



Community Drug and Alcohol Strategy Strategic Planning Session



**Pre-reading Package
Substance Use in Ontario & Grey Bruce**

JUNE 2024

PUBLICHEALTHGREYBRUCE.ON.CA





CDAS Strategic Planning Session

Pre-reading Package - Substance Use Trends in Ontario and Grey Bruce

Introduction

There is an identified need locally to take collective action to address the harms of substance use. It is core to the work of our local Community Drug and Alcohol Strategy to act and address substance use concerns. Fatalities, emergency room visits, and hospitalizations are life altering and costly to the health care system. Many substance use trends continue to worsen, particularly among youth and young adults. A multi-pronged approach consisting of both upstream and downstream interventions is required.

We encourage you to read through the following pages to support dialogue and decision making at the upcoming Strategic Planning Session for the Community Drug and Alcohol Strategy on June 3rd. The time to act is now and we can make positive changes in our community.

Much of the introduction was gleaned from Dr. Kieran Moore's ***Balancing Act Report*** from 2023. The following 5 pages are also from Dr. Moore's Executive Summary and lay the groundwork for the discussion on June 3, 2024. The Executive Summary and the other documents in this package cover the following:

- Trends in substance use in Ontario during the pandemic
- Harms of the key substances of concern in Ontario in 2020
- Factors contributing to substance use
- Substance-specific interventions
- Need to balance upstream and downstream interventions
- Trends in substance use in Grey Bruce (provincial and national data used if local data unavailable)

Executive Summary

Mood-altering substances like cannabis, alcohol, opioids, and tobacco and vaping products that contain nicotine are widely used in Ontario. Some people use them for enjoyment. Others use them to reduce anxiety, relieve depression, manage pain, and cope with stress and trauma. Most Ontarians who use these substances do so without seeming to harm their health or wellbeing, but some people experience real damage to their health, lives, and relationships.

Measuring Substance Use Harms

There are currently between 2,500 and 3,000 opioid toxicity deaths in Ontario each year – or one tragic, preventable death every three hours, largely due to the toxic unregulated drug supply. Thousands more Ontarians are also treated for accidental overdoses in our emergency departments each year.

But substance-related harms are not limited to unregulated substances. Every year, the use of regulated substances, like tobacco/vaping products, alcohol, and cannabis, results in thousands of emergency department visits, hospitalizations, and deaths.

The use of these four substances costs the province billions of dollars each year in health care, lost productivity, criminal justice, and other direct costs.

Substance use attributable harms	Tobacco	Alcohol	Cannabis	Opioids
Deaths	16,296	6,201	108	2,415
Hospitalizations	54,774	47,526	1,634	3,042
Emergency Department Visits	72,925	258,676	16,584	28,418
Total Costs	\$4.18 billion	\$7.11 billion	\$0.89 billion	\$2.73 billion

Source: Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. Available from <https://csuch.ca/explore-the-data/>

During the COVID-19 pandemic, Ontario saw disturbing trends in substance use and harms, including:

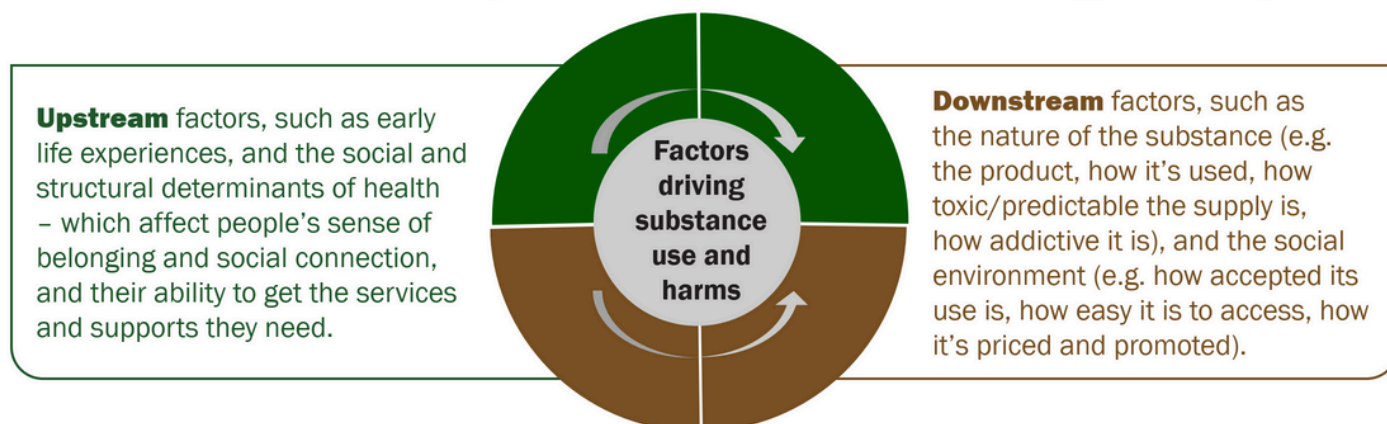
- more people, who had not previously smoked tobacco, using vaping products that contain nicotine (the highly addictive substance in tobacco)
- more adults using cannabis and more cannabis-related emergency department visits
- a significant increase in alcohol toxicity deaths
- more polysubstance use (i.e. alcohol and cannabis, opioids with benzodiazepine, alcohol and/or cannabis), which increases the risk of death
- the growing number of youth in grades 7 to 12 who reported using alcohol and cannabis more frequently, and the growing number using toxic unregulated opioids.

