

Chronic Disease, Injury Prevention, and Substance Abuse Prevention Program Cluster

Heart Health Program

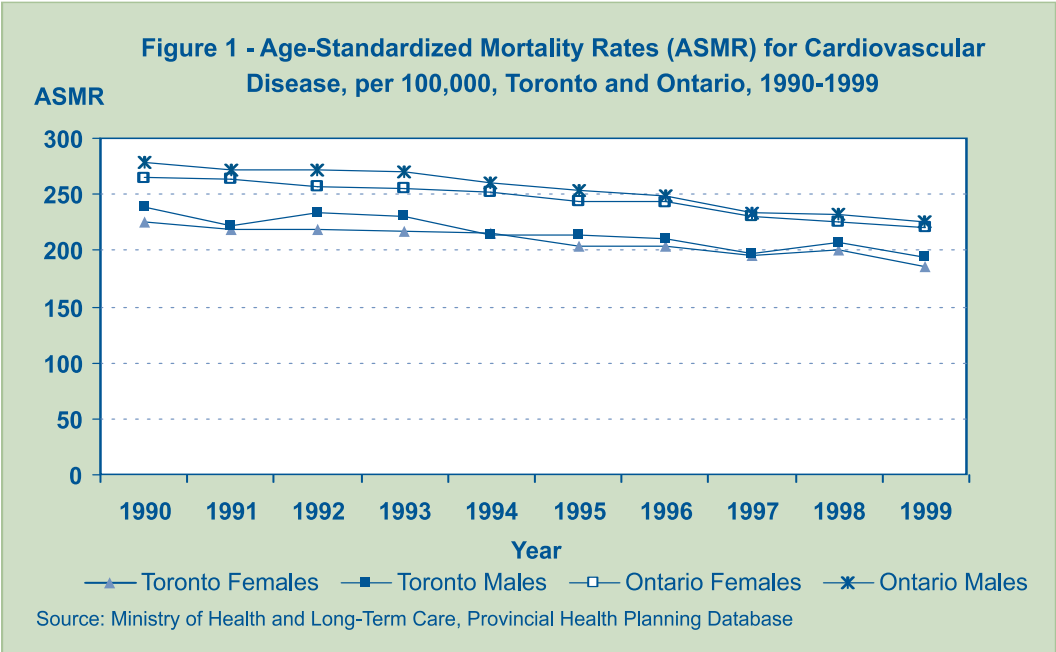
Goals:

To reduce the incidence and prevalence of the modifiable risk factors for cardiovascular disease, such as smoking, physical inactivity and unhealthy eating.

To make Toronto a dynamic and diverse community that supports and takes action for heart healthy living.

Selected Heart Health Indicators:

Cardiovascular Disease (CVD). Cardiovascular disease refers to all conditions and diseases involving the heart and blood vessels. Toronto CVD mortality rates were lower than Ontario rates for men and women from 1990 to 1999. Rates in both Toronto and Ontario decreased throughout the 1990s (Figure 1).



In 2000, Canada began using the tenth revision of the International Classification of Diseases and Related Health Problems (ICD-10) to classify mortality data. ICD-10 coding differs from the previous coding method, so the 2000 data cannot be compared with previous years' data. Using the new system, the CVD mortality rate was 188 per 100,000 for men and 177 per 100,000 for women in Toronto in 2000. The Ontario CVD mortality rate was 215 per 100,000 for men and 212 per 100,000 for women in 2000.

Ischemic heart disease (IHD) is a common type of heart disease. IHD includes any condition in which heart muscle is damaged or works inefficiently because of an absence or relative deficiency of blood supply. IHD mortality rates in Toronto and Ontario have been decreasing since the late 1980s. Toronto mortality rates are consistently lower than Ontario's. Ischemic heart disease mortality rates are higher among males compared to females. For example, in 2000, the rate was 119 per 100,000 for males, compared to 93 per 100,000 for females in Toronto (calculated using ICD-10).

Indicators for the modifiable risk factors smoking, physical inactivity, and unhealthy eating can be found in the Tobacco Use Prevention and Control, Physical Activity Promotion, and Nutrition Promotion sections of this report, respectively.

Selected Heart Health Program Activities:

As part of a national strategy to impact the dramatic effects of heart disease, Toronto was one of 37 provincial sites of the Ontario Heart Health Project – Phase One (1997-2003). This was a comprehensive community health initiative based on a community partnership model.

The Toronto Heart Health Partnership has identified four priority populations for future heart health programs and services: children, women, youth and diverse and marginalized groups. Heart health program proposals were solicited from a range of community partner organizations. Thirty-three programs were selected for core funding in 2004/2005. A sample of the TPH programs that were funded include:

Community Partnership Initiatives, which provide start-up funds to smaller local projects across the city. Communities, local agencies and non-profit groups are encouraged to apply. In 2004/2005, 22 projects will receive up to \$2,500 per year for their unique heart health programming.

