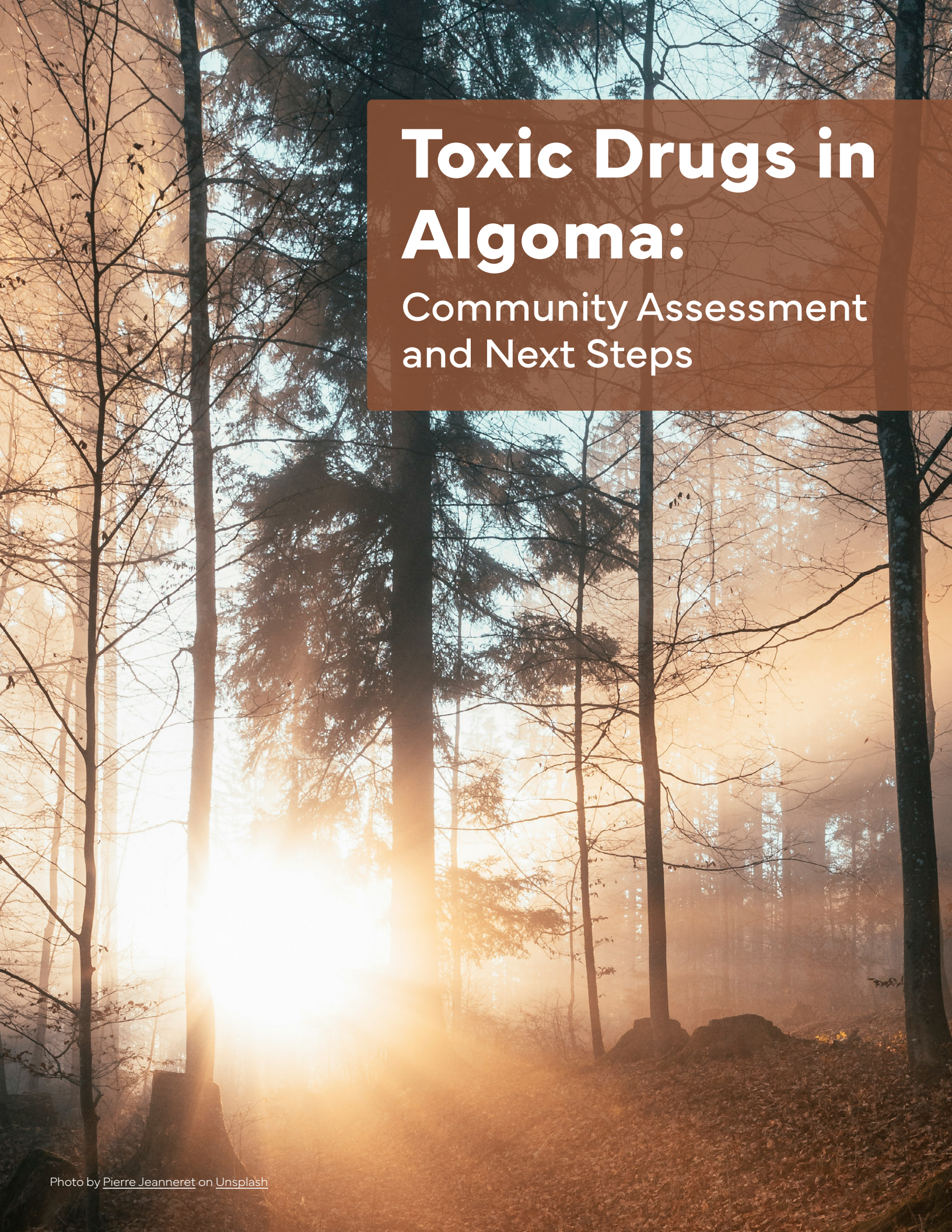
Toxic Drugs in Algoma:

Community Assessment and Next Steps



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CONTENT

Message from the Acting Medical Officer of Health

The toxic drug crisis tragically continues to cause immense suffering in our communities. Algoma consistently has one of the highest rates of substance-related harms in the province. We face many challenges in the North and experience this crisis differently. This report seeks to identify our unique needs and strengths and suggest how we can tailor our local response to address those needs.

As a community, we can change the narrative about people who use drugs and approach substance use through a health and human rights lens. People cannot be well when they feel ashamed, hopeless, or abandoned. As a community we must be open-minded to the many reasons and influences that can lead to substance use disorders and recognize that every person's journey to recovery looks different. Supporting a wide range of evidence-informed practices from prevention and harm reduction to treatment and recovery is important to meet people where they are at and provide them with the resources they need.

Substance use-related harms, including deaths, are largely preventable. By working together, across all sectors and levels of government, we can improve health outcomes and offer hope. To do this, actions must be grounded in the needs of people who use drugs and led by people with lived and living experience. They are the ones who know what works. APH is privileged to have been able to speak with people with lived and living experience of substance use and family and/or friends of people use(d) drugs to gain a deeper understanding of their experiences and what they feel is required to better support and protect people who use drugs.

There are numerous agencies and organizations working tirelessly everyday to support people who use drugs. We are thankful to all the community partners who shared their knowledge and expertise during the interviews and workshops. This is just the beginning of our collective action. We are stronger when we all work together.

Dr. John Tuinema
Acting Medical Officer of Health

Community Voices

"Sault Ste. Marie and the Algoma region are facing a challenge that no community is ever fully prepared for. Among all the statistics and ratings a town could receive, we have unfortunately seen some of the worst in recent years. However, through collective effort and community support, APH and its partner agencies have the power to change the way we address these issues—with education and proper resources. This report highlights the data needed to address the systemic problems we face, providing a clear path forward to build a better future and bring hope to our community. With this report, we can educate, raise awareness, and help break the stigmas surrounding these issues, paving the way for meaningful change."

Nathan Mondor
Alcohol & Drug Prevention Worker
Indigenous Friendship Centre
Sault Ste. Marie

"I view this report as a reasonable attempt to corral the many issues that contribute to the scourge of harmful drug use in Sault Ste Marie and Algoma. This effort will guide future strategizing amongst local and regional stakeholders."

Dr. Robert Maloney
Addiction Physician
Sault Area Hospital

"Be kind. TOGETHER WE CAN assist so many."

Connie Raynor-Elliott
President
Save Our Young Adults (S.O.Y.A)

"I am confident that the information in this report will help to equip everyone from management to front line with the necessary knowledge to make informed decisions not only when it comes time for funding proposals, but also with creation of programming and individualized case planning as well. It is important that staff have an understanding of what's working, what's not working, the needs and the service gaps to better serve a population that looks to us for help. Particularly valuable is the information included by people with living and lived experience, as this voice should be the loudest but can often go unheard. I greatly appreciate the efforts of Algoma Public Health and their partners for compiling this report that will be a valuable resource for our community going forward."

Taylar Piazza
Housing and Homelessness Coordinator
Social Services

Land Acknowledgement

Algoma Public Health delivers services and programs in the traditional territories of the Anishinabek, Ililiwak [Cree], and Wiisaakoodewiwiniwok [Métis Nation]. This includes some of the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories, specifically within the traditional territories of the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations. This also includes the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario.

We say miigwech to thank Indigenous Peoples for continuing to take care of this land from time immemorial. We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.

We commit to the shared goal of Truth and Reconciliation.

ACKNOWLEDGEMENTS

Thank you

Algoma Public Health would like to thank the community partners, people with lived and living experience of drug use, and family and/or friends of people who use(d) drugs who shared their stories, experiences, and knowledge to inform the development of this report. We would also like to extend a special thank you to Gayle Broad and Lauren Doxtater for their time in facilitating the workshops.

The Memorial Wall in Sault Ste. Marie honours loved ones who have passed away from toxic drugs.

Note to readers

Algoma Public Health acknowledges the people who have been harmed by toxic drugs in Algoma, as well as the family and friends who care about them. There are topics, such as death, trauma, and colonization, in this report that may be painful or difficult for some people. We encourage readers to take care of their mental health and seek support by talking to someone they trust or accessing services, like:

- 9-8-8: Suicide Crisis Helpline, call or text 9-8-8
- Hope for Wellness, call 1-855-242-3310 (for Indigenous People)

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EXECUTIVE SUMMARY

Canada is dealing with a toxic drug crisis; on average there are 21 opioid toxicity deaths each day[1]. The unregulated drug supply has become increasingly toxic and unpredictable. Algoma, like other regions in Northern Ontario, is experiencing disproportionately higher rates of opioid-related harms compared to the rest of Ontario.

Algoma Public Health (APH) collects and analyzes relevant data to monitor trends over time, priorities, and health inequities related to substance use. APH has a mandate to support the reduction of harm associated with substance use, as outlined by the Ontario Public Health Standards. Public health units also support the development of local opioid response plans under the Harm Reduction Program Enhancement (HRPE). This report is intended to provide communities in Algoma with the information needed to take collective action.

This report provides a deeper understanding of how the toxic drug crisis is experienced in Algoma. It includes epidemiological data as well as input from people with lived and living experience (PWLLE), family and/or friends of people who use(d) drugs, and community partners from a variety of sectors, which were gathered through interviews and workshops. APH acknowledges the limitations of the data. First, the data primarily represents perspectives from people living in Sault Ste. Marie, a more urban setting. Second, the perspectives from PWLLE reflected in this report are not representative of all people who use drugs (PWUD). Only people who access services were included, so there continues to be a gap in understanding the needs of PWUD who are not accessing services. We recognize the importance of involving PWLLE throughout the process of community priority-setting, however this group was not well represented in the Community Action on Toxic Drugs Workshop.

Finally, we did not ask for any identifiable information when speaking with PWLLE, therefore we are unable to provide Indigenous-specific data which could be helpful for community partners working with Indigenous populations. Indigenous populations are disproportionately impacted by the toxic drug crisis due to historic and ongoing colonial policies and practices that have caused intergenerational trauma, eroded culture and language and created barriers to accessing quality care[2, 3]. Provincial data shows that compared to non-First Nations people, First Nations people are prescribed opioids for pain more often and are nine times more likely to visit a hospital for an opioid-related toxicity[2].

Evidence-informed practices across the continuum of care are discussed to support a comprehensive strategy that addresses the wide range of social-ecological factors that influence drug use. Recommendations are made for how communities and partners could apply this evidence to their work.

To move forward, next steps for a local response plan are proposed based on the local context, community input, and current evidence. Working collaboratively across sectors with kindness and respect will be essential for success. Everyone has a role in supporting the health and wellbeing of people who use(d) substances.

