



# BUILDING A BETTER TOMORROW

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THUNDER BAY DRUG STRATEGY **2017-2021**



THUNDER BAY  
Drug Strategy

# DRUG STRATEGY IMPLEMENTATION PANEL

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Conseil scolaire de district  
catholique des Aurores boreales

Crime Prevention Council

Community Members

Dilico Anishinabek Family Care

Drug Awareness Committee

Elevate NWO

Fort William First Nation

Lakehead University  
Student Union

Matawa Learning Centre

Nishnawbe-Aski Police Service

Northwest LHIN

NorWest Community  
Health Centres

Oak Medical Arts

Ontario Native Women's  
Association

Ontario Provincial Police

People Advocating for Change  
through Empowerment

People with Lived Experience  
Community Advisory

Salvation Army

Shelter House

St. Joseph's Care Group

Superior North EMS

Thunder Bay Catholic  
District School Board

Thunder Bay District  
School Board

Thunder Bay Poverty  
Reduction Strategy

Thunder Bay Counselling

Thunder Bay  
District Health Unit

Thunder Bay Housing &  
Homelessness Coalition

Thunder Bay Regional Health  
Sciences Centre

Thunder Bay Police Service

Thunder Bay Indigenous  
Friendship Centre

Urban Abbey

## VISION

To improve the health, safety and well-being of all citizens by working together to reduce substance related harms.

## MISSION

To create and implement a drug strategy for the city of Thunder Bay, district, and region, 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 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 toward policies that reflect more reliance on science and community knowledge, 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.

### COMPASSIONATE

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

### RESPECTFUL

We respect the 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.

### INCLUSIVE

We believe that to improve the systems and services designed to support citizens of Thunder Bay, district, and region, they need to be informed and shaped by the people who will use them. We will be guided by the principle “nothing about us, without us” in the work that we do.

### EQUITABLE

We will work toward system changes and program designs that consider the unique needs of individuals from diverse backgrounds, and will aim to develop culturally appropriate client-centred care in our community.

## WHO IS MOST AT RISK FOR SUBSTANCE USE RELATED HARMS?

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, or experimentation with substances during the adolescent years. Some individuals use substances regularly without significant or apparent health or social problems (e.g., 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 harm 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 harms associated with substance use.





### 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. Even after controlling for conventional risk factors (e.g., smoking, air pollution, and high cholesterol), other poor health outcomes include obesity, some chronic diseases and cancers, coronary artery disease and chronic pulmonary disease.<sup>1</sup>

### PEOPLE WITH MENTAL HEALTH DISORDERS

People with mental health disorders are at greater risk for substance use<sup>2</sup>, 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 AND OLDER ADULTS

Longstanding injuries, the aches of aging and the pain associated with some chronic diseases can contribute to the risk of increased substance use by individuals with workplace injuries and with older adults.<sup>3</sup> Social isolation is also a large factor in the risk of substance use problems for older adults.

### 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.<sup>4</sup> Youth who have behavioural problems early on, frequently skip school, or have caregivers who frequently use substances or drink heavily are more at risk.

### PEOPLE WHO ARE HOMELESS

Individuals who are homeless often experience extreme hardship, chronic pain, mental illness, little or no family support, and poor chances of finding and maintaining housing; all of which contribute to an increased risk of problematic substance use.<sup>5</sup>

### PEOPLE WORKING IN THE SEX TRADE

Many individuals working in the sex trade have addiction issues that are largely the motivating factor for their continued involvement in street work.<sup>6</sup>

### INDIGENOUS PEOPLE

Indigenous people have lower rates of substance use but experience higher rates of addiction. This stems from intergenerational trauma inflicted through the process of colonization and is also compounded by inadequate services, inequity in resources, and discriminatory public policy.<sup>7</sup>



