Ministry of Health and Long-Term Care

Substance Use Prevention and Harm Reduction Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

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Ontario

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.[1, 2] The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

The purpose of this Guideline is to provide direction to the board of health on required approaches and interventions in developing and implementing a program of public health interventions for substance use prevention and harm reduction in the health unit population.

In doing so, the Guideline aims to:
- Clarify the roles and responsibilities of the board of health in preventing substance use and reducing the health and social harms associated with substance use in its population;
- Establish a common understanding of substance use prevention and harm reduction;
- Provide approaches for developing a comprehensive health promotion approach for substance use prevention and harm reduction; and
- Identify existing resources to support implementation of the Guideline.

In this Guideline, substance use refers to alcohol, cannabis, opioids, illicit and other substances. Please refer to the Substance Use and Injury Prevention Standard for information on tobacco and e-cigarettes.[1]

This Guideline is organized as follows:
- Reference in the Standards summarizes substance use prevention and harm reduction-related requirements in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability;
- Context provides an overview of substance use and the broad public health, and social impacts of substance use in Ontario;
- Roles and Responsibilities summarizes board of health roles and responsibilities in reducing the burdens associated with substance use;
- Approach to Developing a Program of Public Health Interventions for Substance Use Prevention and Harm Reduction identifies key public health frameworks and

approaches to support the development of a program of public health interventions for substance use prevention and harm reduction;
- Glossary highlights core definitions referenced throughout the document;
- Appendix A summarizes substance use patterns using a substance use spectrum;
- Appendix B provides examples of additional resources; and
- References

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Chronic Disease Prevention and Well-Being

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

a) The program of public health interventions shall be informed by:
   i. An assessment of the risk and protective factors for, and distribution of, chronic diseases;
   ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors;
   iii. An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;
   iv. Consideration of the following topics based on an assessment of local needs:
       - Built environment;
       - Healthy eating behaviours;
       - Healthy sexuality;
       - Mental health promotion;
       - Oral health;
       - Physical activity and sedentary behaviour;
       - Sleep;
       - Substance use[*]; and
       - UV exposure.
   v. Evidence of effectiveness of the interventions employed.
b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current); the *Health Equity Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

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[*]Substance includes tobacco, e-cigarettes, alcohol, cannabis, opioids, illicit, other substances and emerging products.

Infectious and Communicable Diseases Prevention and Control

Requirement 9. The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, harm reduction programs in accordance with the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

School Health

Requirement 3. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth.

   a) The program of public health interventions shall be informed by:
   - An assessment of the local population, including the identification of priority populations in schools, as well as school communities at risk for increased health inequities and negative health outcomes;
   - Consultation and collaboration with school boards, principals, educators, parent groups, student leaders, and students;
   - A review of other relevant programs and services delivered by the board of health; and
   - Evidence of the effectiveness of the interventions employed.

   b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Chronic Disease Prevention Guideline, 2018* (or as current*)*; the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Healthy Growth and Development Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); the *School Health Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Substance Use and Injury Prevention

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

   a) The program of public health interventions shall be informed by:
   i. An assessment of the risk and protective factors for, and distribution of, injuries and substance use;
   ii. Consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental, and other relevant sectors, including LHINs;

      iii.   An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication;

      iv.   Consideration of the following topics based on an assessment of local needs:

- Comprehensive tobacco control;[†]
- Concussions;
- Falls;
- Life promotion, suicide risk and prevention;
- Mental health promotion;
- Off-road safety;
- Road safety;
- Substance use; and
- Violence.

      ii. Evidence of the effectiveness of the interventions employed.

  b) The program of public health interventions shall be implemented in accordance with relevant guidelines, including the *Health Equity Guideline, 2018* (or as current); the *Injury Prevention Guideline, 2018* (or as current); the *Mental Health Promotion Guideline, 2018* (or as current); and the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current).

Context

Substance Use and Harms in Ontario

Ontario is experiencing a wide range of substance use issues. Public health concerns related to the use of alcohol, cannabis, opioids, illicit[‡] and other substances are at the forefront of discussion and policy decision making.