INTRODUCTION

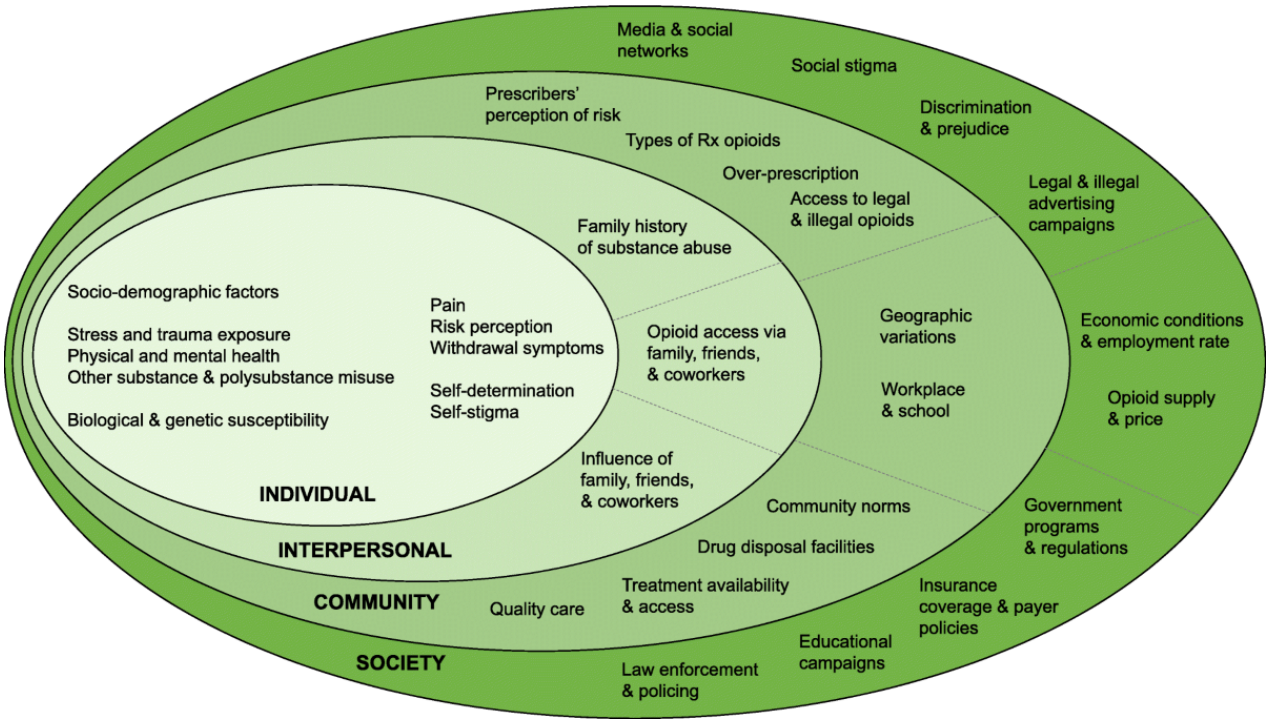
Purpose

The purpose of this report is to provide a general understanding of the toxic drug crisis, how it is being experienced in Algoma, and what we can do as a community to respond. It is critical to ensure that local response efforts are evidence-informed, well-coordinated, integrated, and adapted to meet evolving needs. We hope that readers will gain a deeper understanding of the situation and how they (as an individual or community-based agency) can influence positive change.

This crisis is a complex health and social issue that has overwhelming consequences for people who use drugs (PWUD), their friends, family and communities[4]. Between January 2016 and March 2023, there were 38,514 apparent opioid toxicity deaths in Canada[5] and an average of 21 opioid-related deaths per day in the first three months of 2024[1]. In Ontario, there were 3,432 drug toxicity deaths (from opioids, stimulants and other drugs) reported in 2023 alone[6]. Sault Ste. Marie had the highest rate of opioid-related deaths in Ontario during the first quarter of 2024[7].

One way to conceptualize the complexity of this issue is through a social-ecological framework (Figure 1) which describes risk and protective factors that influence drug use at four key levels: individual, interpersonal (or relationships), community and society[8]. It also shows why a comprehensive approach with multifaceted interventions is needed to effectively address the issue. There is not one single solution that will solve this crisis.

Figure 1. Social-Ecological Framework of the Opioid Crisis (Jalali et al., 2020)



Socio-demographic factors consist of age, race, gender, ethnicity, education, income and unemployment factors.

THE PUBLIC HEALTH APPROACH

The Ontario Public Health Standards outline requirements for public health units to help reduce harm associated with substance use. This is achieved through four key areas: surveillance and monitoring, health promotion, harm reduction, and reducing stigma. Algoma Public Health strives to approach our substance use work in ways that are consistent with the Canadian Public Health Association's Framework for a Public Health Approach to Substance Use.

Surveillance and Monitoring

Public health conducts continuous surveillance of opioid-related harms in Algoma to monitor trends, initiate timely alerts, monitor engagement with harm reduction activities and identify population groups at risk. This data is critical for effective planning and action. An epidemiologist and data analyst work together to monitor data weekly. When an indicator (e.g., EMS calls or suspected Emergency Department visits for toxic substances) surpasses its threshold, the Medical Officers of Health are notified, and an alert may be issued to service agencies and people who use drugs. Local surveillance data is posted on the Algoma Public Health website and updated quarterly.

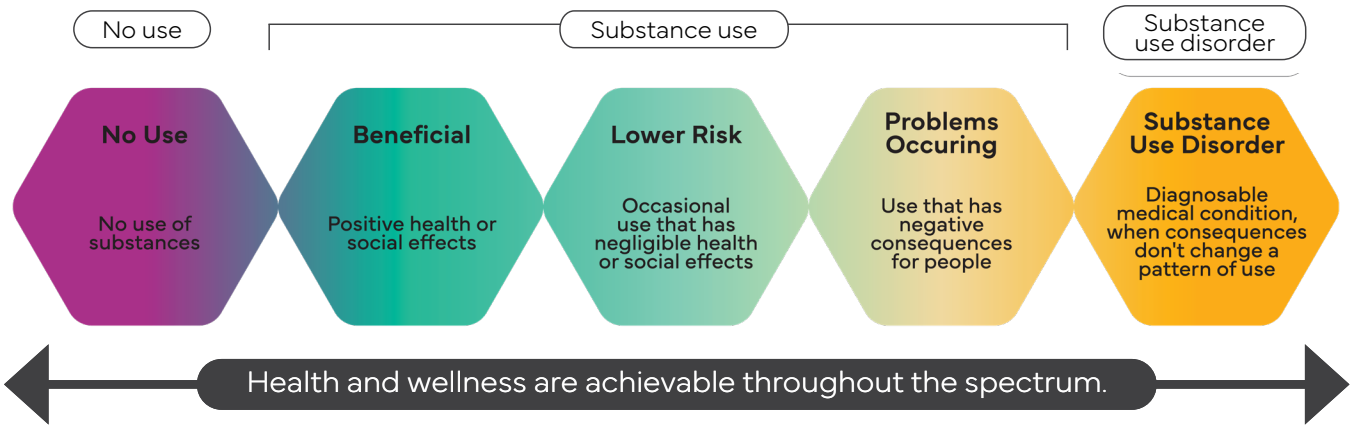
Health Promotion

Public health uses a comprehensive health promotion approach to prevent and reduce harms associated with substance use. This involves building healthy public policies, creating supportive environments, strengthening community action, developing coping skills and resiliency, and reorienting health services to meet population health needs. Much of this is done by working collaboratively with community members, partners, and people with lived and living experience (PWLLE) to strengthen protective factors and reduce risk factors across the social-ecological framework (Figure 1) and throughout the lifespan. It also includes upstream prevention to address the social determinants of health (e.g. early life experiences, income, housing, education, social connection, etc.) and reduce health inequities[3, 9].

Harm Reduction

Public health engages in harm reduction initiatives which aim to minimize harm and risks, without requiring individuals to stop using substances. Harm reduction approaches acknowledge that substance use health exists on a spectrum (see Figure 2) and meet people where they are at in their readiness to make changes. It respects people's autonomy and builds trust between service providers and PWUD, recognizing that people are more likely to access services when they feel safe and respected. Existing harm reduction initiatives include distributing naloxone to reverse overdoses and providing sterile equipment through needle exchange programs to prevent transmission of blood-borne infections (e.g., HIV/AIDS and Hepatitis C). Other examples include supervised consumption sites, drug checking services, and safer opioid supply initiatives.

Figure 2. Substance Use Health Spectrum (Adapted from Health Canada, 2022)



Reducing Stigma

Public health aims to reduce the health inequities and negative health outcomes that result from stigma. Stigma is commonly held beliefs, stereotypes and assumptions towards an individual or group of people that are negative, unfair and hurtful. People who use substances often experience stigma[10] which can lead to feelings of shame (internalized stigma), not accessing care due to fear of judgement (perceived stigma), hiding drug use or using alone, negative coping behaviours, chronic stress, social withdrawal and isolation[11, 12]. The impacts of stigma contribute to opioid-related harm and deaths[10]. APH aspires to provide an environment that is welcoming and safe for all and can support community partners who want to address stigma by providing education and tools.

PROVINCIAL SNAPSHOT

This section outlines what we know about substance use and the toxic drug supply in Ontario. There are several organizations that collect, analyze and share data on substance use to help inform program and policy development, such as the Ontario Drug Policy Research Network (ODPRN), Public Health Ontario (PHO) and the Centre for Addictions and Mental Health (CAMH). Provincial opioid surveillance data shows that[7, 13, 14].

The most impacted age group is 30-59 year olds

3 in 4 deaths have been among males since the start of the pandemic

7 in 10 fatal opioid toxicity events occur in private residences

Nearly half of all opioid toxicity deaths occur among people living in low income neighbourhoods

Stimulants are involved in 6 in 10 opioid toxicity deaths

Fentanyl contributes to 80.4% of opioid toxicity deaths

Since 2020, approximately half of opioid toxicity deaths included evidence of inhalation

Non-medical use of prescription opioid pain relievers and over-the-counter cough or cold medication among students in grades 7 to 12 increased significantly from 2021 - 2023

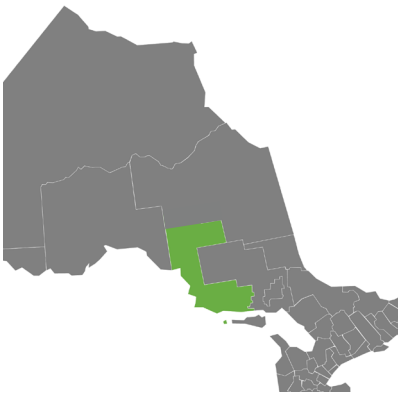
Between 2018-2020, 8% of opioid toxicity deaths in Ontario occurred among people in the construction industry → **Non-prescription opioids (mainly fentanyl) contributed to 90% of those deaths**

The increasingly toxic and unpredictable drug supply is fueling this crisis and putting anyone who uses drugs at risk. In Ontario, the mortality rate for opioid toxicity was 64% higher in 2023 compared to 2019[7]. Use of fentanyl (and its analogues) has become widespread, both as a drug of choice and as a contaminant found in other substances. Fentanyl is a very potent and deadly opioid: it takes only a few grains to kill someone[15]. New substances continue to emerge in the unregulated drug supply. Xylazine, a very strong sedative also known as "horse tranquilizer", began appearing in Toronto's drug supply in 2020[16]. Xylazine is associated with distinct skin wounds, prolonged sedation, reduced breathing, and increased risk of death[16, 17].