## A FIVE PILLAR APPROACH

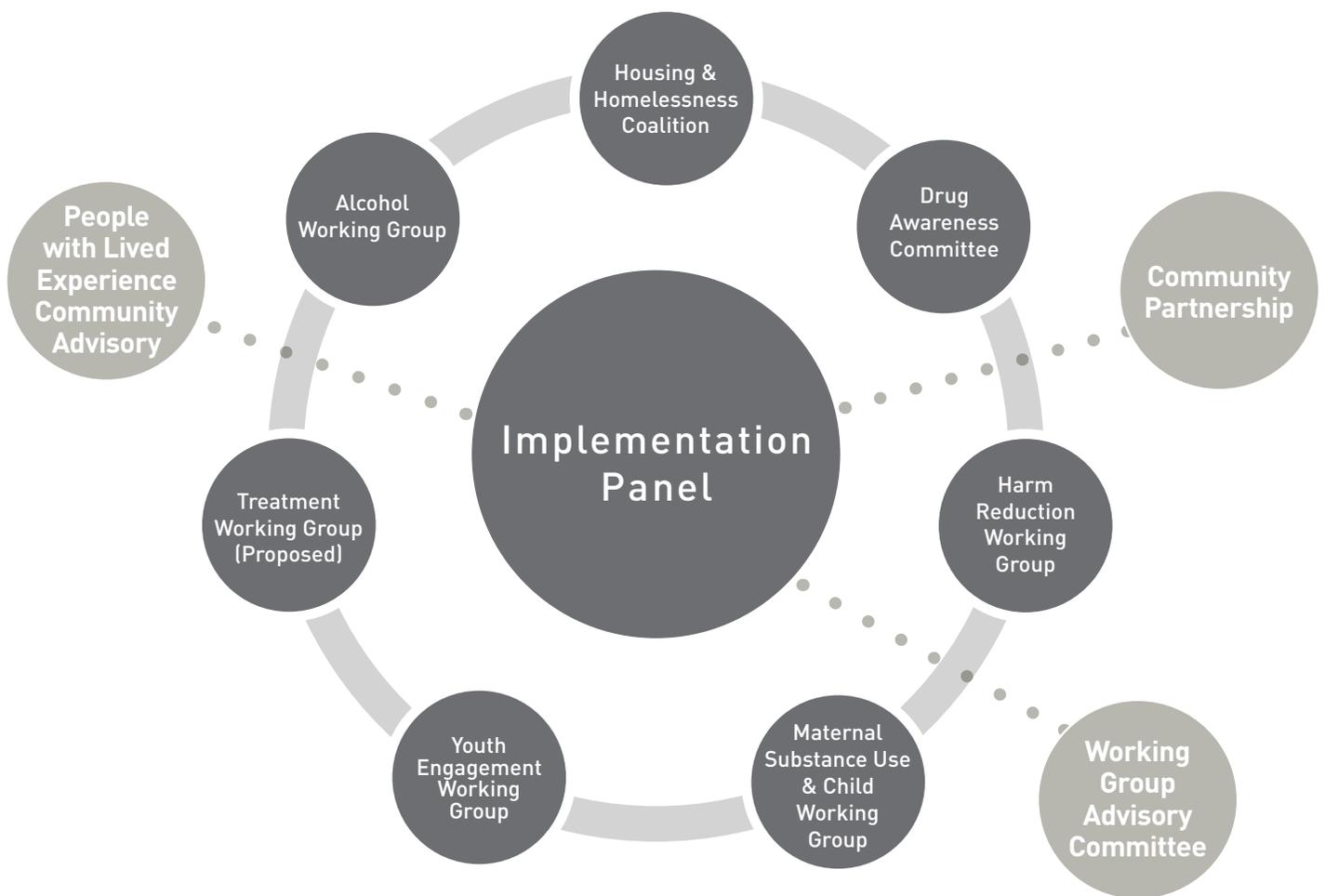
The Thunder Bay Drug Strategy has modified the traditional four pillar framework used by many municipal drug strategies across Canada, and has added a fifth pillar in our comprehensive approach to addressing substance related harms for individuals, families and communities. *Building a Better Tomorrow* is a collaborative, cross-sector response that aims to improve the health and well-being of all citizens in Thunder Bay, the district and region. By framing our strategy through the five pillars of Prevention, Treatment, Harm Reduction, Enforcement, and Housing, we are ensuring a diverse response that will cover the continuum of needs within our community. *Building a Better Tomorrow* recommends all stakeholders are involved in the design, monitoring and evaluation of recommended action, and that each pillar is an interlinking part of the continuum of care. As such, each Working Group of the Drug Strategy will aim to have representation of all pillars as part of their membership.

Equally important is the interconnectedness of similar community-based strategies that have overlapping areas of focus. To facilitate collaboration and reduce duplication, *Building a Better Tomorrow* recommends continued active involvement with the Thunder Bay & District Poverty Reduction Strategy, Thunder Bay Crime Prevention Council, Northwest Community Mobilization Network, and the Urban Aboriginal Strategy.

# BLUEPRINT FOR A HEALTHIER COMMUNITY

The following are the recommended strategies and the blueprint for action for the Thunder Bay Drug Strategy over the next five years. *Building a Better Tomorrow* recommends remaining flexible to respond to emerging and/or urgent issues as they arise. It will be important moving forward to develop strategies that effectively respond to the growing opioid and overdose crisis, as well as to the framework for legalization and regulation of cannabis to be finalized by the federal and provincial governments in the near future. The Thunder Bay Drug Strategy recognizes that the use of the term “drug” may have limited interpretation, however for the purposes of this strategy, we are focused on reducing the harms associated with all substance use including alcohol, prescription drugs, illicit drugs, as well as other legal substances that can be misused. Given the top three problematic substances in our region are alcohol, marijuana and opioids<sup>8</sup>, the recommendations henceforth will have a particular focus on reducing the harms associated with them. All recommendations are to be implemented in accordance to our vision, mission and guiding principles.

In order to effectively implement the recommendations outlined in *Building a Better Tomorrow*, the Thunder Bay Drug Strategy has developed Working Groups tasked with creating work plans with activities and deliverables. The following is the overall structure of the Drug Strategy:



# PREVENTION PILLAR

Education and awareness initiatives are often the cornerstone for the **PREVENTION PILLAR**. They can involve providing information on the harms related to substance use, promoting an understanding about complex reasons why people use substances, and providing tools, skills and resources to prevent addiction. *Building a Better Tomorrow* recommends interventions be targeted to specific populations and age groups, and that they are based on evidence to have an impact on preventing or delaying the onset of substance use.

