

Community Drug Strategy for the City of Greater Sudbury
Steering Committee Meeting
2018-01

Tuesday, January 16, 2018
10:30 AM-12:00 PM

Withdrawal Management Services – 336 Pine Street

Present: Daniel Despatie, Greater Sudbury Police Service; Shannon Dowdall-Smith, Public Health Sudbury & Districts; James Killeen/Rick Waugh, Greater Sudbury Police Service; Catherine Watson, Health Sciences North; Roxanne Zuck, Monarch Recovery Services; Stephanie Kehoe, Metis Nation; Lisa Toner, Réseau Access Network; Tyler Campbell, City of Greater Sudbury; Cindy Rose, Canadian Mental Health Association; Dr. Ariella Zbar, Public Health Sudbury & Districts; Sandra Laclé, Public Health Sudbury & Districts; Karrie-Ann Jones, Public Health Sudbury & Districts; Chantal Belanger, Public Health Sudbury & Districts; Natalie Boivin, Crown Attorney's Office;. Michelle Lavoie, N'Swakomok Friendship Centre; Nicole McMillan, City of Greater Sudbury.

Regrets: Jennifer Amyotte, Greater Sudbury Emergency Medical Services; Maureen McLelland, Health Sciences North (Ad hoc); Adam Day, North East Local Health Integration Network; Joseph Leblanc, Social Planning Council of Sudbury; Denys Bradley, Crown Attorney's Office; Shana Calixte, Public Health Sudbury & Districts.

Guest: Karen Joblin, Public Health Sudbury & Districts.


	<i>Items</i>	<i>Follow Up</i>
1.0	ROLL CALL	
2.0	WELCOME AND INTRODUCTIONS	New members were welcomed.
3.0	REVIEW AND APPROVAL OF AGENDA	Approved
4.0	REVIEW AND APPROVAL OF MINUTES – January 15, 2017	Approved
5.0	DECLARATION OF CONFLICT OF INTEREST	None to declare.
6.0	BUSINESS ARISING	
6.1	6.1.1 Needle Drop Off Bins	Calls have increased. Calls should continue to be directed to 311 for tracking. Currently adding further needle bins and having them funded through municipal funding. The budget was passed and three more bins will be added in the spring. The locations are the Leslie St. Bridge, Mackenzie Library and Memorial Park.

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		<p>The bin that is utilized the least is in the Energy Court (behind beer store). Most used is the one near CMHA. The 5th bin is targeted for Kathleen street (Donovan area). The spring will be a good time to promote the use of bins on social media since the last bin has not yet been put in.</p> <p>It was suggested to put advertising on the bins regarding services in the community and the location of other bins.</p> <p>Permanent funding will be provided for pick up from the city from now on.</p>
	6.1.2 Sharps Disposal – Community Plan	The city is currently talking to SACY for removal since there is a third party currently emptying at a high cost.
6.2	Supervised Injection Site	<p>C. Rose-looking to focus on the language and calling them supervised injection sites, not “safe”. Working with council and looking at a feasibility study to address goals for 2018.</p> <p>T. Campbell stated that a report will be brought to the Community Services Committee of Council regarding a SIS. City wants to be prepared since the ministry provides 100% funding. They will be asking the LHIN for money for a feasibility study of approximately \$150,000-200,000. The meeting will be held at 6 pm on February 5th if anyone is interested in attending. Overall, council has been receptive to the concept.</p> <p>L. Toner- consider terminology of supervised “consumption” site versus “injection”. Consumption would be a more holistic term that will encourage more users of different types (inhaled, oral, etc.) to utilize services.</p> <p>S. Dowdall-Smith-Overdose Prevention Sites-A. Zbar will be giving an update on funding application prior to the end of the meeting.</p> <p>S. Lacle-the Overdose Prevention Site, is seen as shorter term solutions for communities as opposed to SIS. Another difference is the absence of capital funding.</p> <p>R. Waugh-Starting in 2018, municipalities have the responsibility for community safety. Which means that Joe Nicolls (manager of community safety) will be involved. Should we consider inviting him to the table since they will need to</p>

	<i>Items</i>	<i>Follow Up</i>
		create a plan and we could be involved?
6.3	CDS Website	<p>At a previous meeting we had discussed our inability to maintain the current website (takeactionSudbury.ca) using a third party for site management. As such, and with the support of the Executive Committee, the SDHU has absorbed the website into its website while maintaining its previous/unique look.</p> <p>A link will be made available to all CDS partner agencies to be placed on their own websites for easy access by clients and staff.</p> <p>S.Dowdall-Smith will contact the group if there is an alert regarding increased danger of opioid use.</p> <p>Email drugstrategy@sdhu.com if you have any questions or if there is information that other agencies would like posted.</p> <p>OPS versus SIS-press release through the LHIN/MOHLTC that a 3-6 month temporary installment like an existing site or a trailer (as long as there are no renovations required). No inhalation of substance will be permitted inside the site. Harm reduction supplies, condoms and naloxone to address opioid overdose will be provided. OPS can be staffed by two individuals with up-to-date CPR and Naloxone training. One of the two individuals must be a designated health professional.</p> <p>*SACY will be applying. Reseau may reach out to discuss with SACY. May be a good idea to partner within our own community for a coordinated effort.</p>
6.4	Naloxone distribution (update)	<p>S. Dowdall-Smith stated that she has handed over the management of the naloxone distribution portfolio to S. Calixte.</p> <p>SDHU (The Point - Rainbow centre) will also be an Ontario Naloxone Program (ONP) site in the community. The SDHU will provide naloxone to the Point ONP site as well as other ONP sites through the recently funded Expanded Harm Reduction Program led by S. Calixte.</p> <p>B. Stankiewicz is the PHN lead for the naloxone distribution and SACY/The Point has signed their MOU and there are 8 more agency MOUs in various stages of progress.</p>
7.0	FOUNDATION WORKING GROUPS' REPORTS	
7.1	Health Promotion and Prevention	MOMSDU "Donna May" has shared a proposal to present a workshop in Northern Ontario. Proposal is currently under

