




MINUTES

Community Drug Strategy for the City of Greater Sudbury
Steering Committee Meeting
Tuesday, July 18, 2023
10:30 AM—12:00 PM
Teleconference: Microsoft Teams

- Chair:** Sherry Price, Public Health Sudbury & Districts
- Recorder:** Luc Cheff, Public Health Sudbury & Districts
- Present:** Daniel Despatie - Greater Sudbury Police Service
Sherry Price, Stacey Gilbeau, Danielle Whitten, Adrienne Moreau - Public Health Sudbury & Districts
Karla Ghartey, Marie Pollock - STOP Society
Cindy Junkala - City of Greater Sudbury
Cindy Rose, Canadian Mental Health Association – Sudbury/Manitoulin
Monique Beaudoin - Centre de santé communautaire du Grand Sudbury
Michael Roach, Shannon Knowlan - Health Sciences North
Heidi Eisenhauer - Réseau ACCESS Network
Julie Ward – Paramedic Services
Amber Fritz - Réseau ACCESS Network
Julie Ward - Conseil scolaire catholique du Nouvel-Ontario
Valerie Lariviere
- Regrets:** Lisa Toner - Ontario Aboriginal HIV/Aids Strategy
Kelly Zinger - Ontario Health North
Guy Renaud, Jeremy Willmott, Todd Marassato - Greater Sudbury Police Service
Diane Zannier - Sudbury Catholic District School Board
Melissa Roney - Greater Sudbury Emergency Medical Services
Martin Lees - Ontario Health North
Daniel Molke - Health Sciences North
Roxane Zuck - Monarch Recovery Services
Sarah Jokinen - Rainbow District School Board
Adam Day - Ontario Health North
Amber Fritz, Neil Stephenson, Veronica Mensah, Réseau ACCESS Network
Adele Bodson, Rachelle Clouthier - Health Sciences North
Sandra Laclé, Angel Corneau, Sandra Lacle - Public Health Sudbury & Districts
RJ Gardner - Réseau ACCESS Network
Kaela Pelland

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

#	Item	Description of Outcome	Individual responsible for further action and deadline
1.0	ROLL CALL	The meeting was called to order at 10:33am	Co-chairs
2.0	WELCOME AND INTRODUCTIONS Welcome new members	No new introductions were made.	Co-chairs
3.0	TERRITORIAL LAND ACKNOWLEDGEMENT	Adrienne Moreau made a land acknowledgement.	A. Moreau
4.0	REVIEW AND APPROVAL OF AGENDA	The agenda was approved as circulated.	Co-chairs
5.0	REVIEW AND APPROVAL OF MINUTES	 Minutes_CDS_Steering_Committee_June_2 The minutes from June 20, 2023 were approved.	Co-chairs
6.0	DECLARATION OF CONFLICT OF INTEREST	None to declare.	Co-chairs
7.0	NEW BUSINESS		
7.1	Supervised Consumption Services <ul style="list-style-type: none"> • Update on applications <ul style="list-style-type: none"> ○ SCS Federal exemption ○ SCTS Provincial application • The Spot 	<ul style="list-style-type: none"> • <i>The Spot</i> is expanding its drug-checking services with a Raman spectrometer (Amplifi ID™ Drug Analysis System) to determine what the drug cut is in real-time. It can detect fentanyl, carfentanil, benzodiazepines, xylazine, cocaine, methamphetamines and MDMA, among other substances from a database built into the software. It can generate results in approximately 10-15 minutes (being mindful that this is new to the team) from a small dissolved sample of only 5mg. The technology detects unique scattered light signatures from the drug samples, referred to as “molecular fingerprints” due to the significant amount of information contained. Amber Fritz stated substances don’t always come with warning labels or regulation so this will help bridge 	A. Fritz