Eat Smart! (Ontario's Healthy Restaurant Program) identifies and promotes restaurants that meet certain high standards in food safety, non-smoking seating and healthy food choices.

The Multicultural Heart Health Partnership is a group of partners working to address the accessibility of diverse communities to culturally and linguistically appropriate heart health information, resources and services. In 2003, the group successfully launched the "Heart Health Tool Kit for Diverse Communities", a resource for facilitators working with both multi-cultural and ethno-specific communities. As a program enhancement, a 20-minute video was produced to accompany the Tool Kit in the community.

Toronto Schools on the Move/ Physical Activity Action Planning are separate initiatives being implemented by the Toronto District School Board and the Toronto Catholic District School Board. Support is provided by TPH to participating schools to help them develop action plans that facilitate the establishment of a healthy, active school environment.

Love Your Heart! Daycare Tool Kit promotes heart health through local daycares. The resource is a train-the-trainer tool kit and training event that supports childcare providers in promoting heart healthy messages with children aged 3-12. This initiative offers heart health workshops to Early Childhood Education (ECE) students at local community colleges. Over 3,000 childcare staff, and 350 ECE students, have been trained with Phase One funding.



Physical Activity Promotion Program

Goals:

To promote health by increasing physical activity.

To reduce premature mortality and morbidity from preventable chronic diseases associated with physical activity.

Selected Physical Activity Indicators:

Low rates of physical activity can contribute to diseases such as diabetes, heart disease, and osteoarthritis. In 2000/2001, according to the Canadian Community Health Survey, 15% of Toronto residents 12 years of age and over met the definition of physically active, based on the frequency, intensity, and duration of leisure-time physical activity. This was the second-lowest rate among the 37 health unit areas in the province. Rates in the province ranged from 14% to 33%, with an overall rate of 21%.³ In 2003, the “physically active” rate was 22% in Toronto, and 26% in Ontario.⁴ Although the 2003 Toronto rate is an improvement from 2000/2001, it still ranks third last among health unit areas in the province.

Toronto has the highest proportion of the workforce in sedentary jobs, with 30% reporting jobs where they “usually sit during the day and don’t walk around very much.” This compares to an overall Ontario rate of sedentary jobs of 25%. Toronto ranked in the bottom third of areas in Ontario for reports of non-leisure-time walking (i.e. walking to work, school, or while doing errands), with only 20% of the population reporting 6 or more hours of non-leisure-time walking per week (CCHS 2000/2001).

A recent survey by TPH asked parents how often in a typical week they participated in physical activity such as walking and swimming with their child 0-6 years of age. Thirteen percent reported 0-1 times, 30% reported 2-3 times, and 58% reported 4 or more times.⁵

Another factor in the prevalence of physical activity is the availability of safe and convenient public spaces in which to walk, bicycle, and be active. Between January and April 2003, respondents to the Rapid Risk Factor Surveillance System (RRFSS) were asked if they know about the walking/biking/nature trails in Toronto. Approximately 70% (+/-5%) responded that they did, and about 60% (+/-6%) of those who knew about the trails reported using them in the past year.

Selected Physical Activity Program Activities:

Get Your Move On is an inter-sectoral partnership to increase physical activity among children, youth, their families, and the adults who influence them. This inter-sectoral partnership initiative has formed action groups to increase opportunities and decrease barriers to participation in physical activity. Activities focus on schools and school policy, workplace, community access to space, access and equity, early childhood, public awareness and community engagement.

Active and Safe Routes to School is a community action program that brings together parents, the elementary school community, police services, traffic engineers, and city councillors. The goal of the program is to work in partnership to create safe community environments and supportive networks that encourage and enable students to walk to school with parents or older students. Encouraging parents and children to walk to school instead of driving, helps contribute to a healthier environment, safer school community, and active living for children and their families.

Outdoors: The Ultimate Playground is a resource that includes fifty games for children ages 6-12 along with supplementary material to encourage inclusive structured physical activity outdoors. The games support the building of fundamental movement skills that can contribute to life-long physical activity. Training and distribution is centred on providers who work with this age group, including childcare centres, schools, Toronto Parks and Recreation, and other community-based agencies.

The goal of the *Daily Physical Activity Communications Strategy* is to increase physical activity levels of children in grades Junior Kindergarten to 8 at home, at school, and in the community through various awareness-raising projects. For example, TPH staff deliver physical activity presentations to parents' councils at schools. These presentations raise awareness and provide tips on how to advocate for changes in the school and broader community. TPH is also planning physical activity awareness raising projects for the community at large in partnership with community organizations and other health care professionals.

