



Northwest Region Opioid Strategy Event

# Results of the Community Dialogue on the Regional Opioid Crisis



Anishinabek Family Care



THUNDER BAY  
Drug Strategy

# Results of the Community Dialogue on the Regional Opioid Crisis

Summary Report: Final Content (28 May 2018)

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# A Community In Crisis

Poverty, unemployment, accessibility of services, and housing costs are barriers to achieving good health outcomes in the Thunder Bay District (Opioid Use and Impacts, 2018).

In 2016-17, Thunder Bay Census Metropolitan Area ranked seventh in Canada for its rate of opioid poisoning emergency department visits (CIHI, 2017).

Across the province, the highest percentage of residents who were prescribed opioids to treat addiction were in Thunder Bay District (ODPRN, 2017).

The rate of opioid-related deaths was four-fold higher than the Ontario average in the northern counties of Thunder Bay and Timiskaming District in 2013 (ODPRN, 2016). Between 2013-2016, the annualized rate of opioid-related deaths was highest in Thunder Bay District (ODPRN, 2017).

In 2016, 16.1 percent of Thunder Bay District residents were prescribed an opioid to treat pain (Opioid Use and Impacts, 2018).

In 2014, 22 of the 30 overdose deaths in the city were due to opioids (Check In 2012-2016: A Closer Look at Substance Use and Related Harms, 2017).

# I. Message From The Northwest Region Opioid Strategy Event Organizers

Dilico Anishinabek Family Care (Dilico) and the Thunder Bay Drug Strategy co-hosted the Northwest Region Opioid Strategy Event in March 2018, through funding from the Northwest Local Health Integration Network. The event organizers were tasked with hosting a community dialogue on the opioid crisis and its impact locally, in order to engage the community about the implications of opioid use, and to begin developing recommendations to address the crisis.

As a community, we are currently at a critical juncture. We are faced with high rates of opioid prescriptions and opioid-related deaths as compared to the rest of Ontario. These facts are further complicated by the region's vast geography and unique population needs: receiving healthcare, mental health supports, and addiction services often requires that people travel great distances. Thus, access to treatment can be infrequent and intermittent and is further exacerbated by barriers such as poverty, inequity, lack of culturally-relevant services and unemployment which impact the health of the region's population. The issues that affect the opioid crisis are complicated and interrelated.

To-date, much work has been done collectively to address these issues across the community. Through the Thunder Bay Drug Strategy, a five-pillar community approach sets the direction to collaboratively and cohesively address substance-related harms to individuals, families, and the community-at-large. It was developed with extensive consultation and was formally accepted in April 2011 as the official Drug Strategy of the City of Thunder Bay. The Strategy proposes actions that are based on the international body of research to ensure that they are supported by evidence to have a positive effect in reducing harms associated with substance use.

The Northwest Region Opioid Strategy Event was framed around these five pillars—Prevention, Treatment, Harm Reduction, Enforcement, and Housing. The event brought together a wide range of community members and partners to discuss these interconnected issues. The event's consultative approach—that is, hosting a community dialogue to strengthen equitable relationships and to bring forward multiple perspectives—is aligned with the decision-making protocols outlined in *The Importance of the Duty to Consult and Accommodate*, a document developed by Fort William First Nation in 2018. Conversing through the five pillars of the Thunder Bay Drug Strategy in this manner also supports Dilico's holistic approach to healing.

As a result, the event identified regional priorities which can be carried forward through established local networks, working groups, and within organizations. First Nation Leadership welcomed the opportunity to take part in discussions that looked at strengthening supports in regional communities. The outcome—this document—reports on the priorities resulting from impassioned discussions.

Dilico and partners are optimistic that this important work will inform a path forward for groups and communities to further strategize and develop the necessary action plans that are needed for the coming years.

John Dixon, Dilico Anishinabek Family Care  
Cynthia Olsen, Thunder Bay Drug Strategy

## II. Northwest Region Opioid Strategy Event: Hosting A Community Dialogue

The Northwest Region Opioid Strategy Event took place on the traditional territory of the Fort William First Nation in the Robinson-Superior Treaty Area. The event brought together Indigenous and non-Indigenous service providers across multiple sectors: health, mental health and addiction, child welfare, justice, education, social services, and housing.