It is time to focus attention on substance use and harms.

The Upstream and Downstream Drivers of Substance Use

Why are some people able to use substances without any apparent harm to their health or well-being, while others experience serious harms?

The likelihood that someone will develop a substance use disorder or addiction is strongly influenced by:



To reduce substance-use harms, we must invest upstream to help people develop strong relationships and social connections, and to provide more equitable access to the determinants of health that can protect them from harmful substance use (e.g. income, education, employment opportunities, housing, mental health supports). At the same time, we must put in place the downstream policies and “guardrails” that limit risks associated with specific substances.

Addressing Substance Use Harms: A Balancing Act

Ontario's public health sector aims to help all Ontarians lead longer, healthier lives. Part of the public health sector's legislated mandate is to prevent harms associated with substance use.

Public health has a long history of working with communities to implement effective and promising interventions that reduce substance use harms and change social norms related to substance use. As a society, we have also had experience with strategies designed to reduce substance use harms that have had unintended negative consequences (e.g. awareness campaigns that used "scare" targets and were ineffective).

The challenge is to find the balance between:

- respecting people's autonomy – including their desire to use substances – and public health's responsibility to protect citizens, families, and communities from substance-related harms
- the economic and societal benefits of substance use, including the jobs, wealth and enjoyment generated by the regulated alcohol and cannabis industries, and the health and social costs of substance use harms
- providing accurate information about the very real risks of substance use without stigmatizing people who use drugs
- helping people use substances, including unregulated substances like opioids, more safely while not increasing their use
- providing life-saving services to people who use opioids while also ensuring overall community safety.

An All-of-Society Approach to Improve Health and Reduce Substance Use Harms

Substance use harms are an urgent public health issue, and one that public health cannot solve on its own. This report calls for an all-of-society approach to improve health and reduce substance use harms: one that recognizes the complexity of human experience with substances, the factors that drive substance use, and the policy environment where public health policies may conflict with economic policies, and with public attitudes and perspectives.

The report challenges key partners – communities, local, provincial, federal, and Indigenous governments and agencies, social services, other organizations involved in reducing substance use harms, people with lived and living experience, the public health sector, and the health care system – to pursue a range of thoughtful, evidence-based strategies designed to address both the upstream and downstream factors affecting substance use and harms. The goals are to: build healthy families and healthy communities; and ensure Ontarians have the knowledge, skills, supports, services, and relationships to lead healthy lives and avoid substance use harms – as well as the harm reduction and treatment services they need if they use substances or develop a substance use disorder.



Substance-Specific Strategies

The report also describes the current trends and health threats for four substances – tobacco/vaping products, cannabis, alcohol, and opioids – and recommends that Ontario work with its partners to develop multi-pronged substance-specific strategies to reduce those threats.

The aim of **tobacco/vaping products** strategy is to:

- Meet the 2035 national target of fewer than 5% of the population using tobacco (e.g. increase taxes, age of purchase, and availability of smoking cessation treatment)
- Develop and enforce a broad regulatory framework (i.e. beyond tobacco) that covers all vaping and nicotine-containing products
- Review and strengthen policies that reduce smoking and vaping (e.g. tobacco/nicotine pricing and taxation)
- Prevent/reduce vaping among youth, most of whom have never smoked, are too young to legally purchase vaping products, and are highly susceptible to nicotine addiction
- Prevent non-smokers from vaping nicotine products (e.g. make them less appealing, ban flavoured products and disposable vapes)
- Limit online advertising and sales of tobacco/vaping products.

The aim of the **cannabis** strategy is to:

- Reduce high rates of cannabis use by youth and young adults whose brains are highly vulnerable to its ill effects (e.g. increase age of purchase)
- Promote Health Canada's Low Risk Cannabis Guidelines
- Reduce high risk cannabis use behaviours, including during pregnancy, if driving, among people with mental health problems, and polysubstance use (e.g. cannabis and alcohol, cannabis and opioids)
- Work with the federal government to reduce the risks associated with edibles, including the increasing incidence of pediatric poisonings by requiring safeguards (e.g. child-proof packaging, warning labels)
- Limit online advertising and sales of cannabis products
- Train more providers in evidence-based management of cannabis use disorder.





The aim of the **alcohol** strategy is to:

- Shift social norms by making Ontarians more aware of new evidence on alcohol-related harms, particularly its carcinogenic effects, and the risks/harms associated with binge drinking, hazardous drinking, drinking and driving, and drinking during pregnancy (e.g. warning labels)
- Promote Canada’s new Guidance on Alcohol and Health
- Bring down rising rates of alcohol use among youth and women
- Monitor the harms of alcohol on youth aged 19 to 21 and explore whether to revisit the current minimum legal drinking age
- Review and strengthen policies that reduce the risk of alcohol-related harms (e.g. alcohol pricing and taxation)
- Monitor the impact of any increases in alcohol retail outlets or hours of sale, and develop a strong regulatory framework to enforce alcohol regulations in all outlets where alcohol is sold
- Limit online marketing and sales of alcohol
- Increase access to effective treatments for people with alcohol use disorder.