Initiated by TPH, *Girls Unlimited* is a community mobilization project to enhance physical activity opportunities for teenage girls ages 13 to 17. There are four Girls Unlimited networks across the city, including TPH, Toronto Parks and Recreation and diverse community-based organizations (e.g. YWCA, Boys and Girls Clubs, community health centres, youth organizations). By engaging female youth, the networks reduce the barriers to physical activity for girls and increase opportunities for physical activity by identifying and responding to local needs. Some of the initiatives include community events in girls-only supportive environments, a female youth leadership program, and a female youth drop-in program based on a model designed by female youth.

The *Toronto Heart Health Partnership Walking Initiative* promotes walking, reduces the barriers to walking, and creates infrastructures supportive of walking. Some of the activities have included the creation and distribution of the Toronto Parks and Trails map, inventory and distribution of a list of city-wide indoor and outdoor walking clubs, and a training manual to assist Toronto Parks and Recreation summer camp staff in integrating walking into their curriculum. Plans include regular walking groups with trained walk leaders at community recreation centres, and clearer signage on city trails.

Nutrition Promotion Program

Goal:

To reduce the premature mortality and morbidity from preventable chronic diseases associated with diet.

Selected Nutrition, Weight and Food Security Indicators:

Healthy nutrition contributes to the prevention of several chronic conditions, such as cancer, heart disease and Type 2 diabetes. The World Cancer Research Fund and the American Institute of Cancer Research estimate that between 30% and 40% of all cases of cancer could be prevented by feasible and appropriate diets, adequate physical activity, and maintenance of appropriate body weight.⁶ Dietary intake surveillance is important, but population-based nutrition data has historically been difficult to collect.

Vegetables and Fruit. Canada's Food Guide to Healthy Eating recommends consuming 5 to 10 servings of a variety of vegetables and fruit every day. The Food Guide also advises Canadians to choose dark green and orange vegetables and orange fruit more often.⁷ According to the Ontario Nutrition and Cancer Prevention Survey (ONCPS), 44% of men and 36% of women in Toronto, and 45% of men and 36% of women in Ontario are not consuming the minimum 5 recommended servings of vegetables and fruit per day. This represents a conservative estimate based on the survey method used.⁸

The *Body Mass Index (BMI)* is commonly used to determine whether an individual is maintaining a healthy weight. A BMI between 18.5 and 24.9 is considered to be within a healthy weight range and is associated with a decreased risk of health problems, compared with a BMI that is classified as "overweight" (25.0 to 29.9), "obese" (30.0 or over), or "underweight" (less than 18.5). The BMI is calculated by dividing weight in kilograms by height in metres squared. In 2003, Toronto had a higher percentage of the population with a BMI in the "acceptable" range (52%) than the rest of Ontario did (47%) (CCHS).

Food Security. "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preference for an active and healthy lifestyle."⁹ Household food insecurity is a concern to public health given the documented association with poor diet quality and poor overall health. As estimated in the ONCPS, about 11% of Toronto adults or more than one in ten Toronto adults were identified as food insecure. Significantly more Toronto men (13.8%) than women (8.1%) were identified as food insecure.⁸

Child food security was recently estimated in the Toronto Perinatal and Child Health Survey. Approximately 6.8% of households reported that they could not afford to feed a balanced meal to their child(ren) and 15.6 % of respondents reported relying on low-cost food to feed their child(ren).¹⁰ It is likely that these numbers underestimate the prevalence of food insecurity and child hunger in Toronto because both surveys included a higher percentage of high income households than the general public.

Selected Nutrition Program Activities:

TPH's *Invite Us Along!* Program encourages women to increase the variety and amount of vegetables and fruit they eat and serve to their families through:

- A health communication campaign including a Web site with articles, tips and recipes, a poster with tear-off tips and recipe sheets, and a series of newsletters that share creative and practical ways to eat more vegetables and fruit;
- An educational and skill development program called *Take Five: 5 to 10 a day...your way!* This Provincial program helps women and their families learn to eat the recommended 5 to 10 servings of vegetables and fruit each day. This program will be run in 8 community locations in 2004/2005 and will be implemented in partnership with 4 Community Health Centres in Toronto;
- A point of purchase program in a grocery store chain. This includes posters and recipe cards in-store, weekly flyer inserts and Web site features on 11 highlighted vegetables and fruit.

The main messages of *Invite Us Along!* are:

- Eating vegetables and fruit reduces the risk of chronic diseases;
- Vegetables and fruit can be affordable and convenient;
- There are simple ways to prepare vegetables and fruit that the whole family can enjoy;
- Don't leave home without vegetables and fruit.

