



MINUTES

Community Drug Strategy for the City of Greater Sudbury
 Steering Committee Meeting
 Tuesday, March 19, 2019
 10:30 AM—12:00 PM
 Withdrawal Management Services – 336 Pine Street

- Co-chairs:** Shana Calixte, Public Health Sudbury & Districts
 Daniel Despatie, Greater Sudbury Police Service
- Recorder:** Anna Harbulik, Public Health Sudbury & Districts
- Present:** Chantal Belanger and Shana Calixte, Public Health Sudbury & Districts
 Roxanne Zuck, Monarch Recovery Services
 Nicole MacMillan, City of Greater Sudbury
 Daniel Despatie, Todd Marassato and Rick Waugh, Greater Sudbury Police Service
 Amber Fritz, Réseau ACCESS Network
 Melissa Rooney and Rebecca Poulin, Greater Sudbury Emergency Medical Services
- Regrets:** Dr. Ariella Zbar, Sandra Laclé and Renée Lefebvre, Public Health Sudbury & Districts
 Robert Parsons, Crown Attorney’s Office
 Denys Bradley, Federal Crown Attorney’s Office
 Adam Day, North East Local Health Integration Network
 Cindy Rose, Canadian Mental Health Association – Sudbury/Manitoulin
 Jennifer Connelly, Sudbury Catholic District School Board
 Michelle Cotnoir, Conseil scolaire catholique du Nouvel-Ontario
 Daniel Watson, Rainbow District School Board
 Dianne Zannier, Conseil scolaire public du Grand Nord de l’Ontario
 Paola Nickodem, Health Sciences North
 Michelle Warth, Ontario Provincial Police
 Stephanie Kehoe, Métis Nation
- Guests:** Anna Harbulik (Recorder) and Martha Andrews, Public Health Sudbury & Districts

	Item	Follow-up
1.0	ROLL CALL	The meeting was called to order at 10:34 a.m.
2.0	WELCOME AND INTRODUCTIONS	Welcome back to Chantal Belanger, who has returned to Public Health Sudbury & Districts as the Coordinator of the Drug Strategy.
3.0	REVIEW AND APPROVAL OF AGENDA	The agenda was approved without changes.
4.0	REVIEW AND APPROVAL OF MINUTES – January 22, 2019	The minutes from the previous meeting were approved without changes. Items requiring follow-up from the previous meeting:

	Item	Follow-up
		<p>Social Planning Council (SPC) has been invited to the committee and we are awaiting confirmation.</p> <p>ACTION: S. Calixte will follow up with SPC.</p> <p>Federal crown attorney Dennis Bradley sends his regrets for today. He will continue to attend based on his availability.</p>
5.0	DECLARATION OF CONFLICT OF INTEREST	None to declare.
6.0	PRESENTATIONS	
6.1	Peer Engagement Project	<p>The deferred presentation by A. Fritz, outreach coordinator, on a new peer program at Réseau Access Network was given. The agency has received new funding through the Public Health Agency of Canada for people who share drug use equipment. The program is to engage people who have or do share equipment and to get them to connect with others in a peer to peer format. A new staff person was hired a month ago, and the program is set to start in May or June 2019. The new staff person will be doing street outreach, and all peers helping with the program will be paid to do outreach as well. Peers will also have access to certain areas other staff may not, so there is potential to reach 'hidden populations'.</p>
6.2	Emergency Response Plan: Opioids Poisoning	<p>Findings and Next Steps</p> <p>The purpose of this presentation is to get feedback around the response plan from the steering committee. M. Andrews and C. Belanger will be presenting the plan to District Office areas to also receive their feedback.</p> <p>This plan is just one part of a broader response plan. What do we do if we have an event with mass casualties? What would be the responsibility of our respective sectors? The purpose of the plan is to be able to respond quickly in the event of mass casualties.</p> <p>The plan is based in part on a local opioid workshop held March 28, 2018 in which representatives from multiple sectors met and provided input. Scenarios were presented to demonstrate how our current capacity could be overwhelmed, and to highlight areas in different sectors that would need to be part of the emergency response plan.</p> <p>The early warning response plan/system development and implementation has been progressing well, and people have been collaborating more to share anecdotal information and distribute drug alerts/warnings faster in our community. The data sharing agreement</p>