The aim of the **opioid** strategy is to:

- Raise awareness of the risks associated with the toxic, unregulated drug supply
- Improve access to housing, mental health, and other services that can help people avoid or reduce unregulated opioid use and its harms
- Decriminalize simple possession of unregulated drugs for personal use as recommended by the Chiefs of Police of Ontario and has been done in other jurisdictions, including British Columbia, Oregon, and Portugal
- Develop programs that direct people who use opioids to health services rather than the criminal justice system
- Provide non-judgmental services that reduce the negative impacts of criminalization on people who use opioids (e.g. stigma, discrimination, lack of access)
- Meet the urgent harm reduction needs of people struggling with opioid addiction (e.g. consumption treatment services, naloxone kits, sterile supplies, safer supply programs) while supporting community safety
- Improve access to timely, low-barrier evidence-based treatment programs
- Enhance harm reduction program (e.g. consumption treatment services) that are integrated in the community and offer broad-based services and connections to care
- Ensure harm reduction and treatment services can adapt quickly to changes in substance use patterns (e.g. the shift from injecting to smoking/inhaling opioids)
- Support the families and friends of people who use opioids as well as workers who provide prevention, harm reduction, and treatment services.

While the multi-pronged substance-specific strategies use a similar framework and tools, the priorities and recommendations will be different because the threats are different. For example, Ontario has many decades of experience implementing a tobacco strategy and regulatory system. The province has already had significant success changing social norms and reducing smoking. Its experience with opioids – an unregulated, illegal substance – is much more recent, and the challenges are different.

When thousands of people are dying from preventable opioid overdoses each year, the system must first take urgent steps to keep people alive, such as creating safe spaces where people can use unregulated drugs and providing regulated pharmaceutical alternatives (e.g. opiate agonist therapy, a safer drug supply). With these harm reduction responses in place, people who are using opioids may be in a position to benefit from offers of education and treatment, and to make choices that enable them to reduce or even stop their opioid use.

