



# **BOARD REPORT**

Friday, September 16, 2011

# Program Report September 2011



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

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## HEALTHY COMMUNITY DEVELOPMENT

### Emergency Preparedness

Local governments at both county and municipal levels have a duty to conduct annual exercises to test their Emergency Plans. These exercises help to expose any potential weaknesses in Emergency Plans and provide an opportunity to make improvements. The exercises are usually well organised and typically take place in the last quarter of the year. Police, Fire and EMS as well as the municipal staff, elected officials and representatives from other partners such as Social Services, Red Cross and Public Health attend. The opportunity to build networks with the partner organizations has proven to be an important asset in the event of a real disaster.

Public Health is also required to exercise our own plans. These exercises tend to be low key and do not necessarily involve other partner agencies. We have carried out two large scale, organization wide exercises in recent years.

Events this past summer remind us of why we spend time preparing, planning and exercising our Emergency Plans. Although we may not be able to prevent natural disasters, we can reduce their impact. While Public Health is not always at the centre of the response effort, there are few emergencies that don't have an impact on Public Health.



## “Rock the Beach”

A booth at “Rock the Beach” in Sauble Beach, July 16-17, gave the Grey Bruce Crystal Meth Task Force an opportunity to educate youth about the dangers of crystal meth use, as well as increase public awareness of the work of the Task Force.



“There’s no place for crystal meth in our community” was the key message to the hundreds who visited the booth to learn more. The target audience was those aged 17-30 years. Task Force volunteers gave away T-shirts, silicone bracelets and posters displayed with the messaging. In the stage breaks between bands, local radio celebrities made announcements about crystal meth risks and the work of the Task Force. Video vignettes from the Montana Meth Organization were played to reinforce the messaging.

The objectives of the Task Force include addressing four inter-related areas:

- **Education and Prevention:** to address factors contributing to substance use; increase awareness and understanding of substance use issues among at-risk groups, parents and community stakeholders; and to build skills to avoid substance use.
- **Harm Reduction:** to reduce drug-related harm to users and communities.
- **Enforcement:** to strengthen community safety by responding to crime and community harms through law enforcement and justice systems while assisting users to access services to address drug use.
- **Treatment:** to ensure timely access to treatment and supports that improves the physical and psychosocial health of those with current/past substance abuse issues and their families.



## Extreme Weather Events

*Extreme Weather Events* include periods of prolonged high heat and humidity, extreme cold and adverse air quality. *Extreme Weather Events* pose serious public health risks particularly for susceptible groups that include children, the elderly, the homeless and those with underlying health conditions.

Source: Ontario Ministry of the Environment

In recent years, it has been the practice of Grey Bruce Health Unit to monitor local weather forecasts and issue public notifications in response to extreme events. This process is now formalized into a policy that identifies a procedure to determine when an *Advisory* or *Alert* should be issued. In general, an *Advisory* is a public notification in response to a less severe, less prolonged event; an *Alert* relates to a more severe, more prolonged event. The purpose of an *Advisory* is to warn the community of the event and recommend precautions to be undertaken. An *Alert* amplifies the messaging in an *Advisory* and may also trigger public safety measures. Such measures include for example, the opening of municipal cooling centres during periods of extreme heat.

Health Unit staff is following current research and external policy deliberations concerning *Extreme Weather Events* as they relate to global warming. As well as posing acute adverse risks, extreme events may also be a marker for weather trends that may lead to new, ongoing public health risks. For example, increasingly higher temperature norms could lead to the spread of mosquito vector species into more northern latitudes.

### Healthy Communities Tobacco Use and Exposure Status Report

The Grey Bruce Healthy Communities Partnership is committed to working together to make Grey Bruce a healthy place to live, learn, work and play. One current strategy supports the policy goal: *By Summer 2012, Grey and Bruce Counties will amend their respective smoke-free public places bylaws to include tobacco-free outdoor spaces, such as parks and playgrounds.*

The Partnership received support from the Board of Health with the passing of a resolution calling for smoke-free outdoor spaces. The rationale behind this resolution is:

- to protect our children and youth from second hand-smoke
- to protect our children and youth from social exposure to tobacco products
- to provide a more comprehensive smoke-free bylaw throughout Grey Bruce, that include patios, doorways, public beaches, parks and recreation areas

Implementing a consistent bylaw throughout Grey Bruce will be the most effective approach to reducing second-hand smoke exposure among non-smokers.

