

Board of Health Meeting April 20, 2017

Summary

Ontario Standards for Public Health Programs and Services

The Leeds, Grenville and Lanark District Health Unit reviewed the 2017 Ministry of Health and Long-Term Care Standards for Public Health Programs and Services. Significant changes from the 2008 Standards are:

- New section on continuous quality improvement and health equity;
- Fewer specific requirements and more flexibility in how the health promotion programs are implemented (Chronic Disease/Injury/Wellness/Substance Misuse, Healthy Growth and Development, School Health);
- New sections on vision screening, and healthy built and natural environments;
- New requirement to collaborate with other care providers in the provision of clinical services for sexual health and sexually transmitted infections;
- No requirement to provide travel clinics;
- New requirement to submit an annual service plan and regular program reports that outline how the community needs were assessed, the rationale for programs/services, and evidence of impact.

The Board's comments on the implementation of the Standards are as follows:

- There is a need for a phased-in approach to the implementation of the Standards with operational plan modifications and communication of changes in programs and services to partners and the community.
- General need for clarity. There isn't sufficient detail with some of the changes to assess what the impact would be to programs and services - guidance documents and protocols to guide the work, including local needs assessment, are needed. It is important for the field to be involved in the creation of these documents.
- The annual service plan will increase the work for the budget submission each year and quarterly reports. Provincial financial support for the development of information systems to be used for the Annual Service Plan, and to report on Programs would be helpful.
- It will be inefficient if 36 health units are each doing analysis of national or provincial databases, and literature reviews of effectiveness and analysis of risk and protective factors. Suggested Public Health Ontario or other central body have a role in these functions guided by the field.

Problematic Use of Opioids

The Leeds, Grenville, and Lanark region is experiencing problematic opioid use among its residents. Public Health staff are available to meet with municipalities and other partners to discuss the current situation and the community response.

- **Situation 1: Problematic Use of Prescription Opioids** - Problematic opioid misuse and abuse in the community has been present for many years. All parts of Ontario have high levels of prescription opioids to manage pain. People who are prescribed opioids may become dependent requiring more and more drugs. Opioid prescriptions may also be diverted to others. The public also has access to prescription opioids through illicit drug dealers. Problematic opioid use can greatly interfere with all aspects of living – self-care, relationships, family, school, work - and can lead to overdose and death.
- **Situation 2: Illicit Fentanyl in the Community** - Recently the opioid problem has intensified because of the increased presence of illicit fentanyl which is being cut into other drugs or replacing them making it difficult for users to know exactly what they are taking. A small amount of fentanyl can cause an overdose with respiratory depression and possibly death. Overdoses linked to opioids (and others probably linked to opioids) have occurred in Lanark, Leeds and Grenville.
- **Situation 3: Potential for Overdose Cluster** – Given the presence of illicit fentanyl in the community, there is an increased risk of mass casualties occurring within the community – either several people in one locale or in a short time span. This has the potential to tax first responders and hospital resources.

Many health care providers, community organizations, first responders and police are involved in the four pillars of prevention, treatment, harm reduction, and enforcement activities to decrease and mitigate problematic opioid use and its associated health, social, workplace, learning, and family problems.

Members of the LGL Community Harm Reduction Committee met with other interested partners to develop a community plan to respond to the three situations outlined above, building on what is currently being done in each of the four pillars to decrease problematic opioid use and its associated problems. Listed below is an explanation outlining the four pillars:

- **Prevention:** Preventing problematic opioid use, the contextually inappropriate and improper use of opioids that results in seriously or potentially serious harmful outcomes for the individual or others. This includes, but is not limited to, opioid abuse and dependence.
- **Harm Reduction:** Decreasing the negative consequences of opioid use for communities and individuals without necessarily reducing drug consumption. It recognizes that abstinence-based approaches are limited in dealing with a street-entrenched open drug scene, and that the protection of communities and individuals is a key goal of programs to tackle opioid misuse.
- **Treatment:** Refers to a series of interventions and supports that enable individuals to deal with their substance abuse and/or dependence problem, make healthier decisions about their lives, and function effectively in the community.
- **Enforcement:** Consists of a broad range of activities carried out by regulatory agencies, licensing authorities, police, the courts, and other sectors within the criminal justice system.