The *Healthy Weights Initiative* is a comprehensive program to enable people in Toronto to attain and maintain a healthy weight by increasing self-esteem, being active and eating in a healthy way. This program involves three main projects that increase knowledge and understanding of healthy weights messages and behaviours: the Healthy Measures Communication Campaign, the Healthy Weights Education Initiative, and the Healthy Weight – Children and Youth Initiative. Key messages come from the *Healthy Measures* tool kit for health professionals that was developed by the Nutrition Resource Centre in partnership with TPH and Cancer Care Ontario.

The *Peer Nutrition Program* is offered to parents and caregivers from ethnically and culturally diverse communities in Toronto. The goal of the program is to improve access to nutrition programs and enhance the nutritional status of children between the ages of 6 months and 6 years. Nutrition programs and education material are available in a variety of languages. The Peer Nutrition Program works in partnership with other community agencies. Currently there are 40 nutrition workshops and support groups/drop-in sessions throughout the city in various community sites.

Action Towards Healthy Eating in Toronto Schools is a comprehensive initiative that helps schools implement a variety of activities that enable students to make

healthy food choices in school settings. TPH partners with school staff, parents and students to help them identify priority nutrition areas and strategies to address these areas. Examples of activities include developing healthy eating guidelines for the school setting, providing teachers with curriculum resources, providing school councils with resources and information such as newsletter inserts to send home to parents, and non-food options for fundraising. TPH staff also work with student nutrition co-ordinators and school staff to ensure that schools have high quality student nutrition programs.



The Cost of the Nutritious Food Basket in Toronto is an annual estimate conducted by TPH staff that provides information on how much it costs to buy a very economical basket of foods. The information can be used to promote and support increased access to adequate, nutritious food through advocacy and programming initiatives.

Cancer Prevention and Early Detection Program

Goals:

To reduce the morbidity and mortality from cancer.

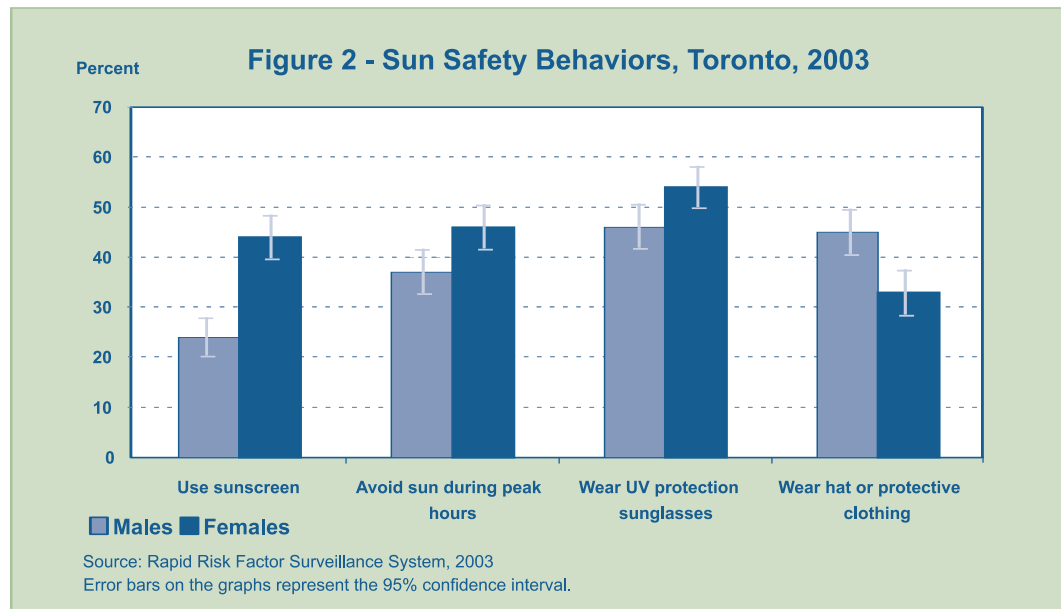
To promote prevention and early detection of cancer.

Selected Cancer Prevention and Early Detection Indicators:

Screening and Early Detection of Cancer. Mammograms can find 85-90% of breast cancers, and regular mammograms help lower the chance of dying from breast cancer.¹¹ Health Canada recommends that women aged 50-69 have a screening mammogram at a dedicated facility every two years, unless there are indications for yearly mammograms. The Canadian Community Health Survey (CCHS) 2003 recently reported that 52% of women in Toronto, and 50% of women in Ontario aged 50-69 had received a routine screening mammogram in the past 2 years.¹² The age-standardized mortality rate per 100,000 for breast cancer among women was 27 per 100,000 in Toronto, and 29 per 100,000 in Ontario in 2000. Comparisons over time cannot be provided for this indicator since a new coding system, the tenth revision of the International Classification of Diseases and Related Health Problems, was introduced in 2000.

