services such as health care and law enforcement. With alPHa as their collective voice, they have endorsed a number of resolutions that are directly connected to the themes of this report. A selection of these is attached, and their connections to the CMOH's observations and recommendations are outlined below.

Resolution A23-02: Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario

This resolution touches upon the ongoing burden of tobacco, with references to the rising prevalence of vaping and cannabis use. It urges the Minister of Health to develop a renewed and comprehensive smoking, vaping, and nicotine strategy, with the support of a multidisciplinary panel of experts, local public health, and people with lived experience. The CMOH outlines the elements of a recommended strategy beginning on page 48.

Resolution A11-1: Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy

This resolution outlines the significant direct and indirect health and economic impacts of alcohol use and asks the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy. The CMOH outlines the elements of a recommended strategy beginning on page 58.

Resolution A22-4: Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

This resolution outlines the alarming morbidity, mortality, and societal impacts of the ever-worsening drug toxicity crisis in this province. It calls for a collaborative, well-resourced and comprehensive multi-sectoral approach based on nine priorities identified in the appendix. The CMOH outlines elements of a recommended strategy on page 62.

Resolution A19-3: Public Health Approach to Drug Policy

This resolution, which is cited in the CMOH's report among similar positions that support his own recommendation, calls for the decriminalization of the possession of all drugs for personal use, and scaling up prevention, harm reduction and treatment services. These positions support the CMOH's observation that "arresting, charging, and incarcerating people who use drugs have failed as a strategy to reduce harmful opioid use" (p. 61).

Resolution A19-8, Promoting Resilience through Early Childhood Development Programming

This resolution is aligned with the CMOH's observations about the upstream interventions that need to be considered to reduce the risk factors that lead to substance abuse and addictions later in life. These interventions "focus on building stronger families and stronger, more connected communities, addressing systemic and structural determinants of health, and improving health equity". Our resolution calls on the province to support investments in early childhood development to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions. It also repeats our ongoing call to adequately fund the Healthy Babies Healthy Children program, which is cited in the CMOH report as an existing public health program that would effectively address some of the early drivers of substance use and addictions with proper investment (p. 31).

Resolution A22-5: Indigenous Harm Reduction: A Wellness Journey

This resolution outlines the burden of harm associated with substance use among Indigenous peoples, and calls for the adoption of policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs, as well as additional funding to support Indigenous harm reduction interventions. The CMOH similarly outlines the disproportionate impacts of substances and addictions on Indigenous peoples (p. 25) and recommends decolonizing practices and interventions in favour of Indigenous-centred approaches (p. 33).

We recognize that addressing substance use and its harms is multifaceted and complex and appreciate the CMOH's acknowledgement that it is indeed a "balancing act", where there may be tension among a range of valid interests as interventions are considered. This report recognizes the challenges and is deliberate about including the many societal factors and multiplicity of influential policy drivers that should be considered as part of constructive discussion of a strategic approach.

alPHa would like to thank the Chief Medical Officer of Health Dr. Kieran Moore and his staff for their leadership on key evidence-based strategies to prevent and reduce the harms related to tobacco, alcohol, cannabis, and opioids. As he has clearly stated, this is an all-of-society, health-first issue, and the public health sector plays an important role, but we are just one player. We look forward to playing our part in a comprehensive approach to advancing the aims of this important report through our already mandated efforts and related advocacy.

We look forward to working with you and welcome any questions you may have. Please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Dr. Charles Gardner,
President

Copy: Hon. Doug Ford, Premier of Ontario
Deborah Richardson, Deputy Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-02

TITLE: **Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario**

SPONSOR: **Simcoe Muskoka District Health Unit (SMDHU)**

WHEREAS commercial tobacco use remains the leading preventable cause of death and disease in Ontario and Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated at $7 billion in Cancer Care Ontario and Public Health Ontario's 2019 report The Burden of Chronic Diseases in Ontario; and

WHEREAS the prevalence of cigarette smoking among Ontarians aged 15 years and older in 2020 was 9.9%, amounting to 1,222,000 people; and

WHEREAS the commercial tobacco control landscape has become more complex with the rapid rise of vaping among youth, as well as the concerning prevalence of waterpipe and cannabis smoking; and

WHEREAS the membership previously carried resolution A21-1 proposing policy measures to address youth vaping for implementation at the provincial and federal levels, several of which have yet to be implemented; and

WHEREAS the membership previously carried resolution A17-5 recommending that the provincial tobacco control strategy be aligned with the tobacco endgame in Canada; and

WHEREAS Ontario and Canada have made great strides in commercial tobacco control in Ontario, which are now endangered by the lack of a provincial strategy and infrastructure to support its continuation; and

WHEREAS disproportionate commercial tobacco and nicotine use and associated health burdens exist among certain priority populations;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the Ontario Minister of Health recommending that a renewed and comprehensive smoking, vaping, and nicotine strategy be developed with the support of a multidisciplinary panel of experts, local public health, and people with lived experience;

AND FURTHER that the Association of Local Public Health Agencies recommend that, in the development of a target for such a provincial strategy, the expert panel examine the sufficiency and inclusiveness of Canada's Tobacco Strategy target of less than 5% commercial tobacco use by 2035 with respect to all nicotine delivery products;

AND FURTHER that the Association of Local Public Health Agencies recommend that the pursuit of health equity be foundational to such a provincial strategy;

AND FURTHER that a copy be sent to the Chief Medical Officer of Health of Ontario.

BACKGROUND:

TOWARD A RENEWED COMMERCIAL TOBACCO AND NICOTINE STRATEGY IN ONTARIO

1. Commercial Tobacco

Canada has made great strides in commercial tobacco[1] control, and Ontario has until recent years been a leader among our provinces and territories, having made tremendous progress in decreasing smoking rates and in turn the negative health outcomes of smoking. Smoking prevalence among Canadians and Ontarians 15 years and older have dropped from 25% and 23%, respectively, in 1999 down to around 10% in 2020.[1] This decrease is representative of a remarkable downward trend nationally and provincially that appear to be on track to reach the endgame goal of less than 5% tobacco use by 2035, a target adopted by the federal government in Canada's Tobacco Strategy[2] and previously recommended for adoption in Ontario[3]. The recent Report of the First Legislative Review of the *Tobacco and Vaping Products Act* elaborates on this trend, noting that "declines in the number of young persons who smoke played an important role in declining prevalence rates overall; smoking rates among Canadians aged 15-19 are currently at an all-time low."[4]

However, it is crucial to note that this progress was achieved over decades, with explicit commercial tobacco control strategies in place to guide tobacco control research, policy development, and policy implementation; all this work was also undergirded by a robust infrastructure. Recent examples of progress in the federal policy arena include the implementation of policies around plain and standardized packaging for commercial tobacco products and enhanced package health warnings, as well as a ban on flavours in cigarettes and most cigars. Provincially, Ontario has strengthened its commercial tobacco contraband measures.

While Canada retains a strategy, Ontario is now operating without one—and there is still much work to be done: Tobacco use remains the leading preventable cause of death and disability in Canada,[5,6] killing approximately 48,000 Canadians each year,[2] of which nearly 17,000 are Ontarians.[7] The Ontario Public Health Standards' *Tobacco, Vapour and Smoke Guideline, 2021* states that "[e]very day tobacco kills more Ontarians than alcohol, illegal drugs, accidents, suicides and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer. They are also likely to die younger."[8] The economic burden is similarly immense: While updated data on the economic burden of tobacco use is needed, 2017 data indicated health care costs of $6.1 billion and overall costs of $12.3 billion nationally.[9] In Ontario, a separate report determined the overall annual economic burden of tobacco smoking to be around $7 billion, exceeding that of alcohol consumption, physical inactivity, or unhealthy eating, taken separately.[10]

2. Vaping

The landscape of commercial tobacco and nicotine products has become more complex with the advent of vaping products containing nicotine, which includes electronic cigarettes (e-cigarettes), the primary users of which are youth. Vaping is the "act of inhaling and exhaling an aerosol produced by a vaping product, such as an electronic cigarette."[11] Most vaping devices use electrical power from a battery to heat a liquid solution to produce an aerosol that is breathed in by the user through the mouthpiece. Most vaping liquids contain nicotine, the levels of which range from very low to more than what is found in a typical tobacco cigarette, together with flavouring compounds that are dissolved in a liquid mixture

