THE SSM & AREA DRUG STRATEGY
CALL TO ACTION
2019
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Internal Review & Evaluation: The SSM & Area Drug Strategy Committee Members, Natalie Young, and Ali Juma

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MESSAGE FROM
THE SSMADS
COMMITTEE
CO-CHAIRS

The Sault Ste. Marie & Area Drug Strategy Committee is a dedicated group of professionals representing services, agencies and dedicated advocacy on behalf of the citizens of their community. Each individual member brings a unique perspective and expertise to the overall membership allowing for diverse representation. The Committee’s strength can be attributed to its roots in front line work and the workers who came together to address substance use and related matters in our community. Their individual and collective efforts and passion became evident in addressing the local opioid crisis, and in advocating for the needs of people who use drugs in our greater district.

DESIREE BECK
Co-Chair

Through community education, public forums and by solidifying our relationship with key stakeholders with the District, the SSM & Area Drug Strategy Committee established a holistic approach to addressing substance use and the overall wellness of its community members. Over the last several years, harms related to substance misuse have become more and more prevalent with the changing landscape of substance supply and the response patterns by people who use drugs and Public Policy to the problematic use of prescribed opioid substances. Although there is a heightened focus on the opioid crisis in our communities, our province, and country, we have not lost sight of the harm-related concerns attributed to substance use across the spectrum of substances from prescribed and legalized to illicit, including alcohol and cannabis.

The SSM & Area Drug Strategy Committee have been diligent and passionate working with community partners to improve awareness, reduce stigma and increase access to services related to substance use to mitigate the harms that can come from it by focusing on our guiding principles of Inclusion, Respect, Evidence and Sustainability and Relevance in the context of Community Wellness.

SHAWNA THOMAS
Co-Chair
## COMMITTEE MEMBERS

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Acknowledgement

The SSM and Area Drug Strategy Committee thank the following people for the completion of this Drug Strategy document:

• The courageous individuals with lived experience that shared their experiences, hopes, and grief through informant interviews.
• The citizens of Sault Ste. Marie and area for their attendance and sharing at town halls and forums on the Opioid Crisis.
• The committed and dedicated community service provider staff for their informant interviews and exceptional services provided to substance users as well as those impacted by this use.
• The support workers and volunteers of the Neighborhood Resource Center for their tremendous community efforts to rebuild social connections, and the essential services you provide.
• Natalie Young, Interim Drug Strategy Coordinator, principal author for the countless hours in conducting the research, interviews, and meetings to complete this strategy.
• Ali Juma, ALT Co-Chair/CEO Algoma Family Services for the oversight of the Interim Drug Strategy Coordinator, editing of the document and championing of the Drug Strategy Committee.
• The Algoma Leadership Table for providing the support and resources to complete the Drug Strategy.
• Mayor Christian Provenzano for his support of the Drug Strategy Committee and advocacy for our front-line workers.
• The dedicated first responders and front-line workers supporting Addictions and Mental Health for their strength, courage, and compassion for the lives you touch every day.
• The District of Sault Ste. Marie Social Services Administration Board for providing the financial resources to complete the Drug Strategy and support its implementation.
• Shawna Thomas, Supervisor Algoma Public Health and Desiree Beck, for their leadership of the Drug Strategy Committee
• The Drug Strategy Committee members for your countless hours since 2016 in championing the need for a drug strategy and your tireless efforts in serving those with substance use challenges as well as those impacted by those challenges.
Introduction

The latest public health statement released December 12th, 2018, confirms the current opioid crisis is the worst drug problem in Canadian history and the reality is frightening. What was once inconceivable is the new truth with a reported 2,066 opioid-related deaths in the first half of 2018, and the grim news cautioning citizens the efforts to change the trajectory have failed (Health Canada, "Overview of national data on opioid-related harms and deaths," 2018). Communities across the provinces mourn the loss of friends, co-workers, and family members. Health and social community front-line workers are seeing an unprecedented ripple effect of the socio-ecological devastation ripping families apart as they fight to keep loved ones alive, support parents as they bury their children, and help young children who are now growing up without a parent. It’s unthinkable of those 2,066 deaths 94% were accidental – that’s 1942 people, 1398 or 72% of the accidental deaths were an involved fentanyl or fentanyl analogues (Health Canada, 2018). The contaminated illicit drug supply is poisoning the “first-time user”, the “recreational user”, the “closet user”, the “careful user”, the “experienced user”, there is no stereotype.

What are Opioids?

Health Canada defines opioids such as fentanyl, morphine, oxycodone, and hydromorphone as “drugs that assist in relieving pain”. The cognitive effects of prescription opioids can be very alluring, as they extend beyond pain signals in the brain to areas with emotional control and reward. When taken in higher doses, the side effects of the opioid increase – euphoria, relaxation, and less bodily pain. Persistent misuse alters the reward pathways in the brain and the desire to continue to use the opioid to continue to feel the pleasure escalates. The duress of craving opioids and fear of withdrawal can lead to patterns of misuse: Increase in Doses/Frequency of Use, Using with other drugs, Methods of Ingestion Change.
Legal vs. Illegal Opioids

Legal opioids are prescribed by a health care professional to reduce pain related to injuries, surgery, long-term chronic pain, or dental procedures (Health Canada, 2019).
• Illegal opioids are any opioids made, shared, or sold illegally (Health Canada, 2019).
• Street drugs bought from a dealer an opioid given to you by someone who is not your health care provider (Health Canada, 2019).
• Opioids that are not prescribed to you but are taken from someone else (Canada, "Opioids and the opioid crisis – Get the facts," 2019). (Health Canada, 2019).

The Escalating Fentanyl Crisis

According to The Royal Canadian Mounted Police (RCMP) fentanyl is a synthetic opioid more than one hundred times more powerful than morphine, is being imported into Canada illegally, and has contaminated the illegal drug supply.

‘It’s a huge problem and it’s not just a policing problem’

“It’s not going to get better any time soon, I don’t think,” says Sergeant Darin Sheppard of the RCMP in Surrey, B.C. “We’re taking some of the right steps to slow it down, but there are a lot of communities that are just starting to experience the fentanyl issue.”

("Fentanyl’s Deadly Path: How the powerful drug gets through Canada’s border", 2018)

Fentanyl’s Hidden Danger

• Fentanyl has been mixed with other drugs such as heroin and cocaine (Comeau, 2018). It can be pressed in tablets made to look like prescription drugs.
• Overdoses have occurred where individuals were unaware (Drug Free Kids Canada, n.d.); they were consuming fentanyl.
• It is odorless and tasteless, and therefore, hard to detect (Drug Free Kids Canada, n.d.). It is often found in powder, pill, liquid, and blotter form (Drug Free Kids Canada, "Drugs," n.d.).
• Two milligrams of pure fentanyl (the size of about 4 grains of salt) is enough to kill the average adult.
• Unintentional exposure to pure fentanyl – touching or inhaling – can cause serious harm including death (Comeau, 2018).
• Fentanyl-related deaths have been increasing in Canada (Drug Free Kids Canada, n.d.).
Opioid Poisoning: Hospitalizations & Emergency Department Visits

- An average of 17 people were hospitalized for opioid poisonings in Canada each day in 2017—an increase from 16 per day in 2016. (Health Canada, 2018)
- Rates of hospitalizations due to opioid poisoning are highest for patients who live in communities with a population between 50,000 and 99,999 (CIHI, 2018).
- In 2017, opioid poisoning hospitalization rates in smaller communities were 2.5 times higher than rates in Canada’s largest cities (CIHI, 2018).
- 2,066 deaths: 94% were accidental.

