

# Sioux Lookout Healthy Community Strategy: A holistic, community-based strategy to address drug and alcohol misuse, housing and homelessness, and mental health challenges



## Healthy Community Task Force

The symbolism of the leaf is related to rebirth, health and wellness  
(from dark green "laying down" to light green "standing up").

The shading from dark green to light green represents moving from a place of "darkness"  
(uncertainly about how to address these difficult health and social issues in our community)  
to a place of "light" (hope, support & strength) to move forward.

## Sioux Lookout Healthy Community Task Force Steering Committee Members

### Prevention Pillar Chair

George Hoggarth, Volunteer

### Enforcement Pillar Chair

Nick Rhone, Ontario Provincial Police

### Harm Reduction Pillar Chair

Robert Grenier, WJS Canada/Sioux Lookout  
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### Treatment Pillar Chairs

Cherie Coulombe, FASD Parent Support Group  
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### Housing Pillar Chairs

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- Lucille Morris, Tikinagan Child & Family  
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- Sioux Lookout Meno Ya Win Health Centre
- Municipality of Sioux Lookout
- Northwestern Health Unit
- Kenora Rainy River Child & Family Services
- Firefly
- Nishnawbe-Gamik Friendship Centre
- Community Living Dryden-Sioux Lookout
- Ontario Provincial Police

## Foreword

Greetings:

It gives me great pleasure to share my thoughts on the launch of the Sioux Lookout Healthy Community Task Force's Healthy Community Strategy.

This document is the culmination of over three years of dedicated volunteer efforts by a truly committed and visionary group of, primarily, front-line service providers from within Sioux Lookout's social service sectors.

The Strategy is a call to action for all citizens and service providers and represents a holistic, community-based approach to address drug and alcohol misuse, housing and homelessness and mental health challenges.

The initiatives of the Task Force, and its Strategy, focus on helping to enact systemic changes within and among the various social service and law enforcement providers, which is a critical step in securing a healthy and productive community. These efforts will be nicely complemented by an emerging initiative, which is being spearheaded by the local detachment of the Ontario Provincial Police. The OPP, along with other key service providers, will be coming together to explore the formation of a "Situation Table", which will provide immediate interventions for high-risk and vulnerable persons in our community, with the aim of connecting them with the supports they require.

I encourage all community members to read the Strategy and identify ways in which you can contribute to its effective implementation.

Sincerely,

A handwritten signature in blue ink that reads "D Lawrance". The signature is fluid and cursive, with a long horizontal stroke at the end.

Doug Lawrance, Mayor  
Municipality of Sioux Lookout

## Quotes:

Garnet Angecone, Member of the Lac Seul First Nation and resident of Sioux Lookout. Garnet was awarded the Order of Canada in 2015 for his work in building cultural relationships, as well as working on the residential school legacy through the Aboriginal Healing Foundation. On the subject of the Healthy Community Task Force's Strategy, Garnet stated:

*Whether we are social workers, teachers, police officers, lawyers, or health care providers, we need to be aware of the history and complexities of historical trauma on the Anishinawbe population. By creating awareness, the result will help to promote better understanding and ultimately foster mutual respect within a 'healthy community' for all.*

*Not to create an atmosphere of blame, shame, or guilt, we need to engage in meaningful discussions to promote keen understanding of the deep rooted causes of the social issues we face as a community. These healthy but tough discussions will not only happen just once, but they will need to carry on to positively work toward building healthier 'community' relations. Solutions will take time to evolve but they will come through meaningful and honest dialogue"*

Dr. Gabor Maté is a world known author whose books have been published in twenty languages. Dr. Maté has worked for 12 years in Vancouver's notorious Downtown Eastside neighbourhood with patients suffering from hard-core drug addiction, mental illness, and HIVH. He is widely known for the power, insight, clarity, candour, compassion, humor and warmth of his writings and presentations.

