



BOARD REPORT

Friday, February 26, 2016



Medical Officer of Health

REPORT TO THE BOARD

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Marijuana Regulation

The Canadian policy on cannabis use has been prohibitionist since the substance was first added to the opium and narcotic drug law in 1923. At that time the substance was not commonly used in Canada. In spite of the criminal consequence of possessing, dealing or growing the marijuana plant, the use of cannabis has varied through the past 90 years without much predictable response to increased or decreased police enforcement. The LeDaine Commission of the 1970's recommended the removal of possession from the criminal code but the political will was not strong enough to make such a change at that time. The [Senate Report of September 2002](#) again stated that, "Criminalization of cannabis remains unjustified based on scientific data on the danger it poses" (p.35). It seems that the social and political resolve is firm enough at this time to initiate the change.

This is an opportunity for public health to help shape a harm reduction approach which addresses the individuals' risk of using the product and protects the vulnerable, but also reduces or eliminates the health and social harms resulting from criminal prohibition. Here are two articles from the USA, as several states have regulated or decriminalized marijuana the recent past, and the '[Canadian Centre on Substance Abuse](#)' and '[Centre for Addiction and Mental Health](#)' have produced papers on this topic.

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Program Report FEBRUARY 2016



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We work with the Grey Bruce community to protect and promote health.

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Healthy Smiles Ontario: Managing the Change

As of January 1 2016, six publically funded dental programs were combined into one as Healthy Smiles Ontario (HSO). New streamlined registration, eligibility and enrollment provides easier access to dental care for children up to age 17. Key changes include:

- 100% funded and managed by the Ministry of Health and Long-Term Care
- Automatic enrollment when the child, or their family, receive Ontario Works, Temporary Care or Disability Support
- Public Health longer administer claims; a third party now process claims
- Benefits can be coordinated with existing dental insurance

The transition required extensive planning and significant coordination with the Ministry to incorporate the new role for Public Health, including:

- Budget analysis to determine new funding requirements
- Validate existing client data prior to upload to Ministry
- Obtain client consent to transfer information to the third party administrator
- Follow up outstanding claims not processed by December 31, 2015
- Change all support content including electronic and hard copy (posters, pamphlets, etc.) to reflect the new HSO program
- Ensure all current and new clients enroll in the new HSO-Preventive Services
- Communicate new program, processes and protocols with dental providers, community partners and families

A number of local promotional activities are planned to share the new HSO program with parents, partners and the community.



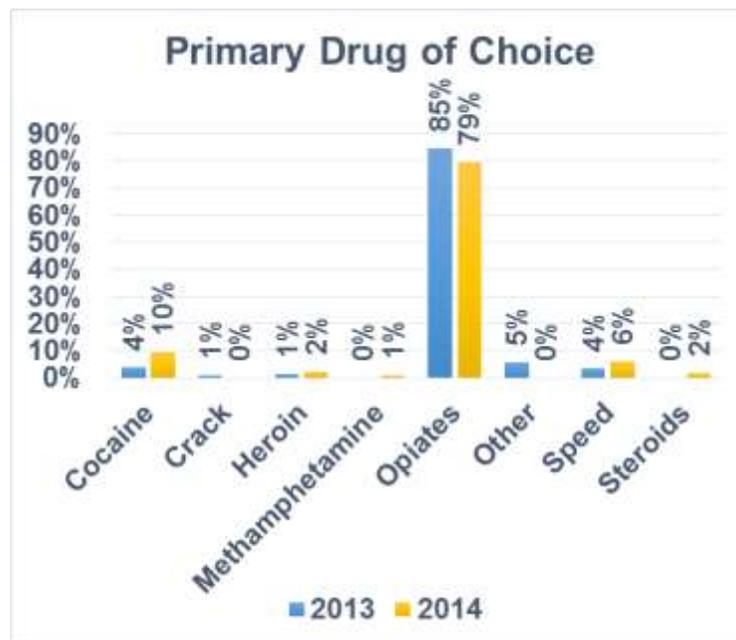
Needle Syringe Services

As directed by the Ontario Public Health Standards, needle syringe services reduce the incidence of infectious disease from sharing dirty needles by providing free clean syringes, needles and other supplies to clients who use substances. The aim of this harm reduction approach is to reduce the negative health, social and economic consequences from the use of legal and illegal drugs. This service treats clients with respect and ensures substance-related issues are addressed systemically. Programs are provided at a variety of community locations (mainly pharmacies) throughout Grey Bruce and at our office in Owen Sound.

The demand for needle syringe services has almost doubled in the past year to 4,400 needle exchange kits distributed Jan-Nov 2015 from 2,525 kits distributed in the same period in 2014. It is unclear whether increased substance use or increased accessibility to clean supplies (i.e. more locations) is driving the increasing demand. This will be investigated further through discussion with clients.

While the goal of the program is to provide clean supplies free of charge and to not limit access, provincial funding has not increased and there are limits on supplies that Health Units can order. Locally, the current demand is about 800 kits per month. If this continues to grow, the sustainability of the program and distribution sites will have to be re-examined.

The type of substances Grey Bruce clients self-report remained consistent from 2013 to 2014 with a small increase noted in the use of methamphetamines in 2014.