The Cost of Substance Use

- The overall economic cost of substance use in Canada in 2014 was estimated to be $38.4 billion. This estimate represents a cost of approximately $1,100 for every Canadian regardless of age (CCSA, 2018).

Total Cost 2014 Canada

- $38.4 BILLION
  - $2.7 Other Direct Costs 7%
  - $9.0 Criminal Justice 23.3%
  - $11.1 Health Care 29%
  - $15.7 Lost Productivity 40.8%

Sault Ste. Marie Total Cost 2014

- $80.7 MILLION
  - Total Cost in 2014: $80.7 Million
    - 2016 Population: 73,368
    - $23.4 Health Care 29%
    - $32.9 Lost Productivity 40.8%
    - $18.8 Criminal Justice 23.3%
    - $5.6 Other Direct Costs 7%
  - $80.7 Million
The Spectrum of Substance Use

**Responsible Use:**
Typically has positive health or social effects when taken as prescribed by a health care provider to an individual or as recommended.

**Casual, Recreational, or Experimental Use:**
Individuals perceive health or social benefit of the substance to enhance performance or social networking. The high-risk behaviour is often seen as socially acceptable, integral to the "party scene", and largely driven by movie or tv portrayal.

**Problematic Use:**
The impact of substance use extends beyond the individual to family, friends, colleagues, and community. The definition of problematic use is not limited to the frequency of consumption rather it recognizes the behaviour or impaired decision making associated to the substance use. A person may continue to be a high functioning member of society and struggle with substance use in silence.

**Substance Use Disorder (SUD):**
Use that has become habitual and compulsive despite negative health and social effects. Substance use disorders significantly impact health, wealth, home, friends, and family. Dangerous misconceptions regarding who is at risk of an overdose is often related to a person with a SUD due to historical, inaccurate, and often offensive stereotypes.
Concurrent Disorders

The Canadian Center on Substance Use & Addictions (CCSA) defines concurrent disorders as "the term applied to mental health and substance use problems that occur together. The links between mental health and substance use problems are complex. These problems can develop independently as a result of common risk factors or one can lead to the other as a result of self-medication or prolonged distress" ("Mental Health and Problematic Substance Use," CCSA, 2018).

Until recently, Canada’s mental health and addiction treatment systems have been segregated. People were often diagnosed with one disorder but not the other, resulting in a failure to treat both problems together (CCSA, 2018).

Prevalence of Concurrent Disorders in Canada:

- People with a mental illness are twice as likely to have a substance use problem compared to the general population.
- At least 20% of people with a mental illness have a co-occurring substance use problem.
- “People with substance use problems are up to 3 times more likely to have a mental illness. More than 15% of people with a substance use problem have a co-occurring mental illness” (CMHA, "Fast Facts about Mental Illness," n.d.).

Algoma Community Health Insights:

- Serious mental health issues in Algoma include problematic substance use, self-harm and suicide
- Rates of hospitalization due to mental health or addictions are continuing to rise in Algoma. Females in Algoma are more likely to be hospitalized than males Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group (APH, 2018)

Coroner and Medical Examiner Insights:

Coroners, medical examiners, and toxicologists described how opioid- and other drug-related overdose deaths have occurred across all sociodemographic and socioeconomic groups. Characteristics more frequently observed among those who died included:

- a history of mental health concerns, substance use disorder, trauma, and stigma
- decreased drug tolerance
- being alone at the time of overdose
- lack of social support
- lack of comprehensive and coordinated healthcare and social service follow-up
- Polysubstance use was described as a key contributing factor

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The Social Determinants of Health

The social determinants of health are often considered to be ‘at the heart’ of problematic substance use. These determinants are a broad range of personal, social, economic and environmental factors that influence health. Some of these include income, social status, employment, housing, education, childhood experiences, physical environment, social supports, access to health services, and culture. Along with the determinants of health, are multiple personal and environmental risk factors in life that can lead someone to engage in substance use behaviours.

Some examples of these risk factors include: exposure to problematic substance use in the home, exposure to abuse or trauma, adverse childhood experiences, poor academic achievement, loss of employment, coping ability, and availability of substances. Addressing these root causes of substance use can support healthy behaviours and help to reduce the possibility of substance use in our communities.

Protective Factors

Substance use prevention often focuses on strengthening protective factors, in order to reduce the individual and environmental risk factors. Some examples include:

• Building healthy family & peer relationships.

• Providing supportive school & work environments.

• Improving individual coping skills to manage stress, emotional trauma, etc.

• Improving community connections & cultural supports.
Risk Factors Related to Substance Use Disorders

**Trauma**
Youth with a history of child welfare involvement are particularly at risk, as the initial transition out of foster care is associated with increased rates of problematic substance use (Health Canada, 2018).

**Mental Health**
People with a mental illness are twice as likely to experience problematic substance use compared to the general population (Health Canada, 2018).

**Indigenous People**
Indigenous peoples are at greater risk of experiencing mental health and substance use issues due to multiple factors, including the inter-generational effects of residential schools, and other devastating consequences of colonization (Health Canada, 2018).

**Youth**
Youth aged 15 to 24 are more likely to experience substance use related harm, have the highest rates of problem substance use nationally, & illegal drug use last year. Young Adults 18 to 25 have the highest binge drinking rates (Health Canada, 2018).

**Homelessness**
Those experiencing homelessness have a much higher rate of problematic substance use compared to the general Canadian population (Health Canada, 2018).

**Injury, Grief, Isolation**
Older Canadians are vulnerable to problematic substance use due to unique risk factors such as chronic physical conditions, unexpected or forced retirements, social isolation, and bereavement (Health Canada, 2018).

**Gender**
Men are more likely than women to use illicit substances and are less likely to seek support and assistance. Women tend to have lower levels of use than men, but they are more likely to develop related health problems. In 2017, the majority of accidental apparent opioid-related deaths occurred among males (78%) (Health Canada, 2018).

**Sexuality**
Evidence shows that gay, lesbian and bisexual individuals are at higher risk of problematic substance use compared to heterosexual individuals. For example, gay, lesbian and bisexual adolescents have been found to be 2 to 4 times more likely to use substances and lesbian and gay adults have been shown to experience higher rates of heavy drinking, compared to their heterosexual counterparts (Health Canada, 2018).
Rapid Situation Analysis

This report contains the findings and recommendations from the research conducted between June 2018 – December 2018. The rapid situation analysis methodology used in this report incorporates a combination of both qualitative and quantitative data collection techniques. The discovery research included a diverse sampling of information including accredited data, informative interviews, and historical community insights to ultimately arrive at an understanding of the nature, extent, and trends of substance use in the community. The context of information captured is intended to represent the service user and front-line employee perspective. These input process included but not limited to:

Current Strategy & Policy Analysis

Evaluating the SSMADS Projects, Initiatives, and Status Completion provides an overview of the Community Engagement and Front-Line Staff endorsed programs. Inclusive review of the current Government recommendations, strategies, and initiatives implemented locally supporting the “Four Pillars” can provide a historical view and positive success indicators.

Resource Analysis

The Resource Analysis review aims to identify existing service agencies, outreach programs, treatment entry points, clinics both private and LHIN funded.

Contextual Analysis

Contextual Assessment captures subject matter relates to reviewing existing information, this includes “secondary data-sources” both qualitative and quantitative. The Primary Data Collection process focuses on Existing Resources, Environmental Scans, Public Information and Key Informant Data Collection. The Contextual Analysis is also a precursor for gaps in services.