Forty-four organizations, programs and First Nations across the District of Thunder Bay were represented along with 35 Indigenous youth living in Thunder Bay and region. Over 180 participants received expert information, learned about evidence-informed practices, discussed local perspectives, and collaborated towards a local plan to address the opioid crisis.

Four sessions were held over three days to share knowledge, discuss local impacts and implications, and to collectively put forth a comprehensive set of actions to move the region forward in addressing the opioid crisis in northwestern Ontario. Standing Bear Drum opened and closed the event, along with Opening and Closing Prayers by Elder Corinne Nabigon.

### Knowledge Sharing Session

The event's first day was centred on information sharing. Participants heard from local and visiting experts about the historical and current factors contributing to opioid use in the region. Experts shared best and promising interventions that have been effectively applied in various communities regionally and nationally. Presentations included:

**Opioid Use and Culture-Based Approaches to Healing**

Dr. Christopher Mushquash, Dilico Anishinabek Family Care

**Thunder Bay Drug Strategy – The Issues and Solutions**

Cynthia Olsen, Thunder Bay Drug Strategy

**Opiate Addictions... Now What Should We Do?**

Ron Kanutski and Crystal Morrison, Community Wellness Development Team, Dilico Anishinabek Family Services

**Opioid Task Force- Situational Assessment**

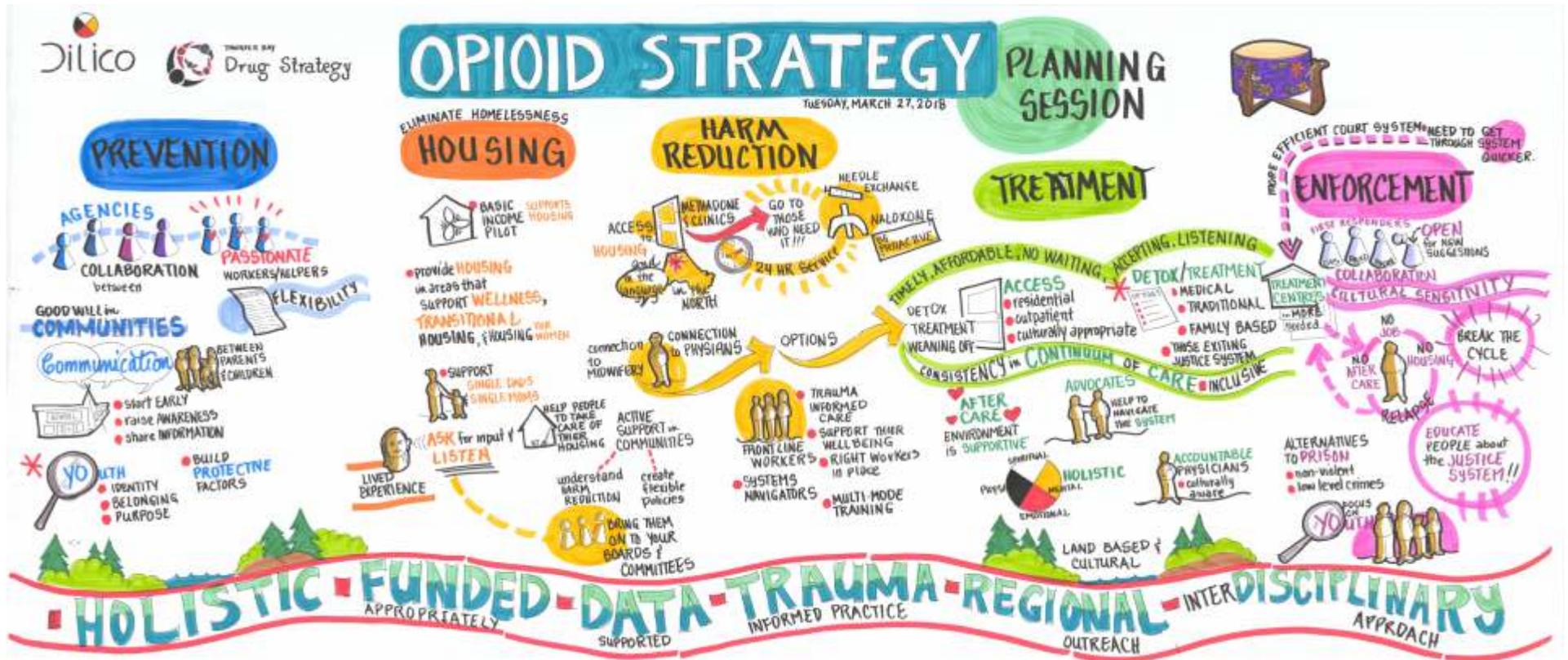
Dr. Emily Groot, Erica Sawula, Thunder Bay District Health Unit; Cynthia Olsen, Thunder Bay Drug Strategy