	Item	Follow-up
		<p>with City is a significant development and is a good model for other communities.</p> <p>The opioid emergency response plan will require; each agency to develop their own plan or incorporate in existing emergency plans their specific roles and responsibilities in addressing a mass casualties due to opioid poisonings. .</p> <p>All sectors reviewed the actions suggested in the plan and were encouraged to provide feedback to determine if the role and responsibilities are reasonable and appropriate, and identify gaps.</p> <p>The feedback collected from the discussion will be compiled.</p> <p>ACTION: Partners are encouraged to advocate and share the emergency response with their respective agencies and explore building the emergency response plan into their sectors. Feedback is to be forwarded to C. Belanger by April 30th, 2019.</p>
6.3	Public Mental Health Action Framework	Deferred to the next meeting.
7.0	BUSINESS ARISING FROM PREVIOUS MEETING	
7.1	Early Warning Surveillance System Update	<p>Early Warning Framework Testing</p> <p>The ‘dashboard’ was introduced to the partners. These data are refreshed live as soon as a paramedic completes the incident form, typically immediately after an incident. Public Health designates and EMS have access to the dashboard. There is also an app available to download for those designate individuals to have access after business hours.</p> <p>This dashboard is a good tool for aberration detection. When the incidence of a code is significantly above average (3 standard deviations away from the average), the threshold is met. An email alert is sent when the threshold is met signalling that a partner should investigate further. Meeting the threshold does not necessarily mean an alert/warning will be issued.</p> <p>Discussion</p> <p>Opioid deaths can only be identified as suspected for the early warning surveillance. GSPS’s data does align with HSN’s hospital admissions.</p>

	Item	Follow-up
		<p>Should we consider broadening the title and scope to illicit drug poisoning? Paramedics do capture non-opioid overdoses with one code (81.3 is the non-opioid catch all). Further discussion on this item is needed.</p> <p>Toxicology reports for deaths can take up to 3 months.</p> <p>There is an early reporting system developed by the chief coroner's office. If they detect an opioid upon initial screening of samples, then an alert would go back to the coroner's office. This is no longer happening because opioids are now very common in samples. Synthetic, new, or uncommon drugs are now setting off the alert. The alert to the coroner's office does not necessarily go to the police.</p> <p>Dr. Groot, coroner, requested to participate in CDS steering committee.</p> <p>ACTION: C. Belanger will invite Dr. Groot to the committee to have representation from the coroner's office.</p> <p>After Hours Drug Alerts/Warning We are looking for a key person to contact from each agency, who would be available after hours for drug alert information.</p> <p>ACTION: Agencies are to report back to the committee the name and contact information of their agency by April 30th.</p> <p>Drafting Policy of Criteria for Drug Alert & Warning A draft policy defining the criteria for an alert versus a warning is being reviewed.</p>
7.2	Needle Disposal Bin Update	<p>N. MacMillan presented the work SACY completed this year regarding needle pick up.</p> <p>A request for 3 additional bio bins was submitted to council, and has been approved. They will be installed in the spring, tentatively at: Notre Dame near the Salvation Army; St. Catherine's Street near the Elgin Street tunnel; and Paris Street near Brady Square. SACY has identified these areas as high needs.</p> <p>The bins can hold up to 10,000 needles, as tested by SACY. One hundred and sixteen thousand needles were picked up off the ground by SACY in 2017. There has been a noticeable increase this year even with the snow still being on the ground.</p>

	Item	Follow-up
		<p>SACY requested more of the smaller sharps containers. They hold 10-12 needles and are provided to PWUD. SACY will leave them in areas where they tend to find needles and pick them up in a week's time or so. SACY gave out 75 of these little bins last year. More small containers will be available this summer.</p> <p>ACTION: N. MacMillan will inquire on the possibility of expanding distribution of the small sharps containers to Réseau Access Network.</p> <p>The funding for SACY's services is now permanent.</p>
7.3	<p>Naloxone Distribution Update</p>	<p>MOUs have been signed with 25 organizations across all districts, 34 agencies have been trained to distribute naloxone, 178 people have been trained through the train the trainer program, and 1137 kits have been distributed to the community as well as 278 refills.</p> <p>There have been many asks of the CDS to provide media and presentations to increase awareness.</p>
7.4	<p>Needs Assessment and Feasibility Study (NAFS)</p>	<p>Updates from Community Advisory Committee and Research/Technical Working Group</p> <p>This work is on-going, and there is a meeting tomorrow. The ethics application has been sent to HSN and Public Health Sudbury & Districts for review.</p> <p>Education on harm reduction has been ongoing, as part of a knowledge exchange plan.</p> <p>Minutes from these meetings will be posted on the CDS website. This will ensure transparency of the process, where we are at in the process, and what work is being done.</p> <p>The learning sessions are open for others to attend; topics that may be of interest will be shared. Cindy Lou, a member of the committee presented and shared her story. Cynthia from Thunder Bay Drug Strategy is presenting on the process of opening a SCS at the next learning session.</p> <p>Town Hall Meeting March 2, 2019</p> <p>At the town hall meeting on March 2, it was suggested the study was placed on hold. It is not on hold. Public messaging around this should be that the study has not been stalled; the ethics approval process is underway.</p> <p>The town hall was well attended by approximately 100 individuals. There were 4 presenters followed by a question and answer period.</p>