Polysubstance use (e.g., using opioids, stimulants and other substances such as alcohol together) is becoming increasingly common, either intentionally to achieve a desired effect or unintentionally due to a contaminated supply[18]. People who use drugs are often unknowingly exposed to substances such as fentanyl, benzodiazepines and stimulants[19]. This is a key driver of unintentional drug poisonings, and it also makes responding to overdoses more difficult, since naloxone only works on opioids.

ALGOMA SNAPSHOT

This section describes characteristics of the Algoma population and local substance use data. The region serviced by Algoma Public Health spans over **41,000 square kilometres** and contains 21 municipalities, two large unorganized townships and numerous Indigenous communities[20].



Demographics and Social Determinants of Health[20]

49.3% male
50.8% female
26.5% is 65 years and over
14.3% identify as Indigenous
(**8.8%** First Nations, **5%** Métis, **0.05%** Inuit)

Spend more than 30% of their income on shelter

Algoma	Ontario
1 in 6	1 in 4

Completed a post-secondary education

Algoma	Ontario
60.3%	67.8%

People aged 15+ in labour force who are unemployed

Algoma	Ontario
12.9%	12.2%

Median income after taxes for households

Algoma	Ontario
$63,200	$79,500

Households that experience food insecurity from 2021-2023[21]

Algoma	Ontario
17.6%	19.7%

People who have a health care provider

Algoma	Ontario
85%	90.5%

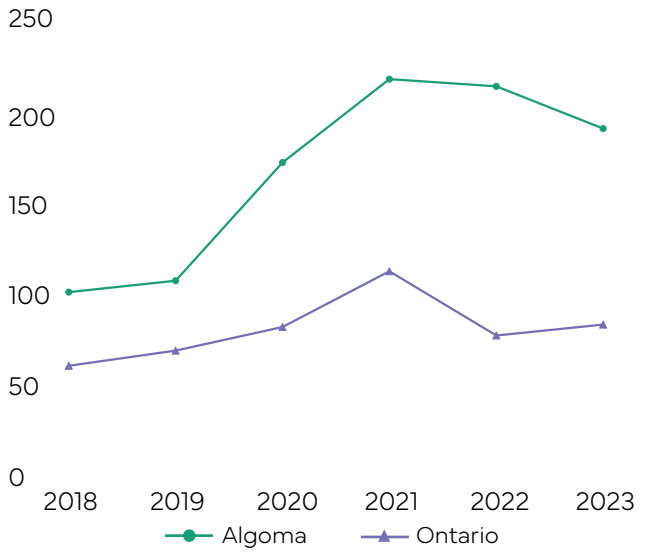
People who talked to a health care provider about their emotional or mental health

Algoma	Ontario
60.2%	55.7%

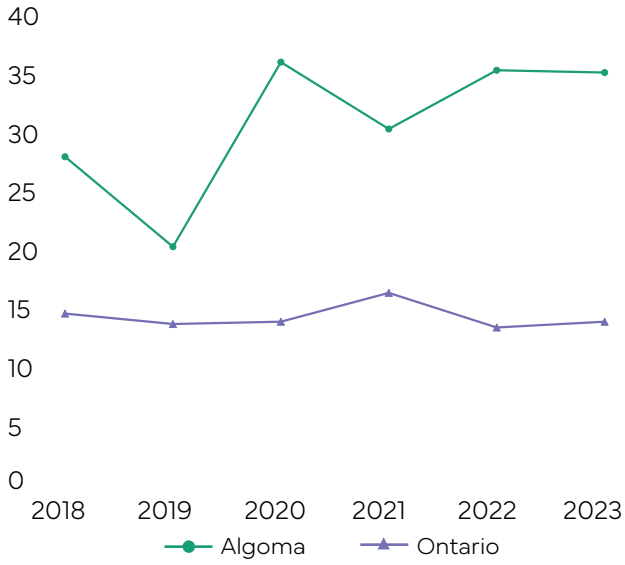
Algoma Public Health conducts surveillance of opioid-related harms by reviewing local data on Emergency Medical Service (EMS) calls, Emergency Department (ED) visits, hospitalizations, and suspected opioid-related deaths. This data provides important information, such as demographics and circumstances of deaths (e.g., location, substance types), with some limitations. The data does not explain people's experiences, highlighting the need to engage with PWLLE for a more robust and comprehensive understanding of substance use behaviour, the impact on health, and what is needed to be well and/or recover.

During the pandemic, Algoma had one of the highest rates of opioid-related deaths[22]. Post-pandemic, the City of Sault Ste. Marie continues to be among the top 10 census subdivisions in Ontario with the highest opioid toxicity mortality rate[7].

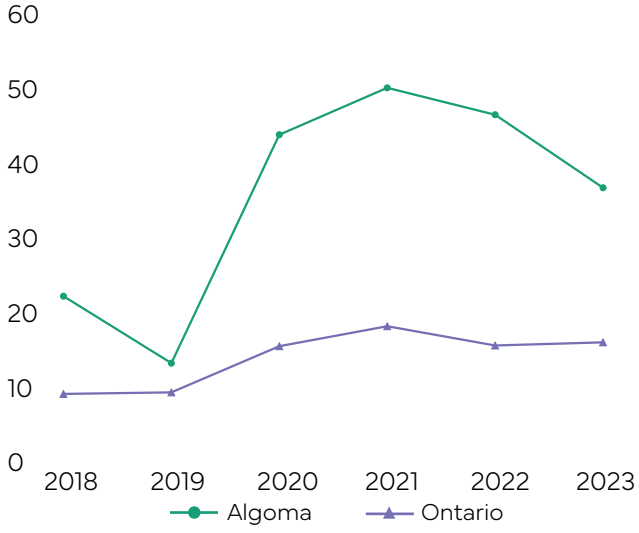
Graph 1. Rates (per 100,000) of Opioid-Related Emergency Department (ED) Visits in Algoma and Ontario, 2018 - 2023[23]



Graph 2. Rates (per 100,000) of Opioid-Related Hospitalizations in Algoma and Ontario, 2018 - 2023[22]



Graph 3. Rates (per 100,000) of Opioid-Related Deaths in Algoma and Ontario, 2018 - 2023[22]



EMS calls by sex, 2018 - 2023[24]

Female	**36.3%**
Male	**67.8%**

EMS calls by age group, 2018 - 2023[24]

Ages 25-29	**20.1%**
Ages 30-34	**18.4%**
Ages 35-39	**12.8%**

Most people lived in a private dwelling prior to their death, 2022 - 2023[25]

Private dwelling	**76.5%**
Homeless not living in a shelter	**8%**
Homeless shelter	**5%**

Deaths by location, 2022 - 2023[25]

Private residence	**82.1%**
Hotel/motel	**5.3%**
Outdoors	**4%**
Public buildings	**2.6%**
Hosptial/clinic	**2%**

A recent study authored by Algoma Public Health physicians and professionals described opioid-related deaths among pre-pandemic (March 16, 2019, to March 15, 2020) and pandemic (March 16, 2020, to March 15, 2021) cohorts in Northern Ontario compared to the rest of Ontario.

Northern Ontario is made up of the following seven health units: Algoma Public Health, North Bay Parry Sound District Health Unit, Northwestern Health Unit, Porcupine Health Unit, Public Health Sudbury and Districts, Timiskaming Health Unit and Thunder Bay District Health Unit. The analysis showed that[26]:

Deaths increased more in Northern Ontario during the two-year period

Northern Ontario	Ontario
97%	**70%**

More females in Northern Ontario died in the pandemic period

Northern Ontario	Ontario
29.6%	**23.4%**

Residents who died in private residences in the pandemic period

Northern Ontario	Ontario
79.4%	**70.5%**

More decedents in Northern Ontario were employed in mining, quarrying, and oil and gas industries

Northern Ontario	Ontario
19.5%	**0%**

Over half of the deaths in Northern Ontario involved inhalation

Northern Ontario	Ontario
56.4%	**47.4%**

Fentanyl attributed to most deaths in both regions during the pandemic period

Northern Ontario	Ontario
85.3%	**88.5%**

More deaths in Northern Ontario involved administration of naloxone

Northern Ontario	Ontario
15.4%	**8.6%**

More deaths in Northern Ontario involved resuscitation attempts

Northern Ontario	Ontario
21.4%	**13.7%**

Northern Ontario had more deaths that were contributed to:

	Northern Ontario	Ontario
Codeine	4%	1.4%
Cocaine	43.6%	41.9%
Methamphetamine	43.6%	41.9%

In Northern Ontario, benzodiazepines contributed to fewer deaths but were detected more frequently:

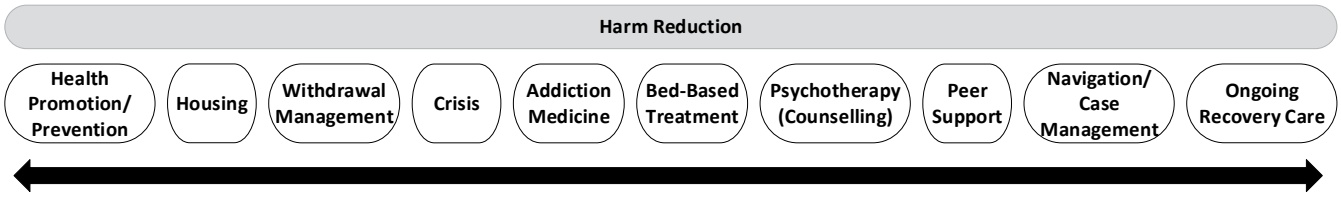
	Northern Ontario	Ontario
Deaths	9%	58.2%
Detected	53.5%	3.3%

This data shows that Northern Ontario is disproportionately impacted by the toxic drug crisis and highlights the importance of considering regional differences when allocating resources and developing policies or programs.

Continuum of Care

Residents of Northern Ontario have less access to high-quality health care and social services compared to the rest of Ontario and experience unique challenges, such as increased isolation, needing to travel long distances to access care, and limited health human resources[26, 27]. This is particularly true when it comes to mental and substance use health. Adequate services must be available across the continuum of mental health and substance use services (Figure 3).

Figure 3. Substance Use Health Spectrum (Algoma Public Health, 2024)



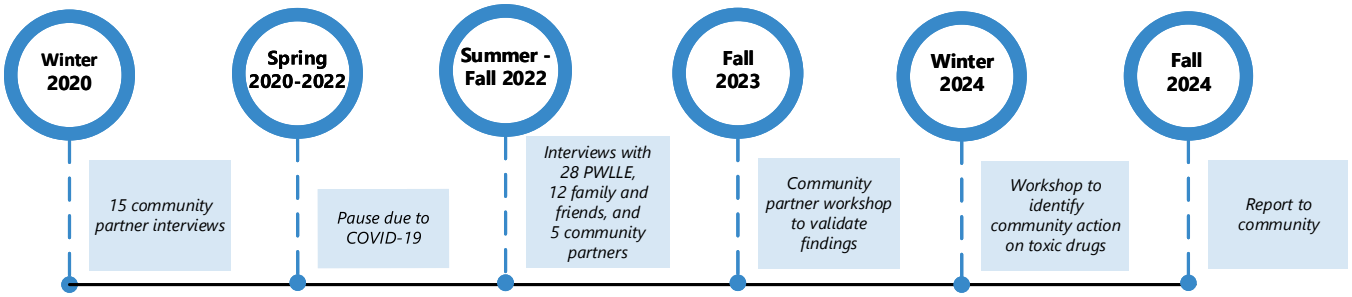
Availability of services is one piece of the puzzle. The reach and impact of services can be limited when financial and human resources are insufficient to meet demand. Moreover, people may not want or be able to access the services that are available, for many reasons. Stigma, waitlists, transportation, location, cost, and hours of operation can be barriers for people. Understanding why people do or do not access services and working to remove barriers is also very important. Guiding principles for this work include valuing, and taking lead from voices of PWLLE. This is discussed in more detail in the evidence-informed practices section.

