



MINUTES

Community Drug Strategy for the City of Greater Sudbury
Steering Committee Meeting
Thursday, February 27, 2020
1-3 P.M.
1300 Paris Street, Sudbury

Co-chairs: Shana Calixte, Public Health Sudbury & Districts
Daniel Despatie, Greater Sudbury Police Service

Recorder: Laurie Willett Daoust, Public Health Sudbury & Districts

Present:
Stephanie Bale, Chantal Belanger, Sarah Akerman, Public Health Sudbury & Districts
Cindy Rose, Canadian Mental Health Association – Sudbury/Manitoulin
Roxane Zuck, Monarch Recovery Services
Natalie Aubin, Lisa
Daniel Molke, HSN Addictions Services
Adam Day, North East Local Health Integration Network
Joel Boivin, Amber Fritz, Réseau Access Network
Nicole MacMillan, Paul Caldwell, City of Greater Sudbury
Todd Marassato, Bob Norman, Greater Sudbury Police Service
Kathy Belanger, Sudbury Catholic School Board
Tracy Gregory, SWANS

#	Item	Description of Outcome	Individual Responsible for Further Action and Deadline
1.0	Call TO ORDER/ROLL CALL	The meeting was called to order at 1:04 p.m.	
2.0	PURPOSE OF THE MEETING	No agenda was provided. The committee was called together to discuss heightened overdose incidents in the community within the last week and to determine immediate next steps.	
3.0	DISCUSSION		
3.1		There have been seven suspected opioid overdoses in the past 11 days. J. Boivin shared that there is a new product circulating. Fetty circulating is very white with a blue tinge and cooks blue. It could be a potential marker as to how potent the	

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		<p>substance is. He questioned if we should be making the alerts vaguer and including information about Sudbury's products being unpredictably high. A. Day shared that Laurentian University and SACY are working on a mass spectrometer.</p> <p>C. Belanger shared that, from a NEP perspective, people think they are buying cocaine, but they're overdosing and notes that behaviours are different. J. Boivin supported this statement and shared that payday usually triggers the purchase of a <i>new supply</i>.</p> <p>C. Belanger doesn't think that clients are taking the time to read all the information in the drug alerts. She thought it might be more effective to have two releases go out: a targeted message specifically for agencies and a general PSA. Messaging for agencies would include: here's what you can do to help, clear step-by-step instructions (caring, practices, etc.).</p> <p>A. Fritz supports the need for two releases. She also suggested having a person who uses drugs review the messaging and make recommendations. She believes there are benzos mixed into the supply because people are presenting as drunk.</p> <p>Lisa questioned our response time to issuing a drug warning/alert. She feels the process is sometimes delayed. She also questioned our response to substance quality vs quantity. Are people using more? If so, should we be promoting more naloxone kits and refills? The group then questioned if more emphasis could be put on language around "death(s)." Would there be any repercussions if we used the word "death(s)" in the drug alerts/warnings? The main concern around this would be that the coroner's results come back as not being opioid-related. The group agreed to reach out to the Communications Working Group to discuss this further.</p> <p>It would be essential to know what would be meaningful to people on the streets. Would this include more outreach or accelerated needs-based planning? A suggestion was made to have a more constant presence at</p>	<p>S. Calixte and D. Despatie to call an urgent Communications Working Group Meeting.</p>

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		<p>the bus depot, and potentially having an outreach worker present to allow for more empathy.</p> <p>A. Day questioned why our response plan hadn't been activated due to the recent deaths. D. Despatie shared that lots of work is being done, yet people are still overdosing. The group discussed moving through a practice response plan. More discussion to be had.</p> <p>T. Gregory is concerned that people are grieving, especially those who have been abstinent, which may impact their use. She shared that people are finding ways to use safely together; however, these locations are being broken up by the police; therefore, more people are using alone. She also shares that overdoses are also happening by inhalation, not just by injection. She discussed the importance of creating stigma-related messaging when someone is brought in due to an overdose.</p> <p>She also shared that \$5 Tim Horton's gift cards are being offered to encourage people to return their used needles. One gift card is given, no matter how many needles are returned. This interaction promotes discussion and connection (outreach).</p> <p>C. Belanger shared her concerns about the feasibility of continued naloxone distribution. Naloxone use is increasing. She asked what other agencies could offer in the short term. More discussion is needed.</p> <p>A. Fritz shared that there is a hotline through Toronto used to check in with people for overdoses. This kind of tool could be useful for our community.</p> <p>J. Boivin discussed a drug check program where users would mail in a substance sample with a unique identifier posted on a public registry. He suggested that we encourage individuals to use the service through a link on the drug alert.</p> <p>P. Caldwell asked if we target our messaging to a specific area where we see the most overdoses. This would allow us to focus on interventions in these areas. Our current strategy doesn't seem to be effective in reaching those who need it most.</p>	<p>J. Boivin to send a link to the program.</p>

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4.0	NEXT STEPS	<p>Call an emergency Communications Working Group meeting to discuss and develop tailored messaging.</p> <p>Contact the Executive Committee re : activate mini practice plan and run through the triggers as well as using language related to opioid-related death(s).</p>	
11.0	ADJOURNMENT	The meeting was adjourned at 2:21 p.m.	