Data Analysis

Useful sources of information for a drug use assessment can include law enforcement agencies, local and national service agencies such as drug abuse prevention and treatment centres health information systems, drug users, those in contact with such users and various other at-risk and vulnerable groups. Important Indicators – Who, What, When, and Why.
Current State Research Objectives

- Study risk behaviours & harmful consequences related to drug use.
- Identify scale & characteristics of substance use in diverse settings.
- Document implemented community strategies vs. What is still needed.
- Gain perspective of the service journey for person(s) accessing treatment.
- Evaluate the barriers preventing access to treatment and suitability of options.
- Describe the accessibility + suitability of treatment services.
- Identify target groups & needs for additional strategies.
- Evaluate the community risks.
- Gauge community support for drug strategy related issues.
- Qualitative review of social media narrative.
- Formalizing a broad report of the current state and a ground level perspective for policy-makers and future drug strategy planning.
- Understand current food and shelter needs.
- Assess needs of persons with concurrent disorders, and the treatments available.
- Review high level protective factors planned in short & long-term community plans.

Target Research Areas to Achieve Objectives

- On-site visits and interviews with the majority of the SSM & Area Drug Strategy and partnering agencies.
- Persons with lived experience interviews from a broad treatment entry point and various stages in the treatment journey. (45 Interviews total with committee members, persons with lived experience, and community members were held.)
- Consultation with the Municipal Drug Strategy Coordinator Network of Ontario (MDSCNO) Note: The interim Drug Strategy Coordinator is a standing member of the network representing SSM in the bi-monthly meetings.
- A scan of comparable community drug strategies for best practices and evidence-based results.
- Pro vincial and Municipal Strategies to identify both planned and implemented community health and well-being initiatives.
- Review of multiple data streams including provincial and federal open data, ConnexOntario, Health Quality Ontario, Canadian Mental Health Association, Algoma and Public Health Ontario, Ontario Opioid Reporting Tool, Evidence Exchange Network (EE Net), Canadian Institute for Health Information, Canadian Research Initiative in Substance Misuse (CRISM).
Collective Impact Framework

Collective Impact Framework in 2014, recognizing the need for teamwork, collaboration, and multidisciplinary support to help those struggling with substance use the collective impact SSM & Area Drug Strategy (SSMADS) committee was formed. The highly regarded and successful launch of the “Patch 4 Patch” program was the committees pioneer initiative to battle high-risk substance use behaviour in Sault Ste. Marie. The members understood the increasing overdose trend dangers, growing needs for addiction management resources, and intensifying necessity to advocate for change. Since inception, the SSMADS committee has continued their work to remove the stigma associated with mental health and substance misuse disorders, educate, and engage the community in conversations about the harms-related to substance misuse. To get the conversations started community forums were held to promote addiction awareness and harm reduction services.

We envision a safer and healthier community that optimizes the lives, abilities and health of individuals.

Our Vision

The SSMADS Mission

With the intention of accessing expertise in the field, gathering research and data to develop a comprehensive drug strategy plan, the Committee will promote an environment to reduce negative perceptions, as well as raise awareness of the social determinants affecting individuals, and the community impacted by substance misuse issues.

• 2017 - Indian Friendship Centre Addictions Fair
• 2018 - Healing our Community Forum
• 2018 - Harm Reduction Conference
• 2018 - Naloxone Town Hall Meeting

On February 10, 2018, W5 aired a television interview called “Steeltown Down” which projected an alarming reality for residents – people are dying in the Algoma community. Social media forums like “Facebook” divided the community and unequivocally demonstrated the need for public education and awareness to stop the stigma associated with substance misuse.
Collective Impact Framework

**Inclusion:** All levels of government, the academic, legal, and human service sectors, the private sector, and persons impacted in the community will be involved in a meaningful way in the development, implementation, delivery, and evaluation of research and programs.

**Respect:** We respect the equality, dignity, human rights, strengths, and choices of individuals, families, neighbourhoods, and communities. A person's worth is not impacted by the nature of their substance use. We value compassion over judgement.

**Evidence-Based:** We agree that successful strategies are based on research and practice that demonstrates effectiveness. A full range of evidence sources will be considered, including scientific, community-based and individual experience.

**Sustainable & Relevant:** We agree this strategy is evergreen and will be reviewed to ensure it is sustainable and relevant to the community.

Taken together, these values underpin the goals, objectives, and actions in this strategy and reinforce the government’s commitment to adopt a health-led approach to Mental Health and Substance Use Disorders and to provide the supports that are necessary to help people recover their health, well-being, and quality of life.

**The SSMADS Supporting Foundations**

**Prevention & Education**
Involves coordinated interventions that prevent or delay problematic substance use through public awareness and education.

**Treatment & Recovery**
Provides comprehensive and coordinated wraparound care to support treatment. This includes income supports, housing, and connections to other health care services.

**Enforcement & Safety**
Considers the safety needs of the whole community, while acknowledging that the use and sale of drugs may sometimes be associated with crime and violence.

**Harm Reduction**
Encompasses policies, programs, and practices that aim to reduce the adverse health, social and economic consequences of the use of drugs, without first requiring abstinence.
Community Drug Strategy Roles & Responsibilities

SSM & Area Drug Strategy Committee
- Current, local substance-related issues are identified, community priorities are developed, action plans are reviewed. Feedback/evaluation of SSMADS projects occur.
- Discussion, education, advocacy, program development and knowledge transfer take place among SSM partner organizations.
- Manage communications regarding the progress of drug strategy work.
- Collaborative Impact Objectives are (SMART) Specific, Measurable, Actionable, Relevant, and Timely. Works with the Steering Committee to support the work of the SSM Drug Strategy Coordinator.

SSM & Area Drug Strategy Coordinator
- Drug Strategy Coordinator supports Steering Committee and foundation working group processes.
- Keeps informed about substance use/addiction issues relevant to the local community.
- Complete progress reports of drug strategy work and forwards to designated committees.
- Seek and apply for funding to support the work of the Drug Strategy.

Algoma Leadership Table "ALT" Foundation Champions
- The ALT foundation champions role is to support the work of the committee by bringing resource requests to ALT and providing subject matter expertise related to strategic initiatives.
- Works with the committee to support the work of the SSM Drug Strategy Coordinator.
- Engaging with shared advocacy, submissions or grant proposals, as they arise.
Priorities

1. Identify and implement innovative evidence-based programs to increase treatment capacity and reduce gaps in services.


3. Reduce, prevent, and delay substance use and the harms related to substance use among youth and adults in the community.

4. Improve the service user experience and outcome by implementing a person-centred language and approach in new and existing programs and initiatives.

5. Improve, calibrate, and prioritize contingencies to address accessibility concerns: locations, hours of operation, and proximity of supportive services.

6. Develop aligned working relationships to reduce wait times, enhance collaboration and integration between service organizations.

7. Reduce crime, the supply of illicit substances and community harms associated with substance use to build a strong, safe, and resilient Sault Ste. Marie.

8. Increase treatment capacity and expand access to the community-based mental health and substance use services for children and youth (age 14-25), recognizing the effectiveness of early interventions is dependent on efficient workforce planning.

9. Maximize public awareness and improve community readiness supporting the vital need for prevention education, safety, treatment, harm reduction services and the options available.

10. Establish a resource model, partner organizations, and process for collaborative funding to support the continued work of the drug strategy.

11. Expand the availability of integrated community-based mental health and substance use services for people with complex health needs.
Substance Use in Algoma

The Algoma Public Health Unit “Community Health Profile” provides a high-level snapshot of some of the substance use related issues in our community in Chapter 8: Substance Use & Mental Health.

• The majority of Algoma residents report staying away from illicit drugs (APH, 2018)
• Nearly 4 out of 10 Algoma residents have used an illicit drug in their lifetime (APH, 2018)
• 4 out of 10 Algoma residents have used cannabis more than once in their lifetime (APH, 2018).

