

Chair:	
Dr. Ariella Zbar	Associate Medical Officer of Health, Public Health Sudbury & Districts
Present:	
Adam Day	North East Local Health Integration Network (NE LHIN)
Allan Lelcun	Greater Sudbury Police Services (GSPS)
Annie Berthiaume	Public Health Sudbury & Districts
Ariella Zbar	Public Health Sudbury & Districts
Brandi Cull	Reseau Access Network
Chantal Belanger	Public Health Sudbury & Districts
Dan Despatie	Greater Sudbury Police Services (GSPS)
John MacDonald	Public Health Sudbury & Districts
Leonard Frappier	Sudbury Action Centre for Youth
Paola Folino	Health Sciences North
Patty McDonald	Canadian Mental Health Associaton – Sudbury/Manitoulin (CMHA)
Tyler Campbell	City of Greater Sudbury (CGS)
Renée St. Onge	Public Health Sudbury & Districts
Roxane Zuck	Monarch Recovery Services
Sandra Laclé	Public Health Sudbury & Districts
Shana Calixte	Public Health Sudbury & Districts
Recorder:	
Christine Lewis	Public Health Sudbury & Districts

Item	Item Name	Action
1.0	Roll Call	
	The meeting was called to order at 10:31 a.m.	
2.0	Welcome and Introductions	
	Members were welcomed and introduced.	
3.0	Review and Approval of Agenda	
	The agenda was approved as distributed.	
	Dr. Zbar provided an overview of today's meeting agenda.	



Item	Item Name	Action
4.0	Minutes	
	The minutes were approved from the meeting held July 19 th , 2018.	
5.0	Purpose of the Meeting	
	To bring Community Drug Strategy (CDS) stakeholders together to discuss the	
	development of a proposal for a needs assessment and feasibility study	
F 4	(NAFS) for a supervised injection site (SIS).	
5.1	Supervised Injection Site Applications	
	The cost of a NAFS will be approximately \$85,000. An update on the	
	various funding applications was provided.	
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	Public Health Agency of Canada, Harm Reduction Fund Grant Submission	
	A letter of intent was submitted, and a response is expected within	
	two months' time.	
	Health Canada, Substance Use and Addictions Program Grant Submission	
	Public Health received notification that the application has been	
	received.	
	Ontario HIV Treatment Network	
	Public Health provided a letter of support for Reseau ACCESS	
	Network's application to this fund.	
	Various agency partners have confirmed \$17,000 in contingency funds,	
	should we not be successful with our grant applications.	
	An evidence review is taking place at the provincial level and municipal	
	funding is dependent on this review.	
	Dr. Zbar – A federal Opioid Summit is being held in Toronto September	
	5 th -6 th , 2018. There have been several groups at the Summit,	
	advocating to the minister of health to keep Overdose Prevention Sites	
	(OPS) and SIS sites open in the province	
5.2	Roles and Responsibilities for each Advisory Committee	



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	*Community Advisory Committee (CAC) Terms of Reference *Scientific Advisory Committee Terms (SAC) of Reference	
	Draft Terms of Reference (TOR) were circulated for both committees. It was noted that the language within both seemed quite similar. It was also noted that CAC may require working groups which would report directly to this committee. It was also agreed that decisions at the CAC would be made by concensus.	
	 S. Laclé provided an overview of the Community Advisory Committee TOR for feedback from th gorup. R. St. Onge provided an overview of the Scientific Advisory Committee (a more granular/detailed committee) and also requested feedback. A discussion was held asking if there was a need to have both commiteees, or if the SAC could be a working group of the CAC. The CAC committee would have more 'on the ground' members, which would keep the focus of the project as community-driven. It was emphasized that there needs to be clear communication between the two committees as well as with other stakeholders in the community. Having a smaller SAC would allow for an opportunity for more concentrated discussions. A very porous communication with the CAC will be needed to assure the project incorporates the needs of our community. It was noted that when developing a technical type report, small working groups will need to be formed and the info from these working groups are then brought forward to the larger/advisory group. It was agreed that the scientific committee would be a working group of the CAC. It will consist of a core group of individuals with expertise in data. Indigenous representation as well as people with lived experience will be included. 	
	Next Steps:	
	 An e-mail will be sent to invitees who were not in attendance today, to see if they are interested in being a member of the CAC or the 	