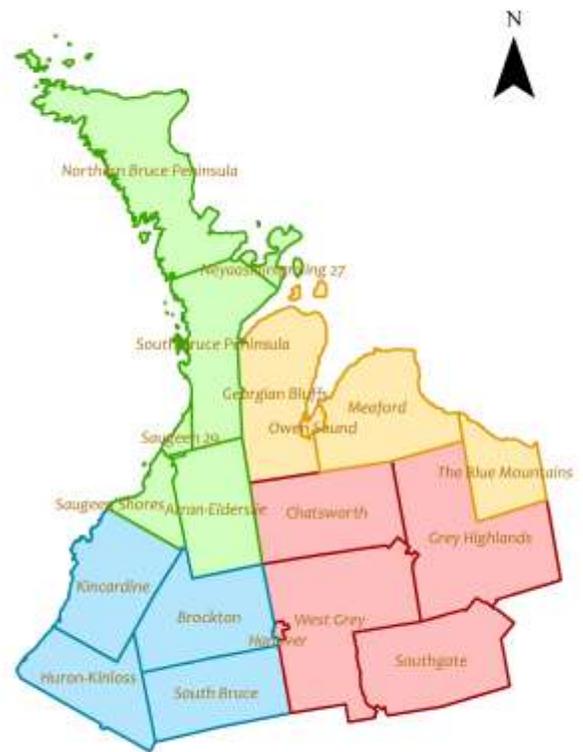


The Grey Bruce Crystal Meth and Other Drugs Task Force addresses substance misuse through a community collaboration focusing on Education, Prevention and Harm Reduction; Treatment; and Enforcement and Community Safety. Public Health sits on the Task Force Steering Committee.

Population Health Team

In late 2015, the Ministry of Health and Long-Term Care announced the formation of the Population and Public Health Division. This supports the direction that the Grey Bruce Health Unit has taken to address the complex issues facing our communities. Working with community partners and the Public Health Community Teams, the Population Health Team implemented a variety of strategies in 2015 to address the determinants of health, engaging public involvement through social media, creating healthy schools/communities for youth and working to move forward the *Health In All Policies* concept. The Health Unit was also successful in attaining their Certificate of Commitment to support the Baby Friendly Initiative (BFI) strategy.

With the emphasis on the health of populations, the 2016 model will continue to support both regional and community based planning and implementation. The focus areas include alcohol and other drugs (including tobacco); health equity; healthy weights for children and youth; falls prevention across the lifespan/injury and nurturing healthy growth and development. Team members continue to engage with partners to develop the most effective evidence-based strategies suited to our rural setting.



Tobacco De-Normalization with Flex Program Students

On December 7, the Youth Advocacy Training Institute, in partnership with the Grey Bruce Health Unit, delivered a tobacco de-normalization workshop for 18 students of the Flex Program at Georgian College. The Flex Program is a partnership of Bluewater and Bruce-Grey Catholic District school boards and Georgian College offering at-risk students the opportunity to graduate high school while in a post-secondary setting.

Reports by the Ontario Tobacco Research Unit shows a high likelihood of these students starting to use tobacco. This workshop supported students to make positive change in their lives, to understand the reasons for tobacco use and to see how policy influences behaviour. As a follow-up, the students looked at current tobacco policy at both public school boards and at Georgian College.

Grey Bruce Expanded Air Quality Monitoring Study

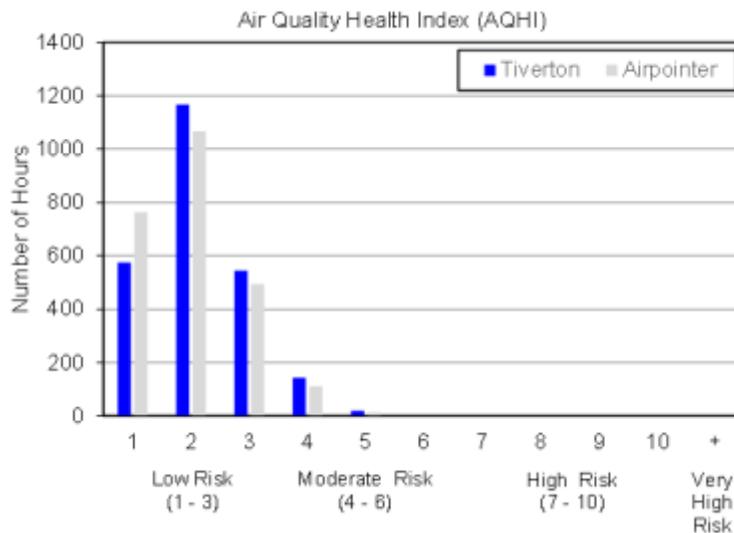
In 2015, the Health Unit partnered with the Ontario Ministry of the Environment and Climate Change (MOECC) to undertake an expanded air quality monitoring study in Grey Bruce.

A potential data gap related to local air quality monitoring was identified in the 2014 [State of the Environment Report](#). Local air quality data comes exclusively from the Ministry's Tiverton AQHI (Air Quality Health Index) monitoring station in the extreme southwest of Bruce County. The station primarily tracks pollution carried by the prevailing winds from sources outside Grey Bruce and may not reflect the state of air quality further inland or further north. While there are no obvious sources of air pollution in Grey Bruce (e.g. large-scale industrial operations or concentrated vehicular traffic), it was hypothesized that local conditions and less focused, but potentially influencing, activities could produce unexpected adverse conditions.



To test this hypothesis, a mobile air-monitoring unit, known as an Airpointer, was set-up at three sites; Northern Bruce Peninsula, Owen Sound and Hanover, to collect data throughout the summer of 2015. The Airpointer was configured to monitor the same air quality parameters as the Tiverton station so that results could be directly compared.

The study found that data obtained from the three inland locations “tracked very well” with the Tiverton station. As well, air quality for the majority of the study period was very good, (i.e. AQHI values representing low risk)



We thank both the Environmental Monitoring and Reporting Branch and the Owen Sound District Office the Ministry of the Environment and Climate Change for the excellent support that made this study possible.