Cervical cancer is one of the most preventable types of cancer. The Pap smear test is used to screen for pre-cancerous cervical lesions in asymptomatic women. Early detection of pre-cancerous lesions can lower the risk of cervical cancer. The CCHS 2003 reported that 72% of women in Toronto, and 74% of women in Ontario aged 18 to 69 had a Pap test within the last 3 years.¹³ Human Papilloma Virus is a very common infection; approximately 70 percent of the adult population has been infected with the virus. The virus can be transmitted during intimate contact. It is estimated that 97% of abnormal Pap tests are due to HPV.¹⁴ In 2002, 54% (+/-4%) of female respondents to the Rapid Risk Factor Surveillance System (RRFSS) reported having read or heard of HPV. Of those who had heard of it, 45% (+/- 5%) reported knowing about the link between HPV and cervical cancer.

Sun safety. Skin cancer, including basal cell carcinoma, squamous cell carcinoma and melanoma, accounts for about 1/3 of all cancers diagnosed in Ontario. The rate of malignant melanoma has increased dramatically since the 1970s. Since most melanoma is caused by excessive exposure to the sun, practicing “sun safety” is an important way to reduce the risk of developing skin cancer.¹⁵ According to RRFSS, the proportion of Toronto residents who reported a sunburn in the past 12 months was 27% (+/-3%) in 2003. The rate did not differ significantly by gender. The proportion of respondents who reported a sunburn within the previous 12 months varied by age group; the rate ranged from 42% (+/-7%) for 18-24 years olds, to 31% (+/-4%) for 25-44 year olds, decreasing to a low of 10% (+/-5%) for respondents aged 65 and older.



Women were more likely to report that they “always or often” practice sun safety behaviours such as using sunscreen and avoiding sun during peak hours than men were in 2003 (Figure 2).

Selected Cancer Prevention and Early Detection Program Activities:

The Cancer Prevention/Early Detection Program fosters partnerships, provides resources and consultations to community organizations, and develops and implements education campaigns for the community, health professionals and agencies. The primary focus of the program is the prevention and the early detection of breast, cervical and skin cancer. The breast and cervical health programs work to raise awareness, promote increased screening and eliminate the barriers to these services among identified priority populations: women aged 50 and older, individuals with low income and literacy levels, and those who are new to Canada.

Through the *Breast Health Program*, staff promote breast self-examination, clinical breast examination and mammography. TPH works closely with the Ontario Breast Screening Program to promote mammography and increase the number of women aged 50 and older who receive screening according to the provincial guidelines. This includes working with other health departments in the Cancer Care Ontario Central East Region.

The *Cervical Health Program* promotes the Pap test as an important screening tool. Program staff partner with the Ontario Cervical Screening Program to increase the number of women who undergo Pap testing according to the provincial guidelines.

The *Skin Cancer (Solar and Artificial Ultraviolet Radiation (UVR))* Prevention Program's outreach consists of media campaigns (National Sun Safety Week), and the provision of education and print resources to high risk groups such as employees who work outdoors and those who work with children. UVR policy work and other prevention efforts are achieved by partnering with many organizations



including The Canadian Dermatology Association, The Canadian Cancer Society, Environment Canada, Ryerson University and Health Canada.

Staff give community presentations and displays on breast and cervical topics for the hard to reach female population in targeted age groups. Breast and cervical presentation content is being translated into Arabic, Somali and Mandarin. A multimedia campaign will be using the OMNI multicultural television network to promote cancer prevention and early detection.

Cancer Prevention/Early Detection staff participate in the Toronto Cancer Prevention Coalition.

The Coalition was created in 1998 by TPH and prominent community partners. The Coalition and its seven working groups work to develop and advance healthy public policy and standards and to increase public support for eliminating the underlying causes of cancer. In November 2002, Toronto City Council endorsed the Coalition Action Plan as the cornerstone of cancer prevention in the City of Toronto.

Internal partnerships and working relationships also exist with other City of Toronto departments and programs that either have similar goals or provide an avenue to reach the identified priority populations. Staff also participate in Cancer Care Ontario's Central East Cancer Prevention and Screening Network.

Tobacco Use Prevention and Control Program

Goal:

To reduce morbidity and mortality from tobacco use and exposure to second-hand smoke.

