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THUNDER BAY
Drug Strategy

Preliminary Community Assessment Report for
Thunder Bay, Ontario

WHAT WE HEARD

BUILDING CAPACITY FOR A PUBLIC HEALTH APPROACH TO SUSTANCE USE



January 2022



About Thunder Bay Drug Strategy

The mission of the Thunder Bay Drug Strategy (TBDS) is to create and implement a drug strategy for the City of Thunder Bay, district, and region, that reflects the needs and strengths of its citizens.

The strategy will focus on humane approaches that address the causes and effects of harm associated with substance use with the goal of improving the health, safety and well-being of all citizens.

TBDS uses a five-pillar approach which includes: Prevention, Treatment, Harm Reduction, Enforcement, and Housing. By framing the strategy through these five pillars, TBDS ensures a diverse response that will cover the continuum of needs within the Thunder Bay community.

Each Working Group of the Drug Strategy will aim to have representation of all pillars as part of their membership.

About CPHA

The Canadian Public Health Association (CPHA) is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice.

We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wideranging discussions and information sharing. We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

Our Vision

A healthy and just world

Our Mission

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

CPHA Staff involved in the project:

Greg Penney, Director of Programs
Karin Moen, Senior Project Officer
Hailey Morton, Project Officer
Sophie Chochla, Project Officer
Kelsey MacIntosh, Project Officer

Facilitators:

Gestalt Collective:
Megan Harris, Managing Partner
Liz Lusk, Managing Partner



1.0

Background

The Canadian Public Health Association (CPHA) is a national non-profit organization dedicated to public health.

CPHA has been funded by Health Canada for a project titled “Normalizing conversations: Engaging public health, public safety and communities to build capacity for a public health approach to substance use.” The project will run for four years, from January 2020 to December 2023. This project builds on CPHA’s previous project work on cannabis.

The goal of this project is to build the knowledge and capacity of communities to implement a public health approach to substance use. Within communities we will focus on engagement with people who use/d psychoactive substances, public health, health and social service providers, public safety, decision-makers, and allied stakeholders. Recognizing the many intersections between public health and public safety, this project focuses on understanding and responding to the needs of both audiences in a way that respects the rights of, and protects and promotes the health and safety of people who use/d psychoactive substances.

In this project, CPHA has partnered with the Thunder Bay Drug Strategy (TBDS). The partnership between the TBDS and CPHA will be one of the primary vehicles (though not limited to) to understand the needs of the community, people who use drugs, and professionals; to co-develop tools and resources; and to identify and measure any changes related to a public health approach to substance use.



2.0

Community engagement for informed design

Throughout the project, community partners and key informants will be engaged to ensure the tools, resources, and learning opportunities developed work for diverse audiences, and to support any required adaptations of the tools, as necessary.

In the fall of 2021, CPHA and TBDS engaged approximately 40 people from Thunder Bay. Participants were engaged in either one of 3 focus group or one of 12 individual key informant interviews. The engagement tried to better understand what is happening currently to support people who use drugs, the community supports currently available for people who use drugs, what the community would like to see to support people who use drugs and community needs and next steps to close the gaps between the current and desired states for a public health approach to substance use. In this engagement, we endeavoured to understand the needs of those interviewed.

These individuals represented:

- People who use/d psychoactive substances
- Health system professionals (both public health and acute care)
- Public safety professionals
- Social and community services professionals
- Private sector mental health and substance use professionals
- Decision and policy makers

These key informants have been invited to review and validate the findings prior to their finalization.

The summary of findings is organized as follows:

- What is happening currently to support people who use/d drugs
- Community supports currently available for people who use/d drugs
- What the community would like to see to support people who use/d drugs
- Community needs and next steps to close the gaps between the current and desired states for a public health approach to substances



3.0

Identifying what the community wants to do to support a public health approach to substance use

The following statements were drawn from the interview and focus group data collected from the participants in Thunder Bay in support of a baseline community assessment. The goal of the initial community engagements is to describe the current and desired supports for people who use/d drugs. The current state includes both challenges and successes as described by key informants as they exist in the community today.

