An Overview of Issues, Impacts and Services for Women who are Using Substances and are Pregnant or Parenting within the City of Thunder Bay

Literature Review

&

Environmental Scan of Programs in Thunder Bay

Prepared for the Thunder Bay Drug Strategy: Maternal Substance Use & Child Working Group

By Doug Kashak

HBSW Student

Acknowledgements

This project was an outcome of the Thunder Bay Drug Strategy's "Roadmap for Change" and was conducted as a student placement through the Lakehead University One Year HBSW Program.

We would like to thank all of the people and organizations that greatly contributed to this project, which includes all organizational members of the Thunder Bay Drug Strategy Implementation Panel, the organizations involved in the Maternal Substance Use & Child Working Group and identified leads of each organization that assisted in guidance and information that contributed to this project.

I would like to especially thank the Thunder Bay Drug Strategy Maternal Substance Use & Child Working Group's Research Subcommittee for their commitment and guidance during this project, and especially Cynthia Olsen, Coordinator of the Thunder Bay Drug Strategy, for her patience, wisdom, guidance and support throughout, as well as Anne Ostrom, Nancy Black and Josephine Tan who supported me through the revision stage and offered ongoing support and guidance.

Research Subcommittee
Aimee Jaun, *Thunder Bay Counselling Centre*
Dr. Naana Jumah, *Thunder Bay Regional Health Sciences Centre*
Lori Roulston, *Children's Aid Society*
Dr. Josephine Tan, *Lakehead University*
Alana Rawana, *Lakehead University*
Cynthia Olsen, *Thunder Bay Drug Strategy*
Anne Ostrom, *Thunder Bay Drug Strategy*
Nancy Persichino, *Thunder Bay Regional Health Sciences Centre*
Nancy Black, *St. Joseph's Care Group*
Heli Mehta, *Northwest Local Health Integration Network*
Silvia Arno, *Children's Aid Society*

For more information on this project contact:

Thunder Bay Drug Strategy Coordinator:
Cynthia Olsen
Drug Strategy Coordinator
City of Thunder Bay
500 Donald St. Thunder Bay, ON
807 625-2942
colsen@thunderbay.ca

Contents

1 Executive Summary

This project was a recommendation of the Thunder Bay Drug Strategy Implementation Panel and a focus of the Maternal and Child Substance Use Working Group of the Thunder Bay Drug Strategy Committee. The primary goal of this project is to examine the services that are available within the Thunder Bay service system that support women who are pregnant and/or parenting with substance use and determine the strengths and the gaps within the current system.

There have been specific identified concerns that are quite unique to this population when focusing on substance use with women who are pregnant and/or parenting. There has been increased social awareness around topics such as Fetal Alcohol Spectrum Disorder (FASD), Neonatal Abstinence Syndrome (NAS), as well as documented increases in the use of substances, both legal and illegal within this population. In Ontario, daily drinking among women has increased from 2.6% in 2001 to 5.3% in 2007. Prescription opioid use is also greatly on the rise in Ontario. The province has a 2 to 4 times higher rate of prescription than any other province, and between 1991 and 2009, the rate of prescription of oxycodone-containing products have rose a whopping 900%. Incarceration for women is also on the rise, with approximately 69% of women indicating that drugs or alcohol have played a major role in their incarceration. Many of these trends have lead to increased public awareness and a need for different approaches and strategies to support women who are pregnant and/or parenting with substance use issues.

Literature regarding research and models of treatment was reviewed for this project. Within the literature, there are four models of addiction that guide the development of treatments, namely the moral model, disease model, spiritual model and compensatory models. For women who are pregnant and/or parenting with substance use issues, there are specific factors that make women vulnerable to substance use. These include having a higher rate of history of childhood abuse or trauma; physiological differences that make women more vulnerable to complications from alcohol abuse; partner abuse; mental health concerns; a lack of social resources and supports; having the responsibilities of single parenthood; poor education and limited employment skills. Added to this, there are many barriers for women to access services in general, which include lower education levels and employment issues, health and mental health problems, stigma of admitting addiction, greater exposure to physical and sexual abuse, greater issues related to children (i.e. child care responsibilities etc.), transportation issues, lack of affordable housing and availability of medical and dental care services.

Some promising practice models have been created to address the gender specific factors and barriers for women who are pregnant and/or parenting with substance use issues to access programming. These include programs that have a variety of services, including mental health assessment and counseling, prenatal health, medical care, employment training, housing, education, and parenting and addiction education all under one roof. Some of the program identified include children as part of the treatment or have programming specifically for child, partners or other family members. In fact, one US study showed that postpartum women attending treatment with their children had the longest retention rate in treatment and highest completion rate of treatment than those that did not. Most models do appear to have some form of harm reduction strategies that cover a wide range of interventions such as addiction prevention, opioid replacement therapy, and needle exchange programming. There are also several Canadian programs that work specifically with women who are pregnant and/or parenting with substance use issues. These include the SHEWAY program in Vancouver B.C., the T-CUP program in Toronto and the Maxxine Wright Community Health Centre in Surrey B.C.

Locally, the city of Thunder Bay has some demographic trends that need to be considered when working with mothers who are pregnant and/or parenting with substance use. While the population of Thunder Bay is 109,140, Thunder Bay often acts as a hub for Northwestern Ontario, and its services, such as the Thunder Bay Regional Health Sciences Centre, are used by people from the region and district as well. The Northwest Local Health Integrated Network (Norwest LHIN), which includes the city of Thunder Bay, has the highest rates of people who smoke daily and are heavy drinkers compared to any other region in Ontario. There is also a high rate of teenaged births (9.9 %), which is the highest of any LHIN area, and over three times higher than the provincial average. Thunder Bay has the highest rates of NAS in the province at 6.2% of births compared to the provincial average of

.4%. Safe and affordable housing continues to be a concern in Thunder Bay. As of April 15, 2014, there were 459 single mothers in Thunder Bay District Housing while there were 211 women on the housing waitlist.

Thunder Bay currently has a number of services that work with women who are pregnant and/or parenting with substance use. These programs have been highlighted and dissected into several different categories. Categories include outpatient treatment services, such as opioid maintenance therapy programs, addiction counseling programs and residential treatment programs; maternal health and or/prenatal health programs; parenting education and support programs; child protection agencies; housing services; and interconnected service systems between the agencies. Some of the programs that are specific to this population and their programs are reviewed within the scan, while others that are not specific to women but may also serve women who are pregnant and/or parenting with substance use issues are categorized in a local organizational chart within the addendum.

As a part of this project, a survey was also conducted with key stakeholders within the city of Thunder Bay from all sectors of the service area that serve women who are pregnant and/or parenting with substance use issues. The questions were designed to highlight three particular areas to further inform the scan. These included questions around the organizational demographics and characteristics, the service recipient demographics and barriers for accessing services, as well as questions around the Thunder Bay service sectors connectivity. There were several interesting findings in the survey. For example, 70% of organizations surveyed identified that their funding was stable from year to year while 30% identified that it was not, and 55% of organizations surveyed had some sort of wait list. As strength of the organizations, the majority, 75% of organizations surveyed identified that they had some sort of outreach service. With regards to service recipient demographics and barriers to service, key stakeholders identified that alcohol was the most likely substance of misuse, followed by opioids rated second, marijuana rated third and cocaine as the fourth most likely misused substance. Stakeholders also identified that tobacco use amongst service recipients was very high. Other trends noted by stakeholders were that there is an increase in methadone use by service recipients and the age of recipients accessing services appears to be younger. The most notable barrier identified by key stakeholders was safe and affordable housing issues, while low income was rated as the second most notable barrier. Certainly, the connectivity of the current service system in the City of Thunder Bay was viewed as a strength by key stakeholders. Over 88% of respondents feel that they are part of interagency committee's or workgroups. While connectivity overall is a strength, stakeholder had identified that there has been limitations within the current system to pull multiple sectors together. When asked about models of care not currently available within the city of Thunder Bay, key stakeholders identified that there is a need for treatment for women and children and potentially families under one roof, a need for hub models like SHEWAY, medical models of care like T-Cup in Toronto as well as others.

As a result of the paper, the following strengths and gaps of trending challenges were identified:

Highlighted Strengths Identified in the Scan:

- A vast array of services covering most of the sectors outlined
- All services in Thunder Bay do refer to other services
- Several interagency and sector related working groups and alliances already exist
- A move within the city towards harm reduction models, including needle exchange programs, education for younger members, methadone maintenance and suboxone are present, rooming in whenever possible occurs
- Culturally sensitive programming and organizations that serve First Nation families exist in Thunder Bay, including Anishnawbe Mushkiki, Beendigan, Dilico Anishnawbek Family Care, Ishawiin Family Resources, Nishnawbe Aski Legal Services, Ontario Native Women's Association, and the Thunder Bay Indian Friendship Centre
- Some women and child "safe spaces" including Hope Place, Beendigen, ONWA, and Faye Peterson House
- Attempts to break down barriers to access service have been seen with the use of outreach programs (i.e. street nursing), providing transportation etc.
- Commitment across sectors to a community wide drug strategy

- Collaboration and connectedness of Thunder Bay services with a desire by these services to address the gaps noted in the survey

Highlighted Gaps or Trending Challenges:

- Affordable and safe housing has consistently been identified as the largest gap throughout the scan, including the lack of women & child only shelters to the availability of long term housing units
- No family treatment or treatment in which children can attend with their mother exists in Thunder Bay
- Not a single service or organization within the city of Thunder Bay provide services solely to women who use substances and are pregnant and/or parenting children
- Only 22.22% of community organizations report providing child care when women access services
- Funding is always a concern – 30% of organization report funding affects their ability to provide services
- While there is some collaboration between services, key stakeholders also describe silos between service sectors with better communication and collaboration needed between all of the sectors
- Medical "weaning services" as well as aftercare service for women needed
- Services are spread across the city, no "hub model" care across service sectors
- Increase in opioid drug use seen in the province and the city, as well as increased Intravenous drug use being seen
- More concurrent disorders being seen at intake

As a follow-up to the scan, it was identified that there was a need to conduct focus groups of service providers and key stakeholders within the agencies identified, as well as focus groups of service recipients, women who are pregnant and/or parenting with substance use issues, in order to investigate in greater detail the current strengths and identified gaps that need to be addressed.

2 Introduction

This paper has been written for the Thunder Bay Drug Strategy: Maternal Substance Use & Child Working Group. The intent is to formulate a comprehensive and accurate picture of services in the City of Thunder Bay that currently serve women with substance use who are pregnant and/or parenting children. To this end, the author examined the current research in the field of maternal substance use, explored the services that are currently available in Thunder Bay and identified strengths and gaps within the current organizational system, and highlighted local trends as they relate to maternal substance use issues.

It is important to note that this research was recommended as one of the priorities for the Thunder Bay Drug Strategy Implementation Panel, and is a follow up to an environmental scan that was completed by Stephanie Hendrickson (2009). This purpose of the scan is to complement its predecessor, and to update some of the information within the specific context of women with substance use who are pregnant and or parenting children.

3 Background

3.1 Why now?

The issue of addiction is a complicated one that impacts, in one way or another, every single individual in society. Some are struggling with their own addiction issues or those of a loved one, a relative, a neighbor or co-worker. Problematic substance use may be related to crime in our city, creating an added burden on the justice system as seen in drug-related arrests and incarcerations. , Tax dollars are needed to fund the war on drugs and government projects to address addiction.

Certainly, when we look at women who are expecting and/or parenting children and have addiction related issues; this becomes an added societal concern that impacts not only current but future generations. As Lester, Andreozzi

and Appiah wrote "(t)he complexities surrounding addiction are not easily overcome. These complexities are even more defined in cases of substance use by pregnant women, an issue that has been pushed to the forefront of the public consciousness over the course of the past 20 years"[1]

As the author notes, this is a complex issue, one with many layers and factors to be considered prior to addressing. Factors such as the impact of substance use on society, the physiological differences between men and women, and societal factors that affect men and women differently (i.e., structure of society, societal expectations of women etc.) all need to be taken into account when treating pregnant and/or parenting women. Methods for treatment for women who are pregnant and or parenting with substance use issues may vary from traditional treatment methods.

There are also localized concerns and or/differences that make this issue complicated and unique for each individual community. These include the availability of personal and public supports; the location of the community and make-up of its citizens; the availability of specialized medicine within the community; community resources with a knowledge base that have the ability to practice in a gender sensitive manner; and local addiction trends and the ability to adapt to those trends.

Certainly, the public consciousness regarding the impact of substance use in mothers who are pregnant and/or parenting children has risen in recent years. This is due to media coverage and increased information around issues such as Fetal Alcohol Spectrum Disorder (FAS), Neonatal Abstinence Syndrome (NAS), and the rising use of substances, both legal and illegal, within this population.