In Canada, alcohol is a legal substance that is used in many contexts—for celebrations, holidays, and more. Alcohol is the most commonly consumed substance in Ontario. Alcohol use is the second highest etiological risk factor contributing to the burden of disease in Canada.[3,4] Globally, alcohol is an important, economically embedded commodity, but it comes with enormous costs to a society's health. Many of these health costs are related to harmful drinking patterns.[5]

[†]Comprehensive tobacco control includes: preventing the initiation of tobacco; promoting quitting among young people and adults; eliminating exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

[‡] A variety of psychoactive substances are used across Ontario, including those designated as legal or illegal. Substance classifications as legal or illegal are linked to conventions and regulations either permitting or restricting the availability of substances. The term illicit, however, refers to manufacturing, trafficking, and use of substances outside of established regulatory guidelines and frameworks. As such, it is possible to use legal substances in illicit ways. Currently, the use of illegal substances in Canada is largely controlled through prohibition and criminalization.

The harms associated with alcohol use are most salient at the local level; they directly affect individuals, communities, roadways[§] and neighborhoods.[6] Alcohol-related health risks include cancer, cognitive impairment, mental illness, alcohol use disorder, heart disease, cirrhosis of the liver, intentional and unintentional injury, and fetal alcohol syndrome.[5] There are also several harms that an individual's drinking behaviour can have on society such as crime, family and interpersonal violence, and motor vehicle collisions, among others.

Cannabis is one of the most commonly used psychoactive substances in the province. Alcohol and cannabis use is common among school-aged youth, and provincial trends point to increasing rates of cannabis use disorders among adults.[7,8] Long term cannabis use trends show an increase in past year use of cannabis, in addition to the aging of people who use cannabis. Cannabis is used across the province for medical and recreational purposes. While regulations related to medical use of cannabis were established quite some time ago by the federal government, rules and restrictions related to recreational use are in the process of being developed.[**,] Cannabis will become legal for recreational use in July 2018. Pending legalization of cannabis has highlighted public health issues related to cannabis use including co-occurring disorders (for example, co-occurring psychosis), respiratory problems, impaired driving, and injury.[9]

In 2015/2016, two million or, one out of every seven people in Ontario filled opioid prescriptions.[††,10] Increases in non-medical use of prescription opioids, indicate a much higher percentage of use among youth.[7,8] Both medical and non-medical use of opioids result in complex public health issues related to use of opioids outside of prescription guidelines, increases in deaths due to poisoning and harms from the transmission of blood borne pathogens due to injection substance use, among others. Harms also result from the use of opioids produced outside of pharmaceutical regulations, for example opioids manufactured in non- pharmaceutical settings or imported from outside the country and available on the illegal market.[11] At the time of this writing, fentanyl is of increasing concern in Ontario; it has surpassed oxycodone and hydromorphone as the leading type of opioid present at death in opioid-related deaths.[‡‡,12]

In addition to alcohol, cannabis and opioids, Ontario has other substances of public health importance such as cocaine, ecstasy, methamphetamine (including crystal meth), mushrooms, and other illicit and emerging substances. Many psychoactive substances are controlled substances; their use is illicit and criminalized. Prevalence rates for the use of illicit and other substances for youth and adults fluctuate over time and across regions. The use of illicit substances can result in public health issues such as poisoning, infectious disease transmission[§§] and related injury and violence. Additionally, public

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[§] For guidance on road safety, violence and injuries, refer to the Injury Prevention Guideline, 2018.
[**] At the time of this writing, Canada is moving towards legalization of cannabis, which will include implementation of regulatory frameworks for recreational cannabis use.
[††] Data do not include opioid prescriptions filled for addiction treatment, in hospitals or in prisons.
[‡‡] Multiple drugs may have been present in individuals at time of death in addition to fentanyl.
[§§] For guidance on infectious diseases, refer to the Infectious Diseases Protocol, 2018.

health issues arise related to the use of solvents and inhalants, such as glue, and the nonmedical use of prescription drugs, such as sedative and stimulant medication.[7] While general trends point to a decline in solvent use, it continues to be a key issue of concern in certain regions.

Roles and Responsibilities

The modernized Standards accommodate variability across the province and require the board of health to apply the Foundational Standards in assessing the needs of its local population and to implement programs of public health interventions that reduce burdens associated with substance use. A flexible approach accommodates greater variability where there is an opportunity to plan programs to decrease health inequities and address the needs of priority populations.

The board of health shall focus public health programs and services on those topics that address identified gaps and will have the greatest impact on improving the health of the local population.