	Item	Follow-up
		<p>A common theme was there has to be a culture change, including removing the stigma, and also sharing information with law enforcement on who is providing the drugs to enhance community safety. Another town hall may be planned in the future.</p>
8.0	NEW BUSINESS	
8.1	MDSCNO/ Emergency Response Survey	<p>MDSCNO network was tasked to conduct a study related to local drug strategy communications of emergency responses and across partners.</p> <p>ACTION: Individuals interested in responding, please email C. Belanger or S. Calixte before the deadline of March 29.</p>
8.2	Proposal of Cannabis Store Location	<p>The proposed locations are:</p> <ul style="list-style-type: none"> • 2019 Long Lake Road, Unit B in the Four Corners Plaza, and • 1229 Marcus Drive in Sudbury <p>They are set to open on April 1, 2019.</p> <p>The CDS was asked to provide feedback on the location of the two cannabis stores in Sudbury. Due to the timeline for the submission, this request could not be brought forward to the Steering Committee for discussion. The CDS consulted GSPS and PHSD for their expertise on the matter and advised that there are no issues with the location of the cannabis store in Sudbury.</p> <p>The two existing cannabis related stores; located on Lasalle and the Kingsway are not licensed to sell cannabis or CBD products. They sell paraphernalia. CBD products are not currently legal in Canada.</p>
9.0	FOUNDATION WORKING GROUPS' REPORTS	
9.1	Health Promotion and Prevention/Communications Work Group	<p>Messaging on the disposal of cannabis is currently being developed. .</p> <p>The Know More Tour Tier B from Health Canada continues to be offered to schools. Local schools hosted the tour with the presence of a public health nurse from PHSD. Students were receptive to the information.</p> <p>Social media messaging on various topics is being developed by the CDS communications working group. The messaging will be available for all partners to share and post. Public Health Sudbury & Districts will post and tag agencies to broaden reach.</p> <p>ACTION: Permission to tag agencies is required. Agencies wanting to be tagged please e-mail C. Belanger.</p>

	Item	Follow-up
		<p>R. Zuck provided verbal permission for Monarch Recovery services.</p> <p>We are looking at creating short GIFs and videos on safe needle disposal. The working group is also exploring options to create anti-stigma messaging to compliment the anti-stigma campaign created last year.</p> <p>Work on the CDS website is ongoing.</p> <p>A request to provide public information sessions at our public libraries was received. A meeting is scheduled to gather more information. A co-presenter will be required. If</p> <p>ACTION: you are interested in co-presenting, please e-mail C. Belanger. Details to follow.</p> <p>Sensitivity training for health professionals to decrease stigma is being explored.</p>
9.2	Treatment	The group has reviewed the previous work plan, and is beginning to develop a new work plan. Meeting is scheduled for next week.
9.3	Harm Reduction	No new updates. Meeting is scheduled for next week.
9.4	Enforcement and Justice	<p>There was a provincial opioid working group meeting last month. It was reported that the different colours of fentanyl are created with food colouring as a marketing ploy.</p> <p>Efforts continue to change the sentencing for individuals who are charged with trafficking fentanyl.</p>
10.0	ANNOUNCEMENTS/UPDATES	
10.1	Health Canada Infographic: Opioid-Related Harms in Canada December 2018	The infographic was shared.
10.2	Health Canada Summary Safety Review: Cough Syrup and Cold Products Containing Opioids	A link to the summary was provided.
11.0	Next meeting	<p>Date: May 21, 2019</p> <p>Time: 10:30 a.m. -- 12:00 p.m.</p>

	Item	Follow-up
		All meetings will be held at Withdrawal Management Services, 336 Pine Street.
12.0	Adjournment	The meeting adjourned at 12:10 p.m.