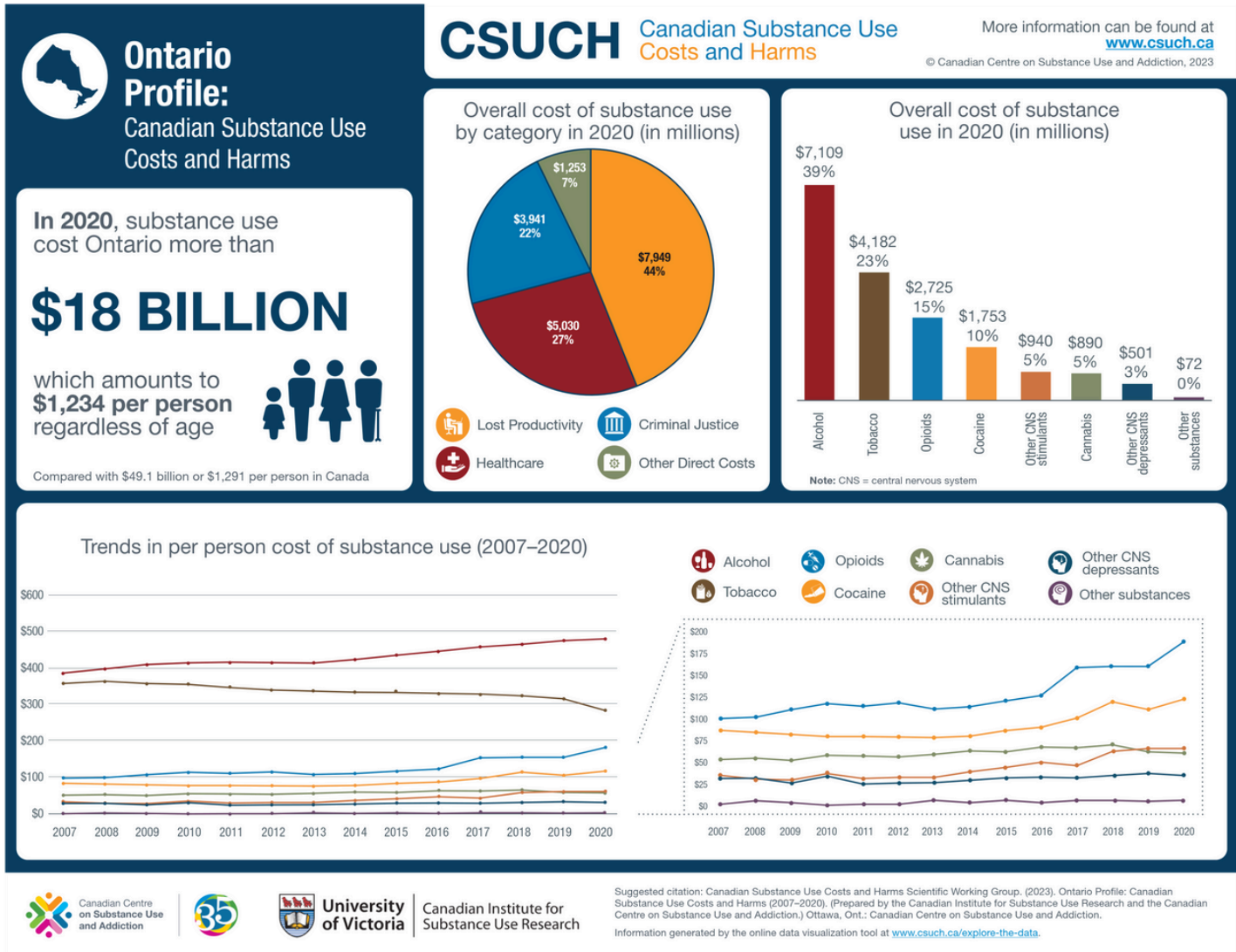
The Need to Act Now

When we see preventable threats, like substance use, that harm too many people too young, devastate families, destroy communities, and reduce life expectancy, we must act.

Ontarians will continue to use substances. The challenge is to help people understand the risks, and moderate or stop their use. The recommendations in this report reflect the best available evidence on interventions that can reduce substance use harms. To keep pace with new knowledge, we will revisit these recommendations in two years, and refine our strategies as needed.

While the right toolbox of downstream public health interventions is important, Ontario also needs an all-of-society approach to prevent substance use harms and improve health and well-being. We must continue to advocate for upstream health, social, and economic policies that support strong, healthy, connected families and communities.

The following visual highlights recent costs and substance use trends for a variety of substances in Ontario.



Divergent trends in per person costs of substance use are noted above, with costs attributable to alcohol rising over time, and those attributable to tobacco declining. “A range of public health policies aimed at reducing tobacco use – including warning labels, increased taxation and advertising restrictions – have been introduced over the past 2 decades. Similar policies for alcohol do not exist or have remained unchanged for many years. Lessons learned from this whole of society response to tobacco could be applied to address the economic and physical availability of alcohol and better inform people about the health risks of alcohol use” (Canadian Substance Use Costs and Harms Scientific Working Group, 2023, pg. 5, para. 4).

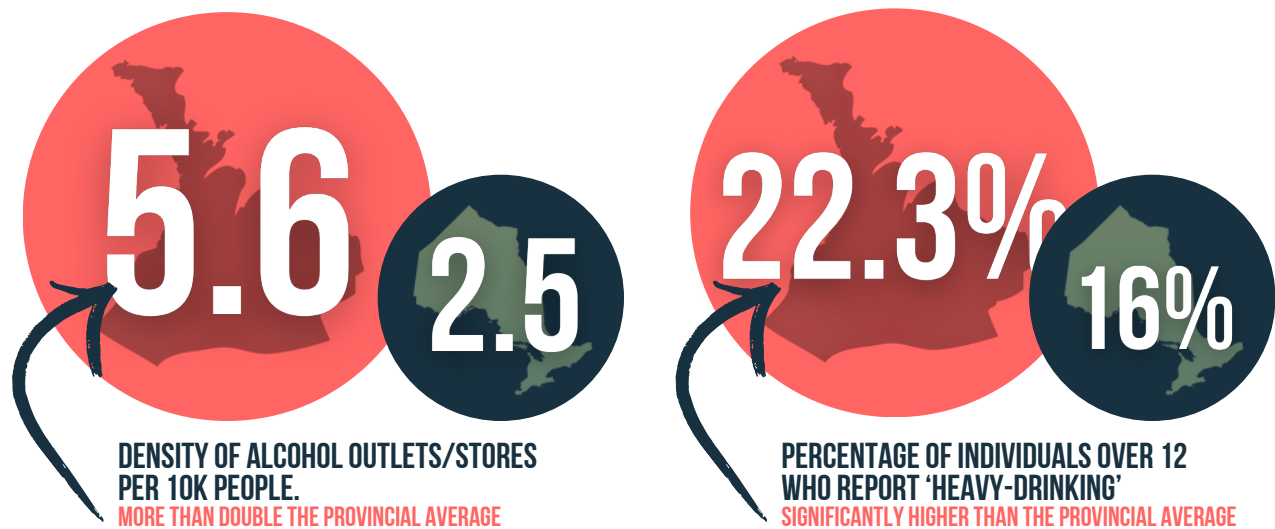
“The majority of costs due to opioids are related to lost productivity and more specifically, people dying at a young age” (Canadian Substance Use Costs and Harms Scientific Working Group, 2023, pg. 6, para.3).

Grey Bruce Alcohol Stats

Alcohol is **the most used substance** across Ontario and Grey Bruce.

- According to the Ontario Student Drug Use and Health Survey, **35.6% of students between grades 7 and 12 in Ontario reported using alcohol** in the 12 months before the survey (2).

An increase in the density of alcohol retail stores has been associated with increases in heavier drinking and alcohol-related harms in Ontario and other parts of the world (17). Grey Bruce has a **higher density of alcohol retailers** and a **higher percentage of individuals** 12 years and older reporting heavy drinking (defined as having 4 or more drinks on one occasion) (19). By 2026, **alcohol will be available in more locations** including convenience, grocery, and big box stores (8).