Data compiled by Thunder Bay District Health Unit indicates students in grades 7-12 in Northern Ontario are more likely to report using alcohol in the past year, binge drinking in the past month, hazardous/harmful drinking, drunkenness before grade 9, and operating off-road vehicles after consuming alcohol compared to the rest of Ontario.<sup>9</sup>

Approximately 11% of Canadians 15 years of age and over reported using marijuana at least once in 2013 – in more detail this data shows that 25% of youth (15-24) reported use in that same year, in comparison to 8% of adults over 25.<sup>10</sup>

Reviewing the evidence for the recommendations of *Building a Better Tomorrow* indicates that one third of those with a substance use disorder also match the criteria for post-traumatic stress disorder.<sup>11</sup> The influences of adverse childhood experiences and their long-term implications on physical and mental health is well cited in the research.<sup>12</sup> In Canada, Indigenous people disproportionately experience harms associated with mental health and substance use as a result of colonialism.<sup>13</sup> Understanding, and approaching substance use issues from a trauma-informed lens, and addressing stigma are critical for a healthier community.

## PRIORITIES

- Increasing capacity for trauma-informed practice
- Developing and implementing evidence-informed prevention initiatives
- Addressing high rates of youth substance use
- Reducing stigma



## RECOMMENDATIONS

STRATEGY	BLUEPRINT
Grow and promote an annual Recovery Day celebration in Thunder Bay. (Drug Awareness Committee)	<ul style="list-style-type: none"> <li>• Work with individuals in recovery to plan and implement annual event</li> <li>• Secure a headliner for Rockin' Recovery that will increase attraction to the event</li> <li>• Develop a media package to effectively promote Rockin' Recovery</li> </ul>
Through collaboration with community partners, provide realistic drug and alcohol education to key demographics impacted by risky drinking and substance use (e.g., university aged young adults, high school aged youth, and people transitioning to Thunder Bay). (Drug Awareness Committee)	<ul style="list-style-type: none"> <li>• Organize a dry event for high school students, and include drug education as a component</li> <li>• Engage local recreation centres to explore including drug/alcohol awareness at their local dances</li> <li>• Host information booths at Lakehead University and Confederation College</li> </ul>
Provide focused education to increase knowledge, challenge social norms, and influence attitudes to support healthy public policy around alcohol. (Alcohol Working Group)	<ul style="list-style-type: none"> <li>• Develop targeted education strategies to de-normalize risky drinking among parents and adult influencers</li> <li>• Develop and implement communication campaign focused on prevention of older-adult onset alcohol related problems</li> <li>• Engage with community partners to understand and identify strategies to increase awareness of FASD and prevent alcohol-exposed pregnancies among youth</li> </ul>
Increase public awareness of the connection between mental health, substance use and trauma. (Drug Awareness Committee)	<ul style="list-style-type: none"> <li>• Develop key messages and resources that can be used to support efforts and activities of other working groups</li> <li>• Explore opportunities to partner with reconciliation activities</li> </ul>
Review the recommendations from the inquest conducted on the deaths of seven First Nation youth in Thunder Bay to identify areas in which the Youth Engagement Working Group and member organizations can collaborate and support the implementation of those recommendations. (Youth Engagement Working Group)	<ul style="list-style-type: none"> <li>• Strike a subcommittee to review the Seven Youth Inquest to identify recommendations the Drug Strategy and its Working Groups can provide support for</li> <li>• Engage with named parties in the Seven Youth Inquest to find opportunities to partner and support implementation</li> </ul>
Enhance protective factors for Thunder Bay youth to reduce alcohol related harms. (Alcohol Working Group)	<ul style="list-style-type: none"> <li>• Map existing substance prevention and education programs in school and community settings along with evidence about their effectiveness</li> <li>• Develop an inventory of prevention and early intervention strategies shown by the evidence to reduce substance use and related harms</li> <li>• Work with school boards and community providers to develop and expand community supported prevention and early intervention strategies for children and youth</li> </ul>

# TREATMENT PILLAR

Under the **TREATMENT PILLAR**, residential treatment is often the most known intervention. However, *Building a Better Tomorrow* recommends enhancements to the continuum of services and interventions in Thunder Bay, district and region that provide support to individuals with substance use issues who wish to make changes in their lives. These options can include withdrawal management, counselling, medical care, pre and post treatment supports, and case management services.

Reviewing the evidence for the recommendations of *Building a Better Tomorrow* shows engaging youth in the creation of neighbourhood safe spaces for young people, in collaboration with community partners, is a way of allowing youth to create identity, and enhance their physical and emotional well-being.<sup>14</sup> Engaging youth in implementing youth focused recommendations is a form of participatory action research which asserts that personal experience is valuable for community projects, program development, and understanding. Using this knowledge in action represents commitment by adults to be responsive to factors that may otherwise be overlooked.<sup>15</sup>

Nearly 16% of women who delivered at Thunder Bay Regional Health Sciences Centre reported “drug and substance” exposure during pregnancy in 2015. During this same time period, 12% of newborns who were admitted to the neonatal intensive care unit had neonatal abstinence syndrome, representing 5.7% of all births during this time period.<sup>16</sup>

One in four, or 26.2% of adults 19 and over in Thunder Bay District self-report heavy drinking in 2013/14, which is up from 20% in 2011/12.<sup>17</sup> Heavy drinking is defined as five or more drinks on one occasion at least once a month in the past year. Evidence shows that alcohol is increasingly the substance causing the most individual and social harms and is a significant source of health risks in Thunder Bay.