The following quotes from Dr. Maté are from his article, *How to Build a Better Culture of Good Health*:

*Addictions in particular are responses to early trauma. Whether to drugs, food, gambling, or whatever other form they take, all are attempts to soothe stress and emotional pain. The first question is never why the addiction, but why the pain? We cannot understand the addictions that beset our society without recognizing the suffering and stress they are intended to alleviate, or the childhood trauma at their source.*

*Policymakers and community leaders need to be taught that economic and social disparities, insecurities, and stresses, as well as racial or ethnic inequalities, inevitably result in health problems and vastly increased health costs. In truth all diseases are social diseases.*

## Executive Summary

The Sioux Lookout Community Drug and Alcohol Strategy (The Strategy) is a holistic strategy developed by the Healthy Community Task Force (HCTF) to help facilitate improved health and wellness throughout the Community using a five-pillar (Prevention, Harm Reduction, Treatment, Enforcement and Housing) approach using the guiding principles that the Strategy be and promote:

- A safe and supportive community that is non-judgmental;
- The promotion of education and awareness;
- The identification and use of evidence-based resources;
- Building relationships/partnerships in a collaborative framework;
- Community engagement and support;
- Solutions that are timely/immediate and relevant.

To improve the health, safety and well-being of all citizens in the community by working together to decrease the harms caused by substance misuse. Each of the five pillars identified specific needs in the community. The pillars then in turn used the identified needs to develop the following goals:

### Prevention

- Promote and facilitate inter-agency work.
- Create a community-environment that maximizes protection from substance misuse.

### Harm Reduction

- Increase awareness of harm reduction and safety overall.
- Increase access to educational resources.
- Increase collaborative support and advocacy at the community and regional level.
- Reduce the stigma of addictions.

### Treatment

- Advocate for an accessible and effective treatment environment across the treatment continuum.

## Enforcement

- Identify, build and strengthen community partnerships.
- Facilitate and collaborate amongst community partners to identify issues and stimulate community-led problem solving.
- Provide a forum for discussion and community engagement related to identified-threats to community safety and security.

## Housing

- Advocate for all People in Sioux Lookout to have access to safe, affordable and appropriate housing.

With these goals in mind, Pillars then determined objectives and the strategies and solutions with which to achieve them in a timely and relevant manner. All this is planned to be done in collaboration with various community partners, stakeholders and service providers. This will be accomplished by fostering relationship- and partnership-building to create a community-wide service network to help raise community awareness and service provider education and training. Ensuring the best possible levels of assistance, treatment and care on case specific instances and in general.

# The Sioux Lookout Drug and Alcohol Strategy

## Vision

Collaboration with community partners to reduce barriers through implementation of a drug and alcohol strategy that will facilitate improved health and wellness.

## Mission

Provide access to a collaborative, responsive service system that works to address health and social challenges and promotes healthy living in our community by supporting programs and reducing high risk drug and alcohol use and the harms associated with substance abuse.

## Guiding Principles

### Safe and Supportive

We envision a safe and supportive community that is non-judgmental.

### Evidence-based

We work towards the identification and use of evidence-based resources and decision-making.

### Collaborative

We seek to build and foster relationships and partnerships to create a collaborative framework and approach.

### Solution-focused

We seek solutions that are timely and relevant.

### Respectful

We respect individuals, groups, and organizations, and encourage broad representation and engagement.

## Background and Rationale

Sioux Lookout is a town with a population of approximately 5,500 people. Principal sources of employment for residents are within the service industry, such as forestry, transportation and tourism. The town has an unemployment rate lower than the provincial average and a household income that is higher than the provincial average. Residents in Northwestern Ontario have higher rates of alcohol consumption, tobacco use and drug use than the rest of the province.

Sioux Lookout is a service hub for the communities of Hudson, Pickle Lake, Savant Lake and 28 First Nations communities that range in size, from a population of 52, to a population of 2,500. The total population served is approximately 30,000, most of whom are First Nations. Most of the northern communities are accessible only by air, or in some cases by winter roads. The most remote community of Fort Severn is approximately 700 km from Sioux Lookout. These northern communities have been impacted by colonialism and residential schooling, leading to many of the systemic issues around mental health, addictions and poverty. There are limited opportunities in the First Nations communities for individuals, families and the communities themselves to become self-determining. This can result in a sense of hopelessness, leading to self-destructive behaviours. It is also important to recognize that there are many strengths in the communities, such as preservation of the language, connection to culture and the area. These strengths need to be acknowledged as foundational in any collaborative support measures for people from these communities.

