

Minutes

Community Advisory Committee – SIS Study October 24, 2018 – 1:30 p.m. – Board Room

Chair:	A. Zbar & A. Lekun
Recorder:	L. Mitchell

Present:	R. St Onge	B. McCullagh	J. MacIntyre
	L. Lafontaine	P. Folino	M. Luoma
	R. Zuck	S. Laclé	A. Day
	J. Gough	K. Savage	C. Brisebois
	K. Herchak	N. MacMillan (for T. Campbell)	
Regrets:	G. Stephen	M. Quigley	P. MacDonald
	S. Calixte		

ltem Number	Item Name/Description of Outcome	Action/ Individual Responsible
1.0	Call to order/roll call The meeting was called to order at 1:35 p.m. Round table introductions were held. A. Lekun will be joining the meeting shortly.	
2.0	Review and approval of agenda The agenda was approved as presented.	
3.0	Review and approval of minutes Date: September 6, 2018 were accepted as presented.	
4.0	 Brief introduction and update Dr. Ariella Zbar provided the group an update to the Supervised Injection Site – Needs and Feasibility Study initiative which is a special project of the Community Drug Strategy Committee via PowerPoint. Highlights included: Defining the difference between a supervised injection site (SIS) and an overdose prevention site (OPS) Request for funding through MOHLTC and NE LHIN - Application made for 2 federal grants: Harm Reduction Grant was unsuccessful; Substance Use and Addiction Program Grant is outcome is pending. Needs Assessment and Feasibility Study – Follows a research study format involving data collection, analysis, reporting, and knowledge exchange. Secondary data analysis (compiling existing data), surveys with persons who use drugs and stakeholder interviews (focus groups) and an online survey. 	

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	 An overview of steps to receive provincial funding and federal exemption. The availability of various tools previously developed by other communities to assist with the process. The Community Advisory Committee-SIS is guided by the Community Drug Strategy (CDS) for the City of Greater Sudbury and will provide minutes and reports to the CDS. 	
5.0	Business arising	
5.1	 Finalize Terms of Reference The Terms of Reference were reviewed and the following amendments were suggested: Background: nothing suggested. Purpose: Remove an provide. Guiding principles: include a statement on member confidentiality. Membership: Include the term diverse membership. Add: PEERS in the first bullet point Add: local Addiction and Mental Health agency Add: youth organization (SACY) Include city planning and housing under municipality Add: other agencies as deemed necessary. 	
	 Workgroups: A Research and Technical working group has been formed and other workgroups may be formed as deemed necessary. Accountability/Reporting: Remove: General Advisory Committee (as it doesn't exist anymore). Decision making: nothing suggested. Conflict of Interest: nothing suggested. Meeting frequency: nothing suggested. External communications: nothing suggested. Dr. Zbar will circulate the revised Terms of Reference to committee members and they will be finalized at the next meeting. 	
5.2	Communications Working GroupA Communications working group has been formed with representatives from various agencies involved in the Community Drug Strategy. The first meeting will take place on October 26, 2018. It is important that communications be transparent and proactive to ensure the community is aware of the project. Communities such as Hamilton have excellent information on their	



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	website including resources, minutes, posters etc. It is hoped that the FAQ's will be completed by the first week of November.	
6.0	New Business	
6.1	 Report back from research/technical working group R. St Onge provided a PowerPoint presentation highlighting the progress of the research/technical working group which included: The group will be utilizing various existing tools to assist in 	
	developing the ethics application which will be reviewed by PHSD and HSN ethic committees. Partners are asked to advise this committee if they are required to submit an ethics proposal to their agency.	
	 The proposed methodology will be the use of primary data (surveys with people who inject drugs (PWIDs), community survey and focus groups with partners and stakeholders). Secondary data will include data from the community. 	
	 A long-form survey will be adapted for PWID and collected via peer research associates. 	
	 An honorarium will be provided to researchers. The goal is 200 survey's completed in 6 months (including snowball sampling). 	
	 Inclusion/Exclusion of PWIDs – Age 16+ (may be 14+ depending on ethics approval). Informed Consent: Use X or nickname as signature Peer researcher to assess ability to provide informed consent. Residency: Sudbury residency will be not be an inclusion criteria but residency information will be captured. 	
	 Community Survey: Online data collection (1-3 months) and promoted by partners via various channels, including social media, family and friends. Goal is 1500-3000 respondents. 	
	 Stakeholder Focus Groups: 4-6 focus groups with 20-25 stakeholders from various sectors including health care, treatment, police, municipality, business, government, local peer groups, services organizations etc. Tap into existing groups/meetings as much as possible 	
	 Tap into existing groups/meetings as much as possible. Discussion on the surveys ensued. The group will be using surveys previously developed that could be adapted as necessary. It was recommended that clarity is provided on what an SIS is (i.e. that drugs are not provided). Completing an information survey 	



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	may be helpful and could be used to help deal with potential objections from the community. It is anticipated that perceptions will improve as we progress through the process. It was suggested that the focus groups include the BIA for example, to get a variety of perspectives. Include an open ended question at the end of the survey asking if participants have anything to add?	
	Other suggestions to highlight how an SIS can help communities may be helpful: Consider including statistics from police, emergency responders etc. on number of calls received. Cost benefit related to health care spending. The number of overdose deaths last year. Trauma associated with loss including: family members, police, first responders etc. The narrative tells the story.	
6.1.1	Progress update Discussed in Items 4.0 & 6.1.	
6.1.2	Request for quote An overview of the Research Officer Request for Quote was provided by R. St Onge. The Research Officer will be responsible to collect the data and the study is to be completed within 1 year. PHSD will prepare the RFQ for advertisement and is the grant holder. It is hoped that the ethics certificate is received within the next few weeks.	
	It was suggested to include a reference to data collection in French (translation) as well as consideration of Indigenous culture in the demographics for the Research Officer.	
	Although the data collected is not a true random sample, work will be done up-front to ensure a representative sample.	
	Dr. Zbar will bring the RFQ to the Community Drug Strategy Executive Committee meeting on November 6 for approval.	
6.1.3	Ethics application It is anticipated that ethics application will be ready for submission within the next few weeks. The principle investigator is Dr. Zbar who may need to present the application if it includes access to vulnerable population. The main concern is the request to survey	



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	people 14+. The ethics application will be brought forward to the CDS Executive Committee on November 6, 2018 for approval.	
7.0	Announcements/enquiries	
8.0	Next meeting date/time The group agreed to monthly meetings with the next being scheduled for the end of November 2018.	
9.0	Adjournment 2:44 p.m.	