

ELECTION 2019

Public Health Matters

CPHA is encouraging voters to question their local candidates on some key public health issues. We have an opportunity to challenge all candidates to set a higher standard for Canadians. We should not be satisfied with rehearsed answers that lack depth. We need to hold the candidates themselves to a higher standard and expect more from them.

Invest in protecting the health of Canadians

Canada needs a federal government that is committed to sustained investment in public health across the country. The health of our society hinges on governments' ability to design public health systems with the structure and flexibility to respond to our current and future needs; distinguish public health services from primary care delivery; and determine the relationship between core public health services and the health care system and how each should be appropriately resourced.

It's time for Canada to do better.

WHAT IS PUBLIC HEALTH?

Public health is the collection of services that promote health, prevent disease, prolong life and improve quality of life that are provided by governments for all persons living in Canada. It includes responding to disease outbreaks and natural disasters.

PUBLIC HEALTH VS. THE PUBLICLY-FUNDED HEALTH CARE SYSTEM

When people think of public health, they often mean the publicly-funded health care system of hospitals, clinics and physicians that focuses on the diagnosis and treatment of diseases and the rehabilitation of individual patients.

In fact, public health professionals focus on disease prevention, health promotion and crisis response so that you, your family members and your friends maintain your health at the best possible level, and don't get sick or injured in the first place. These methods are good for improving both individual and community health and they are cost-effective.

In Canada, the federal government has constitutional authority over some areas of health (e.g., quarantine at our national borders) and, with the agreement of provinces and territories, assumed certain responsibilities for health that are defined in various Acts of Parliament including the *Public Health Agency of Canada Act*.

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PUBLIC HEALTH: A GOOD RETURN ON INVESTMENT

Public health initiatives save lives and money. For example:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs;
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs;
- Every \$1 invested in car and booster seats saves \$40 in avoided medical costs; and
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs.

WHY IT MATTERS

Public health initiatives are often invisible – Canadians have confidence that the air they breathe, the water they drink, and the food they eat are safe.

However, when public health systems are under-funded and strained (e.g., the *E. coli* contamination of the water supply in Walkerton, Ontario, or the 2003 SARS outbreak), the economic, human and political costs and consequences can be enormous.

In recent years, several provinces and territories have undertaken health system reorganizations that included restructuring the public health and health promotion functions, including, in some instances, reducing their funding. Serious concerns have been expressed regarding the future of public health following these reorganizations, including the systems' capacity to meet performance expectations and service delivery requirements across our nation.

QUESTIONS FOR THE CANDIDATES

1. What specific plans would your party implement to strengthen public health infrastructure, disease and injury prevention programs, and health promotion activities?
2. Do you support a strengthened Public Health Agency of Canada with increased funding to help protect and promote the health of Canadians?
3. Will your party provide the Public Health Agency of Canada the necessary resources to return to building public health capacity in Canada?

RESOURCES

- [CPHA Position Statement: Public Health in the Context of Health System Renewal in Canada](#)
- [CPHA Background Document: Public Health in the Context of Health System Renewal in Canada](#)

ABOUT CPHA

Founded in 1910, the Canadian Public Health Association is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, we are uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world. We are a national, independent, not-for-profit, voluntary association. Our members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all.

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Decriminalization of personal use of psychoactive substances

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

A HIGHER STANDARD FOR CANADIAN FAMILIES

The use of illegal psychoactive substances (IPS) in Canada persists despite ongoing efforts to limit their consumption. Criminalization of those who use these substances remains the principal tool to control their use and is unsuccessful.

It's time for Canada to do better.

CALL TO ACTION

CPHA is calling on the next federal government to work with provinces and territories to:

- Decriminalize the possession of small quantities of currently illegal psychoactive substances for personal use and provide summary conviction sentencing alternatives, including the use of absolute and conditional discharges;
- Decriminalize the sales and trafficking of small quantities of IPS by young offenders using legal provisions similar to those noted above;
- Develop probationary procedures and provide a range of enforcement alternatives, including a broader range of treatment options, for those in contravention of the revised drug law;
- Develop the available harm reduction and health promotion infrastructure such that all those who wish to seek treatment can have ready access;
- Provide amnesty for those previously convicted of possession of small quantities of illegal psychoactive substances; and
- Provide expanded evidence-informed harm reduction options that include, for example, improved access to supervised consumption facilities and drug purity testing services.