In a report created for the Ontario Ministry of Health and Long Term Care, titled "ECHO: Improving Women's Health in Ontario" (2012), the author states that alcohol use has been on the rise in Ontario for women, as "daily drinking increased from 2.6 per cent in 2001 to 5.3 per cent in 2007, and hazardous or harmful drinking increased from 5 per cent in 1998 to 8 per cent in 2007."[2] ECHO also notes that the costs of health care, lost work, productivity, and law enforcement around alcohol use for Ontario exceed $5 billion.[3] Alcohol use has been on the rise for both men and women, and the gap between the two has narrowed significantly.[4]

There has also been a rising awareness in Ontario of the impact of narcotic use. Ontario has the highest rate of prescription narcotic use of any province in Canada. It is estimated to be anywhere from 2 to 4 times higher than any other province.[5] In fact, between 1991 and 2009 in Ontario, the rates of prescription for oxycodone-containing products rose 900%.[6] With the increase in prescriptions being issued, there has been an increase in addiction to opioids. Of all individuals who have sought treatment in Ontario, the main cited addiction is opioids, which increased from 10.6% in 2005/2006 to 18.6% is 2010/2011[7]

While these numbers as a whole are startling, they become even more alarming when the lens of the problem is focused by region. The 2008/2009 and 2010/2011 provincial data for hospital visitation were compared for visits relating to mental health and behavioural disorders associated with the use of opioids. It was found that the provincial average rose from 2.6 for every 10,000 people to 3.7 for every 10,000 people within the two year period. In comparison, the rates for northern Ontario increased from 9.2 per 10000 to 22.9 for every 10000 people. More alarmingly, the rates for First Nations people in Ontario rose a staggering amount, from 12.1 in 10000 to 55 visits in 10000 for opioid-induced mental health and behavioural disorders.[8]

[1] Lester, Andreozzi, & Appiah, 2004
[2] "ECHO: Improving Women's Health in Ontario"(2012) – Sharing the Legacy – Supporting future Action
[3] Ibid
[4] Ibid
[5] The Way Forward: Stewardship for Prescription Narcotics in Ontario (October 2012)
[6] Ibid
[7] Ibid
[8] Ibid

However, there have already been some initiatives undertaken to address this growing problem. Research is being done nationally and provincially to identify promising practice models within the field. Unique models of care, such as SHEWAY and T-Cup have been created to address the growing needs of women with substance use who are expecting and/or parenting children. Policy is being discussed to support and address the unique needs of this population.

Public statistics such as those noted above, as well as an increase in public awareness regarding women who are using substances and are pregnant or parenting identify substance use as a major public health concern. Locally, the Thunder Bay Drug Strategy Implementation Panel has identified this area as one that requires further exploration. Therefore, this research will help inform the Thunder Bay Drug Strategy Maternal Substance Use & Child Working Group as to the services that are currently available in our community, and the gaps in services to address existing needs.

This report also identifies how substance use in women who are expecting and/or parenting children impacts the City of Thunder Bay and its citizens. It examines promising practice models and research in the field as well as identifying unique models currently available across Canada. The scan also identifies what is unique about our population, the services that are available, and the structures already in place within the service system, as well as identified gaps. A summary of a key stakeholder survey conducted as part of this scan is also discussed, as is organizations' views of the current landscape of service provision and local substance use trends for this particular population.

3.2 National and Provincial Picture

The Canadian government updated its National Anti-Drug Strategy in 2007. This strategy has three prongs/pillars of intervention when addressing the issue of substance abuse. The three pillars are described as prevention, treatment and enforcement.[9] Within the prevention pillar, the government supports programs targeting youth and communities through educational means, to instill the facts about the potential risk of substance use.

The treatment pillar recommends activities that include enhancing "treatment and or diversion options for offenders with drug problems; funding/treatment for individuals posing risk, [as well as] community treatment".[10] Interestingly, there is no reference to harm reduction as a model of care within the treatment sector, even though harm reduction is recognized and endorsed by leading international bodies such as the World Health Organization, The Joint United Nations Programme on HIV/AIDS, the UN Office on drugs and crime, The UN Children's Fund, The Red Cross and The World Bank.[11]

The final pillar of focus for the National Anti-Drug Strategy is enforcement. This pillar focuses on consequences and strict penalties to reduce the flow of illegal substances, and has a goal to ensure "strong and adequate penalties for serious drug crime; and reduced production & distribution of marihuana & synthetic drugs etc."[12] There is limited to no information in the National Anti-Drug Strategy about planning around substance use for women with substance use issues who are pregnant and/or parenting.

Interestingly, female imprisonment appears to be on the rise. In fact, one author notes that "the fastest growing prison population worldwide is women, and in particular, racialized, young, poor women, and women with mental health disabilities."[13] The author also contends that 43% of women incarcerated have identified addiction or substance use concerns. While 69% of women incarcerated "have identified that drugs or alcohol have played a

[9] http://www.nationalantidrugstrategy.gc.ca/nads-sna.html
[10] Ibid
[11] G. Alan Marlatt and Katie Witkiewitz., Update on Harm-Reduction Policy and Intervention Research (2010), The addictive Behaviours research Center, University of Washington Seattle, Annu. Rev. Clin. Psychol. 2010 pg 593
[12] http://www.nationalantidrugstrategy.gc.ca/plan.html
[13] CAEFS' Fact Sheet - http://dawn.thot.net/election2004/issues32.htm

major role in their incarceration".[14] Mental health and childhood victimization are also a large concern for women in prison. It is described that 82% of women who are in prison in Canada have histories of physical and/or sexual abuse.[15] Women in prison have lower education and socio-economic status. In 1999/2000, the cost of maintaining a single female prisoner in Canada was $316.34 per day which is a total of $115,465per year.[16]

In Ontario, the picture appears to be a little different. While a provincial drug strategy is currently not in place, there have been ongoing discussions and research around this topic. A report titled "The Way Forward: Stewardship for Prescription Narcotics in Ontario" was produced by the Expert Working Group on Narcotic Addiction for the Minister of Health and Long Term Care in October 2012.[17] This report recognizes the challenges of narcotic addiction in Ontario, and makes several important recommendations to the Ministry.

Included are recommendations for strict rules around narcotic prescription and monitoring, as well as a variety of treatment approaches, and the ability of the system to address the social determinants of health, including grief and loss, trauma and other mental health issues.[18] This report also discusses the importance of harm reduction as a model of care that has an integral part in addressing narcotic addiction, and that opioid maintenance therapy, using best practice guidelines, is an important part of the continuum of treatment.[19]

> *"Methadone is a life-saving treatment. However, methadone by itself is like CPR. If you don't do the rest of the comprehensive care, it can be like doing CPR for the rest of someone's life. The first phase is that methadone saves the patient's life from out-of-control opioid addiction. The second phase is that the person fundamentally rebuilds their life. You have to address the social determinants of health. There has to be counselling to help a person learn new tools to negotiate life's problems without drugs and acquire new skills. This is true recovery from addiction. However, let's be clear that even recovered, some people will need to stay on methadone for the rest of their lives".*
>
> *Dr. Lisa Bromle, is an Ottawa based physician, one of the few in the city who offer methadone treatment to her patients. About 75 per cent of her practice is focused on methadone maintenance treatment.*

4 Background

4.1 Purpose

As outlined in the Thunder Bay Drug Strategy's "Roadmap for Change: Towards a Safe and Healthy Community (revised March 2011)[20], eight results were identified for the Thunder Bay Drug Strategy (TBDS) and the City of Thunder Bay to strive towards. As part of the TBDS Maternal Substance Use & Child Working Group, this particular project was identified as a goal, in part to achieve results five and six. These results state that "All children and youth have optimal health" and "people who use substances have optimal physical, emotional and mental health."

This particular project was conducted under the direction of the TBDS Maternal Substance Use & Child Working Group with the following purposes in mind:

[14] Ibid
[15] Ibid
[16] Ibid
[17] http://www.health.gov.on.ca/en/public/publications/mental/docs/way_forward_2012.pdf
[18] Ibid
[19] Ibid
[20] Thunder Bay Drug Strategy: Roadmap for Change: Towards a Safe and Healthy Community (Revised March 2011)

4.1.1 Literature review

Firstly, the project identified promising practice models supported by research that are currently being used in other communities, and models that the community of Thunder Bay could consider to support women who are pregnant and/or have children and who use substances. Some of these models have been further explained within the literature review section.

4.1.2 Local picture – demographics

Secondly, the purpose of this project was to describe the demographics of the population within Thunder Bay, including what makes the City of Thunder Bay and its population unique (i.e. socio economic challenges, culture etc.); and what are the challenges that face mothers and their children (and partners) within Thunder Bay's environment.

4.1.3 Local picture - services

Thirdly, this scan identified the agencies and organizations that are currently operating in Thunder Bay that are available to and servicing women who are using substances and are pregnant or parenting, and their partners. It includes an outline of what these services provide, what practice models they follow to serve their clientele and what the parameters of service are (i.e., who can they serve and what are the limitations of their service, e.g., time limits, age ranges, socio-economic status).

4.1.4 Service providers perspective

Fourthly, the purpose of this project was to understand what the service providers in Thunder Bay view as strengths of their agencies and the system in Thunder Bay. As well as challenges, blind spots and areas for further development to using research based best practice models for service provision in Thunder Bay.

This scan provides a picture of the type of professionals providing services, sources of funding, and what Ministries /boards etc. guide their practice. The scan also identifies any trends that key organizational stakeholders see when working with this population.

4.2 Scope

The geographical boundaries of the scan are defined as being organizations within the city limits of Thunder Bay. As Thunder Bay is a regional service hub, there are some agencies or services, e.g., The Thunder Bay Regional Health Sciences Centre, that serve people regardless of where their place of residence is, while others provide services solely to individuals residing in the City of Thunder Bay.

The environmental scan included any agencies within the City of Thunder Bay that serve maternal aged women and their children that have substance use issues. (For a listing of the organizations that were included, see Appendix 1B. For the full Organizational Chart see link to Appendix 1A.) For the purpose of this study, maternal aged women are defined as being 13 – 40 years of age. Children are defined as being 0 – 16 years of age. The project also highlights what services are available for partners of mothers who use substances. The project also looks at services available to support other family members through this process, and what services directly work with partners in the home. Partners are defined as the significant other in a relationship with the biological mother (whether or not biological themselves to any or all of the children).

Data was collected from local organizations using internet searches of agency websites, Canada 211, annual reports, as well as any information that community partners, as part of the Thunder Bay Drug Strategy, shared from local data sources.

4.3 Approach and Methodology

There was no one particular model that guided the methodology of this scan. Rather than a particular guide, this author looked at the previous environmental scan that was completed for the Thunder Bay Drug Strategy[21], as well as other scans utilized to review social service sectors. Based on the previous environmental scans and the project objectives, we identified risk factors for women, barriers to accessing services and promising models in the field through a literature review. The information from the literature review was used to inform the collecting of information for both the local picture and the service provider perspectives. The methodology for each purpose of the project is outlined below.

4.3.1 Literature review

A literature review was conducted that researched promising practice models when addressing substance use with women who were pregnant and/or parenting children. This literature review examined the current debates within the social services fields and what the data is behind the debates; as well as some of the practice models that are currently in use, and the qualitative and quantitative data around these models.

The literature review looked at some of the philosophies in practice that informs the current systems that provide support to women who are using substances and are pregnant or parenting, as well as some of the limitations and gaps within current research, and ideas for further investigation. There was a large body of research available on this topic and encompassing a wide variety of issues. To name a few, topics ranged from research on opiate therapy for pregnant women, to different treatment models for women who are pregnant and/or parenting, as well as research that discusses what social and environmental factors are unique to women.

4.3.2 Local picture – demographics

Information about the demographics of Thunder Bay was collected from local service providers involved in the TBDS and the Maternal Substance Use and Child Working Group, previous studies, and local, provincial and national statistical documents. This facilitated the comparison of local trends to the provincial and national situation.

4.3.3 Local picture - services

Organizations that serve and work with this population were identified, and information obtained, using websites, Canada 211, organizational literature. Only those organizations that serve women who use substances and are pregnant or parenting were included in the final scan. To ensure that the environmental scan was current, each agency was contacted to verify their information. Information was categorized into an organizational chart that identifies what services organizations offered, times of operation, what sector these organizations served and contact information. (See link to Appendix 1A)

4.3.4 Service provider perspective

It was determined that there was a need to conduct a survey of key stakeholders/organizations from a wide array of service sectors that are providing services to women who use substances and who are pregnant and/or parenting children. The purpose was to get their input on a variety issues such as strengths and gaps within their organizations and service systems, as well as challenges, strengths and opportunities in Thunder Bay.

[21] An environmental Scan of Thunder Bay: Issues, Impacts, and Interconnections of Substance Use, Stephanie Hendrickson (2009)

Survey questions were developed to determine organizations' views on three levels; organizational demographics, service recipient demographics, and Thunder Bay service system level characteristics.[22] The questions utilized for the survey were based on information learned from the literature review regarding the service of this population and identified practice models, and in consultation with the TBDS Maternal Substance Use & Child Working Group Research subcommittee. A copy of the survey distributed to organizations is in Appendix 2.

The survey was distributed via email with a link to survey monkey, to key stakeholders of 28 organizations, which represented 38 different programs. It was distributed on March 21, 2014, to be completed by April 4, 2014. In total, 21 surveys were returned, and three of the returned surveys were not fully completed.[23]

5 Literature Review

A literature review was conducted to examine best practice models of intervention for women who use substances and who are pregnant and/or parenting children, as well as the different philosophies and societal views that have shaped conventional treatment methods. There is a plethora of information regarding this topic, and it would have been quite impossible to cover all of the studies available. Several themes emerged. These include the risk factors specific to women that put them at greater threat of substance use, societal structures that are barriers for women to access services for substance use, as well as quantitative and qualitative data on what types of programs have the best results for this population.

5.1 Social Determinants of Health

There is a plethora of evidence to link a number of social factors that predict a citizen's and/or communities overall health.[24] These social factors have been identified, and are widely recognized as "The Social Determinants of Health".[25] The social determinants of health are a primary focus of the World Health Organization (WHO) when advocating for policy change throughout the world.[26] Canadian researchers in this field modified the WHO social determinants to better match the Canadian context.