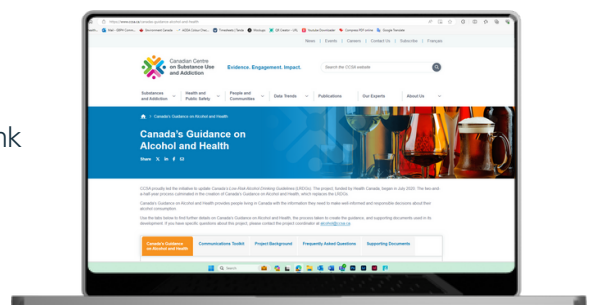


Estimates of average annual deaths, hospitalizations, and emergency visits from health conditions attributable to alcohol in people aged 15 and older in Grey Bruce.

	Total alcohol attributable health conditions	Cancer	Cardio-vascular	Communicable disease	Digestive condition	Endocrine condition	Neuro-psychiatric	Intentional injury	Motor vehicle collision	Unintentional injury
Deaths	73	21	16	2	14	-2	7	5	2	8
Hospitalizations	357	33	-52	22	72	-5	142	18	13	114
Emergency department visits	3,501	10	64	175	81	-20	497	106	138	2,450

(Ontario Health and Ontario Agency for Health Protection and Promotion [Public Health Ontario], 2023)

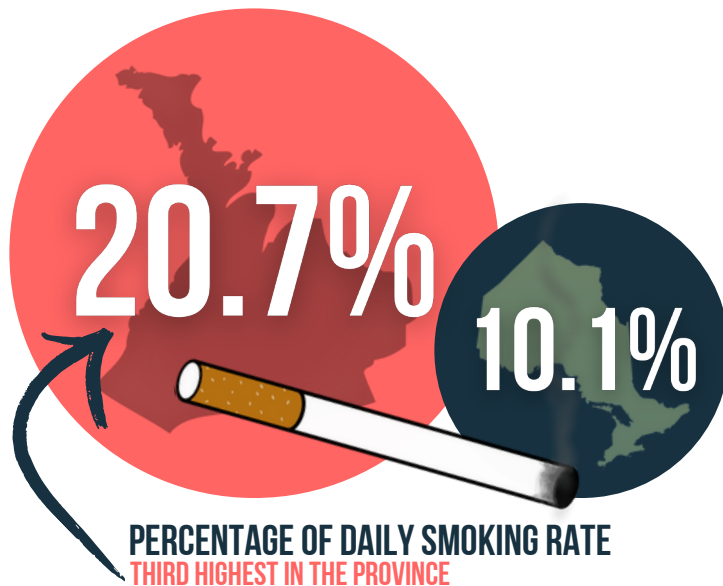
In 2023, [Canada's Guidance on Alcohol and Health \(CGAH\)](#) was updated and shows that harm begins after 1 standard drink per week and increases with each additional standard drink. The carcinogenic effect of alcohol is also highlighted (18).



Grey Bruce Tobacco, Vaping, and Cannabis Stats

Commercial Tobacco

- In 2019/2020, Grey Bruce had the **3rd highest daily smoking rate** in the province at 20.7%. This is double the provincial rate of 10.1% (23).
- In 2021, 7.5% of pregnant individuals reported daily smoking in Grey Bruce. This is compared to a provincial rate of 4.8% (22).
- 23.8% of Grey Bruce youth report trying a cigarette in their lifetime (23).



**24% OF GREY BRUCE YOUTH
REPORT TRYING CIGARETTES**

Estimates of average annual deaths, hospitalizations, and emergency visits from health conditions attributable to smoking in people aged 35 and older in Grey Bruce:

	Total smoking attributable health conditions	Cancer	Cardiovascular	Diabetes	Respiratory
Deaths	334	149	97	4	85
Hospitalizations	1,225	135	516	11	563
Emergency department visits	4,088	84	641	40	3,322

From all causes in people aged 35 and up in Grey Bruce, these smoking attributable outcomes made up:

18.6% OF DEATHS

8.9% OF HOSPITALIZATIONS

4.4% OF EMERG VISITS

Vaping of Nicotine

Ontario Youth Vaping

In 2023, **13.4% of students in grades 7-12 reported using e-cigarettes/vapes** in the past year. Among those who vaped in the past year, **the majority (87%) report vaping nicotine** (2).

2022 Prevalence of Past 30-Day Vaping in Canada (10)

- 13.6% of youth aged 15-19
- 19.7% of young adults aged 20-24
- 3.9% of adults aged 25 and older

In Canada, the maximum nicotine concentration allowed in e-liquids is 20 mg/ml or 2% (6). However, some pods and devices can hold multiple millilitres, potentially **containing hundreds of cigarettes' worth of nicotine** (26). With marketing targeted towards youth, **this poses risks to an entire generation**, as nicotine is highly addictive and impacts teen brain development (11).