COMMUNITY ENGAGEMENT

Project Overview

Algoma Public Health began gathering information for this report in 2020 by conducting interviews with community partners. The project was paused during the COVID-19 pandemic due to staff redeployment. When staff returned to regular work, interviews were conducted with PWLLE, family and/or friends of people who use(d) drugs, and additional partners who did not have an opportunity to participate in 2020. In December 2023, all community partners who completed interviews were invited to attend a workshop to review and provide feedback on the findings. Ethical guidance on data analysis and reporting was provided by Public Health Ontario.

Figure 4. Timeline of Community Engagement Activities



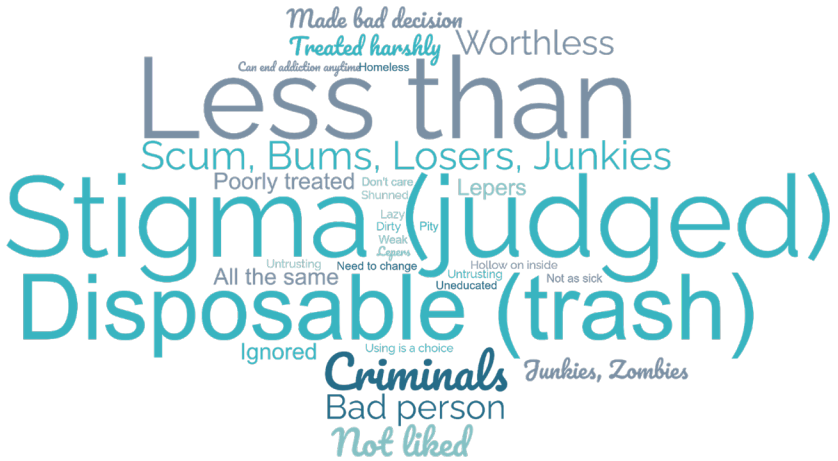
Summary of Findings from PWLLE and Family and/or Friends

The interviews with PWLLE and family and/or friends asked questions about why people use substances, readiness to stop using drugs, what has been helpful, what would be needed to stop or stay in recovery, and how they feel PWUD are viewed by society.

Appendix 1 provides a summary of interviews findings with PWLLE and family and/or friends.

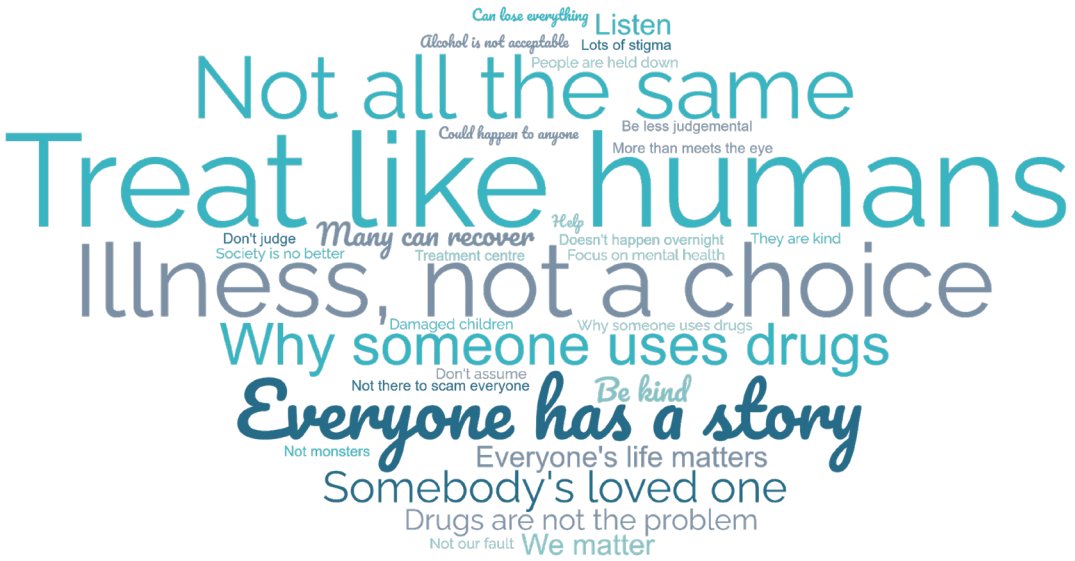
The word cloud below (Figure 5) was created using responses from PWLLE and family and/or friends who were asked how they felt society sees PWUD. These words explain how people internalize the stigma they experience in the community, which is often imposed by structures (criminalization of drugs, policies, practices, programs, etc.).

Figure 5. How PWLLE and Family and/or Friends Feel Society Sees People Who Use Drugs



PWLLE and family and/or friends were also asked what they would like society to know about PWUD. Most responded that addiction is an illness, not a choice, and people should be treated like humans (Figure 6). This reinforces the importance of using health and human rights focused approaches to substance use that promote equity for all[28].

Figure 6. What PWLLE and their Family and/or Friends Would Like Society to Know about People Who Use Drugs



Summary of Findings from Community Partners

During the interviews community partners were asked about common concerns among clients, barriers to accessing services, what is working well, and what is not working well in Algoma. Through these discussions, key strengths, weaknesses, opportunities, and threats (SWOTs) were identified. Community partners also had an opportunity to validate, change, or add to the SWOTs during the Fall 2023 workshop. Table 1 outlines the key SWOTs.

Appendix 2 provides a summary of the interview and workshop findings with community partners.

Table 1. Key Strengths, Weaknesses, Opportunities and Threats

Strengths	Weakness	Opportunities	Threats
Person-centered care	Housing (safe, affordable, transitional)	Lower barrier services	Staff burnout
Building relationships (with clients and between agencies)	Waitlists	System navigation tools	Inadequate funding
Wrap-around services that meet basic needs	Limited services	Cultural competency training	Feelings of helplessness
Culturally appropriate care	System navigation	Trauma-informed care	Concerns about staff and client safety
Harm reduction (e.g., naloxone)	Stigma	Community education and communication	Social media
Opioid Agonist Therapy (OAT)	Patients without a primary care provider	Local data collection	Stigma and social polarization
	Staffing issues	Intersectoral collaboration	More people without a primary care provider
	Transportation		

Community-Identified Actions

In February 2024, Algoma Public Health organized a Community Action on Toxic Drug Workshop, bringing together people from various sectors to network, learn from each other, and strategize solutions. Representatives working in health care, harm reduction, public health, academics, municipal governments, First Nation Communities, Indigenous services, forensics, legal, justice, and social services attended. The goal of the workshop was to generate community-identified priorities and actions that could build on strengths, seize opportunities, and mitigate or reduce the impacts of weaknesses or threats. Table 2 summarizes the top priorities and actions identified during the workshop.

Table 2. Summary of Top Priorities and Actions from the Community Action on Toxic Drug Workshop

Priority	Action
Advocate to all levels of government for improved funding and policies	Fund supervised consumptions sites Create policies and funding that support basic needs Provide funding that is less restrictive to benefit more people Implement guidelines and limitations on out-of-town landlords Create a sanctioned space for encampment
Create opportunities to work together and share information	Develop universal intake and consent forms Create an online forum to facilitate communication between agencies Provide networking services
Provide wrap-around services in one location	Operate a supervised consumption site Make services lower barrier and accessible Address transportation
Address staff shortages and burnout	Measure burnout Embed support for work-life balance and debriefing into organizations Leverage scope of practice among different professionals
Increase knowledge and support for best practices	Identify strategies for upstream prevention (e.g., Icelandic Prevention Model) Organize a conference via the Sault Ste. Marie and Area Drug Strategy

While priority-setting, workshop participants also discussed who should be involved and if actions can be taken in the short-term (no longer than 6 months), medium-term (6-18 months), or long-term (2 years or longer). Table 3 summarizes the highest prioritized actions and who should be involved, organized by time frame.

Table 3. Partner Involvement and Time Frame for Community-Identified Actions

Action	Who is involved?	Time frame
Co-locate services at one location and address barriers (e.g., transportation)	Funders Front-line staff Management	In-progress, short term
Advocate for supervised consumption site	Public health with partner organizations	Short term
Provide networking services (forum, Community of Practice, etc.)	Management Front-line staff Public Health	Short term
Create a sanctioned space for encampment	Municipality SSM and Area Drug Strategy PWLLE Habitat for Humanity	Short to long term
Create greater awareness, measurement and support for burnout, work-life balance and debriefing	Agency leadership and management Front-line staff	Short to long term
Identify strategies for upstream prevention (e.g., Icelandic Prevention Model)	Public Health	Short to long term
Lobby all levels of government for funding and policies to support basic needs	Municipal councils First Nations councils Social services	Medium term
Develop policy briefs based on local, provincial and national data to inform advocacy and policy development	Sault Ste. Marie Innovation Centre Algoma University and Sault College	Medium term
Implement guidelines and limitations on out-of-town landlords	Municipality	Medium term
Organize a conference about substance use health and evidence-based interventions	SSM and Area Drug Strategy	Medium term
Operate a supervised consumption site with wrap-around care	Provincial and federal governments Mental Health and Addictions System Planning Table	Medium to long term
De-stream funding to open flow, make it more flexible and benefit more people	Funders (e.g., government) Elected officials (MPs and MPPs) Agency leadership (CEOs, CAOs)	Long term
Develop universal intake and consent form	Government (e.g., Ministry of Health) Service providers	Long term
Create an online forum to facilitate communication between agencies	Website design company Committee of local agencies	Long term

EVIDENCE-INFORMED PRACTICES

An all-of-society approach is needed to address the multitude of factors influencing substance use across the social-ecological model. This section provides a high-level overview of evidence gathered from the literature and experiences of local community partners, PWLLE and family and/or friends to inform policies and practices throughout the continuum of care.