# Regional Opioid Strategic Planning Session

The knowledge, topics, insights, and learnings gathered through the first day moved into a second all-day interactive session. Youth participants were so passionately involved in the issues from the opening day that they volunteered to join the community strategic planning session.

A series of facilitated questions was posed around the five pillars of prevention, treatment, harm reduction, enforcement, and housing. Working in groups, 192 participants discussed and distilled their input into these pillars. The resulting conversations defined the strengths, gaps, barriers, and needs of a potential local opioid strategy. Themes were captured on poster boards. A 'dotmocracy' process was used to prioritize the key issues faced by the region; participants voted on the region's most pressing issues using stickers (dots) to indicate areas of priority that must be addressed by the community as a whole. The result is the dynamic community strategy depicted below.



## First Nations' Leadership Forum

The Northwest Region Opioid Strategy Event culminated with a Leadership Forum. Leaders representing First Nations across northwestern Ontario came together to discuss how opioid use impacts their communities individually and collectively. Unique issues facing Indigenous communities in terms of addiction and access to primary care were shared. The forum brought forward community strengths, culturally-safe interventions as well as aspects of community wellness that are crucial considerations in regional planning.



### III. About this Document

This document is intended to work hand-in-hand with a number of community initiatives in addressing opioid use in Thunder Bay and region.

The priorities identified in this document will help inform the work plans of various committees and working groups including:

- Thunder Bay Drug Strategy
- Crime Prevention Council
- Poverty Reduction Strategy
- District Addictions and Mental Health Networks
- First Nation-specific Mental Health and Addiction Working Groups
- Child and Youth Mental Health Planning Table

Over many years, groups in Thunder Bay and region have compiled recommendations and produced reports that are supported by research and evidence-based practices. This document works in parallel with other community resources, such as:

- Building A Better Thunder Bay for All (Thunder Bay Poverty Reduction Strategy, 2013)
- Building A Better Tomorrow (Thunder Bay Drug Strategy, 2017-2021)
- Opioid Use And Impacts In Thunder Bay District (2018)
- Roadmap For Change (Thunder Bay Drug Strategy, 2011)
- Safer Thunder Bay Community Safety & Well-Being Strategy (2017-2020)



## IV. At A Glance: Strategizing The Region's Issues

The Northwest Region Opioid Strategy Event's participants—representing a range of front-line workers and upper-level managers of community agencies and service providers, along with youth, community members, individuals with lived experience, and leaders of regional First Nations—engaged in dialogue to bring forward community issues and prioritize regional actions.

Participants characterized the current state of the system generally by its lack— individuals requiring addictions treatment and service providers in northwestern Ontario are challenged daily by limitations affecting all areas of service provision. Lack of funding, limited numbers of treatment beds, inflexible treatment options, fragmented care, and insufficient housing options are some of the examples raised. Treatment must be timely, accessible, affordable, inclusive and delivered in a more consistent and culturally-relevant manner across a continuum of care. The generalized lack of understanding and knowledge among the public-at-large of substance use or harm reduction strategies was noted to result in stigmatization that further compounds community issues.

People living in northwestern Ontario—especially in its most remote areas—are further challenged by limitations in access. Many services, including treatment and aftercare, are simply not available in small communities and many clients are unable to access supportive services due to a lack of transportation.

However, our regional system is also built on strengths. Community groups are encouraged by strong relationships that have been established among partners, resulting in collaboration and willingness to share information. Youth, through this event, expressed a resounding willingness to be involved, and to work to create belonging, purpose, and identity among their peers. Holistic approaches involving spiritual, mental, physical, and emotional aspects of well-being are already integrated into client-care by many organizations. And, many partners incorporate effective client-led and culturally-appropriate approaches to treatment that reflect the needs of the region's people.

