



Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- Develop a funded public health approach to cannabis legalization, regulation, restriction of access, education and harm reduction in Ontario.
- Harmonize regulatory restrictions on smoked cannabis with those on tobacco as provided in the Smoke-Free Ontario Act.
- Increase the minimum age of access to cannabis to 21 in Ontario.

That municipal governments:

- Develop Municipal Cannabis Policies similar to those for the Municipal Alcohol Policies for the planning and implementation of cannabis-related interventions and other policy levers to reduce risk from cannabis use such as regulating retail geography and density as well as locations for consumption.

Return on Investment



- A funded public health approach to cannabis that includes prevention and education strategies allows for more control of the risk factors and a reduction in harm associated with cannabis use will result in reduced health care costs.
- Public health-focused approach on cannabis can result in a net benefit to population health and safety.

Background

**CANNABIS USE
 IN CANADA**

Canada has one of the highest rates of cannabis use in the world.



40%

OF CANADIANS HAVE USED CANNABIS



10%

OF CANADIANS HAVE USED CANNABIS IN THE PAST YEAR



20%

OF CANADIANS AGED 15-24 YEARS USED CANNABIS IN THE PAST YEAR



70%

OF CANADIAN CANNABIS USERS ARE AGE 25 OR OLDER

CENTRE FOR ADDICTION AND MENTAL HEALTH (CAMH)

- Canadian youth are among the top users of cannabis in the developed world.
- Cannabis use is higher in Timiskaming than Ontario.
- Cannabis use carries health risks, including problems with brain functioning (e.g. drug-impaired driving), respiratory problems, and dependence.
- Federal government's responsibilities focus on setting strict requirements on cannabis cultivation and manufacturing, and setting industry-wide rules and standards on types of products for sale, packaging/labelling, production practices, etc.
- Provinces and territories will be responsible for licensing and overseeing the distribution and sale of cannabis, subject to federal conditions.
- Municipalities will be responsible for many enforcement aspects, through police services, by-law inspectors and public health enforcement officers.



Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- Have a provincial alcohol strategy that includes a review and impact analysis based on existing evidence of the health and economic effects of alcohol in Ontario that enhances public education of the negative health impacts of alcohol.

That municipal governments:

- Enhance Municipal Alcohol Policies and review regularly, plan and implement alcohol-related interventions and other policy levers to reduce risk and harm from alcohol.

Return on Investment



- Significant savings could be achieved through reduced healthcare burden from alcohol-related diseases and death.
- 40% of 12-18 year olds drink in Timiskaming compared to 20% across Ontario.
- Diseases related to heavy drinking account for at least 40,000 hospital stays each year in Ontario at a cost of \$65,000,000.
- Expenditures attributed to alcohol consumption cost Ontarians an estimated \$1.7 billion in direct health care costs and \$3.6 billion in indirect costs in 2011, for a total of \$5.3 billion.
- It is estimated that law enforcement related to alcohol costs Ontarians \$3.1B yearly.

Background

Health and Social Effects of Alcohol

- The World Health Organization has identified harmful use of alcohol as responsible for 2.3 million deaths worldwide every year, representing 5.9% of all deaths.
- Alcohol is the most commonly used drug among Ontarians and one of the leading causes of death, disease and disability in Ontario.
- Ontario has a significant portion of the population drinking alcohol and exceeding the low risk drinking guidelines.
- There were more hospital admissions in Canada last year for alcohol-related conditions than for heart attacks.
- Harmful alcohol use can lead to an increased risk of health problems - liver diseases, diabetes, cardiovascular disease, cancer and other chronic illnesses.
- Broader social implications of harmful alcohol use include injuries, violence, motor vehicle collisions, family disruption, unemployment and workplace accidents.
- Low-alcohol policies can be an effective means of promoting moderate alcohol consumption, support community values, raise awareness of harms, influence community social norms and promote healthier communities.
- Public health practitioners and municipalities work together on reducing alcohol-related harms.
- Policy strategies are needed at all three levels of government.



Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- Establish a funded oral health program for low-income adults and seniors in Ontario.

That municipal governments:

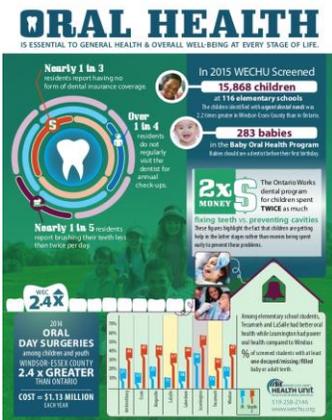
- Support fluoridation of municipal water supplies.