Data specific to alcohol and substance misuse in Sioux Lookout and the Sioux Lookout Region is somewhat limited. Hospital data indicates that both Emergency Department (ED) visits and hospitalization related to mental health and addictions are increasing (SLMHC, 2015). Mental health and addictions composite visits to the ED have increased to over 7% of all ED visits (SLMHC, 2014). According to the Ontario Provincial Police, Sioux Lookout Detachment, drug offences are decreasing while alcohol-related offences are on the rise. Prescription drug abuse remains a significant issue, with communities reporting addiction rates among adults at 40% - 70% (Kelly, 2014, 2015). Provincially, the single largest direct cost associated with substance use has been reported to be direct health care costs (Rehm et al, 2002).

Sioux Lookout, is the service hub for the north. There is an understanding that challenges come with being a service hub. A particular challenge that the community experiences is a high level of drug and alcohol related issues. Individuals experiencing drug and alcohol problems can impact many services in the community such as policing, medical, mental health and addictions, housing, shelter, and crisis services.

Since January 2012, a cross-section of community agencies has been working together to develop a drug and alcohol strategy. Over time the scope of the initiative was broadened to include considerations related to mental health and justice in order to realize a truly holistic and comprehensive strategy. The four-pillar approach was expanded to five, incorporating housing as the fifth pillar.

## The Road to the Strategy...

### Spring 2013

The Task Force worked on two priorities:

- **Priority No. I: To finalize the membership of the Task Force**, to ensure appropriate and meaningful representation from relevant agencies and organizations in the community. Once a “full-compliment” of agencies and organizations are on board, a Memorandum of understanding will be developed and signed by all constituent members, outlining specific roles and responsibilities.
- **Priority No. II: To plan and host an Education & Training Forum and Conference**, with three clear outcomes:
  1. ***Community Education & Awareness*** – to raise awareness about substance misuse, its causes and its social implications, and to engage the broader community in the development of a local strategy.
  2. ***Service-Provider Training & Networking*** – to build the capacity of local service providers and to identify new ways of working together to provide an integrated response.
  3. ***Strategy Development*** – to identify the first steps and key contributors to develop an effective Strategy to address substance misuse/abuse and associated social issues.

### May 2013

A two day conference was held with well over 200 participants from Sioux Lookout and surrounding communities.

One of the special guests was Dr. Gabor Maté, Physician, Author and Public Speaker. Dr. Maté shared his knowledge and expertise on the biopsychosocial perspective on addiction, based on his bestselling book, “In the Realm of Hungry Ghosts”. Dr. Maté is a world known author whose books have been published in twenty languages. Dr. Maté has worked for twelve years in Vancouver’s notorious Downtown Eastside neighbourhood with patients suffering from hard-core drug addiction, mental illness, and HIV. He is widely known for the power, insight, clarity, candour, compassion, humor and warmth of his presentations.

Also Nick Boyce, Provincial Director, Ontario HIV & Substance Use Training program spoke about harm reduction, stigma and discrimination.

### November 2013

A Community Drug Strategy Development Workshop was held as a follow-up to the conference earlier in the year. Through a facilitated process, by the Northwestern Health Unit, participants had an opportunity to discuss and share ideas to form a collective vision statement to develop a community drug and alcohol strategy using the 4 Pillar Approach (Treatment, Enforcement, Prevention, Harm Reduction). This discussion also included how to integrate issues related to housing & shelter. Thus a fifth pillar, Housing, was added to the strategy development.

The Municipality of Sioux Lookout recognized that the development of a community-driven strategy to address substance misuse would benefit the entire community, and included the development of a strategy in its 2012-2016 Strategic Plan. It was proposed that Council support the development of a strategy with a five-pillar approach that includes Prevention, Treatment, Enforcement, Housing and Harm Reduction.

The Sioux Lookout Healthy Community Task Force is mandated to create and implement a Sioux Lookout Community Drug & Alcohol Strategy, with the ultimate goal of reducing the incidence and impact of substance misuse as it relates to the health and social problems, and developing a healthier community for all.

The pillar approach is comprehensive in nature, and attempts to address the issues from all angles relevant to the community of Sioux Lookout.

