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# The Regional Municipality of Durham Information Report

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From: Commissioner & Medical Officer of Health  
Report: #2024-INFO-24  
Date: April 12, 2024

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**Subject:**

2023 Annual Report of the Chief Medical Officer of Health of Ontario

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

1.1 To provide an update on the release of the 2023 annual report from the Chief Medical Officer of Health of Ontario (CMOH) to the Legislative Assembly of Ontario entitled, [Balancing Act: An All-of-Society Approach to Substance Use and Harms](#).

**2. Background**

2.1 Section 81(4) of the [Health Protection and Promotion Act](#) requires the CMOH to make an annual report in writing on the state of public health in Ontario and deliver it to the Speaker of the Legislative Assembly.

2.2 The CMOH released the 2023 annual report on April 2, 2024.

2.3 The CMOH's Annual Report calls for an all-of-society approach to improve health and reduce substance use harms which recognizes the complexity of peoples' experience with substance use, the factors that drive substance use and the policy environment.

2.4 The CMOH's Annual Report also describes current trends and health threats related to tobacco/vaping products, cannabis, alcohol and opioids and includes multi-pronged strategies to reduce these threats.

### 3. CMOH Annual Report Highlights

- 3.1 Part One provides an overview of substance use in Ontario which includes a description of the upstream and downstream factors that drive substance use and harms and who is at greatest risk of harms from substance use.
- a. Upstream factors include early life experiences and social and structural determinants of health including:
    - Biological or genetic factors
    - Adverse childhood experiences
    - Mental health conditions
    - Inadequate income and housing/living conditions
    - Lack of access to education
    - Lack of employment opportunities/unhealthy working conditions
    - Lack of access to health services
    - Colonizing and marginalizing social structures, and structural forms of racism, stigma and discrimination
    - Criminalization of substance use
  - b. Downstream factors include the nature of the substance and social attitudes, promotion and availability including:
    - Addictiveness of the substance
    - Potency/toxicity of the substance
    - Predictability and safety of the substance
    - Impact of substance use on health
    - Social acceptability or stigmatization
    - Appeal/packaging/price
    - Ease of access
    - Willingness and ability of different regulatory systems to enforce legal restrictions
    - Trust in public health messages about safety and risk
  - c. Some groups have higher rates of substance use and related harms. Additionally, risks can be cumulative or layered as people may fall into two or more populations at risk. The following populations are all at risk of harms from substance use in different ways:
    - Males
    - Females
    - Pregnant people
    - Youth
    - Children aged 10 and under
    - People experiencing social inequities
    - Indigenous Peoples
    - 2SLGBTQ+ populations
    - People who work in construction, mining and oil and gas industries
    - People living in rural and remote areas

- People with mental health conditions
- 3.2 Part Two describes taking an all-of-society, health-first approach to reduce substance use harms. A comprehensive all-of-society approach requires interventions across the full spectrum of substance use, from prevention to harm reduction, to treatment.
- a. The CMOH includes detailed recommendations for:
- Communities, including leaders, organizations, networks, service providers, people with lived and living experience of substance use, their families and neighbours.
  - Local provincial, federal and Indigenous governments and agencies.
  - Public health and social services sectors.
  - Organizations responsible for developing and delivering policies, programs and services to reduce substance use harms.
  - The health care system.
  - Communities to come together to build community coalitions and create supportive local environments.
- 3.3 Part Three describes the unique challenges presented by tobacco/vaping products, cannabis, alcohol and opioids, current trends related to each substance and provides recommendations to adapt substance-specific responses.
- a. For tobacco/vaping products, the CMOH recommends reinvigorating the Smoke-Free Ontario Strategy and creating a comprehensive, coherent public health-oriented framework for regulating vaping and all nicotine-containing products. The CMOH makes recommendations to address targets, health promotion to raise awareness of the risks associated with tobacco and vaping products, regulatory measures, treatment, and monitoring and reporting.
- b. For cannabis, the CMOH recommends developing a comprehensive cannabis strategy designed to reduce cannabis-related harms, focusing on youth and young adults. The CMOH makes recommendations to address health promotion, regulatory measures, including increasing the minimum age to purchase to 21 years old, treatment, and monitoring and reporting.
- c. For alcohol, which is the most widely used substance in Ontario, the CMOH recommends development and implementation of a comprehensive alcohol strategy designed to reduce alcohol-related harms. Recommendations to address health promotion, regulatory measures, treatment, monitoring and reporting are included.
- d. For opioids, the CMOH recommends development and implementation of a comprehensive strategy to reduce opioid-related harms, in collaboration with people with lived or living experience with substance use. The CMOH makes recommendations to address health promotion, regulatory measures, harm

reduction, treatment, services for families, friends and workers, and monitoring and reporting.

- 3.4 In conclusion, the CMOH recommends that an all-of-society approach to help people understand the risks of substance use, moderate their use and use substances in ways that are less risky must be focused, responsive, nimble, strategic, action-oriented and determined.

#### **4. Relationship to Strategic Plan**

- 4.1 This report aligns with the following strategic goal and priorities in the Durham Region Strategic Plan:

- a. Goal 2: Community Vitality:
- 2.3: Enhance community safety and well-being.
  - 2.4: Influence the social determinants of health to improve outcomes for vulnerable populations.

#### **5. Conclusion**

- 5.1 The CMOH concludes that the public health sector cannot solve the problem of substance use harms on its own and that an all-of-society approach is needed that engages communities, governments, public health and social services, and people with lived and living experience of substance use.
- 5.2 Locally, the Durham Region Health Department (DRHD) continues to monitor risks, trends and the presence of new toxic drugs in the unregulated drug supply.
- 5.3 DRHD informs residents of the risks of substance use, keeps community partners and the public informed about substance use activity, and implements harm reduction initiatives.
- 5.4 DRHD provides information regarding the risks associated with use of alcohol, opioids, cannabis, tobacco and drugs, including resources for educators, information on overdose prevention, recommendations for reducing usage and community resources and services for individuals looking for help, available at [durham.ca](https://www.durham.ca).
- 5.5 To address the local opioid crisis, the Durham Region Opioid Task Force developed the [Durham Region Opioid Response Plan](#), which has four pillars (i.e., prevention, treatment, harm reduction, and enforcement) and further objectives to address these areas. The Durham Region Opioid Task Force is comprised of agencies that provide harm reduction and/or treatment services, first responders, individuals with lived experience, school boards and health care professionals.

Respectfully submitted,

Original signed by

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