## PRIORITIES

- Supporting substance involved pregnant or parenting women
- Increasing family treatment options
- Developing safer spaces for youth by youth
- Addressing high rates of alcohol use



## RECOMMENDATIONS

STRATEGY	BLUEPRINT
Expand evidence-informed family treatment options in response to local knowledge and needs. (Maternal Substance Use & Child Working Group)	<ul style="list-style-type: none"> <li>• Research existing models for residential intensive day, and outpatient family treatment programs and identify best practices for each</li> <li>• Call meeting with community partners involved with Working Together Toward a Community Response to map current “treatment” services</li> </ul>
Identify a continuum of supportive service needs for substance-involved pregnant and/or parenting women. (Maternal Substance Use & Child Working Group)	<ul style="list-style-type: none"> <li>• Use case studies to map out gaps to providing adequate and equitable services to the family</li> <li>• Develop survey or focus group questions that could be used to hear directly from substance-involved pregnant or parenting women about the continuum of their service needs</li> </ul>
Create safe spaces designed by youth for youth, in collaboration with community partners. (Youth Engagement Working Group, Drug Strategy Coordinator)	<ul style="list-style-type: none"> <li>• Participate in the Crossover Youth Initiative</li> <li>• Provide support to implement Recommendation #114 of the Seven Youth Inquest</li> <li>• Use information gathered by youth on their vision of “safer space” in implementation of youth services</li> </ul>
Through community collaboration, develop ways to engage youth in reviewing and implementing youth focused Drug Strategy recommendations. (Youth Engagement)	<ul style="list-style-type: none"> <li>• Develop a community Youth Advisory Council so youth can provide input on and can participate with implementation of recommendations</li> </ul>
Develop a working group focused on treatment which will review and refine recommendations related to treatment developed during the 2016/17 strategic planning process. (Drug Strategy Coordinator)	<ul style="list-style-type: none"> <li>• Identify community partners interested in participating in a Treatment Working Group</li> <li>• Hold a meeting with those interested to develop a terms of reference and identify a Chair</li> </ul>
Advocate for enhanced services and supports for those living with alcohol use disorders. (Alcohol Working Group)	<ul style="list-style-type: none"> <li>• Inform and promote the development of collaborative care pathways to improve outcomes for individuals with multiple risks</li> <li>• Encourage improved workplace practices with respect to workplace alcohol policies</li> <li>• Work with partners to build cultural competency and safety with respect to understanding intergenerational trauma for service providers</li> </ul>

# HARM REDUCTION PILLAR

Non-judgmental, person-centred interventions, programs and policies, which aim to reduce the adverse health, social, and economic costs that may arise from the use of legal and illegal substances, which can include (but does not require) abstinence, are the focus of the **HARM REDUCTION PILLAR**. *Building a Better Tomorrow* recommends urgent action related to reducing the risks of overdose and increasing awareness to a philosophy of care based in evidence.

Supervised injection services (SIS) provide a safe, legal space where people have access to sterile injecting equipment and can inject their own drugs under the supervision of nurses or other healthcare staff, and also provide people who inject drugs with basic medical care and link them to other health and social services. They are meant to be part of a continuum of care for people with addiction issues, which range from low threshold harm reduction services through to abstinence based addiction treatment. The feasibility study conducted in Thunder Bay suggests it would be feasible to consider implementing SIS in up to two locations in our community.<sup>18</sup>

Mental health and substance related crisis emergency room visits in Ontario related to narcotic withdrawal, overdose, intoxication, mental health issues and other related diagnoses, increased by almost 250% from 2006-2011.<sup>19</sup> In Thunder Bay there has been an increase in emergency department visits related to substance use annually from 2012 to 2016, as well as an increase in repeat and 30-day repeat visits during same time period; between 70-80% of these patients are new to the system from year to year.<sup>20</sup>

According to the Ontario Drug Policy Research Network, Thunder Bay District has the highest annualized rate of overdose deaths due to opioids in all of Ontario between 2013 and 2016.<sup>21</sup> Data provided by the regional supervising coroner shows that, for the entire Thunder Bay Region, of the combined deaths in 2014 and 2015, 70 were unintentional, 12 were intentional, and less than five were undetermined (could not distinguish as intentional or unintentional).<sup>22</sup>

## PRIORITIES

- Reducing overdose deaths and increasing naloxone distribution
- Improving local response to non-beverage alcohol use
- Reducing demand on emergency services for substance use
- Responding to supervised injection services feasibility study



