



AGENDA


Community Drug Strategy for the City of Greater Sudbury
Steering Committee Meeting
Tuesday, September 21, 2021
10:30 AM—12:00 PM
Teleconference: Microsoft Teams, details to be provided

- Co-chairs:** Shana Calixte, Public Health Sudbury & Districts
Daniel Despatie, Greater Sudbury Police Service
- Recorder:** Adrienne Moreau, Public Health Sudbury & Districts
- Present:** Nicole MacMillan, City of Greater Sudbury
Sandra Laclé, Josée Joliat Public Health Sudbury & Districts
Rachelle Clouthier, Paola Nikodem, Natalie Aubin, Health Sciences North
Adam Day, North East Local Health Integration Network
Todd Marassato, Greater Sudbury Police Service
Amber Fritz, Réseau ACCESS Network
Rebecca Poulin, Greater Sudbury Emergency Medical Services
Cindy Rose, Canadian Mental Health Association – Sudbury/Manitoulin
Diane Zannier, Sudbury Catholic District School Board
Julie Gorman, Sudbury Action Centre for Youth
- Regrets:** Roxane Zuck, Monarch Recovery Services
Karla Gharthey, STOP Society
Renée Lefebvre, Karrie-Ann Jones, Public Health Sudbury & Districts
Stephanie Kehoe, Metis Nation Ontario
Dennis Quenneville, Melissa Roney, Greater Sudbury Emergency Medical Services
Denys Bradley, Federal Crown Attorney's Office
Michelle Cotnoir, Conseil scolaire catholique du Nouvel-Ontario
Robert Norman, Greater Sudbury Police Service
Stephanie Kehoe, Metis Nation Ontario
Catherine Watson, Health Sciences North
Robert Parsons, Crown Attorney's Office
Michelle Warth, Ontario Provincial Police
Mary Jago, Rainbow District School Board
Jennifer Connelly, Sudbury Catholic Schools
Julie Cull, Nouvelon
- Guest:** Li Shuai, Public Health Sudbury & District

Key: Attachment: * -- Appended ◇ -- Previously circulated ~ -- Copies are forthcoming
Outcome: A – Approval D – Discussion I – Information

1.0	Roll Call	Description of Outcome	Individual responsible for further action and deadline
2.0	WELCOME AND INTRODUCTIONS	The meeting was called to order at 10:32 a.m.	
3.0	REVIEW AND APPROVAL OF AGENDA	Introductions were made.	
4.0	REVIEW AND APPROVAL OF MINUTES – June 15,2021	The agenda was approved as circulated.	
5.0	DECLARATION OF CONFLICT OF INTEREST	None to declare.	
6.0	BUSINESS ARISING FROM PREVIOUS MINUTES		
6.1	<p>Supervised Consumption Services</p> <ul style="list-style-type: none"> • Update on application and UPHNS • Sounding the alarm to Council • Education campaign 	<p>Applications Réseau ACCESS Network, PHSD, and STOP Society have submitted 3 applications, an Urgent Public Health Needs Site (UPHNS) application, as well as the federal exemption and provincial application for longer term Supervised Consumption Services.</p> <p>We are waiting on approval and once approved, Réseau ACCESS Network will be the operator of the site.</p> <p>The City of Greater Sudbury City Council has provided space at Energy Court for the UPHNS, as well as funding for construction of the building and operational dollars. The funding will be in place for 3 years. Funds will flow from the city to PHSD and then to Réseau ACCESS Network, managed by an MOU with detailed deliverables.</p> <p>An Advisory committee will also be set up with various stakeholders across the community.</p> <p>Next Steps: While we wait for the exemption, background work will include the set up of the three trailers on to the Energy Court property. Réseau ACCESS Network has also posted a manager position for the services.</p>	

