THUNDER BAY DRUG STRATEGY
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ACKNOWLEDGEMENTS

Great thanks are due to the committed leaders that guided the development of this strategy as members of the Steering Committee, and in particular, Councillor Rebecca Johnson, for chairing the committee with an open mind and an open heart.

Thanks also to the pillar sub-committee chairpersons Jen McFarlane, Inspector Scott Smith, Abi Sprakes, Maureen Twigg and Cal Rankin who drew together professionals from their respective fields to debate, research and finalize the actions contained in this report.

The work of creating this drug strategy greatly benefited from the Lakehead University Social Work program and Lee Brownlee, who supported HBSW students to fulfil a portion of their study requirements with this project. Through their placements, Stephanie Hendrickson and Heather Koller have contributed to many aspects of the strategy development.

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It is a testament to the enthusiasm of the community that over 350 individual citizens from all walks of life were willing to openly share their thoughts and concerns about drug and alcohol use in Thunder Bay.

Thanks also are due to the Municipal Drug Strategy Coordinators of Ontario, who have offered advice, support and guidance at all stages of the project.

Finally, we gratefully acknowledge the financial and practical support received from the Health Canada Drug Strategy Community Initiatives team of Ranee Chambers, Francine Taite and Chito Diorico for demonstrating continued interest and concern for the community of Thunder Bay.

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Centre for Addiction and Mental Health (CAMH)
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Justice Canada
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Lakehead Social Planning Council
Lakehead University Health Services
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Nishnawbe-Aski Police Service
NorWest Community Health Centres
Ontario Addiction Treatment Centres
Ontario Native Women’s Association
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Ontario Provincial Police (OPP)
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Thunder Bay District Health Unit
Thunder Bay Catholic District School Board
Thunder Bay Counselling Centre
Thunder Bay Police Service
Thunder Bay Regional Health Sciences Centre (TBRHSC)
LETTER OF TRANSMITTAL
REBECCA JOHNSON, CHAIR

The Thunder Bay Drug Strategy Steering Committee is pleased to present A Roadmap for Change: Towards a Safe and Healthy Community.

This report represents a lengthy process of dialogue and documentation. After obtaining a federal grant from the Health Canada Drug Strategy Community Initiatives Fund, a community steering group was formed with members from a broad spectrum of the community including representatives from organizations who work with people affected by substance use.

The Steering Committee began by developing a vision, values and terms of reference. They conducted broad research with a wide range of stakeholders to reach the goal of developing a community-based and community-informed plan.

The Thunder Bay Drug Strategy provides a clear road map to reduce the harms associated with substance use for all citizens of Thunder Bay through well-thought out and evidence-based actions that support eight key results stated by citizens as ideal conditions for a healthy city. It reflects the wisdom, innovation, hope and insight from a variety of citizens, community leaders and others that work on or are affected by substance use issues.

The Steering Committee debated the actions contained in this report over several meetings. We didn’t always agree on each and every action. However, we believe this strategy balances both public health and public order interests.

The key action in this report is to ensure that the Thunder Bay Drug Strategy has oversight from the City of Thunder Bay to coordinate implementation of the actions. We are proposing that the City of Thunder Bay place the Drug Strategy with the Crime Prevention Council to ensure that the strategy is used by the community in a comprehensive manner.

I would like to take this opportunity to thank each member of the Thunder Bay Drug Strategy Steering Committee for being so generous with your time, energy and ideas for this initiative. Steering Committee members consistently demonstrated their dedication to the project through their willingness to meet often and regularly, make suggestions, provide contacts, and offer thoughtful feedback to make the report concise, readable, useful and meaningful for our community. I also thank all the community members and local professionals who participated in the focus groups and strategy sessions. Your honesty and forthright observations, creative ideas and solutions have formed the backbone of the actions contained in this report. Finally, I would like to recognize the coordinator of the project, Patty Hajdu, for her efforts in conducting the research and writing and editing this report.

Our task was to create a community-specific drug strategy to address harms associated with substance use in Thunder Bay. I am confident that we have created a clear roadmap for moving forward to address this complex issue.

Sincerely,

Rebecca Johnson
Drug Strategy Steering Committee Chair
on behalf of the Drug Strategy Steering Committee
THUNDER BAY DRUG STRATEGY:
CONTENTS

DRUG STRATEGY VISION, MISSION AND VALUES............................................. 07
WHY DOES THUNDER BAY NEED A DRUG STRATEGY?............................... 08
THE FACTS ON SUBSTANCE USE IN THUNDER BAY................................. 10
WHO IS MOST AT RISK FOR ADDICTION?.................................................. 13
THE PROCESS OF CREATING THE THUNDER BAY DRUG STRATEGY........ 15
EIGHT KEY RESULTS..................................................................................... 15

Result One: The community of Thunder Bay implements actions to
reduce harms associated with substance use ........................................... 16
Result Two: Thunder Bay is an inclusive city with accessible and
appropriate services for its diverse population ....................................... 17
Result Three: All people in Thunder Bay have access to safe,
appropriate and affordable housing....................................................... 18
Result Four: Federal and provincial governments set public policy
and determine spending priorities that support optimal
health for all citizens ............................................................................. 20
Result Five: All children and youth have optimal success and health .......... 23
Result Six: People who use substances have optimal physical,
emotional and mental health.................................................................. 25
Result Seven: People with substance addictions can get well .................... 29
Result Eight: Community members are safe in their neighbourhoods......... 31

CONCLUSION .................................................................................................. 33
APPENDIX I: GLOSSARY............................................................................... 34
APPENDIX II: REFERENCES ............................................................................ 36
APPENDIX III: SUMMARY OF RESULTS AND ACTIONS.............................. 45
THE THUNDER BAY DRUG STRATEGY
VISION, MISSION AND VALUES

VISION
To improve the health, safety and well-being of all citizens by working together to reduce the harm caused by substance use.

MISSION
To create a drug strategy for the City of Thunder Bay that reflects the needs and strengths of its citizens. The strategy will focus on humane approaches that address the causes and effects of harm associated with substance use.

GUIDING PRINCIPLES

COLLABORATIVE
By working together as agencies, legislators and individuals, we will have greater success in preventing and addressing substance use-related issues.

EVIDENCE-BASED
While we respect the legal, international and Canadian laws governing the use and distribution of legal and illegal substances, we also work towards policies that reflect more reliance on science, and less on ideology.

REALISTIC
We will seek ways to more effectively use existing community resources, services, and processes focused on substance use issues, programs and solutions. We will actively seek more resources to address gaps that cannot be addressed with current resources.

RESPECTFUL
We respect the equality, dignity, rights and choices of people, families, neighbourhoods and communities. Everyone is important.

INNOVATIVE
We are open to new and creative ideas that have promising features and fit within our goals.

COMPASSIONATE
Everyone has a story. We value compassion and thoughtful reflection.

“... you take little steps, that’s how you get to the top of the mountain.”
Focus Group Community Participant
WHY DOES THUNDER BAY NEED A DRUG STRATEGY?

Thunder Bay struggles with higher than average rates of drinking, binge drinking, violent crime, and various chronic diseases and injuries, along with other social and medical problems. Of recent concern is the rise in prescription opiate use by citizens in Thunder Bay, contributing to this city having one of the busiest needle exchange programs in the province, per capita.

City police have appealed to the community for new solutions to address the issue of public intoxication as managing over 3,000 arrests per year causes slower response times for citizens that need police services for other reasons.

Treatment for addictions is traditionally thought of as residential, meaning that the person must stay in a program for several weeks. However, residential treatment is only one option. People can also receive treatment that is community-based, but community-based alternatives available in Thunder Bay are not sufficient to provide services to our culturally diverse population. In some cases, no suitable treatment programming exists for emerging and specific needs. Many Thunder Bay service providers have indicated that the numbers of individuals seeking treatment is increasing, without a corresponding increase in resources.

“...people have very little hope and they replace the hope with... alcohol and drugs... plain and simple.”

Focus Group Community Participant

In terms of residential treatment, most options currently available in Thunder Bay are short-term and abstinence-based, meaning clients are expected to not use substances at all while in treatment. This is common not only in Thunder Bay, but across the province, despite the fact that abstinence-based models are not effective for many people with substance addictions.