In moving forward, participants recommended a more efficient and effective system—one that is sufficiently-funded to allow for more sustainable treatment options as well as more treatment centres and beds across the region. Agencies must coordinate services across a continuum of care, with all service providers working together to ensure that individuals can enter the treatment system seamlessly at any point of contact. An efficient treatment system also relies on effective housing and enforcement systems. Advocating for a more effective court system is a priority.

To meaningfully meet the needs of Indigenous and LGBTQ2S populations, a person-centred approach must be adopted that is flexible enough to provide individualized options. Participants endorsed making services more available in locations that are easily accessible. Land-based and family-based treatment options must also be more fully pursued. Cultural-sensitivity training and enhanced education is required to decrease stigmatization of specialized populations.

Participants also recognized that for solutions to be effective, they must be put forward by people with lived experience. Those with lived experience must have more opportunities to be involved in program development and delivery; and, a more fulsome approach is required to encourage the involvement of people with lived experience making policy and system changes.

Thus, an opioid strategy for northwestern Ontario, as shown on the next page , is one that:

- Improves access to treatment through a holistic approach that meets individuals where they are on the treatment continuum, using a coordinated and multi-disciplinary approach;
- Is appropriately-resourced so that treatment can be enhanced to include non-conventional, multi-modal, and culturally-based aspects, along with more effective aftercare and transitional services in rural and remote areas;
- Effectively incorporates prevention and harm reduction strategies that enhance connections with youth and build protective factors across the community; and,
- Is sustainable.



## V. Session Outcomes: Establishing Community Priorities

A framework of pillars is used by many drug strategies across Canada to organize the municipal approach. The Thunder Bay Drug Strategy is centred on five pillars, and so the Northwest Region Opioid Strategy Event was also structured on discussions of key issues impacting prevention, treatment, harm reduction, enforcement, and housing in northwestern Ontario.



Participants were first asked to discuss, in groups, the current and most significant issues that affect the community, in terms of opioid use as well as systems in general. Groups responded to the following question, for each of the five pillars:

Through the lens of opioids and in relation to this pillar, what are some system strengths, gaps in the system, and barriers to access within the system?

Participants then further refined these conversations to reflect on solutions that will address change within the system. For each of the five pillars, participants were asked three additional questions:

Through the lens of opioids and in relation to this pillar: in what ways can we create efficiencies; how can the system better serve specialized populations such as Indigenous, LGBTQ2S populations; and, how do we better understand the needs of those with lived experience?

The resulting solutions—that is, the recommendations for system enhancements which are required address opioid use in the region—were brought forward for all participants to engage in a final prioritization exercise. Through the 'dotmocracy' process, participants voiced their support for the region's priorities; participants voted on the region's most pressing issues using stickers (dots) to indicate areas of priority.

Results and priority areas are summarized on the following pages for each of the five pillars. These statements reflect the participants' views and recommendations for prioritization of issues. Priority areas for each pillar are listed in order of importance, as recommended by participants.



# PREVENTION

SYSTEM STRENGTHS	GAPS IN THE SYSTEM	BARRIERS TO ACCESS
<ul style="list-style-type: none"> <li>• Agencies are collaborating to support information-sharing, idea-exchange, and sharing of prevention strategies.</li> <li>• Many organizations are working towards a collective community that is supportive rather than competitive, which builds stronger, more connected relationships.</li> <li>• Passionate and skilled professionals are able to exchange ideas, resources, and positive-outcome treatment options.</li> <li>• Prevention strategies such as sports, arts and community events create safe and healthy outlets and promote positive lifestyles.</li> </ul>	<ul style="list-style-type: none"> <li>• Current legislation does not effectively address or promote prevention strategies.</li> <li>• Awareness and information are not effectively communicated or exchanged with the broader community.</li> <li>• Continuity of care is lacking.</li> <li>• Awareness, education, and support regarding opioids are missing at the elementary school level.</li> </ul>	<ul style="list-style-type: none"> <li>• Long waitlists and limited personal finances create difficulties for individuals to access services when needed.</li> <li>• Individuals who live in remote locations and who lack transportation are hindered in their ability to access to supportive services.</li> <li>• Early intervention strategies do not currently focus on providing positive and structured activities for youth on a consistent basis.</li> </ul>

## PREVENTION SYSTEM ENHANCEMENTS

### Creating Efficiencies

1. Identify overlapping services between agencies to minimize redundancies and to reduce gaps and barriers.
2. Promote awareness and change the discussion regarding opioids. Bring the topic out of hiding!
3. Address allocation of funding to better support workers and services in optimizing client needs.