[1] Commercial tobacco is distinct from traditional or ceremonial use of tobacco by Indigenous peoples. In the implementation and enforcement of the *Smoke-Free Ontario Act, 2017*, the Ministry of Health protects the use of tobacco by Indigenous peoples and communities when used for traditional or ceremonial purposes.

composed typically of propylene glycol and/or glycerol (i.e., vegetable glycerin).[11] Some vaping liquids also contain cannabis.[12]

National data from 2021 indicates that 13% of adolescents aged 15 to 19 years and 17% of young adults aged 20 to 24 years in Canada reported having vaped at least once during the 30-day period before the survey, compared with 4% of adults aged 25 or older.[13] Provincially, there has been a meteoric rise in youth vaping rates in recent years: According to the Ontario Student Drug and Health Survey, grade 7–12 students who reported used vaping products in the past year doubled from 11% in 2017 to 23% in 2019, with 13%—representing approximately 105,600 students—vaping weekly or daily.[14] These rates are particularly alarming among students in higher grades: The 2019 survey indicated that 35% of students in grade 12 vaped in the past year, of which 21% were vaping weekly or daily.[14] Moreover, among students who vaped in the past year, those who reported using a nicotine-containing product doubled from 28% in 2017 to 56% in 2019.[14] The more recent 2021 survey noted a decrease of past-year vaping among students to 15%. However, those who reported using a nicotine-containing product increased further to 84%, implying that the overall percentage of students vaping nicotine-containing products remained approximately the same as in 2019. There are several challenges to interpretation of the 2021 survey results. For example, the change to an online mode of questionnaire delivery for 2021 led to dramatically decreased response rates that may impact the provincial representativeness of the results.[15] The report also indicates that "because of the significant changes to the methodology in 2021, caution is warranted when comparing these estimates with those from previous OSDUHS cycles."[15] More broadly, both the COVID-19 pandemic as well as changes to the federal and provincial regulatory and policy environments since 2019 have likely impacted the prevalence of youth vaping; however, longitudinal assessments have been disrupted by the pandemic and therefore the extent of impacts is unknown. Further monitoring, data collection and evaluation is needed to understand the impact of these changes and events on adolescent vaping initiation, escalation, and overall prevalence.

Regardless of the method of delivery, the highly addictive effects of nicotine are fundamentally the same, and may have particularly insidious effects on the developing brains of youth.[16,17] Although vaping products have been advertised in part as a harm reduction and smoking cessation product that may reduce health risks and possibly save lives for people who smoke, with some evidence to support this claim,[18,19] there has been no discernible population-level change in smoking cessation rates since vaping products entered the market.[20] Therefore, any individual-level efficacy of vaping products as a smoking cessation tool does not appear to translate to population-level impact. Furthermore, the vast majority of uptake has been among youth without a smoking history. In fact, among those who reported having vaped in the past 30 days, a majority (61%) of youth aged 15 to 19 and more than one-quarter (27%) of young adults aged 20 to 24 had never tried a tobacco cigarette in their life, which suggests that the majority of youth are not using vaping devices to reduce or quit smoking.[13] Therefore, the current evidence around the benefits of vaping products for the purpose of smoking cessation, while still evolving, is not of relevance to youth. In contrast, the evidence to date around the harms of vaping is becoming increasingly clear; in particular, people who vape but do not smoke are on average around three times more likely than those who do not vape to initiate cigarette smoking,[21,22] lending credence to the concern of a gateway effect. Additional evidence of harms from vaping includes the following:

- A variety of substances known to be toxic, carcinogenic, or cause disease have been identified in vaping products.[23]
- Intentional or accidental exposure to nicotine e-liquids can lead to poisoning, which can be lethal, with a significant number of accidental poisonings occurring in children under the age of six.[21]
- Vaping can cause burns and injuries, which can be lethal.[21]
- Vaping can cause respiratory disease in the form of E-cigarette or Vaping Use-Associated Lung Injury (EVALI).[21]
- Vaping can lead to seizures.[21]

- Vaping products contribute to environmental waste.[21]

Moreover, there are differences between vaping and smoking dependence that may impact attempts to quit, including the greater variability in vaping products compared to cigarettes, the discreteness and convenience of vaping, and the greater social acceptability of vaping among youth.[24] To address the rise of vaping, Ontario has required retail registration with local public health units for sale of flavoured vaping products (except mint-menthol or tobacco flavours), restricted sale of flavoured products (except mint-menthol and tobacco flavours) to specialty vape stores, banned sale of vaping products in several public premises, and banned their use in most public premises, though with notable exceptions such as post-secondary institutions. There are also several promising local and regional campaigns such as "Not an Experiment"[25] aiming to raise awareness among youth, parents, and educators about the risks of vaping. However, more control measures and interventions, as well as evaluation of their effectiveness, are needed to protect youth from the harms of both vaping as well as all future commercial nicotine delivery products.

3. Waterpipe smoking

Also referred to as "shisha" or "hookah", waterpipe smoking involves smoking a heated tobacco or non-tobacco "herbal" product.[26] Its increase in prevalence globally may be explained in part by misconceptions of lesser harm relative to other forms of tobacco smoking, its social nature, and the availability of various flavours and nicotine-free products.[26] However, waterpipe smoking of both tobacco and non-tobacco products results in inhalation of various carcinogens and toxins, and results in similar negative health effects to cigarette smoking.[26] Moreover, while the *Smoke-Free Ontario Act, 2017* prohibits the use of tobacco in waterpipes in restaurants and bar patios, the use of non-tobacco products in waterpipes is still permitted, impacting not only waterpipe smokers but also the public through secondhand and thirdhand smoke.[26]

4. Cannabis smoking

Cannabis, which can be consumed by various means including smoking, vaping, and ingestion, refers to all products derived from the *Cannabis sativa* plant, and can consist of up to approximately 540 different chemical substances, among which the main psychoactive constituent is tetrahydrocannabinol (THC).[27] The federal *Cannabis Act* came into force in October 2018, resulting in legalization and regulation of production, distribution, sale, import, export, and possession of cannabis for adults of legal age.[28] The 2021 Canadian Cannabis Survey indicates that approximately 25% of Canadians have reported using cannabis in the past 12 months, of whom 74% reported smoking as one method of cannabis consumption.[12] In addition to an array of health effects associated with cannabis consumption, smoked cannabis in particular can increase risk of bronchitis, lung infections, and chronic cough.[29] The *Smoke-Free Ontario Act, 2017* prohibits the smoking of cannabis in enclosed workplaces, enclosed public places, and other designated places.

5. Ontario's commercial tobacco and nicotine control landscape

Despite concerted efforts through research and reports providing evidence-informed recommendations towards a "tobacco endgame" culminating in the *Smoke-Free Ontario Modernization* report in 2017,[3] there has been limited incorporation of these recommendations into the province's approach to commercial tobacco and nicotine control.[30] For example, actions to increase the cost of commercial tobacco products through tax and other pricing policies have been limited; Ontario continues to have the second lowest retail price and total tobacco tax for tobacco products in Canada.[31,32] Moreover, among the many programs and services that have been lost during the COVID-19 pandemic, commercial tobacco and nicotine prevention, protection, and cessation programs have been significantly impacted. Indeed, the

broader commercial tobacco control infrastructure in Ontario has declined substantially both before and during the pandemic, a decline that is closely tied to the loss of a provincial strategy. With the loss of the Smoke-Free Ontario Strategy, the following crucial infrastructure has been lost: the Smoking and Health Action Foundation, the Leave the Pack Behind program, the Youth Advocacy Training Institute as well as the associated youth advocacy programming, the Program Training and Consultation Centre, funding to public health units for youth and young adults as staff, Smokers' Helpline telephone counselling, Registered Nurses Association of Ontario special projects for tobacco control, Heart & Stroke Foundation of Ontario mass media campaigns, and provincial mass media campaigns. In addition, provincial funding has been reduced for monitoring, research, and evaluation, which has impacted the activities of organizations such as the Ontario Tobacco Research Unit. Funding from other sources such as NGOs has also been lost for organizations such as the Ontario Campaign for Action on Tobacco. Furthermore, many stakeholder engagement opportunities at the provincial level, such as through the Tobacco Control System Committee, the Youth Prevention Task Force, the Communications and Marketing Advisory Committee, the Protection and Enforcement Task Force, the Research and Evaluation Task Force, the Capacity Building and Training Task Force, and monthly calls between Tobacco Control Area Networks and Ministry staff, have been discontinued. Finally, organizations such as Public Health Ontario have had a reduced focus on commercial tobacco and nicotine as an inevitable consequence of the significant resources that have been committed to combatting the COVID-19 pandemic, although their recent re-engagement in this area is inspiring.

