Oxford County Drug Strategy Project Steering Committee
Meeting Minutes
March 6, 2018
410 Buller Street, Woodstock - Large Conference Room

Attendees:

Name	Title/Organization
Peter Heywood	Manager, Health Protection - Oxford County Public Health and Emergency Services
Joanne Andrews *Sitting in for Mary Van Den Neucker*	Program Supervisor, Health Protection - Oxford County Public Health and Emergency Services
Brian Lester	Executive Director - Regional HIV/AIDS Connection
Sandy Jansen	CEO - Tillsonburg/Ingersoll Hospitals
Bill Renton	Chief - Woodstock Police
Patrick McMahon	Community Member
Randy Peltz	Executive Director – Oxford County Community Health Center
Aaron Smith	Community Member
Pat Baigent	Director, Community Support and Recovery Services - Canadian Mental Health Association
Shannon Byrnes	Community Member
Liz Urbantke	Emergency Physician and Coroner – Woodstock Hospital
Sue Tobin	Clinical Director – Ingersoll Nurse Practitioner-Led Clinic
Kate Mossman	Associate – DPRA Canada
Sergey Mazuritsky	Research Analyst – DPRA Canada

Terms of Reference

- Peter asked if there were any additions that should be made to the terms of reference. No additions were introduced.
    - Peter requested a motion to approve the terms of reference.
        - Approved by:
            - Sandy Janson
            - Liz Urbantke
- Shannon asked for clarification on section 5.3, which states that meetings will occur bimonthly. Peter clarified that the committee will try to have a meeting every 2 months, but they may be more or less frequent based on the needs of the group.
- Peter provided a clarification on the response plan and the implementation plan. The implementation plan will describe who and how the suggested actions will take place and include measures for tracking progress. The local response plan will focus on how Oxford County Public Health and community agencies will respond to concerns about opioid overdoses and include information on threshold indicators, alerts, and tasks to carry out.

DPRA Presentation: Drug Strategy Project Overview, Evidence Review, and Draft Action Plan

- Kate presented on the steps involved in the drug strategy project and the work DPRA has carried out preparing the Evidence Review and Draft Action Plan.
- Sue stated that the statistics in the data related to the number of opioid related deaths might be underrepresented because they only reflect those cases where opioids are listed as the direct cause

of death. There are, however, other cases of death that may be the result of opioids-use (suicide, Hepatitis, etc.) but they are not listed as the cause of death.
    - Shannon corroborated this by stating that a lot of the health issues experienced may be the result of past problematic substance use, but that these symptoms/conditions may not necessarily come up in discussions of this substance use.
    - Liz stated that there are new regulations for including drugs in coroners' reports, such that any drug-relevant information now needs to be reported, even if it is not the direct cause of death.
- Randy requested a clarification on whether the implementation plan will only be focusing on opioid use or on a broader spectrum of drugs.
    - Kate clarified that the implementation plan would be broader and focus on a variety of substances, whereas the response strategy will be primarily focused on opioid use.

Discussion: Draft Action Plan Guiding Principles

- Brian stated that **Reconciliation of Indigenous Population** should be included as a value.
    - Sandy stated that perhaps this value can be broadened to **Equity.**
    - Sue also pointed out that there is a fairly small number of indigenous populations within Oxford County, but that there is a large proportion of other groups that need to be included.
    - Brian stated that he believed reconciliation should be included by name, but that blending it with equity is also a good approach.
- The group unanimously agreed that using the term **Evidence-Informed** as opposed to Evidence-Based is a more accurate representation because in some cases there is no direct evidence that can be relied on.
- Sandy stated that including measurable targets and goals is important to make sure that there is a way to confirm that the strategy/plan is working.
    - After a group discussion, the group agrees on including **Results-Driven** as a guiding principle
- Sandy stated that **Client-Centred** should also be a priority for the plan
    - A discussion on the correct terminology was held.
    - Liz stated that in the medical community, this is referred to as *patient-centered* care.
    - Peter stated that in the public sector, this is often referred to as *citizen-centered focus.*
    - Aaron suggested the term *first-hand inclusion.*
    - Brian stated that these terms do not accurately get to the point that the strategy is guided by lived experience.
    - Kate stated that DPRA will look into different wording options to describe that "the strategy is guided by lived experience" as a guiding principle.
    - Sue suggested that the lived-experience perspective overarches everything else that we are doing with the strategy. The group agreed that this can be a foundational principle that can be represented alongside Social Determinants of Health.
    - Sandy added that it is also important to focus on the needs on those that will have future lived experience, as well as the families, friends and colleagues that are going to be affected.

Discussion: Prevention Pillar

- Peter stated that *substance misuse* is perhaps not the correct terminology.
    - Shannon stated that substance *addiction* or *abuse* should be used instead because misuse doesn't get to the significance of the experience.