People trying to recover from substance addiction while navigating the complex social welfare, housing and health systems often cannot meet the needs of each provider to qualify for help. Things that many of us take for granted create significant obstacles, such as not having enough money to pay for the medical exam required to enter some residential treatment programs (not covered by OHIP); not having a safe place to stay after leaving Balmoral Withdrawal Management Services (detox) and before residential treatment begins (sometimes as long as five weeks away); or having to choose between keeping an apartment or going to residential treatment, knowing that a suitable place might not be available afterwards. Caregivers are in a particularly difficult position because they often don’t have a safe person to care for their children while attending a residential treatment program or accessing community-based treatment programs.

Treatment providers express frustration that people who are able to access and complete treatment often return to an environment that makes recovery very difficult. Without a healthy and supportive environment, access to safe housing and sustained services, including aftercare, clients are at an increased risk for relapse.

Despite these issues, the outlook for Thunder Bay is hopeful. Through the process of developing this strategy, a sense of true concern for our city was evident. With a strong capacity to respond to challenges, a deep reservoir of genuine good will, existing partnerships and a diversity of service providers, we are well poised to move forward.

Complementing the Thunder Bay Drug Strategy will be the development of the City’s Crime Prevention Council Strategy. Preventing crime and substance use problems through focused programming and services is more effective, sustainable and affordable than incarceration, detention centres, crackdowns and arrests.
THE FACTS ON SUBSTANCE USE IN THUNDER BAY

Many people use substances such as alcohol, drugs, caffeine or tobacco every day. However, some people exceed safe usage and experience legal, health and social problems as a result.

DRUG-RELATED CHARGES

According to Statistics Canada, the total number of police-reported drug offences in Thunder Bay was 355 in 2007. A large percentage of arrests was related to cannabis (254/355), followed by cocaine (54/355). Heroin accounted for only one arrest, and other drugs accounted for 46 out of the 355 offences.²

Law enforcement officials in Thunder Bay assert that possession and sale of marijuana and cocaine continue to be local trends in drug trafficking. However, opiate-based prescription drug trafficking is a growing concern. From April 2008 to March 2009, over 44,000 grams of prescription narcotics were seized in Thunder Bay.³ Prescription drug trafficking poses a particular challenge to law enforcement officials trying to contain the illicit use of a legal substance.

Local police officials point out that illicit drug trafficking is correlated to violent crime (e.g. competition between rival dealers, robberies to obtain funds for purchases) and also to property crimes (e.g. break and enters).⁴

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⁴ Chief of Police Bob Herman. (25 Mar., 2010). TBT News
INTOXICATED ARRESTS

The arrest rate in Thunder Bay for intoxicated persons is 2,608 per 100,000, the highest in all of Ontario. It is the leading reason for arrest in Thunder Bay and comprises about half of all arrests. The amount of time spent by enforcement professionals on the issue of public intoxication significantly affects the time available to address other core policing functions.\(^5\)

THUNDER BAY YOUTH AND SUBSTANCE USE

According to the 2009 Northwestern Ontario Student Drug Use Survey, Thunder Bay youth have a significantly higher incidence of substance use as compared to youth in other parts of Ontario.\(^6\)

- Cannabis use among youth in Thunder Bay is significantly higher than the provincial average (32.6% vs. 25.6%)
- Alcohol use among Thunder Bay youth is also higher (64.4% compared to 58.2% provincially), as is the incidence of binge-drinking (29.9%) compared to the rest of the province (24.7%)
- OxyContin use is higher for Thunder Bay youth (3.1% reporting use vs. 1.6% of their provincial counterparts)
- Cocaine use is also higher for Thunder Bay youth (4.1% vs. 2.6%)

Substance-related mental health disorders have also shown to be higher in our region for both adolescent (14 to 19) males (33% as compared to 21% provincially) and females (18% as compared to 12% provincially).

HEALTH CARE COSTS IN ONTARIO

Besides the indirect costs related to lost productivity, the single largest direct cost associated with substance use is direct health care costs (followed by direct law enforcement costs).\(^7\) Health care costs in Ontario attributed to alcohol, which include intentional/unintentional injury, chronic disease, infectious disease and addiction, are $1.16 billion and health care costs attributed to illegal drugs are $373 million.\(^8\) Alcohol is said to be Ontario’s number one drug problem and alcohol-related injury accounts for $440 million of health care costs in Ontario each year.\(^9\)

MENTAL HEALTH AND ADDICTIONS AT THE THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE (TBRHSC)

Mental Health and behavioural disorders accounted for 3.5% of all ED visits, with the largest proportion of those visits (45%) due to psychoactive substance use, compared with 27% provincially. The ED sees an average of eight people per day due to alcohol or substance use or overdose (2830 annual visits). This data excludes people with other primary medical needs that may be a result of substance use, such as injuries and some chronic diseases.

18% of mothers who deliver at TBRHSC report using substance in pregnancy (narcotics, methadone, prescription drugs, alcohol). Neonatal Abstinence Syndrome (NAS) is a condition of newborns who develop an addiction in utero related to their mother’s substance use. Infants born with NAS require high levels of care and account for 20% of the admissions to the Neonatal Intensive Care Unit.\(^10\)

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\(^{5}\) Chief of Police Bob Herman. (2010). Presentation to City Council.


\(^{7}\) Rehm et al. (2002). The Costs of Substance Abuse in Canada.

\(^{8}\) Ibid.

\(^{9}\) Ibid.

\(^{10}\) Thunder Bay Regional Health Sciences Centre. (March 2011) Environmental Scan Summary, Strategic Planning Engagement Sessions, March 2011.
THE EFFECT OF SUBSTANCE USE ON LOCAL SOCIAL SERVICE AGENCIES

THE CHILDREN’S AID SOCIETY OF THE DISTRICT OF THUNDER BAY (CAS)

In 2009, 75 to 80% of the 700 referrals for assessments for protection services were related to substance use issues, equating to between 500 and 560 families. The CAS estimates that nearly 200 children are in care and living apart from their families due to substance use, either as a primary or secondary issue.11

THUNDER BAY COUNSELLING CENTRE (TBCC)

In 2009, a total of 787 individuals had an alcohol and drug assessment at TBCC (with 119 of these for youth under the age of 18). In that same year, 467 individuals participated in community treatment and 282 individuals were involved in intensive case management services.12

SISTER MARGARET SMITH CENTRE (SMSC)

In 2009/2010, a total of 3,390 individuals received services through a range of programs crossing the continuum of care located at Sister Margaret Smith Centre and Balmoral Centre of St. Joseph’s Care Group. Adults aged 25-54 accounted for the majority of clients served at 65%; youth 24 years of age and under accounted for 25% of the clients served; and older adults represented 10%.13

LOCAL ADDICTIONS & MENTAL HEALTH TREATMENT SERVICES

Data from 2008/09 shows that the highest percentage age groups of clients accessing community substance use treatment were 16-24 (25%) and 35-44 years (24%).14 The leading presenting problem substances were alcohol (78%), cannabis (36%), cocaine (24%), and prescription opioids (23%).15 Most clients were self-referred to treatment services (35%), 20% were referred from the legal system, and less than one percent were referred from a hospital.16

11 Information provided by Children’s Aid Society. (Feb., 2010).
12 Information provided by Thunder Bay Counselling Centre. (Feb., 2010).
13 Information provided by Sister Margaret Smith Centre. (Mar., 2010).
15 Ibid.
16 Ibid.
WHO IS MOST AT RISK FOR ADDICTION?

Some people use substances in ways that can cause harm during certain periods in their life such as binge drinking during the college or university years, heavy drinking during a period of unemployment and experimentation with substances during the adolescent years. Others use substances regularly without health or social problems (a beer or two after work, a joint on the weekend). Still others become addicted and use substances daily even when their substance use causes damage to themselves, their families and their communities.

The risk of addiction is related to a person’s unique circumstances and is a complex interplay between biology, life experiences and social conditions such as poverty, access to education or experiences of racism. The following are some groups that are at higher risk for addictions.