Oral nicotine pouches, a new alternative to smoking and vaping, may also contain **very high amounts of nicotine**, and are **readily available at convenience stores and gas stations without sales, advertising, and promotion restrictions** (7). Identified as a new public health concern, Health Canada is reviewing how nicotine pouches are being marketed and sold to youth (7, 12).

Perceived Addiction to Vaping (9)

In Canada, the proportion of youth who vaped that reported being **very addicted to vaping more than doubled from 2017 (11%) to 2022 (28%)**.

“NICOTINE IS OFTEN THE FIRST DRUG USED BY PEOPLE WHO LATER DEVELOP ALCOHOL OR OTHER SUBSTANCE USE PROBLEMS.”

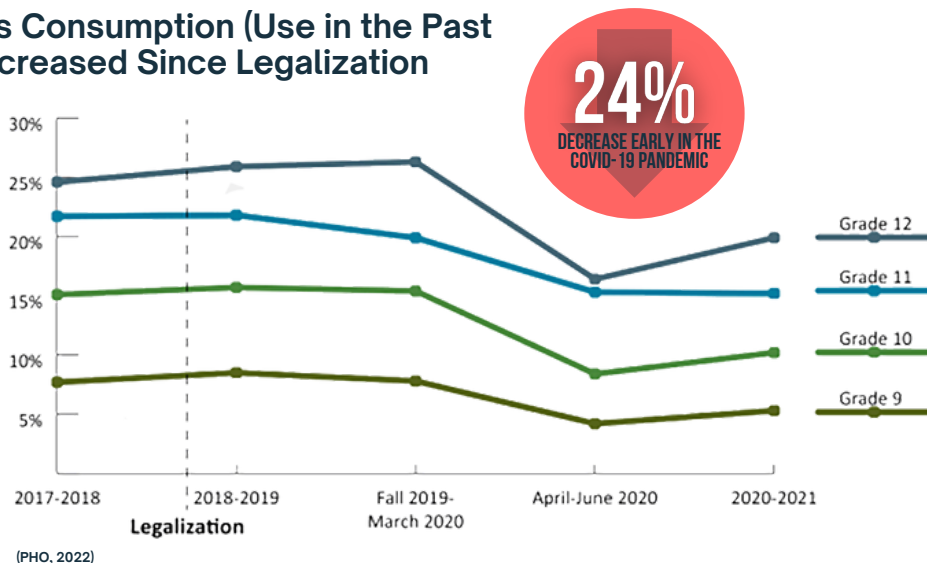
(CAMH, 2024, PARA.23).

Cannabis

In 2022, Grey Bruce had **225 emergency department visits** for all cannabis-related harms (151.4 per 100,000). This is **significantly higher than the provincial rate** of 92.7 per 100,000 (20).

- In 2023, **one-in-six (18%)** students grades 7-12 report using cannabis in any way during the past year (2).
- **2%** of students grades 7-12 report using cannabis daily. This estimate **increases to 5% of 12th graders** (2).
- **One-in-nine (11%)** secondary school students report using cannabis to cope with mental health problems at least once in 2023 (2).
- Among secondary school students (grades 9-12), the **most common ways of using cannabis** are vaping (17%), smoking it in a joint (17%), and eating it in food products such as brownies and candy at 12% (2).

Current Cannabis Consumption (Use in the Past 30 Days) Has Decreased Since Legalization