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		<p>Education Campaign PHSD is working on a plan to release the INSIGHTS campaign before the end of the year.</p>	
6.2	<p>Naloxone distribution update</p> <ul style="list-style-type: none"> • Réseau ACCESS Network • PHSD • Pharmacies • Other agency updates (Update on EMS distribution) 	<p>Réseau ACCESS Network’s distribution numbers are high. They distributed 544 intranasal kits and 41 injectable naloxone in the month of August.</p> <p>September numbers are on track to match if not surpass numbers from August. Novel synthetic opioids are turning up in the supply and is stronger and more complex than fentanyl. To respond to this, people in the community are asking for naloxone and training on injectable naloxone.</p> <p>The HSN inpatient naloxone distribution program started in April and since then, they have distributed 165 kits. They have begun to spread distribution through more of the medical floors.</p> <p>HSN is one of two hospitals in the province participating in this pilot program to distribute Naloxone. Hospitals are able to distribute, however it is only in certain areas. HSN is sharing information on challenges faced and tips for distribution and liability which has been provided to the Ministry.</p> <div style="text-align: center;">  <p>Inpatient Naloxone Distribution.pptx</p> </div> <p>Between the months of July and August, (between 911 medics, community paramedics and community paramedics responding to fire evacuees) EMS has distributed 68 naloxone kits.</p> <p>From January 2021 to July 2021, PHSD has distributed 16,307 doses of naloxone in the</p>	<p>Action: PHSD to mention effectiveness of naloxone distribution at HSN, and ask for support for Naloxone to be made available to our other hospitals when submitting monthly Naloxone reports. To be discussed in meeting with the ministry as well.</p>

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		<p>Sudbury and Manitoulin district (7,322 by PHSD and partner agencies). For the same period last year only 10,472 doses of naloxone were distributed in the Sudbury and Manitoulin districts.</p> <p>Non-sanctioned sites working in the legal grey zone: Public Health is required to continue using the memorandum of understanding and an agreement must be in place prior to placing orders for the agency.</p>	<p>Action: PHSD to ask Ministry what the response is for organizations that don't fall under the "approved" list of agencies.</p>
6.3	<ul style="list-style-type: none"> Needle Disposal Bin Update 	<p>N. MacMillan shared there are 14 needle bins across CGS. The disposal bins don't need to be emptied as often as before.</p> <p>There has been an increase in padlocks being broken, bins being tipped over, and doors pried open. These incidents happen more often at the end of the month with individuals trying to get into the bins. Thoughts are that it is due to individuals looking for left over residue in needles, and at the end of the month once funds are low.</p> <p>Needle pick-ups: SACY has 3 full-time staff providing services 7 days a week.</p> <ul style="list-style-type: none"> - At of the end of August 2021, SACY collected 171,000 needles. - Compared to 2020 there were 262,000, and 142,000 in 2019 during the same time period. <p>There are other community groups going out to pick up needles which could be impacting the number of needles picked up and being tracked. SACY finds people aren't congregating in spaces</p>	<p>Action: bring information forward to harm reduction pillar.</p> <p>Action: J. Joliat to inquire if NEP is seeing the same trends.</p>


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		<p>other than Memorial Park which could be affecting needle bin usage in other areas.</p> <p>J. Gorman shared needle distribution has increased.</p> <p>A. Fritz shares that there's been an increase in requests for inhalation equipment. These trends happen in the colder months.</p>	
7.0	NEW BUSINESS		
7.1	UPHNS Advisory Committee	<p>The government requires mitigation strategies for UPHNS and SCS. An advisory committee will be brought together for this purpose.</p> <p>There are continued conversations around invitations for partners and PWLE to sit on this committee in order to continue to build trust within the community around the services that will be provided.</p>	Action: PHSD to update membership on developments with this new committee.
7.2	Data from the coroner's office for April 2020- March 2021	<p>At a rate per 100,000 people, Sudbury's rate is the top in the province in the terms of opioid-related deaths.</p> <p>From January 2021-March 2021, PHSD was found to have 32 opioid-related deaths. As a comparison number that is the same number of people we have lost in 2018.</p> <p>As a reminder monthly updates can be found at Public Health Sudbury & Districts - Opioid Surveillance (phsd.ca).</p>	
7.3	Aligning our work	Members had a conversation about the workplan, that it needs to be updated in consideration with what everyone is doing and to match the severity of the current reality. Each agency and priority needs to be done in synchronization.	<p>Action: Start conversations more intentionally.</p> <p>Action: Ensure that our organizations attend the Community Safety</p>