The desired state includes the supports the key informants would like to see 'in an ideal world' based on their experience and expertise. The Canadian Public Health Association will use this information, validated by the participants of this process themselves, to inform the development and co-design of capacity building opportunities within the Thunder Bay community in partnership with the Thunder Bay Drug Strategy as well as key community stakeholders.

3.1

What is happening now to support people who use/d drugs

Domains

Access to Supports

The current state of support for people who use/d drugs:

- There are multiple access points to the system of support in Thunder Bay; however, eligibility requirements and capacity are not well-known across service providers and the wider community.
- The pool of capacity for substance use services and programs available in Thunder Bay is inadequate to meet the current needs in the community; in particular, the current access to detox beds is significantly insufficient.
- There is a lack of specialized treatment programs for people with comorbidities and responsive behaviours (e.g. FASD).
- There is limited supports to help First Nations students attending high school with the transition from their communities to life in Thunder Bay.
- Child welfare agencies sometimes deny parents struggling with addictions access to their children; concerns that access may be denied is a barrier for parents seeking help.



3.1 What is happening now to support people who use/d drugs

Domains

Service Navigation

The current state of support for people who use/d drugs:

- Multiple community-based organizations with differing mandates and services places a burden on the person seeking support and can be a barrier to access (e.g. multiple re-telling of their “story”)
- Eligibility criteria can create barriers to access and be confusing to navigate (e.g. “People who self-detox don’t qualify for treatment because they didn’t complete detox but then don’t qualify for detox because they aren’t in crisis.”)
- Despite some 24-hour access for harm reduction supports (e.g. vending machines), lack of access to substance use support services after “business hours” forces people to the emergency department or police services for acute support; neither of which were felt as appropriate or effective by people who use drugs and/or people who provide substance use support services.
- There is a perceived lack of collaboration between those prescribing or providing pharmacological approaches to substance use supports and organizations providing non-pharmacological based therapies.
- Current geographic dispersion of service locations as well as digital requirements for some programs (e.g. follow-up to RAAM or NorWest programs) were seen as navigation barriers.

Housing

- While several local organizations provide housing (The Lodge on Dawson, 3 C’s Reintroduction Center, Crossroads, John Howard and Salvation Army were mentioned), there is a lack of safe and affordable housing in Thunder Bay, including transitional housing and long-term post-treatment housing.
- The lack of housing in Thunder Bay creates a significant barrier to health care access and is detrimental to the achievement of an individual’s health and wellness goals at all points in a person’s journey.
- Existing affordable housing for post-treatment can be unsafe / not ideal for those wanting to maintain sobriety due to the access to drugs (e.g. via “trap houses”).
- There is a lack of low-barrier housing where people can use drugs and be safe.



3.1 What is happening now to support people who use/d drugs

Domains

Stigma and Racism

The current state of support for people who use/d drugs:

- People who use drugs in Thunder Bay face significant and ongoing stigma in their community, punctuated by negative experiences with the medical health system, law enforcement and courts, child welfare, and general public.
- There is a lack of understanding in the general public (including across all service sectors) about substance use, mental health and trauma which contributes to stigma in Thunder Bay.
- Media, including social media, can be harmful and dehumanizing to people who use drugs, particularly to those who are also Indigenous (e.g. Thunder Bay Courthouse Inside Edition Facebook Page).
- Anti-Indigenous racism was identified as a significant barrier to services across all point in the system.

Harm Reduction

- Thunder Bay has a safe consumption / supervised injection site and multiple organizations offer tools for safer use including injection, inhalation, and disposal.
- The understanding, acceptance and application of harm reduction for substance use varies greatly across the community; some define harm reduction as medical opioid substitution therapy, whereas others define it as a public health approach to non-judgemental dialogue and meeting people where they are at.
- The lack of common understanding to harm reduction currently contributes to the real or perceived lack of collaboration between services providers.
- There is a lack of a shared language and understanding around “safe supply” among service providers and the general public.
- The toxic drug supply is a concern for people who use drugs as well as those that provide support services.