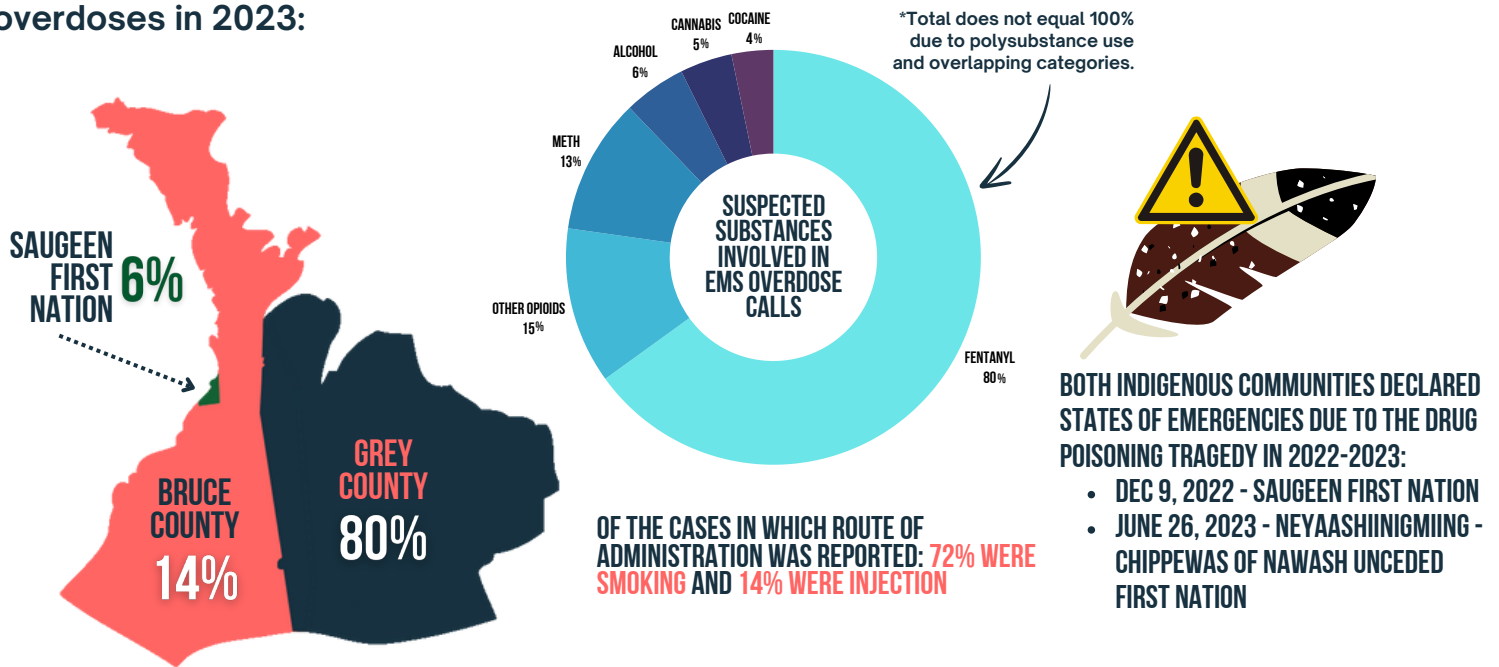


Opioids & Unregulated Substances

Grey Bruce saw the following trends in substance use and harms for opioids and unregulated substances:

- **Opioid-related deaths increased by 457%** from 2018 (7 deaths) to 2021 (39 deaths). In 2022, this number began to decline with 27 opioid-related deaths, a 30.8% decrease from 2021 (21).
- Males in the 25-44 and 45-64 age groups continued to have the greatest number of opioid-related deaths and emergency department visits in 2022, a trend that has remained consistent over-time (21).

Grey Bruce Public Health received 174 reports of suspected opioid-related overdoses in 2023:



There is increased toxicity and unpredictability of the unregulated drug supply, particularly opioids. Of 830 expected fentanyl samples tested by Toronto's Drug Checking Service in 2023:



This complicates overdose response and increases the risk of harm and death (27).

Prescription Opioids

About **one-quarter to one-third of opioid-related deaths involve prescription opioids** (28,24). After decreasing from 2015 to 2020, there were small, annual increases in opioid prescriptions for pain from 2020 to 2022 in the region (15). In 2023, there were **19,482 people accessing prescription opioids for pain** and **751 individuals were receiving Opioid Agonist Therapy** in Grey Bruce (14,15). The percentage of Ontario students grades 7-12 reporting past year non-medical use of prescription opioid pain relievers significantly increased from 2021 (12.7%) to 2023 at 21.8% (2).

Conclusion

The Grey Bruce Community Drug and Alcohol Strategy brings together key decision makers who are invested in supporting healthier and safer communities. Dr. Moore suggests six overarching strategies that will help raise awareness, moderate use, and modify risky behaviour. These include:

We must be focused. We must strive to find a way to balance the benefits and risks of substance use, leveraging the full toolbox of effective and promising public health interventions to reduce harms and improve health.

We must be responsive. The health care system must be able to provide quick easy access to effective, on-demand harm reduction, and mental health and addiction treatment services for Ontarians at risk of or experiencing substance use harms and their families.

We must be nimble. We need to actively monitor how specific substances are affecting health, and how those threats are changing (e.g. new products in new forms, delivered in different ways, targeting different people, promoted through new channels). We must be able to quickly adapt our **downstream** programs, services, policies, and regulations – the guardrails we have put in place to protect the most vulnerable – to counter evolving threats.

We must be strategic. At the same time that we are constantly refining our downstream interventions, we must continue to invest **upstream** to create the social conditions that can prevent harmful substance use and help people find other, healthier ways to cope with stress, anxiety, depression, pain, and trauma. The best antidote for addiction and other substance use harms is connection and a sense of belonging: strong, healthy, connected families and communities

We must take action. There are concrete steps and actions we can take now to reduce harms from tobacco/vaping, cannabis, alcohol and opioids.

We must be determined. Working together in an all-of-society approach, we must continue to advocate for health, social, and economic policies – at all levels – that will build stronger communities, and help all of us enjoy longer lives in good health.

It is hoped that June 3rd marks the first step in a long journey to deliver on these strategies that will keep our residents healthy, our communities safe, and our health care costs down. We thank you for joining us on this journey.