## RECOMMENDATIONS

STRATEGY	BLUEPRINT
Review and respond to the recommendations from the Supervised Injection Services Feasibility Study conducted in Thunder Bay. (Drug Strategy Coordinator, Harm Reduction Working Group)	<ul style="list-style-type: none"> <li>• Develop a Steering Committee to create a work-plan to implement the recommendations</li> <li>• Utilize support from Ontario HIV Treatment Network, and connect with London, ON, and other communities working toward SIS implementation</li> </ul>
Increase local knowledge about harm reduction principles and practices with individuals at risk of or involved in substance use, service providers, and the general public. (Harm Reduction Working Group)	<ul style="list-style-type: none"> <li>• Develop an “Ask a Harm Reduction Expert” campaign that can be accessed by general public</li> <li>• Provide “street level” training to all organizations who distribute harm reduction supplies so they are better equipped to pass this on to those using the supplies</li> <li>• Increase capacity of service providers to share harm minimization information with individuals at risk through an annual Harm Reduction Conference</li> </ul>
Increase ability and effectiveness to respond to mental health and substance related crises. (Harm Reduction Working Group)	<ul style="list-style-type: none"> <li>• Connect with the joint mobile crisis response team to inquire how the Harm Reduction Working Group could provide support</li> <li>• Engage with TBRHSC emergency to inquire if the Harm Reduction Working Group could support through training opportunities</li> </ul>
Identify and research harm reduction practices/ strategies for non-beverage alcohol use that can be incorporated in the local context. (Harm Reduction Working Group)	<ul style="list-style-type: none"> <li>• Engage with Lakehead University and CRaNHR for research opportunities</li> <li>• Identify baseline level and type of non-beverage alcohol use in Thunder Bay</li> <li>• Identify organizations that are collecting intake information on the use of non-beverage alcohol and encourage adding for those who do not</li> </ul>
Increase awareness of and access to overdose prevention training and kits. (Harm Reduction Working Group)	<ul style="list-style-type: none"> <li>• Develop a commercial/video that can be broadcast on tv, in doctor’s offices, in the emergency department, on the radio, at methadone clinics, in motels and on billboards across Thunder Bay</li> <li>• Develop a coordinated effort between STOPP, Oak Medical Arts, Elevate NWO and other Ontario Naloxone Pharmacy programs</li> </ul>
Engage with local school boards to increase incorporation of harm reduction and drug awareness education in local elementary and secondary schools. (Harm Reduction Working Group, Youth Engagement Working Group)	<ul style="list-style-type: none"> <li>• Meet with local school boards/schools to better understand content of harm reduction and drug awareness education currently provided</li> <li>• Explore mechanisms to increase incorporation of age appropriate harm reduction and drug awareness education within the school setting</li> </ul>

# ENFORCEMENT PILLAR

**ENFORCEMENT PILLAR** strategies aim to increase public order and reduce the open drug scene and public intoxication in Thunder Bay. *Building a Better Tomorrow* recommends increased engagement and collaboration with other community partners in each pillar to more effectively address public order and safety concerns in our community. Enforcement recommendations aim to reduce incarceration and contact with police, and increase alternative measures for providing appropriate supports and services for individuals with complex substance related issues.

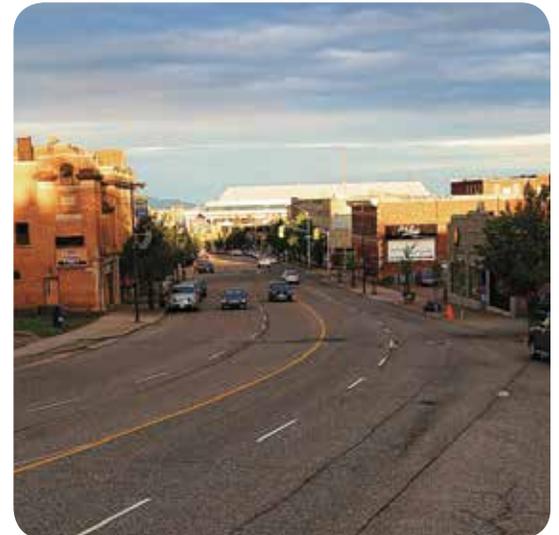
Overall, total police reported drug offences in Thunder Bay are trending downward for both the general population, and for youth.<sup>23</sup> It is important to consider the association between crime and substance use as one of the most significant risk factors under the Enforcement Pillar. The relationship is complex and three models for understanding the link have been identified by research. One such model suggests it is the effects of certain substances on the individual using them that impact criminal behaviour; research indicates that alcohol, PCP, cocaine, amphetamines and barbiturates are more strongly associated with violence.<sup>24</sup>

There is a large body of evidence that shows most individuals who use drugs illegally will never become regular users, and even fewer will develop addiction. And, many people who use drugs illegally will commit no other kinds of crimes, and many people who commit crimes never use illegal drugs.