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		<p>that lack of information before consumption to prevent mortality rates. She also clarified that the service cannot guarantee that just because a small portion of the drug sample doesn't contain xylazine for example, doesn't necessarily mean the rest of the drug is safe and doesn't contain it (referred to as the chocolate chip cookie effect).</p>	
7.2	<p>Local Summit preparation</p> <ul style="list-style-type: none"> • Tentative dates, planning structure • Indigenous representation • Representation of people who use drugs <p>Updates and Recommendations:</p> <ul style="list-style-type: none"> • Discussion of process for gathering updates/gaps/recommendations by pillar to establish baseline for discussion at the Summit <p>Surveillance</p>	<p>Tentative date: Nov. 29, 30, and Dec. 1 (1-1 ½ days)</p> <p>Planning structure</p> <ul style="list-style-type: none"> • Pre-engagement with various sectors in work up to the summit • Local and invited speakers (e.g. Public Health Ontario on best practices; CGS on housing/determinants and social services; addictions medicine/mental health on health care access; policing on harm reduction and enforcement, etc.) • Post-summit report and dissemination beyond CGS; • In person event to ensure relationships and collaborations are optimized. • The steering committee suggested having a link for a larger group to join/observe the summit meeting. <p>The Leadership Summit Planning Committee (LSPC) is established by and reports to the executive sponsors from CGS and PHSD (Ed Archer and Dr. Penny Sutcliffe or delegates). The executive sponsors in turn ensure that the coordinating group led by Councillor Lapierre is kept apprised of progress through routine reporting.</p>	S. Price

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		<p>The planning committee is responsible for overall summit planning, including recommendations to the executive sponsors on:</p> <ol style="list-style-type: none"> 1. Summit objectives 2. Summit program including agenda, content, speakers, process (e.g. facilitation) 3. Documentation of summit proceedings and outcomes/commitments 4. Pre-summit workshops/activities to prepare for the meaningful advancement of agenda items 5. Logistics (e.g. timing, location, food, budget, revenue sources, registration, etc.) 6. Ensuring a planning and execution process that respects cultural and inclusion/diversity expectations, including persons who use and are affected by substance use 7. Participant invitee list 8. Communications plan (pre, during, post-event) <p>Karla Ghartey said she can facilitate communication between groups.</p> <p>How will the CDS steering committee be involved? Some members of the steering committee may sit on the planning committee.</p> <p>Question: How does this group want to receive requests? Monthly meetings. Email asks. Individual teams meetings?</p>	

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		<p>Karla said it depends on who we're trying to engage in communication – many people who use drugs may prefer a more informal approach rather than clinical meetings. Michael Roach said he'd like questions sent ahead of time prior to meetings in the agenda to give more wholesome responses.</p> <p>Questions for pillars:</p> <ul style="list-style-type: none"> Treatment (and recovery) – what are the wait lists for service, the age groups affected, what are the service gaps, what data is being collected, etc. What should be presented at the Summit on Treatment services and the gaps or issues in our area? What about primary care? <p>Michael Roach, Cindy Rose and Shannon Knowlan will reply at a later date with specific answers, but it was requested that getting Dr. Andrea Sereda and Dr. Claire Bodkin would be great, as well as a researcher named Gillian Kolla. Michael said there has been a lot of burnout on his team so he meets with his staff often on how to do things better. Karla thinks it is also important to include people who continue to use substances, not just those who have used in the past in our community. Amber clarified addiction is separate from the opioid epidemic, because not everyone who uses drugs is addicted. Need to discuss what harm reduction actually is at the summit meeting, and what it means for treatment (it's become a buzz word that many people don't fully understand).</p> 	

