

A Letter from the Chairs

It is our honour and pleasure to welcome you to the specialized committee on the Health Committee. We - Theresa Nguyen and Daniel Esser - are excited to participate in a day full of diplomacy and lively debate. Our expectations on this committee are focused more on the diplomacy of a delegate: not necessarily the most knowledgeable (as we are all here to learn), but still maintains virtues of fairness, justice, and equality. We aspire this committee to work together to create policies, programs, and other constructive ideas to secure a resolution to the table.

As chairs, the one key theme of this committee that we hope you recognize is the importance of integrating the healthcare system into society. Our healthcare extends far beyond hospitals and doctors' offices; health policy has the potential to substantially improve society in a more profound way than simply providing primary care. There is a reciprocal connection between health policy and social policy, and as delegates, we hope that you recognize this and leverage this in the policies that you develop.

The City of Toronto, through Toronto Public Health (TPH) collaborates with the Province of Ontario and the Canadian Federal government to provide health services to residents of Toronto. Some of the various programs that are run by the city include vaccination clinics, sexual health clinics, drug use programs, health and food inspections, advising city council on health impacts, and responding to crises. In most recent years the city has addressed the crises such as the H1N1 outbreak (2009) and SARS (2003/4). As a delegate in this committee, you will be debating some of the most pressing issues currently facing not only our city or province, but also society at large. The two topics of discussion will be drug policy, and preventive disease programs.

Although this background guide will give a general overview of these two issues, you are highly encouraged to do your own research, to succeed within this committee. The research you conduct will help you form fact-based opinions, which will aid you both in and beyond your experience at Model City Hall.

Good luck to all of the delegates for today's debate session!

Sincerely,

Daniel Esser and Theresa Nguyen

Co-Chairs of the Health Committee

TOPIC I: DRUG POLICY

Currently, the City of Toronto runs various programs to deal with the epidemiological concerns of drug use. Two notable ones are the clean needle exchange program, 'The Works', and the naloxone program. 'The Works' is a program in which drug users who self inject can go to a clinic and be shown how to safely inject themselves without damaging their tissue and or blood vessels. Users are also provided with sterilized needles to prevent the spread of infectious diseases. In particular, the rate of Hepatitis C and HIV are particularly high amongst drug users. A study from 2010 found that, in Toronto, 61% of people who injected drugs in the last six months tested positive for Hepatitis C, and 6% tested positive for HIV [1].

According the United Nations committee of the World Health Organization, an estimated 2-3% of the world's population is infected by Hepatitis C, while 0.2% of Canadians have HIV. HIV and Hepatitis C are spread through the use of unsterilized needles that are shared between drug users, because needles are scarce and proper sterilization takes time. In 2010, the City of Toronto distributed 1.1 million clean needles to drug users, in an effort to control the spread of infectious diseases amongst the community [1]. In addition to the control of these diseases, the city's needle distribution programs puts drug users into contact with medical professionals who are able to offer other health services to them such as addiction programs. Needless to say, the City of Toronto does not condone drug use, however it approaches the issue with the overall aim of reducing the health and social effects of drug use. Education and addiction programs are only the beginning of the many services a city can provide regarding drug safety policy.

Despite the positive results of the clean needle distribution programs, supervised injection sites can further reduce the deleterious effects of drug use on individual users and the community at large. Nurses, who are able to respond immediately in the event that a user overdoses, can further contribute to their safety. In Toronto, overdose deaths have risen 41% from 2004 to 206 deaths in 2013, the highest number to date. As alarming as this trend is, the number of deaths resulting from heroin overdose has quadrupled in the US between 2000 and 2013, indicating that efforts such as the Naloxone program have been successful.

According to the Toronto and Ottawa Supervised Consumption Assessment Study (TOSCA):



A supervised consumption facility is a legally sanctioned public health facility that offers a hygienic environment where people can inject illicit drugs under the supervision of trained staff. Some facilities even also allow people to smoke illicit drugs. The primary goals of supervised consumption facilities include: reducing drug-related risks including the transmission of Human Immunodeficiency Virus (HIV), Hepatitis B and C and other blood-borne infections; decreasing the number of overdoses; minimizing public order problems (including public drug use); and improving access to health and social services.

Approximately 90 supervised injection sites (SIS) are in operation as of 2010, mostly in Europe and Australia. The only SIS in Canada, called Insite, has been in operation in Vancouver since 2003 [1]. In 2013, the Conservative federal government passed Bill C-2, entitled the *Respect for Communities Act*, which effectively makes supervised injection sites nearly impossible to establish, despite a 2011 Supreme Court ruling that found that Insite “saved lives and improved health without increasing drug use and crime in the surrounding area” [2]. While the Toronto Board of Health is in favour of establishing Supervised Injection Sites in Toronto, [1], police chief Mark Saunders is opposed, and believes that “they cause enormous damage to neighbourhoods where they are located”, while Mayor Tory has yet to comment on the issue [3]. This committee must work together to establish the risks and benefits of implementing these programs within Toronto and must consider the logistics behind the creation of these programs.