Nearly 4 out of 10 Algoma residents have used an illicit drug in their lifetime

4 out of 10 Algoma residents have used cannabis more than once in their lifetime

Algoma Substance Use Critical Insights

Ranked #1 as the highest rate of opioid poisoning related emergency department visits compared in Ontario and Alberta with a population of 50,000 - 99,999 (CIHI, 2018).

Ranked #8 in the top 15 highest number of opioid poisoning hospitalizations by census subdivision, Canada, 2017 (CIHI, 2018).

There were 22 deaths due to opioid overdoses in Algoma in 2017 (Public Health, 2018).

2017 Opioid-Related Deaths per 100,000 for Algoma 19.1% - Double the province rate of 8.9% (APH, 2018).
Youth Cannabis Use in Algoma

- Algoma Youth are struggling with unhealthy behaviours such as smoking/vaping tobacco and cannabis. (APH, 2018).
- 28.3% of Algoma youth aged 12 to 19 years old have tried cannabis. In Ontario overall, 22.9% of youth have tried cannabis APH, 2018).

Substance Use During Pregnancy

- 6.1% of Algoma mothers use alcohol or drugs during pregnancy (APH, 2018). This is comparable to 4.3% of mothers in Ontario. Alcohol and drug use during a pregnancy can lead to fetal alcohol spectrum disorder (FASD) and other serious pregnancy and birth complications (APH, 2018).
- 1 in 4 Algoma mothers experienced a mental health challenge during a pregnancy or postpartum, most commonly anxiety and/or depression (APH, 2018) This is a higher proportion of mothers compared to Ontario (25.6% versus 15.8%).

Blood-Borne Infections Related to Substance Use

- In 2017, there were 83 people diagnosed with Hepatitis C in Algoma, which was the highest number of new cases in a year since 2008 (APH, 2018)
- During the 5-year period between 2013 and 2017, Algoma’s rate* of new hepatitis C cases was the highest in the Northeast and in Ontario (APH, 2018)


The SSM & Area Drug Strategy - Call to Action 2019
Informant Interview Insights

- Community Readiness - No Awareness or Resistance: Some community members do not feel opioids are an issue or are unaware of the problem while some community members know substance use is an issue across Canada but there is little recognition of the local opioid crisis.
- The Social Media Narrative: Social media activism can drive misinformation, distort public understanding, and disrupt support. The lack of civility can increase polarization. Comments can be readily enforced because of the lack of viewpoints and critique of ideas. Misinformation can be easily shared to generate a large audience further escalating discrimination and stigma around substance use.
- Overdose Risk Awareness: Prescribed, Casual, Recreational, or Experimental substance use related overdose risks are overlooked and are often considered socially acceptable. The dangerously inaccurate historical stereotype "addict" drives the perceived risk related to substance use morbidity and mortality.
- Community members accessing help have difficulty understanding the clinical language describing the various program treatment and wraparound treatment processes. (i.e., websites, information documents)
- Hours of Operation for services are brief or represent business hours.
- Coordination of care is problematic often leaving gaps in the treatment journey, cause transportation issues (i.e., parking, bus fare, fuel, time), redundant admission processes, lack of services available, requirements to access service (i.e., government id, health card, address).
- Local treatment options are limited, and integral services are unavailable for both youth and adults (i.e., withdrawal treatment, day/evening treatment options, vocational rehabilitation, congruent treatment for concurrent disorders).
- Limited available relevant, timely, measurable local captured data and surveillance information related to mental health and substance use. (i.e., the number of people impacted, waiting for service, who are leaving the community to access services, completing treatment, etc.)
- Inconsistent alert response public advisory notice related to increased overdose frequency.
Informant Interview Statements

• I can't work - I am currently on Ontario Works and waiting for Approval to move to Disability. Wouldn't it be cheaper and easier to build a treatment centre?

• I was told that I need to be sober to get into treatment for x" days. How am I supposed to do that when the only thing keeping me alive right now is Methadone."?

• It'd be nice to use clean needles but it's not worth the bus rides.

• I am in recovery - all the services in place to help are downtown! That's exactly where I don't want to go... that's where the temptation is.

• Every time you go to the hospital you pay $6 for parking, or you take 2 buses there and back.

• I don't function on business hours but these places that supposed to help are open a couple of hours per week which is not helping.

• I like to go to the Neighbourhood Resource Centre - There's always someone there to help, doctors, I can even get haircuts there.

• I called ConnexOntario they just gave me a list. I could have come up with a better list than that.

• My daughter has been missing since July - People say they saw her, but I haven't heard from her.

• Why do I have to wait more than 2 months for treatment and how I am going to get there.

• I was so frustrated - I looked on the SAH website, and it says withdrawal, crisis, and looks like there is help there but the detox centre is a house on Queen Street with 2 floors, no medical staff to support withdrawal. They told me if I was brought to the detox centre, they wouldn't be able to assist me.

• My withdrawals from heroin are so awful, I have done things I never thought I would ever do just to get money to buy more.
Community Strengths

Federal and Provincial led initiatives to support the opioid crisis continue to gain momentum in all public sectors encompassing: Treatment, Prevention, Harm Reduction, and Enforcement. It is important to recognize many of the strengths and challenges identified within the mental health and addiction services are relative to the provincial and federal concerns. Examples include funding challenges, barriers to accessing services, and evidence-based practices. Locally identified strengths and challenges captured through informant interviews provided a vantage point of front-line workers and community member experiences navigating the service. Front line staff collaboration and municipal leadership partnerships.

- Medication Assisted Treatment availability (“MAT” Methadone/Suboxone)
  Significant increase in the number of Doctors + Nurse Practitioners able to prescribe Methadone/Suboxone. Ontario Pharmacists Association approved pharmacy locations now dispensing MAT treatments.
- Alternatives for Youth through Algoma Family Services provides a comprehensive service supporting mental health and substance use disorders (Algoma Family Services, “Alternatives for Youth,” n.d.). The sixteen-week Monday to Friday Genesis program supports day/evening care for youth age 12-18.
- Improved community access to Naloxone: Through the Ontario Naloxone Program community members can access Naloxone kits at no charge from the Algoma Public Health or with a valid health card from local pharmacies. Emergency services have completed training and carry Naloxone.
- Outreach programs, drop-in counselling, and support groups have continued to expand. The Neighborhood Resource Center Community Hub is considered a successful model that can be replicated in other communities.
- Needle disposal bins and needle exchange program expansions: In 2014 the Group Health Centre provided two needle disposal bins. In 2018 APH and the municipality added an additional three disposal bins. There are 5 in total. Additionally, needle exchange programs have been implemented.
- Concurrent Disorder Specialist and support program at the Sault Area Hospital SAH helping those with complex needs.
- April 2018, the Rapid Access Addiction Management (RAAM) Clinic opened and is providing support to the community.
- The North Shore Tribal Council Addictions Services Initiative (ASI) services and expansion provided as part of the Council’s Ontario Works Program. Services included strong capacity for ADAT assessment and provision of significant case management and wrap-around services. (Education, employment, and employment readiness supports). (NE LHIN Addiction Services Review, 2016)
Community Challenges

- Overdose related poisonings. Fentanyl and its derivatives have contaminated the illicit drug supply, it is difficult to detect, and can arrive in Algoma through multiple ports. (Mail, Train, Airplane, Cargo Ship, Automobile, International Border).
- Public health and safety concerns regarding risks associated with used needle improper disposal non-health care settings. (Garbage bags, between chairs, parks, public areas)
- Morbidity and mortality continue to escalate due to harms associated with substance use. (Death, Blood-Borne Infections, Neonatal Abstinence Syndrome Disorder, Concurrent Disorders)
- The stigma associated with mental health and substance use disorders is ubiquitous and difficult to manage when supportive efforts are relegated with discriminating commentary at a local level. Locally evident stigma exponentially increases the difficulty of conveying crucial public awareness and education warnings. Misleading stigma-based forum narratives can overshadow the message content.
- Withdrawal treatment challenges have escalated since the Greyhound bus transportation routes changed no longer provide access to the withdrawal treatment center in Smooth Rock, Ontario.
- There is a critical need for the Sault Area Hospital proposed thirty-three bed Level III Withdrawal Treatment Facility and to implement a contingency plan to support those who need withdrawal treatment in the interim.
- There is a lack of day/evening treatment services to support the community needs. The hours of operation providing support to the community do not meet the needs for those accessing services. Example: The SSM RAAM Clinic is open Monday, Tuesday, Thursday, Friday 1200-1500. Closed Wednesday and Sunday.
- The majority of services available are centralized to the downtown area which can be beneficial for those who live and work in the area. The locations for those accessing services outside the downtown core area in the east/west ends of the city have limited access to needle exchange programs, support programs, and peer groups.