PEOPLE WHO HAVE HAD ADVERSE CHILDHOOD EXPERIENCES

A history of trauma, abuse, alcoholism or drug addiction of a parent, along with other adverse childhood experiences (ACE) is clearly linked to a greater risk of substance addiction, and also with other poor health outcomes including obesity, some chronic diseases and cancers, coronary artery disease and chronic pulmonary disease, even after controlling for or without conventional risk factors like smoking, air pollution or high cholesterol.17

YOUTH WHO ARE NOT IN THE MAINSTREAM

Youth who have a history of trauma, neglect or are in care with the child welfare system or youth justice system are at increased risk to develop addictions. Youth who

17 Felliti, V et. al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study
have behavioural problems early on, frequently skip school or have caregivers who are frequent substance users or heavy drinkers are more at risk.

PEOPLE WHO ARE HOMELESS

Homeless people face extreme hardship, chronic pain, mental illness, little or no family support, and have very poor chances of finding and keeping housing; all contributing factors to an increased risk of addiction.

SEX TRADE WORKERS

Many sex trade workers have addictions issues that are largely the motivating factor for their continued street work.

ABORIGINAL PEOPLE

Aboriginal people experience higher rates of addiction stemming from intergenerational trauma inflicted through the process of colonization which is compounded by inadequate services, inequity in resources and discriminatory public policy.

PEOPLE WITH MENTAL HEALTH DISORDERS

People with mental health disorders are at greater risk for substance use, and have more difficulty accessing services. Sometimes treatment for each issue is provided separately and the person is expected to deal with their substance use problem before receiving treatment for their mental health condition. Professionals are beginning to understand that substance use can be a form of self-medicating behaviour and services are evolving to address the complex needs of those with concurrent disorders.

PEOPLE WITH WORKPLACE INJURIES OR OLDER PEOPLE

Longstanding injuries, the aches of aging and the pain associated with some chronic diseases can contribute to the risk of increased substance use by older adults. Social isolation is also a large factor in the risk of substance use problems for this population.

“… drinking is way more highly accepted in the community. If you don’t drink in Thunder Bay, then you’re kind of like an outcast… it’s almost unacceptable if you don’t engage in drinking, at any age.”

Focus Group Key Informant
THE PROCESS OF CREATING THE THUNDER BAY DRUG STRATEGY

In 2009, city councillors and community leaders from various sectors formed a Steering Committee chaired by Councillor Rebecca Johnson and supported by the Thunder Bay District Health Unit. The Steering Committee held 26 focus groups and three strategy sessions to hear from a wide range of citizens and local professionals about the issues of substance use in Thunder Bay and what solutions should be considered.

Modifying the four pillar approach used in other communities, five pillars were struck to address the issues of prevention, treatment, harm reduction, enforcement and housing. Each pillar met several times to analyze the data gathered from the community and determine potential actions for change. The proposed actions were studied using the international body of research to ensure that they were supported by evidence to have a positive effect in reducing harms associated with substance use. Taken together, the actions have the potential to improve the health and well-being of the community of Thunder Bay.

EIGHT KEY RESULTS

The Thunder Bay Drug Strategy proposes eight key areas of work to improve our local capacity to prevent and/or reduce substance use, support people to recover from substance addictions, and create an environment that increases the health and safety of all citizens.

Using a framework called results-based accountability, data collected through community consultations and strategy sessions was analyzed to determine conditions of well-being that would be present if progress was made in reducing substance use-related problems in Thunder Bay. These results are intentionally broad in their vision and include indicators which can be monitored to measure progress towards the stated results. Each result has suggested evidence-based actions arising from the community, steering committee and pillars measures that can contribute to achieving the desired key results.
RESULT ONE

THE COMMUNITY OF THUNDER BAY IMPLEMENTS ACTIONS TO REDUCE HARMS ASSOCIATED WITH SUBSTANCE USE.

Community drug strategies that are successful in reducing harm associated with substance use have staff dedicated to the task of ensuring that strategy recommendations are implemented to ensure lasting change.

A coordinated plan will ensure that the collaborative approach recommended by the Drug Strategy Steering Committee is implemented, sustained and supports the goal of reducing substance use related harm in Thunder Bay.

The strategic plan for the City of Thunder Bay is due for renewal in 2011 and there is room to enhance recommendations and strategies that focus on creating safe neighbourhoods, reducing crime and racism, and improving opportunities for citizens to participate in community life. The City of Thunder Bay has an ideal structure to help integrate current and new efforts to improve quality of life for its citizens.

Thunder Bay is the hub of Northwestern Ontario and provides specialized services to citizens from many northern communities. With our local expertise, large body of knowledge related to northern issues and opportunity to incorporate culture-specific research, we are well situated to attract professionals to conduct leading research on addictions from a northern centre.

INDICATORS OF PROGRESS:

- Ratified Drug Strategy and implementation plan
- City of Thunder Bay staff dedicated to a drug strategy implementation plan
- Drug Strategy included in the renewed City strategic plan

ACTIONS TO ACHIEVE RESULT ONE:

1.1 Create a comprehensive Drug Strategy implementation plan.

1.2 Create a permanent, full-time Drug Strategy Coordinator position at the City of Thunder Bay.

1.3 Ensure the Drug Strategy is included in the City strategic plan.

1.4 Seek funding partnerships and opportunities to initiate a Centre of Excellence for Addiction Studies in Thunder Bay.
RESULT TWO

THUNDER BAY IS AN INCLUSIVE CITY WITH ACCESSIBLE AND APPROPRIATE SERVICES FOR ITS DIVERSE POPULATION.

Services are often designed and delivered without input from the people they are intended to serve. The result can be programs that are difficult to access, that don’t meet the needs of the population, and contribute to stigma or discrimination.

Boards that have representation from the people they are designed to serve are in the position to create more effective and relevant services. By encouraging local boards and governing structures to reflect the diversity of our population, access, relevancy and program effectiveness can all be increased.

Mainstream services must work with Aboriginal communities to improve quality and access for Aboriginal people. Organizations must make a commitment to hiring Aboriginal people, creating a culturally respectful and safe environment for staff and clients, and ensuring services are available that respect differing approaches and needs. The Aboriginal medicine wheel that espouses a holistic approach to health is of value to all citizens. By incorporating Aboriginal people in the design and delivery of services, our population stands to receive services that are increasingly comprehensive.

INDICATORS OF PROGRESS:

- Local boards and leadership structures with equitable Aboriginal, youth or minority representation
- Extent of culturally safe and engaging services and programs
- Percentage of organizations with strategic priority/goals relating to Aboriginal engagement
- Extent of formal partnerships between the Aboriginal population and broader sector

ACTIONS TO ACHIEVE RESULT TWO:

2.1 Support equitable Aboriginal representation on local boards and governing bodies.
2.2 Support people who use substances, youth, and people from minority groups to participate on local boards and governing bodies.
2.3 Support organizations in Thunder Bay to provide culturally safe and appropriate services.
2.4 Create a think-tank of social scientists and Aboriginal leaders to seek solutions and to address severe social problems rooted in colonialism and systemic racism.
2.5 Support the work of Diversity Thunder Bay, the Advisory Committee on Anti-Racism and other groups that address inclusion to reduce racism, discrimination and stereotyping.

“We have people who are Aboriginal going to different agencies and there might be one staff person that’s Aboriginal... It’s been tough...”

Focus Group Key Informant
RESULT THREE

ALL PEOPLE IN THUNDER BAY HAVE ACCESS TO SAFE, APPROPRIATE AND AFFORDABLE HOUSING.

Safe and affordable housing not only helps people with addictions to recover, it also helps caregivers provide stable and healthy environments for their children.

In Thunder Bay, wait lists for social housing are long, especially for single person units. Without social housing, many people must accept transient, unsafe or unhealthy housing, and resort to temporary solutions such as couch-surfing at friends’ apartments and staying in rooming houses or shelters.

In a recent study commissioned by AIDS Thunder Bay, over 25% of substance users contacted said they did not have stable housing. They reported staying with friends, at hotels or rooming houses, or living on the street.\(^{18}\)

Solutions must be found that improve housing for people affected by substance use. It is not possible for people to recover from addictions and live healthy lives without stable, safe and affordable housing.

In Thunder Bay, a very high number of arrests each year for public intoxication. Some cities have turned to managed alcohol programs to address this problem. These programs provide people who are chronically intoxicated and homeless a place to stay that tolerates or provides small doses of regular alcohol in exchange for improvements in life skills. Creating services that provides consistent, safe shelter for chronically intoxicated people could save over one million dollars annually in policing costs alone.\(^{19}\)

Significant resources could also be redirected for other first response providers, withdrawal management services and the emergency department services at TBRHSC.