The board of health shall collaborate with local partners in health and other sectors to develop programs and services that address varying substance use patterns in order to reduce the burdens associated with substance use, including:

a) Preventing or delaying substance use;
b) Preventing problematic substance use;
c) Reducing harms associated with substance use;
d) Re-orienting health services to meet population needs; and/or
e) Contributing to the planning of and referral to treatment and other services to meet population needs.

See Appendix A for a description of substance use patterns (i.e. beneficial, non-problematic and problematic substance use) and how these patterns should be examined when developing programs and services for substance use and harm reduction.

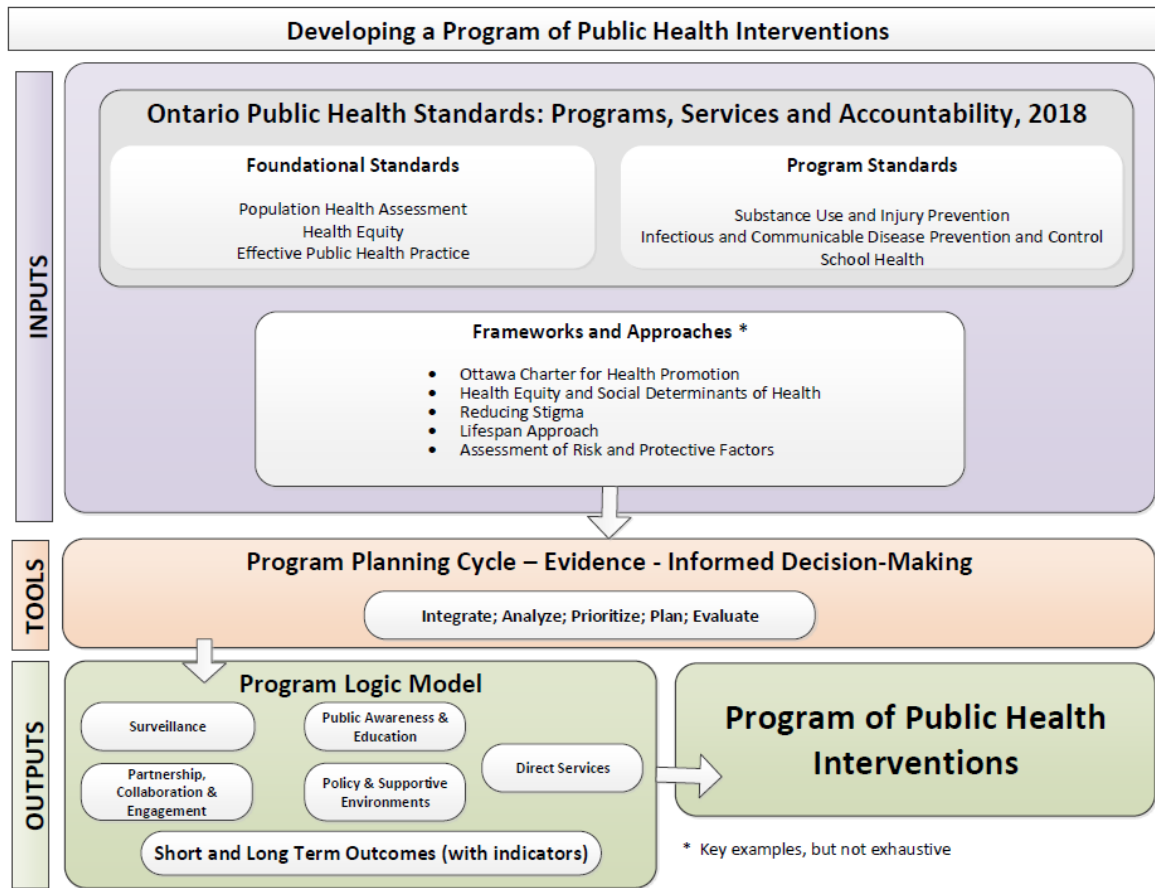# Approach to Developing a Program of Public Health Interventions

This section outlines required approaches that the board of health shall use when developing and implementing a program of public health interventions for substance use prevention and harm reduction in the health unit population.

Public Health Program Planning Cycle

The board of health shall use a public health program planning cycle to develop and implement a program of public health interventions for substance use prevention and harm reduction in the health unit population.[13]

An example of a public health program planning cycle for substance use prevention and harm reduction is presented in Figure 1. Additional examples are found in Appendix B.