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WHY IT MATTERS

In Canada, [a 2017 survey](#) showed that over 13% of all adults, 19% of youth aged 15 to 19, and 33% of young adults aged 20 to 24 had used cannabis during the past year, while 3% of the population admitted to past-year use of at least one of five illegal drugs (cocaine or crack, ecstasy, speed or methamphetamines, hallucinogens or heroin). This amount represents an increase from 2% of the population in 2015, and was a result of an increased use of cocaine. This survey also noted that 22% of youth aged 15 to 19 reported using psychoactive pharma drugs (opioid pain relievers, stimulants, and/or tranquilizers and sedatives), as did 21% of those aged 20 to 24 years and 23% of those older than 25 years. Of this cadre 5% reported problematic use. [The overall cost of substance use in Canada](#) was estimated to be \$38.4 billion in 2014 with approximately \$8.8 billion associated with the use of opioids, cocaine, other central nervous system (CNS) depressants, other CNS stimulants and other substances. The use of illegal psychoactive substances is becoming increasingly problematic as demonstrated by the current opioid crisis, the availability of increasingly harmful synthetic products, and the expanding misuse of prescription pharmaceuticals.

These ongoing challenges demonstrate that criminalization does not reduce the likelihood of illegal psychoactive substance use, and often results in stigmatization and other harms to those caught in possession of small amounts of substances for personal use.

The alternative to criminalization is a public health approach that seeks to maintain and improve the health of populations based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach places health promotion, health protection, population health surveillance, and the prevention of death, injury and disability as the central tenets of all related initiatives. These actions are based on evidence of what works or shows signs of working, and are organized, comprehensive and multi-sectoral. This approach finds its basis in the Canadian Charter of Rights and Freedoms as well as several United Nations (UN) agreements.

QUESTIONS FOR THE CANDIDATES

1. Do you support the decriminalization of the possession of small quantities of currently illegal psychoactive substances?
2. If elected, will your party amend the Criminal Code to decriminalize the possession of small quantities of currently illegal psychoactive substances for personal use and provide summary conviction sentencing alternatives, including the use of absolute and conditional discharges?
3. Will your party further develop the available harm reduction and health promotion infrastructure such that all those who wish to seek treatment can have ready access?

RESOURCES

- [CPHA Position Statement: Decriminalization of Personal Use of Psychoactive Substances](#)

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Basic income

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

A HIGHER STANDARD FOR CANADIAN FAMILIES

The World Health Organization has declared that poverty is the [single largest determinant of health](#), and yet [9.5% of Canadians live in poverty](#) as measured by the [Market Basket Measure](#). In 2017, 622,000 children under 18 years of age, or 9.0%, lived below the poverty line – levels that are unacceptable in light of our country’s wealth. The United Nations Sustainable Development Goal 10.1 is “to reduce inequality and progressively achieve and sustain income growth of the bottom 40% of the population at a rate higher than the national average.”

According to Statistics Canada, 3.4 million Canadians lived below the poverty line in 2017. [Canada ranks 13th](#) among 16 peer countries. [One quarter of Indigenous Peoples and 40% of Canada’s Indigenous children](#) live in poverty. The reduction in seniors’ poverty since the 1970s through programs such as the Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement is a success story of social policy in Canada.

The [evidence](#) strongly suggests that a basic income could provide a new approach to reducing poverty in a sustainable manner.

It’s time for Canada to do better.

CALL TO ACTION

CPHA is calling on the next federal government to lead development of a national strategy to provide a basic income for those Canadians who need it most. Every Canadian should be able to meet their fundamental needs for adequate housing and nutritious food, two key factors that affect the health of Canadians.

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WHY IT MATTERS

Household income underpins the fundamental social determinants of health that include access to adequate housing, nutritious food, education and proper early childhood development. People with limited access to income are often more socially isolated, experience more stress, have poorer mental and physical health and fewer opportunities for early childhood development and post-secondary education. It also limits access to prescription medication and community care.

Data from the [Public Health Agency of Canada](#) show that 20% of the over \$200 billion spent on health care annually can be attributed to socio-economic disparities in Canada. The [poorest fifth of Canada's population](#) faces a staggering 358% higher rate of disability compared to the richest fifth. The poor experience other major health inequities, including: 128% more mental and behavioural disorders; 95% more ulcers; 63% more chronic conditions; and 33% more circulatory conditions.

[Childhood poverty](#) can be a greater predictor of cardiovascular disease and diabetes in adults than later life circumstances and behaviour.

