

SUBMISSION



**CANADIAN
NURSES
ASSOCIATION®**

2018 GOVERNMENT OF ONTARIO PRE-BUDGET CONSULTATION

**Submission to the Standing Committee
on Finance and Economic Affairs**

January 2018

CNA is the national professional voice of over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

All rights reserved. Permission to reproduce is permitted without changes and for non-commercial use. Refer to www.cna-aiic.ca/en/terms-and-conditions-of-use#Copyright for all terms and conditions to reproduce.

© Copyright 2018

Canadian Nurses Association
50 Driveway
Ottawa, Ont. K2P 1E2
CANADA

Tel.: 613-237-2133 or 1-800-361-8404

Fax: 613-237-3520

Website: www.cna-aiic.ca

® CANADIAN NURSES ASSOCIATION and the CNA flame design are registered trademarks of the Canadian Nurses Association.

The Canadian Nurses Association (CNA) is pleased to provide the Legislative Assembly of Ontario's standing committee on finance and economic affairs with recommendations for improving health and health care.

CNA's recommendations for the 2018 provincial budget provide cost-effective solutions in the following areas:

- ▶ **Non-medical cannabis use:** Reducing harms through an educational approach
- ▶ **Opioid crisis:** Making nurses part of the strategy to stem the epidemic
- ▶ **Indigenous health:** Supporting the creation of an innovative mobile health-care simulation laboratory to benefit rural and remote communities; reducing overdoses and deaths from opioid use and suicides due to PTSD

Non-medical cannabis use

RECOMMENDATION 1: Involve nurses in a five-year, \$48-million public education campaign to reduce the harms of non-medical cannabis use

As the federal government moves to legalize and regulate cannabis, Ontario has an opportunity to harness the skills and experience of nurses.

CNA recommends that Ontario include nurses in the creation of a new harm-reduction cannabis awareness campaign. Nurses are frequently the first or only point of contact within the health system and are highly trusted¹ by the public as a source of health information. Their experience in working with clients and patients also gives nurses unique and key insights into health behaviours and beliefs. Involving nurses in the development of a public education campaign will make it more on-target and impactful. Key messages would include the following:

- ▶ Delay use until early adulthood
- ▶ Avoid driving for at least six hours after inhalation
- ▶ Abstain from cannabis use, applicable to those in vulnerable groups such as youth and pregnant women²

CNA recently called on the federal government to invest \$125 million over the next five years on public education (with ongoing funding of \$2 million per year) for a similar campaign at the national level.³ CNA recommends Ontario invest a proportional amount on its own province-specific education campaign, with \$48 million in funding over the next five years.



RECOMMENDATION 2: Make a one-time investment of \$600,000 to increase Ontario nurses' level of education to support their role as key sources of public information

Building on the proposed public education campaign in Recommendation 1, Ontario should also make a one-time investment of \$600,000 to boost the level of education for nurses to support their vital role as key sources of health information.

This investment would be an effective strategy because nurses are a highly trusted profession. A December 2017 Nanos survey conducted for CNA⁴ found that 87 per cent of Ontarians support nurses providing education on the risks and harms of cannabis use.

However, only 54.4 per cent of nurses in Ontario said in a recent CNA survey they are knowledgeable of the risks and harms associated with non-medical cannabis use.⁵ Specifically, nurses said they had knowledge gaps around the following areas:

- ▶ Cannabis use during pregnancy (32.7 per cent)
- ▶ Health risks associated with the various methods of cannabis consumption (27 per cent)
- ▶ The impact of cannabis use on the developing brain (16.5 per cent)
- ▶ The risk of addiction (13.4 per cent)
- ▶ The risks associated with cannabis use and mental health (11.5 per cent)

These findings are largely attributable to the fact that legalized cannabis is a new development and many nurses may be uncomfortable in answering questions from their patients. This creates an excellent opportunity for the provincial government to provide professional development funding for nurses, especially since they are the province's largest group of health-care providers. (CNA has also called on the federal government to earmark \$1.5 million to increase the level of education for nurses across Canada.)

Many nursing organizations, including CNA, already provide cannabis educational support and would be pleased to offer advice on the development of new resources.



Opioid crisis

RECOMMENDATION 3: Increase share of funding for nurses in existing and future supervised injection sites

In 2016, there were 867 opioid-related deaths in Ontario.⁶ From May to July 2017, there were 336 deaths — a 68% increase over the same period in 2016, when 201 people died.⁷ The opioid crisis is clearly a serious and growing public health concern.

CNA recommends that a portion of the \$222 million slated to fight the opioid crisis be used to hire nurses to staff existing and future supervised injection sites and overdose prevention sites. (The funding was originally announced in August 2017 and would last over three years.)

The funds would be earmarked for nurses who work in partnership with other harm reduction staff to counsel patients in urban and rural communities across Ontario. To ensure maximum impact, hiring decisions would need to be made in conjunction with harm reduction and community agencies across Ontario.

CNA is pleased to see that the Ontario government is fighting the opioid crisis.⁸ We support Ontario's request to the federal government to allow the province to approve and fund overdose prevention sites.⁹ Setting aside funding to hire nurses for these sites will ensure their effectiveness.

RECOMMENDATION 4: Make nurses part of the province's overdose prevention strategy by including them in naloxone programs

With the opening of supervised injection sites across the province, there are new opportunities to increase the number of nurses working in harm reduction. Harm reduction uses point-of-care workers in settings that aim to reduce the adverse health, emotional, social and economic consequences and harms associated with the use of legal and illegal psychoactive drugs. In addition to nurses, they can be outreach workers, social workers, community support workers, rehab workers, and people with lived experience in drug use and addiction.

Nurses can build on the excellent work of the province's current network of harm reduction workers to create stronger therapeutic relationships with service clients.