**Grey Bruce
Public Health**

References

1. Boak, A., Elton-Marshall, T., & Hamilton, H.A. (2022). The well-being of Ontario students. Findings from the 2021 Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health.
2. Boak, A., & Hamilton, H.A. (2024). Drug use among Ontario students, 1977-2023: Findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Retrieved from https://www.camh.ca/-/media/research-files/osduhs-drug-use-report_2023.pdf
3. Canadian Centre on Substance Use and Addiction. (2023). Ontario profile: Canadian substance use costs and harms. Retrieved from <https://csuch.ca/documents/infographics/english/CSUCH-Canadian-Substance-Use-Costs-Harms-Ontario-Infographic-2023-en.pdf>
4. Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007-2020. Retrieved from <https://csuch.ca/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2023-en.pdf>
5. Centre for Addiction and Mental Health. (2024). Nicotine dependence. Retrieved from <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/nicotine-dependence>
6. Government of Canada. (2024). Nicotine concentration in vaping products regulations. SOR/2021-123. Retrieved from <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2021-123/page-1.html>
7. Government of Canada (2024, March 20). Public advisory. Only use authorized nicotine pouches as directed, and do not use unauthorized nicotine pouches. Retrieved from <https://recalls-rappels.canada.ca/en/alert-recall/only-use-authorized-nicotine-pouches-directed-and-do-not-use-unauthorized-nicotine>
8. Government of Ontario. (2024). Alcohol sales in retail stores. Retrieved from <https://www.ontario.ca/page/alcohol-sales-in-retail-stores>
9. Hammond, D., Reid, J.L., Burkhalter, R., & Hong, D. (2023). Trends in smoking and vaping among young people: Findings from the ITC Youth Survey. May 2023; University of Waterloo. Retrieved from <https://davidhammond.ca/projects/tobacco-vaping/itc-youth-tobacco-ecig/>
10. Health Canada. (2023). Canadian tobacco and nicotine survey: Summary of results for 2022. Retrieved from <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary.html>
11. Health Canada. (2023, September 12). Risks of vaping. Retrieved from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html#a2>
12. Health Canada. (2024, March 20). Statement from the Minister of Health on nicotine replacement therapies. Retrieved from <https://www.canada.ca/en/health-canada/news/2024/03/statement-from-the-minister-of-health-on-nicotine-replacement-therapies.html>
13. Moore. (2024). Balancing act. An all of society approach to substance use and harms. Focus on tobacco/vaping products, cannabis, alcohol, and opioids. 2023 Annual report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario. Retrieved from <https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf>
14. Ontario Drug Policy Research Network. (n.d.). Yearly count of opioid agonist therapy individuals overall and new users in PHU: Grey Bruce Health Unit. Retrieved from <https://odprn.ca/ontario-opioid-indicator-tool/oat/>
15. Ontario Drug Policy Research Network. (n.d.). Yearly count of opioids for pain overall and new users in PHU: Grey Bruce Health Unit. Retrieved from <https://odprn.ca/ontario-opioid-indicator-tool/pain/>
16. Ontario Health and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2023). Burden of health conditions attributable to smoking and alcohol by Public Health Unit in Ontario. Retrieved from https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol/Ontarioreport.pdf?rev=2bbb255245404a3599a1e11e0f34709c&sc_lang=en
17. Ontario Health (Cancer Care Ontario). (2020). Prevention system quality index 2020. Retrieved from <https://www.cancercareontario.ca/sites/ccocancercare/files/assets/PSQI2020-FullReport.pdf>
18. Paradis, C., Butt, P., Shield, K., Poole, N., Wells, S., Naimi, T., Sherk, A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). Canada's guidance on alcohol and health: Final report. Retrieved from https://www.ccsa.ca/sites/default/files/2023-01/CCSA_Canadas_Guidance_on_Alcohol_and_Health_Final_Report_en.pdf
19. Public Health Ontario. (2023, May 12). Alcohol use snapshot. PHU/LHIN (2015 to 2020). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Alcohol-Use>
20. Public Health Ontario. (2024, April 8). Cannabis harms snapshot. PHU/LHIN (2013 to 2022). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Cannabis-Harms>
21. Public Health Ontario. (2024, January 17). Cases of opioid-related morbidity and mortality, Grey Bruce Health Unit, 2003-2022. Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool>
22. Public Health Ontario. (2023, September 29). Maternal health snapshot. PHU (2013 to 2021). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Reproductive-and-Child-Health/Maternal-Health>
23. Public Health Ontario. (2023, May 12). Smoking snapshot. PHU/LHIN (2015 to 2020). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Smoking-Status>
24. Public Health Ontario. (2024, January 17). Type of opioids present at death, Grey Bruce Health Unit, 2005-2022. Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Substance-Use/Interactive-Opioid-Tool#/drug>
25. Public Health Ontario. (2022). Youth health trends in Ontario: Cannabis since legalization. Retrieved from https://www.publichealthontario.ca/-/media/Documents/C/2022/cannabis-youth-health-trends-ontario-since-legalization.pdf?rev=dce32f4ea84f45468948e688c62e6a13&sc_lang=en
26. Stanford Medicine Halpern-Felsher REACH Lab. (2024). Resources. Nicotine and tobacco. Retrieved from <https://med.stanford.edu/halpern-felsher-reach-lab/resources.html>
27. Toronto's Drug Checking Service. (n.d.). What's in Toronto's drug supply? Retrieved from <https://drugchecking.community/>
28. Tsuyuki, R.T., Arora, V., Barnes, M., Beazely, M.A., Boivin, M., Christofides, A., Patel, H., Laroche, J., Sihoti, A., & So., R. (2020). Canadian national consensus guidelines for naloxone prescribing by pharmacists. *Canadian Journal of Pain Research*. 153 (6), pp. 347-351. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/171516352094997>