"People who are dependent on opioids and other substances have a health problem – often described as addiction. Addiction is not a crime. It is not a moral failing. It is a health problem. The drivers of problematic substance use are well known. They include: Stigma and discrimination, Poverty and the absence of social supports, Isolation, rejection, Abandonment, Abuse, conflict, and Mental illness"

DR. JANE PHILPOTT, FORMER MINISTER OF HEALTH
Data Insights:
1. Multiple programs have wait-lists to complete assessment and to access service.
2. There are extensive gaps in the service continuum between eligibility assessment and treatment programs. Critical treatment services available in Ontario are currently not available in Algoma. (Withdrawal treatment, day/evening treatment etc.)
3. There are areas of opportunity specific to reporting compliance.
4. Services available in Algoma are not listed in ConnexOntario and or are incomplete.

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No Programs Listed for Algoma:
- Vocational/Employment
- Addictions Withdrawal Management
- Centralized/Coordination Access
- Day/Evening Care - Addictions
- Day/Night Care Mental Health - General
- Inpatient - SAH Service Not Listed
- Residential Treatment - Problem Gambling

The SSM & Area Drug Strategy - Call to Action 2019
Algoma Opioid Response to Date

2003 - 2012
- 2003 APH Methadone Maintenance & MMT
- 2003 OATC Methadone Clinic
- 2010 Leading Mentally Healthy Schools
- 2012 NEP - Needle Exchange Program Expansion

2013 - 2014
- Neighbourhood Resource Centre Education K- Gr 12
- Supporting Minds Program
- Launch Patch 4 Patch Fentanyl Program
- 1st Annual Recovery Event

2015 - 2016
- Road to Recovery Clinic
- Needle Drop Bin Program
- Good Samaritan Overdose Act
- N'Imnoeyaa Mental Wellness & Minobamaazizing Services Expansion
- Naloxone Distribution
- Annual National Addictions Awareness Week
- Youth Outreach Services Expansion
- Community Homelessness Prevention Initiative (CHIP)
- Naloxone Kits Expansion to Pharmacies
- Indian Friendship Centre Addictions Fair

2017
- "Rapid Access Addiction Medicine" RAAM Clinic
- Naloxone Kits Expansion to Public Health - Further Education & Awareness
- Cannabis Awareness
- Needle Drop Bin Program Expansion
- Methwatch
- Safe Meth Smoking Kits
- Indigenous Child Care + Housing Initiative
- 1st Annual Silver Ribbon Gala
- Project H.E.A.T.
- SAH Proposed Level III Withdrawal Centre
- Community Advocates for Provincial and Federal Funding to Support Opioid Crisis
- 9th Annual Recovery Event - Venue Change "Rockin’ Out For Recovery"
- Healing Our Community Forum
- Family Matters Conference
- Harm Reduction Conference
- Naloxone Town Hall Meeting
- W-5 Steeltown Down Interview
**Patch 4 Patch**
Initiated locally by the Sault Ste. Marie and Area Drug Misuse Strategy Committee, the Fentanyl Patch 4 Patch Exchange Program is a collaborative effort between area physicians, pharmacists, and agencies, including Algoma Public Health, Sault Ste Marie Police Service, Group Health Center, A New Link, Sault Area Hospital, the North East LHIN, and Dr (Hopper, SooToday.com, 2015). Dr. Alan McLean and the Superior Family Health Team. This program requires patients to return any patches previously dispensed to them back to the pharmacy before they can receive more (Hopper, "New local initiative aims to reduce illegal drug use," 2015). The program was developed in response to an increase in misuse, illegal use, trafficking and overdose over the last few years (Hopper, "New local initiative aims to reduce illegal drug use," 2015).

**Neighbourhood Resource Centre**
The SSM Police Service’s Gore Street Neighborhood Resource Center, which started in 2014, pulls together several initiatives and services for people in the area. Since its inception, partners, including police officers like Constable Darin Rossetto have developed trust and respect with residents through positive interactions (NE LHIN, "Championing Community Well-Being and Safety," 2016). It is increasingly becoming a place where people turn for help. Police have seen a decrease in calls for property crime, social disorder, and violent crime in the area since the resource centre started (NE LHIN, "Championing Community Well-Being and Safety," 2016). The service --through efforts of Deputy Sean Sparling, Inspector Mike Kenopic, Constable Chris Kellar and Constable Mark Virtanen-- has also partnered with the Sault Area Hospital so that a crisis worker is available during peak periods of the day to accompany officers on calls (NE LHIN, "Somebody thinks city police are just super," 2016). For mental health calls, this has resulted in 34% fewer apprehensions under the Mental Health Act and 18% fewer apprehensions for attempt/threat of suicide calls (NE LHIN, 2016). Through this collaboration, more people are being connected to mental health services and officers have waited on average about 10 minutes less in hospital. This means that for the 250 apprehensions that did occur (requiring officers to wait with people in the emergency department while they were admitted to hospital) officers were able to save 41 hours that could be applied back to frontline policing.

**The Good Samaritan Drug Overdose Act**
The Good Samaritan Drug Overdose Act provides some legal protection for individuals who seek emergency help during an overdose (Health Canada, "Good Samaritan law," 2019). The act became law on May 4, 2017. It complements the new “Canadian Drugs and Substances Strategy”, our comprehensive public health approach to substance use. Harm reduction is a key part of the strategy alongside prevention, treatment, and enforcement. The act also supports the Federal Action on opioids, and the Joint Statement of Action to address the opioid crisis and prevent further overdose deaths. We hope the act will help to reduce fear of police attending overdose events and encourage people to help save a life.
Methwatch
Methwatch is a proven and accessible program that has resulted in methamphetamine lab seizures, hampered small toxic lab methamphetamine production, and decreased pseudoephedrine product losses by retailers across North America (Methwatch, n.d.). Voluntary retail involvement is the key to program success, SSM project lead Liz Casselman, a pharmacist with SSM Independent Drug Marts and member of the drug strategy committee left no stone unturned in the countless calls and resource deliveries to support the program launch. The program officially launched January 2019, with a Crime Stoppers public awareness campaign, and the many participating retailers strategically posting Methwatch signs and tags on their storefronts and on the shelves where the products are located.