3.1 What is happening now to support people who use/d drugs

Domains

Emergency Mental Health Supports

The current state of support for people who use/d drugs:

- Despite mental health crises making up the majority of 911 calls, most calls occur when community organizations are closed and detox or the emergency room are often the only places to refer / transfer people in crisis.
- There is a critical lack of emergency mental health support in Thunder Bay, which contributes to or exacerbates trauma, stigma and discrimination towards people who use drugs.
- There is a lack of trauma-informed non-stigmatizing care in hospital for those in crisis; currently people experience detention-based treatment. Emergency medical services (EMS) staff in Thunder Bay require more support to deal with burnout.

Youth Access

“The clock starts ticking as soon as someone discloses use. Youth go underground because they know the system and don’t want the clock to start ticking for them with an open child welfare file.”

- Entry points to substances use support services vary for youth as compared to the typical entry points for adults and include the school system, child welfare and protective services and courts; and as such, may discourage youth from seeking support or disclosing use.
- While there is support for youth to access treatment through the criminal justice system, there are limited avenues to access treatment outside of this system.
- Outside of specialized mental health and substance use youth workers, there is a lack of knowledge about how to connect youth to existing services in Thunder Bay.

Services for Women

- Despite existing shelters, there is a lack of substance use services or supports specifically designed for women, especially trans women, with and without children that ensure their safety and enable their participation.

“I believe the addictions services are lacking. Prime example are my intoxication calls, the detox is always full so people have to go to ER to detox and they really shouldn’t be there. They need help but not from the ER. If they’ve made the decision “I need to do something” and want to take that next step it can take people weeks or months to get into a treatment program. When people are ready those resource have to be ready...waiting 3 months down the road might be too late.”



3.2 What the community would like to see to support people who use/d drugs

Domains

The desired state of support for people who use/d drugs:

Access to Supports

- Adequate “beds” and program spaces to meet the community need (e.g. the approximate 3000 people who are turned away from detox each year) with drop-in service and without wait lists.
- More flexible times for pre-existing services (“*In order to get in to facilities you have to be at detox building at 9am in the morning! Maybe if it was at 1 pm we'd have more success getting people there. That time also it limits support staff helping people get there because often the person's need is before our day even starts or after it ends and we can't get permission from our boss to take someone*”).
- Intensive outpatient programming be made available in Thunder Bay that can be adaptive to specialized needs such as those with responsive behaviours, those who are incarcerated or parents with childcare responsibilities.
- Early intervention and cultural programming for Indigenous youth (e.g. facilitate access to opportunities and holistic healing).
- Better use of court diversion strategies and Indigenous approaches to justice (e.g. pre-charge diversion program in Kenora).

Service Navigation

- Centralized access to integrated detox, treatment and housing where multiple service organizations and sectors co-exist in the same physical space and provide an ER diversion location for those in crisis as well as a long-term community of support.
- Creative solutions to better share personal information across organizations to prevent the re-telling (and possible re-traumatization) of individual stories to via multiple intake processes and to facilitate “warmer” hand-offs.
- Services structured around a person's needs rather than around an organization's mandate (e.g. consider resource and service sharing protocols)
- Trauma informed care Community of Practice in Thunder Bay with shared goals and common language.
- A program similar to the social navigator program in Hamilton to support first responders in building relationships with people who use drugs in the community.



3.2 What the community would like to see to support people who use/d drugs

Domains

The desired state of support for people who use/d drugs:

Housing

- An increase in affordable housing (i.e. not market rent) in Thunder Bay that is:
 - A place where people can be safe (including safely use drugs)
 - Consistent and stable
 - Accessible to those being released from jail
 - Run by peers
 - An access hub to supportive services
 - Culturally appropriate
 - Appropriate for women or other people suffering trauma / at risk of violence
 - Offers a continuum of options (wet, damp, dry) so people with similar goals can support each other
- A substance use “wellness hub” with multiple programs for different demographics and cultures, drop- in capacity and a blend of public and private services.
- A well-articulated, quantified understanding of the housing need through evaluation and improved data collection.

Stigma and Racism

- Improved quality and quantity of education opportunities for the general public as well as specific professionals (e.g. clinicians, police, courts, media etc.) regarding substance use.
- Support for Indigenous communities, specifically by demanding actions that would result in measurable change with regards to Truth and Reconciliation Commission recommendations.