These setbacks are compounded by ongoing inequities in the health impacts of tobacco and nicotine use among certain populations. Smoking is a socioeconomically stratified behaviour, as evidenced by decreasing prevalence rates with increasing education.[33] Disproportionate commercial tobacco and nicotine use and associated health burdens exist among Indigenous populations, members of the LGBTQ2S+ community, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals.[2,9,31,34] Moreover, while reaching less than 5% tobacco use by 2035 may be possible with current strategies, such a target on its own does not sufficiently address this disproportionate burden among these populations. When addressing such health inequities among Indigenous peoples, it is also important to take a culturally safe approach that distinguishes between commercial tobacco use and traditional or ceremonial use of tobacco.

6. Examining the policy options

In late 2022, the Simcoe Muskoka District Health Unit (SMDHU) performed a brief jurisdictional scan focusing on recently implemented commercial tobacco and nicotine control policies (see Appendix A) and explored the grey literature to both identify existing policies at the federal and provincial levels, as well as determine some of the priority areas for action for a renewed smoking and nicotine strategy. SMDHU also conducted a conversation with key informants, the key points of which were summarized through the lens of an adapted version of the World Health Organization's MPOWER framework[2] (see Appendix B).[36]

Given the relative recency of vaping as a phenomenon, evidence is emerging related to the effectiveness of interventions to reduce vaping[23,37–41] as well the cost-effectiveness of doing so.[42] Lessons learned from interventions used to combat commercial tobacco use may also be applied to address vaping.[40] However, evaluation will be needed to confirm effectiveness. There have already been a variety of effective

[2] The World Health Organization Framework Convention on Tobacco Control (FCTC) is a legally binding international health treaty on tobacco control, which 182 countries including Canada have ratified.[35] To help countries reduce demand for tobacco, the WHO developed the MPOWER measures: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.[36]

commercial tobacco and nicotine control interventions implemented in Ontario and other Canadian jurisdictions over the years, but a coordinated, comprehensive, multi-level, evidence-informed, and enduring strategy is needed to achieve the target of less than 5% tobacco use by 2035. Such a strategy would continue to be informed by evidence and focus on the traditional pillars of prevention, cessation, and protection, as well as industry denormalization and engagement of disproportionately impacted groups such as First Nations, Inuit and Métis (FNIM) organizations and communities.[3,9,34,43,44] However, for such a strategy to work, there must be provincial and federal commitments to strong regulations around all alternative methods of nicotine delivery. In particular, the Council of the Chief Medical Officers of Health has recommended a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult who smoke to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

7. Conclusion

Despite significant progress in commercial tobacco control, the health and economic burdens of tobacco-related disease in Canada remain unconscionably high. Moreover, vaping, waterpipe smoking, and cannabis smoking have added further complexity to the smoking and nicotine control landscape that risks undoing the tremendous progress that has been made. A coordinated, comprehensive, and enduring provincial smoking and nicotine control strategy is needed to save lives, protect young minds, reduce health inequities, and save money.

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Appendix A: Jurisdictional Scan of Tobacco and Nicotine Control Policies in Canada

Summary: A jurisdictional scan of Canadian federal, provincial, and territorial tobacco and nicotine control strategies was performed. An array of pre-existing documents[32,46–48] (environmental scans, briefing notes, etc.) produced by Physicians for a Smoke-Free Canada (PSC) cover similar objectives, and therefore constitute a major contribution to this scan. Overall, strategies have continued to focus on efforts surrounding the four pillars of prevention, cessation, protection and denormalization, with varying degrees of emphasis on each. However, the last few years have seen a deceleration in commercial tobacco control efforts, while vaping products have taken the spotlight, particularly following the amendment of the *Tobacco Act* in 2018 to become the *Tobacco and Vaping Products Act* (TVPA).

With respect to commercial tobacco control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- plain and standardized packaging
- enhanced package health warnings
- ban on flavours in cigarettes and most cigars including menthol and cloves
- additional contraband measures in some jurisdictions

With respect to vaping control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- taxes on vaping products
- retail licensing/registration
- minimum age restrictions
- requiring proof of age in stores
- display bans in stores
- restriction to sale in specialty vape stores
- bans on internet sales
- bans on incentives to retailers
- bans on non-tobacco flavours
- bans on various forms of advertisement
- restrictions on nicotine content
- health warnings

There are also plans at the federal level for implementing "reporting requirements that would require vaping product manufacturers to submit information to Health Canada about sales and ingredients used in vaping products."[4]

Limitations: While such a scan would be most useful if it summarized the implementation of the jurisdictional strategies that were identified (in addition to effects of implementation, technical feasibility, political viability, alignment with the Canadian regulatory landscape, etc.), the scan was largely limited to information that could be gleaned from web-based searches of the grey literature. Furthermore, jurisdictions outside of Canada such as New Zealand,[49] Australia,[50,51] Finland[52] and California[53] may provide further insights into tobacco and nicotine control, but were not covered in this scan.

Table A1: Jurisdictional Scan Results

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
Fed	Canada's Tobacco Strategy[2] (2018)	• Supports endgame goal of less than 5% by 2035. • Note: In 2020/2021, Health Canada changed its progress indicator from "percentage of Canadians (aged 15+) who have used any tobacco product in the last 30 days" to "Percentage of Canadians (aged 15+) who are current cigarette smokers."[54]	• Vaping products: ban on ads in stores (except age-restricted stores), display ban, ban on broadcast ads, ban on billboards/outdoor signs, ban on lifestyle ads, ban on sponsorships, ban on youth-appealing ads, health warnings / labelling requirements, restriction on nicotine content (max 20 mg/mL), excise tax, plan to ban all flavours except tobacco and mint-menthol, plan to impose vaping product reporting requirements, compliance and enforcement activities • Tobacco products: Plain and standardized packaging, enhanced package health warnings, ban on flavours in cigarettes and most cigars including menthol and cloves
BC	BC's Tobacco Control Strategy: targeting our efforts[55]	• No endorsement of endgame goal • BC's 2013 Guiding Framework for Public Health[56] targets a reduction of smoking to 10% by 2023. • In the 2018 report First to 5% by 2035[57], the Clean Air Coalition of BC recommended that BC be the first jurisdiction to achieve 5% by 2035, but there is no evidence of endorsement by government.	• Vaping products: tax, retail notification and reporting requirement, sale of flavoured products restricted to specialty vape stores, ban on sale and use in some public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents, second highest level of overall taxation on cigarettes ($15.30 for a 20-pack), highly regarded stop-smoking service model, some exemplary practices in Indigenous stewardship
AB	Creating Tobacco-free Futures: Alberta's Strategy to Prevent and Reduce Tobacco Use 2012-2022[58]	• No endorsement of endgame goal • 10-year targets set for 2022: - Albertans ages 15 and over: 12 % - Albertans ages 12 to 19: 6% - Albertans ages 20 to 24: 20% - Pregnant women in Alberta: 11%	• Vaping products: ban on possession below minimum legal age, ban on sale in some public premises, ban on use in most public premises including outdoor cultural events