Few supportive housing options exist for women in Thunder Bay and those available tend to have stringent eligibility criteria. Most facilities are only available for women fleeing abusive situations and those using substances or alcohol are not welcome. Women leaving correctional institutions also have very few options for housing and supports.

Thunder Bay has no designated stand-alone shelter beds for youth and no youth-specific supportive or transitional housing programs. People under 18 years who receive social assistance must designate an adult trustee to receive money on their behalf. Many face economic abuse at the hands of their trustees, affecting their ability to maintain secure housing.


Housing is one of the most critical factors in a person’s health outlook. People that have affordable, safe and appropriate housing have fewer health problems, including those related to substance use.

INDICATORS OF PROGRESS:

- Length of social housing waiting lists
- Public intoxication arrest rate
- Number of transitional housing spaces
- Number of supportive housing units
- Shelter space usage rates
- Number of people designated as homeless
- Number of housing units designated for women and youth

ACTIONS TO ACHIEVE RESULT THREE:

3.1 Advocate for the development of a Federal Housing Strategy that includes funding for social housing.

3.2 Increase basic housing stock through innovation, including the possibility of retrofitting unused buildings.

3.3 Establish a working group to access funding for social housing from the Homelessness Partnership Strategy (HPS).

3.4 Request the District of Thunder Bay Social Services Board perform an audit to distinguish the services and housing options required for men, women and youth and develop an action plan to improve the entire housing continuum from shelter to independent living, based on community needs.

3.5 Increase the availability of housing projects to support people with mental health and addiction problems.

3.6 Improve the range of housing options available for women and youth, including safe and sufficient emergency shelter, case management services and transitional housing services.

3.7 Allocate sustainable operational funding to local emergency shelters based on adherence to shelter standards that promote acceptance and inclusion of persons who use substances.

3.8 Invest in community revitalization models that incorporate a mixed-housing approach.

3.9 Streamline the social housing application.

3.10 Implement a shelter that accepts intoxicated clients.

3.11 Support the development of a Managed Alcohol Program residence.

3.12 Implement a storage facility program to safeguard personal property for people entering institutional systems or who are otherwise unhoused.

3.13 Create a personal identification (ID) storage program for vulnerable populations.

3.14 Create housing options that follow the Housing First philosophy.

“I’m thinking there’s something wrong with this picture. I see a young girl, 19 years old and she has no place to go. She’s leaving... she can’t go home because her mother’s an addict... what’s she supposed to do?”

Focus Group Treatment Participant
In 2007, the Canada Drug Strategy was changed to focus primarily on enforcement. The revised strategy removes alcohol as a substance of concern, has a reduced emphasis on prevention, does not support harm reduction as a pillar, and only addresses harms associated with illicit drugs. With the majority of federal expenditures related to substance use directed to the enforcement sector, programs that work to prevent or reduce harms associated with all substance use are not adequately supported.

As further evidence that Canada is increasingly relying on enforcement to manage substance use issues, the federal government is in the process of attempting to pass legislation that creates mandatory minimum sentencing for substance-related offenses. Bill S-10: An act to amend the Controlled Drugs and Substances Act, is currently before the Senate having passed the first reading. Several of the 14 amendments have the capacity to criminalize an increased number of substance users. The bill would limit judicial discretion in sentencing that allows judges to take into account the circumstances of the offence. Criminalization for substance use offenses has numerous deleterious results including higher rates of infectious disease, lack of access to treatment and recovery services and a criminal record resulting in poor employment outcomes.

The body of evidence surrounding drug law enforcement initiatives and the connection with violent crime demonstrates that enforcement initiatives that rely on arrest and removal of traffickers have a direct correlation with the increase of drug-related violence.20

Social assistance rates are not adequate for people to maintain stable housing, access nutritious food and meet basic needs, putting children and families at increased risk of developing substance use problems. To make progress on preventing harms resulting from substance use, conditions must be created that support Canadians to live healthy, safe, and productive lives.

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20 International Centre for Science in Drug Policy. (2010).
**INDICATORS OF PROGRESS:**

- Social assistance rates
- Length of treatment wait lists
- Canada Drug Strategy priorities and components
- Federal legislation related to substance use
- Government spending on prevention, treatment, harm reduction and enforcement
- Treatment availability for incarcerated people
- Harm reduction services in correctional facilities
- OHIP schedule of allowable treatments
- Sentencing outcomes for trafficking offenses
- Ontario Disability Support Program (ODSP) policies
- Fetal Alcohol Spectrum Disorder (FASD) strategies

**ACTIONS TO ACHIEVE RESULT FOUR:**

4.1 Advocate for change at all three levels of government for increased funding for addiction treatment services, and sustainable programming for children and youth that supports positive social and behavioural development.

4.2 Support the province to release an electronic prescription monitoring program (PMP) and encourage access to training for all prescribers.

4.3 Advocate for increased judicial appointments for the District of Thunder Bay to expand the capacity of our local legal system to offer drug court diversion programs.

4.4 Call on the federal government to withdraw or repeal bills or legislation that introduces mandatory minimum sentencing related to possession of substances.

4.5 Advocate for the Federal Government of Canada to take a leadership role at national and international levels to advocate for evidence-based reform of current drug laws, thereby allowing municipalities to better respond to drug issues at the local level.

4.6 Urge the governments of Canada and Ontario to expand and increase the availability of harm reduction options in prisons.

4.7 Advocate for clear and scientific guidelines for prescription opiates that delineate personal use from possession with the intent to traffic.

4.8 Urge the Government of Canada to increase efforts to educate the Canadian public about the legal consequences of trafficking offences.

4.9 Advocate for publicly funded and insured coverage for alternatives to pain medication such as massage therapy and physiotherapy.

4.10 Urge the Province of Ontario to maintain addiction as an eligible disability under ODSP.

4.11 Advocate for the ODSP application and adjudication process to be simplified and updated.

“You know, stable housing and stable food security, income security and a stable support group can help you in your recovery process and your transition process. That is, I think, a really serious gap in this community.”

Focus Group Key Informant
4.12 Advocate for an increase in program/case management support for ODSP applicants and recipients.

4.13 Advocate for a review of ODSP policies that make sustained housing difficult for ODSP recipients, such as the policy of paying rent in arrears.

4.14 Advocate that the Province of Ontario support physicians to assist clients of Ontario Works transfer to the Ontario Disability Support Program.

4.15 Call for increased access to essential local data about unintentional drug overdose rates from the provincial and federal governments.

4.16 Advocate to the Province of Ontario that responsibility for the FASD population is coordinated by one central ministry.

4.17 Urge the Province of Ontario to revise ODSP eligibility guidelines for the diagnosis of FASD to rely on indicators other than IQ test scores.

4.18 Advocate to the Province of Ontario to improve access to methadone through suggestions found in the Methadone Maintenance Task Force Report, such as supporting the licensing of nurse practitioners and reducing barriers for physicians.

4.19 Advocate for an increase in social assistance rates from the Province of Ontario that reflects actual cost of living, especially in northern and remote communities.

4.20 Advocate for equivalent housing allowances through Ontario Works and the Ontario Disability Support Program.

4.21 Advocate for increased emergency utility relief (and funding for programs that provide relief) for low-income citizens from the Province of Ontario.

4.22 Advocate to the Province of Ontario for improved primary care access for people who use substances.

4.23 Advocate for the Governments of Canada and Ontario to adequately fund accessible and culturally appropriate treatment and aftercare services for remote northern communities.

4.24 Advocate to the Province of Ontario to increase funding for the Ontario Works Addiction Services Initiative (ASI) (delivered through the District of Thunder Bay Social Services Administration Board) to ensure that program capacity meets community need.

4.25 Advocate for a review of the parameters of the Northern Travel Grant to allow for multiple visits for assessment and treatment of substance addiction.

4.26 Advocate to the Province of Ontario to fund a separate entity to provide medically necessary inter-facility transportation for people with non-life threatening mental health and addictions issues.

4.27 Advocate for changes to the Northern Travel Grant so that funding may be provided to alternative transportation providers to provide medically necessary inter-facility transportation for people with non-life threatening mental health and addictions issues.

“We need to see police going and talking to people... and when kids are having struggles, instead of turning to drugs and alcohol, maybe they’ll turn to the community officers because they know them.”