Return on Investment



- Over 220,000 Ontarians visited physician offices for oral health concerns in 2015.
- Over 61,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns, with 590 for Timiskaming in 2015-2016.
- An estimated \$38 million is spent in the health care system for these complications, where patients receive treatment for pain and other complications, but not for the underlying dental issue.
- It is estimated that every \$1 invested in community water fluoridation yields an estimated \$38 in avoided costs for dental treatment. No communities in Timiskaming currently add fluoride to water, and several local communities do not have levels of fluoride recommended by the Canadian Dental Association.
- Health Canada estimates that \$4.15 million working-days are lost due to dental visits or dental sick-days in Canada every year.

Background



- There is a documented decline in the rates of tooth decay where fluoride has been added to municipal water supplies—a health benefit that extends to all residents regardless of age, education, socioeconomic status or access to other preventive measures.
- According to the World Health Organization (WHO), oral health is essential to general health and quality of life.
- A person experiencing dental pain or missing front teeth faces barriers to maintaining a job or looking for a job.
- OHIP does not cover health care for our teeth and gums, and only 57% of Timiskaming residents have insurance that covers all or part of dental expenses.
- While there are a patchwork of programs for adults on social assistance and a public dental program for low-income children, many adults and seniors can't afford dental care or getting dentures.
- When those who cannot afford to visit a dentist or dental hygienist experience pain and infection, they often have nowhere to turn but the emergency room, where they can get only painkillers and no treatment.
- Most dental complications are avoidable with preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions.



Services de santé du

TIMISKAMING
Health Unit

COMMITMENT TO A TOBACCO ENDGAME IN ONTARIO'S COMMUNITIES

Our Ask

That municipal governments support their local Public Health Units and encourage the Provincial Government to:

- Shift the focus from tobacco control to a future that is free from commercial tobacco.
- Commit to a target of less than 5% tobacco use in Ontario by 2035.

That municipal governments:

- Continue to exercise their leadership on tobacco control by using local law-making authority to restrict tobacco use and reduce exposure in areas not covered by provincial legislation. This can include licensing and regulating location of tobacco retail outlets and restricting tobacco use in places where children and youth spend time such as beaches and fairgrounds.

Return on Investment



- Timiskaming has a smoking rate of 26% compared to 16.7% for Ontario.
- Tobacco-related disease accounts for at least 500,000 hospital stays each year.
- Tobacco-related disease costs Ontario's health care system an estimated \$2.2 billion in direct health care costs.
- Tobacco-related disease costs the Ontario economy \$5.3 billion in indirect costs such as time off work.
- Every dollar invested in tobacco prevention saves \$20 in future health costs.

Background



- Tobacco is the leading cause of preventable death and illness in Ontario.
- There are approximately 13,000 tobacco-related deaths each year in Ontario - that's 36 deaths per day.
- In adults, tobacco use is responsible for lung disease, heart disease, lung cancer and many other illnesses.
- Tobacco use and exposure to second-hand smoke can cause major damage in children like: asthma attacks, alterations in lung development and chronic middle ear disease.
- There is growing support in Canada and globally for a tobacco endgame, with the adoption of endgame targets in Ireland, Scotland, Finland, and New Zealand.
- A Steering Committee for Canada's Tobacco Endgame was convened in 2015 and identified an endgame goal of less than 5% tobacco prevalence by 2035.
- Canada's Tobacco Strategy proposes a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035.



Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- Implement workplace strategies to address psychological health and safety to protect and promote the mental health of workers throughout the province of Ontario.

That municipal governments:

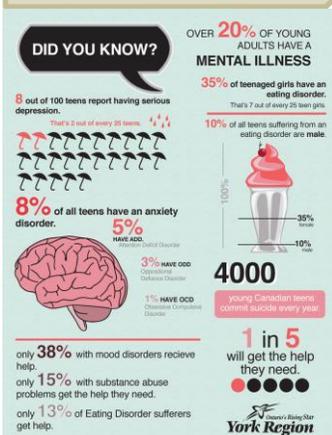
- Commit to building mental health system integration and capacity.
- Support healthy public policies that promote positive mental health.
- Commit to investing in programs and services that promote safe and supportive housing and environments.