### Serving Specialized Populations

1. Offer more individualized options, such as family therapy or alternative treatment supports, that are tailored towards the needs of specialized populations.
2. Change hiring policies within organizations to be more inclusive and representative of the clientele accessing services.
3. Offer resources at an appropriate literacy level for, and in the first language of, the clients being served.

### Understanding the Needs of Individuals with Lived Experience

1. Encourage involvement of, and advocacy for, those with lived experience to influence policy and system change.
2. Create safe spaces and opportunities for people to share their stories and exchange their wisdom.
3. Support diverse employment opportunities that showcase the strengths and skills of those with lived experience.

# TREATMENT

SYSTEM STRENGTHS	GAPS IN THE SYSTEM	BARRIERS TO ACCESS
<ul style="list-style-type: none"> <li>• Service provision that is client-led, land-based and culturally-appropriate is a strength of the treatment system.</li> <li>• A variety of inpatient and outpatient treatment options are available.</li> <li>• Methadone and Suboxone are easily accessible.</li> <li>• Holistic approaches involving spiritual, mental, physical, emotional aspects of well-being are integrated into client care by many organizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Long waitlists and limited availability of beds are a burden.</li> <li>• Some treatment centres don't accept clients who are using methadone or Suboxone, resulting in limited access to treatment.</li> <li>• Medical detox is lacking.</li> <li>• Treatment centres that accommodate families are not available in the region.</li> <li>• The system lacks consistency regarding many aspects (i.e., admission criteria and access to aftercare).</li> </ul>	<ul style="list-style-type: none"> <li>• Limited beds and long waitlists create barriers to treatment, including access to gender-specific treatment for women.</li> <li>• Aftercare is lacking in rural and remote communities.</li> <li>• Transportation is a major barrier: many individuals lack transportation to treatment centres.</li> <li>• OATCs do not provide counseling services.</li> <li>• The system is difficult to navigate.</li> </ul>

## TREATMENT SYSTEM ENHANCEMENTS

### Creating Efficiencies

1. Increase the number of treatment centres (including family-oriented facilities) and beds available across the region.
2. Hold the medical system and pharmaceutical companies accountable for treatment funds.
3. Ensure that more funding is made available for system planning—including funding to implement the recommendations from this event.
4. Adopt a standardized and centralized intake process.
5. Establish physician agreements with treatment centres.

### Serving Specialized Populations

1. Develop and provide more alternative treatments, such as land-based and family-based options.
2. Foster inclusivity: Provide more education around two-spirited teachings.
3. Increase the evidence base regarding the effectiveness of culturally-informed treatments.
4. Change limiting perspectives: Focus on the needs of the individual rather than viewing the person as a label.
5. Create welcoming, gender-neutral environments.
6. Encourage more communication and relationship-building with specialized populations.

### Understanding the Needs of Individuals with Lived Experience

1. Enhance opportunities for peer support, for example through lived-experience groups.
2. Accept feedback from those with lived experience and make changes based on that input.
3. Provide those with lived experience more opportunities for professional development.
4. Listen without judgment.