According to the [Wellesley Institute](#), an increase of \$1,000 annually to the income of the poorest 20% of Canadians would lead to 10,000 fewer chronic conditions and 6,600 fewer disability days every two weeks. Canada could [save \\$7.6 billion per year on health expenditures](#) by moving people from the lowest income bracket to the second-lowest income bracket.

QUESTIONS FOR THE CANDIDATES

1. Do you support a basic income for Canadians?
2. What will your party do to improve income supports for Canadians?
3. What specific steps will your party take to implement a basic income program?

RESOURCES

- [CCPH21 Position Statement: Basic Income](#)
- [CASW Position Statement: Universal Basic Income](#)

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Climate change and human health crises

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

A HIGHER STANDARD FOR CANADIAN FAMILIES

Climate change is identified as “[the greatest health threat of the 21st century](#)” and it is recognized that “[the effects of climate change are being felt today and future projections represent an unacceptably and potentially catastrophic risk to human health.](#)” Many of the policies needed to fight climate change could also produce health benefits, reduce health care costs (i.e., utilization, transportation), and improve social cohesion and equity in our communities.

It's time for Canada to do better.

CALL TO ACTION

CPHA is calling on the next federal government to take leadership in the development and implementation of an effective, evidence-based climate action plan that will help achieve the emission reductions needed to keep global warming below 1.5°C.

WHY IT MATTERS

In Canada, provincial, territorial and federal governments have [committed to making change](#), and important steps have been taken by some provincial and territorial governments, and the federal government over the last several years, but our work is far from complete. The [Auditor General of Canada](#) found that climate emissions in 2020 are projected to be 111 MT (megatonnes) above Canada's 2020 target of 620 MT.

The [Intergovernmental Panel on Climate Change](#) has identified the effects on health resulting from climate change as:

- Increases in atmospheric temperature are projected to increase morbidity and mortality due to heat-related illnesses such as heat stroke, heat edema, heat rash, heat stress, acute cardiovascular disease and renal disease;



- Reduced air quality from greenhouse gas (GHG) emissions will likely increase morbidity and mortality due to asthma, ischemic heart disease, stroke, acute lower respiratory infections, lung cancer and chronic obstructive pulmonary disease;
- Vector-borne diseases are increasing in prevalence and are likely to continue their advance as warming temperatures expand the geographic range of insects and other species; and
- Extreme weather events, including flooding, droughts, cyclones, hurricanes and wildfires are expected to increase in frequency and intensity. Changes to weather and extreme weather events threaten food security, housing and infrastructure and result in lost income for those affected by the event. Climatic instability is expected to undermine crop yields, Indigenous hunting and gathering practices, and fishery production.

Climate change is harming the physical and mental health of Canadians. Cardiorespiratory impacts from worsening air pollution due to wildfires [left many Canadians ill in recent summers](#). Emergency evacuations and population displacement from wildfires and floods have been associated with [trauma and post-traumatic stress disorder](#).

In the [Canadian Arctic](#), where temperatures have increased by up to 3°C from the 1950s, health risks are increasing from food insecurity resulting from decreased access to [traditional Indigenous foods](#).

Meanwhile, [Lyme disease](#) has spread into new regions in Canada and more intense and prolonged pollen seasons have the potential to [exacerbate hay fever and asthma](#).

QUESTIONS FOR THE CANDIDATES

1. Do you accept the scientific evidence that climate change is caused by human behaviour and is having a negative impact on the health of Canadians?
2. Does your party have an effective, evidence-based climate action plan that demonstrates a national approach to how Canada will achieve the emission reductions needed to keep global warming below 1.5°C, based on our commitments in the Paris Accord and the Pan-Canadian Framework?
3. Will your party develop and properly fund policies and programs to support an equitable transition for farmers, workers, and their communities who will be affected by the transition to a low carbon economy?

RESOURCES

- [CPHA Discussion Document: Global Change and Public Health: Addressing the Ecological Determinants of Health](#)
- [Lancet Countdown 2018 Report: Briefing for Canadian Policymakers](#)
- [Council of Canadian Academies Report: Canada's Top Climate Change Risks](#)

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Early childhood education and care

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

A HIGHER STANDARD FOR CANADIAN FAMILIES

Early childhood is a critical time in a child's development and yet Canada has no national program or overall approach to early childhood education and care (ECEC). While over 70% of Canadian mothers (of whom almost 13% are single parents) are in the paid labour force, there are only enough regulated childcare spaces for just over 20% of young children.