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
		- Reduce estimated per capita tobacco sales by 50 per cent to 745 units in 2022.	
SK	No strategic document identified. Public-facing Information available on their Tobacco and Vapour Products webpage.	• No endorsement of endgame goal • The Saskatchewan Coalition for Tobacco Reduction produced a report entitled Protecting our Future: Recommendations to reduce tobacco use in Saskatchewan, but this document does not appear to have been endorsement by government.	• Vaping products: tax, ban on sale and use in some public premises
MB	No strategic document identified. Public-facing information available on their Smoking, Vaping Control & Cessation webpage.	• No endorsement of endgame goal	• Vaping products: ban on sale and use in some public premises
ON	Smoke-Free Ontario: The Next Chapter - 2018[30] Note: This strategy was neither adopted nor implemented by the present government.	• No endorsement of endgame goal • Reduce smoking to 10% by 2023 • Reduce the number of smoking-related deaths by 5,000 each year. • Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including medical cannabis).	• Vaping products: retail registration with local public health unit required for sale of flavoured products (not tobacco or mint-menthol), sale of flavoured products (except tobacco and menthol) restricted to specialty vape stores, ban on sale in several public premises, ban on use in most public premises (post-secondary institutions excluded) • Tobacco products: additional contraband measures
QC	Stratégie pour un Québec sans tabac 2020-2025[59] (see Appendix A for summary English translation)	• No endorsement of endgame goal • Reduce smoking to 10% by 2025.	• Vaping products: retail notification requirement, ban on internet sale and on incentives to vaping product retailers, ban on sale in most public premises, ban on use in many public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents
NB	New Brunswick's Tobacco-Free	• **Supports endgame goal of less than 5% by 2035.**	• Vaping products: retail licensing/registration, ban on all

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	Living Strategy: A Tobacco and Smoke-Free Province for All[60] (2019-2023) was produced by the NB Anti-Tobacco Coalition, funded by the Government of NB.		flavours except tobacco, ban on use in most public premises
NS	Moving toward a Tobacco-Free Nova Scotia: Comprehensive Tobacco Control Strategy for Nova Scotia[61] (2011) Public-facing information available on their Tobacco Free Nova Scotia webpage.	• No endorsement of endgame goal • Decrease tobacco use rates individuals aged 15-19 years to 10%, 20-24 years to 20%, and 25 years and older to 15%.	• Vaping products: retail licensing/registration, tax, ban on all flavours except tobacco, ban on sale and use in most public premises (post-secondary institutions included)
PEI	No strategic document specific to tobacco control identified. Tobacco control is addressed in PEI's Wellness Strategy[62] (2015-2018)	• No endorsement of endgame goal	• Vaping products: Sale restricted to age 21 years and above and only in specialty stores, ban on all flavours except tobacco, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included)
NL	Tobacco and Vaping Reduction Strategy[63] (2021) produced by the Newfoundland and Labrador Alliance for the Control of Tobacco, which is an alliance of government and non-government partners.	• No endorsement of endgame goal Action areas: • Community capacity building • Education and awareness • Healthy public policy • Cessation and treatment services • Research, monitoring and evaluation	• Vaping products: retail licensing/registration, tax, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included) • Highest level of overall taxation on cigarettes ($15.71 for a 20-pack)
YT	No strategic document identified. Public-facing information available on	• No endorsement of endgame goal	• Vaping products: ban on use in many public premises

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	government webpage.		
NWT	No strategic document identified. Public-facing information available on Tobacco Control webpage.	• No endorsement of endgame goal	• Vaping products: ban on all flavours except tobacco, ban on possession below minimum legal age, ban on sale in some public premises, ban on use in many public premises
NU	Nunavut Tobacco Reduction Framework for Action[64] (2011-2016)	• No endorsement of endgame goal • Guiding principles draw from Inuit culture and practices. • Supports a coordinated communications plan using a range of media tools and using both universal and targeted approaches (including youth, pregnant women and their partners, and parents and Elders). • Younger age group is targeted through school and community youth programs because youth initiate tobacco use largely between 8 and 16 years of age.	• Vaping products (per Tobacco and Smoking Act[65], which received Assent on June 8, 2021, but is not anticipated to come into force until 2023): plan to consider vaping product price restrictions, plan to ban incentives to vaping product retailers, plan to ban sale and use in most public premises, plan to ban all flavours except tobacco and any product designed for use as flavouring for any smoking product, plan to make all publicly funding housing smoke-free, plan for biennial reporting requirements for vape retailers

Appendix B: Priorities for a Provincial Smoking and Nicotine Strategy — Key Informant Conversation Summary

To inform the call for a renewed and comprehensive provincial commercial tobacco and nicotine strategy, the Simcoe Muskoka District Health Unit (SMDHU) conducted a conversation on November 17, 2022, with a panel of key informants with extensive experience in commercial tobacco control in Ontario and Canada, in addition to following up individually upon request from some key informants for further discussion. The meeting was framed as an informal discussion around commercial tobacco and nicotine control, using past strategies and reports as a springboard to identify provincial priorities for a renewed commercial tobacco and nicotine strategy, as well as federal priorities to address relevant policy gaps.

Participants included:

- John Atkinson, Executive Director, Ontario Public Health Association
- Cindy Baker-Barill, Smoke-Free Program Manager, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU
- Hillary Buchan-Terrell, Advocacy Manager (Ontario), Canadian Cancer Society
- Cynthia Callard, Executive Director, Physicians for a Smoke-Free Canada
- Vito Chiefari, Manager, Health Protection, Community & Health Services Dept, York Region
- Rob Cunningham, Senior Policy Analyst, Canadian Cancer Society
- Dr. Charles Gardner, Medical Officer of Health and Chief Executive Officer, SMDHU
- Dr. Lesley James, Director, Health Policy & Systems, Heart & Stroke Foundation
- David Neeson, Supervisor, Tobacco and Electronic Cigarette Control Team, Health Protection Division, Community and Health Services, York Region
- Michael Perley, former Director, Ontario Campaign for Action on Tobacco
- Dr. Emil Prikryl, Public Health and Preventive Medicine Resident, NOSM University
- Dr. Steven Rebellato, Vice President, Environmental Health Department, SMDHU
- Dr. Robert Schwartz, Executive Director, Ontario Tobacco Research Unit and Professor, Dalla Lana School of Public Health
- Linda Stobo, Program Manager, Substance Use Program, Healthy Living Division, Middlesex-London Health Unit
- Melissa van Zandvoort, Health Promotion Specialist, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU

While it is our recommendation that the development of a renewed strategy be supported by a multidisciplinary panel of experts, Table B1 frames the priorities identified during the key informant conversation through the lens of an expanded version of the World Health Organization's MPOWER framework (i.e., MPOWER+):

Table B1: Priorities within the MPOWER+ Framework

MPOWER+ Measure	Priorities
Monitor tobacco and vaping use and prevention, cessation and protection/enforcement programs and policies.	• Re-invest in research/monitoring and evaluation to ensure practice and policy decisions are based on evidence. • Continue to explore age restrictions for smoking and vaping.
Protect people from tobacco smoke and e-cigarette aerosol.	• Further expand smoke- and vape-free public places. • Continue to increase access to smoke- and vape-free housing. • Direct focus towards consumer rights to be protected from marketing of nicotine products.
Offer help to quit smoking and vaping.	• Increase subsidization of smoking cessation pharmacotherapy for all residents.
Warn about the dangers of commercial tobacco and vaping products.	• Implement mass media and social marketing campaigns of greater intensity and duration targeted at youth and young adults addressing the real and potential harms of vaping such as its impacts on mental health, addiction, and environmental waste. • Implement mass media and social marketing campaigns of greater intensity and duration targeted at high-risk populations addressing the harms of smoking and the benefits of quitting.
Enforce bans on commercial tobacco and vaping product advertising, promotion and sponsorship.	• Return the focus of nicotine control efforts to the industry through activities such as leveraging litigation opportunities to further denormalize the industry and hold industry accountable for past and future harms to society. • Ban all flavours except tobacco flavour (if not achieved federally). • Restrict availability in brick-and-mortar settings and online access. • Strengthen retail registration and licensing requirements. • Further regulate vaping product design (e.g., plain and standardized packaging for vaping, health warnings). • Intensify tobacco and vaping product advertising promotion and sponsorship bans.