# HARM REDUCTION

SYSTEM STRENGTHS	GAPS IN THE SYSTEM	BARRIERS TO ACCESS
<ul style="list-style-type: none"> <li>• A variety of harm reduction services are available, including:               <ul style="list-style-type: none"> <li>○ Needle exchange</li> <li>○ Peer mentoring</li> <li>○ Youth Outreach Workers</li> <li>○ SOS team</li> <li>○ Superior Points</li> <li>○ Ontario Addiction Treatment Centres</li> </ul> </li> <li>• There are a variety of locations to access Suboxone and methadone.</li> </ul>	<ul style="list-style-type: none"> <li>• Affordable and appropriate housing is in demand.</li> <li>• Communication between physicians and patients regarding harm reduction options is often lacking.</li> <li>• Accountability in case management is needed: Infrequent contact with clients and poor understanding of clients' treatment progress result in inadequate harm reduction plans.</li> <li>• There is no access to methadone in very small/remote communities.</li> <li>• Service hours are limited to business hours, limiting clients' access to harm reduction services.</li> <li>• The general public has inadequate knowledge of harm reduction strategies, resulting in stigmatization.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding for harm reduction services is lacking (or limited).</li> <li>• There is a lack of:               <ul style="list-style-type: none"> <li>○ treatment beds;</li> <li>○ prevention services;</li> <li>○ aftercare services;</li> </ul>               which influence clients' access to services.             </li> <li>• In remote communities, services, including treatment and aftercare, are limited.</li> </ul>

## HARM REDUCTION SYSTEM ENHANCEMENTS

### Creating Efficiencies

1. Increase collaboration among service providers. Facilitate a “no wrong door” approach that optimizes clients' access. Provide clients with directed information and a seamless approach.
2. Improve and increase communication between communities, service providers, and partners.
3. Provide individualized services, by meeting clients where they are at on the treatment continuum.
4. Increase support for frontline staff (e.g. debriefings).

### Serving Specialized Populations

1. Provide services in locations that are easily accessible for clients.
2. Create and support opportunities for outreach service throughout the region.
3. Enhance training and education for parents, mental health workers, and youth.
4. Provide services through a trauma-informed care lens.
5. Provide more opportunities for peer workers to engage with unserved specialized, populations.

### Understanding the Needs of Individuals with Lived Experience

1. Employ peers in meaningful work and research, or through seats on boards of organizations.
2. Involve those with lived experience in program development.
3. Ensure people with lived experience are included as members of planning committees.
4. Place more value on lived experiences.

# ENFORCEMENT

SYSTEM STRENGTHS	GAPS IN THE SYSTEM	BARRIERS TO ACCESS
<ul style="list-style-type: none"> <li>• Gladue Reports take cultural considerations of Indigenous peoples into account in assessing cases.</li> <li>• Thunder Bay Police Service has committed to providing mental health training and cultural sensitivity training for employees.</li> <li>• Police are trained in administering Naloxone.</li> <li>• Conditional release connects individuals with community resources.</li> <li>• Culturally-sensitive services are available through the justice system, i.e., traditional room at Thunder Bay Courthouse and Diversion Program (as an alternative to custody and restorative justice).</li> <li>• Probation assists with reintegration.</li> </ul>	<ul style="list-style-type: none"> <li>• Jails are overcrowded.</li> <li>• There is a lack of transparency between police and external services.</li> <li>• Supports for youth are inadequate/lacking.</li> <li>• Awareness among police and law enforcement of social and systemic issues is inadequate.</li> <li>• Lack of empathy and compassion has been normalized.</li> <li>• Alternative options to incarceration are either not available or not being utilized effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment waitlists affect enforcement.</li> <li>• Individuals with criminal records face difficulties in securing employment.</li> <li>• Funding for enforcement and alternatives to enforcement is inadequate.</li> <li>• Lack of service coordination results in barriers to access.</li> <li>• Individuals are afraid to call police due to stigma or due to issues involving repercussions, such as child welfare.</li> </ul>

## ENFORCEMENT SYSTEM ENHANCEMENTS

### Creating Efficiencies

1. Advocate for a more efficient court system.
2. Advocate for people in the system.
3. Create cohesion: All teams need to be on board and working towards a coordinated, inter-disciplinary approach.
4. Increase networking opportunities among service providers—specifically outreach workers and Police.

### Serving Specialized Populations

1. Provide more opportunities for cultural-sensitivity training.
2. Pursue ways to decrease stigmatization of specialized populations.
3. Broaden representation across specialized populations, such as Indigenous and LGBTQ2S.