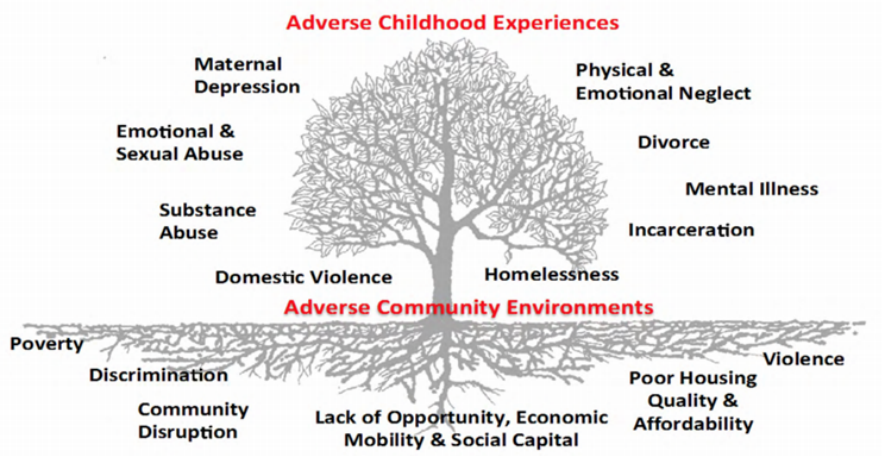
PREVENTION

Upstream interventions seek to diminish the root causes of issues by changing the social and economic structures that create health inequities[28]. They use health promotion strategies targeting the social determinants of health to enable people to increase control over and improve their health[29]. Upstream substance use prevention focuses on establishing a healthy foundation in the early years, building resiliency and coping skills, cultivating strong relationships and social connections, and ensuring everyone has access to the economic resources they need to be well.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur before the age of 18. ACEs are recognized as forms of abuse, neglect, and household dysfunction, such as family substance use and witnessing domestic violence. ACEs have expanded to also include factors outside of the household that contribute to childhood adversity such as structural violence, living in extreme poverty, and homelessness[31]. The Pair of ACEs Tree (Figure 7) compares adverse childhood experiences to adverse community environments. Exposure to ACEs disrupts healthy brain development which can affect social development, compromise the immune system, and lead to unhealthy coping behaviours, like substance use[32]. ACEs have a dose-response relationship, meaning the more ACEs a child experiences, the higher the risk of negative health outcomes[32]. In the interviews with PWLLE, 40% identified ACEs (domestic violence, abuse, parent substance use and neglect) as a reason for starting to use substances. Increasing public understanding of ACEs can help reduce stigma towards PWUD[33]. There are multiple resources and training materials available (e.g., ACES and Resilience Training, Centre on the Developing Child, Being Trauma Aware, Brain Story Certification, Introduction to Infant and Early Mental Health: Online Webinar).

Figure 7. Pair of ACEs Tree[34] (Ellis, W. & Dietz, W., 2017)



Preventing and/or mitigating the impacts of ACEs is an upstream intervention to reduce substance use harm. This involves promoting positive childhood experiences (PCEs) that nurture children's ability to form meaningful connections, regulate emotions, and cope well with stress. PCEs can be promoted through family- and community-based interventions that support healthy attachment, responsive caregiving, positive adult-child relationships, social-emotional learning, and financial security for families[32].

Youth Engagement

Adolescence is also a period of important brain development and vulnerability. Bullying and peer pressure are risk factors for substance use. In addition, consuming energy drinks and nicotine in adolescence is associated with increased likelihood of using other substances, like opioids and stimulants. Alternatively, factors such as positive peer networks, social support, and participation in extracurricular activities can protect against substance use harms[9]. Schools and communities can promote social connection, resiliency, healthy peer-refusing skills, and awareness of the risks of substance use. Peer-led initiatives that engage youth in the design and delivery ensure that programs are grounded in the needs and values of youth. They can also provide youth opportunities for leadership and support positive adult-youth relationships.

Icelandic Prevention Model (IPM)

The Icelandic Prevention Model (IPM), also known as Planet Youth, is an upstream approach that has shown to be effective at reducing substance use among youth in Iceland. It collects local data which is used to inform cross-sector collaboration aimed at strengthening protective factors within the family, peers, school and community contexts[35]. The Government of Canada's Youth Substance Use Prevention Program (YSUPP) has provided funding for initiatives across the country to explore how the IPM can be tailored to the needs of Canadian youth. Multiple communities in Ontario are implementing the IPM, including Timiskaming, Timmins, North Bay, and Lanark. APH continues to engage in knowledge exchange opportunities and participate in communities of practice to learn from other communities and co-create upstream interventions with community partners.

Healthy Communities

The community we live in has a strong influence on our physical and mental wellbeing[36]. Healthy community approaches aim to improve population health by creating supportive environments. Government and communities can work together to develop healthy public policies and health promotion initiatives that address the social determinants of health and prevent substance use harm over the long-term. Health and equity should also be a key consideration in community design and planning. British Columbia's Healthy Built Environment Linkages Toolkit provides guidance for planning professionals to create transportation networks, housing, natural environments, neighbourhoods, and food systems that support population health.

What can the community do?

- Participate in training on Adverse Childhood Experiences (ACEs)
- Engage youth in peer-led prevention initiatives (e.g., Icelandic Prevention Model, programs to build resiliency and social connection)

COMMUNITY ACTION AND COLLABORATION

Health and social service providers in the mental health and substance use sector face numerous challenges, many of which stem from working in a system that is fragmented, hard to navigate, inadequately funded, and emotionally taxing. We heard from community partners that strengthening partnerships, working together, and collaborating across sectors empowers service providers, supports better system navigation, and can improve care for PWUD. The responses and feedback from the Community Action on Toxic Drugs Workshop showed that there is keen interest from all sectors in coming together to share knowledge and formulate solutions. Ultimately, we are all working towards the same goal.

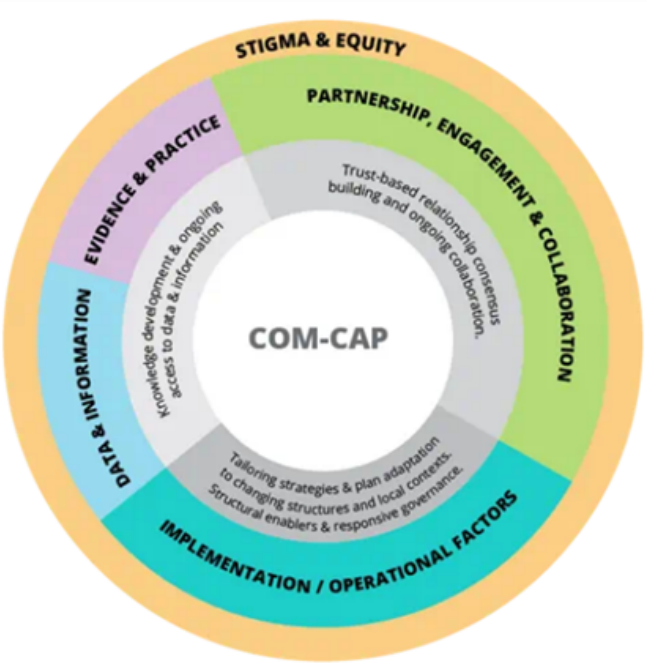
The Community Opioid/Overdose Capacity Building (COM-CAP) project, led by Public Health Ontario, identified priority areas for local communities to emphasize in overdose response plans (Figure 8).

These priorities include:

- integrating stigma and equity across all supports
- facilitating access to data and information
- promoting, sharing, and developing evidence and best practices
- implementation and operational factors that are tailored, adaptable and responsive
- partnership, engagement and collaboration built on trust, consensus and ongoing communication[37, 38]

Integrating these priorities into our response can help us build community-based knowledge, mobilize resources, and work towards solutions that are collectively shaped and owned.

Figure 8. COM-CAP Priority Areas of Work[37] (Public Health Ontario, 2023)



Multi-Sector Drug Strategies

Many communities across Ontario have developed local drug strategy committees that bring together local partners and PWLLE to share knowledge and work collectively to mitigate substance related harms. The Sault Ste. Marie and Area Drug Strategy (SSMADS) committee includes representatives from 14 local agencies and is supported by the Mental Health and Addictions System Planning Table. They are dedicated to developing an environment to prevent, reduce or eliminate problematic substance use and its related consequences. In 2019, the committee released a report outlining community-level data on mental health and substance use and priorities for action. Much has happened since then. As noted previously, the pandemic worsened the situation, and the drug supply has become increasingly toxic. On the other hand, progress has been made. For example, advocating for a withdrawal management facility in Sault Ste. Marie and expanding access to community-based mental health and substance use services for children and youth were identified as priorities and we now have the Northway Wellness Centre and Algoma Youth Wellness Hub. The SSMADS committee continues to meet and set priorities for community action.

Ontario Health Teams

The provincial government has implemented the Ontario Health Team (OHT) model to help build a more connected health care system. Benefits of this model include coordination between health care providers, integrated electronic medical records, transition support, shared decision-making, and easier system navigation[39]. There are three OHTs that support communities in Algoma, including the Algoma OHT which has a catchment area between Blind River and White River, the Maamwesying OHT which supports a continuum of care within 11 First Nation Communities and the Urban Indigenous population in Sault Ste. Marie, and the Sudbury Espanola Manitoulin Elliot Lake OHT which includes Elliot Lake. The Algoma OHT has been working to improve and strengthen partnerships through the establishment of the Mental Health and Addictions System Planning Table. The Algoma OHT is creating a suite of mental health and addictions system navigation tools for service providers and the community[40]. The Maamwesying OHT coordinates Indigenous-led care across the region and has identified mental health and addictions as their Year 2 priority population. The word Maamwesying means "the act of working as one" in Ojibway. It is beneficial to work with the OHTs in Algoma on initiatives such as collective advocacy for funding, policies, and practices that meet our regional needs.

Community Safety and Well-Being/Community Health Plans

Municipalities and First Nation Communities must also be included in conversations and action as they are deeply invested in this issue and share common goals[41]. Local governments are responsible for many health and social services that feel the impact of and respond to this crisis, including emergency response services, housing, and homelessness prevention. Municipalities have prioritized mental health and substance use in their Community Safety and Well-Being Plans. Similarly, First Nation communities have mental health and addictions prioritized in their Community Health Plans. Both are guided by a shared collaborative approach and rely on effective community partnerships for sustainability[42].

Appendix 3 identifies several municipal level actions that can help prevent and reduce substance use-related harms in communities.

What can the community do?

- Utilize existing opportunities for cross-sector collaboration
- Build new partnerships based on trust, ongoing communication, and data/ information sharing

STIGMA

Stigma is commonly held beliefs, stereotypes and assumptions towards an individual or group of people that are negative, unfair and hurtful. It undermines the health of individuals, contributes to poor mental and physical health and creates population health inequities. Evidence shows that stigma towards PWUD is pervasive within the health care system and society, a finding that was corroborated through the Algoma community interviews and engagement sessions.

The Chief Public Health Officer's 2019 report on the state of public health in Canada focused on addressing stigma and working towards a more inclusive health system. The report explains three key ways that stigma leads to adverse health outcomes:

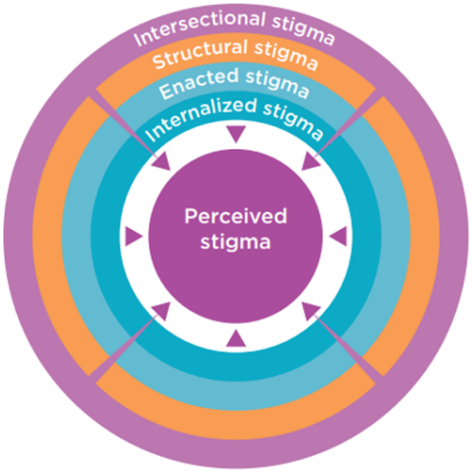
1. it reduces access to and quality of protective resources and health services,
2. it increases the risk of chronic stress and poor coping responses, and
3. it puts stigmatized people at higher risk of assault and injury[12].