MPOWER+ Measure	Priorities
	• Ensure continued funding for enforcement through the *Smoke-Free Ontario Act, 2017*.
Raise taxes on commercial tobacco and vaping products.	• Implement a tax on vaping products, as well as regulatory fees as a means of cost recovery. • Further increase taxes on combustible tobacco products.
+ **Add** a strong health equity lens by linking commercial tobacco and nicotine control approaches to broader objectives addressing health inequities. **Add** bold interventions as indicated by evidence to further reduce the supply, demand, and access of all current and future industry nicotine delivery systems.	• Address the disproportionate use of commercial tobacco and nicotine use and associated health burdens among Indigenous populations, members of the LGBTQ2S+ community, youth, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals. • Implement recommendations from the Council of Chief Medical Officers of Health to develop a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult smokers to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

alPHa Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A11-1

TITLE: **Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy**

SPONSOR: **Middlesex-London Board of Health**

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drank in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a $456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.

ACTION FROM CONFERENCE: **Resolution CARRIED**

alPHa
Association of Local PUBLIC HEALTH Agencies

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;

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.

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 (R.S.O. 1990).

CARRIED AS AMENDED

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.

Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-3

TITLE: **Public Health Approach to Drug Policy**

SPONSOR: **Toronto Public Health**

WHEREAS governments around the world are considering different approaches to drugs, including the decriminalization of drug use and possession and legal regulation, including here in Canada for non-medical cannabis; and

WHEREAS a growing number of health officials and boards of health are calling for changes to our approach to drugs, especially in the midst of the opioid poisoning crisis in which the contaminated, unregulated supply of illegal drugs is the main contributor to the crisis; and

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs; and

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women and youth; and

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families and communities; and

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships; and

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED that the federal government be urged to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction and treatment services;

AND FURTHER that the federal government convene a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A19-8

TITLE: **Promoting Resilience through Early Childhood Development Programming**

SPONSORS: **Northwestern Health Unit**
Thunder Bay District Health Unit
Middlesex-London Health Unit

WHEREAS one in five Canadians are affected by mental illness or an addiction issue every year, and the burden of illness is more than 1.5 times the burden of all cancers and 7 times the burden of all infectious diseases; and

WHEREAS suicide is the second leading cause of mortality among young Canadians aged 10-24 and suicide accounted for 24% of all deaths among youth 15 to 24 years old from 2009-2013; and

WHEREAS there were more than 9,000 deaths in Canada from 2016 to 2018 and more than 1,250 deaths in Ontario in 2017 related to opioids; and

WHEREAS the annual economic burden of mental illness is approximately 51 billion in Canada with a substantial impact on emergency room departments and hospitals; and

WHEREAS 70% of mental health and substance use problems begin in childhood; and adverse childhood experiences, such as poor attachment to parents, child abuse, family conflict and neglect, have been clearly linked to risk for mental illness and addiction later in life; and

WHEREAS programming that enhances the early childhood experience has proven benefits in IQ levels, educational achievements, income levels, interactions with the criminal justice system and utilization of social services; and

WHEREAS every $1 invested in early childhood development can save $9 in future spending on health, social and justice services; and

WHEREAS the Healthy Babies Healthy Children (HBHC) program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to the child's transition to school) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services; and

WHEREAS the HBHC program provides home visiting services and home visiting programs have demonstrated effectiveness in enhancing parenting skills and promoting healthy child development in ways that prevent child maltreatment; and

WHEREAS the HBHC program supports the early childhood experience and development of resiliency by enhancing the parent-child attachment, parenting style, family relationships, and financial instability and addressing parental mental illness and

substance misuse, child abuse or neglect thereby reducing the risk of subsequent mental illness and addictions; and

WHEREAS in 1997 the province committed to funding the Healthy Babies Healthy Children program at 100% and the HBHC budget has been flat-lined since 2008 with the exception of increased base funding in 2012 for an increase in public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment; and

WHEREAS fixed costs such as salaries and benefits, travel, supplies, equipment and other operational costs have increased the costs of operating the HBHC program, and

WHEREAS operating the HBHC program with the existing funding has become increasingly more challenging and will result in reduced services for high-risk families if increased funding is not provided;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) actively engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to support investments in early childhood development as a strategy to enable health and resiliency throughout life, promote mental health and reduce mental illness and addictions;

AND FURTHER that alPHa engage with the Ministry of Children, Community and Social Services, the Ministry of Health and Long term Care, and the Premier's Council on Improving Health Care and Ending Hallway Medicine to urgently support adequate funding (including staffing and operational costs) of the Healthy Babies Healthy Children program as a strategic immediate action to enhance the early childhood experience and address mental illness and addictions in Ontario;

AND FURTHER that the Chief Medical Officer of Health of Ontario, Ontario Public Health Association, Centre for Addictions and Mental Health and other relevant partner agencies be so advised.

ACTION FROM CONFERENCE: Carried as amended

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A22-5

TITLE: **Indigenous Harm Reduction: A Wellness Journey**

SPONSOR: **Haliburton Kawartha Pine Ridge District Health Unit**

WHEREAS The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples. The rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people. There is a gap in readily available Ontario surveillance data specific to alcohol, prescription drug, and other substance misuse in addition to data specific to registered and non-registered status First Nation peoples, Inuit and Metis.

WHEREAS The increased burden of harm associated with substance use among Indigenous peoples can be directly attributed to historical and ongoing colonial violence perpetrated against Indigenous peoples. It is deeply rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. The health system has been a key tool utilized in the violence against Indigenous peoples, resulting in mistrust in the health system by Indigenous populations. As a result, public health units must adapt and decolonize their approaches when working with Indigenous populations and work alongside communities to develop culturally-based and trauma-informed Indigenous harm reduction strategies.

WHEREAS In 2017 alPHa passed a resolution on the Truth and Reconciliation: Calls to Action. The resolution requested alPHa to modify and reorient public health intervention to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices. Harm Reduction is a public health priority written in the Ontario Public Health Standards and Guidelines.

WHEREAS Inequities of culturally based Indigenous harm reduction, prevention, and treatment exist for Indigenous peoples in Ontario. There is a lack of integrated land-based harm reduction service provision, lack of Indigenous specific safe consumption services, and lack of public awareness and education on Indigenous harm reduction. There are barriers and limited access to local Treatment and Healing Centres across Ontario.

WHEREAS Indigenous Harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community. Evidence suggests that culturally based harm reduction interventions for Indigenous peoples, including access to local Treatment and Healing Centres, are beneficial to help improve functioning in all areas of wellness.

THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies recognize the critical importance of working with Indigenous communities to better understand Indigenous harm reduction and adopt policies, practices and programs for harm reduction that are culturally safe and rooted in community-knowledge and needs.

AND FURTHER that the Association of Local Public Health Agencies advocate with Indigenous partners to the Minister of Health and other appropriate government bodies for additional funding to support Indigenous harm reduction including additional Indigenous Treatment and Healing Centres.

CARRIED AS AMENDED

alPHa Resolution A22-5 - Backgrounder
Submitted by: Haliburton, Kawartha, Pine Ridge District Health Unit

Backgrounder – Indigenous Harm Reduction: A Wellness Journey

Substance use within Indigenous populations is rooted in colonization, disenfranchisement, the Indian residential school system, the 60's scoop, intergenerational trauma, forced removal from land, and oppression. In 2016, the government of Ontario adopted the Truth and Reconciliation: Calls to action[1]. Call to Action # 19 and #20 speak to the recognition of the right to optimum health regardless of residence, and #21 calls to provide funding for sustainable Healing Centres. In 2017, the Association of Local Public Health Agencies (alPHa) adopted the Truth and Reconciliation recommendations and committed to assisting member boards of health to modify and reorient public health interventions to be culturally safe for Indigenous peoples, and to advocate to ensure that Ontario's Indigenous peoples have more equitable access to the social determinants of health as well as access to culturally safe health care and Aboriginal healing practices[2].
The burden of harm associated with substance use among Indigenous peoples is far reaching. From 2009 to 2019 there has been a 480% increase in hospital visits related to opioid poisoning for First Nation peoples compared to 164% for non- First Nation peoples[3]. In 2019, the rate of hospital visits for opioid-related poisoning among First Nation peoples totaled 45.1 per 10,000. First Nation peoples living outside of First Nations communities experienced the highest rate of hospital visits for opioid-related poisoning at 57.5 per 10,000 people. The rate of hospital visits for opioid-related poisoning among First Nation peoples living within First Nations communities was 19.6 per 10,000 people, and the rate among non-First Nation peoples was 6.0 hospital visits per 10,000 people[3]. While opioid poisoning data is readily available, there is a need to establish epidemiological surveillance to address other substances such as cannabis, prescription drugs, and alcohol use also impacting the health of Indigenous peoples. Additional data is needed to understand substance use trends among registered and non-registered status First Nation peoples, Inuit, and Metis.
Harm Reduction is a public health priority within the Ontario Public Health Standards and Guidelines[4]. A public health response to the current epidemic of opioid poisonings has been highlighted as a priority as communities work to recover from the COVID-19 pandemic. alPHa Resolution A21-2[5] called on public health to lead and coordinate the response to address the opioid crisis, capitalizing on the momentum of managing the COVID-19 emergency.

