OPINION EDITORIAL

Public Health Issues Facing Canada: A Spotlight on Ontario

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INTRODUCTION

The mental health crisis, opioid epidemic, and burgeoning household food insecurity are all three key and related challenges that will significantly challenge the state of public health in Canada over the next decade. This paper uses Ontario as a spotlight to investigate how these challenges have manifested, and will present plausible solutions and strategies to address the intersection of these challenges.

MENTAL HEALTH

Each year, mental health and addictions affect 1 in 5 Canadians [1]. By the age of 40, 1 in 2 Canadians will have experienced a mental health condition [1]. In Ontario, the mental health epidemic is systemic and can be traced back to governmental policies created during the late 1980s regarding social housing, social welfare, and homelessness [2]. Though social housing was initially under federal jurisdiction, in the 1990s it was transferred to the provincial governments then further transferred to individual municipalities after 1995 [2]. At the same time, the provincial mental health care system was subjected to a drastic process of restructuring and deinstitutionalization and saw a transition towards community-based mental health care [2]. This move saw patients within the mental health institutions moved to facilities/ services that did not have the adequate funding and resources [2]. Altogether, this changeover to community-care and the province's transfer of responsibilities and cancellation of pre-existing affordable housing developments, forced large groups of psychiatric survivors into states of homelessness. The literature shows that stable and affordable housing is a crucial part of an individual's recovery as it provides the stability needed to pursue education, employment, or other activities [1,2]. The lack of affordable and stable housing for recovering individuals may have exacerbated the mental health burden on an already vulnerable population.

The mental health burden has major implications for the healthcare system, with years of life lost due to premature mortality estimated to be 1.5 times more than that of cancers and "more than seven times that of all infectious diseases" [3]. Despite the significant mental health burden on the Ontario healthcare system, the provincial government announced in 2018 that there would be major cuts to the mental health budget [4]. This announcement was met with public outrage as in fact more and not less funding is needed to address the burden of mental illness in the province [4].

OPIOID CRISIS

Substance abuse, specifically the opioid crisis, is of increasing national public health concern. From January 2016 and June 2019, more than 13,900 opioid-related deaths occurred nationally [6]. Moreover, as of early 2019, fentanyl and fentanyl analogues accounted for 80% of all opioid-related deaths [6].

Ontario is one of the epicentres of the opioid epidemic in Canada. In 2017, more than 1,250 Ontarians died from opioid-related causes [7]. This represents an increase of 246% from 2003 [7]. Autopsies revealed that of all the opioid types present at death in 2017, fentanyl accounted for over 60% [7].

The origins of the opioid crisis can be traced back to governmental policies made during the 1990s. In 1996, Health Canada approved "OxyContin", a version of oxycodone produced by Purdue Pharmaceuticals, to be prescribed as a pain-reliever [8]. Between 1999 and 2003, the number of OxyContin-related deaths steadily increased as it was an easily accessible drug for unprescribed consumption. Due to increase in OxyContin-related deaths, Purdue decided to replaced OxyContin with OxyNEO in 2012 to reduce the ease of ingestion, but provincial drug-plans stopped paying for both drugs that year [8].

The resulting decrease in OxyContin and OxyNEO supply, resulted in prescriptions for alternative painkillers such as fentanyl [8]. With the cost and accessibility of fentanyl being lower than heroin, opioid and heroin users began turning towards this more potent form [9]. The emergence of more potent opioids, such as carfentanil, in illegal markets highlight the escalation of the crisis in Canada [9].

Currently, naloxone is the only "opioid antagonist" available, that can counter effects of opioid overdoses however there is an insufficient quantity due to limited funding available for harm reduction policies [9,10].

HOUSEHOLD FOOD INSECURITY

In 2008, over 12% of Canadian households experienced food insecurity, with an additional 450,000 households being affected by 2011 [11]. Proper nutrition is a prerequisite to good health, essential for proper growth and development, and a significant factor in preventing many chronic diseases including cancer, heart disease, and diabetes [11]. Income is one of the main barriers to accessing sufficient nutritious food, which is now being recognized as a risk factor for poor health.

Of note, renters make up two-thirds of the food-insecure households in Canada. 1 in 4 households that rent their accommodations are food-insecure [12]. Owning a home is a protective factor during food insecurity emergencies as it facilitates the availability of funds to address job loss or sudden illness [12].

Ontario has the highest number of severely food insecure households compared to all other provinces and territories [12]. In Ontario, 64% of Ontarians who rely on social welfare were also food insecure [12]. There is evidence that food insecure low income households can be aided through public policies like Canada's pension plans or the Universal Child Care Benefit (UCCB) via direct financial aid [12].

RECOMMENDATIONS.

Upstream approaches to addressing the mental health crisis are critical, and there are already some promising policy directives being put into effect to do this. An example of this is the 2018 National Housing Strategy, which approaches the housing crisis with a systemic lens by involving all levels of government and partners from various sectors, to aid those in greatest housing need while maintaining the creation and implementation of policy related to housing [13]. From a provincial perspective, there should be continued funding for the Investment in Affordable Housing (IAH) program that is scheduled to end March 31, 2020. The program currently allows the Ministry of Ontario to operate with Local Health Integration Networks, community care access centres, and local mental health services to integrate affordable housing [14]. The dismantling of this program without a proper contingency plan may result in the policy gap environment that contributed to negative health outcomes discussed.

For the opioid crisis, one recommended policy strategy is the reinforcement of evidence-based harm reduction policies such as the use of supervised consumption sites (SCS) and needle exchange services [10,15]. Additionally, a cost-effective strategy is providing naloxone kits for individuals working with or in proximity with those at risk of opioid overdose [9]. Although, the aim of SCS are to treat overdoses preemptively, whereas naloxone kits prevent real time overdoses, both address the opioid crisis by improving public health outcomes while accounting for the rights of vulnerable populations.

Finally, with regards to tackling Ontario food insecurity, the first line of action recommended is increased surveillance. The Government of Ontario opted out of participating in the Canadian Community Health Survey, a nationwide annual survey looking at households with food insecurity, for 2015 and 2016 [16]. Without sufficient data, the issue of food security cannot be fully understood, hindering the implementation of evidence-based policies. Ontario should opt back into the next available Canadian Community Health Survey as an initial step towards addressing this topic. This decision would provide a measure of the problem, which would enable program and policy experts to plan and implement action accordingly [17].

CONCLUSION

The burden of mental illness, the opioid crisis and food insecurity on Ontario's healthcare system mandate coordinated and decisive action and policy change [3]. To tackle these issues, upstream and evidence-based interventions such as support for affordable housing care, harm reduction measures, and population surveillance are needed. Unchecked, these three challenges will greatly intensify the societal burdens and increase healthcare costs. This paper brings awareness to these areas and proposes recommendations with the ultimate goal of improving the health and well-being of all Canadians.

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