Stigma also impacts service delivery and how policy makers distribute funding and resources. Providing services and care that is free of stigma is foundational to promoting optimal health and wellness.

Stigma occurs at different levels (Figure 9). Structural stigma includes policies, practices, programs and laws that devalue, exclude and restrict peoples' rights[43]. It is harmful because it perpetuates inequities and discrimination and fuels the other levels of stigma. Many PWUD view criminalization as the root cause of structural stigma[43, 44]. Intersectional stigma exists when people experience multiple stigmatized identities, such as assumptions about Indigenous peoples and alcohol consumption. Enacted stigma is the act of discrimination, such as labelling individuals as "drug seeking".

Internalized stigma is when people start to believe negative stereotypes about themselves, making them feel ashamed and not deserving of help. Perceived stigma occurs when people are aware of negative social attitudes and fear discrimination, leading to not accessing care due to fears of being judged[45]. Reducing stigma requires multifaceted interventions that include policy change (government and organizational levels), training for media, health care and social service providers, targeted public education, and fostering connections with PWLLE[10].

Figure 9. Levels of Stigma
(CPHA, CPASA, n.d.)



Organizational Assessment and Training

The Canadian Public Health Association (CPHA) and the Community Addictions Peer Support Association (CAPSA) have developed a toolkit to help health and social service organizations address structural stigma by identifying policies and practices that can be contributing to stigma and developing strategies to create an environment that is safe and welcoming for everyone. There are numerous education and training resources available for the public, health professionals, and media to learn more about substance use health and stigma.

Connecting with PWLLE

Mass media anti-stigma campaigns have become increasingly popular to address public stigma. However, critical analysis of such campaigns has shown that they ignore intersecting stigmas (racism, classism, and other forms of oppression) and may unintentionally exacerbate marginalization of PWUD by featuring mainly White middle- or upper-class people[44]. To avoid this, PWLLE should be involved in developing anti-stigma images and messaging that is inclusive of different experiences of substance use. To help foster connections with PWLLE a community-led art exhibition showcasing art created by PWLLE of substance use could be explored. Using art to address stigma related to mental health has shown promising results for increasing empathy and stimulating social change[46-50].

Compassion and Respect

We can all reduce stigma by viewing substance use as a health issue, not a criminal or moral one, and reflecting on our personal biases and assumptions. Substance use disorder is not a choice or moral failing. Have compassion, talk about substance use openly, without judgement, and use respectful language.

Not everyone who uses substances is the same. Everyone has a story and each person's journey is different.

What can the community do?

- Conduct an organizational assessment and training on stigma
- Use respectful, non-stigmatizing language and health-focused approaches

MEANINGFUL ENGAGEMENT OF PWLLE

The voices and perspectives of PWLLE have historically been left out of decision-making conversations. The discontinuation and lack of support for harm reduction programs and services is evidence that their voices continue to be largely ignored by decision makers. Despite this, there are many organizations of PWUD across the country working hard to positively influence drug policy and public health through advocacy and activism[51].

Shared Decision-Making

Including PWLLE when making policy and program decisions that affect them is the right thing to do. However, this must be done in ways that are meaningful, engaging and equitable. This means recognizing their unique skills and expertise, valuing their perspectives, offering fair compensation, striving for diverse representation, providing the resources and tools needed for them to participate fully, creating a safe space for everyone, addressing power imbalances, and sharing decision-making authority[51-53]. Policies, programs and resources that are led by PWLLE are more likely to appeal to and meet the needs of PWUD. The Canadian Centre for Substance Use and Addiction (CCSA) has developed guidelines for partnering with PWLLE and their families and friends.

Peer Support

Peer support services that draw upon the strengths and experiences of others can help improve health outcomes and quality of life for PWUD. Evidence shows that peer support increases personal resourcefulness, self-belief, and hope, which are essential for recovery[54]. Integrating peer support initiatives and positions within the mental health and substance use system can help shift towards services that build trust, focus on strengths, and promote recovery. It is important to ensure that front line peer support positions preserve the history, values, and role of peer support[55]. Peer Support Canada provides resources and training to increase growth of the peer support field.

Peer support can also be a powerful tool for families and friends who love somebody that uses substances. The Parents Like Us handbook was adapted by parents in Sault Ste. Marie to provide support and connection for families caring for young people with substance use disorder.

Including PWLLE in decision-making is crucial for finding solutions that work. Front-line staff and grassroots organizations who are closely connected to PWUD have valuable input to share and should be included as well.

What can the community do?

- Include PWLLE in decision-making, program design, implementation, and evaluation and compensate them appropriately
- Integrate peer support into programs and services

HARM REDUCTION INTERVENTIONS

Harm reduction services keep people alive and communities safe. The Thunderbird Partnership Foundation calls on communities to embrace harm reduction as medicine and states that ***"we need to decide, together, to keep people alive, so that if the resources needed to support a path to recovery are available in the future, people are alive to use them"***[56]. PWUD are strong advocates for harm reduction initiatives, such as naloxone distribution, drug checking, needle exchange, safer opioid supply, supervised consumption sites, and decriminalization[57, 58]. These initiatives reduce stigma, offer compassion, provide PWUD with the autonomy to make informed decisions about their health and drug use, and connect people to healthcare and social support that they may not have accessed otherwise[59, 60]. Harm reduction workers help break down barriers and build trusting relationships with PWUD. Evidence shows that harm reduction services improve health and are cost-effective[61].

Decriminalization and Safe Supply

Criminalization of drug use is a key driver of stigma and discrimination causing disproportionate harm to people already experiencing system inequities such as Black and Indigenous communities and people living with mental illness[62, 63]. There has been an increasing support from public health and healthcare professionals for the decriminalization of simple drug possession, as well as safer opioid supply programs to provide alternatives to the unregulated toxic drug supply[63-66]. A health and human rights approach, as opposed to a criminal justice one, reduces harm, prioritizes equity, and can promote paths to recovery[62].

Naloxone

Providing education and training about naloxone and distributing kits helps reduce opioid-related deaths[67]. Anyone can save a life by calling 911 and using naloxone to reverse an opioid poisoning. PWUD are most often the ones who respond to drug poisoning[58] but may not call 911 or stay with the person for fear of legal trouble. The Good Samaritan Drug Overdose Act provides some legal protection for individuals who seek emergency help during a drug poisoning situation. Naloxone kits are available at participating pharmacies, community agencies and all Algoma Public Health offices through the Ontario Naloxone Program (ONP) and Ontario Naloxone Program for Pharmacies (ONPP). More information is available on the APH website.

Harm Reduction Supply Distribution

Distributing harm reduction supplies (e.g., sterile equipment for injecting, smoking or snorting drugs) is a strategy used to prevent health issues that can result from reusing and/or sharing equipment, such as Hepatitis B, Hepatitis C, HIV, pneumonia, and tuberculosis[68]. Providing supplies creates opportunities for harm reduction service providers to engage with PWUD, talk about safer drug use practices, and let people know about the types of support available to them. A 2024 rapid review of needle and syringe programs (NSPs) found that these programs reduced HIV infections. In addition, NSPs with less restrictive policies were found to be more effective at increasing access, decreasing sharing and reusing needles, and were associated with proper disposal of used needles/syringes[69]. Algoma Public Health distributes harm reduction supplies throughout the region via the Ontario Harm Reduction Distribution Program (OHRDP). At the time of writing, 21 agencies in Algoma had an agreement with APH to distribute harm reduction supplies.

Drug Checking

Drug checking services provide important real time information about the type of substances that are circulating in the unregulated drug supply, allowing PWUD to make informed decisions about their use[70]. PWUD may change their behaviour (e.g., deciding not to use the drug, not using alone, having naloxone on-hand, or starting with a smaller "test" dose) based on drug checking results. A survey from Toronto's Drug Checking Services found that, at a minimum, 34% of service users intended to do something different based on the information they received. Different types of drug testing technology exist with various benefits and limitations[71, 72]. Immunoassay test trips (similar technology to pregnancy and COVID-19 tests) are desirable because they are sensitive, low-cost, simple to use, require minimal drug residue, and are well accepted among PWUD[73].

Test strips are designed to detect the presence or absence of one substance, such as fentanyl, benzodiazepine or xylazine. It is important to be aware of the limitations of test strips and understand that they do not eliminate all risks. Distribution of test strips can occur at public festivals, at supervised consumption sites and as part of other harm reduction efforts, such as needle and syringe programs. A few studies have shown that fentanyl test strips can reduce fatal overdoses when used as part of other harm reduction efforts[60, 73].

Supervised Consumption Sites

A study of Canada's first supervised consumption site (SCS) showed that it saved taxpayers $18 million over 10 years by reducing disease transmission, needle sharing, and encouraging safer drug use practices[74]. At a SCS, people are given sterile equipment in a sterile, safe environment and monitored by someone who can intervene in case of an overdose. Since being implemented, there have been no fatal overdoses in supervised consumption facilities. SCS locations also provide wraparound health and social services and can be a pathway to connect people to other services, such as treatment and recovery programs. Evidence shows that SCSs benefit communities in many ways including lessening the burden on emergency services and hospitals, decreasing public drug use, and reducing discarded needles. Violent crimes have been shown to decrease or stay the same[61, 75].

The City of Sault Ste. Marie's 2021 - 2026 community safety and well-being action plan includes investigating the benefits of a SCS and developing a report[76]. Much groundwork has been completed through the collaboration of many partners to determine feasibility and begin preparing an application for a SCS in Sault Ste. Marie. However, in August 2024 the provincial government announced its intention to introduce legislation that, if passed, would prohibit municipalities from opening new SCSs[77].

What can the community do?

- Advocate for and support harm reduction strategies
- Evaluate effectiveness of harm reduction initiatives

LOW-BARRIER SERVICES

There are many factors that can create barriers to accessing services including unmet housing needs, lack of transportation, low income, long waitlists, trouble finding the right services, onerous intake processes (e.g., forms and assessments), restrictive eligibility requirements, fear of stigma, and service hours that are limited. Maintaining anonymity in smaller communities where "everyone knows everyone" was identified as a barrier in several of our community engagement interviews. We also heard about strategies community partners use to help people overcome barriers, such as conducting client outreach, providing housing support, helping with transportation, participating in staff training and development (e.g., compassion, stigma), building trust with clients, offering culturally appropriate services, and using client-centered approaches.