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		<ul style="list-style-type: none"> • Harm reduction <ul style="list-style-type: none"> ○ Safe supply – plans are underway for some local physicians, Reseau and PHSD to have a discussion in September. Is there any input from the Steering Committee? Pros, cons, models, barriers, recommendations? Important to ask what is safe supply. Amber Fritz said having a safer supply that gets people high would prevent them from going back to the illicit market. Don't leave people out who use stimulants like ADHD medication. Amber wants everyone to think more radically and not follow the status quo. The issues that are discussed are contentious, so we need to be realistic about where the elephants are in the room so we can move forward or they'll continue to hang above our heads and bring up the evidence. Safer supply is pervasive across the board now and we need respectful dialogue, or we'll continue to point fingers at each other when we have differing beliefs. In terms of stigma, We think it is about engagement in the conversation - not just talking about it - there needs to be interactive components as well. Monique senses a lot of cynicism in the community 	

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		<p>in regards to the opioid epidemic, so having experts and people with lived experience weigh in would be valuable.</p> <ul style="list-style-type: none"> ○ Housing – what is happening in our community in relation to this and also supportive housing? Is it sufficient? Is more required? What are the gaps? ○ Naloxone – why are people using alone? How could this be prevented? What more can be done? Heidi said the phone line (NORS) is important for people who have phones available to them, and supervised inhalation at <i>The Spot</i> would be helpful. Inhalation has been a growing method of drug consumption so the committee has a unified voice on pushing supervised inhalation forward. Heidi said we have doctors lined up to help with safer supply. ○ Inhalation – shall we develop and submit an application? What support does RESEAU need for this? ● Enforcement <ul style="list-style-type: none"> ○ Decriminalization – what is our position? Pros and cons. Pilot in BC, Toronto’s proposal to HC. Should we recommend to the Exec co-chairs and submit a proposal to HC? ○ What is our current enforcement model? How 	

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		<p>would we describe it? Sudbury is no different from anybody else with decriminalization and GSPS doesn't lay charges for civil possession anymore, which is in line with the rest of the province (de facto decriminalization). It's at the officer's discretion. Doug Ford said in the media that he would do everything in his power to prevent Toronto from getting the decrim exemption. Decrim doesn't stand alone because if you don't have treatment and everything else, it won't work to break the vicious cycle. In regards to British Columbia, 2.5 grams is a total across all your drugs in your possession that you're allowed, which is barely anything because some people use more than that in a day and many officers just eyeball how much 2.5 grams is which is problematic because we're playing fast and loose with someone's freedom. It's a start at an attempt to get somewhere – Rome wasn't built in a day.</p> <ul style="list-style-type: none"> • Health Promotion – what can be done to reduce stigma? What is proposed? We need to be cautious in our approach to not retraumatize. An interactive approach could be beneficial instead of an audience just listening. People in the public need to have an emotional response 	

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		<p>to really get it to overcome the stigma. Hearing from workers who help people who use drugs can affect the public with their stories to know what are the best practices.</p> <ul style="list-style-type: none"> • Surveillance – some areas include hospital emerge stats and hospitalization stats... what stats are kept that can be added to the dashboard... the spirit of increasing awareness of the magnitude of the issue and the commitment to solution finding.. transparency. • Summit <ul style="list-style-type: none"> ○ Indigenous representation at the Summit – please recommend how representatives can be considered for the planning committee... Please also then suggest 2 names. It is expected that the Committee will be established by Councilor LaPierre in a couple of weeks. ○ PWUD or PWID – please recommend two to three representatives for the planning committee e.g. People identified by RESEAU for the previous SCS application advisory committee or other?? 	
8.0	STANDING ITEMS		
8.1	Health Promotion & Prevention	No update.	
8.2	Treatment	No update	
8.3	Harm Reduction	No update	
8.4	Enforcement & Justice	No update	
8.5	Communications Working Group	No update	
8.6	Opioid Surveillance Committee	No update	
9.0	ANNOUNCEMENT/UPDATES		

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9.1	Drug Warnings and Alerts	Public Health Sudbury & Districts - News & Alerts (phsd.ca)	Co-chairs
10.0	NEXT MEETING	Next meeting is August 15, 2023 10:30am – 12pm	Co-chairs
11.0	ADJOURNMENT	The meeting adjourned at 12:00pm	Co-chairs

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