	<i>Items</i>	<i>Follow Up</i>
		<p>review.</p> <p>K. Jones showed the group new Fentanyl warning posters brought are available in both French and English with the addition of the CDS logo. Question: Could we translate the posters into another language such as Ojibway? Michelle would be able to offer support to do so.</p>
7.2	Treatment	<p>C. Watson RAAM clinic funding has been secured via the NELHIN through the province's Opioid Strategy, and will soon be implemented in the province.</p>
7.3	Harm Reduction	NTR
7.4	Enforcement and Justice	NTR
8.0	NEW BUSINESS	
8.1	Community members requesting to be a part of CDS	<p>K. Jones -have had questions regarding how interested community members can be involved. Steering committee is not the place, but is it certain pillars? Could community members with no training or understanding become a "friend or ally" of the strategy?</p> <p>C. Rose -have had many conversations of having people contribute but different pillars would have different needs. Are there honorariums available from drug strategy? Would we be able to talk to individuals with lived experience? The harm reduction pillar may be a place that a citizen would be referred, but should not be the place every interested person should be sent.</p> <p>Should not be based on the pillar's ability to meet goals, but depending on what the community member is prepared, able and willing to do to contribute. CDS Steering Committee would look at each request on an individual basis to assure the individual is paired with a pillar that aligns with skills they can offer. Each request would be brought forward to the committee to determine the best options for the community member. CDS will look into creating a screening process to make it equitable for all interested applicants.</p>
8.2	Drug Alerts (criteria/feedback)	<p>S. Dowdall-Smith-looking for feedback regarding thresholds for early warnings/drug alerts? Can the committee develop some parameters for alerts to be sent out?</p>

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		<p>D. Despatie-what is the process that an agency/person should activate do to get the information out in a timely fashion that is accurate?</p> <p>J. Killeen said that the purple heroin alert had worked noting received feedback from people that they had seen it but didn't know what it was until they saw the alert.</p> <p>Currently a very informal process that has to pass through many approvals.</p> <p>The issue with the alerts is that we have to work independently and we don't all receive the same information at the same time to be able to inform the need for an alert (e.g., tox results, HSN, street level).</p> <p>General messaging should be daily that is not an alert but community information versus an alert.</p> <p>A draft alerts framework/criteria will be developed with the help from the opioid surveillance and early warning working group.</p>
8.3	Surveillance and early warning	<p>Looking at overdose data from CIHI, Intellihealth, ACES (HSN, MOHLTC) to determine why the numbers of reported overdoses (0-2/week) do not sometimes match the anecdotal data. Started with the quantitative data. Now the group is trying to regularly collect the anecdotal data to inform early warning / alerts.</p> <p>This subgroup is trying to look at what constitutes an early warning, how to create it, send it out etc.</p> <p>Whatever the subgroup develops will be shared here. If anyone has any ideas, please send it to drug strategy email.</p> <p>Should group emails should be sent when anecdotal conversations on the street occur that indicate a danger/risk?</p>
8.4	Approval process for CDS branded materials	<p>Reminder to the group that if you are going to use the logo on any communications, media or promotion (newsletters, posters etc., it MUST come through S. Dowdall-Smith or D. Despatie to be put through the communications process and then sent to Executive Committee for approval.</p>

	Items	Follow Up
		Please use the logo as much as you can and promote the CDS so people are aware of the efforts of the committee.
8.5	Dangers of Potential Exposure (DOPE) course	Colleagues in Kingston shared that there is a course name D.O.P.E. for personal protective equipment (PPE) use when going to home visits when fentanyl is suspected. However it goes against our “don’t fear it respect it” philosophy, and it is very expensive.
9.0	ANNOUNCEMENTS	<p>S. Lacle- on March 28th the SDHU and PHO will lead an emergency response training workshop to assist our various agencies to develop our roles and responsibilities if we are required to respond to a cluster of overdoses.</p> <p>You may receive an invite. Watch for the save the date and plan to attend!</p> <p>Health Sciences North to get chronic pain clinic</p>  <p>opioid_chronological _overview_bgv2_06_20</p> <p>S. Kehoe – in April the Concerns Coalition is planning a lunch and learn of lived experience of mental health, suicide, addictions- more to come.</p>
10.0	NEXT MEETING	<p>➤ Tuesday, March 20, 2018 10:30 a.m. – 12 p.m.</p> <p>All meetings will be at Withdrawal Management Services – 336 Pine Street.</p>
11.0	ADJOURNMENT	12:10pm