Figure 1 Public Health Program Planning Cycle

Key Public Health Frameworks, Approaches and Concepts

The board of health shall use a comprehensive health promotion approach to inform the development and implementation of a program of public health interventions to support substance use prevention and harm reduction.

The Ottawa Charter for Health Promotion is a widely used model and is described below. Examples of other models and frameworks that the board of health shall consider are outlined in Appendix B.[14]

Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion outlines five key health promotion strategies:
1. building healthy public policy;
2. creating supportive environments;

3. strengthening community action through education and awareness;
4. developing personal skills through programs that foster skill-building and;
5. reorienting health services.[14]

Build healthy public policy

- Engage and collaborate with a variety of local partners to inform, develop, and/or implement healthy public policies that address substance use prevention, harm reduction and risk and protective factors for substance use.
- Identify gaps and barriers to the adoption of healthy public policies, and work towards eliminating these barriers through its role in population health monitoring, population health assessments, engagement and collaboration, and service delivery.

Create supportive environments

- Consult and collaborate with local partners to help generate living, working, learning and playing conditions that prevent or delay substance use and reduce harms related to substance use.
- Work with local partners to increase public and partner awareness of risk and protective factors, healthy behaviors, and stigma related to substance use and harm reduction.

Strengthen community action

- Work with local partners to support the development of healthy behaviors and supportive environments to reduce burdens associated with substance use.
- Build on existing community services and assets, and support the capacity of local partners to act on the factors associated with preventing, delaying and reducing harms related to substance use.

Develop personal skills

- Support personal and social development by providing information, health education and enhancing life skills empowers people to exercise more control over their own health and over their environments, and possibly change harmful or risky behaviours.
- Develop programs and services that develop personal skills to prevent, delay or reduce harms related to substance use.

Reorient health services

- Aim to reorient programs and services toward the identified needs of communities, including priority populations.

Health Equity and the Social Determinants of Health as a Lens

Effective public health practice aims to decrease health inequities to ensure that everyone has equal opportunities for health and can attain full health potential without being disadvantaged due to social position or other socially determined circumstances. Health equity can be achieved by addressing the social determinants of health.

The board of health shall embed a health equity approach throughout all aspects of public health planning and practice in accordance with the requirements in the Health Equity Standard. Refer to the *Health Equity Guideline, 2018* (or as current) for additional information on health equity approaches.[15]

Reducing Stigma

Stigma increases health inequities and prevents people from seeking and accessing help.[16] Organizations and institutional policies can stigmatize people who use substances, creating barriers to service and discouraging individuals from accessing care.

The board of health shall work to decrease provider and organization bias and stigma towards people who use substances and people who access substance use prevention and harm reduction services.

The board of health shall work with local partners to reduce stigma in the local health unit population.

Lifespan Approach

Based on local population health assessments and evidence-informed practices, some public health interventions will be targeted towards individuals and populations across multiple life stages while other interventions will be targeted towards individuals and populations in specific life stages. For example, social context and social learning impact the development of protective or risk factors across the lifespan while the single most important risk factor for youth developing substance use problems is the home or family context.[17,18]

Life experiences and episodes, such as the transition from childhood to adolescence, employment changes, marriage, pre-conception and pregnancy planning, pregnancy and parenthood, retirement, and bereavement, among others, can influence health and well-being. It is important, therefore, to encourage interventions that address risk and protective factors of substance use and meet the health challenges of these transition periods across the life span.[19-21]

The board of health shall examine and assess variation in individual and population substance use patterns and associated harms over the course of the lifespan in the development of a comprehensive health promotion approach for substance use.

Assessment of Risk and Protective Factors

The presence of risk factors and protective factors in a person's life—and their ability to mitigate or strengthen these factors—impacts outcomes. Risk factors make individuals more likely to experience harms related to substance use. Protective factors, on the other hand, decrease the likelihood of these harms. Both risk and protective factors are present at the individual, family, school, and community/societal level.

The board of health shall asses risk and protective factors to inform the development of programs and services across varying substance use patterns in accordance with the Standards.

Table 1 highlights general examples of risk and protective factors for substance use at the individual, family, school, and community/societal levels. The presence and degree of risk and protective factors may vary across regions.