Many of the factors around increased risk of addiction for pregnant and/or parenting women noted in subsequent sections of this literature review are the same as the Social Determinants of Health noted below[27]. These include:

- Aboriginal Status
- Disability
- Early Life
- Education
- Employment and Working Conditions
- Food Insecurity
- Health Services
- Gender
- Housing
- Income and Income Distribution

[22] Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[23] Results of Survey - Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[24] Raphael, D & Mikkonen J. (2010)Social Determinants of Health, The Canadian Facts
[25] Ibid
[26] http://www.who.int/social_determinants/en/
[27] Raphael, D & Mikkonen J. (2010)Social Determinants of Health, The Canadian Facts pg. 9

- Race
- Social Exclusion
- Social Safety Net
- Unemployment and Job Security

It is vital for community organizations and their staff to continue to address these factors which play a critical role in overall health. It is also important to continue to advocate, at municipal, provincial and federal levels, for social policies so that all citizens are ensured access to the distribution of goods and services that are considered to be the social determinants of health.

5.2 Philosophies and Societal Views Regarding Addiction Treatment

Much of the literature talks about different views or "philosophies" when it comes to addiction and subsequent addiction treatment. Certainly, there seems to be four main models or theories that define societal views. Depending on the common theory at the time, social policy and organizational practice is constructed. The models or theories that are defined in the literature are the Moral Model, the Disease Model, the Spiritual Model and the Compensatory Model.

The Moral Model is a theory that suggests that addiction is a matter of choice and personal will, and therefore, the individual has the ability to make other, more positive and socially acceptable choices. This model focuses on punishment such as incarceration, "as the method of trying to force the addict to give up drugs altogether."[28] While current research may argue the validity of this model, this model and proponents of it often argue for stiffer criminal penalties, jail time and longer sentences for those that 'choose' to use substances.

The Disease Model views addiction in medical terms, such as an incurable illness. This model "focuses on factors beyond the control of the addict (i.e. family history, genetics, and biological ability."[29] In this model, addiction is seen as a disease with "no cure" and person's need to manage the symptoms of the disease. Certainly, the main goal of this model is abstinence, and any use is viewed as a "relapse" in the treatment journey.

The "Spiritual Model" is synonymously linked to the "12 step interventions (such as Alcoholics Anonymous and Narcotics Anonymous)."[30] It is suggested that "this approach adopts the disease model of etiology, but it relies on social support and on a higher power as the major vehicle of change, with abstinence as the only acceptable goal."[31] As will be discussed later in this paper, many of the organizations that provided service in Thunder Bay have utilized the 12 –step methodology to treatment.

The Harm Reduction model falls within the "compensatory model". From this model of understanding "addictive behavior is caused by a variety of bio-psychosocial risk factors that differ from person to person. Treatment consists of teaching clients how to cope more effectively with these risk factors and is consistent with much cognitive-behavioural skills-training intervention based on behavioural learning theory."[32] Practicing from this model, service providers attempt to meet clients where they are at, and goals are dependent on what is most effective for the individual client in question, and can include anything from "abstinence to moderation."[33] Harm reduction programs can include needle exchange programs, safe injection facilities, opioid substitution programs, overdose prevention programs (i.e. naloxone), school based substance use prevention programs, brief alcohol screening and intervention for college students, and web based or computer administered interventions.[34] The

[28] Marlatt et al. pg 592 Update on Harm-Reduction Policy and Intervention Research (2010)
[29] Ibid
[30] Ibid
[31] Marlatt et al. pg 592 & 593 Update on Harm-Reduction Policy and Intervention Research (2010)
[32] Ibid
[33] Ibid
[34] Ibid

harm reduction model and its intervention strategies have been supported by research to be an effective approach to care in addressing substance use within this population.

5.3 Literature re: Women and Substance Use

5.3.1 Gender specific factors around substance misuse

The literature reviewed is very consistent that there are several risk factors for women that put them at greater risk of harm for substance use, and must be considered when addressing substance use. To begin, Gabor Mate, medical doctor in the downtown Eastside of Vancouver and renowned author states that "[t]he research literature is unequivocal: most-hardcore substance abusers come from abusive homes. Almost all of the addicted women inhabiting the Downtown Eastside were sexually assaulted in Childhood."[35] This statement is certainly backed by research. The first factor that is correlated with substance use in women and is consistently identified in the literature is a history of childhood abuse, or in particular, a history of childhood sexual abuse.

A study titled "Childhood Experiences of Abuse, Later Substance Use and Parenting Outcomes among Low-Income Mothers" suggests that "women abused as children may use drugs to alleviate painful affect associated with early traumatic experiences."[36] It is consistently proposed that substance use, in the beginning, can be seen as a means to cope with the trauma that has occurred. The problem, at least early on, is the trauma that has been experienced. This study concluded that as a result of the research findings, early intervention in childhood trauma, as well as "counselling at key developmental points" are important to address early on, or there is a stronger likelihood of substance use to cope with the trauma. The study also highlighted the importance of "a coordinated effort between counselling sector and child welfare" in order to support women who are pregnant and/or parenting in addressing substance use and secondary issues, including abuse, poverty etc, as well as ensuring that there is cross collaboration between a variety of services[37] Given this factor, when addressing substance use in women who are pregnant and/or parenting, it is vitally important that service providers are trained and available to support and address childhood trauma.

The literature also states that there are a number of other factors that are different for women who are pregnant and/or parenting children. These include physiological differences between men and women. One study concludes women that tend to suffer more severe and prolonged medical complications from alcohol abuse "are likely to have concurrent mental health disorders such as depression or anxiety that may be related to previous sexual or physical abuse"; their drug use "often leads to arrests for theft, drug sale or trading sex for drugs and to increased risk for HIV infection and other sexually transmitted diseases."[38] Therefore, these physiological factors do put women at a greater risk for overall health complications due to substance use.
Many environmental and societal structural factors were also identified that put women at greater risk than men for substance use related concerns. One research article identifies that "maternal substance abuse is connected to a web of factors at multiple ecological levels: poverty, single parenthood, lack of social resources and supports, inadequate or unstable housing, mental health problems and current and past experiences of violence and abuse,"[39] while another research document on the subject concludes that "other social problems such as low incomes, poor education, limited job skills, abusive partners, homelessness, and daunting responsibilities as single

[35] Gabor Mate MD. (2008) In the realm of Hungry Ghosts: Close encounters with Addictions pg 34
[36] Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 317
[37] Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 324
[38] H. Westley Clark. (2001) Residential Substance Abuse Treatment for Pregnant and Postpartum Women and Their Children: treatment and Policy Implications, 2001 Child Welfare League of America, pg 180-181
[39] Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 317

mothers"[40] lead to an increased risk of substance use. By understanding the direct connection that these factors have to substance use in women who are pregnant and/or parenting, government policy and programming need to change to address and eliminate these factors for women and families. Coincidentally or not, all of these factors, including history of childhood trauma, poverty, education, socio-economic status, employment, housing and limited supports are all identified as being intrinsic social determinants of health, and crucial issues to be addressed for a healthy individual, community and society.

5.3.2 Barriers to women accessing services

Research has identified many barriers women face in addressing substance use issues and accessing services. Barriers that must be considered by service providers that have been identified in the literature include "lower education and employment levels, health and mental health problems, greater exposure to physical and sexual abuse, and greater concerns about issues related to children" (i.e. lack of child care services).[41] Transportation was also identified as a major barrier for women to access services.[42]

Another research project that worked with women in Vancouver, BC identified other barriers such as the challenge locating appropriate housing; the lack of appropriate dental care for women on the street; a lack of pain treatment for dental/physical/arthritic pain; a lack of mental health resources that addressed connections between mental health and exposure to violence; limited employment options due to mental health and/or involvement with the criminal justice system.[43] Much of the literature also talked about stigmatization of women, and their fear of mandated services, such as the police services and child protection services, as well as the consequences, such as placement of children in care that would result for women and their families should they seek services. Other barriers consistently identified in the literature include "the lack of integration between program areas"[44] and a "lack of safe spaces for [Aboriginal women] and their children to go."[45] This really highlights the importance of culturally sensitive and gender specific programming, as well as the need for integration and cooperation between all service areas that support this population in order to eliminate barriers to accessing services.

5.3.3 Promising practice for women specific programming

The studies that were reviewed also looked at specific programming, and compared different models of care that were cognizant of the factors that have led to substance use in pregnant women, as outlined above, as well as trying to address the barriers to service in the programming models that were created. It is important to understand that most of these services that were formed were all unique in nature, and did not fall under one specific model. They were all created to meet the needs of the specific area that they were created for, and therefore, geographical and population characteristics were considerations in all of these models. However, there are some conclusions made that are relevant to the current environmental assessment.

The research suggests several consistent conclusions. Many studies conclude the importance of having children as part of the residential program, or as reunification being a vital part of any treatment goal. One author identifies that "maintaining a solid link with their children and keeping reunification at the fore of treatment goals can be a powerful aide in the recovery process."[46] The studies also looked at addressing factors that led to women

[40] H. Westley Clark. (2001) Residential Substance Abuse Treatment for Pregnant and Postpartum Women and Their Children: treatment and Policy Implications, 2001 Child Welfare League of America, pg 181
[41] Olivia Silber Ashley, Mary Ellen Marsden and Thomas M. Brady., (2003) Effectiveness of Substance Abuse Treatment for Women: A Review, The American Journal of drug and alcohol abuse, Vol. 29, no 1, pg 21
[42] Ibid
[43] Vicky Buguay, Joy L. Johnson, Colleen Varcoe and Susan Boyd ., "Women's Health and use of crack cocaine in context: structural and "everyday" violence" (2010) International Journal Drug policy. 2010 July: 21(4) pg 324
[44] Cecelia Benoit, Dena Carroll and Munaza Chaudhry., In Search of a Healing Place: Aboriginal Women in Vancouver's Downtown Eastside (2003) Social Science & Medicine 56 (2003) pg 827
[45] Ibid
[46] Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 324

substance use as well barriers to service in all inclusive integrated treatment programs, which included women and their children with access to a variety of other services that included substance use treatment. Some authors of research noted that having children as part of the program allowed mothers to parent and maintain a bond with their children while attending treatment and allowed services and programming, such as medical care, education, parenting programs, mental health counselling to occur for both women and children within the centers. One author concluded that "comprehensive residential services are effective for women with multiple, serious needs, with benefits for both mothers and children."[47]

Integrated programs, where children are present also appear to have higher retention rates and completion rates. One study found that women who resided in the combined treatment programs with their infants had much higher length of stay as opposed to postpartum women who did not have their children with them in treatment (192 days vs. 76 days for the control group),[48] as well as the highest completion rate (48%) in comparison to any of the other populations studied. Within the study, the postpartum women who did not have children with them had "the lowest rate of completion (17%) and shortest stays in treatment (76 days)."[49] Through integrated treatment, some authors have argued that professionals offer an approach that is family centered and holistic in nature.

Another author concludes that "most professionals agree that a comprehensive program is best for mothers" which "should be family centered, community based, multi-disciplinary, individually tailored, and promote capacity of the individual."[50] Other important conclusions of the studies noted the significance of offering transportation and child care services to ensure that women can access services, as well as the importance of outreach programs, building relationships and trust, and ensuring programming that is sensitive to cultural needs.

Many of the research articles talked about harm reduction models of care, including maintenance therapy for women who are pregnant and/or parenting, to needle exchange programs and safe injections sites. One author concludes that "by participating in a harm reduction program that teaches [people] new coping skills, users begin to notice that they are capable of making important habit changes, from attending a needle exchange program to reducing amount of alcohol consumed."[51]

5.3.4 Canadian promising practice models

SHEWAY

There are several programs in Canada that have been developed to address the needs of women and their families where substance use is prevalent, and they do appear different in nature. One of the most notable programs in Canada is the SHEWAY program that operates in Vancouver, BC. SHEWAY is "a Pregnancy Outreach Program (P.O.P.) located in the Downtown Eastside of Vancouver," and "provides health and social service supports to pregnant women and women with infants less than eighteen months who are dealing with drug and alcohol issues. The focus of the program is to help the women have healthy pregnancies and positive early parenting experiences."[52] Services provided by SHEWAY are multi-faceted and include practical support for securing housing services, medical services, financial services, substance use counselling, drop in centre, prenatal and post natal care, STD/HIV counselling and screening, parenting support, and food related programs, such as hot lunches,

[47] H. Westley Clark. (2001) Residential Substance Abuse Treatment for Pregnant and Postpartum Women and Their Children: treatment and Policy Implications, 2001 Child Welfare League of America, pg 195
[48] Ibid
[49] Ibid
[50] Barry M. Lester, Lynne Andreozzi and Lindsey Appiah., (2004) Substance Use During Pregnancy: Time for policy to catch up with research, Brown Medical School infant Development Center Women and Infants' Hospital and Bradley Hospital, Providence RI, Harm Reduction Journal, 1:5, pg 14
[51] Marlatt et al. pg 592 & 593 Update on Harm-Reduction Policy and Intervention Research (2010)
[52] http://sheway.vcn.bc.ca/files/2012/05/sheway_brochure.pdf

brown bag programs and vouchers for food.[53] SHEWAY staff provide harm reduction services, and have an open door policy to service.