Wraparound Services

Providing wraparound services helps remove barriers and address a range of needs at one time. Wraparound services are the result of various sectors and partner organizations coming together to assess and meet an individual's self-identified needs. In Sault Ste. Marie, the Homelessness Prevention Team works closely with multiple partners and service providers to offer wraparound intensive housing-based case management to people experiencing or at risk of homelessness. The Community Resource Centre and Algoma Youth Wellness Hub are also examples of community partners working together to bridge service gaps and provide centralized health and social services in a low-barrier, stigma-free environment.

Outreach

Outreach programs can also be an effective way to reach, engage, and build trust with PWUD[78]. Outreach services go to people where they are instead of relying on people to seek out services at a fixed location. They can target hard-to-reach groups and offer services outside of typical hours, such as evenings and weekends. Services may be delivered by medical or social service professionals, volunteers and/or peers on foot (e.g., the Downtown Ambassador Program) or by vehicle (e.g., the Community Wellness Bus). A range of services are provided through outreach, such as education on safe drug use, naloxone and harm reduction supply distribution, testing services, crisis support, and referrals.

Virtual Services

Availability of virtual services has expanded to increase access to services, particularly during the COVID-19 pandemic[79]. Virtual options can benefit people living in Northern Ontario by eliminating the need to travel, but it is important to recognize limitations and continuously evaluate the effectiveness of these programs. Those providing virtual care should consider ways to reach people who cannot access virtual services because they do not have internet (or connectivity is unreliable), they are not comfortable using technology, or they do not have the resources (cell phone, computer, etc.).

The National Overdose Response Service (NORS), a confidential 24/7 virtual safe consumption hotline is available for people who may be using substances alone or face barriers accessing in-person services. Evaluation data has shown that it can be effective at reaching populations that may not access services due to fear of stigma or personal safety, such as women and people who identify as gender diverse[80].

Anyone (friends, family, physicians, pharmacists, nurses, paramedics, outreach workers, social workers, etc.) can help promote NORS by providing the number (1-888-688-NORS).

What can the community do?

- Collaborate with partners across sectors to integrate services and utilize the expertise of PWLLE and front-line staff to remove barriers
- Promote the National Overdose Response Service (NORS) to people who may be using drugs alone

CULTURAL SAFETY

Systemic racism and discrimination that persists due to colonial policies and practices negatively impacts access to and quality of health care, leading to poorer health outcomes and health inequities for Indigenous people. Acknowledging the existence of systemic racism and working to create culturally safer environments for Indigenous peoples is critical[81]. To create change within the system, everyone must implement cultural safety and humility practices[82].

Build Trusting Relationships

Creating culturally safer environments for Indigenous peoples requires a commitment to ongoing learning and un-learning, self-reflection to understand personal and systemic biases, and building trusting relationships with Indigenous peoples, communities and agencies. Successful partnerships must be based on the principles of trust, respect, humility and self-determination. The Indigenous Primary Health Care Council provides guidance for creating safer environments for Indigenous peoples. One of their recommendations is to co-develop agreements with Indigenous partners to show how organizations intend to work together. In Algoma, several health organizations have signed collaborative partnership agreements with the Maamwesying Ontario Health Team, solidifying their commitment to creating culturally safe spaces and ensuring Indigenous patients have access to the care they need.

Culture as Medicine

Identity and culture provide strength and medicine for Indigenous peoples. Substance use services that integrate Indigenous knowledge, traditional practices, ceremony, and land-based healing have a positive impact on health and wellbeing[83]. First Nation Communities and Indigenous organizations offer a variety of cultural-based mental health and substance use services. Some First Nation Communities have taken a braided approach to working with community partners integrating both Western and traditional cultural healing practices to meet their community's ever-changing needs. The best way for non-Indigenous organizations to provide culturally safer and appropriate services is to reach out to local Indigenous partners to lead cultural safety training and co-design programs together. Engaging with local partners is important as there is much diversity among Indigenous communities.

What can the community do?

- Build trusting relationships between Indigenous and non-Indigenous organizations
- Co-design programs with Indigenous peoples to integrate Indigenous culture and worldviews

TRAUMA-INFORMED PRACTICES

Community partners identified mental health and trauma as the top concern for clients. Trauma changes brain structure which can lead to negative health behaviours, like substance use, and poor physical and mental health outcomes. Population studies have shown that more than 50% of adults have experienced at least one Adverse Childhood Experience (ACE)[31]. Intergenerational trauma resulting from colonialism and residential school systems is closely connected to substance use related harms[83]. Providing trauma-informed care reduces unintentional harm and creates safer environments for all[84]. It starts with recognizing how common trauma is and learning about the connection between trauma, behaviour, and health. There are numerous resources and trainings available that healthcare and social service organizations can explore (e.g., EQUIP Health Care, Alberta Health Services, Sick Kids, SafeGuards).

What can the community do?

- Participate in trauma-informed training.
- Embed trauma-informed approaches into organizaitonal policies and practices.

TREATMENT AND RECOVERY

Timely access to a range of treatment and recovery services where individuals can determine their own health goals is a critical part of the continuum of care for people who use substances. The right care at the right time and faster access to care are two pillars of Ontario's plan for connected and convenient care[85]. However, Northern Ontario continues to struggle with long wait times, meaning that treatment services are often not available when people need them.

Opioid Agonist Therapy (OAT)

Opioid Agonist Therapy (OAT) is the primary treatment for opioid use disorder (OUD). OAT medications (e.g., Suboxone and Methadone) reduce withdrawal symptoms and decrease dependence on opioids, helping to improve health and social functioning. Healthcare providers can prescribe OAT at multiple touchpoints, including at primary care appointments, during a hospital stay or in the Emergency Department after a non-fatal opioid poisoning, and while a person is incarcerated. A 2023 report found that 61% of people who died from a substance-related toxicity had prior healthcare encounters, but engagement with treatment was low[86]. Another study found that only 1 in 18 patients who were hospitalized for opioid toxicity in Ontario were dispensed OAT within a week of discharge in early 2020[87]. APH conducted a scoping review to identify barriers and facilitators to the delivery of medical OUD treatment among physicians in rural and remote communities. The top three themes for facilitators were:

1. support from clinical colleague
2. attitudes and practice in the clinical or team setting
3. physician education

Mentoring from colleagues and increasing education and training for health professionals could help increase uptake of medical treatment. The Centre for Addiction and Mental Health (CAMH) has guidelines for physicians and other health professionals authorized to prescribe OAT[88]. The future Mental Health and Addictions Research and Training Institute at Algoma University could also support education and training on medical OUD treatment[89]. Community-based service providers can connect people, or individuals can self-refer, to programs that provide OAT such as Ontario Addiction Treatment Centre, Recovery North, and Northwood Recovery.

The Addictions Medicine Consult Team (AMCT)[89] at Sault Area Hospital works to improve the quality of care for individuals impacted by substance use. The interdisciplinary team provides a variety of comprehensive services to support clients, staff and physicians within the hospital. Services include brief motivational interviewing, health teaching, harm reduction education, family support, referrals to community resources, medication initiation, planning for treatment, recovery, and transitions, and relapse prevention. It is an innovative approach that supports collaboration, system navigation, and person-centered care.

Withdrawal Management and Safe Beds

Withdrawal management (also known as detox) and safe beds provide a safe and supportive environment for individuals experiencing withdrawal, intoxication, or seeking help with relapse prevention. In Sault Ste. Marie, Northway Wellness Centre offers residential withdrawal management services where people have access to medical support, education, treatment planning and referrals, peer support, individual and group counselling, and self-help groups. The facility is well equipped to support mental and spiritual wellness with a fitness center, therapeutic and recreational outdoor courtyards and space to perform traditional ceremonies. To increase community access, the Sault Area Hospital also offers in-home/mobile withdrawal management that can be provided virtually or in-person across the region. In Elliot Lake, the Oaks Centre provides level II withdrawal management services and safe beds.

Residential and Community-Based Treatment

Following withdrawal management, it is important that people have access to multiple treatment options and community-based programs/services that can be tailored to their needs and support their path to recovery. Community partners expressed concerns for individuals who leave withdrawal management but cannot access treatment services right away, as this is a particularly vulnerable transition period. People may relapse if they return to an environment that promotes substance use and they are at increased risk of serious harms, such as death, if they start using unregulated substances again due to reduced tolerance[90]. Findings from the Life in Recovery survey found that individuals accessed on average six different types of recovery resources and programs, showing that there are many pathways to recovery. The most common were 12-step support groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) (91.8%), residential treatment (60.6%), group or individual counselling (56-57%), and outpatient treatment (41.4%)[91]. Many of the PWLLE who were interviewed said that having a program like AA or NA to follow was helpful. However, the religious component of these programs was a deterrent for some people. For residential (bed-based) treatment, the options in Algoma are very limited. Waitlists are long. People may access services faster if they are able to travel and/or pay for services.

Psychotherapy

Psychotherapy is a key component of substance use disorder treatment. It involves working with a therapist to discuss feelings, change unhelpful behaviours, and develop more constructive coping skills[92]. Therapy can be done individually or with a group, partner, or family members. Counselling and therapy, such as Cognitive Behaviour Therapy (CBT), was the most common response when we asked PWLLE what they needed to stop using or stay in recovery. However, finding the right services or counselor and long waitlists were identified as challenges. Cost can also be a barrier as many mental health services are not covered by public health insurance plans. The Canadian Mental Health Association is a strong advocate for Universal Mental Health Care that would make community-based mental health and substance use services accessible to everyone[93]. Algoma University is working to create a Masters program in psychotherapy that is responsive to community and regional needs. This program could increase the capacity to deliver mental health services in the North by providing opportunities for professionals, like nurses or social workers, to upgrade their skills.

Recovery Support

Everyone can help support recovery. Social networks, including friends, family, colleagues and peers, are extremely important for long-term recovery. Communities can provide services/programs to help people address their housing, education, employment, spiritual, and social needs. Safe housing was at the top of the list of what was needed to stop using drugs or stay in recovery during our interviews with both PWLLE and family and/or friends. Spiritual connection, leisure activities, vocational training, and life skills development can also help improve recovery outcomes[91]. Building relationships and creating opportunities for collaboration across peer support, health, social, educational, criminal, justice, employment, economic, spiritual, and housing sectors can help increase access to and awareness of services. Rockin' Out for Recovery, a yearly community event in Sault Ste. Marie, is an example of cross-sector collaboration to increase awareness of community-based services, foster social connections, and inspire hope.

What can the community do?

- Invest in a variety of local treatment and recovery programs/services.
- Increase training and capacity in the mental health and substance use workforce.

GOVERNMENT SUBSTANCE USE STRATEGIES

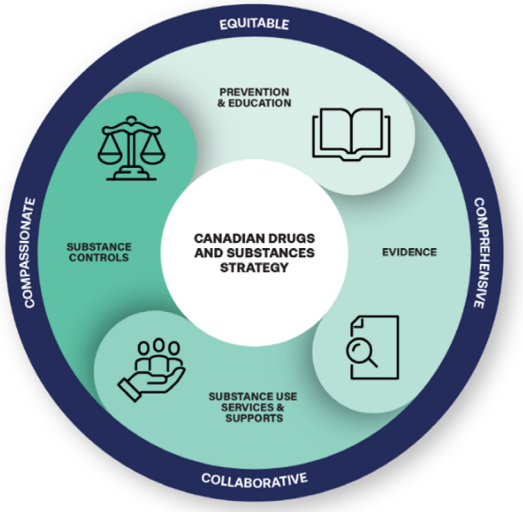
The federal and provincial governments outline their commitments to solving the drug toxicity crisis, where they will prioritize support, and invest resources, in the two documents below.