Table 1. General Examples of Risk and Protective Factors for Substance Use[18,22-24]

Type of Factor	Examples of Risk Factors	Examples of Protective Factors
Individual	- Genetic factors - Delayed brain development - Early stress - Early age of first use - Low self-esteem - Social skill deficit - Fighting and aggression - Poor mental health or mental illness	- Resiliency - Ability to self-regulate - Personal and social competence - Optimism - Problem-solving skills
Family and Peers	- Violence or mistreatment - Family use or history of substance use - Parental influences: negative communication patterns (e.g. criticism, blaming, and lack of praise); laissez faire parental attitude toward substance use; chaotic home environment, parental conflict. - Perceived prevalence of use by peers - Use by peers	- Positive parent relationships - Parenting competence (e.g., ability to listen, set reasonable expectations, monitor child's activities and model healthy attitudes and behaviours) - Network of non-drug using peers

Type of Factor	Examples of Risk Factors	Examples of Protective Factors
School	• Learning disabilities • Early school failure • Disengagement with learning • Weak or negative relationships with peers and teachers (e.g. being bullied, feelings of not belonging) • High availability of a particular substance (e.g. physically or financially accessible)	• Positive teacher, learning and social connectedness • Active involvement in healthy recreational activities • Taking increasing responsibility in community affairs • Inclusion of mental health literacy as a health promotion tool in programs for school-aged individuals and curriculum
Community/ Societal	• Crime, public drug use and social disorder • Exposure to drug use or selling • Inadequate economic conditions (e.g. insufficient income, employment) • Lack of availability and low quality of housing • Less than adequate community conditions (e.g. poorly maintained schools, poor public transport system) • Stigma • Trauma	• Strong cultural identity • Community cohesion • Access to positive social activities • Community interventions addressing social determinants of health factors

The board of health shall examine the complex interplay between individual, family, school, and community/societal factors to develop programs and services to reduce burdens associated with substance use. In doing so, the board of health shall benefit from referring to:
- *Chronic Disease Prevention Guideline, 2018* (or as current);
- *Healthy Growth and Development Guideline, 2018* (or as current);
- *School Health Guideline, 2018* (or as current);
- *Injury Prevention Guideline, 2018* (or as current);
- *Healthy Environments and Climate Change Guideline, 2018* (or as current)*; and*
- *Mental Health Promotion Guideline, 2018* (or as current).[25-30]

Mental Health

Considerable overlap exists among risk and protective factors for substance use and mental health. A person experiencing problematic substance use has an increased

chance of having a mental health illness and mental illness increases the chances of a substance use problem.[31]

The board of health shall work to integrate mental health promotion, where appropriate, as outlined in the *Mental Health Promotion Guideline, 2018* (or as current), when developing programs and services for substance use prevention and harm reduction.[30]

Surveillance

The board of health shall conduct population health assessments and surveillance in accordance with the Standards and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current) to assess the needs of the local population, identify health inequities, and determine those groups that would benefit most from substance use prevention and harm reduction programs and services (i.e. priority populations).[32]

Some overlap exists between populations or sub-populations who could benefit from interventions related to substance use prevention and harm reduction, and mental health promotion.

Partnership, Collaboration, and Engagement

The board of health shall consult and collaborate with local partners in the health, education, municipal, labour, non-governmental, community and other relevant sectors when developing programs and services for substance use prevention and harm reduction in accordance with the Standards.

Partnerships, collaboration and engagement with specific partners shall vary based on the findings of local population health assessment and surveillance activities, the identification of priority populations, as well as local policy, program planning and engagement structures.

Partners in the health system

In Ontario, the health system includes, but is not limited to: Local Health Integration Networks, primary care settings, acute care settings (e.g. hospitals), local public health units, emergency services providers, mental health and addiction services, and community-based services (e.g. community health centres).

The board of health shall contribute to the planning of and referral to treatment and other services to meet population needs.

Partnering with other sectors

In accordance with the Standards:

The board of health shall work with school boards and schools to assist with the implementation of health-related curricula and health needs in schools related to substance use prevention and harm reduction.

The board of health shall work with additional local partners in other sectors based on local context and need including but not limited to: justice and enforcement, businesses, workplaces, housing, employment, children and youth services, community and social services, priority populations including individuals who use drugs and people with lived experience of problematic substance use, and sectors that work with priority populations.