In Thunder Bay, total liquor license act violations are on the downward trend, including public intoxication arrests.<sup>25</sup> According to the Thunder Bay Police Service, the reduction in violations is due more so to an increase in access to Balmoral Withdrawal Management, and the implementation of Shelter House's Street Outreach Services (SOS) Program. While this is promising, the rate of arrest for public intoxication remains one of the highest in Ontario.<sup>26</sup>

## PRIORITIES

- Improving response to complex mental health and substance use issues
- Addressing violence related to substance use
- Participating in the development of a risk-mitigation model
- Improving the safety of licenced drinking establishments



## RECOMMENDATIONS

STRATEGY	BLUEPRINT
Collaborate on community based research on violence in Thunder Bay, and support the development of a violence prevention strategy. (Drug Strategy Coordinator)	<ul style="list-style-type: none"> <li>• Continue to work with the Thunder Bay District Health Unit and Thunder Bay Crime Prevention Council on understanding violence in our community and identify potential prevention strategies</li> </ul>
Support the Police/Mental Health Resource Teams pilot program and encourage the inclusion of substance use related calls. (Drug Strategy Coordinator)	<ul style="list-style-type: none"> <li>• Provide information on any funding opportunities that could financially support the implementation of the pilot program</li> <li>• Liaise with Thunder Bay Police on the importance of including substance related calls</li> </ul>
Support and participate in the establishment of a Situation Table and Centre of Responsibility for Thunder Bay and Region. (Drug Strategy Coordinator)	<ul style="list-style-type: none"> <li>• Be an active member on the Northwest Community Mobilization Network</li> <li>• Participate in appropriate training on Situation Table and Centre of Responsibility</li> </ul>
Promote policies and programs that improve the safety of drinking environments. (Alcohol Working Group)	<ul style="list-style-type: none"> <li>• Identify local need and best practices in relation to the safety of drinking environments</li> <li>• Support the update of municipal policies regulating alcohol availability</li> <li>• Develop/support harm reduction initiatives with respect to non-licensed drinking environments</li> </ul>
Develop a community plan to more effectively support individuals with high frequency multi-sector service use. (Drug Strategy Coordinator)	<ul style="list-style-type: none"> <li>• Utilize the data gathered by the Thunder Bay Situation Table to assess its effectiveness to respond to high-frequency multi-sector service users in determining gaps and needs of a community plan</li> </ul>
Address drug-impaired driving in Thunder Bay ahead of legalization and regulation of marijuana. (Drug Awareness Committee)	<ul style="list-style-type: none"> <li>• Provide input and support education efforts of Thunder Bay police to increase their effectiveness in detecting drug-impaired driving</li> <li>• Develop education for public awareness of the impacts and dangers associated with drug-impaired driving</li> </ul>



# HOUSING PILLAR

*Building a Better Tomorrow* recognizes that improving the social determinants of health is a critical factor in addressing substance related harms. It places an emphasis on the importance of access to housing as a means for individuals and families to get well. The **HOUSING PILLAR** has a focus on interventions to better support individuals who are impacted by poverty and homelessness, as well as on solutions aimed at preventing and eliminating homelessness in our community.

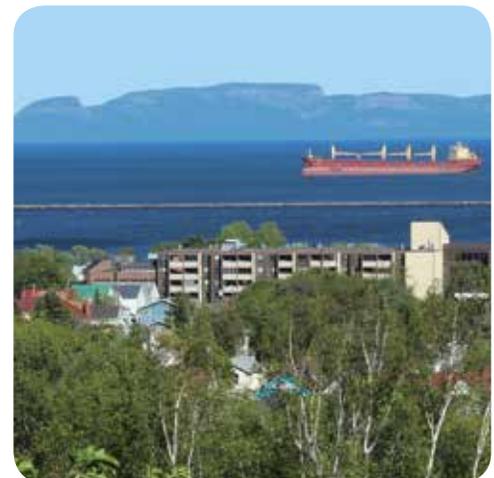
During the first biennial Point in Time (PiT) Count in Thunder Bay, an anonymous enumeration of homeless individuals, 289 people were surveyed, and more than 80% of those individuals indicated that addiction or substance use was a primary reason for housing loss.<sup>27</sup> A Housing First philosophy guides organizations and communities to provide shelter for homeless individuals on the premise that people are better able to heal from other issues when they are housed.

Emergency shelter data for Thunder Bay indicates that approximately 20-25% of users are female.<sup>28</sup> It is important to note that of our two homeless shelters, there are beds for women at only one, and there are no beds for men or women who have children under the age of 16.

Reviewing the evidence for the recommendations of *Building a Better Tomorrow* shows that transitional and supportive housing units allows for the opportunity to provide tailored wraparound supports to improve housing outcomes for very vulnerable individuals.<sup>29</sup> Many individuals who are chronically homeless also experience co-occurring mental health and substance use issues, which can be further compounded by other health and social issues, meaning that their supportive service needs are unique and individualistic, with more attention needed for them.<sup>30</sup>

## PRIORITIES

- Securing permanent funding for SOS and Kwae Kii Win programs
- Advocating for more supportive housing for people with complex needs
- Expanding access to emergency shelter for women and families
- Contributing to the understanding of homelessness in Canada