In Public Health, harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption. Harm reduction interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms[6].

Emerging substance use trends articulate the need to adopt policy solutions based on evidence-informed harm reduction and treatment practices, eliminating structural stigma, investing in prevention, and declaring the opioid poisoning crisis an emergency[7]. The policy approach is grounded in public health principles.

Indigenous harm reduction policies, programs, and practices must be grounded in local Indigenous knowledges, traditions, teachings, ceremonies, land, and languages which are unique to each community[8]. To this end, it is important that public health units not re-inscribe colonial systems but work with Indigenous communities to understand what harm reduction means for them and establish approaches that are specific to community needs. Indigenous harm reduction is reducing the harms of colonization and colonialism[8]. Evidence supports utilizing land-based service delivery models[9], Wellness Circles[10], and Feather Carriers Wise Practices[11] that involve a wellness journey connected to ceremony, land, water, spirit, community, and family. Healing spaces that offer a wholistic approach with a Traditional Indigenous Healer/Elder/Knowledge Keeper who conducts lands-based teachings, sweat lodge ceremony, traditional healing ceremony, and other culturally appropriate ceremonies and teachings are

key to some Indigenous harm reduction programs[12,13]. In addition, for some communities the use of safe consumption sites supports prevention of overdose and death.

In 2022, Ontario announced the Addictions Recovery fund focused on building quality client centred mental health and addiction system services[14]. Funding was allocated to Northern Rural communities and Indigenous Treatment and Healing Centres were established[15]. Despite increased investment, there are still gaps in access to Treatment and Healing Centres (e.g. Southeastern Ontario) as well as to the broader array of culturally safe harm reduction policies, practices and programs. Barriers such as long waitlists, unclear approval criteria, costs of transportation, and application barriers remain to access current Treatment and Healing Centres.

In addition, there is a lack of awareness and understanding of Indigenous approaches to harm reduction throughout public health in Ontario. By further establishing robust surveillance of substance use harms, adopting Indigenous harm reduction strategies for health promotion, utilizing culturally based education and awareness resources, and working to advocate for equitable access to ‘safe consumption sites’ and Treatment and Healing Centres, alPHa will support boards of health in working towards the Truth and Reconciliation Calls to Action.

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Trust • Engagement • Accountability • Leadership

March 21, 2024

Philip Lawrence, MP Northumberland-Peterborough South
Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock
House of Commons Ottawa, ON K1A 0A6

Sent via email to: Philip.Lawrence@parl.gc.ca & Jamie.Schmale@parl.gc.ca

Dear MP Lawrence and MP Schmale

Re: Private Member's Bill C-322 – *National Framework for a School Food Program Act*

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), is writing to you today in strong support of MP Serge Cormier's Private Member's Bill C-322, *National Framework for a School Food Program Act*. Specifically, we are requesting that you work with your caucus colleagues to seek unanimous consent of this Bill in support of children and youth across Canada. As the preamble to the Bill states, "almost one in five children reported to school or to bed hungry sometimes, often or always because there was not enough food at home." In a country as developed and wealthy as ours, this is simply unacceptable. In fact, Canada is currently the only country in the G7 that does not have a national school food program or national standards.

The Board of Health for the HKPRDHU fully supports the concept of a universal, non-stigmatizing national school food policy and program for all public schools. A growing body of research demonstrates that school food programs can benefit students' physical and mental health, improve food choices, and lead to student success (e.g. academic performance, student behaviour, and school attendance).[1] In Ontario, these programs help reduce the $5.6 billion/year in costs due to nutrition-related chronic disease injuries. Well-designed and non-stigmatizing School Nutrition Programs (SNPs) also have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening the Agrifood sector.[2]

Given the widespread need across Ontario and Canada, and the inequities faced by schools in marginalized neighborhoods, there is a strong need for the federal government, in partnership with provincial ministries and school boards/districts, to commit to a National School Food Policy.

…/2

1-866-888-4577 info@hkpr.on.ca hkpr.on.ca

A national policy would set a standard both for securing food for schools and ensuring it is delivered consistently, sustainably, and within a context of transformative action to improve students' health and achievement outcomes and build cultural and economic success.

The policy should be followed up by the rollout of a National School Nutritious Meal Program, and with it the $200 million per year that the Government of Canada committed to in 2021. An investment in Budget 2024 in a national school food program will support both families and school food providers, who have been struggling due to the affordability crisis.

The Board of Health for the HKPRDHU looks forward to continued engagement on this critical issue for children and youth and encourage you to vote to pass Bill C-322 as soon as possible. For more information, please review the Employment and Social Development Canada National School Food Policy Engagements – What We Heard Report.

Please do not hesitate to contact me should you wish to discuss the importance of this legislation.

Yours truly

BOARD OF HEALTH FOR THE HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

Original signed by Mr. Marshall

David Marshall
Board of Health Chair
Haliburton, Kawartha, Pine Ridge District Health Unit

DM:kl

cc: Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
David Piccini, MPP, Northumberland-Peterborough South
Association of Local Public Health Agencies
Ontario Boards of Health

[1] The case for a Canadian national school food program. Hernandez et al., 2018; Nourishing Young Minds. Toronto Public Health, 2012; The impact of Canadian School Food Programs on Children's Nutrition and Health. Colley et al., 2018; Coalition for Healthy School Food
[2] The Burden of Chronic Disease in Ontario. CCO & PHO 2019

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April 12, 2024

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario

Dear Premier Ford:

Re: **Endorsement of Public Health Sudbury & Districts Letter on Gender-based and Intimate Partner Violence (IPV)**

On April 3, 2024, at a regular meeting of the Board for the Timiskaming Health Unit, the Board received the briefing note and the following motion was passed:

Motion (#28R-2024):
BE IT RESOLVED THAT the Timiskaming Board of Health endorse Public Health Sudbury and District's Motion and:

1. *Endorse the Public Health Sudbury and Districts calls for the provincial government to declare gender-based violence and intimate partner violence an epidemic (Appendix A)*
2. *Send a letter indicating this endorsement and urging the provincial government to declare gender-based violence and intimate partner violence an epidemic to Hon. Doug Ford, Premier of Ontario via email: doug.fordco@pc.ola.org*

The Timiskaming Health Unit fully supports the above recommendations. Thank you for your consideration.

Sincerely,

Stacy Wight

Stacy Wight, Board of Health Chair

c: Hon. Sylvia Jones, Deputy Premier and Minister of Health
Hon. Michael Parsa, Minister of Children, Community and Social Services
Hon. Paul Calandra, Minister of Municipal Affairs and Housing
John Vanthof, MPP – Timiskaming-Cochrane

Anthony Rota, MP – Timiskaming-Nipissing
Charlie Angus, MP – Timmins-James Bay
Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Hsiu-Li Wang, Chair, Council of Medical Officers of Health (COMOH)
All Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Health Unit Member Municipalities
Melanie Ducharme, Chair of Temiskaming District Violence Against Women Coordinating Committee

Peterborough Public Health

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

Item 7

April 23, 2024

Dr. Kieran Moore
Ontario Chief Medical Officer of Health
cmoh@ontario.ca

Hon. Sylvia Jones
Deputy Premier and Minister of Health
sylvia.jones@ontario.ca

Dear Dr. Moore and Minister Jones,

The Peterborough Public Health Board of Health met April 10th, 2024 and reviewed the 2023 Chief Medical Officer of Health (CMOH) Annual Report, Balancing Act: An All-of-Society Approach to Substance Use and Harms.