Public Awareness and Education

The board of health shall work with a variety of local partners to:
   a) increase public and partner awareness on the harms of substance use, risk and protective factors for substance use, and healthy behaviours and skills; and
   b) build on existing community services and assets, and support the capacity of local partners to act on the factors associated with preventing, delaying and reducing harms related to substance use.

Public awareness and education activities related to harm reduction are found in the Harm Reduction section below.

Policy and Supportive Environments

The board of health shall consult and collaborate with a variety of local partners to:
   a) inform, develop and/or implement healthy public policies that address substance use prevention, harm reduction and risk and protective factors for substance use; and
   b) help generate living, working, learning and playing conditions that prevent or delay substance use and reduce harms related to substance use.

Direct Services

The board of health shall consult and collaborate with a variety of local partners to:
   a) develop programs and services that develop personal skills and healthy behaviours to prevent, delay or reduce harms related to substance use;
   b) develop harm reduction programs and services based on the identified needs of communities, including priority populations;
   c) ensure that individuals accessing harm reduction programs and services have access to appropriate public health services and are referred to other health and social services as needed (i.e. treatment, etc.); and
   d) develop substance use prevention programs and services based on the identified needs communities, including priority populations.

Harm Reduction

Harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption.[33] Harm reduction interventions respect the rights of individuals to use such substances, increase awareness regarding lower risk use, and address risk and protective factors related to harms.

Distribution of Harm Reduction Supplies

The distribution of needles/syringes and other drug use supplies has proven to be an effective method in reducing blood-borne infections associated with injection drug use, such as HIV and hepatitis C. Specifically, these programs reduce the sharing and re-use of needles, syringes, and other supplies and also reduce discarded needles and syringes in the community. The distribution of safer drug use supplies also provides a point of access into health and social services for clients who may not otherwise have access to such services, as well as opportunities for education on safer drug use practices.[34]

The board of health shall:
a) provide or ensure the availability of sterile needles and syringes, as well as safer drug use supplies currently funded and provided through the Ontario Harm Reduction Distribution Program to individuals who use drugs in the public health unit's region;
b) provide or ensure the availability of initiatives related to the disposal of used harm reduction supplies;
c) provide education to clients of the Ontario Needle Exchange/Syringe Program (including fixed satellites and outreach locations) and individuals who use drugs on how to reduce harms associated with drug use; and
d) provide referrals to addiction treatment, other harm reduction services, health and social services (including HIV, HCV, and STI testing, community support and treatment).

Ontario Harm Reduction Program Enhancement

The board of health shall support the implementation of the Ontario Harm Reduction Program Enhancement which includes:
a) designing and implementing local opioid response initiatives based on an assessment of local data;
b) implementing or support the implementation of opioid overdose early warning systems; and
c) serving as naloxone distribution leads, and providing training and other supports, to eligible community organizations.

Public Awareness

Public awareness interventions for harm reduction can include but are not limited to increasing knowledge and application of drug consumption practices that reduce or eliminate the risk of transmission of HIV, HCV, HBV, and other pathogens; drug overdose; and soft tissue injuries. Awareness can also focus on promoting awareness of the value of harm reduction activities and reducing stigma towards harm reduction as well as people who use drugs. The intent of such awareness activities is to shift public attitudes and beliefs about harm reduction with the ultimate goal of reorienting health services and reducing the stigma experienced by those in the local population who use drugs.[35,36]

The board of health shall undertake harm reduction public awareness activities as is appropriate, considering local community needs.

Glossary

Comprehensive health promotion approach applies diverse strategies and methods in an integrated manner - one of the preconditions for health promotion to be effective. Health promotion addresses the key action areas identified in the Ottawa Charter in an integrated and coherent way.[37]

Harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.[33]

Health equity means that all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.[1]

Healthy public policy is a course of action that guides decision making; can specify expectations, regulations and guides to action; can be informal or formal; and can contribute to a fairer society by providing more equitable access to the determinants of health.[38] A Health in All Policies approach is "an approach to public policy across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity."