Similarly, childcare is expensive with an average cost in Canada of \$685 per month and a high of about \$1,300 per month in Ontario. The exception is Québec where the average cost of their subsidized early childhood care system is approximately \$174 per month. The cost of childcare is especially difficult for those at the lower end of the social gradient and single-parent households, which are disproportionately led by females.

It's time for Canada to do better.

CALL TO ACTION

Early childhood is the most important phase of life during which the quality of future health and well-being is determined. Every child deserves the best start possible in life. CPHA is calling on the next Government of Canada to commit to a universal, publicly-funded ECEC plan that provides access to quality ECEC services to those who need it, at a cost they can afford.

WHY IT MATTERS

Without high-quality ECEC, [many children start school without the basic skills they need to succeed](#). Youth in high-risk neighbourhoods are more likely to drop out of school – 22% vs the average 15%, which continues the cycle of poverty.

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Every dollar spent on early child development saves \$9 on future spending on health and social issues... a return on investment of 800%.

Children who receive effective ECEC – either through kindergarten, pre-kindergarten, or licensed childcare programs – develop better cognitive abilities, and math and reading skills. The improved educational outcomes, in turn, boost their earnings later in life.

At only 0.25% of gross domestic product (GDP), Canada's public support for young children, their families and ECEC is the weakest among the world's richest countries. The recommended Organisation for Economic Co-operation and Development (OECD) standard is 1% of GDP.

Canada ranks 37 out of 39 OECD nations in public expenditures on early childcare.

Quebec's subsidized childcare program has provided an economic benefit to Quebec's population, increasing Quebec's GDP by 1.7%. For every dollar spent on early childhood programs and care, the provincial government harvests \$1.05 in provincial income and the federal government gets 44 cents for zero investment in the program.

Indigenous approaches to child health and wellness are equally important.

QUESTIONS FOR THE CANDIDATES

1. Do you support the establishment of a universal, publicly-funded early childhood education and care plan?
2. What specific steps will your party take to make universal, publicly-funded, high-quality, accessible, licensed early childhood education and care available?
3. If elected, will your party work in collaboration with the provinces and territories to implement a national early childhood education and care plan?
4. What steps will your party take to increase spending on early childhood education and care to at least 1% of GDP by 2025 to give Canadian children the best start in life?

RESOURCES

- [CPHA Position Statement: Early Childhood Education and Care](#)
- [Conference Board of Canada: A Socio-Economic Analysis of Early Childhood Education and Care](#)

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Core housing need

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

A HIGHER STANDARD FOR CANADIAN FAMILIES

About 11% of Canadian households are in [core housing need](#), with affordability being the single greatest contributor. The proportion of people in core housing need, however, varies by region and population, with greatest concern associated with those living in the North, Indigenous communities, and major urban centres such as Toronto and Vancouver. There is a direct link between the availability of adequate, affordable housing and the health of the population. The [federal government](#) has taken steps to address the housing needs of Canadians through its National Housing Strategy which has a goal of, over the next decade, removing: "...530,000 families from housing need, cut chronic homelessness by 50% and change the face of housing in Canada forever." Steps must to be taken to ensure that these promises are met.

It's time for Canada to do better.

CALL TO ACTION

CPHA is calling on the next federal government to continue leadership in working with provinces, territories and Indigenous Peoples' governance organizations to:

- Fully implement the National Housing Strategy and housing policies that address all aspects of core housing need throughout the country;
- Support the Indigenous Housing Strategy such that it is developed and implemented by Indigenous Peoples and reflects their needs; and
- Provide adequate funding to respond specifically to those populations and regions that are in the greatest core housing need, while fostering equitable approaches to meet the developing needs in the rest of the country.

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WHY IT MATTERS

There is a [relationship between health outcomes, and the availability, affordability and quality of housing](#). Poor housing conditions have been linked to: increased morbidity from infectious diseases, including respiratory illness; poor mental health; chronic illness; and injury. For example, damp and mouldy housing is associated with asthma and other respiratory conditions, while overcrowding can lead to the spread of infectious disease, and may adversely affect mental wellness. Poor sanitation can result in gastrointestinal illness. Similarly, individuals with low income will spend a greater proportion of their income on housing, while living in substandard residences. As a result, injuries may occur due to these substandard conditions and a lack of resources to repair them. Unaffordable housing also leaves limited funds to spend on healthy living or non-insured medical expenses.