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		<p>Related committees should be connecting to better understand what we are doing as a community.</p> <p>Housing intertwines with drug use and needs to be a priority conversation.</p> <p>A consultant, Iain De Jong, has been brought in from Alliance to End Homelessness to support the housing crisis and encampments. He is providing guidance on how other communities are working to help these issues and how our city can support people.</p> <p>SACY has expanded hours during the day and are exploring the idea of hosting a warming shelter.</p> <p>The Thunder Bay drug strategy has a housing pillar. We should be involved in this work as there is lots of overlap.</p> <p>HSN is working on implementing a third ACCT Team with a focus on homelessness and substance use. Supporting intensive services to the new space which will be available in the future.</p> <p>Currently the City is using some of the space at the Four Sisters Hotel as an isolation shelter for those who are experiencing homelessness and are covid positive.</p> <p>We are seeing elderly people coming into the homeless system that have used drugs in the past and may be living with experience. However, they may not qualify for long-term care and we may not meet their needs in shelters. This may be another form of housing for people who use substances that we will need to look at down the road.</p>	<p>Wellbeing Meeting in October. Ensure that the members attending are fully informed.</p> <p>Action: PHSD to meet with City staff to ensure this topic is high priority in conversation.</p> <p>Action: Pillars to discuss long-term strategies that can be linked between pillars.</p> <p>Action: Next steps, call meeting and invite Gail Spencer (contact for housing at the city) or representative from the City to attend to ask how the CDS can better assist.</p>

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7.4	Breaking Free Online	<p>Breaking Free Online is being rolled out throughout the province and coming from a provincial strategy, funded by Ontario Health. HSN is lead for the North-East region.</p> <p>Breaking Free Online can be accessed through the internet and on cell-phones. Its available for free for advice, recovery and support. Offers education, resources on behaviours and techniques.</p> <p>Develops personalized programs and asks questions around the individuals substance use and covers 70 different substances.</p> <p>Used to strengthen already existing treatments that someone who uses substances may already be using. Can be used to manage waitlists, reinforce medication assisted treatment, tele-health virtual care and after care tools for individuals who have accessed treatment.</p> <p>Can be utilized as self-directed one-on-one care or with group work.</p> <p><i>Anyone interested in signing up requires an access code. Please connect directly with Paola for access code.</i></p> <div style="text-align: center;">  quick BFO presentation.pptx </div>	
7.5	Opioid Poisoning Response Plan-process	<p>Reminder for committee members if there is a suspected increase in a substance that is causing overdose in community, PHSD should be informed. There is a process for connecting with Public Health.</p>	<p>Action: PHSD to update Dan's extension in the OPRP</p> <p>Action: PHSD to send email to members to ensure proper contact</p>

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		<p>During regular business hours: connect with Shana @ 705.522.9200 Ext.337, or Dan at, 705.675.9171 Ext. 2336</p> <p>If co-chairs unavailable during bussiness hours, 705.522.9200 Ext. 278 or email drugstrategy@phsd.ca</p> <p>After regular hours call the on-call system at, 705.688.4366</p> <div style="text-align: center;">  <p>Opioid Surveillance Quick Reference Cor</p> </div>	information is used on file.
7.6	Addictions Beds Funding Proposal	Update under 8.2	
7.7	Anti-stigma media training	<p>PHSD and CMHA put together an anti-stigma training mainly for media agencies to address stigmatizing and problematic language. This training could also be useful for community members to continue to provide education and support for individuals who use substances as social media comments have been very stigmatizing.</p> <p>A.Fritz shared a tool-kit called Changing the Narrative (Changing the Narrative)</p> <p>J.Joliat suggested creating mitigation messages for CDS members to moderate their own pages and remind community to be respectful.</p> <p>P. Nikodem recommended using Breaking Free to normalize language.</p>	<p>Action: PHSD to follow up with R.Poulin in regard to training</p> <p>Action: PHSD to contact the Communications Committee to see if there is interest/ capacity</p>
7.8	Northern HU CoP	Northern Medical Officers of Health have sounded the alarm. They have come together as health units to expand/coordinate activities. Each health unit at the staff level could discuss, link and share information regarding to the opioid	