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	 scientific working group, or would like to assign a delegate. People with lived experience will be part of the committee and working group. Terms of reference for both groups will be revised and shared with CAC and RAC members. Scientific advisory group: There will be some upcoming work required from the working group. A call out for next steps and required attendee will be forwarded shortly by Dr.Zbar. 	Dr.Zbar will send an email to invitees. J.MacDonald & R.St-Onge will develop next steps.
5.3	Request for Proposal (RFP)	
	 Discussion was held about the next steps for the RFP. A call out will be made for a small group to start work on the RFP. Propesed timelines: RFP draft will be completed within the next month and publically tendered by December 2018. A research officer who will coordinate day to day activities on the project will be needed shortly for next steps. Bilingual research associates will be considered. Funds will be needed to secure this individual. The importance to have the back-up funding confirmed was noted. Members were asked to go back to their agency to confirm if funding is available. The provincial ministry has put a pause on the SIS/OPS as they gather evidence to inform their decision. 	All members to go back to their agencies to inquire about funding
5.4	Ethics Application	
	 An update was provided on how the ethics application will be put together. There will need to be ethics provided for a focus group, an in-person survey and online community survey, which will all be included in our application. An SIS toolkit from the University of BC has been created and is available. Approval to share and adapt content for our community has been granted. In addition, process and data collection tools will need to be developed for the ethics application. 	



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	 Public Health offered to have the proposal move through our ethics committee. Discussion was held about the Health Sciences North ethics committee. P. Folino will follow up to clarifiy the requirements of the HSN ethics process. Ethics certificates of approval will be required from each ethics committee for proof of record. Follow up will be needed with HSN and CMHA to comply with their policies. R.St-Onge will reach out to HSN and CMHA regarding their ethics processes. The RFP should include language to clarify the NAFS project. We cannot begin any work until ethics proposals are approved. Estimated time for approval is approximately 8 weeks from the ethics submission. A. Berthiame and R. St. Onge will send out an email requesting other agencies' interest in participating on the ethics approval working group. 	A.Berthiaume/R. St. Onge will reach out to HSN and CMHA.
6.0	Key Messages/Communication Plan	
	 It was recommended that a communication strategy be developed with key messages which could be shared with all to assure consistency. There are a lot of different messages going being shared to the public and and it is incumbent on all of us to be consisitent. If there are tensions related to this particular study, it was recommended that it not be shared publicly and to keep it out of the media. The upcoming election was also discussed, and how this might become an election issue. Communication strategy: It was suggested to have another working group to provide direction on a strategy. There are many different community agencies that have had many good PSAs and it was recommended that we look at these. R. St-Onge suggested that the manager of communications at Public Health could be part of the working group for additional support. It was agreed that there should be a designated spokesperson to speak 	
	 It was agreed that there should be a designated spokesperson to speak to media on the key messages . 	



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	 The communications working group would be tasked to develop a FAQ or Q & A to respond to the media. Public Health will provide a timeline to the group to gain a better understanding of committement involved and the process. There was a discussion about involving people with lived experience in the work we are doing. S. Calixte discussed how the Mental Health and Addictions System Priority Action Table is looking at creating an empowerment council, where membership woud include people with lived experience. This group would be advisory to various tables across the community This could possibly be a resource for our working groups that can be used in the future. Should the grants be denied, the group will need to reconvene to strategize next steps. The ethics proposal and RFP work will commence immediately to ensure work is ready when funding is granted 	S. Calixte will explore potential spokesperson J.MacDonald will work on the timeline to share at a future meeting.
	Adjournment TBD	
	Meeting adjourned at 11:55am.	