Return on Investment



- The economic burden of mental illness in Canada is estimated at \$51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.
- Overall, the impact of mental health, mental illness, and addictions in Ontario on life expectancy, quality of life, and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases.
- 1 in 10 Timiskaming adults rated their mental health as fair or poor—higher than the province.
- 60% of adolescents that experience depression have recurrent episodes later on in adulthood; early prevention programs targeting mental health in preschool and school-aged children can have a positive impact on youth.
- There are higher percentages of school fights, being a victim of bullying, or a victim of cyberbullying among northeastern Ontario students than across Ontario.
- In any given week, at least 500,000 employed Canadians are unable to work due to mental health problems.

Background



- The mental health and well-being of Ontarians is heavily influenced by the social, economic, and physical environments where people live, learn, work, and play.
- There have been notable increases in Ontarians who perceive their mental health as fair or poor as well as those who experience mental health problems or illness.
- As Ontario is one of Canada's most diverse provinces, all public health efforts to promote mental health and prevent mental illness require a strong attention to principles of health equity, so that all people can reach their full health potential.
- Promoting the mental health and well-being of Ontarians requires a collaborative, proportionate universalism approach, involving stakeholders across various sectors.
- 70% of mental health problems have their onset during childhood or adolescence.
- 34% of Ontario high-school students indicate a moderate-to-serious level of psychological distress (symptoms of anxiety and depression).
- Over 4,000 Canadians per year die by suicide—an average of almost 11 per day.



Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial Government to:

- Develop a funded action plan for opioids, including education, harm reduction and treatment, with targets, deliverables, timelines and an evaluation component that is supported by regular communications to key stakeholders and partners such as Public Health Units.

That municipal governments:

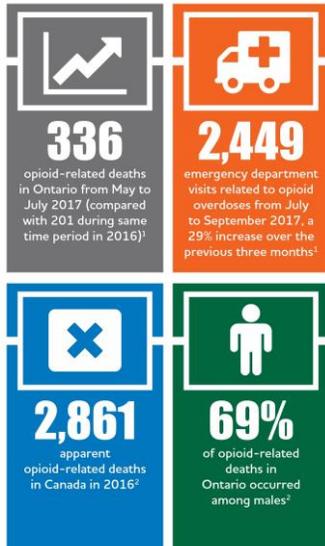
- Support a comprehensive local opioid strategy action plan, reflecting surveillance, prevention, treatment, harm reduction, and enforcement activities.
- Support local harm reduction and research efforts.

Return on Investment



- High return on investment associated with measures used to bring about a reduction in opioid misuse including costs to individuals, workplaces, and health care system.
- Research has shown that supervised consumption sites reduce overdose deaths, the length of drug users' hospital stays and HIV infection rates, reducing health care costs by improving the health of intravenous-drug users.

Background



- Ontario has one of the highest prescription rates in Canada for opioids, a class of drugs that includes pain relievers such as fentanyl, morphine and OxyContin.
- Timiskaming's rate of opioid prescription is higher than Ontario's, with one of the lowest rates of opioids being used as addiction treatment.
- While they can be an effective part of pain management for some medically supervised patients, opioids can be harmful and result in addiction and overdoses.
- Lives are saved through a coordinated prevention, treatment, harm reduction and enforcement response plan, supported by strong evidence.
- Ontario has experienced 13 years of increasing and record-setting opioid overdose fatalities, which now rank as the third leading cause of accidental death.
- More than 5,000 Ontarians have died of an opioid overdose since 2000, the majority accidentally.
- In 2016, there were 867 opioid-related deaths, 1909 hospitalizations and 4427 emergency department visits in Ontario. These numbers represent an increase of 237%, 160% and 240% respectively over 2003 numbers and they continue to trend upward.
- In 2015, almost 60% of accidental deaths caused by opioid overdose occurred in youth and younger adults, aged 15-44, and more often among males.
- Supervised consumption facilities also reduce public drug use and publicly discarded injection equipment.



Our Ask

That municipal governments support their local Public Health Unit and encourage the Provincial and Federal Governments to:

- Implement measures to reduce food insecurity.
- Act on the recommendations from the “Income Security: A Roadmap for Change” report which puts people’s dignity, their needs, and their rights at the centre of social assistance reform.
- Affirm the recognition of the right to housing as a fundamental human right.

