



Minutes

Community Advisory Committee – SCS Study
May 29, 2019 –10:00 a.m. – Ramsey Room

Chairs:	A. Zbar & S. Weber
Recorder:	L. Mitchell

Present:	A. Zbar	S. Weber	C. Belanger
	S. Lemieux	R. Rainville	S. Calixte
	J. Gough	A. Middaugh (for L. Lafontaine)	S. Akerman
	K. Savage	P. Nikodem	M. Quigley
	K. Dunn	A. Day	P. McCauley
	A. Boyer		
Regrets:	R. Zuck	M Luoma	R. St Onge
	B. Dubois	C. Brisebois	S. Laclé
	B. McCullagh	J. MacIntyre	P. MacDonald
	J. Gorman	T. Campbell	

Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
1.0	Call to order/roll call The meeting was called to order at 10:04 a.m. Round table introductions were held.	
2.0	Review and approval of agenda The agenda was approved with the addition of: Item 6.2 - Pop-up Injection Site	
3.0	Review and approval of minutes Minutes of the April 30, 2019 meeting were approved as presented and will be posted to the website following approval by the Community Drug Strategy Executive Committee.	
4.0	Invitations/Presentations Nick Boyce – Ontario Harm Reduction Network (OHRN) provided the group a presentation entitled <i>Engaging people with experience of drug use</i> Key messages included: <ul style="list-style-type: none"> • Value diversity and learn from comparing and contrasting experiences • Terminology – in the context of people who use drugs <ul style="list-style-type: none"> ○ PWLE: person/people with lived/living experience ○ PWUD: Person Who Uses Drugs (vs 'Drug User') ○ Peer/Peer Worker ○ Harm Reduction Worker 	



Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
	<ul style="list-style-type: none"> • Top reasons to hire PWUDs <ul style="list-style-type: none"> ○ Demonstrates a program’s commitment to improving the health and human rights of people who use drugs ○ Become excellent role models for other PWUD ○ Often most effective public health messengers for reaching other drug users. ○ Provides employers with direct access to valuable knowledge about the needs and practices of their target populations. ○ Contributes directly to improved self-esteem ○ Allows PWUD to gain important skills that can facilitate future entrance into other jobs ○ Builds trust with the agency and provides a sense of belonging and purpose. ○ Provides engagement with the community • Peer Engagement Principles <ul style="list-style-type: none"> ○ PWUD as experts <ul style="list-style-type: none"> ▪ in the context and content of decisions that affect their lives ▪ through life experience, have gained highly specific knowledge and insights about the realities of using drugs and accessing health services ▪ their expertise is valued by recognizing their interests, emphasizing their voices and providing fair and equitable compensation. ○ Equity <ul style="list-style-type: none"> ▪ PWUD experience barriers, discrimination, and differences in relationships, compensation, and health due to the social positionality of PWUD in our society resulting in social, physical, and economic inequities in peer work including power imbalances in decision making. ▪ Promoting equity requires acknowledging these factors and addressing them and restructuring power differences in decision making. ○ Diversity <ul style="list-style-type: none"> ▪ One size does not fit all; include a variety of people including users, non-users and those in recovery. ○ Transparency <ul style="list-style-type: none"> ▪ Includes acknowledging success and failures or not meeting expectations ▪ Providing evidence and rationales for decision making ▪ Providing honest and forthcoming explanations for processes and outcomes. ○ Accountability 	



Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ All peer engagement practitioners must take responsibility for decisions and actions and provide rationale for decisions and action in order for the team to learn from their experiences. ○ Shared Decision making power <ul style="list-style-type: none"> ▪ Decisions that affect the lives of PWUD should ideally involve PWUD in all aspects of the decision. ▪ Conditions that PWUD experience in our society create inequitable power relations with decision makers and other members of the public ○ Increasing capacity <ul style="list-style-type: none"> ▪ Capacity building is the development of concrete skills, knowledge, goals and confidence. ▪ Capacity building is experienced among both peers and other professionals alike. • A list of dos and don'ts related to consulting with people who use drugs was shared and is available in the book <i>Nothing About Us Without US: Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative</i> <p>The Ministry of Health and Long-Term Care provide funding and support for harm reduction programs in Ontario employing approximately 80 workers in agencies around the province. The Ontario Harm Reduction Network works with public health and community health centres related to policy development and harm reduction strategies. Various types of training sessions are provided to harm reduction workers annually with many of the sessions provided on-line. Nick has been assisting groups with trying to get supervised consumption sites up and running around the province.</p> <p>People with lived experience (PWLE) have a valued perspective. People are moving away from the term PEER worker, as not to <i>out</i> the person using the title of harm reduction workers instead.</p> <p>There are currently 18 operating supervised consumption sites in Ontario. 16 are funded by the province and 2 were paused by the government but through donations have been able to continue operating.</p> <p>Base camp is an online platform that has available research/data available for many sites that have limited budgets.</p> <p>As harm reduction worker positions are often not fulltime and Employee Assistance Programs may not be available to them,</p>	



Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
	<p>discussion ensued on how to best support them and to help reduce burnout among staff. Debriefing was identified as a beneficial tool to help workers cope. In addition to the AIDS Bereavement and Resiliency Program of Ontario is also doing work around the province to help support workers.</p> <p>Today's presentation and additional resources will be sent to committee members via email. Questions can also be sent directly to Nick at nboyce@ohrn.org</p>	
5.0	Business Arising	
5.1	<p>Request for Quote Dr. Zbar reported that we are still awaiting one signature on the contract for the research officer. Training for the PEER research associates is underway. Information will be shared with the committee once the contract is finalized.</p>	
5.2	<p>Ethics Applications HSN is reviewing an amendment made to the ethics application. It is expected that it will be approved in the near future.</p>	
5.3	<p>Learning and action plan A pharmacist located in Sudbury East will present to the committee on opioid dependency at the June 19 meeting. Committee members are reminded that ideas are welcome for presentations at future committee meetings.</p> <p>C. Belanger will contact a potential presenter located in Vancouver for the July meeting.</p>	C. Belanger
5.4	<p>Upcoming Data Collection PWID/Community Surveys: S. Lemieux reported that the PWID survey has been developed. The Research and Technical Working Group will test both the community and PWID surveys to ensure functionality. The community survey will be translated using the Translation Network at HSN which provides no cost translation to local health care providers. All other documents have been sent to a local translator.</p> <p>Timelines will be discussed under Item 6.1.</p>	
6.0	New Business	
6.1	<p>Communications strategy The draft Supervised Consumption Services Needs Assessment and Feasibility Study Stakeholder Engagement & Communications</p>	



Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
	<p>Strategy created by the Communications Working Group was circulated to committee members via email prior to the meeting.</p> <p>Sara Akerman – Communications Officer with Public Health Sudbury & Districts reviewed the draft plan with committee members. 4 goals were identified in the strategy:</p> <ul style="list-style-type: none"> • Consistent messaging (provide a regular flow of information to key stakeholders) • Survey response (have the community and PWID participate in the surveys) • Education (reinforce the work and role of the Community Drug Strategy) • Big picture (manage expectations) <p>The overall approach was to ensure consistent messaging and early community engagement. Key messages are currently under development and will be shared with committee members and community partners who can in turn share the messaging with their partners through various channels including social media.</p> <p>The plan was reviewed and feedback/suggestions from committee members was provided including:</p> <ul style="list-style-type: none"> • Include consistent language (i.e. use the term consumption and treatment services) • Include information/explanation in the introduction including the importance of the need for the surveys. • Use of the Community Action Network via Facebook to assist in getting the word out regarding the surveys to various neighborhoods in the city. • Community information sessions held in various libraries across the city related to the Community Drug Strategy and the surveys. • Engage with city counsellors to ensure they are aware of the survey in the event citizens contact them about the survey. • Develop a mitigation strategy to bring things back on track if there are issues/concerns raised. • Create a landing page where information on harm reduction is available including a link to CDS site. • Develop messaging regarding current issues occurring (i.e. pop-up supervised injection site) that will help spread the message about the NAFS and the surveys. • NE LHIN may be an influencer given their role. • Include Northern Initiative for Social Action and Rockhaven as community advocates and influencers 	



Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
	<ul style="list-style-type: none"> • Provide an email address (i.e. drugstrategy@phsd.ca) to the public where questions/concerns can be sent. Determine the best partner/person to respond to the inquiry. • Change wording in key messages to “the degree of need” vs whether there is a need for a supervised consumption service within the city. • Provide the public updates on a regular basis on the progress of the project. <p>S. Akerman will update the plan and it will be shared with committee members. It was noted that the plan is an evergreen document and could change as the project advanced. Questions/comments regarding the communications plan can be sent to sakerman@phsd.ca</p>	S. Akerman
6.2	<p>Pop up injection site Deputy Chief Weber reported that a pop-up safe injection site was set up by a local group at Hnatyshyn Park on Friday, May 24, 2019. Although the site was on city property, Greater Sudbury Police (GSP) did not shut down and attended for public safety only. Further discussion regarding pop-up sites will take place at the Community Drug Strategy Executive Committee co-chaired by the Medical Officer of Health and Chief of Police for GSPS.</p> <p>It was suggested that key messages be created by the Drug Strategy Committee that could be shared with community partners regarding pop-up sites.</p>	
7.0	Standing items	
7.1	<p>Research/Technical Working Group Nothing further to report.</p>	
7.2	<p>Communications Working Group update C. Belanger provided the group an update on the Communications Working Group activities including:</p> <ul style="list-style-type: none"> • A Power-Point related to the study is under development for use throughout the community. • A radio script around safe disposal of needles has been created and will air on several local radio stations • A Facebook post was created to encourage community members to sign up to receive drug alerts or warnings. This will also be pushed on social media to increase CDS profile and awareness. • Naloxone and harm reduction messaging developed. • A video will be created around the safe disposal of needles 	



Item Number	Item Name/Description of Outcome	Action/ Individual Responsible
	All the resources will be located in one place and shared with committee members and partners.	
8.0	Announcements/enquiries	
9.0	Next steps Upcoming presentation at the June 19 committee meeting. The updated Communications Strategy and resources will be shared with members. The PowerPoint presentation from Thunder Bay that was presented at the last meeting is forthcoming to the committee.	
10.0	Next meeting date/time 3:05 June 19, 2019 – 1:00 p.m. Public Health Sudbury & Districts Board Room	
11.0	Adjournment The meeting was adjourned at 12:02 p.m.	