Several of the studies conducted for the literature review looked at outcomes for women and children, as well as qualitative data from the women that have accessed services at SHEWAY. Data from the studies suggest that this program has a disproportionately large population of First Nation women accessing services. One author states that "self-identified First Nation, Inuit or Métis women comprise a substantial portion of the clients at SHEWAY (63.6% in 1993 to 80.7% in 1996)."[54] This, in part, is due to the practice philosophy and model of care that SHEWAY utilizes. The authors of this study highlight that SHEWAY staff and services have "been described as being respectful and accessible to Aboriginal women which, in turn contributes to the [high] utilization rates." [55]

One retrospective study examined outcomes for both women and children utilizing the services at SHEWAY. However, it did note that while conditions for women in the downtown eastside appeared to be getting worse and more complicated, outcomes for children were positive. There was a "drop in low birth weight" as well as an increase in prenatal screening for mothers.[56] It was suggested that the access to services such as prenatal care, and food security programs, such as the brown bag and hot lunch programs have helped to improve child outcomes.

In another study, some qualitative data suggests that the population that uses SHEWAY feel engaged by the services and described it as being open and welcoming, which has increased the use of services. The author suggests that from the service users perspective, this environment is seen as a non-judgmental program which "provides a safe, encouraging and supportive environment where women can learn problem solving skills, gain valuable experience in interpersonal relationships, and enjoy role modeling and learning from other women".[57]

Maxxine Wright Community Health Centre

Another program that services women with substance use issues who are pregnant and/or parenting children is the Maxxine Wright Community Health Center located in Surrey, B.C. This program's mandate is to "support women who are pregnant or who have very young children at the time of intake who are also impacted by substance use and/or violence and abuse."[58] This program offers a multi-disciplinary approach and allows young children, up to age 4 years old, to attend with their mother.

This program provides services such as a daily hot lunch program, medical and nursing care, dental hygiene, alcohol and drug counselling, donations of clothing, household items, food and baby items, assistance with housing applications, income assistance and governmental forms, parenting program, referral to other services, 16 step empowerment group, outreach services, advocacy, safe and welcoming drop in center to socialize with other mom's and children, as well as a wraparound case management program.[59] It is the wraparound program approach that was a focus of a study titled "I've found my voice": Wraparound as a Promising Strength-Based Team Process for High Risk Pregnant and Early Parenting Women by Melissa Cailleaux and Lynda Dechief. This study was a very small qualitative study that looked at outcomes for women that used a "wraparound" community approach to care.

---

[53] Ibid
[54] Sheila k. Marshall, Grant Charles, Jan Hare, James J. Ponzetti, Jr. and Monica Stokl. SHEWAY's services for substance using pregnant and Parenting Women: Evaluating the Outcomes for Infants (2005)pg 23
[55] Ibid
[56] Ibid
[57] Cecelia Benoit, Dena Carroll and Munaza Chaudhry., In Search of a Healing Place: Aboriginal Women in Vancouver's Downtown Eastside (2003) Social Science & Medicine 56 (2003) pg 828
[58] http://www.atira.bc.ca/maxxine-wright-community-health-centre
[59] Ibid

Wraparound approach is identified as "a strengths-based approach to working with families and individuals with complex needs [that] coordinates the efforts of professional and natural supports involved in the lives of at risk individuals."[60] The underlying philosophy of wraparound is that through coordination and shared responsibility "families and communities can take care of their own."[61] The authors conclude that "as is illustrated by the qualitative measures and through women's descriptions of their successes, outcomes were improved in the areas of health care, birth outcomes, families health and well being, housing and nutritional status of women and their children, reduced risk from the use of substances, improved parenting outcomes, fewer removals of children and an increasing move towards family reunification."[62] For the women that were the focus of this study, the wraparound approach also facilitated positive relationships amongst clients themselves, and with services, such as Child Protection, that were typically not present previously. A major caution of this study is that although it was promising, the sample size is very small, and should be repeated with a larger sample size over longer periods of time.

T-Cup

Another program of note is the Toronto Centre for Substance Use in Pregnancy (T-Cup). This program is run out of St. Joseph's Health Centre in Toronto and is a comprehensive Family Medical Centre that provides service to women who are pregnant and are dealing with substance use issues using a multidisciplinary approach.[63] T-Cup collaborates with other women centered care programs, and also provides access to social workers. It has been running since 1995, and is a physician led program, that offers a harm reduction, and women centered approach model of care. In a retrospective file review of the T-Cup Program, titled "Comprehensive treatment program for pregnant substance users in a family medicine clinic", the author concluded that the program has "high compliance rates with prenatal visits, enhanced maternal and neonatal outcomes, decreased substance use, and high discharge rates of infants in the care of their mothers."[64] The author also suggested that women have expressed that there is less stigmatization due to the set up of the program in a family medical practice.[65]

The SHEWAY model, Maxxime Wright Place, and the T-Cup program in Toronto are all models of care that support women who are pregnant, and provide promising services that support women who are parenting that use substances. These models have been created to meet a need within their communities, and are unique practice models. However, they are all similar in the fact that they are holistic in nature, and provide a multidisciplinary; women centered, and harm reduction approach to care.

6 The Local Picture - Demographics

6.1 Demographics and prevalence of substance use and related issues

Information about the demographics of Thunder Bay was collected from local service providers involved in the Thunder Bay Drug Strategy and the Maternal Substance Use and Child Working Group, previous studies, and local, provincial and national statistical documents.

Thunder Bay is a unique and vibrant community located on the shores of Lake Superior. It is the largest city in northwestern Ontario, with a population of 109,140.[66] Within the district of Thunder Bay, there were 146, 057

[60] Melissa Cailleaux & Lynda Dechief., "I've found my voice": Wraparound as a Promising Strength-Based Team Process for High Risk Pregnant and Early Parenting Women 2013, journals.ucfv.ca pg 17
[61] Ibid
[62] Ibid
[63] http://www.stjoe.on.ca/programs/family/tcup.php
[64] Alice Ordean and Meldon Kahan (2011)"Comprehensive treatment program for pregnant substance users in a family medicine clinic",
[65] Ibid
[66] http://www.thunderbay.ca/Living/About_Thunder_Bay.htm

residents at the time of the 2011 census.[67] At the 2011 census, there were 11,815 married or common law couples with children in the City of Thunder Bay, 4700 single parent female led households, and 1290 single parent male lead households within the City of Thunder Bay.[68]

While this environmental scan encompasses services within the City of Thunder Bay, it is important to note that Thunder Bay is a regional hub for northwestern Ontario. Consequently, services in Thunder Bay, including the regional hospital and some addiction and counselling services often provide service to individuals who do not reside within the city, due to limited services in home communities and the regional nature of mandates.

In a recent report from the Northwest Local Health Integration Network (LHIN), it was identified that the total population of the northwest region, between the Manitoba border and Wawa, north to Hudson Bay is 231, 120, just less than 2% of Ontario's population.[69] However, the Norwest LHIN covers 47% of Ontario's landmass.[70] From the total population, 19.2% are identified as Aboriginal, 1% are infants, 20% are children and 34% are maternal aged.[71] There are several important differences regarding maternal and child health between the Northwest LHIN region and the rest of the province. With regards to maternal and child health, this region has the highest rate of people who smoke daily, and are heavy drinkers.[72] Prenatal screening is lowest across all of the LHIN's, while teenaged births (9.9%) is viewed as the largest rate of teenaged births of any LHINS, and is over three times higher than the provincial rates.[73]

Another significant finding of the LHIN report is the prevalence of Neonatal Abstinence Syndrome (NAS). The report identifies that the northwest region has "the highest NAS case volume over the last five years, accounting for approximately 18-19% of infants with NAS in the Province of Ontario,"[74] with the prevalence of NAS in the northwest region being 6.2%, compared to the provincial average of 0.4%.[75] Fetal Alcohol Spectrum Disorder is also a significant concern. While it is very difficult to get exact statistics around the prevalence of FASD in Thunder Bay, the predominant belief is an estimate of 9.1 births per 1000, which is roughly 1% of the population.[76] Therefore, it is believed that an "estimated 2310 people may have FASD in the North West LHIN."[77]

Parental substance use remains prevalent within the city, and often times, the local Children's Aid Society become involved with families where chronic substance use occurs. At the time of this environmental scan, the Children's Aid Society of the District of Thunder Bay reports that there are 274 children placed either in the care of the Society, or within a kinship placement(with relatives, family or someone known to the child) in the City of Thunder Bay.[78] There are another 282 families in which child protection concerns have been verified, and the children remain in the family home or the family is working with the Society for the return of their children to the family home, while the family and the Society work together to address the concerns presented. Of the 282 families that currently work with the Society, it is estimated that 50-60% of these families have one parent in which substance use has been identified as a concern.[79]

[67] Government of Canada, Statistics Canada, Census Profile of Thunder Bay
[68] Ibid
[69] Maternal and Child Healthcare in the North West LHIN
[70] Ibid
[71] Ibid
[72] Ibid
[73] Ibid
[74] Ibid
[75] Ibid
[76] Ibid
[77] Ibid
[78] Local Statistics provided by the Children's Aid Society of the District of Thunder Bay, April 14, 2014
[79] Local Statistics provided by the Children's Aid Society of the District of Thunder Bay, April 14, 2014

Eighteen percent of mothers who delivered at Thunder Bay Regional Health Sciences Centre reported using substance in pregnancy (narcotics, methadone, prescription drugs, and alcohol). Neonatal Abstinence Syndrome (NAS) accounted for 20% of the admissions to the Neonatal Intensive Care Unit.[80]

Safe and affordable housing has been identified as a gap and a barrier for women who use substances, and is viewed as a vital social determinant of health. In Thunder Bay, as of April 15, 2014, there were 459 single mothers living in Thunder Bay District Housing Corporation housing units.[81] As of March 31, 2014, there were 211 women on the housing waitlist who reported having children and who were, single, divorced, widowed, or separated. Thirty-four of these women were identified as being pregnant when they applied for housing.[82] These statistics do not include single mother led families who reside in private rental facilities or those individuals who are currently looking for housing but have not applied through District of Thunder Bay Social Services Administration Board (TBDSSAB).

Child care is vital for families and children, because it enables mothers with substance use issues to access services. As of April 15, 2014, there were 470 single mothers who were receiving child care subsidy in the city of Thunder Bay. In addition, six full time day care spots are being filled at Confederation College in conjunction with Sam/Misol program.[83] The Sam/Misol program (Single Adolescent Mothers/Mothers in search of Learning) is a high school credit program designed for young mothers and pregnant teens who are under 21 years, and have been referred by their high school. Fifteen mothers are enrolled in this program.

Adequate income is also an important determinant of health. There were 749 single mother led families that were reported to be receiving Ontario Works assistance as of March 31, 2014 within the City of Thunder Bay.[84]

In conclusion, this information gives us a glimpse of current knowledge around the issue of substance use with women who are pregnant and/or parenting children within the city of Thunder Bay, as well as the landscape as it relates to some of the social determinants of health. The next section covers information on the services available for this population in the city of Thunder Bay.

7 The Local Picture - Environmental scan of of services for women who use substances and are pregnant or parenting

This section highlights services, health care and programs that are relevant to women who are using substances and are pregnant or parenting. Organizations that serve and work with this population were identified, and information obtained, using websites, Canada 211, and organizational literature. Only those organizations that serve women who use substances and are pregnant or parenting were included in the final scan below. To ensure that the environmental scan was current, each agency was contacted to verify their information.

Some of these programs may be housed within an organization that provides other types of services not related to substance use or they may be stand-alone programs that are dedicated specifically to substance use. The types of programs relevant to women with substance use issues are described below and include outpatient substance use treatment services (section 6.2.1), services for maternal and/or prenatal health (section 6.2.2), parenting education and support (section 6.2.3.), child protection (section 6.2.4.), housing services (section 6.2.5.) and the Thunder Bay service system (section 6.2.6).

There are other services that are relevant to pregnant or parenting women, regardless of their use of substances. An outline of these other services is provided in an organizational chart (see link to Appendix 1A). It is important to note that individual practioners, psychologists, psychaatrists, social workers or physicians were deemed outside

[80] "Roadmap for Change": Thunder Bay Drug Strategy 2011 Report
[81] Local Statistics provided by the Thunder Bay District Social Services Administrative Board, May 5, 2014
[82] Ibid
[83] Ibid
[84] Ibid

the scope of this project were not included as part of the scan. However, it is recognized that health care providers are often the first point of contact for women who are pregnant and/or parenting children, and are an integral part of the service system serving this population in Thunder Bay.

7.1 Outpatient substance use treatment services

This is quite a large service sector within the City of Thunder Bay that for the purpose of the present study is classified into three categories: opioid addiction maintenance (methadone) programs, addiction counselling programs, and residential addiction treatment programs. There are also three additional residential programs that are located outside of the City of Thunder Bay; they will be mentioned in this report because some Thunder Bay residents are referred to them on account that the services provided by these programs are not available within the Thunder Bay service sector.

7.2 Opioid Addiction Maintenance Programs

Opioid maintenance therapy is considered one of the best practice models in the world for treating opioid addiction, and has been sanctioned and approved by Health Canada.[85] To prescribe methadone for the purpose of opioid maintenance therapy, a physician needs to apply for special permission to Health Canada.[86] A recent report conducted for the province of Ontario suggests that there are currently 350 physicians in the province of Ontario who have permissions to prescribe methadone as a treatment option, and there are currently 37,000 people in Ontario who are on a methadone maintenance treatment program.[87] In the previous Environmental Scan completed for the Thunder Bay Drug Strategy in March 2010, there were 3 methadone maintenance programs operating in Thunder Bay.[88] There are now 7 programs running within the city of Thunder Bay which speaks to the increasing need for maintenance therapy programs within our region. The methadone maintenance programs are identified below.