Ontario Naloxone Program
The “Carry Naloxone” Toolkit supports the Ontario Public Health Units (PHU) in carrying out their mandate under the Harm Reduction Program Enhancement Initiative funded by the Ministry of Health and Long-Term Care. This initiative will expand the distribution of naloxone through the Ontario Naloxone Program and aims to reach people who use drugs where they are (EENet Connect, "Projects: Naloxone," n.d.). PHUs serve as naloxone distribution hubs for eligible community-based organizations, which include shelters, outreach organizations, AIDS service organizations, Community Health Centers, Aboriginal Health Access Centers, and withdrawal management programs (EENet Connect, "Projects: Naloxone," n.d.). Through these organizations, naloxone is distributed on an ongoing basis to individuals at risk of an opioid overdose, or family and friends of individuals at risk of opioid overdose. PHUs also distribute naloxone to police and fire services (EENet Connect, "Projects: Naloxone," n.d.)

RAAM Clinic
The Algoma RAAM Clinic, operated by the Sault Area Hospital sees clients at the Addictions Treatment Clinic, 123 East Street. Patients can walk-in or call 705-759-3434 ext. 7200. The SSM RAAM Clinic is open Monday, Tuesday, Thursday, Friday 1200-1500. Closed Wednesday and Sunday. No booked appointment or referral is necessary, although referrals from doctors, nurses, social workers, addiction counselors and community providers are welcome (SAH, n.d.). The RAAM model is designed to initiate therapy for opioid or alcohol addiction and then triage clients to the most appropriate ongoing care provider (NE LHIN, n.d.). It is not intended to replace or duplicate the care provided by a primary care provider or a treatment clinic. The Algoma RAAM Clinic will provide outreach supports to providers throughout the north and east Algoma District. As one of the highest users of telemedicine with 300 Ontario Telemedicine Network sites across the region, this strategy leverages virtual expertise to ensure equitable access to services for Northerners living in Algoma (NE LHIN, 2018).
Single Session Walk-In Counselling
Algoma Family Services, Algoma Public Health, the Canadian Mental Health Association, John Howard Society, and the Sault Area Hospital partnered to provide service to children, youth, adults, couples, and families. Counselling sessions can last 60 – 90 minutes and are primary objective is to address the clients concern. Services are conveniently located at the Canadian Mental Health Association on Tuesdays from 11:30 AM - 7:00 PM.

Needle Drop Bins
An estimated 18,000 used needles were dropped in the 3 initial Needle Drop Bins from Jan-June 2017. The program is designed to keep used needles off streets and in public areas. The needles posed a risk to anyone passing by or to waste management employees. The success of the program supported the expansion of the program within SSM and the surrounding area. The current locations within SSM:
1. John Howard Society, 27 King St, Sault Ste. Marie
2. Southeast corner of Gore and Albert E, on Albert St.
3. 235 Wellington Street West (Steelon Seniors Centre)
5. 172 James Street (Soup Kitchen)

Genesis Day Treatment Program - Algoma Family Services
Genesis Day Treatment Program services adolescents between the ages of 12 and 18 who are experiencing issues with substance abuse and mental health. Genesis provides individual, group and family counselling, healthy active living education, the opportunity to learn life skills, and adventure-based learning (Algoma Family Services "Genesis Program," nd).

Alternatives for Youth - Algoma Family Services
Alternatives for Youth (AFY) provides alcohol and drug counselling services for youth, ages 14 to 25, and their families, in Sault Ste Marie and District. Using a client- directed service model, AFY provides individual, group, and family counselling for youth and their families, school-based outreach services, substance abuse awareness sessions, programs for parents, after-care services, harm reduction/relapse prevention and drug and alcohol assessments (Algoma Family Services, "Alternatives for Youth," n.d.).
Scan of Comparable Community Drug Strategies

Shared themes captured in comparable community response plans indicated relative strategies and initiatives. The more common fields of focus across the province:

Collaborative Partnerships:
• There is a broad community representation with a confident voice from the front-line workers and those with lived experience partnering with stakeholders in planning.
• Improved communication + collaboration across agencies and between leadership to front-line workers is a common goal to maximize efficiency and funding opportunities.
• There is a growing agreement in Canada that problematic substance use is a health issue that can be prevented, managed, and treated, and that requires a health focused response.

Public Health Education and Communication:
• A response that balances public health and well-being with public safety. Consistent communication is needed with the broader community about opioid use, overdose prevention, monitoring/surveillance, public education and awareness.

Framework for Action:
• Public sector collaborative banner headings typically represent: Prevention + Education (2) Treatment + Recovery (3) Enforcement + Safety + Justice (4) Harm Reduction
• Coordinated and comprehensive response: Leadership Structure: To provide sustainability, coordination, evaluation, and project progress oversight.
• Evidence-based activities: Prioritizing strategies and implementing activities that are part of developing the strategy (e.g., community consultations), evidence-based proven results are reviewed for best practices locally and globally.
• Support of the municipality: Municipal or regional council endorsement, with the partnership of “Pillar Champions” who propel activities forward and advocating the strategy at several levels.
Recommendations

Overarching

In addition to opioid-specific interventions the Sault Ste. Marie & Area Drug Strategy recommends addressing Substance Use Disorders inclusive of opioids and Concurrent Disorders. Providing a comprehensive treatment plan specific to the needs of the client and capturing relevant data will further support the ongoing drug strategy initiatives ensuring sustainability by progressive adaptability.

Build Social Connections Using Protective Factors
1) Advocate, support, and seek opportunities for policies and programs that address poverty, homelessness, housing, and other social determinants of health including both remote and Indigenous communities’ social determinants of health.

2) Continue to acknowledge, partner, and support the front-line work of addiction, and mental health practitioners. The front-line workers are field experts and welcome the opportunity to share their valued insights captured through their work and any opportunities to evaluate the workload efficiency, and the potential to remove redundancies. Front-line worker informant interviews captured the cascading impact to their daily work responsibilities to include: the challenges of supporting clients without government identification, and the additional time necessary to begin the process, the time limitations with legal-aid and potential coordination to provide time sensitive help.

3) Encourage participation of people with lived experience during development and implementation of programs, services and campaigns.

4) Hours of Operation, location of services and transportation needs to access service were concerns captured through informant interviews. Asset mapping to reallocate services and hours should support optimal utilization for any person accessing services. Education should extend beyond the school and echo in the community through coaches, parents, social groups.

5) Work to reduce stigma related to substance use and addictions.

Information and Communication Technologies (ICT)s
6) Develop a comprehensive SSM & Area Drug Strategy website to manage the current resources, allow for a central point of access for information and updates, in addition to formalizing a robust information center merging cross-sector community resources.
7) Develop a mechanism for ongoing implementation and evaluation of the SSM & Area Drug Strategy.

8) Explore the use of technology and innovative approaches in treatment, recovery and remission (e.g., online treatment programs, text messaging support services).

9) Integrate "Information and Communication Technologies" (ICT). E-health (mobile health, tele-health) can play an important role in making services more accessible and person-centered as well as improving the operational systems of care efficiency. Individual, peer, and family services are available with some limitations. Smart recovery, good to talk and other web-based services are also examples of ICT.

**Youth Support and Services**

10) Consider the development of a Youth Drug Strategy with a transitional bridge to adult care and engagement plan.

11) Monitor funding opportunities as they become available with a keen focus on the provincially supported "Youth Wellness Hubs."

**Treatment: Access and Equity**

12) Support service should be flexible and compassionate. Lack of money, transportation, phones/internet, hours of operation, and identification are barriers for some people accessing service. Not all people who access service have a cell phone, access to the internet, or identification to obtain a library card to use a public computer.

13) Support workers at all levels should be providing resources and guidance using plain language free from field of expertise verbiage. Websites, treatment programs, and resource materials revisions should be accommodated within the community agencies. The end user experience is critical.
Prevention & Education

Prevention programs includes strategies and interventions that help to prevent the harmful use of substances. This includes:

• Reducing individual, family, neighborhood and community harm from substance use by addressing risk factors and enhancing protective factors.
• Delaying the onset of first substance use and reducing the incidence (rate of new cases over a period) and prevalence (number of current cases at one time in a population) of problematic substance use and substance dependence.
• Providing education regarding substance issues, resiliency, and the social determinants of health.