### Understanding the Needs of Individuals with Lived Experience

1. Consider the effects of vicarious trauma on enforcement and emergency response staff and incorporate ways to minimize impacts (i.e. through staff rotation).
2. Expand the lines of communication: Provide those with lived experience the opportunity to share their personal stories and to have input into services.
3. Support the working relationships between crisis response and various police services.

# HOUSING

SYSTEM STRENGTHS	GAPS IN THE SYSTEM	BARRIERS TO ACCESS
<ul style="list-style-type: none"> <li>• TBDSSAB is working collaboratively with community groups to enhance housing services.</li> <li>• Addiction-supportive housing exists in the community (i.e. Managed Alcohol Program).</li> <li>• First Nation housing provides accommodation in individuals' home communities.</li> <li>• There has been an increase in client-centred care and intersectional collaboration between housing agencies and other agencies (i.e., mental health and addiction).</li> <li>• Government recognizes the impact of income on quality of life; increases to income are being pursued through Ontario Basic Income Pilot Project.</li> </ul>	<ul style="list-style-type: none"> <li>• Supportive housing, which is provided through a harm reduction lens, is needed.</li> <li>• Treatment-focused housing must be enhanced; there is a 'wall' between addiction and treatment.</li> <li>• Transitional housing is needed.</li> <li>• There is a lack of safe and suitable housing for youth.</li> <li>• The housing system is difficult to navigate.</li> <li>• The lack of pre-treatment housing increases possibility for relapse.</li> <li>• Capacity for post-treatment housing is limited; housing is currently gender-specific and gender-limited.</li> </ul>	<ul style="list-style-type: none"> <li>• Gaps in the continuum of recovery create barriers.</li> <li>• More tolerance within the housing system is needed; the general public has stigmas and a lack of knowledge of substance use.</li> <li>• There is a lack of understanding regarding anti-oppressive lenses and practices.</li> <li>• Racism and discrimination are significant barriers.</li> <li>• Polysubstance use is stigmatized and precludes individuals from accessing available housing.</li> <li>• Housing is located in areas that may promote relapse.</li> </ul>

## HOUSING SYSTEM ENHANCEMENTS

### Creating Efficiencies

1. Increase the availability of appropriate suitable housing, using a coordinated approach that avoids duplication of services.
2. Advocate to increase funding for appropriate housing for individuals with complex needs.
3. Assist clients in successfully transitioning to long-term housing, by providing more client-centred supports (e.g., budgeting skills, life skills, mental health supports).
4. Provide more housing options in suitable locations.

### Serving Specialized Populations

1. Provide community services within neighbourhoods to increase access.
2. Integrate peer supports workers who can assist in navigating the housing system.
3. Adopt a coordinated approach to service delivery, to avoid duplication of services.

### Understanding the Needs of Individuals with Lived Experience

1. Gather input regarding housing needs from those with lived experience.
2. Acknowledge the strengths of those with lived experience.
3. Create relationships with those with lived experience.

## VI. Community Issues Pertaining Specifically To The Opioid Crisis

After working through pertinent community issues and making recommendations towards system enhancements, participants delved deeper into issues specific to the use of opioids in Thunder Bay and region.

Through this final series of questions, participants were again invited to work in groups to discuss the issues specifically pertaining to opioid use and to frame their recommended solutions around three key questions:

Specifically, in terms of opioid use:

1. Thinking forward, in what ways would you improve access to treatment?
2. Thinking forward, what treatment system enhancements are needed?
3. What prevention strategies should be considered in an opioid strategy?

Opioid-specific priorities for improving access to treatment, enhancing the treatment system and incorporating prevention strategies were prioritized by participants through the 'dotmocracy' process. Through this process, participants voted on the region's most pressing issues using stickers (dots) to indicate areas of priority.

The statements below reflect participants' feedback. These solutions specifically address the issues of opioids and are listed in order of importance, as recommended by participants.

### Improving Access To Treatment

1. Provide holistic and culturally-based treatment services.
2. Develop and hire system navigators.
3. Provide short-term safe housing.
4. Allocate more funding for treatment within remote communities.
5. Eliminate travel barriers for clients.
6. Educate allied care providers.
7. Expand the Court Diversion Program.