The province's naloxone program so far has involved pharmacists and harm reduction workers; while commendable, these efforts do not go far enough. The province should



add nurses as key players in its naloxone program. Because they are experts in relational care and patient education, nurses should be given primary responsibility for providing naloxone to people being discharged from hospital with high-dose opioids (e.g., orthopaedic patients, oncology patients, post-trauma surgery patients), those discharged from emergency or inpatient departments who may be at risk for overdose (e.g., persons seeking care for cellulitis secondary to injection drug use), or those being discharged following an overdose. None of this is occurring consistently at present.

In addition, nurses should be included in government-funded, nurse-led patient educational interventions. Patients' knowledge of safe opioid use dramatically improves when they receive nurse-led opioid education. Nurses are exceptionally well positioned to provide patient counselling and education because they have knowledge of the patient's comorbidities and can factor in other health considerations.

Indigenous health

RECOMMENDATION 5: Provide \$4.5 million for a pilot project to create a mobile health-care simulation laboratory

CNA is pleased to support a key recommendation provided by the Canadian Indigenous Nurses Association (CINA). One of CINA's priorities is to support Indigenous nursing to improve the health of Indigenous people.

CINA recommends that the Ontario government provide financial support for a pilot project that will lead to the creation of a mobile health-care simulation laboratory. Such a facility would allow Indigenous nurses from First Nations and rural communities across the province to directly access key educational services. Indigenous nurses could therefore gain the practical skills that are requirements for accreditation and graduation competencies.

These mobile labs help fulfil the goal of keeping Indigenous students in their communities. The labs would be an excellent example of how Ontario can work with Indigenous stakeholder groups (such as CINA) to provide learning and training opportunities for post-secondary students (and secondary students, where applicable). In addition, this proposed health-care lab supports the federal government's response to current recommendations from the report, *Truth and Reconciliation Commission of Canada: Calls to Action*.



The recommendation reflects the concept of “bringing health education to the community” to support the improvement of Indigenous communities. A similar project is currently being designed in Alberta through Northern Lakes College in Slave Lake.

RECOMMENDATION 6: Invest \$750,000 in Indigenous communities to support rollout of a technology system that enables clients, nurses and counsellors to support people recovering from opioid addiction and PTSD

Indigenous populations in Canada have been disproportionately affected by PTSD and the opioid addiction crisis. A recent B.C. study found that Indigenous populations are up to five times more likely to experience an overdose and three times more likely to die from one than non-Indigenous people.¹⁰ Ontario, home to more than one-fifth of the national Indigenous population,¹¹ faces an urgent imperative to offer services to stem the public health emergencies caused by opioids and PTSD.

Nurses are the largest health workforce in Ontario and most often the first point of contact for clients seeking care and information. Given this key role, nurses are the optimal partners to direct clients to care and support them in their recovery. Empowering nurses to empower clients will improve care outcomes.

Health-system funders and decision-makers constantly face challenges when deciding which technologies will better serve patients and health-care providers. CNA and CINA have partnered with TryCycle Inc. to test the TryCycle system for effectiveness as a therapeutic electronic tool.¹² The system has already been adopted in the United States and there is interest in uptake among First Nations communities in Saskatchewan and Alberta. CNA and CINA urge the Ontario government to invest in testing TryCycle in select Indigenous communities in Ontario where there is a need for immediate, innovative solutions to improve access to care and a need for better client/caregiver liaisons to prevent overdoses and deaths from opioid use and suicides due to PTSD. More information on the TryCycle system is available at trycycledata.com.

A one-year investment of \$750,000 would fund professional education for nurses and counsellors on the technology (which is used by clients and professionals) and system maintenance. The deliverable would be a one-year report on the effectiveness of TryCycle over usual treatments in reducing the rate of overdoses and deaths from opioid use and suicides due to PTSD among individuals in Indigenous communities.



References

-
- ¹ <https://www.prnewswire.com/news-releases/nurses-rank-1-most-trusted-profession-for-15th-year-in-a-row-300381241.html>
 - ² Colorado Department of Public Health and Environment. (2016, August 22). New campaign helps adults talk to youth about marijuana use (media release). Retrieved from <https://www.colorado.gov/pacific/cdphe/news/trustedadultMJ>
 - ³ <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/2018-pre-budget-submission-to-the-standing-committee-on-finance.pdf?la=en>
 - ⁴ https://cna-aiic.ca/~media/cna/page-content/pdf-en/canadian-nurses-ontario-omni-summary_dec-2017.pdf?la=en
 - ⁵ https://cna-aiic.ca/~media/cna/page-content/pdf-en/ontario-nurses-knowledge-of-non-medical-cannabis-use_dec-2017.pdf?la=en
 - ⁶ <https://www.canada.ca/en/public-health/services/publications/healthy-living/apparent-opioid-related-deaths-report-2016-2017-december.html>
 - ⁷ <https://news.ontario.ca/mohltc/en/2017/12/ontario-expanding-opioid-response-as-crisis-grows.html>
 - ⁸ <https://news.ontario.ca/mohltc/en/2016/10/ontario-taking-action-to-prevent-opioid-abuse.html>
 - ⁹ <https://news.ontario.ca/mohltc/en/2017/12/ontario-expanding-opioid-response-as-crisis-grows.html>
 - ¹⁰ <http://www.cbc.ca/news/canada/british-columbia/bc-overdose-crisis-first-nations-1.4234067>
 - ¹¹ <http://www.statcan.gc.ca/pub/89-656-x/89-656-x2016007-eng.htm>
 - ¹² <https://cna-aiic.ca/news-room/news-releases/2017/new-cna-partnership-to-develop-and-test-e-tools-for-health-promotion-opioid-relapse-prevention-ptsd>