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		<p>crisis.</p> <p>All Health Units have identified from their own community perspective what their priorities are.</p> <p>This is where PHSD has had conversations with the ministry about them potentially funding a mobile or outreach component for a SCS in the district areas.</p>	
8.0	STANDING ITEMS		
8.1	Health Promotion and Prevention	<p>No committee updates at this time.</p> <p>Housing ties into prevention and promotion. Could this group become more active in terms of linking with others to look at the SDOH and linkages that they could support?</p>	<p>Action: Chairs to to prioritize meeting before the end of the year</p>
8.2	Treatment	<p>Centre of Excellence has a recovery approach for mental health and addictions. Addictions is one of three priority areas of focus. Provincial table is co-chaired, will be working on reducing some of the recommendations on how we move the system forward on a provincial level.</p> <p>Regionally at a North East/North perspective- the Mental Health and Addictions COVID Response table is reviewing its mandate to focus on recovery and aligning with the CDS. Looking at next steps</p> <p>Addictions Beds Funding Proposal Monarch has submitted two proposals for addictions beds. A total of 13 beds (2 treatment, 6 multifunctional, and 5 supportive treatment).</p> <p>HSN looking at bed funding, and addressing gaps. HSN has applied for 45 beds in addition to what they are currently operating in and possibly moving detox closer to the hospital. Wanting to</p>	

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		<p>sustain the addiction medicine unit beds minimally and wanting to enhance their ability to provide medical supports to those coming for withdrawal management. Waiting on approval.</p> <ul style="list-style-type: none"> - Sharing to Steering Committee as a focus group, updates are for this group only. <p>City funded addiction workers to enhance mobile crisis team and increased hours.</p>	<p>Action: R. Zuck to prioritize meeting before the end of the year</p>
8.3	Harm Reduction	<p>Met briefly in June. No updates to report. Hoping to schedule a meeting before the end of the year.</p>	<p>Action: PHSD to find a replacement for R. Lefebvre as co-chair. Action: A. Fritz and co-chair to prioritize meeting before the end of the year</p>
8.4	Enforcement and Justice	<p>T. Marassato states they have recently taken down their summer project. There were 6 individuals from Southern Ontario charged. 15 ounces of Fentanyl, 17 ounces of cocaine, \$24,000 of cash, a handgun were claimed. Continuing to see people coming from Southern Ontario to Sudbury. Investigations continue.</p> <p>Information from Centre of Forensic Sciences regarding THC Gold. It was tested and found to be brass and copper- not a drug.</p>	<p>Action: B. Norman to prioritize meeting before the end of the year</p>
8.5	Communications Working Group	No updates at this time	<p>Action: J.Joliat to prioritize meeting before the end of the year</p>
8.6	Opioid Surveillance Committee <ul style="list-style-type: none"> February meeting was cancelled 	No updates at this time	<p>Action: J.Joliat to prioritize meeting before the end of the year</p>
8.7	2020/2021 Work Plan	No updates at this time	<p>Action: Each pillar to identify 2-3 priorities. Each pillar to have a</p>

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			meeting in the next 2 months to bring back to Steering Committee to prioritize conversation.
9.0	ANNOUNCEMENTS/UPDATES		
9.1	Drug Warning: July 7, 2021 Drug Warning: August 13, 2021	No updates.	
9.2	Overdose Awareness Day	Réseau ACCESS Network provided information and resources for community members. Provided Naloxone and CPR training. They have a memorial board and engaged with folks in community talking about different ways to support people and normalize carrying naloxone and remind people how to recognize the signs and symptoms of overdose.	
9.3	National Addictions Awareness Week	November 21 st -27 th	
10.0	NEXT MEETING	Date: December 21 (TBD) Time: from 10:30 to 12:00 (TBD) Location: Teleconference	Action: Determine earlier meeting date if possible.
11.0	ADJOURNMENT	The meeting adjourned at 12:12 p.m.	

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