

(on health unit letterhead)

Date

Provincial Candidate's Name

Address

Dear [Candidate's name],

As a member of the Association of Local Public Health Agencies (alPHA), which represents Ontario's 36 public health units and their boards, the Board of Health for the [insert name of Health Unit] calls on candidates in the 2018 provincial election to commit their support for a healthier Ontario through a strong local public health system.

alPHA recently released its election policy priorities that focus on improving Ontarians' health in five key areas (**see enclosed**):

- Tobacco Endgame in Ontario
- Oral Health for Adults in Ontario
- Universal Pharmacare Program
- Public Health Approach to Cannabis in Ontario
- Opioid Strategy Action Plan for Ontario

By endorsing these priority actions and working to implement these during the new provincial term, you will be investing in the health of the electorate while also helping to save money on the significant costs associated with the burden of illness.

If you have any questions or would like to meet to further discuss the enclosed, please do not hesitate to reach out to me [OR name and title of health unit's designated spokesperson on the 5 policy priorities] at the following: [contact information].

Thank you for your attention. I look forward to your support of public health and improved health for Ontarians.

Sincerely,

[Name of Board of Health Chair]

Chair, Board of Health

Enclosures

cc. Loretta Ryan, Executive Director, Association of Local Public Health Agencies

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## COMMITMENT TO A TOBACCO ENDGAME IN ONTARIO

### Our Ask

That the Ontario government:

- 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

### Return on Investment



- 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.

### 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.
- The Federal Tobacco Control Strategy is scheduled for renewal after March 31, 2017.
- The federal government's consultation paper *Seizing the Opportunity: The Future of Tobacco Control in Canada* proposed a number of endgame strategies including being committed to a target of less than 5% tobacco use by 2035.

### References

- <https://www.on.lung.ca/page.aspx?pid=460>
- <https://www.ontario.ca/page/smoke-free-ontario#section-4>
- <http://www.ocat.org/whatsnew.html>
- <http://www.fin.gov.on.ca/en/tax/tt/>

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## STRONG LOCAL PUBLIC HEALTH

### Strong Local Public Health

- Ontario's 124 provincial ridings and their electorate benefit from the many public health programs and services that keep them healthy.
- Ontario's 36 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.

### Other Key Public Health Issues



While we have highlighted the health issue on the reverse as a particularly important topic you should be aware of, there are a host of other broad public health issues that may also affect the overall health in your community. Here is just a sample:

- Tobacco endgame
- Oral health for adults
- Universal pharmacare
- Cannabis
- Opioids
- Mental health
- Food insecurity
- Indigenous health and engagement
- Sugar sweetened beverages
- Aging population

### About alPHA

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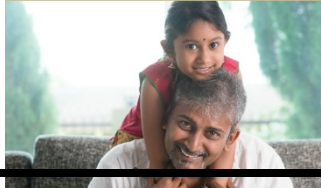
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## ORAL HEALTH FOR ADULTS IN ONTARIO

### Our Ask

- That the Ontario government commit to a provincially funded oral health program for low-income adults and seniors in Ontario before 2025.

### Return on Investment



- Over 220,000 Ontarians visited physician offices for oral health concerns in 2015.
- Over 60,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns.
- An estimated \$38M is spent in the health care system for these complications without addressing their underlying causes.

### Background

## Healthy smiles Ontario



- According to the World Health Organization (WHO), oral health is essential to general health and quality of life.
- Many low income, and even middle income, Canadians suffer from pain, discomfort, disability, and loss of opportunity because of poor oral health.
- One-third of Ontario workers do not have employee health benefits.
- 13.9% of the Ontario population, live in low income.
- Financial barriers prevent many marginalized and low-income adults from accessing preventive and acute dental care.
- Few options exist for low income adults to receive dental care.
- According to the Ontario Oral Health Alliance (2017), emergency department hospital services are often the only option for treatment of acute dental complications due to lack of dental care.
- Most acute dental complications are avoidable with timely preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions.
- The ongoing exclusion of low-income adults from publicly-funded oral health treatment and prevention services creates health inequities.
- *(Liberal only)* The 2014 Ontario Budget included the provision of dental benefits to all low-income workers by 2025 as part of its 10-year economic plan.
- *(Liberal only)* The Ontario Liberals made the provision of oral health services to low-income Ontarians a key plank in its 2007 election platform.