Population health is the health of the population, measured by health status indicators. Population health is influenced by physical, biological, behavioural, social, cultural, economic, and other factors. The term is also used to refer to the prevailing health level of the population, or a specified subset of the population, or the level to which the population aspires. Population health describes the state of health, and public health is the range of practices, procedures, methods, institutions, and disciplines required to achieve it. The term also is used to describe the academic disciplines involved in studies of determinants and dynamics of health status of the population.[38]

Prevention focuses on reducing the factors which increase the risk of developing substance use problems. Prevention interventions can also aim to increase protective factors and improve overall well-being. Substance use related prevention aims to prevent or delay substance use, in addition to reducing harms associated with use.[33]

Priority populations are those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of helath; and/or the intersection between them. They are identified by using local, provincial and/or federal data sources; emerging trends and local context; community assessments; surveillance; epidemiological and other research studies.[1]

Problematic use includes substance use patterns and types of use which have a higher risk of individual and societal health impacts.[39]

Program of public health interventions includes the suite of programs, services, and other interventions undertaken by a board of health to fulfill the requirements and contribute to achieving the goals and program outcomes outlined in the Standards.

Protective Factors are determinants that affect health in a positive way. They help with maintaining good health, and can assist in effective management of health conditions.[38]

Risk Factors are determinants that affect health in a negative way. They can increase the likelihood of developing chronic diseases, or hinder in the management of existing conditions.[40]

Social determinants of health are the interrelated social, political and economic factors that create the conditions in which people live, learn, work and play. The intersection of the social determinants of health causes these conditions to shift and change over time across the life span, impacting the health of individuals, groups and communities in different ways. [41]

Stigma refers to negative attitudes (prejudice) and negative behaviors (discrimination) toward people with substance use and mental health problems, often by those in power.[42,43]

Appendix A: Substance Use Spectrum

Substance use can be represented along a spectrum which contains varying patterns of use ranging from abstinence to having a substance use disorder.

- Abstinence: abstain from substance use (i.e. "no use").
- Beneficial use: substance use where benefits outweigh the harms (e.g., opioids, cannabis or other prescription medications used as prescribed by a health care provider with ongoing medical supervision).
- Non-problematic: Recreational substance use that has negligible health or social effects (e.g., consumption of alcohol or cannabis in accordance with lower-risk consumption guidelines).
- Problematic Use: Pattern and type of use (such as those defined under 'potentially harmful' and 'substance use disorder'), which has a higher risk of individual and societal health impacts.
- Potentially Harmful: episodic use that can lead to negative consequences for individuals, friends/family, communities or society (e.g., use at an early age, binge consumption, impaired driving, harmful routes of substance administration).
- Substance Use Disorder: use that has become a physical and/or mental addiction characterized by frequent and compulsive use despite negative health and social effects.

Substance use can be initiated at any given point along this spectrum. People may experience a range of use patterns which vary over time and may involve different substances.[46] For example, while an individual may engage in non-problematic use of alcohol in their young adulthood, their alcohol use can escalate to problematic use, then chronic dependence over the course of their life span. Alternatively, a person's pattern of substance use may also remain stable along the spectrum as they transition between life stages. Furthermore, the same pattern of substance use may have benefits in one area of a person's life and potential risks in another (e.g. opioid use under medical supervision compared to non-medical opioid use).

Individuals may engage in the use of different substances, either simultaneously or at different times, over the course of their life span. In this context, their patterns of use could differ by substance (e.g., they engage in beneficial use of prescription opioids, but problematic use of cannabis).

Appendix B: Additional Resources

Substance Use and Harms in Ontario

Boak, A, Hamilton HA, Adlaf EM, Mann RE.. Drug use among Ontario students, 1977-2015: detailed OSDUHS findings (CAMH Research Document Series No. 41). Toronto, ON: Centre for Addiction and Mental Health; 2015.

Ialomiteanu AR, Hamilton HA, Adlaf EM, Mann RE.. CAMH Monitor e-Report: substance use, mental health and well-being among Ontario adults, 1977–2015 (CAMH Research Document Series No. 45). Toronto, ON: Centre for Addiction and Mental Health; 2016.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Self-reported alcohol use snapshot [Internet]. Toronto, ON: Queen's Printer for Ontario; c2017 [updated 2016 Nov 30; cited 2017 Dec 22]. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Health-Behaviours---Alcohol-Use.aspx

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Opioid-related morbidity and mortality in Ontario [Internet]. Toronto, ON: Queen's Printer for Ontario; c2017 [updated 2017 Dec 13; cited 2017 Dec 22]. Available from: https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx

Key Public Health Frameworks

Population Health Promotion Approach

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Socioecological Model

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