Examples of prevention include supporting the development of programs /curriculum to educate youth regarding the risks/benefits of substance use, offering family and individual mentor programs that build resilience and protective factors, and engaging in the development of municipal policies regarding selling and accessing substances (WGDS, "Wellington Guelph Drug Strategy (WGDS) Strategic Plan 2017 - 2022," 2017).

Build Social Connections Using Protective Factors

14) Engage and support community primary care providers as valuable partners in prevention by providing up-to-date and evidence-based information, resources, and tools for working with patients including families, children, youth, adults, and older adults (e.g., screening and brief intervention tools, Low-Risk Alcohol Drinking Guidelines).

15) Increase access to holistic pain management services and encourage safe drug prescribing practices: Explore alternative pain management resources, and advocate for psycho-social and physical treatments to be made available (e.g., physiotherapy, massage therapy, yoga, meditation) at no - or low-cost.

16) Launch a Good Samaritan Act Campaign to provide education and awareness with localized information and stories. Leverage high-school, college, and university students in film studies to lead class projects with best in class presentations used as campaign materials.

17) Recreation and Leisure Activities: Offer diverse programs at low or no costs. Provide support and resources to neighbourhoods and their associations to enhance social development programs and capacity. Increase barrier-free access to arts, leisure and recreational activities.

Youth Support and Services

18) Encourage the Algoma District School Board (ADSB) and Huron-Superior Catholic District School Board (HSCDSB) to consider alternatives to expulsion / suspension due to absenteeism. This will ensure at risk youth are not left behind.

19) Include youth and adults with lived experience in delivering educational programming where appropriate.
20) Local school boards should continue to advocate to the Ministry of Education for the escalating need for additional mental health and substance use disorder content, and support teams, in the elementary and secondary curriculum where necessary.

21) Offer curriculum-based presentations to youth and parents in the school system and community at large, with a focus on coping skills, and dealing with trauma.

22) Youth education and overdose prevention regarding “Pharm Parties”. This is where youth meet at a location, and where they are available to them, drop an array of pharmaceuticals (like Vicodin, Oxycontin or Xanax) into a bowl, then consume handfuls of this dangerous “trail mix.” (Susan Solecki & Renee Turchi, 2014).

Public Awareness and Community Readiness
23) Assess the current community awareness, readiness, and education plan regarding exposure to improperly disposed syringes. All community members should be aware of the possible contamination risks, recommended safe disposal handling practices, and who the community authorities are that should be contacted with questions and concerns. The information should be in plain language, and accessible to all community members. Workplaces with increased risks of exposure should mitigate the risk through harm reduction training to prevent injury and the urgent level of care required in the unfortunate incidence an employee is stuck with a needle. Location considerations: High volume public traffic areas, parks, and festivals.

24) Develop a public education and information campaign regarding the need for harm reduction services within the community.

25) Ensure remote and rural communities are included and aware of services and critical public health messages.

26) Promote Canada’s Low Risk Cannabis Use Guidelines and Low Risk Drinking Guidelines.

27) Provide accurate substance-related information and prevention messaging to the community about the facts, protective factors and impact of substance use.

28) Reduce Stigma. Increase public awareness of Substance Use Disorders and Concurrent Disorders.

29) Utilize federal and provincial media information packages within the community and public sectors. Develop appropriate materials to fill any information gaps.

Treatment: Access and Equity
30) Continuum of Care - Ensure Treatment plans are including adequate aftercare and ongoing support for individuals leaving treatment programs. Examples: Transitional housing, Peer Support Groups, Ongoing Counselling, SMART Recovery Model.
Treatment & Recovery

The Treatment and Recovery Pillar supports the development of services and programs to provide options along a continuum of care to support the differing needs of individuals experiencing substance-related issues. These services vary in duration and intensity, ranging from abstinence-based programs to managed use programs, depending on individual client goals. This includes:

• Providing trauma-informed and recovery oriented practice models of care.
• Wraparound services from commencement through to remission.
• Advocating for supportive housing services for people with substance dependency
• Offering peer-based support services.
• Building capacity within multiple sectors, including primary care and the justice system, for substance dependency treatment to be identified and offered in a timely and purposeful way (WGDSC, 2017).

Examples of Treatment and Recovery include supporting the development of both community and residential withdrawal management ("detox") and offering a variety of both inpatient and outpatient treatment services such as community-delivered addiction medicine services, counselling, self-help programs and so on, to meet a wide-range of client needs.

Build Social Connections Using Protective Factors

31) Encourage and develop peer and family support groups. Integrate the experiences and knowledge of individuals with lived experience. Expand and enhance current peer support groups and support the development of both a family and peer support network.

32) Explore street outreach models, community hubs, youth hubs, multi-agency services and identify current capacity, ease of access and potential need for additional locations for community services access. Promote and incorporate the Smart Recovery program as a low threshold treatment option within all agencies supporting mental health and addictions. These programs and supports are innovative and are easily adaptable into current treatment programs.

33) Incorporate housing and social supports, including permanent supportive housing units and rapid rehousing interventions, into treatment for persons with housing instability or those who are experiencing homelessness. This requires collaboration between healthcare providers and housing and homeless services providers. ("Opioid Abuse and Homelessness," 2014)

Youth Support and Services

34) Capacity Concern - ADSB Post-Secondary Mental Health and Addictions: Advocate the local need for the Ministry of Education to Increase Mental Health and Addictions Team Staffing by minimum 3 FTE to support the current case management load and expand services to enhance early intervention and prevention education. Consideration to engage Post-Secondary Institutions in exploring virtual support groups to ensure students living in rural locations can access vital programs.
35) Capacity Concern - Increase the Alternatives for Youth (AFY) service capacity within Algoma Family Services by at least 3 FTE. The continued efforts to adapt and overcome treatment access through outreach programs and services by the AFY team has a significant positive impact in the community. The Alternatives for Youth programs offered are highly regarded within the NE LHIN, and comparable communities with similar services have quantified the need to support the ongoing need to engage the youth in the city, provide justice diversion programs, concurrent disorder treatment options, early interventions and prevention education to deter young people.

Public Awareness and Community Readiness
36) Educate and inform individuals about their treatment options and what to expect while navigating through treatment. The opportunity to educate and inform should be extended to family members of those seeking treatment and parallel family service options reviewed when applicable.

Treatment: Access and Equity
37) A review of day and evening treatment options should be prioritized and implemented where capacity needs are the greatest.
38) Adapt the prescribed Health Quality Ontario (HQO) “Health Quality Ontario Patient Reference Guide” recommendations into the strategy implementation framework.

39) Evaluate local treatment capacity to ensure timely access to treatment and recovery services that will support remission. Staffing levels within treatment and recovery models should support timely access to recovery and the services offered. Those with potential concurrent disorders should be referred for assessment and possible dual diagnosis. Patients who are diagnosed with co-occurring disorders need to receive the appropriate specialized care to treat both the mental health and substance use disorder.

40) Intensive Treatment Crisis Services: People clinically diagnosed with an opioid use disorder who are in moderate or severe withdrawal from opioids offered relief of their symptoms with buprenorphine/Methadone within two hours.

41) Treatment and recovery should focus on client centred services (cultural / indigenous-specific, youth-specific, and concurrent-disorder focused).

42) Increase the number of psychiatrists that provide assessment and treatment to persons who use substances and provide street outreach in the Sault Ste. Marie and Area.

43) Provide timely and low or no-cost mental health assessment and treatment services.