### References

- [http://www.who.int/oral\\_health/strategies/en/](http://www.who.int/oral_health/strategies/en/)
- <http://www.oaphd.on.ca/index.php/ooha>
- <http://www.oaphd.on.ca/images/stories/pdfs/2107-01-30-InformationDR-ER-UPDATE.pdf>
- [http://www.cahs-acss.ca/wp-content/uploads/2014/09/Access\\_to\\_Oral\\_Care\\_FINAL\\_REPORT\\_EN.pdf](http://www.cahs-acss.ca/wp-content/uploads/2014/09/Access_to_Oral_Care_FINAL_REPORT_EN.pdf)
- <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Low-Wages-No-Benefits-Wellesley-Institute-Feb-2015.pdf>
- <https://youtu.be/SeuDyFvwuvU>

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## COMMITMENT TO A UNIVERSAL PHARMACARE PROGRAM

### Our Ask

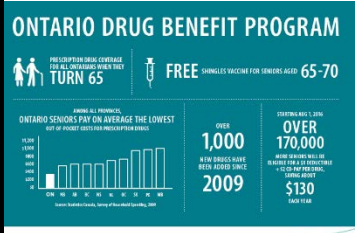
- That the Ontario government move forward with the development and implementation of a universal pharmacare program for all Ontarians.

### Return on Investment



- It is estimated that a universal pharmacare program would generate savings in the range of \$4.2 to \$9.4 billion per annum related to decreased drug costs that would result from bulk purchasing power and reduced administration fees.
- Research indicates that a universal pharmacare program that provides prescription drug coverage for all Canadians through a publicly funded system, would improve access to prescription drugs by eliminating cost-related non-adherence to medical treatment and thereby increase health outcomes and reduce spending in other areas of the health care system such as physician visits and hospitalizations.

### Background



- Canada is the only industrialized country with a universal publicly funded health care system that does not include coverage for prescription drugs.
- In Ontario, one-third of employees do not have employer provided health benefits.
- Single parents, women, minority populations, Indigenous persons, youth, older persons, new immigrants and persons with disabilities are more likely to be precariously employed and therefore less likely to have supplemental health insurance.
- About 9 percent of Ontarians do not fill medical prescriptions because of cost.
- Most Canadians (78%) support a universal pharmacare system and 82% support bulk purchasing to reduce the costs of drugs.
- Ontario is a member of the pan-Canadian Pharmaceutical Alliance (pCPA) that helps reduce the cost for jurisdictions to expand access to publicly funded medications.
- The Ontario Drug Benefit (ODB) program provides basic prescription drug coverage for people who are 65 years or older, living in long-term care or a home for special care, enrolled in home care program or receiving social assistance.
- In its 2017 Budget, the Ontario government funded free prescription medications for everyone aged 24 and under through OHIP+: Children and Youth Pharmacare, starting in January 2018.

### References

- Wellesley Institute, “Low Wages, No Benefits Expanding Access to Health Benefits for Low Income Ontarians”, February 2015 <http://www.wellesleyinstitute.com/publications/low-wages-no-benefits>.
- Dr. Eric Hoskins, “Why Canada Needs a National Pharmacare Program”, *The Globe and Mail* Oct 14, 2014
- Marc-Andre Gagnon, “A Roadmap to a Rational Pharmacare Policy in Canada”. Canadian Federation of Nurses Unions, 2014. <http://www.cfnu.ca>
- Steven G. Morgan et al., “Estimated cost of universal public coverage of prescriptions drugs in Canada”, *Canadian Medical Association Journal* (Early release 2015 March 16: 1-7) <http://www.cmaj.ca>

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## PUBLIC HEALTH APPROACH TO CANNABIS IN ONTARIO

### Our Ask

That the Ontario government:

- Adopt a comprehensive funded public health approach to cannabis legalization, regulation, restriction of access, education and harm reduction in Ontario
- Align regulatory restrictions on cannabis with those on tobacco as provided in the Smoke-Free Ontario Act
- Support increasing the minimum age of access to cannabis to 21 in Ontario

### 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.
- Public health-focused regulations on cannabis and their enforcement can result in a net benefit to population health and safety.

### Background



**LEGALIZING AND STRICTLY REGULATING CANNABIS: THE FACTS**

The proposed Cannabis Act would create a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada.

**The Act would:**

- restrict youth access to cannabis
- prevent young people from promotion or endorsements for their cannabis
- allow only certain controlled access to recreational cannabis to be sold in a regulated way, separate from what is now sold or provided to youth
- protect public health through strict product safety and quality requirements
- reduce the burden on the criminal justice system
- provide for the legal production of cannabis to meet illicit activities
- allow adults to possess and access regulated, quality-controlled legal cannabis
- enhance public awareness of the health risks associated with cannabis

The current program for restricting cannabis for medical purposes would continue under the new Act.

Cannabis will remain illegal for all other uses through the regulatory process. It is expected that the bill would become law with a change date of no later than July 2018.

**RESTRICTED ACCESS**

The Cannabis Act proposes three rules that would protect youth from accessing cannabis:

**PROTECTING YOUTH**

No person aged 18 or younger would be able to possess, produce or sell cannabis under the age of 18.

In addition, the Act would create 2 new criminal offences, with maximum penalties of 10 years in jail for:

- giving or selling cannabis to youth, and
- selling a youth to access a cannabis-related offence

In order to prevent youth from using cannabis, the Act would also prohibit:

- advertising that can appeal to youth
- packaging or labelling cannabis in a way that makes it appealing to youth
- selling cannabis through self-service displays or vending machines
- promoting cannabis, except in certain circumstances when the promotion would be used for a strict purpose

Provisions for creating these prohibitions include a fine up to 10 million or 3 years in jail.