- The Prevention Pillar focuses on strengthening the health, social and economic factors that reduce the risk of substance use.
- The Harm Reduction Pillar includes services and healthy public policies designed to reduce the harmful consequences associated with high risk behaviours.
- The Treatment Pillar encompasses interventions that improve the health and well-being of people who use or have used illicit or prescription drugs and/or alcohol.
- The Enforcement Pillar seeks to promote and support activities that keep the peace, ensure public safety and reduce or eliminate criminal activity.
- The Housing Pillar was created to address the limited housing options in Sioux Lookout and promote access to safe, affordable and good quality housing.

# Pillars

## Prevention Pillar

Prevention refers to interventions that seek to prevent or delay the onset of substance abuse and misuse including avoiding the problems that may occur from such use. Prevention can also be more than education. Prevention includes strengthening the health, social and economic factors that can reduce the risk of substance misuse. Substance use/misuse/abuse refers to the use of alcohol and drugs, both illegal and legal. Prevention interventions are aimed at the early stages of substance misuse before serious problems have developed. Interventions focus on preventing serious harm to individuals who have become addicted to substances.

## Target Group

Focus will be on parents with young children and teens, and children and youth in elementary and high schools.

## Goals

1. To promote and facilitate inter-agency work to delay or minimize the risks of developing harmful substance misuse behaviours amongst children and teens.
2. To create a community-environment that maximizes factors that offer children and youth protection from substance misuse.

## Long-term Objectives

1. Prioritize education and awareness about substances that reduces use and harm.
  - Reduce/decrease risk factors and increase protective factors/resiliency across all ages, stages of development and life challenges, for example: puberty, peer pressure, new school experience, parental divorce, family violence, etc.
  - Promote programming, interventions and activities that are evidence-based and have long-term effects/benefits.
2. Seek and promote resources and tools for sharing information about programs and new opportunities.
  - Increase access to resources for families, organizations, workplaces and agencies.
  - Engage young people in meaningful activities such as sports, arts and music.
  - Increase community awareness and support for schools and parents that foster resilience, risk management, and critical thinking skills.
  - Build and strengthen capacity and engagement within the community, including both individuals and organizations, to promote and implement prevention initiatives.

- Encourage the exploration of spirituality, healing and alternative practices as important aspects of prevention.
3. Engage and educate children, youth and families about substances and the risks associated with their misuse.
    - Support and facilitate prevention programs, public awareness campaigns and education at early stages of development and throughout the life span.
  4. Provide opportunities for the community to learn how to become more tolerant and inclusive of culture, race, gender, age, sexual orientation, etc.
    - Create an environment of respect for all individuals presenting with health or other social services regardless of substance use or mental health.
    - Address the impacts on the community to consider the health and safety of the 'whole' community.
    - Support and create positive conditions and opportunities for meaningful activities in the community.
    - Education and awareness for the community on the root causes of addictions, such as colonial policies, residential school system, homelessness, mental health issues, unemployment, chronic illnesses, as well as de-stigmatizing addiction and clarifying misconceptions.
  5. Increase community partnerships to collaborate and deliver substance use/abuse/misuse messages.
    - The 'whole' community takes part directly or indirectly in prevention initiatives. (Schools, NWHU Healthy Babies Healthy Children program, ONWA/SWAC Aboriginal Healthy Babies Healthy Children program, Fire Fly, Friendship Centre)

#### **Activities (Skill building, supportive environments & education/awareness)**

1. Promote and provide public education and awareness campaign that targets the general public.
2. Facilitate collaboration to strengthen programs for families, parents and youth
3. Promote alcohol free community events where children and youth are present, such as the Blueberry Festival
4. Promote and provide community-wide National Drug Awareness Week activities
5. Organize presentations and workshops for organizations, professionals, and the public sector

## Harm Reduction Pillar

Harm reduction is a range of services and healthy public policies designed to reduce the harmful consequences associated with high risk behaviours. The emphasis of harm reduction activities is on positive health, social and economic outcomes.

## Target Groups

All ages including moms and babies, sport groups, low income families, youth and young adults, and parents and caregivers.