## Enhancing the Treatment System

1. Expand the definition of treatment to include non-conventional aspects, so that multi-modal, culturally-based, land-based, and family-oriented options are available.
2. Enhance aftercare and transitional services.
3. Lobby for increased funding for treatment.
4. Build capacity of service providers through increased professional development, in areas such as anti-oppressive practices, trauma-informed care, harm reduction and cultural-sensitivity.
5. Pursue alternative options for long-term care.
6. Enhance education and information sharing for pre- and post-treatment.
7. Work for systemic awareness of treatment options.

## Incorporating Prevention Strategies

1. Connect with youth.
2. Provide more training to clients regarding life skills, resiliency, and healthy relationships.
3. Advocate for long-term dedicated housing.
4. Advocate for the decriminalization of substance use.
5. Increase funding for prevention strategies.
6. Provide more opportunities for cultural-sensitivity and awareness training for service providers.

## VII. Next Steps: Moving Forward as a Community

The Northwest Region Opioid Strategy Event concluded with a focused session that brought First Nation leaders together to discuss the impacts of opioid use across regional communities.

Leaders acknowledged that community wellness must be prioritized before any other community issue or activity—noting that successes in other areas, such as economic development, cannot be achieved before wellness is addressed.

To achieve these ends, leaders highlighted the need for more cultural supports and programs that facilitate making connections with the land, fostering cultural teachings and preservation activities, and promoting traditional parenting. Language was identified as critical to maintaining teachings and identity.

Leadership heard the overwhelming message from youth attending the session: Youth want to be heard and be part of the dialogue.

**“As we go forward, we need to develop strategies with our youth, our warriors.”**

– Darcia Borg, Executive Director, Dilico Anishinabek Family Care

There was consensus that youth have established a clear roadmap for leaders. Youth expressed their confidence and willingness to be an integral part of the solution—as such, they must be equal collaborators in any action plans that move forward.

A strong and concerted voice will be required to respond to the overwhelming needs of the region. To move the outcomes of the Northwest Region Opioid Strategy Event forward at the local level, a collaborative effort is required to build capacity. Any approaches to solve these issues must be grounded in fostering community relationships, respecting local needs, creating meaningful ways to share information, and engaging with the people of northwestern Ontario.

The participants of the Northwest Region Opioid Strategy Event have collectively initiated this work through community dialogue that has established a framework—and are now poised to continue the collaborations required to address the region's unique priorities.

**“The opioid crisis continues to heavily impact communities across the country. I wish to thank Dilico and their partners for taking a step in the right direction by bringing all of us together to look for solutions and ways to support those who are suffering with addiction issues. I have faith that this collaboration will give us the momentum that is needed to continue the work that needs to be done.”**

– Chief Peter Collins, Fort William First Nation

## VIII. Participating Communities And Organizations

Representatives from the following communities and organizations participated in the Event:

Biigtigong Mno-Zhi Yaawgamig	North West Local Health Integration Network
Biinjitiwaabik Zaaging Anishinaabek	NorWest Community Health Centres
Canadian Mental Health Association	Ontario Provincial Police-Kenora
Children's Aid Society of the District of Thunder Bay	P.A.C.E (People Advocating for Change Through Empowerment)
Centre for Addiction and Mental Health	Biigtigong Nishnaabeg
Children's Centre Thunder Bay	Regional Multicultural Youth Council
City of Thunder Bay	Superior Greenstone District School Board
Canadian Mental Health Association - Thunder Bay	Shelter House
Conseil scolaire de district catholique des Aurores boréales	St. Joseph's Care Group
Crossroad's Centre Inc.	Superior Greenstone District School Board
Dilico Anishinabek Family Care	Superior North Catholic District School Board
Elevate NWO	The Salvation Army
Fort William First Nation	Thunder Bay and Area Victim Service
Ginoogaming First Nation	Thunder Bay Counselling
Kiashke Zaaging Anishinaabek	Thunder Bay District Health Unit
Lakehead District School Board	Thunder Bay District Social Services Administration Board
Lakehead University	Thunder Bay Drug Strategy
Long Lake 58 First Nation	Thunder Bay Multicultural Association
Marathon High School	Thunder Bay Police Service
Métis Nation of Ontario	Thunder Bay Regional Health Sciences Centre
Ministry of Children and Youth Services	Urban Abbey

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Northwest Region Opioid Strategy Event

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