Substance use harms are a significant and increasing concern in the community of Peterborough. The Public Health Ontario Burden of Health Conditions Attributable to Smoking and Alcohol estimated 267 deaths and 1109 hospitalizations each year attributable to smoking and 61 deaths and 310 hospitalizations attributable to alcohol. Additionally, opioids caused an estimated 71 deaths and 429 emergency department visits in 2023.

The Board of Health specifically appreciated that you quantified the significant health and societal costs of substances, emphasized Indigenous perspectives including decolonization lenses, and focused on upstream drivers of substance use.

The recommendations that you highlight present a clear path forward that, as you indicate, will require collaborative effort by every level of government.

In particular, Peterborough Public Health was encouraged that you emphasized the importance of harm reduction interventions for opioids including access to safe inhalation at Consumption and Treatment Sites (CTS). We have written Minister Jones on two occasions (November 2022/2023) regarding the urgent need for access to safe inhalation within CTSs.

The Board was supportive of recent correspondence from the Association of Local Public Health Agencies (alPHa) and their endorsement of this report, and echoes their thanks to the CMOH and his staff for "their leadership on key evidence-based strategies to prevent and reduce the harms related to tobacco, alcohol, cannabis, and opioids".

We also agree with our colleagues at the Canadian Mental Health Association that, along with harm reduction, adequate resources for increased and timely access to health care and treatment is necessary to further support those impacted by the opioid crisis.

The work of responding to substance use harms, from “All-of-Society” will be challenging, but as you conclude, “If we do not invest upstream, more Ontarians will die preventable deaths, families will continue to suffer, and the province will continue to spend billions each year to cover the health care, social and legal/policing costs of substance use harms”.

Peterborough Public Health appreciates this timely and insightful report, and stands ready locally to support its implementation and collaborate across the province to ensure advocacy advances its recommendations provincially.

Sincerely,

Original signed by

Councillor Joy Lachica
Chair, Board of Health

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

Ministry of Health | Office of Chief Medical Officer of Health, Public Health

Chief Medical Officer of Health 2023 Annual Report

Balancing Act: An All-of-Society Approach to Addressing Substance Use and Harms

Focus on Tobacco/Vaping Products, Cannabis, Alcohol, and Opioids

March 2024

Ontario

Purpose

To provide an overview of the CMOH 2023 Annual Report, including:

- Summary of legislated requirements
- Timelines for release
- Summary of the CMOH 2023 Annual Report and next steps
- Communication Plan
- Appendix

Legislative Requirements under the *Health Protection and Promotion Act*

Section 81 (4) requires the Chief Medical Officer of Health (CMOH) to develop an annual report on the state of public health in Ontario and deliver the report to the Speaker of the Legislative Assembly.

Section 81 (5) requires the Speaker to lay the report before the Assembly at the earliest reasonable opportunity.

Section 81 (6) requires the CMOH to deliver a copy of the report to the Minister at least 30 days before delivering it to the Speaker.

This will be the second annual report from Dr. Kieran Moore as CMOH.

Ontario

Timelines for Release

Week of 5 Feb

Minister's Office briefing

Requirement to submit the report to the Minister of Health at least 30 days before delivering to the Speaker

Weeks 04 March to 18 March

Internal Ministry Briefings

External stakeholder briefings cont'd

External stakeholder briefings begin

Week of 12 Feb and 19 Feb

CMOH report is tabled by the Speaker of the House

Public release around the time of tabling by the Speaker

Week of 25 March

Ontario

Summary of the CMOH 2023 Annual Report

Balancing Act: An All-of-Society Approach to Addressing Substance Use and Harms

Focus on Tobacco/Vaping Products, Cannabis, Alcohol, and Opioids

Impetus for the CMOH report

- High number of deaths necessitates an urgent response to Ontario's substance use crisis
- Substance use and harms were exacerbated during the COVID-19 pandemic
- Costs are rising in terms of healthcare, lost productivity, criminal justice system, and harms to individuals, families, communities

The goal of this report is to provide **evidence-based recommendations** on effective measures to reduce substance use and its harms in Ontario.

The report includes key trends in substance use and harms in Ontario, including **upstream and downstream factors** contributing to harms and the populations most at risk.

This report focuses on tobacco/vaping products, cannabis, alcohol and opioids – and **recommends specific strategies to adapt our response,** while recognizing the complex policy environment.

Ontario

Engagement with Experts

Engagement of an **External Advisory Committee** of subject matter experts to provide input into the development and content of the report.

+

Engagement of an **Internal Advisory Committee** within the Office of the Chief Medical Officer of Health to review and provide feedback on the content of the report.

- Addictions Division, Centre for Addiction and Mental Health
- Chiefs of Ontario
- Community Addictions and Peer Support Association
- Families for Addictions Recovery
- Indigenous Primary Heath Care Council
- Northwestern Health Unit
- Ontario Health
- Ontario Drug Policy Research Network
- Ontario Federation of Indigenous Friendship Centres
- Public Health Ontario
- Simcoe Muskoka District Health Unit
- Wellesley Institute

Costs of substance use

- Every year since 2020, between 2,500 and 3,000 people have died from opioid toxicity in Ontario, with thousands more requiring emergency care due to accidental overdoses.
- Harms are not limited to opioids; impacts of substances like tobacco, alcohol, and cannabis cost billions each year in Ontario.
- The COVID-19 pandemic has exacerbated substance use and harms, and resulted in interrupted prevention and treatment programs.

Harms and Estimated Costs Attributable to Substance Use in Ontario, 2020

Substance use attributable harms	Tobacco	Alcohol	Cannabis	Opioids
Deaths	16,296	6,201	108	2,415
Hospitalizations	54,774	47,526	1,634	3,042
Emergency Department visits	72,925	258,676	16,584	28,418
Total costs	$4.18 billion	$7.11 billion	$0.89 billion	$2.73 billion

Source: https://csuch.ca/explore-the-data/

A Balanced All-of-Society Approach

- Substance use is a complex issue that public health cannot address alone. We need an 'all-of-society' approach to reduce harms from substances.
- This report makes recommendations to our partners and communities to reduce harms, working with people with lived and living experience, using evidence-based strategies.
- We need to strike a delicate balance, respecting individual choices and political interests while protecting public health.

Tipping the Balance Towards a Healthier Ontario

Implementing upstream investments alongside downstream risk mitigation ensures a comprehensive approach to fostering healthier individuals, communities, and societies.

This approach respects individual autonomy while fulfilling public health responsibilities.

Upstream Initiatives:

- Addressing social determinants of health such as income, education and housing
- Providing equitable access to resources
- Strengthening social connections

Downstream Policies and Programs:

- Addressing the social environment: acceptance, accessibility, pricing, promotion
- Supporting treatment access
- Addressing the nature of the substance, e.g., toxicity

Key Areas for Action: Tobacco/Vaping

- **Ontario to sign on to 2035 national target** of fewer than 5% of the population using tobacco
  - Raise **taxes** (ON second lowest nationally);
  - Increase **age of purchase** (to 21, and then consider generational ban);
  - Expanding availability and cover costs of **smoking cessation treatment**

- **Prevent/reduce** vaping and nicotine use among youth and non-smokers
  - Increase **age of purchase for vaping products** (to 21), impose retail license fee and limit retail locations
  - **Ban flavoured vaping products**
  - **Ban disposable vaping products,** and limit concentration and volume of vaping containers
  - Increase **areas where smoking/vaping is prohibited**, and include **water pipes** in bans

- **Work federally to**
  - **Establish a national nicotine framework** to cover tobacco, vaping and all nicotine products
  - Restrict **online advertising** of tobacco/vaping products
  - Require **in-person age verification** for online sales

Key Areas for Action: Cannabis

- **Reduce rising rates of cannabis use** by youth and young adults
  - Increase **age of purchase** (to 21)