The national housing strategy allows for collaboration among provinces and territories, municipalities, Indigenous Peoples' governmental organizations, and the private sector to tailor solutions to [meet the needs of specific regions and populations](#). However, we must ensure that the solution is equitable and addresses all aspects of core housing need for all populations and regions in Canada.

In 2006, 12.7% of households in Canada were identified as being in [core housing need](#) compared to an estimate of 12.5% in 2011 and 11% in 2016. Those in greatest need included: 26.4% of renters, 50.4% of low-income households, 26.2% of single parents, 21.6% of one-person households, and 29.6% of recent immigrants. This need is not distributed equally throughout the country, or between populations. It is greatest in Nunavut, where 39.2% of the population live in core housing need, and is generally higher in Canada's North. [Of those living in the North](#), 63.5% in core housing need did not meet the suitability standard. Core housing need is also greater among Indigenous populations – both on- and off-reserve – than among non-Indigenous groups. Nationally, the housing standard most commonly unmet is affordability. In 2011, of those who fell into core housing need, 73.3% were below the housing affordability standard. The [National Housing Strategy Survey](#) identified affordability as one of the most important housing challenges.

QUESTIONS FOR THE CANDIDATES

1. Do you support safe, affordable and appropriate housing for all Canadians?
2. Is your party committed to maintaining and enhancing the National Housing Strategy?
3. What will your party do to improve the core housing need for Canadians?
4. What will your party do to improve the core housing of Indigenous Peoples?
5. What specific steps will your party take to comply with the Calls for Justice related to housing in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls?

RESOURCES

- [CCPH21 Position Statement: Core Housing Need](#)
- [Housing Services Corporation: Canada's Social and Affordable Housing Landscape](#)

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Opioid crisis

Canada needs a federal government that is committed to sustained investment in public health across the country. CPHA calls on the next federal government to invest in strategies and programs that support strong healthy people in Canada regardless of their economic and social status.

A HIGHER STANDARD FOR CANADIAN FAMILIES

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of opioid-related disability and deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the entry into the illegal drug market of newer, more powerful synthetic opioids. Those who survive an opioid-related poisoning may have brain damage resulting in long-lasting disabilities. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have been insufficient to reduce the death toll. Similarly, improved access to naloxone and increased availability of supervised consumption facilities (SCF) have saved lives but have not reduced the expansion of the crisis. These approaches should be supplemented with an enhanced and comprehensive public health approach that addresses the root causes of this epidemic. Such an approach would include the meaningful involvement of people with lived experience.

It's time for Canada to do better.

CALL TO ACTION

CPHA is calling on the next federal government – in partnership with provinces, territories, municipalities and Indigenous Peoples and their governance structures – to expand current efforts to manage this crisis through the following actions:

- Meaningfully involve people with lived experience with substance and opioid use in the development, implementation and evaluation of drug-related legislation, regulation, policies and programs;
- Expand and strengthen the integration of surveillance information from the provinces and territories, so that the extent of this crisis can be determined and the progress in combatting it can be accurately evaluated;
- Collect comprehensive statistics about people living with brain damage following an opioid-related poisoning;
- Address the causes and determinants of problematic substance use, including the social determinants of health;

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- Strengthen substance use prevention and health promotion programs;
- Support the increased availability of harm reduction services (naloxone, SCF, etc.);
- Expand access to existing treatment options for problematic substance use, integrated with mental health care (where appropriate), and identify alternative treatment options that meet the needs of specific populations;
- Expand multi-professional treatment options for chronic pain management, including non-pharmacological interventions;
- Work with Indigenous Peoples and their governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities; and
- Expand research into the causes and determinants of problematic substance use.

WHY IT MATTERS

The opioid crisis continues to devastate communities and families across the country. It is affecting the health and lives of people from all walks of life, all age groups and all socio-economic backgrounds. More than 10,300 apparent opioid-related deaths occurred between January 2016 and September 2018:

- 3,017 deaths occurred in 2016, 4,034 occurred in 2017;
- 3,286 deaths occurred between January and September 2018; 93% were unintentional;
- Most accidental apparent opioid-related deaths occurred among males (75%); however, this varied by province or territory;
- Age group patterns also vary by region; however, the vast majority of deaths were among young and middle-aged adults;
- Between 1990 and 2014, the age-standardized opioid-related years of life lost increased by 142% while disability adjusted life years (DALY) increased by 63%, representing the beginning of the opioid epidemic;
- Between 1990 and 2014, health loss was greater for males than females, and for those aged 25 to 29 years, followed by 30 to 34 years of age; and
- Fentanyl and other fentanyl-related substances continue to be a major driver of this crisis. From January to September 2018, 73% of accidental apparent opioid-related deaths involved fentanyl or fentanyl analogues.