## RECOMMENDATIONS

STRATEGY	BLUEPRINT
Using the Housing First philosophy, provide education to elected officials, service providers, landlords, and the general public on housing issues in Thunder Bay. (Housing & Homelessness Coalition)	<ul style="list-style-type: none"> <li>• In partnership with the Aboriginal Community Advisory Board on Homelessness, contact the Canadian Alliance to End Homelessness to bring a Housing First specialist to Thunder Bay to provide training</li> <li>• Develop a Housing First curriculum based on the training provided by Canadian Alliance to End Homelessness</li> </ul>
Advocate for more assisted/supportive/transitional units for complex multi-jurisdictional special needs clients. Advocate for increased access to housing for priority populations such as women, youth and individuals with FASD. (Housing & Homelessness Coalition)	<ul style="list-style-type: none"> <li>• Use the report from the Northwest LHIN Mental Health &amp; Addiction Advisory Council on the needs of complex multi-jurisdictional special needs clients as a resource for advocacy</li> <li>• Connect with different levels of government via meetings, letters, and deputations</li> </ul>
Develop a model for crisis housing for women and children that is recovery focused. (Maternal Substance Use & Child Working Group)	<ul style="list-style-type: none"> <li>• Research evidence on crisis housing models that are inclusive of families and recovery oriented</li> <li>• Engage with current local “crisis” housing providers for women &amp; children to investigate capacity to respond to current needs</li> </ul>
Develop and secure funding for an Out of the Cold (OOTC) Program. (Housing & Homelessness Coalition)	<ul style="list-style-type: none"> <li>• Develop a model for an out of the cold program that will accept anyone who is unable to access the traditional emergency shelter during the winter months, including policy and procedure, job descriptions and agreements with partner organizations</li> <li>• OOTC subcommittee to continue to meet and explore funding opportunities</li> </ul>
Contribute to the understanding of and effective response to homelessness in Canada, Ontario and Thunder Bay through the implementation of biennial Point in Time Counts and Registry Weeks. (Housing & Homelessness Coalition)	<ul style="list-style-type: none"> <li>• Partner with Aboriginal Community Advisory Board and TBDSSAB to implement 2018 Coordinated Point in Time Count and Registry Week</li> <li>• Utilize the local by-name registry to provide housing and support services to the chronically homeless</li> </ul>
Secure permanent funding for the SOS program and Kwae Kii Win Managed Alcohol Program. (Housing & Homelessness Coalition)	<ul style="list-style-type: none"> <li>• Resubmit an amended Health Service Improvement Plan to the Northwest LHIN for funding</li> <li>• Research the funding models of existing Managed Alcohol Programs in Ontario to explore alternative models for proposals</li> </ul>



# INDICATORS OF SUCCESS

## Network Level Indicators

- Number of partners engaged in the Drug Strategy (system leaders, direct service providers, community members and those with lived experience)
- Balanced pillar representation by member agencies/organizations (Prevention, Treatment, Harm Reduction, Enforcement and Housing Representatives)
- Partner evaluation of their experience with the network
- Number of partnerships with other Drug Strategies\* in Northwestern Ontario

## Program Level Indicators

- Number of individuals trained on overdose prevention, number of naloxone kits distributed, number of reported use
- Number of adults and of youth accessing a continuum of treatment services in Thunder Bay and Northwestern Ontario
- Number of children and youth participating and graduating from prevention programs in Thunder Bay and Northwestern Ontario
- Number of adults and youth accessing withdrawal management services, and the number turned away due to capacity issues
- Number and quantity of drug seizures in Thunder Bay and Northwestern Ontario
- Shelter occupancy rates
- Evaluation measures of specific programs/initiatives, including third party evaluation when practical

## Population Level Indicators

- Prevalence of opioid, alcohol and cannabis use among youth and among adults in Thunder Bay and Northwestern Ontario
- Number of unintentional substance (including alcohol) related deaths in Thunder Bay, the District, and the Region
- Number of individuals identified as high frequency emergency services users (EMS, Police, Emergency Department, Withdrawal Management, Shelter Services)
- Total police reported drug offences in Thunder Bay
- Number of convictions for drug offences in Thunder Bay
- Impaired driving rates in Thunder Bay and Northwestern Ontario
- Rates of Hepatitis C and HIV in the District of Thunder Bay
- Homelessness Counts

\*term used to describe community based initiatives to reduce substance related harms that may not identify as a Drug Strategy