Focus Group Treatment Participant
RESULT FIVE

ALL CHILDREN AND YOUTH HAVE OPTIMAL SUCCESS AND HEALTH.

Children and youth are more likely to avoid substance use problems if they are supported to achieve academic success, participate in recreational activities and have healthy and involved caregivers.

By keeping children and youth in school, connected to their neighbourhoods, participating in various activities and engaged with their families, the foundation necessary for every young person to succeed can be improved.

Children with learning and/or behavioural problems are at risk of not completing their education, having social problems and becoming isolated from their school and community. Timely access to diagnosis and support for children with learning and behavioural disabilities can help ensure every child experiences success.

Youth that are found to be involved in substance use at school are frequently suspended. Youth who are alienated from their school community are at greater risk of not completing high school. Diversions to suspension that draw upon a restorative justice framework can improve academic outcomes for young people.

A comprehensive youth strategy for Thunder Bay can assist in developing localized programs and neighbourhood initiatives. The strategy should consider factors that increase participation such as outreach, transportation, employment options and stipends.

INDICATORS OF PROGRESS:

• Graduation rates
• Northwestern Ontario Student Drug Use Survey (NWOSDUS) data on youth substance use rates
• Ontario Student Drug Use Health Survey (Northern Ontario) mental health indicators

“…we see that youth in college don’t know what they’re getting into…they think things like, ‘it’s a prescription it’s got to be okay.’”

Focus Group Key Informant
• School Health Action, Planning and Evaluation System (SHAPES) data on youth health indicators
• School suspension and expulsion rates
• School readiness data
• Number of children in care
• Length of children’s mental health wait lists
• Post-secondary admission rates
• Youth employment rates
• Youth suicide rates
• Child/youth poverty rates

**ACTIONS TO ACHIEVE RESULT FIVE:**

5.1 Support school boards and families to begin drug education based on supporting positive social and behavioural development at earlier ages.

5.2 Conduct an environmental scan to identify resources and gaps in parenting supports and programming for families.

5.3 Provide caregivers with access to current and evidence-based information and education about how to delay or prevent their children from using substances.

5.4 Increase access to early identification and support for children with learning and developmental concerns to improve educational outcomes.

5.5 Develop a community youth strategy for incorporation into the City of Thunder Bay Strategic Plan.

5.6 Sustain mentorship programs through long-term funding commitments.

5.7 Examine strategies to increase workplace placements for young people without post-secondary education.

5.8 Increase the use of school space by the community at large.

5.9 Encourage a review and enhancement of the Ontario curriculum to incorporate strength-based approaches that emphasize resiliency, utilize skills training and provide arts programming.

5.10 Increase use of local referral and help resources by educators and other professionals.

5.11 Encourage schools and school boards to develop evidence-based alcohol and substance use policies that utilize a restorative justice framework.

5.12 Conduct an environmental scan of programming and campaigns designed for post-secondary students.

5.13 Improve the range of treatment options for youth to expand and enhance off-site, school, community-based and early onset approaches.

5.14 Create a working group to investigate the provision of harm reduction services for youth.

5.15 Examine the feasibility of creating a pool of available and screened trustees for youth that access social assistance allowances.

5.16 Create an inter-agency neonatal substance use working group to develop strategies for supporting pregnant women, new mothers who use substances and their infants to improve family health outcomes.

“Not only addiction education… that of course is a key part, but I mean more programs that focus on skill development and resiliency building, and teaching compassion and peer-to-peer mentorship-type of programs so that kids are taught from a young age.”

Focus Group Key Informant
Supporting people who use substances to improve their situation can increase the health and safety of our entire community.

Substance addiction is now widely accepted as a chronic, reoccurring condition, much like diabetes or heart disease. Like other conditions, whether a person develops a substance addiction is determined by physiology, social environment and personal behaviours. Treating addiction is as complex as treating a disease such as diabetes. It requires access to medical treatment and an environment that supports the person to make healthier choices. People with chronic disease often relapse and so do people with substance addictions. Part of what makes seeking treatment for substance addiction so difficult is the way addiction is viewed in comparison with other chronic conditions.

Poverty is a pressing issue for many citizens in Thunder Bay. Changes in industry and economy have led to poor job options for many people previously well-employed in sectors such as the pulp and paper industry. Poverty is clearly linked with substance use-related problems.

“Just because I’m an addict doesn’t mean I’m not a person.”

Focus Group Treatment Participant

PEOPLE WHO USE SUBSTANCES HAVE OPTIMAL PHYSICAL, EMOTIONAL AND MENTAL HEALTH.

Where a person lives, works and plays has a great influence on their overall health. Some people are born into families with education, steady and well-paying jobs, financial resources, and safe and healthy homes. Many others face fewer opportunities, less support and numerous obstacles that stand in the way of improving their lives.

People who use substances are at all stages in the recovery process. Some are not ready or able to reduce their use or stop using. Some people are ready to make changes, but don’t know how to begin. Some people have support and are recovering. Others are not using substances at all or are using far less than they did at previous times in their lives.

Poverty is a pressing issue for many citizens in Thunder Bay. Changes in industry and economy have led to poor job options for many people previously well-employed in sectors such as the pulp and paper industry. Poverty is clearly linked with substance use-related problems.
“I’m an emotional person and when I come here to get help, I expect to get help and not to get treated even worse because that just drives you right back to the street. Because you want someone to care a little bit. If we’re caring about ourselves and we want to make a difference, then help us…”

Focus Group Key Participant

Many people who are poor, in ill-health, and facing mental health and addictions problems have a hard time fitting in with their communities. There are numerous practical and psychological barriers that prevent them from getting the services and support they need. Addiction is not well understood and myths, stereotypes and realities often shape how the community understands substance use. The resulting stigma can affect a person’s ability to recover.

Harm reduction services are available in Thunder Bay on a limited basis and for specific types of substance use. Needle exchange hours of operation can pose problems for people seeking supplies, and access to safer inhalation kits or supplies other than needles is limited. If people are not able to access clean supplies easily, it can result in riskier usage practices, such as sharing supplies, leading to increased risk of contracting infectious diseases.

Between 35 and 50% of intravenous drug users have experienced a non-fatal overdose in their lifetime. Thunder Bay requires a new approach to reduce the deaths and disability that occur as a result of opiate overdose. One of the barriers that prevent drug users from reaching out for emergency help is the fear of arrest for the possession of illicit substances. Medical amnesty programs provide assurance for drug users that if a friend or loved one is overdosing, they can phone for emergency assistance and not be searched and/or charged for possession as a result of calling for help. Medical amnesty programs increase the likelihood that someone will survive an accidental overdose.

INDICATORS OF PROGRESS:

- Re-treatment rates
- Client satisfaction rates
- Overdose rates
- HIV/AIDS/HEP-C incidence rates
- Number of re-offending occurrences
- North West LHIN (Local Health Integration Network) self-rate health and substance use rates
- Reduction in public intoxication arrest rates
**ACTIONS TO ACHIEVE**

**RESULT SIX:**

6.1 Compile current community programs and services that provide system navigators, case management providers, and street outreach positions.

6.2 Expand crisis response services to address various types of addiction-related crises.

6.3 Ensure adequate primary care providers are available in the community.

6.4 Advocate for better discharge planning for all people leaving correctional facilities and other institutions.

6.5 Encourage community services and programs to review their policies to reduce barriers to service for people receiving methadone maintenance therapy (MMT).

6.6 Urge the College of Physicians and Surgeons of Ontario to hold methadone providers accountable to adhere to the Methadone Maintenance Guidelines (2005).

6.7 Provide support to people receiving MMT to become self-advocates for proper treatment and medical care.

6.8 Form a working group to examine the implementation of overdose prevention such as the provision of Naloxone, overdose education and institution of a medical amnesty program.

6.9 Advocate that publicly funded and insured insurance cover the cost of suboxone as a treatment option for detoxification and harm reduction for opiate dependency.

6.10 Improve access to safer inhalation kits.

6.11 Examine the feasibility of installing vending machines that supply syringes and offer expanded disposal sites throughout the city.

6.12 Establish a volunteer base to support the distribution and pick-up of syringes.

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“Once you’re labelled an addict... when you... try to get better, people still look at you as that same way. It’s too much of a small town, you know? It’s a small city.”