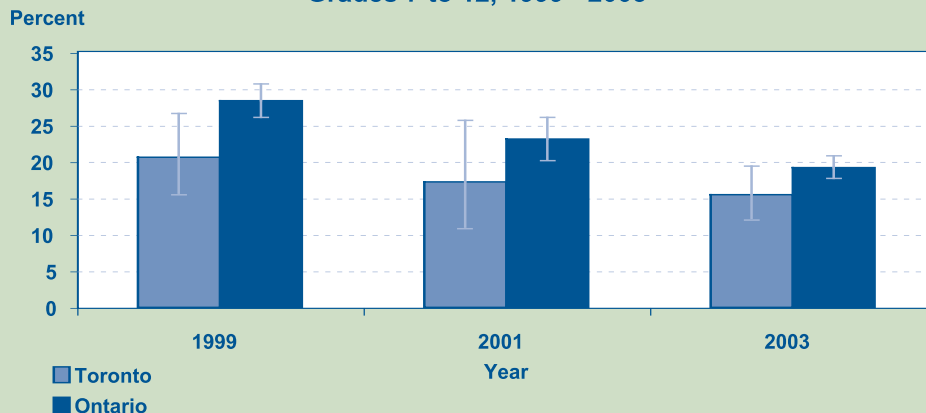
Selected Tobacco Use Indicators:

Tobacco use is the leading cause of preventable disease and premature death in Canada.¹⁶ Many cases of lung cancer, cardiovascular disease, and respiratory diseases can be attributed to tobacco use. The lower rates for these conditions among women are in part a reflection of the historically lower smoking rates among women. Recent statistics show that:

- In Toronto, the female lung cancer incidence rate declined slightly from 34 per 100,000 in 1990 to 33 per 100,000 in 2000, while the male lung cancer incidence rate declined from 76 per 100,000 to 62 per 100,000 over the same time period. The pronounced mortality decline among males is associated with a decline in male smoking rates over the past several decades.
- Approximately 23% of cardiovascular disease mortality in Canada is attributable to smoking. Among residents over the age of thirty-five, 1,200 smoking-attributable cardiovascular deaths occurred in Toronto, and 6,600 smoking-attributable cardiovascular deaths occurred in Ontario each year from 1995 to 1997.¹⁷

The prevalence of daily or occasional smoking during the previous 12 months was 16% among Toronto youth in 2003. Rates of smoking among Toronto and Ontario youth have declined since 1999 (Figure 3).

Figure 3 - Recent Smoking Prevalence Among Toronto and Ontario Youth, Grades 7 to 12, 1999 - 2003



Source: Centre for Addiction and Mental Health, Ontario Student Drug Use Survey, 1977-2003
Error bars on the graphs represent the 95% confidence interval.

A variety of surveys have been used to determine the rate of smoking in the adult population. Estimates of the adult population that smokes daily in Toronto range from 20% (+/-2%)ⁱ to 25%.ⁱⁱ Daily smoking estimates for the adult population in Ontario range from 19%ⁱⁱⁱ to 26%.^{iv}

Exposure to second-hand smoke also remains a concern. In 2003, 68% (+/-3%) of Toronto households reported being completely smoke-free, and 75% (+/-3%) of Toronto residents who drove reported not allowing any smoking in their vehicle (RRFSS).

Selected Tobacco Program Activities:

The TPH Comprehensive Tobacco Control Program aims to prevent morbidity and mortality associated with tobacco use through:

- Prevention of the initiation of tobacco use among young people;
- Protection of people from exposure to second-hand smoke; and
- Cessation support for smokers of all ages.

Examples of key program activities are:

Breathing Space combines award-winning mass media messages with locally tailored community based activities to increase awareness about second-hand smoke. The campaign focuses on the protection of children, and encourages people to make their homes and vehicles 100% smoke-free.

Mission Possible (MP) is a peer-led, teacher-supported initiative that presents a variety of tobacco control activities for implementation within the high school setting. MP supports the Ontario Ministry of Education's Health and Physical Education curriculum (2000) for grades 9 – 11 students. The MP campaign empowers youth with supports & resources to achieve a smoke-free lifestyle.

The *Not to Kids* campaign is a community wide social marketing, education and enforcement campaign to strengthen the impact of the Ontario Tobacco Control Act (1994). The Not to Kids program promotes community action to reduce the sale and supply of tobacco to kids. Key messages are:

- It is against the law to sell, or supply cigarettes to anyone under 19.
- Stores selling, or persons supplying tobacco to kids under 19 should be reported to the Not to Kids Tobacco Hotline at 338-SALE (7253).