## Goals

1. Increase awareness of harm reduction including philosophy, strategies and guidelines.
2. Increase safety overall.
3. To increase access to educational resources that may contribute to an increase in awareness of and reduction in the harmful consequences of high risk behaviours.
4. To increase collaborative support and advocacy for harm reduction strategies at the community and regional level.
5. To reduce the stigma of addictions by supporting and facilitating collaborations to promote an increased understanding of addictions.

## Long-term Objectives

1. Develop a community training session/workshop specific to Sioux Lookout.
  - Promote education and awareness.
  - Open a healthy dialogue.
  - Dispel misconceptions about drug and alcohol use.
2. Research and promote resources, programs, supports and tools for sharing information about initiatives and new opportunities.
  - Increase access to educational resources for families, organizations, workplaces and agencies.
  - Build and strengthen capacity and engagement for the community, for both individuals and organizations, to promote and implement harm reduction initiatives.

*(Adapted from Sioux Lookout Prevention Pillar)*

3. Engage community members to participate in educational sessions and workshops that are harm reduction related.
  - Host events and provide guest speakers, workshops, and promotional materials that are Sioux Lookout specific.

4. Engage and educate children, youth and families about substances and the risks associated with substance use/misuse.
  - Provide harm reduction and prevention programs, awareness campaigns and education at early stages of development.
5. Increase community partnerships to collaborate and deliver substance use/abuse/misuse messages.
  - The 'whole' community takes part directly or indirectly in prevention initiatives.
6. Managed Alcohol Program
  - Confirm site location.
  - Seek partnerships and funding within the community, provincial grants.
  - Adapt policies from other communities to reflect local needs.

#### **Activities (Skill building, Supportive Environments & Education/Awareness)**

1. Organize presentations and workshops for organizations, professionals and public sector.
2. Review and revise the Municipal Alcohol Policy

## Treatment Pillar

Treatment refers to holistic interventions that will improve the physical, emotional, psychological, and spiritual health and well-being of people who use, or have used, illicit or prescription drugs and/or alcohol.

## Target Groups

Individuals and families of all ages who are seeking help related to substance misuse.

## Goals

1. Advocate for an accessible and effective treatment environment across the treatment continuum (prevention, detox, treatment, aftercare, support).

## Long-term Objectives

1. Develop an accessible database of local and regional addiction and mental health treatment services, with detailed information on what each service provides.
  - Educate the community regarding available services and appropriate use.
  - Identify gaps and deficiencies in service.
2. Facilitate the development of an integrated service response system by collaborating with agencies and organizations to ensure individuals are provided with timely, person-centered services. Some of the groups to be included are: hospitals, local and northern First Nation education and health authorities, schools, school boards, child and family services, faith communities, child and adult mental health services, and policing services.
3. Advocate to ensure the availability of and accessibility to treatment services not currently available/identified as needed.
  - Provide consistent counselling to develop familiarity and trust for those who are incarcerated, living in a shelter, or attending a day program.
  - Partner with schools to work with students who are using substances, for example, exploring alternatives to suspension and providing coordinated post-treatment support.
  - Promote safe places for youth to access resources, supports and acceptance.
  - Promote community mentoring programs for youth.
4. Advocate for the development of an in/out-patient community treatment centre for individuals and families dealing with drug and alcohol addictions.
  - Seek and increase partnerships.
  - Research funding opportunities.
  - Secure municipality and general community support.

### Activities (Skill Building, Supportive Environments, Education/awareness)

1. Invite all stakeholders to review emergency response protocol for those presenting with addiction and/or mental health issues.
2. Obtain information from each agency that explains who to contact in specific situations to ensure the individual is receiving the appropriate service from the appropriate agency. It would also be helpful to create a document for consumers to identify pathways to access various services.
3. Provide accurate and reliable screening and assessment tools that can be transferred among service providers. This may include standard intake forms and confidentiality agreements to be used by all stakeholders. This will also encourage continuity of care and improved access to information concerning mutual clients.

## Enforcement Pillar

Enforcement refers to activities that seek to keep the peace, ensure public safety, and reduce or eliminate criminal activity including public intoxication, intimidation, trespassing, aggressive pan handling, indecent acts, and causing disturbances. In some cases, the perpetrators of substance misuse related offences are themselves 'victims' of broader and deeper life circumstances that often include abuse. As such, a unique approach to enforcement is required in Sioux Lookout.