#### Grey Bruce Healthy Communities Tobacco Use and Exposure Work Plan

<b>Pre-planning &amp; Year One: January-October 2010</b>	<b>Year One: October 2010- March 2011</b>	<b>Year 2: June 2011 – March 2012</b>
<b>Plans/Outcomes</b>	<b>Outcomes</b>	<b>Outcomes</b>
<p>Municipalities of South Bruce, City of Owen Sound and Saugeen Shores create smoke-free places; other municipalities indicate interest in policy but prefer County bylaw, as in 2002.</p> <p>Grey Bruce Ottawa Model developed to support a community/hospital based Smoking Cessation strategy.</p> <p>Healthy Communities Partnership Work Plan submitted for Year One.</p>	<p>Smoking Cessation training sessions held to build capacity of health care providers.</p> <p>Smoke-free policy goal developed.</p> <p>Healthy Communities Partnership Work Plan developed and submitted for Year Two.</p> <p>Southwest regional media campaign on tobacco-free entrances to arenas.</p>	<p>April – August 2011: Support shown for amending bylaw. (Delegation to Chatsworth, April/11; Presentation to Partnership, April/11 and August/11)</p> <p>Board of Health Resolution, August 2011.</p> <p>Community awareness campaign on importance of tobacco-free outdoor spaces, September 2011.</p> <p>Planning underway for a fall 2011 Roundtable “Creating a Tobacco-Free Grey Bruce”.</p>



## CLIENT SERVICES

### **New and Expanded Vaccine Program**

Beginning August 8, 2011, Ontario expanded the publicly funded immunization schedule to better protect infants and children from serious infectious diseases. The expanded program includes:

- A new **rotavirus** vaccine to protect infants against the virus which causes severe diarrhea, vomiting and dehydration. Almost 90 per cent of the children hospitalized for rotavirus are under 5 years and children under 2 years are most vulnerable to the virus due to dehydration. The vaccine will help to reduce rotavirus health care related costs and hospitalizations.
- A second childhood dose of varicella vaccine to enhance protection against **chickenpox**. A second dose of the chickenpox vaccine is expected to increase protection up to 99.9 per cent. The second dose, which may be given as a combined vaccine with measles, mumps, rubella and varicella, will be given to children aged 4-6 years.
- A booster pertussis (**whooping cough**) vaccine for adults, who were not immunized in their teen years. Parents, grandparents and caregivers often pass on whooping cough to infants and young children who are not fully immunized. Parents and caregivers of newborns, grandparents and health care workers are considered a priority to receive this vaccine.



A provincial media campaign began in August to promote the new vaccines. Public Health will offer education sessions for health care providers to assist their understanding of the new immunization schedule and to answer questions about the new vaccines. Public Health will also promote the new vaccines to parents, health care workers and people working with young children.

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### **Speech and Language**

As announced last spring, the Integrated Preschool Speech and Language program for Grey Bruce families is now with the Grey Bruce Health Unit. A team consisting of Speech and Language Pathologists and Communicative Disorders Assistants provide assessments as well as a range of treatment services to children and their families. About ten per cent of children need help developing normal speech and language skills. Without this help, affected children struggle to listen, talk, learn to read and to play with other children.

The Grey Bruce Health Unit has considerable experience and expertise in providing care and support to children through pre-school programs. Being community-based, there may be wider opportunity for families to access this service, other programs through Public Health and those offered by community partners.

Public Health is committed to providing quality programs geared to meet family's needs. Services were reorganized in August and rolled out in September. The same types of services provided in the past remain available, under the same mandate from the Ministry of Children and Youth Services.



**INTEGRATED PRESCHOOL  
SPEECH AND  
LANGUAGE SERVICES**

*More than just words*



Medical Officer of Health

## REPORT TO THE BOARD

Friday, September 16, 2011

I have had several inquiries in the past few months about the use of methadone for the treatment of addictions and specifically the methadone clinic operating in Owen Sound. The questions have to do with the growing number of people using the clinic and their increased presence around the clinic, smoking in the downtown and an escalation in petty crime in the area.