Focus Group Key Participant
“They wanted me to go for counselling. I think it should just be more accessible to low income people. I don’t have a car and I have a daughter. I don’t have someone to watch my kid.”

Focus Group Key Participant

6.13 Advocate and support access to specialized emergency services for people with mental health and addictions issues.

6.14 Form a working group to determine the fit and feasibility of a supervised consumption site.

6.15 Conduct an environmental scan of programming and services for seniors at-risk of or living with addictions.

6.16 Support the development of local drug user groups to provide opportunity for information exchange, peer support and personal empowerment.

6.17 Encourage and assist the business/commerce sector to increase opportunities for sustainable employment for people recovering from addictions.

6.18 Educate the community about methadone maintenance therapy (MMT) and the principles of harm reduction.

6.19 Enhance education and placement requirements for students involved in social services, enforcement and health-related programs to include addictions training and outreach experience, including intravenous (IV) drug use education.

6.20 Promote basic training about harm reduction, addictions and IV drug use to professionals that interact with community members.

6.21 Increase ‘one-stop’ access to primary care, basic preventative health services, harm reduction services and addictions and mental health screening system entry points at accessible or mobile sites.

6.22 Expand and diversify needle exchange service by advocating for and supporting needle exchange services at primary health care clinics, hospitals, pharmacies and non-profit groups.
PEOPLE WITH SUBSTANCE ADDICTIONS CAN GET WELL.

Assisting people to get healthy and back to work can increase our municipal tax-base and improve our local economic climate. Many people recovering from substance addictions seek employment opportunities that will help build more stable lives for themselves and their families. People recovering from substance addictions need opportunities to improve their skills and reintegrate into their community.

Many people believe that by attending a course of residential treatment, a person with an addiction can be cured. However, just like other chronic conditions, treatment is only one part of the recovery process. The goal behind residential treatment is first to stabilize the individual, and then to help the person develop new skills and connect to supportive resources.

Currently, people addicted to opiates in Thunder Bay have few treatment choices. A full range of options is required for the treatment of opiate addiction that includes short-term detoxification, tapering, in-patient tapering, medical detoxification and home-based, assisted detoxification.

Many programs offer services that only partially meet the needs of vulnerable populations with addictions issues. Barriers such as hours of operation, location and types of services available create gaps in service, making the most vulnerable people in our community unable to receive services at all.

Upon entering the addictions treatment system, a person should be able to easily access other services. Methods such as the Integrated Consent to Service, currently used by some addiction service providers in the community, need to be expanded and widely implemented to include other service providers. Increased integration of the social service sector of Thunder Bay will improve our community’s capacity to deal with non-physical emergencies and relieve the pressure on the Thunder Bay Regional Health Sciences Centre emergency department and local enforcement agencies.
Support for clients needs to be practical and provide real value to the community. Treatment outcome measures and consistent data collection practices must be created and supported to ensure that resources are spent in ways that produce the best outcomes.

**INDICATORS OF PROGRESS:**

- Re-treatment rates
- Client exit satisfaction rates
- Length of treatment wait lists
- Access to Methadone Maintenance Therapy Services
- Wait time to assessment and treatment
- Reduction in emergency department visits for mental health and behavioural disorders related to substance use

### ACTIONS TO ACHIEVE RESULT SEVEN:

7.1 Increase the range of treatment models available, including longer term residential treatment, day programs, enhanced pre- and post-treatment supports, culturally relevant programming and harm reduction or moderation approaches.

7.2 Support the initiation of a kinship drug and alcohol treatment model.

7.3 Increase the availability of suitable childcare initiatives to support caregivers to access treatment services.

7.4 Improve evaluation of treatment protocols and outcomes.

7.5 Offer pre- and post-treatment medical examinations onsite at treatment centres.

7.6 Advocate to the Province of Ontario to ensure full OHIP coverage for medical exams and administrative costs required to access treatment programs.

7.7 Provide treatment options to people in custody that include methadone maintenance therapy, elements of relapse prevention and withdrawal symptom management.

7.8 Increase the range of detoxification services offered in the city to include hospital-based, community/home detoxification and youth specific services.

7.9 Create a common, shared process that integrates treatment, social services and other systems to facilitate access and provide more collaborative case management.

7.10 Request that the Northwest LHIN in partnership with Northwestern Ontario service providers review the Mental Health and Addictions system in Northwestern Ontario for improved system access and navigation.

7.11 Establish a resource pool of local service providers to connect primary health care with addiction/mental health services.

“When people are discharged, who’s following up on them to make sure that they have the supports — housing, nutrition, that they’re seeing their doctor on a regular basis, and they’re getting integrated into employment or back into education to resume the rest of their lives?”

*Focus Group Key Informant*
RESULT EIGHT

COMMUNITY MEMBERS ARE SAFE IN THEIR NEIGHBOURHOODS.

Crime and substance use are closely related. Because many commonly used drugs are illicit or used illicitly, a criminal element exists to address the supply of these substances to meet the demand. Some addicted users may turn to crimes such as break and entering, theft or prostitution to purchase the drugs they use.

Thunder Bay has historically invested in community policing initiatives. In recent years, investment in crime prevention has been reduced, and more effort and resources have been spent on arrests, dealing with public intoxication and reactive policing. Community policing is an effective model in crime prevention, especially as it relates to substance use. With a strong and connected police presence, community members feel safe, crime is deterred and relationships are built.

Some members of Thunder Bay report that their neighbourhoods experience high levels of loitering, discarded needles, and prostitution, creating atmospheres of fear and distrust. When people feel their neighbourhoods are unsafe, they are less likely to use their environments, encourage their children to play outside and become increasingly disconnected from community.

Currently, 50% of all arrests made by the Thunder Bay Police Service are for public intoxication. This makes the arrest, transport, lodging and observation of intoxicated persons one of the Police Service’s primary reactive functions. Reducing arrests related to public intoxication will increase time and money available to invest in community policing and crime prevention efforts.

Although the likelihood of contracting an infectious disease from a publicly discarded needle is very slim, needles discarded on streets or in public parks create an atmosphere of fear. Publicly discarded needles also make the community appear dirty and unsafe for visiting tourists. Citizens unsure of what to do when they find a needle often call 911 and police are sent to pick up the syringe, using precious enforcement time better spent elsewhere. By reducing the number of publicly discarded needles, fear and misuse of public resources will also go down.
INDICATORS OF PROGRESS:

- Violent crime rate
- Perception of safety
- Property crime rate
- Number of police calls for needle disposal
- Number of impaired driving charges (alcohol and/or drug)
- Publicly discarded needle counts
- Public disorder rates

ACTIONS TO ACHIEVE RESULT EIGHT:

8.1 Encourage users to increase their responsibility to safely dispose of needles through the use of incentives.

8.2 Increase education to the community about how to safely dispose of needles.

8.3 Examine a shared costs model for the recovery and disposal of collected needles.

8.4 Provide more needle disposal bins at key sites, including not-for-profit housing complexes.

8.5 Re-invest in community policing to renew focus on crime prevention.

8.6 Strike a working committee to investigate the option of enhancing police presence with a volunteer corps.

8.7 Support the Crime Prevention Council in efforts to increase personal and community responsibility to reduce crime.

8.8 Investigate the instatement of a Neighbourhood Watch type of program.

8.9 Train more enforcement professionals as Drug Recognition Experts (DREs) to improve detection of impaired-by-drug driving.

8.10 Improve sentencing outcomes for prescription drug trafficking through increased judiciary education.

8.11 Ensure programming and treatment options are in place for remote Northern Ontario communities prior to any supply reduction efforts.

8.12 Provide public education about substances, substance use, and legislation about substance use including impaired driving and promote local helping resources.

8.13 Examine the feasibility of partnership programs that match clinical resource teams with enforcement teams to improve health outcomes for people who use substances.

“…because of what’s going on in our neighbourhood, nobody will come and shop any more…reputable businesses have closed their doors because of what’s going on around them.”

Focus Group Community Participant
Many citizens say they are eager to see progress made on the identified issues and strategies. People are ready to roll up their sleeves and take action. This report gives the community of Thunder Bay a place to start.

The actions contained in this document come from the true experts in our community: citizens and leaders, professionals and youth. They are based on direct knowledge, local needs, and best practice evidence from around the world. Taken together, they have the capacity to dramatically improve the lives of not only our generation, but of those to come.