The Government of Canada outlines their response to substance related harms and the drug toxicity crisis in The Canadian Drugs and Substances Strategy. Figure 10 shows the priority areas for action (middle) and guiding principles (outer ring) of the strategy. The Ontario government's Roadmap to wellness: a plan to build Ontario's mental health and addictions system outlines a plan built on four pillars: improving quality, expanding existing services, implementing innovative solutions, and improving access to mental health and addiction services.

Some provinces have begun shifting towards recovery-focused models and approaches[94]. While investment in treatment and recovery is much needed and welcomed, a fulsome approach that includes harm reduction initiatives is required to meaningfully address toxic drug related harms across the continuum of substance use and care. For example, harm reduction interventions such as supervised consumption sites, play an important role in keeping people alive so they can have a chance to recover.

A comprehensive drug strategy must address the full continuum of care, from prevention and harm reduction to treatment and recovery.

Figure 10: Overview of The Canadian Drugs + Substances Strategy
(Government of Canada, 2023)



CONCLUSION

The toxic drug problem is complex. There are numerous biological, social, and environmental factors that influence substance use behaviours. The current toxic drug supply is putting anyone who uses drugs at risk. Structural stigma and system inequities contribute significantly to poor health outcomes for PWUD. An all-of-society approach with multifaceted interventions across the continuum of care is required to reduce harm and save lives.

Like the rest of Northern Ontario, our region is experiencing disproportionally high rates of substance use-related harm and inequities compared to the rest of the province. Algoma consistently has one of the highest opioid toxicity mortality rates in the province. Communities in the region struggle with housing, limited services, long waitlists, system navigation, transportation, stigma, and health human resource challenges. There are also great services/programs being delivered by very dedicated and compassionate people. Agencies are building stronger relationships together, working hard to remove barriers, meet clients where they are at in the stages of change, and connect people to the services they need. In addition, more agencies are integrating Indigenous culture into services.

A recovery-oriented system of care that integrates equity, stigma, harm reduction, trauma-informed care, and culturally safe care is possible. Cross-sector collaboration is essential to create supportive communities, address system gaps, improve system navigation, and provide quality care for PWUD. Shifting power to PWLLE to develop and lead initiatives can help remove barriers and make services/programs more effective. It is also vital that we support the family and friends who love somebody that uses/used drugs and take care of the dedicated professionals who support PWUD. We can achieve more by focusing on our strengths and working together with kindness and respect.

MOVING FORWARD

The recommendations below suggest next steps for a comprehensive, coordinated, collaborative response to addressing toxic drugs in Algoma, based on our local context, community input, and current evidence. Local initiatives that demonstrate alignment with the priorities outlined in the government substance use strategies mentioned above may receive additional funding and support.

RECOMMENDATIONS

Recommendations are organized based on the Community Opioid/Overdose Capacity Building (COM-CAP) priority areas (Figure 8).

Priority Area: Stigma and Equity

- Support the development of a local network organized by and for PWLLE that can inform community action and decision-making
- Address structural stigma within local organizations through assessment and training

Priority Area: Data & Information Sharing and Evidence & Practice

- Strengthen partnerships with research and academic institutions to conduct community-based research that will generate local data and evidence, with a particular focus on collaborative research with Indigenous communities.
- Designate a local committee (e.g., drug strategy committee) to investigate feasibility and funding for a platform that would facilitate information sharing among front-line staff across agencies working with PWUD.

Priority Area: Implementation/Operational Factors

- Tailor interventions to groups experiencing disproportionately higher rates of harm (e.g., individuals living in private residences, people working in the construction and mining industries, Indigenous peoples living in urban and First Nation Communities).
- Collaborate with Ontario Health Teams to develop universal intake/consent forms to support system connectivity.

Priority Area: Partnership, Engagement & Collaboration

- Work collaboratively among all sectors to integrate services and increase access to evidence-based interventions that promote harm reduction and recovery, using trauma-informed and culturally safe approaches.
- Create opportunities for all partners to learn and network together (e.g., workshops, events, conferences).

GLOSSARY OF TERMS

Health inequity – refers to differences in health associated with structural and social disadvantage that are systemic, modifiable, avoidable and unfair. They are rooted in social, economic and environmental conditions and power imbalances, putting groups who already experience disadvantage at further risk of poor health outcomes[95].

Intergenerational Trauma – cumulative mental, emotional, and psychological harms experienced in one's own life and through subsequent generations[83].

Naloxone - fast-acting drug used to temporarily reverse the effects of opioid overdoses by kicking opioids off receptors in the brain and binding to those receptors instead. Naloxone only works on opioids, such as fentanyl, heroin, morphine, and codeine[96].

Opioid - a family of substances that include opioids available through regulated and pharmaceutical sources for the treatment of pain and OUD (e.g., oxycodone, hydromorphone, morphine, methadone) and opioids available primarily through unregulated or non-pharmaceutical markets or sources (e.g., heroin, fentanyl, carfentanil)[97].

Opioid Use Disorder (OUD) - a medical condition associated with cravings for opioids that can lead to chronic use of opioids and behaviors that may interfere with daily life activities[2].

Opioid-Related Toxicity - occurs when the body receives too much of an opioid or a mix of opioids and other substances like alcohol or benzodiazepines. Opioids affect the part of the brain that controls breathing. Opioid-related toxicity can cause breathing to slow which can lead to loss of consciousness and sometimes death[2].

People with Lived/Living Experience (PWLLE) - people who currently use substances, as well as people who have used substances.

Social Determinants of Health (SDOH) - the interrelated social, political and economic circumstances in which people are born, grow up, live, work and age. SDOH include early child development, gender, income and income distribution, housing, food insecurity, education, employment and working conditions, unemployment and job security, social inclusion/exclusion, Indigenous ancestry, race, immigration, health services, geography, social safety net, disability, and globalization[95].

Structural Racism - the historical and ongoing reinforcement of racism within society due to discriminatory systems and inequitable distribution of key resources[98].

Substance Use - consumption of psychoactive substances – including currently illegal drugs, as well as alcohol, tobacco, and cannabis – that can be used for medical, religious, or ceremonial purposes, for personal enjoyment or pleasure, or the deal with stress, trauma, or pain[99].

Unregulated Drugs - substances with unknown contents and potency that may contain multiple unexpected substances which can lead to toxicity-related deaths. These include any types of controlled substances that can only be obtained by prescription or are illegal and not approved for human medical use[2].

APPENDICIES

Appendix 1. Toxic Drugs in Algoma: Interviews with People with Lived and Living Experience (PWLLE) of Drug Use and Family and/or Friends Infographic

Toxic Drugs in Algoma

Interviews with People with Lived and Living Experience (PWLLE) of Drug Use and Family and/or Friends

The purpose was to better understand the experiences of people in Algoma who use drugs to help influence positive change.

What we did

28 interviews with PWLLE[1]

12 interviews with family and/or friends

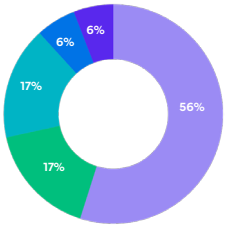
What we heard

14 years
Average age of starting substance use

Most common reasons for starting substance use:

- Adverse Childhood Experiences (ACEs)[2]
- Grief/loss
- Peer pressure
- Relationship problems
- Coping with mental health issues
- To self-treat pain

Readiness of PWLLE to stop using drugs:



Stages of Change

- **Pre-contemplation**: no intentions to stop
- **Contemplation**: thinking about stopping or getting ready to stop
- **Preparation**: ready and may have had plans in place already to stop
- **Action**: had made changes to reduce or stop their substance use
- **Maintenance**: stopped or in recovery

Barriers to people using services:

- No housing
- Not interested in services
- Religious component of programs
- Kicked out of program
- Judgement/stigma
- Finding a counsellor
- Staffing

What has been helpful for PWLLE:

- Peer support
- Counselling/therapy
- AA/NA
- Opioid Agonist Therapy
- Housing
- Supportive staff

What PWLLE need to stop or stay in recovery:

- Counselling/therapy
- Safe home
- Program to follow
- Good mental health
- Activities to stay busy
- Positive mindset
- Drug-free environment
- Replacement substance

What PWLLE would like society to know:

- Addiction is an illness, not a choice
- Everyone should be treated like a human
- Why people use drugs
- Everyone has a story
- Not everyone who uses drugs is the same

Recommendations from family and/or friends:

- More services (e.g., support groups, day treatment)
- Better hours
- Better communication between agencies
- Affordable housing
- Help kids at a younger age
- Protect instead of punish

1. Limitations: Only people accessing services were included, so there continues to be a gap in understanding the needs of people who do not access services. Data primarily represents perspectives from people living in Sault Ste. Marie, a more urban setting.
2. Adverse Childhood Experiences (ACEs) are stressful or potentially traumatic events that occur within the first 18 years of life. ACEs are recognized as forms of abuse, neglect, and household dysfunction (e.g., family substance use, domestic violence).

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Appendix 2. Toxic Drugs in Algoma: Interviews and Workshops with Community Partners Infographic

Appendix 3. Examples of Municipal-Level Actions to Support a Local Response to Toxic Drugs

Municipal governments play a key role in addressing the toxic drug crisis, but they cannot do it alone. Success relies on involving all sectors and levels of government. The list below provides a menu of options for municipalities to consider.

Facilitate and support collaboration and partnerships.

- Identify a person to lead or participate in a multi-sectoral committee (e.g., local drug strategy committee).
- Provide training for staff to implement Community Safety and Wellbeing Plans with community partners.
- Organize and/or attend events that bring community members and partners together to learn, share, and celebrate successes.
- Lead or support a substance use prevention initiative that brings together youth, families, schools, and leisure/recreation partners.

Lead collective advocacy to Provincial and Federal governments.

- Work collectively with municipal counterparts across the region to advocate for policies and funding that:
    - Ensure access to affordable and transitional housing.
    - Increase access to care across the full continuum of mental health and substance use health services.
    - Allow for flexibility to meet community-identified needs.
- Partner with public health, service providers, and researchers to gather local data, prepare proposals, and make funding requests.

Engage meaningfully with People with Lived and Living Experience (PWLLE).

- Support development of a community network of PWLLE.
- Include PWLLE, their family and/or friends, and grassroots organizations in decision-making and program development to reduce barriers and provide adequate wrap-around services for PWUD.

Use health-based approaches to address the social determinants of health and reduce stigma.

- Use non-stigmatizing language when discussing and reporting on mental health and substance use.
- Provide stigma and trauma-informed care training for all municipal staff.
- Implement policies and programs that support basic needs, like housing and support, food, and transportation.
- Partner with public health to create healthy built environments.

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