Emergency Mental Health Supports

- A specialized mental health crisis center or specialized “door” for mental health crisis at hospital.
- More emergency diversion programs (e.g. detox and shelter-based emergency medical care).



3.2 What the community would like to see to support people who use/d drugs

Domains

The desired state of support for people who use/d drugs:

Harm Reduction

- At least one additional supervised consumption site is added to Thunder Bay.
- All harm reduction services and supports would be available in one place (e.g. Portland Hotel Society in Vancouver).
- Safe re-introduction of in-person support where it has been cancelled or curbed due to COVID-19 protocols.
- A higher value placed on peer-support including wage equity, professional recognition across the province.
- Appropriately addressed the hierarchy of needs including access to a living wage and stable food supply (in addition to housing).
- Integrated arts and culture sectors as well as meaningful job training into treatments programs.
- Decriminalization of drug use.

Youth Access

- An understanding of how COVID-19 pandemic will impact / is impacting youth mental health and anticipate subsequent needs.

“We would see trauma centers instead of treatment centers who holistically help people. Rather than take them out of a broken system temporarily and then back in.”



3.3 Community supports currently available for people who use/d drugs

This list only includes the programs and services specifically mentioned by participants as the places that came to mind during the engagement as places that they know people go in the community to receive information, services, or supports related to drug use. It is not exhaustive of what exists in Thunder Bay, nor does this list provide context on the effectiveness or impact of these programs and services within the community.

These services include (alpha order):

- Beendigen Women's Shelter
- Crossroads
- Dilico Anishinabek Family Care
- Elevate Outreach
- Friendship Center
- GAPS team
- Grace Place
- John Howard Society
- Lodge on Dawson
- NorWest Outreach
- OAT Providers / pharmacies
- OAK Medical Arts (pharmacy)
- Ontario Native Women's Association (ONWA)
- Path 525
- People Advocating Change (PACE)
- RAAM Clinic
- Salvation Army
- Sister Margaret Smith Center
- Shelter House
- St. Joseph's Care Group
- Superior Point
- Thunder Bay Counselling
- Thunder Bay Regional Health Sciences Centre

“We are more open than many other communities (minded) we have 9 visible street-front centers. They aren't hidden away. We have a community drug strategy. We have street nursing and superior points as a HR strategy. The understanding and acceptance of what is needed as a community is better than most I think.”



3.4 Community needs and next steps to close the gaps between the current and desired states for a public health approach to substance use

Participants identified that ideally, they would have the following to support the work they are involved in:

- More peers available to provide support in the community
- Social navigators and para-medical staff who would work with substance use support workers
- Clear referral pathways with collaborative relationships between service providers to support client transitions (e.g. warm hand-offs)
- Ability to share information
- Inclusive referral processes and hours
- Streamlined path for treatment (including Opioid Agonist Therapy, Detox and Residential Treatment programs) for those in conflict with the law
- Transportation support for people who use drugs and outreach
- Long-term, stable, core-funding
- More localized data (in addition to what Lakehead Social Planning Council already does)
- More case managers to adequately manage cases
- Organizations providing services not funded by the Ministry of Health should have a voice and influence at the community level
- Process map to visually show how organizations intersect with the community and each other
- More cross-sector collaboration, collaborative mandates and streamlined Board of Directors
- Easier access to a navigator or mental health and substance use directory of services when a referral is required (especially after hours)
- Community support and trust: “have the conversation at every dinner table, across the lifespan”
- Frank, public conversations about the complexities of housing and encampments
- Materials and resources that support and enable critical conversations
- Resources to support language from a trauma-informed lens
- Emergency, on-call mental health services
- General population education about “safe-supply”
- Provincial and federal supports to compliment municipal supports

“I feel like we end up “shopping around” and I do understand why that is to some extent. If there was some kind of bigger picture, or one stop shop where you could reach out and talk to someone who would know where the beds are, like a hub / navigator / dashboard. I know there are all sorts of issues around sharing of information and I don’t know how that would work.”

“This is the biggest crisis for TB besides climate change.”