St. Joseph's Care Group - Lakeview Methadone Clinic

Lakeview Methadone Clinic is one of the programs that are run through the St. Joseph's Care Group. This program offers methadone maintenance treatment provided by a doctor, has case management and addiction counselling services, as well as access to a host of other inter-disciplinary professionals.[89] This is a community-based program that works with clients and a number of other agencies involved with the client's care. Advocacy, family and individual counselling, as well as connections to other community services are all offered by this program.[90]

Ontario Addiction Treatment Centers (OATC)

There are currently three OATCs operating in Thunder Bay. They are located at 218 Fredrica Street South in Westfort, 119 Cumberland Street North in Port Arthur, and 125 Vickers Street South, Fort William. These OATC clinics are part of a chain of over 50 clinics in the Province of Ontario that service over 10,000 patients daily within the province of Ontario.[91] OATC offers intake and assessment, prescriptions from doctors, addiction counselling and regular drug screening. OATC also has access to a multidisciplinary team, which includes, doctors, nurses, addiction counsellors, and pharmacists. The OATC offer both a methadone maintenance program, as well as a suboxone maintenance program.[92] The OATC clinics also have a collaboration agreement with the Maternity Centre at the TBRHSC in which a nurse practitioner

[85] http://hc-sc.gc.ca/hc-ps/pubs/adp-apd/methadone-treatment-traitement/index-eng.php#fnb11-ref
[86] The use of opioids in the management of opioid dependence, Health and Welfare Canada (1992) pg 14.
[87] The Way Forward: Stewardship for Prescription Narcotics in Ontario (October 2012)
[88] An environmental Scan of Thunder Bay: Issues, Impacts, and Interconnections of Substance Use, Stephanie Hendrickson
[89] http://sjcg.net/services/mental-health_addictions/outreach/lmc.aspx
[90] Ibid
[91] http://www.oatc.ca/about/about-oatc-clinics/
[92] Ibid

from the Maternity Centre attends the OATC clinic to provide pre-natal care a half day two times a month.[93]

Bright Star Clinic, Thunder Bay

This clinic is located at 235 Syndicate Avenue South in Thunder Bay. Bright Star provides both Methadone and Suboxone maintenance treatment, using an outpatient community model of care.[94] It offers services including weekly group and individual addiction counselling, an aftercare program, intake assessment, screening for other substances, medic al examinations and treatment of other addiction related illnesses, such as Hep C and HIV.[95]

Lucero Health Centre, Thunder Bay

This clinic is located at 153 Algoma Street South, Thunder Bay. While conducting the scan of services for this report, this author was notified by a staff member at Bright Star Clinic that the organization has a "sister" clinic, named Lucero, located in Port Arthur that also conducts methadone maintenance treatment. An internet search and Canada 211 search was conducted. All that was found was an address in the yellow pages. As this is a new clinic, there remains limited information about its services.

Janzen's Pharmacy, Thunder Bay

Jansen's pharmacy runs 4 pharmaceutical locations within the city of Thunder Bay, and also runs a methadone maintenance program out of one of their locations.

7.3 Addiction Counselling Programs

Addiction counselling programs can provide a variety of services for individuals. These could, include pretreatment support, completion of "Admission and Discharge Criteria and Assessment Tools" (ADAT) required for residential addiction programs, post treatment support, relapse prevention, and overall case management. In addition, supports are often available for underlying root causes related to substance use.

Thunder Bay Counselling Centre

Thunder Bay Counselling Center is centrally located within the City of Thunder Bay and provides a variety of programming that includes alcohol and other drugs assessment, counselling and case management; mental health counselling; walk in counselling clinic and services for violence against women and children, among many other programs.

> *"Hope Place for Women offers a brilliant service. We see this as an excellent care model"*
> *– Respondent, Key Stakeholder Survey, April 1, 2014*

There are well-documented link between violence against women, substance use and mental health, as well as the importance of having integrated services. Thunder Bay Counselling Centre for Women offers counselling and support services specifically for women; women with multiple needs or who are working to overcome several life challenges at the same time. The Centre supports women to grow and become stronger together as they face issues such as trauma, violence, abuse, substance use, and parenting. Children who have witnessed or have been impacted by violence against their mother are also supported through this service. Thunder Bay Counselling for Women is an integrated approach for women accessing our services. Services are offered through one unique location at the Centre's Hope Place; a safe, welcoming and child-friendly environment. The wide range of services includes counselling, registered groups and drop-in sessions which are supported by child-minding services.

[93] Information received from TBRHSC, May 1, 2014
[94] Canada 211 Search - http://search.211north.ca/record/TBY2386
[95] Ibid

Elevate NWO (Formerly known as AIDS Thunder Bay)

This organization has many programs aimed at supporting individuals and families who are living with, affected by or at risk of HIV/AIDS/HCV. Programming includes counselling support, weekly HIV/HCV/STI and pregnancy testing and one to one naloxone training conducted in partnership with the Thunder Bay District Health Unit's Street Nursing Program.

Additionally the agency provides post testing support and counseling, health promotion and education, as well as peer support. This organization also offers practical supports to their clientele, including transportation to medical appointments, a food bank and emergency financial assistance. Elevate NWO is also a satellite site for Thunder Bay District Health Unit's Superior Points, which is an outreach needle distribution program aimed at supporting individuals with IV drug use, using a harm reduction, client centered model of care.[96] The organization also offers two outreach workers who inform and support women in the community.[97]

7.4 Residential Addiction Programs

It is important to note that in Ontario, any person who is to attend Residential Treatment that is covered by OHIP needs to complete a standardized tool title the "Admission and Discharge Criteria and Assessment Tools" or ADAT for short.[98] The Ontario Ministry of Health and Long Term Care have mandated these tools to be completed prior to treatment.[99] These tools are often completed at a counselling centre that has an addictions worker. Workers must be trained to complete the tool.

Dilico Treatment Centre

The Dilico Treatment Centre is a co-ed residential program for individuals seeking substance use residential treatment. However, the facility is split into wings, in which there is a wing solely for women. This program provides a 6-week residential treatment for alcohol or drug use.[100] This is a 20 bed facility in which the model does combine counselling services with traditional cultural teachings, individual and group counselling and is part of the continuum of addiction care. There is also an 8 week post treatment relapse prevention program (aftercare program) once treatment is completed. In order to access services, individuals must have completed an ADAT assessment. [101]

St. Joseph's Care Group - Sister Margaret Smith Centre

The Sister Margaret Smith Centre offers a range of residential and community treatment options for women who are directly experiencing the harmful effects of alcohol and other drug use, and/or problem gambling.

The intensive residential/day and outpatient substance abuse treatment programs are primarily gender specific. All programs are developed with the sensitivity to the special needs of women, older adults, First Nation's clients and those who may be on Methadone Maintenance or psychotropic medication. Priority is given to pregnant women. The Women's residential program has a 15 bed capacity. The 4 week program is holistic in scope and utilizes CBT and DBT approaches to treatment. The Residential services include 24 hour staffing, lounge facilities, private rooms, gymnasium, craft room and interior courtyard. The building is fully accessible and barrier free rooms are available. There is a specially furnished room for

[96] http://aidsthunderbay.org
[97] Ibid
[98] CAMH Knowledge Exchange, http://knowledgex.camh.net/amhspecialists/Screening_Assessment/assessment/adat/Pages/adat_what_is.aspx
[99] Ibid
[100] http://www.dilico.com/
[101] Ibid

clients to visit with their children. Pre and Post residential community treatment programs are offered. Outreach services are also provided as needed.

Sister Margaret Smith Centre employs a multi-disciplinary staff including the services of a Spiritual Advisor, Recreationist, Stress Management specialist, Physician, Psychiatrist, Nurse Practitioner and Dietician. The complement of staff is enhances by volunteers from Twelve Step and other recovery programs such as Women for Sobriety. Self-help meetings are available on site. A Healing Circle is open to the community on Monday evenings in the Sacred Space.

The primary service delivery area is Thunder Bay and Northwestern Ontario. Referrals are accepted for the residential program from throughout Ontario. All referrals are processed through the intake team. It is expected that an assessment will be completed prior to admission to any treatment program. If clients are unable to complete an assessment in their area, Intake will forward the Admission Package for the referent to complete with the client or conduct an Admission Interview by phone.[102]

St. Joseph's Care Group - Balmoral Withdrawal Management

The Balmoral Withdrawal Management program is another program that is run by the St. Joseph's Care Group. This independent facility is a 22 bed, safe substance withdrawal environment with 24 hour nursing support. This is the only withdrawal management program offered in the city of Thunder Bay.[103] The program offers substances withdrawal services for both men and women over the age of 16. This program also offers initial counselling services to help individuals understand the impact that substances have on their lives. Staff at the centre can also provide referrals to other community services. Group programming is also offered on site, for both members of the public and residents of the facility.

Crossroads Centre

The Crossroads Center is a pre-treatment and post treatment residential program for individuals with severe substance addiction. This program has 28 beds and can accommodate both men and women.[104] The goal of the pre-treatment program is to help individuals stabilize so that they are able to attend residential treatment. The goal of the post-treatment program is to help individuals prepare for transition into the community with the ability to maintain sobriety.[105] The program offers individual counselling support, group programming and peer support to those residing at the centre and for graduates of the program on a time-limited basis. There is also support for transitioning and brokerage to other programs within the community.[106]

7.5 Residential Addiction Programs (out of town)

These 3 facilities are worthy of note because they are the only residential programs in Ontario where children can attend with their parents. They are open only to Native individuals, regardless of where they are from.

Biidaaban Healing Lodge

The Biidaaban Family Treatment Program is a residential treatment program for families located in Heron Bay, Ontario: roughly 3 ½ hours east of Thunder Bay. This program offers programming for secondary issues that lead to addiction and are either 10-day or 5-day in duration. The 10-day programs include: Adult Children of Trauma, Sexual Abuse Survivors, and Grief and Abandonment programs, while the 5-day

[102] Sister Margaret Smith Centre Women's Addictions Programs Overview received from Norma Jackson, Manager of Residential and Clinical Service, Sister Margaret Smith Centre, June 13, 2014
[103] http://sjcg.net/services/mental -health_addictions/mha-gambling/withdrawal-management/main.aspx
[104] http://www.crossroadscentre.ca/contact.html
[105] Ibid
[106] Ibid

program is an Anger Solutions program.[107] The centre is for parents and their children and is open to individuals that are from the Robinson-Superior Treaty First Nation Communities.[108]

Muskrat Dam Family Treatment Centre
This is a family treatment program located in Muskrat Dam First Nation. The model is a 6-week residential program that offers tradition counselling and support for parents and children, addressing a variety of issues around substance use. The program is divided into four units, including adult programming, young adult education, youth, and a toddler's learning center.[109] Individuals must be of First Nation heritage to attend.

Kiikeewanniikaan
This is a residential family treatment program located in Muncey, Ontario. This program is a family based healing lodge for Aboriginal individuals and their families where substance use is a concern. This program offers short term residential treatment or outpatient counselling services. The short term treatment programming is a one, two or three week programming. The center also offers emergency shelter for women who are victims of domestic violence. [110]

7.6 Maternal Health and/or Prenatal Health

There are a number of agencies within Thunder Bay that offer maternal health and prenatal health services such as: Anishnawbe Mushkiki; Beendigen; Dilico Anishinabek Family Care; NorWest Community Health Centres; Ontario Native Women's Association; Our Kids Count; Thunder Bay Counselling Centre; Thunder Bay District Health Unit; Thunder Bay Midwives Clinic; Thunder Bay Regional Health Sciences Centre; Fort William Family Health Team; Port Arthur Family Health Team; and, the Lakehead Nurse Practitioner Led Clinic. These organizations are all very unique in their service delivery. Those programs that serve women who are using substances are highlighted below. For information on the programs that are not highlighted, please see link to Appendix 1A.