# REFERENCES

- <sup>1</sup> Feletti, 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
- <sup>2</sup> Rush et al. (2008). Prevalence of co-occurring substance use and other mental disorders in the Canadian population. *Canadian Journal of Psychiatry*, 53: 800-9
- <sup>3</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance Abuse Among Older Adults. *Clinics in Geriatric Medicine*, 30(3), 629–654. <http://doi.org/10.1016/j.cger.2014.04.008>
- <sup>4</sup> Corrado, R., Freedman, L., & Blatier, C. "The Over-Representation of Children in Care in the Youth Criminal Justice System in British Columbia: Theory and Policy Issues" (2011) 1&2 *International Journal of Child, Youth and Family Studies* 99
- <sup>5</sup> Grinman, M., Chiu, S., Redelmeier, D. A., Levinson, W., Kiss, A., Tolomiczenko, G., ... Hwang, S. (2010). Drug problems among homeless individuals in Toronto, Canada: prevalence, drugs of choice, and relation to health status. *BMC Public Health*, 10(94)
- <sup>6</sup> Benoit, C., McCarthy, B., & Jansson, M. (2015). Stigma, sex work, and substance use: a comparative analysis. *Sociology of health & illness*, 37(3), 437-451
- <sup>7</sup> Ross, A., Dion, J., Cantinotti, M., Collin-Vézina, D., & Paquette, L. (2015). Impact of residential schooling and of child abuse on substance use problem in Indigenous Peoples. *Addictive behaviors*, 51, 184-192
- <sup>8</sup> Personal communication with Siobhan Farrell – Northwest Local Health Integration Network (2016)
- <sup>9</sup> Let's Start a Conversation about Alcohol in our Community. Report on Alcohol Use, Harms & Potential Actions in Thunder Bay District: Executive Summary. (December 2015). Thunder Bay District Health Unit
- <sup>10</sup> Toward the Legalization, Regulation and Restriction of Access to Marijuana: Discussion Paper. (June 2016). Task Force on Marijuana Legalization and Regulation. Government of Canada. <http://healthycanadians.gc.ca/health-system-systeme-sante/consultations/legalization-marijuana-legalisation/alt/legalization-marijuana-legalisation-eng.pdf>. Retrieved August 14, 2016
- <sup>11</sup> Bradizza, C. M., Stasiewicz, P. R., & Paas, N. P. (2006). Relapse to alcohol and drug use among individuals diagnosed with co-occurring mental health and substance use disorders: A review. *Clinical Psychology Review* 26(2): 162-178. doi:10.1016/j.cpr.2005.11.005
- <sup>12</sup> Chartier, M. J., Walker, J. R., & Naimark, B. (2010). Separate and cumulative effects of adverse childhood experiences in predicting adult health and health care utilization. *Child Abuse and Neglect* 34(6): 454-464. doi: 10.1016/j.cpr.2005.11.005
- <sup>13</sup> Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry*. 50(5): 683-706. doi: 10.1177/1363461513487669
- <sup>14</sup> Laughlin, D. L., Johnson, L. C. (2011). Defining and exploring public space: perspectives of young people from Regent Park, Toronto. *Children's Geographies*. 9(3-4): 439-456. doi: 10.1080/14733285.2011.590703
- <sup>15</sup> Checkoway, B., & Richards-Schuster, K. (2003). Youth Participation in Community Evaluation Research. *American Journal of Evaluation*. 24(1): 21-33. doi: 10.1177/109821400302400103
- <sup>16</sup> Personal communication with Nancy Persichino – Thunder Bay Regional Health Sciences Centre (2016)
- <sup>17</sup> Personal communication with Sheena Albanese – Thunder Bay District Health Unit (2017)
- <sup>18</sup> Kerr, T., Mitra, S., Krysovaty, B., Marshall, Z., Olsen, C., Rachlis, B., Bacon, J., Murray, K., Rourke, S. (2017). The Ontario Integrated Supervised Injection Services Feasibility Study Report: Thunder Bay, ON
- <sup>19</sup> Prescription Opioids. [July 2015]. Canadian Centre on Substance Abuse. <http://www.ccsa.ca/Resource%20Library/CCSA-Canadian-Drug-Summary-Prescription-Opioids-2015-en.pdf>. Retrieved August 30, 2016
- <sup>20</sup> Personal communication with Lisa Beck – Thunder Bay Regional Health Sciences Centre (2016)
- <sup>21</sup> Gomes T, Pasricha S, Martins D, Greaves S, et al. *Behind the Prescriptions: A snapshot of opioid use across all Ontarians*. Toronto: Ontario Drug Policy Research Network; August 2017. [http://odprn.ca/wp-content/uploads/2017/08/ODPRN-Report\\_Behind-the-Prescriptions.pdf](http://odprn.ca/wp-content/uploads/2017/08/ODPRN-Report_Behind-the-Prescriptions.pdf). Retrieved August 22, 2017
- <sup>22</sup> Personal communication with Dr. Michael Wilson – Regional Supervising Coroner Northwestern Ontario (2016)
- <sup>23</sup> Thunder Bay Police Services Annual Report - 2014. Thunder Bay Police. <http://www.thunderbaypolice.ca/sites/default/files/pdfs/2014AnnualReportAugust%2029.pdf>. Retrieved October 19, 2016
- <sup>24</sup> The Drugs/Violence Nexus: A Tripartite Conceptual Framework. (1985) *Journal of Drug Issues* v. 39. <http://www.drugpolicy.org/docUploads/nexus.pdf>. Retrieved September 9, 2016
- <sup>25</sup> Thunder Bay Police Services Annual Report - 2014. Thunder Bay Police. <http://www.thunderbaypolice.ca/sites/default/files/pdfs/2014AnnualReportAugust%2029.pdf>. Retrieved October 19, 2016
- <sup>26</sup> Personal communication with Sylvie Hauth – Thunder Bay Police. (2016)
- <sup>27</sup> Thunder Bay Point in Time Count Data 2016. (April 2016) Lakehead Social Planning Council
- <sup>28</sup> 2015-16 Community Progress Indicators Report: Thunder Bay. (June 2016). Homelessness Partnering Strategy. Employment and Social Development Canada. Received June 22, 2016
- <sup>29</sup> Tsemberis S., Gulcur L., & Nakae M. (2004). Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis. *American Journal of Public Health* 94(4): 651-656. doi: 10.2105/AJPH.94.4.651
- <sup>30</sup> Barrow S., & Zimmer R. (1999). Transitional Housing and Services: A Synthesis. *National Symposium on Homelessness Research*

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