With the growing awareness of drug addiction and particularly opiate addiction in our community, I felt a summary of some of the information would be useful.

Opened in 2001, the Owen Sound Methadone Clinic is run by Ontario Addiction Treatment Centres (OATC). With 41 clinics across the province, OATC are Canada's largest network of methadone clinics. Their website, [www.oatc.ca](http://www.oatc.ca), is a useful resource for those interested in this program. Some of the following is taken from the website.

### **What is methadone?**

Methadone is a long-acting opioid medication (lasting 24-36 hours per dose).

It's an effective and legal substitute for heroin or other narcotics (such as heroin, Oxycontin, opium, Percocet, Percodan, morphine, codeine, etc.)

Methadone has been used in treatment programs since the 1960's. It helps to stabilize the lives of people who are dependent on opiates and reduce the harm related to drug seeking and drug use.

### **How does methadone work?**

The methadone program is not a "quick fix". Methadone is part of a long-term and comprehensive maintenance program for opiate dependent people.

The immediate goal is to stabilize the individual on a methadone dose, promote a sense of well-being and prevent physical withdrawal symptoms. Methadone will significantly decrease drug cravings and help the person eliminate other narcotic drug use.

Methadone treatment works best when combined with other services and interventions. As part of OATC, there should be access to addiction counseling, crisis intervention and management as well as various medical services.

Methadone works by its effect on opiate receptors in the body. To allow it to work properly, the client is advised to abstain from the use of all other opiates. If the client chooses to use other opiates with methadone, the effect of methadone will diminish. The client will also fail to obtain the effect which they have been accustomed to after taking opiates (e.g., less or no euphoria), and will put themselves at higher risk for overdose.

The goal of methadone treatment is to stabilize the body physically so the person can make the desired changes in their life and make the best of a new "drug-free" lifestyle.

The Ontario Methadone Maintenance Treatment Program (MMTP) is funded through the Ministry of Health and Long-Term Care (MOHLTC). In 1996, the College of Physicians and Surgeons of Ontario (CPSO) began to administer the program on behalf of the MOHLTC. The program goal is to improve the quality and accessibility of the MMTP in Ontario. The Centre for Addiction and Mental Health (CAMH) and the Ontario College of Pharmacists (OPC) cooperate with the CPSO to meet the goals of the program.

The CPSO has established the training requirements and treatment guidelines for physicians who wish to apply for a special license to prescribe methadone. These can be found on the CPSO website under the policy and publication tab then; CPG and other Guidelines tab; and finally Methadone Program tab. The prescribing physician is required to meet the CPSO guidelines for education and practice to obtain ongoing licensing.

I consulted with the CPSO methadone program manager and learned that the Methadone Maintenance Treatment Program is seeing increased enrollment all over Ontario. This is attributed to the growing use of opiates for the treatment of chronic pain and the subsequent 10 per cent of people who become dependent on the drug. Some of these people will be able to stabilize their use of opiates while on methadone and eventually become drug free. There are others who may remain on stable doses of methadone but be able to manage their lives without drug seeking for other opiates.

There is also a separate program, with special licensing, allowing doctors to prescribe methadone for the treatment of chronic pain.

The Owen Sound clinic experienced significant growth in the number of clients in the past several years. Continuing care is conducted on site by the clinic's registered practical nurses. The physicians' role is mostly performed through distant doctors over telemedicine videoconferencing. There are no local doctors working at the clinic at this time.

Pharmacies are not mandated to cooperate with the program for directly observed therapy resulting in reduced accessibility in some areas of Grey Bruce. This may account for the increased presence of clients at the Owen Sound site. The importance of appropriately trained, experienced and available councilors to aid the clients in their journey towards wellness has also been a challenge in the Owen Sound clinic.

## **Update on Marihuana Grow Operations**

On September 21, 2011, the RCMP will be launching a public website which will identify the Marihuana Grow Operations (MGO's) and Clandestine Drug Lab locations searched by all RCMP Units and Detachments. This new web-based resource will raise public awareness of the extent of the problem and the dangers MGOs and illegal drug labs pose to our communities and will help prevent the potential victimization of unsuspecting future home owners.

*Hazel Lynn*