That municipal governments create or enhance policies that have the potential to enhance incomes for low-income residents, such as:

- Investing in affordable housing and accessible and affordable public transportation.
- Supporting and working with anti-poverty coalitions and food policy councils.

Return on Investment



- Being food insecure is strongly associated with greater use of the healthcare system. Annual health care costs are 121% higher in households with severe food insecurity.
- Food insecurity has the potential to limit those experiencing it from being full members of the local community by impacting health overall and mental health in particular.

Background

Food insecurity is a serious public health problem

1.6 million Ontarians or 1 in 8 households do not have enough \$ to buy food

When income is too low, people do not have enough \$ for rent, bills AND food

Food Insecurity → higher rates of:

- Chronic, high blood pressure & poor oral health in adults
- Mental health problems
- Health care use

What is the solution?

Food charity (food banks, food banks) OR **Adequate income** (basic income guarantee)

- Offers temporary higher relief – but food insecurity doesn't go away
- Addresses the root cause of food insecurity – not enough money

• Has limited reach – 3 out of 4 food insecure households do not go to food banks

• Has limited operating hours and restricts the number of visits and the amount of food provided

• Does not meet people's daily needs for nutritious food

• Undermines people's dignity

• Promotes dignity when people have enough money to buy food

• Checks all households the means to choose how, when and what food to buy

• Closes income chasm from ensuring the basic right to food

• Closes the basic right to healthy governments addresses the root cause of food insecurity

OSNPPH urges governments to prioritize and investigate a basic income guarantee. The only solution to food insecurity is an INCOME response.

Food insecurity is linked to...

Eating vegetables and fruit less often	Increased risk of chronic disease like diabetes	Social exclusion
Poorer mental health in adults and children	Behavioural, emotional, and academic barriers in children	Increased health care costs

- Food insecurity is a determinant of health and impacts health equity.
- Lacking sufficient money for food takes a serious toll on people’s health. Adults in food insecure households are more likely to suffer from chronic conditions such as diabetes, and high blood pressure; children are more likely to suffer from mental health problems and teenagers are at greater risk of depression, social anxiety and suicide.
- Food insecurity – not having enough money to buy food – is a serious social and public health problem in Ontario, affecting 1 in 8 households. One in 6 children in Ontario lives in a food-insecure household. 18% of households in Timiskaming live with low income.
- It is more expensive to feed a family in Timiskaming than in Southern Ontario
- The root cause of food insecurity is poverty. Income-based solutions are needed to address food insecurity. Food charity and community food programs are ineffective responses to food insecurity. Current social assistance rates are not enough – 64% of Ontario households reliant on social assistance are food insecure.
- Incomes are not enough for many working people. Almost 60% of food insecure households in Ontario have employment income, yet they still have difficulty having enough money for food.
- Regular monitoring of food affordability and household insecurity is critical to inform and evaluate policies, programs and services.



**Strong Local
Public Health**

- Ontario's 444 Municipalities benefit from the many public health programs and services that keep them healthy.
- Under the Health Protection and Promotion Act, municipalities in a health unit are responsible for paying the expenses of the health unit in the performance of its functions and duties that are largely mandated by the province.
- Ontario's 35 public health units work hard to deliver these essential programs and services to prevent disease and promote health in local communities.
- For more than 180 years, Ontarians have enjoyed a strong public health system that puts local communities and their health at the front and centre.
- Local public health units work hard to deliver programs and services to improve and protect the health and well-being of the population and reduce health inequities.
- Public health staff work in partnership with many sectors, including local government to contribute to these population health outcomes.
- Elected officials and staff of municipalities can use local data and work with public health staff to apply a health lens to decision making which includes a decision not to act: a **Health in All Policies (HiAP) Approach**.

**Other Key Public
Health Issues**



WHICH FACTOR INFLUENCES

Health?



INCOME AND
EMPLOYMENT
SECURITY

A



FOOD SYSTEMS

B



ENVIRONMENT

C



HOUSING

D



TRANSPORTATION

E



RECREATION
OPPORTUNITIES

F



ALL OF
THE
ABOVE

G

Graphic credit – [Grey Bruce Public Health](http://www.greybrucepublichealth.ca)

About alPHA

alPHA

Association of Local
PUBLIC HEALTH
Agencies

- The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario.
- Membership in alPHA is open to the 35 public health units in Ontario and we work closely with board of health members, medical 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.
- The Association works with governments, including local government, 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.