## Target Groups

Focus will be on all persons including youth and adults.

## Goals

1. To identify, build and strengthen community partnerships.
2. To facilitate and collaborate amongst community partners to identify issues and stimulate community-led problem solving.
3. To provide a forum for discussion and community engagement related to identified threats to community safety and security.

## Long-term Objectives

1. Identify and develop collaborative partnerships with community members and agencies.
  - Research and engage with potential community partners.
  - Educate and promote initiatives and activities to the public and encourage personal involvement to ensure community safety and well-being.
  - Promote Crime-Stoppers and social media to facilitate more public involvement.
2. Mobilize community to work on crime prevention.
  - Identify and examine the root causes of crime and formulate creative, lasting solutions, specific to Sioux Lookout.
  - Promote Crime Prevention through Environmental Design as a lens for municipal planning and development.
  - Liaise with partners to ensure public access to an up to date list of local and regional treatment resources that can be distributed to youth, adults and high risk populations.
  - Partner with agencies in providing education on provincial and federal laws to vulnerable populations, ensuring awareness of risks.
  - Ensure appropriate referrals which may help prevent crime before it occurs.
  - Establish a working group of relevant stakeholders, such as Health Canada - NIHB, SLFNHA, Hostel, Probation and Counselling services, to proactively address issues.

- Advocate for Community Response Teams, organized by appropriate agencies that would partner with police to deploy 24/7 on the street level to address mental health and suicidal calls for service.
  - Open dialogue with the Canadian National Railway (CNR) concerning more effective policing of the railway property.
  - Advocate for a permanent Canadian National Police Constable in Sioux Lookout.
  - Monitor effectiveness of the Ontario Mobilization & Engagement Model of Community Police and outcomes in crime prevention.
3. Plan strategies with partners that work toward enforcement and crime suppression.
- Identify strategies to address threats to community safety and security, especially “repeat” and “high risk” offenders.
  - Establish a working group with representatives from the Police, Corrections, Crown Attorney’s, and Probation to increase communication and create solutions and policies tailor made to “low-risk” vs “high risk” offenders.
  - Advocate for bail and probation terms that are created and enforced in a way that breaks the cycle of addiction and also prevents re-victimization.
  - Advocate for improvement of sentencing outcomes for substance misuse and/or trafficking through increased judicial education.

#### **Activities (Skill building, supportive environments & education/awareness)**

1. Facilitate the incorporation of crime prevention in community planning.
2. Promote education sessions and presentations to agencies, schools, and individuals.

<sup>1</sup> Adapted from Ontario’s *Mobilization and Engagement Model of Community Policing*. Information was also gleaned from both the Thunder Bay and Kenora Alcohol and Drug Strategies.

## Housing Pillar

Shelter is the basic need that is essential for living a healthy life. The Housing Pillar advocates to government and private sectors for improving access to affordable, safe and appropriate housing in Sioux Lookout. This includes prioritizing access for vulnerable populations, such as chronically homeless people living with mental illness and addictions, women at risk of violence, Aboriginal people, seniors, and youth.

The implementation of Housing First strategies has shown to improve the quality of life, health and addiction outcomes, reduce involvement/costs associated with police and justice system, and reduce hospitalization and emergency visits. The Housing Pillar will support agencies and partnerships who will provide housing based on a Housing First model with extensive supports.

## Target Groups

Individuals and families of all ages, especially those who are hard to house, under housed, or have difficulty retaining housing in Sioux Lookout.

## Goal

That all People in Sioux Lookout have access to safe, affordable and appropriate housing.

## Long-term Objectives

1. Advocate for the implementation of a "Housing First" Strategy in Sioux Lookout.
  - Increase the availability of housing projects to support people with mental health and addictions concerns.
2. Advocate to municipal, provincial and federal governments and the private sector for continued, increased and improved support for social and affordable housing and phased transitional and supportive housing.
  - Identify number of households experiencing extreme housing affordability problems.
  - Identify number of households experiencing unsafe and inadequate housing.
  - Identify the actual number of families and individuals on the current social housing "wait" lists.
3. Support the building of a central database and wait list for social housing for all social housing providers in the community.
4. Collect information and develop a picture of the current housing landscape in Sioux Lookout.
  - Identify what types of housing units already exist in the community.