Norwest Community Health Centres
This center has a host of programming aimed at maternal and family health. This organization hosts PPP parenting programming, has a prenatal health program aimed at expecting mothers, a food box and healthy nutrition programming, as well as programming for mothers and toddler, such as a play and breakfast program.[111] The organization also provides outreach programming to Limbrick Place and Assef Court and the Shelter House. The organization also runs the FASD programming, which includes diagnostic screening and assessment for FASD, education and support for families, as well as connections to other community supports and resources.[112]

Thunder Bay Regional Health Sciences Centre
The Thunder Bay Regional Health Sciences Centre (TBRHSC) offers a host of maternal and prenatal care services within the Women and Children's Program which include a Maternity Centre (prenatal clinic), Labour/Delivery Unit, Maternal and Newborn Care Unit, Neonatal Intensive Care Unit, Paediatric Units (Inpatient & Outpatient) and Emergency Department. The Maternity Centre offers women pre and postnatal care delivered by a Nurse Practitioner, Obstetricians or Family Practice Physicians. Additionally, the Maternity Centre provides women with a variety of inter-disciplinary professional support services, including a Dietician, Social Worker, Exercise Therapist, Lactation Consultant, Prenatal Educators, and Smoking Cessation coach. The Maternity Centre also offers classes including prenatal, breast-feeding,

[107] *http://biidaaban.com*
[108] Ibid
[109] http://weechehewayogamik.com/index.html
[110] http://www.southwesthealthline.ca/displayService.aspx?id=10241
[111] http://www.norwestchc.org/thunder_bay.htm
[112] Ibid

infant feeding and prenatal/postnatal exercise classes. As well, the Maternity Centre Nurse Practitioner provides off-site prenatal care for women who are receiving opiate addiction treatment at two local addiction treatment sites. Obstetrical care is provided in the Labour and Delivery Unit of TBRHSC which consists of 7 private birthing rooms, 3 assessment rooms, 2 operating rooms and 2 post operative recovery rooms. The Maternal and Newborn Unit offers medical case for mothers and newborns in an 18 bed mother-baby unit. The Neonatal Intensive Care unit is a 14 bed unit that provides acute care services to critically ill or premature newborns born at TBRHSC and/or within the NW LHIN. Newborns requiring medical treatment for Neonatal Abstinence Syndrome (NAS) are cared for in the NICU until stable and then transferred to the Paediatric unit where parent(s) may room-in to be even closer to their babies during hospitalization. TBRHSC is defined as a level 2C Maternal and Newborn facility providing care for moderately high risk pregnancies and newborns greater than or equal to 30 weeks gestation. The Paediatric Unit offers medical services for children from infancy to 17 years old, offering both inpatient and outpatient services. The TBRHSC provides care to mothers, newborns and children from Thunder Bay and the NW LHIN. Mothers and babies are cared for together as much as possible and breastfeeding is promoted, protected and supported throughout all of the Women and Children's Program Units.[113]

7.7 Parenting Education and Support

Many of the community mental health and children's services organizations do have parenting support and parenting education. For the most part, the city of Thunder Bay does utilize the Positive Parenting Program, also known as "Triple P", which is endorsed by the local health unit, and is supported by years of research. [114] Triple P has different levels of parenting education and depends on the age and developmental level of the child/children that are being parented.[115] Currently, there are 117 trained "Triple P" facilitators within the district of Thunder Bay. Organizations in Thunder Bay that have trained personnel that teach Triple P are Dilico Anishinabek Family Care, Thunder Bay District Health Unit, Best Start Hubs, NorWest Community Health Centres, George Jeffery Children's Centre, Children's Centre Thunder Bay, The Children's Aid Society of the District of Thunder Bay and Our Kids Count.[116]

Children's Center Thunder Bay (CCTB)

This is the largest organization that services children's mental health within the City of Thunder Bay. With regards to servicing women who are using substances and are pregnant or parenting, CCTB has several unique programs. They run the Triple "P" (Positive Parenting Program) which is "a multi-level, parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It is an evidenced-based parenting program which works for the majority of families."[117] Children's Center is also one of the agencies in the city of Thunder Bay that run the Early Intervention Program, which is for children, age birth to six, and their families. The final program that is unique to CCTB is the Family Services Team or Family Intervention Team (F.I.T.) which works with families who are directly involved with child protection services, such as The Children's Aid Society. This program offers "intensive family assessment and treatment services to children and their families."[118]

Dilico Anishinabek Family Care (Dilico)

Dilico Anishinabek Family Care is an organization in Thunder Bay that works with people of First Nation decent. Dilico has three sectors within their organization which include Child Protection services,

[113] Thunder Bay Regional Health Sciences Centre Overview received from Nancy Persichino, Director of Maternal Child Services, Thunder Bay Regional Health Sciences Centre, July 4, 2014
[114] http://www.tbdhu.com/HBHF/Parenting/TriplePParentingProgram.htm
[115] District of Thunder Bay Triple P Practitioner List
[116] http://www.tbdhu.com/HBHF/Parenting/TriplePParentingProgram.htm
[117] www.childrenscentre.ca
[118] Ibid

Addiction and Mental Health and Addicion services, and Health services. Dilico has an Aboriginal Healthy Babies/Healthy Children program, which provides "culturally appropriate support and prevention to mothers expecting a baby".[119]

7.8 Child Protection

There are currently two child protection agencies that are mandated to support Thunder Bay and the District of Thunder Bay under the Child and Family Services Act provincial legislation. They include, Dilico Anishinabek Family Care who conducts services with all First Nations status, Metis status or First Nations identified individuals who reside within the Robinson-Superior Treaty area. The other agency is the Children's Aid Society of the District of Thunder Bay. Both agencies are part of the Community Infant Response Plan. A brief outline of each agency is below.

The Children's Aid Society of the District of Thunder Bay (CAS)

This organization is a mandated child welfare agency that services the City of Thunder Bay, as well as citizens within the district of Thunder Bay. The Children's Aid Society is mandated by the Child and Family Services Act to serve families with children under the age of 16 or mothers who are expecting a child where there are potential child welfare concerns. CAS provides mandated child welfare services, adoption, foster care, as well as a child development services program. In the recent annual general report (June 2013) the Children's Aid Society identified working with well over 350 agencies through protection and family service support, conducting approximately 730 investigations over a year's period and had 240 children in care."[120]

Dilico Anishinabek Family Care (Dilico)

As mentioned previously, Dilico is an organization that serves First Nation individuals and has a host of services in the Health, Mental Health and Addictions, and Child Welfare Sectors. Dilico Anishinabek Family Care services all First Nations individuals within the city and district of Thunder Bay. Similar to the CAS, the organization's protection services are conducted under the Child and Family Services Act. As of the most recent Annual General Report dated March 31, 2013, worked with over 600 families to address child protection concerns within the city and district of Thunder Bay, and conducted over 900 investigations annually.[121]

7.9 Housing Services

Safe and affordable housing appears to continuously be an area of concern in Thunder Bay and is identified in the literature as being vital to ensuring the health and wellness of women who are pregnant and/or parenting children and have substance use issues. Organizations in Thunder Bay that provide housing or housing type services include Beendigen, BISNO, Canadian Mental Health Association, Crossroads Centre, Faye Peterson, John Howard Society, Shelter House, and The District of Thunder Bay District Social Services Administration Board (TBDSSAB). Several of these organization's programs and services will be highlighted below.

Beendigen

Beendigen is an emergency shelter service for Aboriginal women that have left a situation where there has been family or domestic violence. However, this organization offers a variety of services that assist women and their children to be safe and address the abuse. Services offered at Beendigen include a crisis shelter, child/victim witness programming, prenatal and postnatal services for women, and counselling services for domestic violence and/or substance use for mothers and their children, as well as a number of group programming involving both women and children within the centre.[122] Beendigen also offers the

[119] Ibid
[120] www.thunderbaycas.ca
[121] http://www.dilico.com
[122] http://beendigen.com/archive/

Wakaigan Housing service, which includes 14 transitional housing units and 12 permanent housing units that are geared to income within the community of Thunder Bay.[123]

Faye Peterson House

The Faye Peterson House is a crisis shelter for women and children that have been impacted by physical, emotional, sexual or financial abuse. This service provides emergency housing and counselling services for mothers and their children while residing at the residence. It also provides appropriate referrals and connections for women to transition out of the services provided.[124] This organization also provides outreach services to women who are victims of abuse.

Pre and Post natal services are provided by the prenatal worker and include support and education around parenting, harm reduction, safety planning, housing, custody and access, etc. The program Stepping Stones is also available to residents and community members working with the prenatal worker. This program runs Tuesday evenings and is one hour in length. This program is on substance use and uses a harm reduction approach. On-site childcare is provided as are bus tokens. For further information on the Pre and Post natal program (partially funded by United Way) please call Irene Laldin at (807) 345-0450.

Shelter House

The Shelter House is an emergency shelter that can accommodate women and men, as well as youth between the ages of 16 and 18 years of age on an emergency basis. The site has 40 beds available, but can accommodate up to 62 individuals.[125] 5 of the beds allotted are specifically for women, as well as 5 are allotted for female youth.The Shelter house is believed to be the only emergency shelter that accepts women who are pregnant and are intoxicated at the time of arrival. The Shelter House also provides emergency food services and serves 2 meals a day that can accommodate up to 200 people per serving time. [126]

District of Thunder Bay Social Services Administration Board (TBDSSAB)

TBDSSAB offers multiple services within their organization. They provide Ontario Works or financial social assistance to those individuals and families that are unemployed and unable to work. The organization also runs the Best Start Program and can provide funding for child care for parents, foster parents or caregivers, and approximately 1800 children utilize this program annually.[127] The Thunder Bay and District Housing Program makes available approximately 4300 units in the City of Thunder Bay and the District for low to moderate income households, and there is a wait list for service.[128] TBDSSAB is currently finalizing a plan to address the housing and homelessness needs for its service area over the next ten (10) years. For more information about this project and the TBDSSAB housing plan, see http://www.tbdssab.ca/Housing.htm.

7.10 Thunder Bay Service System

The literature review noted that hub models and collaborative between agencies is critical for meeting the needs of women who are using substances and are pregnant or parenting. To that end, there are also a number of identified Interagency Committees that meet to better serve the citizens of Thunder Bay. These committees include the Thunder Bay Drug Awareness Committee, Addictions Interagency Committee, Mental Health Interagency Committee, Prenatal Coalition, SWAN (Sex Workers Action Network), The Thunder Bay Infant

[123] http://beendigen.com/archive/
[124] www.fayepeterson.org
[125] http://www.shelterhouse.on.ca
[126] Ibid
[127] http://www.tbdssab.ca/Housing.htm
[128] http://www.tbdssab.ca/Housing.htm

Response Committee, Thunder Bay Drug Strategy Implementation Panel, the Critical Case Review committee, recovery support coalition, and the Human Services Justice coordinating Committee, to name a few.[129]

7.11 Summary

The structure of social services in Thunder Bay is ever changing. New needs emerge within the city and new initiatives are put in place, and services that may have been in place are no longer necessary anymore. Organizations are constantly evolving and changing to better meet the needs of their citizens, address emerging community issues to improve overall health. Organizations and what they are able to do may also be tied to a litany of other factors, including funding, increased knowledge in the field, support from within the organization and from the community. Substance use in women that are pregnant and/or parenting children has emerged as a relatively new area of study. While it has been identified that there is a tremendous service and organizational system in Thunder Bay, it is important to get a clearer picture of the organizations' ability to service this unique population. Therefore, as part of this environmental scan, organizations were surveyed to get their perspective on current strengths and gaps within the service of this population, as well emerging trends as it relates to pregnant and/or parenting women and substance use.

8 Service Provider Perspective

It was determined that there was a need to conduct a survey of key stakeholders/organizations from a wide array of service sectors that are providing services to women who use substances and who are pregnant and/or parenting children to get their input on a variety of issues. Therefore, survey questions were developed to determine organizations views on three levels; organizational demographics, service recipient demographics, and Thunder Bay service system level characteristics.[130]

The questions utilized for the survey were created as a result of information from a literature review regarding the service of this population and identified practice models and in consultation with the Thunder Bay Drug Strategy Maternal Substance Use & Child Working Group Research subcommittee. A copy of the survey distributed to organizations is attached as Appendix 2.

The key stakeholder's survey was distributed via email with a link to survey monkey, to key stakeholders of 38 programs on March 21, 2014 and was to be completed by April 4, 2014. In total, 21 surveys were returned, while 3 of the returned surveys were not fully completed.[131] A summary of each section will be discussed further.

8.1 Organizational Demographics and Characteristics

There were 17 questions asked within this section to the key stakeholders of community organizations. Certainly, this author wanted to identify what the organizations view as their strengths, such as the unique programs that they offer to women with substance use issues who are pregnant and/or parenting children. This author also wanted to identify some of the known gaps within organizations that the literature views as barriers to accessing service from this population. It was also important to identify potential threats to what is currently being offered, as well as opportunities within the organizations that are currently in their infancy or on the horizon.

All service sectors originally identified and categorized were represented in response within the survey, with self-identified mental health agencies being the largest respondent, representing 30% of organizations that

[129] Personal correspondence with t. bay drug strategy members as well as Key Stakeholders survey responses
[130] Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[131] Results of Survey - Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

answered.[132] An overwhelming majority of the organization were also described as having multidisciplinary services (80%), while only 15% of organizations were not.[133]

When asked about funding sources and stability, an overwhelming amount of local resources have some sort of provincial government funding, which came in at 90%, while 40% of services have some federal government funding. However, services in Thunder Bay get their funding from a variety of sources, including municipal government funding, corporate donations, community donations, grants, fundraising and fee for services.[134] Funding does appear to be a major factor in the delivery of service as well. 70% of service or 14 out of 20 answered that their funding was stable from year to year, while 30% of organization identified that it is not,[135] and these 6 organizations also agreed that this instability in funding affects their ability to provide services. [136]

The survey attempted to explore internal organizational threats. Of organizations that answered 73.68% or 14 of 19 organizations stated that staff turnover was not a concern for their organization to provide services, while just over 26% noted that it did.[137] With regards to internal and mandatory training for staff to attend prior to implementing service, 36.84% of organizations stated that required training was a concern in ensuring that service in their organization was up to full standard, while just over 63% of organizations did not identify this as an area of concern for their organization.[138]

When looking at current agency criteria and standards amongst the organizations in Thunder Bay, there were several interesting findings. The majority of organizations that service this population do have criteria to service (75% of respondents), while another 15% do have some criteria to service depending on the program. Only 10% of organizations in Thunder Bay do not have any criteria. Some of the identified criteria were age, mandated service being governed by legislation, clients must require a mental health diagnoses, have a history of family violence, be of First Nation decent, have a health check-up or screening prior to service or be abstinent from substance use for 5 days prior to service.[139]

When asked about current waitlists, 25% stated that they do have a waitlist, 45% do not, and 45% depends on the program. Therefore, the majority of services, 55% do have some sort of waitlist. Housing was certainly identified as a theme within the comments of this question.[140]

Organizations in Thunder Bay have started to move towards a harm reduction model of care with this population. 68.42% identified having a harm reduction philosophy of care, while 5% have a zero tolerance policy, and 36.84%

[132] Question 1 summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[133] Question 3 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[134] Question 4 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[135] Question 5 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[136] Question 6 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[137] Question 7 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[138] Question 8 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[139] Question 9 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[140] Question 10 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

have a combination of philosophies on the continuum.[141] There are many different models and theories of intervention that are utilized within the city of Thunder Bay. Organizations have identified a variety of intervention models including cognitive behavioural therapy, psycho-educational, a 12-step program philosophy of care, dialectical behaviour therapy, behvaiour modification, harm reduction, client based/client centered, traditional cultural practices, strength based, teaching coping strategies, motivational therapy and specialized medicine for poly substance users.[142] The variety of models, theories and approaches can be viewed as a definite strength within our service system in order to meet the needs of a diverse group of citizens.