- **Increase Awareness of Cannabis Harms**
  - **Rising cannabis- associated mental health ED visits and hospitalizations** among youth/young adults and promote Health Canada's **Low Risk Cannabis Guidelines**
  - Risks of cannabis use during **pregnancy**, **impaired driving,** and polysubstance use
  - **Train more providers** in evidence-based management of cannabis use disorder

- **Reduce risks to young children**
  - Reduce rapidly rising risk of **pediatric poisonings** from edibles by increasing safeguards like **child-proof packaging** and **warning labels**, and reducing the desirability of edibles like use of sweeteners and food-colouring

- **Work federally to:**
  - Restrict **online advertising** of cannabis products
  - Require **in-person age verification** for online sales
  - Set **maximum concentrations of THC**, and consider tiered taxation based on THC content

Key Areas for Action: Alcohol

- **Develop a comprehensive provincial alcohol strategy** with key partners
  - Review enhanced surveillance data and monitor burden over time

- **Increase awareness of alcohol-related harms**
  - **Require labelling and signage** that describe risks and harms associated with alcohol use, including cancer risks, risks of drinking and driving, and risks during pregnancy
  - **Promote message** from Canada's new Guidance on Alcohol and Health that "less is better"

- **Protect from harms of alcohol**
  - Protect youth by **banning advertising online and through social media** and **enforcing alcohol regulations** in all outlets where alcohol is sold
  - Strengthen policies to prevent drinking and driving

- Province to implement evidence-based strategies to **limit access to prevent harms**
  - Manage **outlet density, hours of access**
  - Implement **pricing and taxation** strategies such as minimum standard drink pricing

- **Enhance clinical services** including screening and brief interventions, and treatment access for people with alcohol use disorder

Key Areas for Action: Opioids

- **Address determinants of health** including housing, and access to health care and social services
  - **Federal government to decriminalize** the simple possession of substances for personal use to prevent harms associated with criminalization

- **Improve timely access to evidence-based treatment** for people with opioid use disorder.

- **Enhance harm reduction service access**, including naloxone, safer supply, supervised consumption (including for people who smoke drugs), and drug checking services

- **Address the impacts of grief and loss** through services and supports for families and friends of people who have died from toxicity, and for support workers

Next Steps

Stay Focused

Strive to find a balance between substance use benefits and risks, utilizing effective public health interventions for harm reduction and improved health.

Be Nimble

Actively monitor how substances impact health, adapting downstream programs, services, policies, and regulations to counter evolving threats, such as new products and delivery methods – to protect the most vulnerable.

Take Action

Implement concrete steps to reduce harms from tobacco/vaping, cannabis, alcohol, and opioids.

Be Responsive

Ensure access to effective, on-demand harm reduction, and mental health and addiction treatment services for those at risk of or experiencing substance use harms and their families.

Be Strategic

Continuously refine downstream interventions while investing upstream to prevent harmful substance use. Emphasize strong, healthy, connected families and communities as the best antidote for addiction and other substance use harms.

Be Determined

Advocate for health, social, and economic policies at all levels, fostering stronger communities for longer, healthier lives in an all-of-society approach.

Ontario

Communications Plan for release of report

Communications Plan

Stakeholder-focused with targeted media

Objective: Amplify evidence-based recommendations for public policy discussion and implementation

Stakeholder Outreach	Media
Briefings for government officials/policy/decision makers	Targeted media interviews with print, TV and/or radio journalists covering the health file
Brief leaders of the opposition/health critic (as requested)	OCMOH statement/media release issued on Newsroom linking to the annual report
Stakeholder emails: share embargoed copy of the report with select supportive stakeholders in advance	Media lines & Q&As
Continue to reinforce the primary messages of the report at speaking engagements and stakeholder meetings	Web content. Landing page for main report that highlights executive summary. CMOH statement.
	Sustain messages throughout year on appropriate dates (i.e., No Tobacco Day, World Drug Day etc.)

Appendix

Recommendations to adopt an all-of-society approach to reduce the harms associated with substance use

*See report for substance-specific recommendations

All-Of-Society: Communities

- Communities, including leaders, organizations, networks, service providers, people with lived and living experience of substance use, and their families and neighbours, to come together to build community coalitions and create supportive local environments.

Ontario

All-Of-Society: Local, provincial, federal and Indigenous governments and agencies

- Invest in programs and services that address the upstream social factors, such as equitable access to income, education, housing, and child care, that contribute directly and indirectly to people initiating or continuing substance use
- Increase the investment in public health programs, such as Healthy Babies, Healthy Children, that support healthy child development and strong families and communities
- Enforce legislation on the sale of illegal tobacco, alcohol, and cannabis products
- Earmark a portion of any settlement from litigation against a company for knowingly marketing a substance that causes harm to fund public health measures to reduce those harms.

Ontario

All-Of-Society:

Public health and social services

- Engage with community coalitions, including non-governmental organizations, to develop community substance use committees as well as policies and resources to support local action
- Increase local substance use prevention interventions, such as positive parenting, social-emotional learning, and youth hub services

Ontario

All-Of-Society:

Organizations at all levels (local, provincial, national)

- Partner and engage people with lived and living experience with substance use in the design of those interventions, recognizing their knowledge, expertise and relationships, and providing employment opportunities
- Work collaboratively with populations at greatest risk of substance use harms to enhance health equity
- Increase access to culturally competent and culturally safe, trauma-informed care and services for people who use substances – including those with addictions and those experiencing other substance use harms – and their families
- Address the systemic and structural stigma, racism and discrimination that people who use substances experience when they access health, social, housing, and legal services.

Ontario

All-Of-Society:

Public health sector

- Enhance the province's capacity to conduct surveillance and assess population health related to substance use, harms, risk and protective factors, equity considerations, and specific substances that are causing harms, including the toxic drug supply
- Evaluate policies and programs that may have an impact on substance use and harms and/or on health equity, to build evidence and advance healthy public policy
- Determine whether the public health standard related to substance use should be updated to meet emerging needs
- Continue to educate the public and increase awareness of substance use harms
- Continue to work with regulators to enforce age restrictions on the sale of all regulated substances.

Ontario

All-Of-Society:

Health care system

- Build on the Roadmap to Wellness to develop a comprehensive, connected mental health and addiction system that improves quality and access, expands existing services, and implements innovative solutions
- Provide effective and acceptable treatment for conditions that make people vulnerable to substance use and its harms, including stress, anxiety, depression and other mental health conditions, and chronic pain
- Establish recommended minimum wait times for Ontarians to access addiction and mental health treatment services
- Enhance the capacity of primary care to assess, monitor, and treat substance use disorder
- Enhance and ensure equitable access to evidence-based screening, diagnosis, crisis response, withdrawal management, and treatment for substance use disorders in primary care and acute care settings such as emergency departments and hospitals
- Enhance access to evidence-based treatment programs within correctional facilities as well as continuity of care and supports post-release
- Enhance and ensure equitable access to evidence-based treatments, including pharmacotherapy as well as longer-term and residential treatment programs.

Ontario

External Advisory Committee Members

1. Nicole Blackman, Indigenous Primary Heath Care Council
2. Leslie Buckley, Addictions Division Centre for Addictions and Mental Health
3. Chelsea Combot, Ontario Federation of Indigenous Friendship Centres
4. Kit Young Hoon, Northwestern Public Health Unit
5. Tessa Jourdain, Ontario Federation of Indigenous Friendship Centres
6. Surkhab Peerzada, Ontario Federation of Indigenous Friendship Centres
7. Gord Garner, Community Addictions and Peer Support Association
8. Tara Gomes, Ontario Drug Policy Research Network
8. Angie Hamilton, Families for Addiction Recovery
9. Erin Hobin, Public Health Ontario
10. Pamela Leece, Public Health Ontario
11. Kwame McKenzie, Wellesley Institute Centre for Addictions and Mental Health
12. Linda Ogilvie, Chiefs of Ontario
13. Bernadette deGonzague, Chiefs of Ontario
14. Hasan Sheikh, Mental Health and Addictions Centre of Excellence, Ontario Health
15. Lisa Simon, Simcoe Muskoka District Health Unit