

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

**2018-02**

Tuesday, March 20, 2018

10:30 AM-12:00 PM

Withdrawal Management Services – 336 Pine Street

**Present:** Melissa Roney/Rebecca Poulin, Greater Sudbury Emergency Medical Services  
James Killeen/Daniel Despatie, Greater Sudbury Police Service  
Adam Day, North East Local Health Integration Network  
Roxanne Zuck, Monarch Recovery Services  
Robert Parsons, Crown Attorney's Office  
Denys Bradley, Federal Crown Attorney's Office  
Nicole MacMillan, City of Greater Sudbury  
Cindy Rose/Marion Quigley, Canadian Mental Health Association  
Shannon Dowdall-Smith, Chantal Belanger, Renée Lefebvre, Public Health Sudbury and Districts

**Regrets:** Dr. Ariella Zbar, S. Laclé, Shana Calixte, Jennifer Amyotte, Richard Waugh, Stephanie Kehoe, Catherine Watson, James Killeen

**Guests:** Christine Lewis, Marc Lefebvre- Public Health Sudbury and Districts

	<i>Items</i>	<i>Follow Up</i>
<b>1.0</b>	<b>ROLL CALL</b>	
<b>2.0</b>	<b>WELCOME AND INTRODUCTIONS</b>	Members were welcomed.
<b>3.0</b>	<b>REVIEW AND APPROVAL OF AGENDA</b>	Approved 8.2 - change to harm reduction and treatment pillar
<b>4.0</b>	<b>REVIEW AND APPROVAL OF MINUTES – January 16<sup>th</sup>, 2018</b>	Approved.
<b>5.0</b>	<b>DECLARATION OF CONFLICT OF INTEREST</b>	None to declare.
<b>6.0</b>	<b>GUEST PRESENTATIONS</b>	
<b>6.1</b>	<b>Data Surveillance</b>	Presentation from Marc Lefebvre. Public Health has noted that there are differences in the reported volumes of opioid-related emergency visits presented in the reports when compared to Public Health Ontario's

	<i>Items</i>	<i>Follow Up</i>
		<p>Interactive Opioid Tool and the weekly Emergency Room (ER) data we receive from the Ministry of Health and Long-Term Care. After some investigation, we have discovered that these differences come from the inclusion/exclusion of opioid-related cases coded as Mental Health ER visits. Ministry has selected Group of T codes only to monitor on a weekly basis. F codes are mental health codes.</p> <p>Since April 2017 the MOHLTC has provided information on Opioid-related morbidity and mortality in Ontario. Data received is preliminary. It takes about 3 months before data is completed by hospital (quality checks/reconciliation).</p>
<b>7.0</b>	<b>BUSINESS ARISING FROM PREVIOUS MEETING</b>	
<b>7.1</b>	<b>Drug Alerts Framework</b>	<ul style="list-style-type: none"> <li>• Data surveillance working group is currently exploring options to provide data from various sources in a more timely fashion to create early warning system. This framework will be presented to the CDS Steering committee.</li> <li>• Public Health Sudbury &amp; Districts and Public Health Ontario is also hosting an Emergency Management Opioid Response workshop on March 28<sup>th</sup>, 2018. Results from this workshop will provide guidance and information to assist with the development of an early warning and data surveillance system.</li> <li>• Reviewed opioid overdose early warning system framework created by the MOHLTC as an example of the work the surveillance group is working towards. Identifying the triggers are the workgroups goal. Looking for new individuals who would like to participate in the workgroup. If interested send request to the drug strategy e-mail. Next meeting will take place on April 20<sup>th</sup>, 2018.</li> <li>• D. Despatie &amp; S. Dowdall-Smith sent out e-mail on the 5<sup>th</sup> of March, 2018 regarding overdoses that occurred in the community. Overdoses occurred on the weekend but no alert was put forward because each incident was unrelated.</li> </ul>
<b>7.2</b>	<b>Supervised Injection Site/Feasibility Study</b>	<ul style="list-style-type: none"> <li>• C. Rose – Advised the Supervised Injection Site (SIS) is part of the harm reduction pillar however requires the support from the group and community to move forward.</li> <li>• N. MacMillan – T. Campbell presented at a community service committee for endorsement of a feasibility study for a supervised injection site in the City of Greater Sudbury. The council did endorse the feasibility study. The next steps would be to secure funding for the feasibility study. Approaching the LHIN for funding was explored. There was a small group of community partners assembled to look at the</li> </ul>