“I think if you have a very vibrant community that’s full of really cool ideas and really interesting things going on and lots of good synergy, you’ll keep young people here and it will just be a viable, really wonderful place to grow and to live.”

Focus Group Community Participant
APPENDIX I: GLOSSARY

CULTURALLY APPROPRIATE
Conforming to a culture’s acceptable expressions and standards of behaviour and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing and pilot testing them.

CULTURALLY RELEVANT
Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

CULTURALLY SAFE
Services that are respectful of nationality, culture, age, sex, political and religious beliefs. Cultural safety involves recognizing the caregiver is the bearer of his or her own culture and attitudes, and that caregivers consciously or unconsciously exercise power over patients.

DISCRIMINATION
A sociological term referring to the treatment taken toward or against an individual of a certain group in consideration based solely on class or category. Discrimination is the actual of behaviour towards another group. It involves excluding or restricting members of one group from opportunities that are available to other groups.

DRUG TREATMENT COURT
Court supervised treatment for people addicted to substances who have been charged with possession of, or trafficking in, small amounts of substances, property offences committed to support their drug use, or with prostitution-related offences. Clients participate in a structured outpatient program with extensive case management services. Upon successful completion of the program, clients receive a non-custodial sentence, rather than incarceration.

HARM REDUCTION
Any program or policy designed to reduce drug-related harm regardless of individual substance use practices.
HOUSING FIRST PHILOSOPHY

A philosophy based on the assertion that housing is a basic right, and should not be denied to anyone, even if they are using alcohol or substances in a problematic way.

INTERGENERATIONAL TRAUMA

The effects of harms that have occurred but have not been resolved and have been transmitted from one generation to the next.

MEDICAL AMNESTY

Laws or acts protecting from liability those who choose to help others who are injured or ill. These laws are intended to reduce bystanders’ hesitation to assist, for fear of being sued or prosecuted for unintentional injury or wrongful death.

METHADONE

A synthetic opiate substitute used to treat opioid addiction. Methadone is sometimes used for pain management.

NEONATAL ABSTINENCE SYNDROME (NAS)

A condition of newborns who develop an addiction in utero related to their mother’s substance use.

OPIATES

A drug derived from the opium poppy (morphine, heroin, opium, codeine, etc) or a synthetic equivalent.

OPIOIDS

Refers to the entire class of drugs that bind to the opiate receptors in the brain (which includes opiates).

PRESCRIPTION DIVERSION

Selling or giving away prescribed medication.

RESTORATIVE JUSTICE FRAMEWORK

An approach to justice that addresses the needs of both the victims and the offenders, requiring offenders to take an active role in the process by assuming responsibility for their actions.

SCHOOL-BASED DIVERSION PROGRAMS

Alternatives to student suspensions. The intent of these programs is to keep the student engaged and more likely to succeed at school.

STIGMA

An attribute, behaviour or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.

STIMULANTS

Uppers; drugs that produce a temporary increase in activity or efficiency of an organism or any of its parts (cocaine, amphetamine, methamphetamine, etc).

SUBSTANCE USE

The use or ingestion of a substance or drug, including alcohol.

SYSTEMIC RACISM

Any form of racism occurring specifically within institutions such as public government bodies, private business corporations, and universities (public and private). This type of racism is impersonal, unconscious, unintentional, and hidden. The basis of systemic racism is the consequence (not the intent) of seemingly neutral rules, policies or procedures.

SYSTEM NAVIGATORS

Someone who works with people to help them navigate the complex social service system of services.
APPENDIX II: REFERENCES

Aberdeen City Council (Sept 2010). Do you provide storage for furniture and belongings? Retrieved from http://www.aberdeencity.gov.uk/HousingAdvice/homeless/hoa_furniture_and_belongings.asp


40


Thunder Bay Regional Health Sciences Centre. (2011) Environmental Scan Summary Strategic Planning Engagement Sessions March 2011


APPENDIX III: SUMMARY OF RESULTS AND ACTIONS

RESULT ONE:
The community of Thunder Bay implements actions to reduce harms associated with substance use.

ACTIONS TO ACHIEVE RESULT ONE:
1.1 Create a comprehensive Drug Strategy implementation plan.
1.2 Create a permanent, full-time Drug Strategy Coordinator position at the City of Thunder Bay.
1.3 Ensure the Drug Strategy is included in the City strategic plan.

RESULT TWO:
Thunder Bay is an inclusive city with accessible and appropriate services for its diverse population.

ACTIONS TO ACHIEVE RESULT TWO:
2.1 Support equitable Aboriginal representation on local boards and governing bodies.
2.2 Support people who use substances, youth, and people from minority groups to participate on local boards and governing bodies.

2.3 Support organizations in Thunder Bay to provide culturally safe and appropriate services.
2.4 Create a think-tank of social scientists and Aboriginal leaders to seek solutions and to address severe social problems rooted in colonialism and systemic racism.
2.5 Support the work of Diversity Thunder Bay, the Advisory Committee on Anti-Racism and other groups that address inclusion to reduce racism, discrimination and stereotyping in Thunder Bay.
RESULT THREE:
All people in Thunder Bay have access to safe, appropriate and affordable housing.

ACTIONS TO ACHIEVE RESULT THREE:

3.1 Advocate for the development of a Federal Housing Strategy that includes funding for social housing.

3.2 Increase basic housing stock through innovation, including the possibility of retrofitting unused buildings.

3.3 Establish a working group to access funding for social housing from the Homelessness Partnership Strategy (HPS).

3.4 Request the District of Thunder Bay Social Services Board perform an audit to distinguish the services and housing options required for men, women and youth and develop an action plan to improve the entire housing continuum from shelter to independent living, based on community needs.

3.5 Increase the availability of housing projects to support people with mental health and addiction problems.

3.6 Improve the range of housing options available for women and youth, including safe and sufficient emergency shelter, case management services and transitional housing services.

3.7 Allocate sustainable operational funding to local emergency shelters based on adherence to shelter standards that promote acceptance and inclusion of persons who use substances.

3.8 Invest in community revitalization models that incorporate a mixed-housing approach.

3.9 Streamline the social housing application.

3.10 Implement a shelter that accepts intoxicated clients.

3.11 Support the development of a Managed Alcohol Program residence.

3.12 Implement a storage facility program to safeguard personal property for people entering institutional systems or who are otherwise unhoused.

3.13 Create a personal identification (ID) storage program for vulnerable populations.

3.14 Create housing options that follow the Housing First philosophy.

RESULT FOUR:
Federal and provincial governments set public policy and determine spending priorities that support optimal health for all citizens.

ACTIONS TO ACHIEVE RESULT FOUR:

4.1 Advocate for change at all three levels of government for increased funding for addiction treatment services, and sustainable programming for children and youth that supports positive social and behavioural development.

4.2 Support the province to release an electronic prescription monitoring program (PMP) and encourage access to training for all prescribers.

4.3 Advocate for increased judicial appointments for the District of Thunder Bay to expand the capacity of our local legal system to offer drug court diversion programs.
4.4 Call on the federal government to withdraw or repeal bills or legislation that introduces mandatory minimum sentencing related to possession of substances.

4.5 Advocate for the Federal Government of Canada to take a leadership role at national and international levels to advocate for evidence-based reform of current drug laws, thereby allowing municipalities to better respond to drug issues at the local level.

4.6 Urge the governments of Canada and Ontario to expand and increase the availability of harm reduction options in prisons.

4.7 Advocate for clear and scientific guidelines for prescription opiates that delineate personal use from possession with the intent to traffic.

4.8 Urge the Government of Canada to increase efforts to educate the Canadian public about the legal consequences of trafficking offences.

4.9 Advocate for publicly funded and insured coverage for alternatives to pain medication such as massage therapy and physiotherapy.

4.10 Urge the Province of Ontario to maintain addiction as an eligible disability under ODSP.

4.11 Advocate for the ODSP application and adjudication process to be simplified and updated.

4.12 Advocate for an increase in program/case management support for ODSP applicants and recipients.

4.13 Advocate for a review of ODSP policies that make sustained housing difficult for ODSP recipients, such as the policy of paying rent in arrears.

4.14 Advocate that the Province of Ontario support physicians to assist clients of Ontario Works transfer to the Ontario Disability Support Program.