- Identify what the community housing needs are, e.g. single units, doubles, single family home units.
5. Support the sustainability and retention of housing for all people in Sioux Lookout.
    - Advocate for life skills training for community members to ensure that everyone has the skill sets required to upkeep, manage, maintain and retain their home.
    - Promote adaptable, 'flex' housing development.
  6. Advocate for community and regional housing partnerships
    - Improve cooperation, networking and communication between social housing and other service providers.
    - Encourage the development of privately owned, affordable and subsidized public and co-operative housing.

#### **Activities (Skill building, supportive environments & education/awareness)**

1. Lobby public and private sectors to engage in measures to improve housing in Sioux Lookout.
2. Research community housing needs and identify opportunities and challenges to implementing housing interventions.
3. Educate and advocate for implementation of "Housing First" strategy.
4. Build central database for publicly and privately owned housing and housing providers.

# Implementation Recommendations

## Prevention Pillar

- Promote and provide public education and awareness campaigns that targets the general public.
- Facilitate collaboration to strengthen programs for families, parents and youth that promote prevention.
- Promote alcohol free community events where children and youth are present.
- Promote and provide community-wide National Drug Awareness Week activities.
- Provide presentations and workshops for organizations, professionals, and public sector that promote prevention strategies.

## Harm Reduction Pillar

- Provide presentations and workshops for organizations, professionals and public sector to educate about harm reduction.
- Review and revise the Municipal Alcohol Policy to accommodate harm reduction strategies.
- Identify community support to support and develop a Managed Alcohol Program.

## Treatment Pillar

- Invite all stakeholders to review emergency response protocol for those presenting with addiction and/or mental health issues.
- Obtain information from each social service agency/health facility that explains who to contact in specific situations to ensure the individual is receiving the appropriate service from the appropriate agency. It would also be helpful to create a document for consumers to identify pathways to access various services.
- Provide accurate and reliable screening and assessment tools that can be transferred among service providers. This may include standard intake forms and confidentiality agreements to be used by all stakeholders. This will also encourage continuity of care and improved access to information concerning mutual clients.

## Enforcement Pillar

- Facilitate the incorporation of crime prevention as related to alcohol/drug misuse in community planning.
- Promote education sessions and presentations to agencies, schools, and individuals.

## Housing Pillar

- Lobby public and private sectors to engage in measures to improve housing in Sioux Lookout.
- Research community housing needs and identify opportunities and challenges to implementing housing interventions.
- Educate and advocate for implementation of "Housing First" strategy.
- Build central database for publicly and privately owned housing and housing providers.
- Build and strengthen partnerships with organizations involved with planning for and providing housing.

## Reference Data and Resources

Sioux Lookout Demographics-select demographics from the 2011 census, Northwestern Health Unit

Compass Survey, 2013, Northwestern Health Unit

Youth Strategy Report, Sioux Lookout, March 2011

Youth Action on Drugs, 2010 Community Assessment Report, Sioux Lookout, Northwestern Health Unit

Ontario's Mobilization and Engagement Model of Community Policing.

Prescription Opioid-Related Issues in Northern Ontario, prepared by the Northern Ontario Area, Provincial Services Centre for Addiction and Mental Health, April 2010

Community Based Options for Addressing Opioid Abuse in Remote Northwestern Ontario First Nations, Joyce Timpson PhD, RSW and Karen O'Gorman MSW, RSW, May 10, 2010

Thunder Bay Drug Strategy, Roadmap for Change, March 2011

Kenora Substance Abuse and Mental Health Task Force, October 2010

A Framework for Action: A Four-Pillar Approach to Drug Problems in Vancouver, Donald MacPherson, Drug Policy Coordinator, City of Vancouver, April 24, 2001

Ontario's Mobilization & Engagement Model of Community Policing, Ontario Government and Ontario Chiefs of Police

Principles & Filters for Information Sharing at Situation Tables, OPP Community Safety Services

Towards Alcohol Harm Reduction: Preliminary Results From an Evaluation of a Canadian Managed Alcohol Program, University of Victoria, Centre for Addictions of BC, December 2013