	<i>Items</i>	<i>Follow Up</i>
		<p>possibility of doing feasibility study but no actions to move forward have been put forward at this time.</p> <ul style="list-style-type: none"> <li>• A. Day will consult with his LHIN team and provide feedback on possible funding for feasibility study of SIS.</li> <li>• A. Day will connect with the harm reduction pillar to gather information on the outcomes a feasibility study would provide if funding was granted.</li> <li>• Discussion on who the lead agency would be to take on the feasibility study occurred. Possibility of Community Drug Strategy or Public Health Sudbury &amp; Districts was mentioned.</li> <li>• Suggested that drug strategy needs to collectively endorse the work moving forward and findings need to be shared with the CDS group.</li> </ul>
7.3	<b>CDS Website</b>	<ul style="list-style-type: none"> <li>• S. Dowdall-Smith - Chief Paul Pederson and Dr. Sutcliffe – co-chairs requested that approved Executive and Steering Committee meeting minutes be posted on the CDS website. None opposed to posting.</li> </ul>
7.4	<b>Naloxone distribution</b>	<ul style="list-style-type: none"> <li>• Dozen of Memoranda of Understanding(MOU's) currently in progress.</li> <li>• Naloxone administration training will occur when the training manual is approved which will be soon. Training will happen first downtown at Public Health Sudbury &amp; Districts needle exchange program site. They will become a distribution site and will distribute to client &amp; families.</li> <li>• Have reached out to fire departments. Some are interested and naloxone will be distributed to them by Public Health Sudbury and Districts. Some outlying areas have been carrying naloxone.</li> <li>• 2 school boards have been in contact &amp; would like to have kits in front office. Administration steps and draft policies are currently being created to provide support to the school boards.</li> <li>• Ministry funding nasal naloxone for pharmacies soon.</li> <li>• D. Despatie –Informed at this time, anytime police use naloxone and there is death the Special Investigations Unit (SIU) will investigate. The Ontario Police Chief Association is currently looking into this matter.</li> <li>• Naloxone kits are available at the courthouse and shortly the Jail will be issuing it to people they release.</li> </ul>
7.5	<b>Adopted Language SIS</b>	<ul style="list-style-type: none"> <li>• Committee members were reminded to use “supervised injection site” as opposed to “safe injection site” in an effort to be consistent.</li> </ul>

	<i>Items</i>	<i>Follow Up</i>
<b>8.0</b>	<b>NEW BUSINESS</b>	
<b>8.1</b>	<b>Exploring CDS to include Cannabis &amp; Alcohol</b>	<ul style="list-style-type: none"> <li>• Dr. Sutcliffe and Chief Pederson has asked the CDS Steering committee to explore having cannabis and alcohol intergrated in the Committe. Committee has agreeded to review the terms of reference and bring to next meeting for a decision. Currently the focus of the CDS is Illicit drugs.</li> <li>• D. Despatie &amp; S. Dowdall-Smith will bring back to the CDS Executive committee our next steps.</li> </ul>
<b>8.2</b>	<b>Treatment Pillar/ Harm Reduction Pillar - merge</b>	<ul style="list-style-type: none"> <li>• Possibility of a merger between both Pillars came to the attention of the groups when there was a treatment bulletin created and the managed alcohol programs are were not included. Is there a link between two pillars? C. Rose would like to explore if alcohol programs can be considered as treatment and fit into the treatment pillar.</li> <li>• Looking at exploring the terms of reference for definition of treatment and possibly have the two pillars working together?</li> <li>• S. Dowdall-Smith, D. Despatie &amp; C. Belanger will follow up and get back to committee.</li> </ul>
<b>8.3</b>	<b>Increase Overdose activity March 3-4<sup>th</sup>, 2018</b>	<ul style="list-style-type: none"> <li>• Previously minuted, see 7.1.</li> </ul>
<b>9.0</b>	<b>FOUNDATION WORKING GROUPS' REPORTS</b>	
<b>9.1</b>	<b>Health Promotion and Prevention</b>	<ul style="list-style-type: none"> <li>• C. Belanger - pursuing two PSA's in April &amp; May – one on stigma and one on safe needle disposal.</li> </ul>
<b>9.2</b>	<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Meeting next week</li> </ul>
<b>9.3</b>	<b>Harm Reduction</b>	<ul style="list-style-type: none"> <li>• Meeting with Dr. Zbar about Overdose Prevention Site (OPS) to take place. Reseau Access Centre having issues in locating a trailer to conduct a mobile OPS pop up unit. They are still exploring their options.</li> </ul>
<b>9.4</b>	<b>Enforcement and Justice</b>	<ul style="list-style-type: none"> <li>• Nothing to discuss at this time.</li> </ul>
<b>10.0</b>	<b>NEXT MEETING</b>	<ul style="list-style-type: none"> <li>➤ May 15<sup>th</sup>, 2018 from 10:30am-12:oopm meeting will be deferred to end of June, 2018. due to the OACP hosting the Starting a collaborative discussion on opioid conference.</li> <li>➤ C. Belanger will send out doodle poll for potential dates</li> </ul> <p>All meetings will be at Withdrawal Management Services – 336</p>

	<i>Items</i>	<i>Follow Up</i>
		Pine Street.
	<b>ADJOURNMENT</b>	12:10pm