QUESTIONS FOR THE CANDIDATES

1. Does your party support a public health response to the opioid crisis?
2. What steps would your government take to support a public health approach to reduce the harms associated with problematic substance use in Canada?
3. What policies is your party proposing that will address the social determinants of health and support people with lived experience in their journeys of recovery?
4. What is your party's plan to reduce the stigma associated with substance use?

RESOURCES

- [CPHA Position Statement: The Opioid Crisis in Canada](#)
- [CMA Policy: Harms Associated with Opioids and other Psychoactive Prescription Drugs](#)

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Racism and health

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A HIGHER STANDARD FOR CANADIAN FAMILIES

Canada remains a nation where a person's colour, religion, culture or ethnic origin are determinants of health that result in inequities in social inclusion, economic outcomes, personal health, and access to and quality of health and social services. These effects are especially evident for racialized and Indigenous peoples as well as those at the lower end of the social gradient and those who are incarcerated (populations that are also disproportionately composed of racialized and Indigenous peoples).

It's time for Canada to do better.

CALL TO ACTION

CPHA is calling on the next federal government to:

- Undertake organization-wide reviews of its systems, regulations, policies, processes and practices to identify and remove racist approaches;
- Undertake the steps necessary to implement programs and systemic change in order to address the 94 *Calls to Action* from the Truth and Reconciliation Commission;
- Undertake the steps necessary to implement programs and systemic change in order to address the 58 *Calls to Justice* directed at governments described in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls; and
- Provide continual accounting and monitoring to demonstrate the steps taken to respond to these recommendations.

WHY IT MATTERS

Racism is insidious and affects all aspects of life. It is correlated to poorer health outcomes for those subject to the behaviour, with the strongest and most consistent findings (from the United States) associating the results of racist behaviours with negative mental health outcomes, negative physical health outcomes (hypertension, low birth weight, heart disease and diabetes), and negative health-related behaviours

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(cigarette smoking, alcohol use and substance use). A [2012 report published by the Wellesley Institute](#) has indicated that such relationships are more difficult to track in Canada as care registry data does not regularly record race or ethnicity statistics; however, significant associations were found between self-assessed poor or fair health and the experience of racism.

The reasons given for this effect include:

- economic and social deprivation;
- toxic substances and hazardous conditions;
- socially-inflicted trauma (mental, physical, and sexual that are either directly experienced or witnessed, and range from verbal threats to violent acts);
- targeted marketing of commodities that can be harmful to health;
- inadequate or degraded medical care; and
- degradation of ecosystems, including systematic alienation of Indigenous Peoples from their lands and traditional economies.

Adding to this complexity is the increasing diversity of Canadians. In 2016, approximately 2.2 million Canadians were from first or second generation families and this number was expected to increase.

Of particular concern is the relationship with Indigenous Peoples where the growth rate of this population is greater than that for the country as a whole. The relationship between racism, the social determinants of health and Indigenous Peoples of Canada has been described in a series of three publications and a webinar prepared by the [National Collaborating Centre for Indigenous Health](#), as well as [a series of resources](#) curated by the National Collaborating Centre for Determinants of Health along with [a blog](#) summarizing its ongoing work to become an anti-racist organization.

QUESTIONS FOR THE CANDIDATES

1. Will you speak out against racist views whenever and wherever you witness them?
2. What will your party do to explore, identify and eliminate racist federal laws, regulations, policies and systems of power?
3. What will your party do to reduce racism and the oppression of racialized Canadians?
4. What specific steps will your party take to ensure the implementation of anti-racist and anti-oppression regulations and policies?
5. What specific steps will your party take to ensure that the social determinants of health are considered in all social and economic policies and programs?

RESOURCES

- [CPHA Position Statement: Racism and Public Health](#)
- [National Collaborating Centre for Indigenous Health](#)

ABOUT CPHA

Founded in 1910, the Canadian Public Health Association is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, we are uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the personal and community health of Canadians and people around the world. We are a national, independent, not-for-profit, voluntary association. Our members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all.