Northern Ontario School of Medicine Government Affairs and Advocacy Committee Position Paper on Managed Alcohol Programs, March 2015

Youth Action on Drugs, Sioux Lookout 2010 Community Assessment Report, Northwestern Health Unit, March 2013

Ontario Student Drug Use and Health Survey 1977-2015, Centre for Addiction and Mental Health

Best Practice Guidelines for Mental Health Promotion Programs: Children (7-12) & Youth (13-19), Centre for Addiction & Mental Health, Dalla Lana School of Public Health, University of Toronto and Toronto Public Health, 2014

Best Practice Guidelines for Mental Health Promotion Programs: Older Adults 55+, Centre for Addiction & Mental Health, Dalla Lana School of Public Health, University of Toronto, Toronto Public Health, 2014

Addictive Behaviours Among Aboriginal People in Canada, The Aboriginal Healing Foundation Research Series, Deborah Chansonneuve, 2007

Childhood and Adolescent Pathways to Substance Use Disorders, Canadian Centre on Substance Abuse, 2014

Concurrent Disorders: Substance Abuse in Canada, Canadian Centre on Substance Abuse, December 2009

Preventing Harm from Psychoactive Substance Use, City of Vancouver, Drug Policy Program, November 2005

Following the Evidence: Preventing Harms from Substance Use in BC, Centre for Addictions Research of BC, British Columbia Ministry of Health, March 2006

Alcohol: No Ordinary Commodity, Alcohol and Public Policy Group, Journal compilation 2010 Society for the Study of Addiction

Canada's Low Risk Alcohol Drinking Guidelines, Canadian Centre on Substance Abuse, Centre for Addiction and Mental Health, March 2012

Parent Action on Drugs, Building Resilient Youth

A Sociological Analysis of Root Causes of Aboriginal Homelessness in Sioux Lookout, Ontario (Sider 2005, CRRF)

<http://homelesshub.ca/resource/sociological-analysis-root-causes-aboriginal-homelessness-sioux-lookout-ontario#sthash.6csl0zpe.dpuf>

The Prevalence of Aboriginal Homelessness in Sioux Lookout, Ontario (Sider 2009)

<http://homelesshub.ca/resource/prevalence-aboriginal-homelessness-sioux-lookout-ontario>

KDSB Ten Year Housing and Homeless Plan

[http://www.kdsb.on.ca/HO\\_Homeless.html](http://www.kdsb.on.ca/HO_Homeless.html)

Homelessness and Housing in Sioux Lookout (Barclay 2013)

The State of Homelessness in Canada 2014,

<http://homelesshub.ca/resource/state-homelessness-canada-2014>

Homeless Hub - Housing First Where is the Evidence

<http://www.homelesshub.ca/resource/housing-first-where-evidence>

Canadian Housing First Toolkit

<http://www.housingfirsttoolkit.ca/>

*Housing and health: Examining the links (March 2012: Wellesley Institute).*

[www.wellesleyinstitute.com](http://www.wellesleyinstitute.com).

Canada Mortgage and Housing - "Flex Housing"

<http://www.cmhc-schl.gc.ca/flex/en/index.cfm>

Kenora's Affordable Housing Needs Analysis 2013 Review

Addressing Substance Abuse in the Community of Kenora

Kenora Homelessness and Behavioural Issues Task Force - Work Plan September 2013

Drug Strategy Accommodation Needs Assessment - A Community Plan for Thunder Bay

A Cross-Sectional Study of Public Attitudes Towards Safer Drug Use Practises in British Columbia, Canada. Tzemis D, Campbell J, Kuo M, Buxton JA (PUB MED)

Public Opinion of Drug Treatment Policy: Exploring the Public's Attitudes, Knowledge, Experience and Willingness to Pay for Drug Treatment Strategies. Matheson C, Jaffray M, Ryan M, Bond CM, Fraser K, Kirk M, Liddell D. (PUB MED)

Managed Alcohol as a Harm Reduction Intervention for Alcohol Addiction in Populations at High Risk for Substance Abuse. Muckle W, Muckle J, Welch V, Tugwell P.

SLMHC - Sioux Lookout Meno Ya Win Health Centre