Consider the following questions:

1. What are the obligations of Toronto Public Health towards drug users in the context of a country in which recreational drug use is illegal? Conversely, does the legal context of drug prohibition hinder Toronto Public Health's aim to protect citizens from diseases?
2. Should the legality of drug use be considered while developing public health policies for drug usage?
3. What role can police play in reducing the health risks of drug use, both within and beyond the current legal framework?
4. What other examples of public policy (particularly at a municipal level) can be implemented to decrease the ill health and societal effects of drug use?

FURTHER READING

1. "Toronto Drug Strategy Report." *Toronto.ca*. City of Toronto, 1 Sept. 2014. Web.
<http://www.toronto.ca/legdocs/mmis/2014/hl/bgrd/backgroundfile-73587.pdf>
2. Bayoumi, Ahmed. "Report of the Toronto and Ottawa Supervised Consumption Assessment Study." 11 April. 2012. *Catie*. Canada's Source for HIV and Hepatitis C Information. Web.
<http://www.catie.ca/sites/default/files/TOSCA%20report%202012.pdf>
3. "Overdose in Toronto: Trends, Prevention and Response." (2015). *Medical Officer of Health*. Web.
<http://www.toronto.ca/legdocs/mmis/2015/hl/bgrd/backgroundfile-83429.pdf>

In particular, consider the list of "key areas of action" on page 14.

4. "Eight Questions for Drug Policy Research"
<http://issues.org/28-4/kleiman-2/>

RESOURCES USED

[1] "Agenda Item History - Supervised Injection Services in Toronto" *Toronto.ca*. City of Toronto, 10 July 2013. Web. 22 Dec. 2015.

[2] Kirkup, Kristy. "Harper Government Slammed Over New Rules For Safe Injection Sites." *The Canadian Press*. Web.

[3] Church, Elizabeth, and Verity Stevenson. "Supervised Injection Site Proponents Push on despite Harper's Opposition." *The Globe and Mail* 14 Aug. 2015. Web.

TOPIC II: PREVENTATIVE DISEASES

Preventative diseases carry environmental, genetic, and lifestyle factors that affect various members of society chronic diseases, such as heart diseases, stroke, cancer, diabetes, and obesity, are the leading cause of mortality in the world, representing 60% of deaths [1]. The World Health Organization calls for action against these diseases by promoting, preventing, treating, and caring for these diseases. As a delegate, it is important to consider these actions when appropriating measures to tackle such diseases. Through disease prevention, public health and safety will be maximized through the elimination, prevention, and control of the disease in question.

Currently, Ontario's Ministry of Health and Long-Term Care is working with Public Health Units across Ontario and local municipal partners to develop community-based programs to address local needs [2]. The **Heart Health** program is a \$17 million, five-year investment in preventing cardiovascular disease, is delivered through public health units and their local partners across the province. The program's goal is to raise public awareness by encouraging people to make the positive changes necessary to protect their health by avoiding usage on tobacco, eating a healthy low-fat diet with plenty of fruits and vegetables, and being active [2].

In efforts to increase physical activity, the Ministry of Health and Long-Term Care has implemented **ParticipACTION** and **Active Schools**, which aims to provide educational content over schools, boards of health, and workplaces, in addition to implementing school based and co-curricular programs. **Active Living Community Action Project** aims to increase the number of active Ontarians through regional training, consultation, community mobilization and communication support, the project assists over 8,500 community leaders with 500 organizations in 250 communities [2].

To promote nutrition, **A Provincial Food Service Program** was created to promote healthy eating, food safety and reduce exposure to second-hand smoke is being developed by Toronto Public Health and the Heart and Stroke Foundation of Ontario, with funding of \$108,750 from the Ministry of Health and Long-Term Care. The **Community Advisor Program** provides skills training to volunteers on healthy eating, food safety, food selection, preparation and storage. As well, **Food Steps**, a self-help healthy eating program to reduce dietary fat intake in adults is being developed by the Windsor-Essex County Health Unit [2].

In addition, Toronto Public Health hosts a number of services such as immunizations, clinical services, and health education and counseling for communicable diseases.

In this section of the guide, we will focus on diabetes and obesity. Other issues that may be free to debate upon include improvement of services in regards to mental health.