Our Partners & Policy Makers - Changing Forces
44) Continue to support Mayor Provenzano and the Sault Area Hospital proposed thirty-three bed Level III Withdrawal Management Facility.

45) Review and adjust the hours of operation for treatment and wrap around services to ensure they fit the patients’ needs. Care providers should pay attention when making referrals to locations to promote ease of access for those beginning the treatment journey are not taking their first steps to remission to a closed door.
Harm Reduction

The Harm Reduction Pillar provides a health-centered approach to substance use. The principles of harm reduction require that no harm is done to those suffering from substance addiction, and that the focus is on the physical, emotional and relational harms caused by problematic substance use, rather than substance use itself. Customized harm reduction interventions can meet the needs of individuals, families, organizations, or society. This includes:

- Taking action to reduce the stigma associated with substance use and addiction
- Building relationships with substance consumers so that the voice of lived experience contributes to all SSMADS projects
- Advocating for health equity in the delivery of addiction services
- Seeking opportunities to educate about, and advocate for, harm reduction approaches (clinical, policy-focused, legislative, etc.)

Examples of harm reduction include needle exchange programs, offering overdose education/prevention and safe consumption sites, educating prescribers about opioid substitution therapies, mobile clinics, outreach, and education about naloxone kits so that they are available to anyone who makes a request.

Build Social Connections Using Protective Factors
46) Conduct community engagement sessions to attain feedback and evaluate a community response to address concerns regarding syringes in community spaces. This is a controversial subject with in local community social media forums.

Public Awareness and Community Readiness
47) Encourage all local institutions and businesses to integrate naloxone into their first aid policies.

48) Post signage in higher risk areas (public parks, festival, and recreational areas) that clearly outline the risk and what actions to take when a needle is found or any related drug paraphernalia. Human Trafficking - Provide opportunities to increase safety and support for women and men involved in the street level sex trade (e.g., 24-hour access to a safe place, 'bad date' lines, victim supports).

49) Promote Naloxone awareness and public naloxone training (e.g., at community organizations, public demonstrations at the mall, pharmacies).
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50) Advocate for Supervised Consumption Site (SCS): aka Supervised injection sites (SIS), or Drug consumption rooms (DCR), are legally sanctioned, medically supervised facilities designed to address public nuisance associated with drug use and provide a hygienic and stress-free environment for drug consumers.

51) Encourage needle disposal “sharps” containers in local businesses and institutions. Focused concentration for sharps containers in high traffic public spaces or areas prevalent to improper disposal of needles.

52) Further expand Needle Exchange Program (NEP) beyond the current centralized locations to provide broader service area coverage. (Pharmacies, Walk-In Clinics)

53) Medication Assisted Treatment (MAT) Methadone and Suboxone treatment programs are not a “quick fix” instead they are a part of a long-term and comprehensive maintenance program for opiate dependent clients. (Andrews, Shin, Marsh, & Cao, 2013) The prescribed treatment for patients receiving Methadone or Suboxone is inclusive of counselling. Approved pharmacists dispensing MAT drugs have completed an eight-week intensive course that includes providing counsel. It’s important to recognize the difference between a professional counsellor, and a person who has completed training to facilitate a conversation.

54) Mobile Outreach Programs - Encourage the North East Local Health Integration Network (NE LHIN) to support mobile outreach services to provide harm reduction education, materials, primary health care services, and referral to related services.

55) Review Algoma Public Health and Board of Works collaborative plan for timely needle retrieval. Include Public Awareness Campaign to ensure community members are aware of the process and who should be called to convey concerns.
Enforcement & Community Safety

The Enforcement & Community Safety Pillar recognizes the need for peace, public order and safety. It works to reduce crime and community harms associated with substance use while protecting the vulnerable and preserving and protecting life. This pillar includes local police services as well as the broader criminal justice system of the courts, probation and parole, etc (WGDSC, 2017). This includes:

- Encouraging working partnerships between police, justice, and social/health service providers to address shared challenges
- Supporting individuals whose addiction has resulted in criminal activities to find options that can lead to relapse prevention and remission.
- Developing effective pathways to support community members with substance issues transition safely out of the justice system ("WGDSC", 2017).

Examples of the Community Safety Pillar include Drug Treatment Court, the IMPACT team, advocating for an increase in the supply of Harm Reduction Supportive Housing, and developing case management models to support clients who have been released from custody.

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56) Advocate for Youth Justice Diversion Programs, therapy, and wraparound treatment services for youth who use substances and in conflict with the law. Example: Alternatives for Youth Genesis. For youth that are incarcerated, and treatment is still in progress at time of release it is imperative the opportunity to successfully complete the treatment plan remains intact. Every effort to ensure there is no disruption in treatment should be made including collaborative arrangements for transportation to and from treatment.

57) Border Services and Law Enforcement - The SSMADS, ALT, the MP, and MPP should advocate for the Canadian Border Enforcement Agencies to be granted the authority and lawful privilege to search and test packages under 30 grams for illicit substances. Additionally, that the Federal Government of Canada provides more resources for drug testing packages and other shipments at the local border crossing here in Sault Ste. Marie, Ontario.

58) Enhance surveillance activities and use of overdose data across sectors to provide real-time data and GIS mapping. This recommendation is critical to both prevention and treatment. Multiple communities across Ontario have formalized risk-based processes through partnership agreements between Public Health Units, Hospitals, and Emergency Response Teams to provide timely information on overdose activity through public alert notifications. Information is posted on the drug strategy websites for public viewing with the option to report overdoses confidentially and contaminated drugs circulating.
59) Integrate an anonymous form to report "bad drugs" into organizations supporting mental health and addiction programs services. The program could also facilitate public reporting. The information captured is used to identify trends and when predetermined thresholds are met the aim is to alert the public. This confidential reporting program is widely supported within comparable community drug strategies as a tool in overdose monitoring surveillance.

60) SSMPS Suspicious Internet Activity Parent Education: Develop a program to educate community members of the hidden risks within the home. The “Dark Web” is playing an increasingly dominant role in illegal drug sales. Providing parents and guardians education on suspicious internet activity is paramount. Applying restrictions through setting filters to block access to websites that may lead to purchasing illegal drugs or other contraband can begin in the home.

61) Border Services and Law Enforcement - The SSMADS, ALT, the MP, and MPP should advocate for the Canadian Border Enforcement Agencies to be granted the authority and lawful privilege to search and test packages under 30 grams for illicit substances. Additionally, that the Federal Government of Canada provides more resources for drug testing packages and other shipments at the local border crossing here in Sault Ste. Marie, Ontario.

62) Pill Presses - The SSMADS, ALT, the MP, and MPP should advocate for policy changes regulating commercial pill presses possession to limit access to only pharmacists and others who hold an appropriate license. Ownership and purchasing a pill press are currently not regulated in Ontario.

**Conclusion**

The impact of the escalating substance use crisis in our community requires a community response. With the opioid-related death rate in Algoma being double that of the province, similarly the death by suicide rate as well as the mental health and addictions hospitalization rate surpassing provincial rates, a coordinated approach is required now. The Drug Strategy Committee cultivates a holistic approach to address our community substance use issues and provides information on the research and resources available to support the ongoing work. We are also working to develop a directional framework for the additional action to occur under each supporting area of prevention & education, treatment & recovery, harm reduction, enforcement & safety. Under the leadership of the Drug Strategy Committee, with the support of the Algoma Leadership Table, an opportunity exists for the community to engage in the work through this defined strategy that will evolve as we progress. Together we can make a difference. Together we can save lives and improve the well-being of our community through our collective efforts.
References

Algoma Public Health Unit. Retrieved 08 21, 2018


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