  - Brian stated that from a preventative perspective, the term *abuse* carries a lot of stigma with it because it is usually attached to domestic-, child-, etc. Brian stated that *problematic substance use* is used in the preventative context and might be preferable.
  - Shannon and Aaron supported the use of the term *problematic substance use* because it captures the experience.
  - The group agreed on using **problematic substance use** as the term going forward.
- In discussing the priority area, "Coordination of prevention activities for youth in schools," Aaron stated that including videos like *Through the Blue Lens,* and *Tears for Sarah* need to be incorporated into school education activities. Aaron recently saw these videos and believes that these videos are much more impactful than the activities and films he was exposed to when he was in school.
  - Shannon noted that self-esteem and bullying in schools can have an impact on substance use and should therefore be targeted in the strategy as well.
  - Patrick states that programs in schools don't really teach students why people use drugs, and that these conversations need to be had. From his experience, most programs just focus on the shock factor by exposing youth to the consequences of drug use.
  - Bill points out that the strategy should also focus on dealing with individuals that are starting up as recreational drug users.
  - Joanne and Peter bring up the importance and impact of sharing personal experience stories with youth.
  - Randy suggests that DPRA dig into the education sphere to figure out what is currently being done and what is feasible, because there are no representatives from the education board in the committee.
- Joanne and Sue mentioned resources on opioid prescription practices that may be helpful to include, such as the Choosing Wisely: Opioid Wisely Campaign.
- Patrick noted that education should focus on those that may be selling their prescription medication and the turmoil that it may be causing.
- In discussing the priority area "Awareness of opioid-related risks, including older adults," Sue clarified that very few 'older' patients get prescribed opioids, and that from her experience it is mostly those around 40 who are battling with chronic pain who form the target demographic.
  - The group agreed that building awareness on opioid-related risks will be important and should include targeting this demographic of people around 40 years old.

Discussion: Treatment Pillar

- Patrick and Aaron both want to know more about what the current treatment options are in Oxford County. In their experience, this information is currently not very easy to find. At times, people may need help with treatment but that the lack of information, long waiting periods, and distance from available services, are barriers to accessing treatment.
  - Brian stated that this needs to be addressed and individuals need to be educated on what is available and how to access services.
  - Sandy suggests that it would be great to have a phone number that could be responsible for providing this information to individuals. It was noted that 211 will provide some information on available services, but this was not widely known.
  - Sue brought up new regulations that are currently being established where primary health care providers will connect a person in need to services within a 48-hour period.
  - Patrick brings up the importance of making help accessible in all counties, and that he knows of a ride-share program that is currently in place, but that more needs to be done.
  - Sue noted that primary care providers can now provide opioid maintenance therapy to patients so it is becoming more accessible to those who need it.

Discussion: Harm Reduction Pillar

- Aaron noted that the "shelter, housing, and school support" is a priority for this pillar. There are 8 Addiction Supporting Housing (ASH) apartments in Oxford county, where you have to join a waiting list and are given a place to stay for 364 days to get back on your feet.
    - Pat mentioned that Oxford had the highest rent for a 1-bedroom apartment in all of South-Western Ontario ($900/month).
    - Randy also stated that having a housing stability team is important. They would help individuals stay in these programs to gain a sense of stability. There is a program currently in place, but the contract is ending soon. This has been proven to be very important for the community.
    - Aaron states that it is important to have an equivalent program for youth because currently there is nothing available.
- Shannon stated that there should more information on opioid replacement medication, and the reduction of stigma associated with them.
- Aaron noted that naloxone training programs need to be offered to youth in schools in a supplementary/optional basis.
    - Joanne stated that naloxone training has been expanded, but agreed with Aaron that the program is missing a target population- youth.
- Randy and Brian supported having a mobile one-stop-shop to provide services where there is no stigma associated with approaching it for help. Brian's organization (Regional HIV/AIDS Connection) is in the process of potentially developing something like this.

Discussion: Enforcement Pillar

- Shannon wanted to clarify if individuals given naloxone would experience withdrawal.
    - Sandy clarified that naloxone could induce withdrawal symptoms, but that it is a short-lived experience of 30 minutes that will allow the health professional to address the life-threatening situation.
- Bill stated that situation table is very effective and it is working well. An action item for this should be: **continued support for the situation table.**
- Patrick stated that enforcement is important but that priority should be making sure that those experiencing problematic substance use are helped when they exit the correctional system. Ensuring access to rehabilitation is important and will involve leverage the existing organizations so that the burden is not only on enforcement organizations.

Next Steps

- Contacts and groups that should be contacted for the consultation:
    - School Board
    - Suicide prevention table
    - Children's Aid Society
    - Human Resource Mangers of local industry
    - Fusion center?
- Peter will send out a spreadsheet of relevant organizations
- Randy can help us get access to people with lived experience groups
- **Next meeting**: A Doodle Poll will be sent out to find a meeting time. Ingersoll is the potential next meeting venue (at the Nurse Practitioner-Led Clinic).