DIABETES

More than two million Canadians have diabetes, yet a third of them are not aware of the disease itself [3]. Diabetes can escalate to blindness, loss of limbs, and heart and kidney diseases. Preventative measures to delay or prevent diabetes include small changes in physical activity and health wellness, such as eating well, and living tobacco free. Currently, the City of Toronto's Diabetes Prevention Programs include Peer Leadership Program, which has peer leaders delivering diabetes prevention education for communities at high risk of developing Type 2 Diabetes. This committee should investigate further options and ways to educate citizens about the risks of diabetes and preventative measures.

OBESITY

A global epidemic, obesity is an important population health concern in Canada. Obesity increases the risk of a number of chronic conditions, such as Type 2 Diabetes, hypertension, cardiovascular disease, and some forms of cancers. About one-quarter of Canadian adults are obese [4], according to the report from the Public Health Agency of Canada. It is important to note that although genetics play a role, behaviours and social, cultural, economic, and physical environments also contribute a vast amount to the rise of obesity within the City of Toronto. To tackle this epidemic, the 2014 Toronto Operating Budget includes funding for the new *Childhood Obesity Prevention Program* that implements obesity prevention initiatives (\$0.718 million gross and \$0.179 million net) [1]. In addition, Toronto Public Health is hosting a *Toronto Food Strategy Program*, which supports a healthier and more sustainable food system.

RESPIRATORY DISEASES

According to the "Life and Breath: Respiratory Disease in Canada (2007)" [6], over 3 million Canadians cope with one of five serious respiratory diseases – asthma, chronic obstructive pulmonary disease (COPD), lung cancer, tuberculosis (TB), and cystic fibrosis. These and other respiratory diseases such as influenza, pneumonia, bronchiolitis, respiratory distress syndrome and sleep apnea affect individuals of all ages, cultures and backgrounds – from children to parents to grandparents. The two most important risk factors for chronic respiratory diseases are tobacco smoke (through personal smoking and exposure to second-hand smoke) and indoor and outdoor air quality. [7]

Canada has developed the National Lung Health Framework to improve lung health by prevention and management of respiratory diseases. For more information and statistics, it is recommended to visit the Chronic Disease Infobase and Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice, listed in the further reading section. These diseases require innovative changes to not only healthcare, but as well city policies. Delegates, you are reminded that discussion should reflect on creating new roles of healthcare that focus on preventative lifestyle changes rather than curing the disease itself. Be wary that your suggestions for solutions must fall into municipal jurisdiction.

Consider the following questions:

1. How can Toronto Public Health implement more programs - or improve current programs - in order to increase the overall quality of life of a regular Torontonian while maintaining the Ontario Public Health Standards?
2. Separate from developing more programs as outlined in number one, how can Toronto Public Health develop and implement *public policy* and practices that enhance the health of individuals, communities and the entire city?
3. Should the city of Toronto provide alternatives that will overall improve the health of Torontonians (ex. mandating bikes to be used more for travelling, higher gas prices)? If so, how would this be regulated? If not, provide alternative solutions.

FURTHER READINGS

1. Diabetes Prevention (Toronto Public Health Overview)
<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=6d7ec42153e4d410VgnVCM10000071d60f89RCRD>
2. Obesity Report in Canada (Public Health Agency of Canada and Canadian Institute for Health Information)
<http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/assets/pdf/oic-oac-eng.pdf>
3. Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice (Public Health Agency of Canada)
<http://www.phac-aspc.gc.ca/publicat/hpcdp-pspmc/index-eng.php>
4. Ontario Public Health Standards (Ministry of Health and Long-Term Care)
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
5. Chronic Disease Infobase (Public Health Agency of Canada)
<http://infobase.phac-aspc.gc.ca/>

RESOURCES USED

- [1] "Ontario Programs for Health Promotion and Disease Prevention." *Ontario Ministry of Health and Long-Term Care*. Web. 20 Dec. 2015.
- [2] "Chronic Diseases and Health Promotion." *World Health Organization*. Web. 20 Dec. 2015.
- [3] "Type 2 Diabetes." *Government of Canada, Health Canada and the Public Health Agency of Canada*. Web. 20 Dec. 2015.
- [4] "Obesity in Canada" *Public Health Agency of Canada*. Web. 20 Dec. 2015.
- [5] "Toronto Public Health - Programs and Services." *Toronto*. Web. 20 Dec. 2015.
- [6] "Life and Breath: Respiratory Disease in Canada (2007)." *Public Health Agency of Canada*. Web. 10 Feb. 2016.
- [7] "Chronic Respiratory Diseases." *Public Health Agency of Canada*. Web. 10 Feb. 2016.