Promotion of Smoke Free Living is a committee that co-ordinates tobacco initiatives and activities of a "themed", time sensitive nature. Examples include the annual co-ordination of events such as National Non-Smoking Week in January, World No Tobacco Day on May 31st, and the Provincial Quit Smoking Contest.

i Rapid Risk Factor Surveillance System, 2003, population aged 18 and older

ii Centre for Addiction and Mental Health Monitor eReport: Addiction & Mental Health Indicators Among Ontario Adults in 2001, and changes since 1977, population aged 18 and older

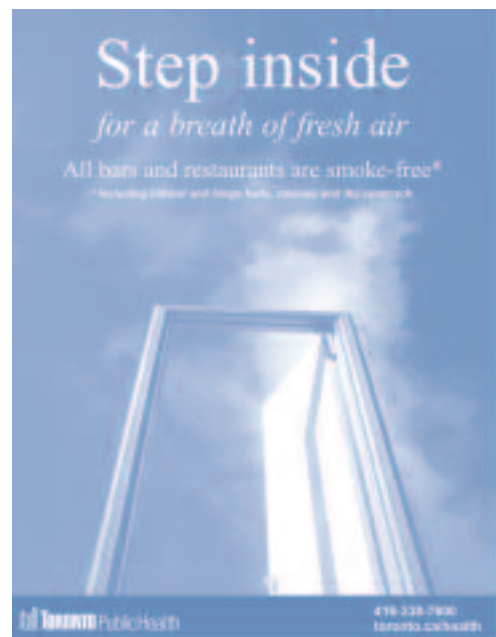
iii Canadian Tobacco Use Monitoring Survey, 2003, population aged 15 and older

iv Canadian Community Health Survey, 2000/2001, population aged 18 and older

The *Tobacco Use Prevention Curriculum Resources (TUPCR) Workgroup* is dedicated to increasing the profile, accessibility and uptake of Tobacco Use Prevention resources suitable for students in Kindergarten to Grade 12. The workgroup reviews, selects and promotes ready-to-use programs that support the Ontario Health and Physical Education Curriculum on tobacco use prevention.

TPH is involved in community partnerships to deliver smoking cessation supports at various sites such as hospitals, community health centres and public health offices. Toronto Public Health also promotes an access and referral service that includes marketing existing resources and referring to appropriate resources in the community.

The *Ontario Tobacco Control Act (TCA)* places restrictions on selling and supplying tobacco and on smoking in public places throughout the province. TPH inspectors, as well as the police, enforce the TCA. The City of Toronto Municipal Code Chapter 709 – Smoking Bylaw prohibits smoking (with some exceptions) in all workplaces and public places within the City of Toronto. TPH inspectors ensure compliance.



Injury Prevention and Substance Abuse Prevention Program

Goals:

To reduce disability, morbidity and mortality due to unintentional injuries, motorized vehicles, bicycle crashes, alcohol and other substances, and falls in the elderly.

To increase protective factors and reduce risk factors for injuries and substance abuse in communities.

Selected Injury and Substance Abuse Indicators:

Injury rates. In 2000/2001, Toronto had the lowest rate of injuries (2 per 10,000) of any region in Ontario. In Toronto, injury deaths are most likely to occur among those 65 years of age and over (50%). Only 5% of injury deaths in Toronto were of individuals less than 20 years of age. The 3 most common causes of trauma related deaths in Toronto in 2000/2001 were falls (46%), suicide, excluding poisoning (27%), and motor vehicle accidents (9%).¹⁸ The most common cause of hospitalization due to unintentional injury for children 0-14 years of age was falls in Toronto and Ontario in 2001.

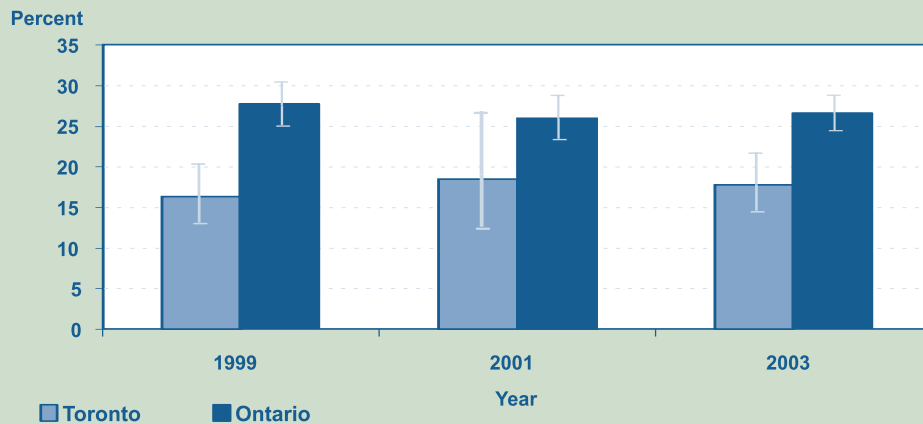
Falls Among Seniors. In 2000, the number of fall-related deaths among seniors was 147 in Toronto, and 574 in Ontario. The introduction in 2000 of the tenth revision of the International Classification of Diseases and Related Health Problems (ICD-10) coding system has resulted in a dramatic drop in the number of deaths attributed to falls. This decrease has occurred because the category “fracture, unspecified” has been removed from the falls category.¹⁹ The removal of unspecified fractures from the falls category is appropriate because its inclusion was based entirely on an assumption that in the absence of information to the contrary, a fracture most probably resulted from a fall. In ICD-10, unspecified fractures are classified under “accidental exposure to unspecified factor.” In 2001, the number of hospitalizations due to falls among seniors was 3,441 (1,022 per 100,000) in Toronto, and 18,152 (1,216 per 100,000) in Ontario. Hospitalization data for 2001 was coded using the ninth revision of the International Classification of Diseases (ICD-9), and includes “fracture, unspecified”.