Services that the organizations provide are also diverse in Thunder Bay, and are an attempt to remove barriers for women who use substances and are pregnant or parenting children. Only 25% of the organizations surveyed do not provide some sort of outreach service, while many of the services have a combination of programming at their organization and within the community. [143]

The importance of connections between services is essential to address all of the social determinants of health of service recipients as previously discussed. That being said, 100% of organizations within the city do provide brokerage or connections to other community services via pamphlets and information of other services. 66.67% or 12 of 18 organizations answered that they do provide transportation to services, 44.44% have food bank services available at their organization, 38.89% provided other services which include clothing bank services, meal and community kitchen service; 27.78% of organizations provided formula. Only 22.22% of organizations provide child care services in order to allow women with substance use who are pregnant and/or parenting children to access service.[144] This is the lowest provided service, and has been previously identified in the literature as one of the consistent barriers to accessing service.

Survey respondents identified much strength within their individual services for pregnant and/or parenting women with substance use issues. Strengths identified include offering “signs of safety”, having wraparound services available, providing multi-disciplinary teams of service to clients, ”rooming-in” provided to this population, cultural teachings, women centered/strengths based programming provided, non-judgmental services, offering a combination of addiction and obstetrical care, as well as location and grass roots approach of service.[145] When asked about any challenges within the organizational level of service, or impediments to providing services the way they are intended to be provided, organizations answered that there were continued concerns around the finances of the agency, the ability to find child care or provide child care so that the service can be utilized, the ability to provide or continue to provide transportation to services, as well as ensuring that child and parent focused services can come together.[146]

A final question posed to organizations asked if there was anything that they would like to do for service recipients and what that would be. 66.67% said that they would and 22.22% said that they were unsure. Themes that emerged from this discussion were that there needed to be more housing options available for women only,

[141] Question 11 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[142] Question 12 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[143] Question 13 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[144] Question 14 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[145] Question 15, Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[146] Question 16 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

anywhere from emergency stand-alone shelter, to gender specific housing to family inclusive housing.[147] Organizations also identified the need for more connections with partner agencies, even outside of the service area, as well as an increased need for education for services that work with women but not directly with addiction, such as the specifics around women addiction issues and treatment options. Some organizations also identified the desire to provide child care services while accessing service as well as the need for more outreach services within the city. [148]

It is vitally important to note that within the organizational context, there is not a single organization that provides service solely to pregnant and/or parenting women with substance use issues.[149] There is one program, Pregnancy and Health at Thunder Bay Counselling Centre that is specific to providing service to pregnant and/or parenting women with substance use issues.

8.2 Service Recipient Demographics and Barriers for Accessing Services

The following section of the survey had questions aimed at identifying the demographics of service recipients, as well as current or emerging trends in service utilization and barriers for recipients to access service.

When asked about how service recipients come to the organization, the majority are self-referrals at 90%. Family physician and family or friends are also above 50%, although clients are referred to agencies through a number of ways, including other community organizations, police, court ordered service, and child welfare.[150]

Almost 39% of the organizations servicing this population do have some programming for children, while just over 61% of organizations do not have any child specific programming.[151] There were some fidelity concerns about question 20, which was intended to be a follow up to question 19. Question 20 asked about the demographics of children served within the organization. Only 12 respondents answered the question here, and the majority described having services for 16 to 18 year old children, at 91.67%. Of those organizations who responded, between 50% to 75% indicated that they provided services for the other age categories including, prenatal services, infants, early childhood (ages 1-6), school aged children (7 to 12 years) and teen aged (13-16).[152] Given the fact that many questions remain about this area, it would be important to have a question for service recipients and their view of services available to their children once focus groups are obtained as the second component to the environmental scan.
Within the survey, only 27.78% of respondents identified having services for partners or other family members. These services include a caring dads program, counselling for family members, prenatal education, and some family inclusive programming.[153] Therefore, there is some opportunity for partners to access services in the city of Thunder Bay.

The next several questions were intended to explore substance use prevalence within the city, as well as trends within this area. When providers were asked about the identified substance that service recipients were often receiving services for, with no surprise, alcohol was ranked as the most likely substance of misuse, followed by

[147] Question 17 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[148] Ibid
[149] Question 2 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[150] Question 18 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[151] Question 19 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[152] Question 20 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[153] Question 21 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

opiates, marihuana, cocaine and other street drugs in that order.[154] The prevalence of cigarette use appears to be high within this population. 31. 25% or 5 out of 16 organizations rate use of tobacco within their client population at 90% or over, while another 4 out of 16 rate over 50% use, and 4 out of 16 had no idea.[155] 53.85% of the answers given by key stakeholders were "anecdotal" answers, while 23.88% was data collected at a "point in time" in service delivery, such as at an intake appointment.[156]

Survey respondents identified several trends in service provision. Similar to use rates provincially, opiate use, including the use of methadone is quickly on the rise and seen as the most noted trend. Survey respondents also identified that individuals accessing services appears to be getting much younger.[157] Other trends seen by organizations include an increase in the complexity of cases and client needs; an increase in intravenous drug use and mental health issues, as well as an increase in dual diagnosis and poverty within the city.[158] Other less noted trends include cases where child protection and domestic violence occurs as well as increased number of intakes and service use with increased issues being noted at intake.[159]

Survey respondents noted a number of barriers for their clients in accessing services and addressing concerns. The most noted barrier was stable and safe housing issues, and the second most noted was the low income of service recipients.[160] The barriers that were tied for third most prevalent seen by key stakeholders included the prevalence of concurrent disorders, transportation to access service, child care issues, being a single parent, abusive and controlling partners and a fear of mandated service.[161] The least likely barriers were physical disability of service recipients and language issues, although 7 respondents and 6 respondents (respectively) noted these as concerns.[162] Most organizations explained that there were barriers that they would like to address for their service recipients but were currently unable to, and not surprisingly, housing topped the list.[163] Other ideas to address barriers included a residential treatment service for parents and children, the ability to address mental health concerns during service and the ability to do more outreach programming.[164]

8.3 Thunder Bay Service System Connectivity

A great majority of survey respondents, 88.24% feel that they are part of the service system and are connected to other agencies.[165] Most of the respondents (88.24%) are part of interagency committees or working groups. Common committees or groups identified were the Thunder Bay Infant Response Committee, the Prenatal Coalition, the Thunder Bay Drug Strategy and the Maternal Substance Use & Child Working Group, CCR (critical case review group), Recovery Support Coalition, and the Human Services Justice coordinating Committee.[166] Most

[154] Question 22 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[155] Question 23 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[156] Question 24 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[157] Question 25 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[158] Ibid
[159] Ibid
[160] Question 26 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[161] Ibid
[162] Ibid
[163] Question 27 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[164] Ibid
[165] Question 28 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[166] Question 29 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

organizations also have interagency working protocols in place to better serve this population. It has been identified that over 76% of agencies that responded do have protocols in place, and these include working protocols with child welfare organizations, police, VAW agreements, local shelters, methadone clinics as well as with the Thunder Bay DSSAB.[167] Another 75% of organizations have joint initiatives and services with other organizations. These joint initiatives include the CCR committee, Thunder Bay Infant Response Plan, Addiction services Initiative, and the recovery support coalition to name a few.[168]

Survey respondents also expressed how they see themselves within the organizational system that works with women with substance use issues that are pregnant or parenting children. Many respondents explained that they are part of the harm reduction continuum of care. Others explained that they address housing, child welfare, mental health, addictions treatment or health care of the people that they serve.[169]

There were several strengths identified within the service system. The most identified was the collaboration and current connectedness between services, and the second noted strength is the desire amongst community organizations and community partners to address gaps.[170] On the other hand, some of the challenges noted within the service system are that some respondents believe that there are still silos between service sectors.[171] Others explained that there is limitation of the current system to pull multiple sectors together.[172]

Many of the respondents also identified a couple of other services that are in place in other jurisdictions that are examples of what should be available within the city of Thunder Bay. They included residential treatment for women, children and families under one roof; the T-Cup program in Toronto Ontario, which was previously identified in this scan; hub models of care like SHEWAY in Vancouver; Fir Square in Vancouver; recovery homes and after care programming for pregnant women including weaning services; and Wraparound Service model for the entire family. [173]

Overall, some of the organizations did leave the drug strategy committee with some ideas of services needed. Some of these ideas included ensuring that there is an alignment of services within the harem reduction continuum, the need for hub models of care within the city, stronger parenting support and education being needed in Thunder Bay as well as public education around the uniqueness of maternal substance use, and as previously mentioned throughout the scan, the need for child care availability for those who have service use.[174]

[167] Question 30 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[168] Question 31 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[169] Question 32 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[170] Question 33 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[171] Question 34 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[172] Question 34 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[173] Question 35 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
[174] Question 36 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

9 Key Findings

This paper highlights some of the current issues and research within the field concerning women who are pregnant and/or parenting that use substances as well as unique examples of how organizations have adjusted the system to address these issues. It is important to view this scan as being a snapshot in time, and is a starting place for any plan moving forward. Certainly, the system in Thunder Bay is quite vast, and there are many strengths that have presented themselves. However, there are also gaps and concerning trends that have been identified and will be highlighted below.

9.1 Highlighted Strengths

- A vast array of services covering most of the sectors outlined
- All services in Thunder Bay do refer to other services
- Several interagency and sector related working groups and alliances already exist
- A move within the city towards harm reduction models, including needle exchange programs, education for younger members, methadone maintenance and suboxone are present, rooming in whenever possible occurs
- Culturally sensitive programming and organizations that serve First Nation families exist in Thunder Bay, including Anishnawbe Mushkiki, Beendigan, Dilico Anishnawbek Family Care, Ishawiin Family Resources, Nishnawbe Aski Legal Services, Ontario Native Women's Association, and the Thunder Bay Indian Friendship Centre
- Some women and child "safe spaces" including Hope Place, Beendigen, ONWA, and Faye Peterson House
- Attempts to break down barriers to access service have been seen with the use of outreach programs (i.e. street nursing), providing transportation etc.
- Commitment across sectors to a community wide drug strategy
- Collaboration and connectedness of Thunder Bay services with a desire by these services to address the gaps noted in the survey

9.2 Highlighted Gaps or Trending Challenges

- Affordable and safe housing has consistently been identified as the largest gap throughout the scan, including the lack of women & child only shelters to the availability of long term housing units
- No family treatment or treatment in which children can attend with their mother exists in Thunder Bay
- While Thunder Bay's population is only 109,000, it is seen as a regional hub, and often Thunder Bay services care for individuals from across the northwest region or in transit. Many of these individuals have limited personal support systems and there are challenges around pathways of care for women as they move from Thunder Bay to their home communities and vice versa.
- Not a single service or organization within the city of Thunder Bay provide services solely to women who use substances and are pregnant and/or parenting children
- Only 22.22% of community organizations report providing child care when women access services
- Funding is always a concern – 30% of organization report funding affects their ability to provide services
- While there is some collaboration between services, key stakeholders also describe silos between service sectors with better communication and collaboration needed between all of the sectors
- Medical "weaning services" as well as aftercare service for women needed
- Services are spread across the city, no "hub model" care across service sectors
- Increase in opioid drug use seen in the province and the city, as well as increased Intravenous drug use being seen
- More concurrent disorders being seen at intake
- Clientele is being described by service providers as being "increasingly younger in age"
- The majority of community organizations have community waitlists
- Identified need for child and parent services to come together
- There is a continued use of tobacco within the service recipient population
- Methadone use is identified to be on the rise within the city

10 Future Actions

10.1 Summary

There are some limitations of this study. Firstly, while agency and organization information was gathered through web searches, including organizations' websites and 211 North searches were conducted, there is no way of knowing how often each organization updated its information on their website or with 211 North. Every attempt was made to ensure information reported in this scan is as accurate as possible, thus the information provided in the narrative of the scan was vetted through the Research subcommittee to confirm and/or correct information such as number of bed spaces, program length, etc.

A second limitation has to do with reporting statistics utilized. It is widely believed that some of the information on aboriginal populations and demographics used may have been under reported, and there is no way of knowing by how much. Previous studies conducted have also talked about under reporting of Aboriginal populations within data collection[175]

Additionally, it is important to note that this author has made all attempts to keep the information as accurate and free from personal bias as possible. Although the topic being explored is quite difficult and a publicly charged issue, I have been privileged to have strong guidance throughout this project.

10.2 Future Actions

Certainly, this paper has a lot of information about what is currently available in the field with regards to serving women with substance use issues that are pregnant and or parenting children. It also outlines some of the current issues nationally, provincially and within the city of Thunder Bay. A list of current organizations and their services to this populations are outlined, as well as a summary of what key informants believe are the strengths and gaps of their organizations, the trends within the client populations that they serve, as well as the overall picture of the local service system.
While this information is important, in order to obtain a complete picture of the service system and some of the gaps that need to be addressed, it is vital to hear the voices of women who utilize these services. Some ideas for focus group questions can and should be drawn from this report, including identified areas of need within the key informant survey.