4.15 Call for increased access to essential local data about unintentional drug overdose rates from the provincial and federal governments.

4.16 Advocate to the Province of Ontario that responsibility for the FASD population is coordinated by one central ministry.

4.17 Urge the Province of Ontario to revise ODSP eligibility guidelines for the diagnosis of FASD to rely on indicators other than IQ test scores.

4.18 Advocate to the Province of Ontario to improve access to methadone through suggestions found in the Methadone Maintenance Task Force Report, such as supporting the licensing of nurse practitioners and reducing barriers for physicians.
4.19 Advocate for an increase in social assistance rates from the Province of Ontario that reflects actual cost of living, especially in northern and remote communities.

4.20 Advocate for equivalent housing allowances through Ontario Works and the Ontario Disability Support Program.

4.21 Advocate for increased emergency utility relief (and funding for programs that provide relief) for low-income citizens from the Province of Ontario.

4.22 Advocate to the Province of Ontario for improved primary care access for people who use substances.

4.23 Advocate for the Governments of Canada and Ontario to adequately fund accessible and culturally appropriate treatment and aftercare services for remote northern communities.

4.24 Advocate to the Province of Ontario to increase funding for the Ontario Works Addiction Services Initiative (ASI) (delivered through the District of Thunder Bay Social Services Administration Board) to ensure that program capacity meets community need.

4.25 Advocate for a review of the parameters of the Northern Travel Grant to allow for multiple visits for assessment and treatment of substance addiction.

4.26 Advocate to the Province of Ontario to fund a separate entity to provide medically necessary inter-facility transportation for people with non-life threatening mental health and addictions issues.

4.27 Advocate for changes to the Northern Travel Grant so that funding may be provided to alternative transportation providers to provide medically necessary inter-facility transportation for people with non-life threatening mental health and addictions issues.

RESULT FIVE:
All children and youth have optimal success and health.

ACTIONS TO ACHIEVE RESULT FIVE:

5.1 Support school boards and families to begin drug education based on supporting positive social and behavioural development at earlier ages.

5.2 Conduct an environmental scan to identify resources and gaps in parenting supports and programming for families.

5.3 Provide caregivers with access to current and evidence-based information and education about how to delay or prevent their children from using substances.

5.4 Increase access to early identification and support for children with learning and developmental concerns to improve educational outcomes.

5.5 Develop a community youth strategy for incorporation into the City of Thunder Bay Strategic Plan.

5.6 Sustain mentorship programs through long-term funding commitments.

5.7 Examine strategies to increase workplace placements for young people without post-secondary education.

5.8 Increase the use of school space by the community at large.

5.9 Encourage a review and enhancement of the Ontario curriculum to incorporate strength-based approaches that emphasize resiliency, utilize skills training and provide arts programming.

5.10 Increase use of local referral and help resources by educators and other professionals.
5.11 Encourage schools and school boards to develop evidence-based alcohol and substance use policies that utilize a restorative justice framework.

5.12 Conduct an environmental scan of programming and campaigns designed for post-secondary students.

5.13 Improve the range of treatment options for youth to expand and enhance off-site, school, community-based and early onset approaches.

5.14 Create a working group to investigate the provision of harm reduction services for youth.

5.15 Examine the feasibility of creating a pool of available and screened Trustees for youth that access social assistance allowances.

5.16 Create an inter-agency neonatal substance use working group to develop strategies for supporting pregnant women, new mothers who use substances and their infants to improve family health outcomes.

RESULT SIX:
People who use substances have optimal physical, emotional and mental health.

**ACTIONS TO ACHIEVE RESULT SIX:**

6.1 Compile current community programs and services that provide system navigators, case management providers, and street outreach positions.

6.2 Expand crisis response services to address various types of addiction-related crises.

6.3 Ensure adequate primary care providers are available in the community.

6.4 Advocate for better discharge planning for all people leaving correctional facilities and other institutions.

6.5 Encourage community services and programs to review their policies to reduce barriers to service for people receiving methadone maintenance therapy (MMT).

6.6 Urge the College of Physicians and Surgeons of Ontario to hold methadone providers accountable to adhere to the Methadone Maintenance Guidelines (2005).

6.7 Provide support to people receiving MMT to become self-advocates for proper treatment and medical care.

6.8 Form a working group to examine the implementation of overdose prevention such as the provision of Naloxone, overdose education and institution of a medical amnesty program.

6.9 Advocate that publicly funded and insured insurance cover the cost of Suboxone as a treatment option for detoxification and harm reduction for opiate dependency.

6.10 Improve access to safer inhalation kits.

6.11 Examine the feasibility of installing vending machines that supply syringes and offer expanded disposal sites throughout the city.

6.12 Establish a volunteer base to support the distribution and pick-up of syringes.

6.13 Advocate and support access to specialized emergency services for people with mental health and addictions issues.

6.14 Form a working group to determine the fit and feasibility of a supervised consumption site.
6.15 Conduct an environmental scan of programming and services for seniors at-risk of or living with addictions.

6.16 Support the development of local drug user groups to provide opportunity for information exchange, peer support and personal empowerment.

6.17 Encourage and assist the business/commerce sector to increase opportunities for sustainable employment for people recovering from addictions.

6.18 Educate the community about methadone maintenance therapy (MMT) and the principles of harm reduction.

6.19 Enhance education and placement requirements for students involved in social services, enforcement and health-related programs to include addictions training and outreach experience, including intravenous (IV) drug use education.

6.20 Promote basic training about harm reduction, addictions and IV drug use to professionals that interact with community members.

6.21 Increase ‘one-stop’ access to primary care, basic preventative health services, harm reduction services and addictions and mental health screening system entry points at accessible or mobile sites.

6.22 Expand and diversify needle exchange service by advocating for and supporting needle exchange services at primary health care clinics, hospitals, pharmacies and non-profit groups.

RESULT SEVEN:
People with substance addictions can get well.

ACTIONS TO ACHIEVE RESULT SEVEN:

7.1 Increase the range of treatment models available, including longer term residential treatment, day programs, enhanced pre-and post-treatment supports, culturally relevant programming and harm reduction or moderation approaches.

7.2 Support the initiation of a kinship drug and alcohol treatment model.

7.3 Increase the availability of suitable childcare initiatives to support caregivers to access treatment services.

7.4 Improve evaluation of treatment protocols and outcomes.

7.5 Offer pre- and post-treatment medical examinations onsite at treatment centres.

7.6 Advocate to the Province of Ontario to ensure full OHIP coverage for medical exams and administrative costs required to access treatment programs.

7.7 Provide treatment options to people in custody that include methadone maintenance therapy, elements of relapse prevention and withdrawal symptom management.
7.8 Increase the range of detoxification services offered in the city to include hospital-based, community/home detoxification and youth specific services.

7.9 Create a common, shared process that integrates treatment, social services and other systems to facilitate access and provide more collaborative case management.

7.10 Request that the Northwest LHIN in partnership with Northwestern Ontario service providers review the Mental Health and Addictions system in Northwestern Ontario for improved system access and navigation.

7.11 Establish a resource pool of local service providers to connect primary health care with addiction/mental health services.

RESULT EIGHT:
Community members are safe in their neighbourhoods.

8.1 Encourage users to increase their responsibility to safely dispose of needles through the use of incentives.

8.2 Increase education to the community about how to safely dispose of needles.

8.3 Examine a shared costs model for the recovery and disposal of collected needles.

8.4 Provide more needle disposal bins at key sites, including not-for-profit housing complexes.

8.5 Re-invest in community policing to renew focus on crime prevention.

8.6 Strike a working committee to investigate the option of enhancing police presence with a volunteer corps.

8.7 Support the Crime Prevention Council in efforts to increase personal and community responsibility to reduce crime.

8.8 Investigate the instatement of a Neighbourhood Watch type of program.

8.9 Train more enforcement professionals as Drug Recognition Experts (DREs) to improve detection of impaired-by-drug driving.

8.10 Improve sentencing outcomes for prescription drug trafficking through increased judiciary education.

8.11 Ensure programming and treatment options are in place for remote Northern Ontario communities prior to any supply reduction efforts.

8.12 Provide public education about substances, substance use, and legislation about substance use including impaired driving and promote local helping resources.

8.13 Examine the feasibility of partnership programs that match clinical resource teams with enforcement teams to improve health outcomes for people who use substances.