Injury and Substance Abuse. The primary burden of substance abuse is injuries, including falls, motor vehicle crashes, and family violence. For example, in 2000/2001, drugs/alcohol were involved in 22% of motor vehicle traffic deaths, 23% of drownings, and 33% of pedal cycle deaths.¹⁸ Women were at six times the risk of violence by partners who frequently consumed five or more drinks at one time, compared to women whose partners never drank.²⁰ Six percent of the population reported drinking hazardously or harmfully in Ontario in 2001.^v The corresponding Toronto rate could not be determined due to the small sample size. Men are more likely than women to drink hazardously or harmfully.²¹

^v Based on a score of 11 or higher on the World Health Organization Alcohol Use Disorders Identification Test, which assesses alcohol consumption and past year alcohol related problems

Binge drinking among Ontario youth varies significantly by region of the province. In 2003, Toronto students were least likely to report binge drinking (consuming 5 or more drinks of alcohol on the same occasion) in the past four weeks (18%), compared to the overall rate of youth binge drinking in Ontario (27%) (Figure 4).

Figure 4 - Percent Reporting Binge Drinking at Least Once During the Past 4 Weeks, Grades 7 to 12, Toronto and Ontario, 1999-2003



Source: Centre for Addiction and Mental Health, Ontario Student Drug Use Survey, 1977-2003
 Error bars on the graphs represent the 95% confidence interval.

Selected Injury Prevention and Substance Abuse Prevention Program Activities:

The Injury Prevention and Substance Abuse Prevention program (IPSAP) underwent a redesign in 2003. The redesign team recognized that Injury Prevention and Substance Abuse Prevention are strongly linked, and that combined delivery of the two programs would be more efficient and meaningful. The newly redesigned combined IP/SAP program has three issue specific components:

1. Children – Unintentional Injuries
2. Youth – Alcohol and Drugs
3. Older Adults – Falls

TPH collaborates with school boards for the *In The Driver's Seat Program*, a peer led injury prevention program that is implemented in interested high schools throughout the school year. It provides students with tools to develop and deliver their own activities to reduce and prevent death and injuries related to impaired and unsafe driving. It motivates students to take action and make a difference in their schools and community.

The *At Home Alone* program helps families prepare their 10-14 year old(s) to stay home alone safely. The program is designed to assist families in developing a personal safety and injury prevention plan that is tailored to meet their unique needs. Families learn 5 easy steps to independence. A stands for Assess if you are ready; L stands for Learn about safety; O stands for Organize your home; N stands for Negotiate the terms; E stands for Evaluate how things are going. The program includes a workshop, video and family handbook.

TPH hosts an annual conference in November for high school students using an innovative peer education approach to increase youth awareness and their safety planning skills related to parties. This conference is a day-long event featuring interactive workshops on liability and legal consequences, risk-taking and communication strategies, reducing impairment, and dealing with emergencies. TPH staff are available to provide follow-up support to schools attending the conference. TPH also provides the manual *Party in the Right Spirit* to students and school staff with information and ideas on how to host safer events throughout the year.

The *Drug Prevention Grants* provide funding opportunities for non-profit organizations to address illicit drug use within the City of Toronto. The Drug Prevention Grants (DPG) program was established by the City of Toronto in 1990 to build community capacity that will support local drug prevention and/or harm reduction initiatives. The grants program, under the direction of the Board of Health, is subject to City Council's annual budget approval. The DPG projects utilize a variety of strategies and approaches to address the issue of illicit drug use in the community. Previously funded projects include after-school drop-ins, skill-building workshops, theatre productions, and harm reduction outreach.

Additional programming related to illicit substance use, the City's needle exchange and low dose methadone program, The Works, will be discussed in the section on Sexual Health Promotion, Sexually Transmitted Infections/HIV.

Wheel Safety. TPH works collaboratively with corporate and external partners to promote the proper use of safety gear for all wheel sports such as skate boards, scooters, and bicycles. The school boards have been provided with a Bike Safety Teacher's package which contains lesson plans and activities designed to support the Health and Physical Education curriculum. The "Guide to Organizing a Bike Rally" publication is also available.