Recommendations for future action:

a. There is also exciting research starting within the northwest region on this topic. It is important for the TBDS to work closely with the group that is conducting a similar environmental scan of other communities.

b. The next step in this process is to have organized focus groups of service recipients that have had to navigate the system in order to get their feedback of what has worked for them or what does not, and what is needed to be successful and address issues that face them.

c. It is also recommended that there are future focus groups of service providers, to clarify and expand on information collected from the completed key stakeholder survey. This would include an update of any changes in organizations or services provided be highlighted within the update to this scan

[175] Mendelson, Michael. "Aboriginal People in Canada's Labour Market: Work and Unemployment. Today and Tomorrow", 2004, Caledon Institute of Social Policy. Pg, 2

d. During the scan of local services, it became apparent that services and agencies are constantly shifting in order to meet the changing needs of existing and new clients. This denotes a need for a master online database of information and the necessity for organizations to maintain current information.

e. It is critical that the Maternal Child working group continue to collaborate and share information and ideas on how to better serve this population. It is especially important to move towards services that provide family centred care.

References:

1. Barry M. Lester, Lynne Andreozzi and Lindsey Appiah. (2004) Substance Use During Pregnancy: Time for policy to catch up with research, Brown Medical School infant Development Center Women and Infants' Hospital and Bradley Hospital, Providence RI, Harm Reduction Journal, 1:5, pp 1-37
2. "ECHO: Improving Women's Health in Ontario"(2012) – Sharing the Legacy – Supporting future Action – 2009-2012 http://www.health.gov.on.ca/en/pro/ministry/research/docs/echo_improving_womens_health_in_ontario.pdf
3. Ibid
4. Ibid
5. The Way Forward: Stewardship for Prescription Narcotics in Ontario (October 2012) http://www.health.gov.on.ca/en/public/publications/mental/docs/way_forward_2012.pdf
6. Ibid
7. Ibid
8. Ibid
9. The National Anti-Drug Strategy, Government of Canada http://www.nationalantidrugstrategy.gc.ca/nads-sna.html
10. Ibid
11. G. Alan Marlatt and Katie Witkiewitz., Update on Harm-Reduction Policy and Intervention Research (2010), the addictive Behaviours research Center, University of Washington Seattle, Annu. Rev. Clin. Psychol. 2010 pg 593
12. The National Anti-Drug Strategy, Government of Canada http://www.nationalantidrugstrategy.gc.ca/nads-sna.html
13. Women in Prison - CAEFS' Fact Sheet (2004) http://dawn.thot.net/election2004/issues32.htm
14. Ibid
15. Ibid
16. Ibid
17. The Way Forward: Stewardship for Prescription Narcotics in Ontario (October 2012) Report to the Minister of Health and Long-Term Care from the Expert Working Group on Narcotic Addiction http://www.health.gov.on.ca/en/public/publications/mental/docs/way_forward_2012.pdf
18. Ibid
19. Ibid
20. Thunder Bay Drug Strategy: Roadmap for Change: Towards a Safe and Healthy Community (Revised March 2011)
21. An environmental Scan of Thunder Bay: Issues, Impacts, and Interconnections of Substance Use, Stephanie Hendrickson
22. Maternal Substance Use & Child Working Group Environmental Scan – Key Stakeholder Survey, April 8, 2014
23. Results of Survey – Maternal Substance Use & Child Working Group Environmental Scan – Key Stakeholders Survey, April 8, 2014
24. Raphael, D & Mikkonen J. (2010)Social Determinants of Health, The Canadian Facts
25. Ibid
26. WHO – world Health Organization website, Social Determinants of Health (2014) http://www.who.int/social_determinants/en/
27. Raphael, D & Mikkonen J. (2010)Social Determinants of Health, The Canadian Facts pg. 9
28. Marlatt et al. pg 592 Update on Harm-Reduction Policy and Intervention Research (2010)
29. Ibid
30. Ibid
31. Marlatt et al. pg 592 and 593 Update on Harm-Reduction Policy and Intervention Research (2010)
32. Ibid

33. Ibid
34. Ibid
35. Gabor Mate MD. (2008) In the realm of Hungry Ghosts: Close encounters with Addictions pg 34
36. Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 317
37. Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 324
38. H. Westley Clark. (2001) Residential Substance Abuse Treatment for Pregnant and Postpartum Women and Their Children: treatment and Policy Implications, 2001 Child Welfare League of America, pg 180-181
39. Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 317
40. H. Westley Clark. (2001) Residential Substance Abuse Treatment for Pregnant and Postpartum Women and Their Children: treatment and Policy Implications, 2001 Child Welfare League of America, pg 181
41. Olivia Silber Ashley, Mary Ellen Marsden and Thomas M. Brady., (2003) Effectiveness of Substance Abuse Treatment for Women: A Review, The American Journal of drug and alcohol abuse, Vol. 29, no 1, pg 21
42. Ibid
43. Vicky Buguay, Joy L. Johnson, Colleen Varcoe and Susan Boyd ., "Women's Health and use of crack cocaine in context: structural and "everyday" violence" (2010) International Journal Drug policy. 2010 July: 21(4) pg 324
44. Cecelia Benoit, Dena Carroll and Munaza Chaudhry., In Search of a Healing Place: Aboriginal Women in Vancouver's Downtown Eastside (2003) Social Science & Medicine 56 (2003) pg 827
45. Ibid
46. Maureen O. Marcenko. Et al. (2000). Childhood Experiences of Abuse, Later Substance Use, and Parenting Outcomes Among Low-Income Mothers pg 324
47. H. Westley Clark. (2001) Residential Substance Abuse Treatment for Pregnant and Postpartum Women and Their Children: treatment and Policy Implications, 2001 Child Welfare League of America, pg 195
48. Ibid
49. Ibid
50. Barry M. Lester, Lynne Andreozzi and Lindsey Appiah., (2004) Substance Use During Pregnancy: Time for policy to catch up with research, Brown Medical School infant Development Center Women and Infants' Hospital and Bradley Hospital, Providence RI, Harm Reduction Journal, 1:5, pg 14
51. Marlatt et al. pg 592 & 593 Update on Harm-Reduction Policy and Intervention Research (2010)
52. Sheway A Community Drop-In for Women Brochure(2006) >http://sheway.vcn.bc.ca/files/2012/05/sheway_brochure.pdf
53. Ibid
54. Sheila k. Marshall, Grant Charles, Jan Hare, James J. Ponzetti, Jr. and Monica Stokl. SHEWAY's services for substance using pregnant and Parenting Women: Evaluating the Outcomes for Infants (2005)pg 23
55. Ibid
56. Ibid
57. Cecelia Benoit, Dena Carroll and Munaza Chaudhry., In Search of a Healing Place: Aboriginal Women in Vancouver's Downtown Eastside (2003) Social Science & Medicine 56 (2003) pg 828
58. Maxxine Wright Community Health Centre: Maxxine Wright Place Project For High Risk Pregnant and Early Parenting women Website (2011) http://www.atira.bc.ca/maxxine-wright-community-health-centre
59. Ibid
60. Melissa Cailleaux & Lynda Dechief., "I've found my voice": Wraparound as a Promising Strength-Based Team Process for High Risk Pregnant and Early Parenting Women 2013, journals.ucfv.ca pg 17
61. Ibid
62. Ibid
63. Toronto Centre for Substance Use in Pregnancy, St. Joseph's Health Centre Website >http://www.stjoe.on.ca/programs/family/tcup.php

64. Alice Ordean and Meldon Kahan (2011)"Comprehensive treatment program for pregnant substance users in a family medicine clinic",
65. Ibid
66. The City of Thunder Bay Website: About Thunder Bay http://www.thunderbay.ca/Living/About_Thunder_Bay.htm
67. Government of Canada, Statistics Canada, Census Profile of Thunder Bay (2011)
68. Ibid
69. Maternal and Child Healthcare in the North West LHIN report (2013)
70. Ibid
71. Ibid
72. Ibid
73. Ibid
74. Ibid
75. Ibid
76. Ibid
77. Ibid
78. Local Statistics provided by the Children's Aid Society of the District of Thunder Bay, April 14, 2014
79. Local Statistics provided by the Children's Aid Society of the District of Thunder Bay, April 14, 2014
80. Thunder Bay Drug Strategy: Roadmap for Change: Towards a Safe and Healthy Community (Revised March 2011)
81. Local Statistics provided by the Thunder Bay District Social Services Administration Board, May 5, 2014
82. Ibid
83. Ibid
84. Ibid
85. Methadone Maintenance Treatment Info, Health Canada (2008) http://hc-sc.gc.ca/hc-ps/pubs/adp-apd/methadone-treatment-traitement/index-eng.php#fnb11-ref
86. The use of opioids in the management of opioid dependence, Health and Welfare Canada (1992) pg. 14
87. The Way Forward: Stewardship for Prescription Narcotics in Ontario (October 2012) Report to the Minister of Health and Long-Term Care from the Expert Working Group on Narcotic Addiction http://www.health.gov.on.ca/en/public/publications/mental/docs/way_forward_2012.pdf
88. An environmental Scan of Thunder Bay: Issues, Impacts, and Interconnections of Substance Use, Stephanie Hendrickson (2010)
89. Lakeview Methadone Clinic – St. Joseph's Care group Website (2014) http://sjcg.net/services/mental-health_addictions/outreach/lmc.aspx
90. Ibid
91. OATC Ontario Addiction Treatment Centres, about OATC Website (2013) http://www.oatc.ca/about/about-oatc-clinics/
92. Ibid
93. Information received from Thunder Bay Regional Health Sciences Centre, May 1, 2014
94. Brightstar Information - Canada 211 Search – http://search.211north.ca/record/TBY2386
95. Ibid
96. AIDS Thunder Bay website http://aidsthunderbay.org
97. Ibid
98. CAMH Knowledge Exchange, http://knowledgex.camh.net/amhspecialists/Screening_Assessment/assessment/adat/Pages/adat_what_is.aspx
99. Ibid
100. Dilico Anishnawbek Family Care Website (2014) http://www.dilico.com/
101. Ibid
102. Sister Margaret Smith Centre Women's Addictions Programs Overview received from Norma Jackson, Manager of Residential and Clinical Services, Sister Margaret Smith Centre, June 13, 2014

103. St. Joseph's Care Group – Mental Health and Addiction Services Website (2014) *http://sjcg.net/services/mental -health_addictions/mha-gambling/withdrawal-management/main.aspx*
104. Crossroads Centre Website http://www.crossroadscentre.ca/contact.html
105. Ibid
106. Ibid
107. The Biidaaban Healing Lodge Website (2013) *http://biidaaban.com*
108. Ibid
109. Reverend Tommy Beardy Memorial Wee Che He Wayo Gamik Family Treatment Centre Website >http://weechehewayogamik.com/index.html
110. Kiikeewanniikann Southwest Health Line Southwest Regional Healing Lodge Info http://www.southwesthealthline.ca/displayService.aspx?id=10241
111. Norwest Community Health Centre Website http://www.norwestchc.org/thunder_bay.htm
112. Ibid
113. Thunder Bay Regional Health Sciences Centre Overview received from Nancy Persichino, Director of Maternal Child Services, Thunder Bay Regional Health Sciences Centre, July 4, 2014
114. Thunder Bay Health Unit, Healthy Babies and Families website (2014) http://www.tbdhu.com/HBHF/Parenting/TriplePParentingProgram.htm
115. District of Thunder Bay Triple P Practitioner List
116. Thunder Bay Health Unit, Healthy Babies and Families Website (2014) http://www.tbdhu.com/HBHF/Parenting/TriplePParentingProgram.htm
117. Children's Centre Thunder Bay Website (2009) www.childrenscentre.ca
118. Ibid
119. Ibid
120. Thunder Bay Children's Aid Society of the District of Thunder Bay Website (2014) www.thunderbaycas.ca
121. Dilico Anishnawbek Family Care Website (2014) http://www.dilico.com
122. Beendigen Website (2006) http://beendigen.com/archive/
123. Ibid
124. Faye Peterson Website www.fayepeterson.org
125. The Shelter House website (2007) http://www.shelterhouse.on.ca
126. Ibid
127. Thunder Bay DSSAB Housing Services http://www.tbdssab.ca/Housing.htm
128. Ibid
129. Personal correspondence with TBDS members as well as Key Stakeholders survey responses
130. Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
131. Results of Survey - Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
132. Question 1 summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
133. Question 3 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
134. Question 4 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
135. Question 5 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
136. Question 6 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
137. Question 7 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
138. Question 8 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

139. Question 9 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
140. Question 10 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
141. Question 11 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
142. Question 12 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
143. Question 13 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
144. Question 14 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
145. Question 15, Summary, Maternal Substance Use & Child Working Group Environmental Scan – Key Stakeholders Survey, April 8, 2014
146. Question 16 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
147. Question 17 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
148. Ibid
149. Question 2 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
150. Question 18 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
151. Question 19 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
152. Question 20 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
153. Question 21 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
154. Question 22 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
155. Question 23 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
156. Question 24 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
157. Question 25 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
158. Ibid
159. Ibid
160. Question 26 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
161. Ibid
162. Question 26 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
163. Question 27 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
164. Question 27 Summary, Maternal Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
165. Question 28 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014

166. Question 29 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
167. Question 30 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
168. Question 31 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
169. Question 32 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
170. Question 33 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
171. Question 34 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
172. Ibid
173. Question 35 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
174. Question 36 Summary, Substance Use & Child Working Group Environmental Scan - Key Stakeholders Survey, April 8, 2014
175. Mendelson, Michael. “Aboriginal People in Canada’s Labour Market: Work and Unemployment. Today and Tomorrow”, 2004, Caledon Institute of Social Policy. Pg, 2