The Government has also committed \$60 million to a comprehensive public awareness campaign to inform Canadians, especially youth, of the health and safety risks of cannabis consumption, and its prohibition activities.

**CONTROLLED ACCESS**

Should the Cannabis Act become law in July 2018, adults who are 18 years old or older would be able to legally:

- possess up to 30 grams of legal dried cannabis or equivalent in any other form
- when up to 30 grams of legal cannabis with other adults in a public place or their private and controlled access a personally licensed maker
- to their possession that has not yet or chosen not to put in place a regulated retail framework, individuals would be allowed to purchase cannabis either from a licensed licensed producer
- grow up to 4 cannabis plants, to a maximum height of 110cm, per residence for personal use from licensed seedling

- Canadian youth are among the top users of cannabis in the developed world.
- Cannabis use carries health risks, including problems with brain functioning (e.g. drug-impaired driving), respiratory problems, and dependence.
- In April 2017, the federal government introduced Bill C-45, *An Act respecting cannabis and to amend the Controlled Substances Act, the Criminal Act and other Acts*. The Act seeks to legalize and regulate recreational cannabis. If passed, it will come into force July 1, 2018.
- Bill C-45 was introduced to keep cannabis out of the hands of Canadian youth and to prevent organized crime from profiting from the illegal cannabis market.
- Federal government's responsibilities will focus on setting strict requirements on cannabis growth 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.
- Stringent regulations on tobacco promotions, advertising and marketing, particularly to children and youth, have been effective and can be applied to cannabis legalization.
- Development of a comprehensive framework to address and prevent cannabis-impaired driving should be considered by government.



Canada

### References

- [Ontario Public Health Unit Collaboration on Cannabis Position Paper](#)
- [Bill C-45](#)
- [Ontario Cannabis Act, 2017](#)
- [Canadian Centre on Substance Abuse and Addiction](#)
- [Centre for Addiction and Mental Health Cannabis Policy Framework](#)

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## OPIOID STRATEGY ACTION PLAN FOR ONTARIO

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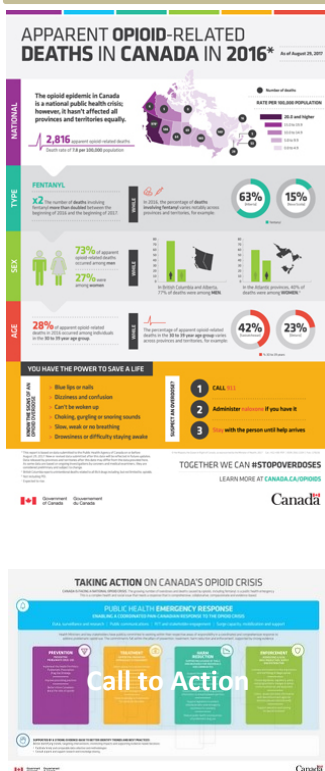
- Develop a funded, comprehensive, multifaceted action plan for the Ontario Opioid Strategy, including education, harm reduction and treatment, with targets, deliverables, timelines and an evaluation component that is supported by regular communications to key stakeholders and partners such as Public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

### Return on Investment



- Lives are saved through a coordinated prevention, treatment, harm reduction and enforcement response plan, supported by strong evidence.
- In the first six months of 2016, 412 Ontarians died of an opioid overdose—an 11% increase from 2015.
- 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.

### 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.
- 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.
- 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.
- Canada's former health minister Jane Philpott has called the opioid overdose crisis "an unprecedented national public health emergency".
- In June 2016, Ontario made naloxone, a medicine designed to quickly reverse the effects of opioid overdose, available without a prescription at pharmacies across the province.
- In October 2016, Ontario announced its Opioid Strategy to prevent opioid addiction and overdose.
- On November 19, 2016, both federal Minister of Health Jane Philpott and Ontario Minister of Health and Long-Term Care Eric Hoskins issued a Joint Statement of Action to Address the Opioid Crisis.
- In the fall of 2017, Ontario appointed its Chief Medical Officer of Health as the first-ever Provincial Overdose Coordinator, created an Opioid Emergency Task Force, and invested \$222M to fight the opioid crisis.
- In September 2017, the federal government announced a grant of \$7.5M to fund research into the prevention of opioid overdoses and treatment of opioid dependency.

### References

- [http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/prescription\\_for\\_life\\_june\\_1\\_2015.pdf](http://www.drugstrategy.ca/uploads/5/3/6/2/53627897/prescription_for_life_june_1_2015.pdf)
- [Infographic: Apparent Opioid-Related Deaths in Canada in 2016](http://infographic.ca/infographic-apparent-opioid-related-deaths-in-canada-in-2016)
- <http://odprn.ca/research/publications/latest-trends-in-opioid-related-deaths-in-ontario-1991-to-2015/>

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