Oxford County Drug Strategy Project Steering Committee
Meeting Minutes
May 28, 2018

Ingersoll Nurse Practitioner-Led Clinic
Pharmasave Board Room

Present: Shannon Byrnes, Randy Peltz, Sue Tobin, Peter Heywood, Melissa MacLeod, Laura Gibbs, Mary Van Den Neucker, Pat Baigent, Patrick McMahon, Anthony Hymers, Linda Sibley, Aaron Smith, Sandy Jansen
Via teleconference – DPRA – Kate Mossman & Clayo Laanemets

Regrets: Liz Urbantke, Bill Renton, Brian Lester, Linda Sibley

TIME		LEAD
	1. Welcome and Introductions • March 6, 2018 meeting minutes approved	Peter
	2. Consultation Sessions Update • DRPA provided a power point presentation (to be included with mail out of minutes) update of completed focus groups • Comment from Sue Tobin that findings from the initial focus group are areas that are addressed within the Health Quality Standards • Comment from Shannon Byrnes - Focus group with PWLE – increase knowledge/education of Methadone/locations to access **ACTION: Include power point in mail out with minutes**	Kate and Clayo
	3. How to engage municipal officials? • Engagement of mayors in Oxford County to make aware of community concerns & issues/actions moving forward • Options discussed – a) invite the mayors to the July steering committee meeting presentation on consultation results or b) phone meeting with the mayors to share consultation results • Discussion - meeting with mayors – there is a meeting where all mayors meet – consider sending a delegation to the meeting for education then specific items request based on consultation/action plan. Include CAOs in the plan. Education sessions	Kate and Clayo

as a group then one to one meetings with mayor/CAO to discuss action plans.	
• Going to county council and being on the agenda is of value. Good venue for delegation presentation that will go on the public record. Presentation could be made from Southwestern Public Health/DRPA/Oxford County Drug Strategy Steering Committee in September and then in 2019 return to provide action plan. **ACTION: Peter will work with Cynthia St.John (ED) to discuss process moving forward. Collaborative process with all members representing all 4 pillars.**	
• Comment Sue Tobin - Consideration of approaching Chamber of Commerce – effect of substance use on businesses. It was not a group included in the focus groups. Option to deliver/share results with this particular group.	
• Comment Randy Peltz – consider approaching – MPP (Ernie Hardeman). DPRA – advocacy with different levels of government – implementing action plan moving forward who are the groups/different government level to ensure actions are being implemented.	
4. Situational Assessment Update	Laura (Guest)
• Laura provided a power point presentation – summary:	
• The opioid situational assessment is almost complete. Laura Gibbs, Public Health Planner for Southwestern Public Health, has completed the data collection and analysis phases of the assessment and is working on the final report and 1-2 page summary. Laura provided an overview of the findings from the situational assessment which include:	
• Oxford County appears to have services that address all four pillars (prevention, treatment, harm reduction and justice) and target participants across the lifespan, but service planners should be aware of low numbers of services: located in rural municipalities; available online or by phone; for people in recovery from opioid use; falling under the justice pillar – particularly for friends and family and people in recovery	
• A map of the relationships between 15 opioid stakeholders in Oxford revealed a dense network of	

relationships among all organizations. The density of the network can facilitate coordination of activities/services, but may also make it hard to change behaviours, attitudes and social norms within the network.

- Service providers said that collaboration is hard, continuous work. Trust facilitates successful collaboration, but is undermined by preconceived notions of organizations' motivations, a lack of creativity and rigid adherence to rules and policies.
- Interviews with people with lived experience revealed that the services in Oxford County aren't meeting their unique needs. Their lived experience isn't understood and they have to fight to get what they need and connect with providers. They also have to choose between addressing their opioid-related needs and their other health and wellbeing needs.
- Laura will share the final report and summary with the Steering Committee and DPRA when it is complete. We will also reach out to the media when the report is released to further promote this work.

Discussion:
First expressions:
- Shannon – a lot of addicts do not want to go and get help where people are judgemental/do not understand. There is a need for training of medical professionals for collaboration of care to get the help that they need.
- Aaron – coming to term and wanting to become clean – not knowing the where to access resources – availability of afterhours/drop in services (rather than 9-5. Help received from EAP rep from work/friends.
- Sandy – stigma when accessing services – worrisome that people have to choose when accessing services – not knowing where to access services.
- Peter – a lot of rich evidence to inform/guide our strategy to make change
How to share more information on the assessment?
- 1-2 summary to be able to share
- Information will be important when addressing council

- Report with summary of methodology – include a technical report
  Who else needs to hear this information/situational assessment?
- Liaise with County Council – how to incorporate within the presentation to council
- Sub-region integration table
- Storytelling in newspaper/live setting
- Oxford Mental Health & Addictions Network

5. Next steps	Melissa (Guest)

Local Opioid Response Plan
- Melissa provided a power point presentation and a hand-out entitled: Opioid Overdose Early Warning System Framework
  Discussion:
- Yes, the group felt that a broad response plan is needed and from that, organizations need to know their specific responses which would be included in their own plans (e.g., restocking naloxone). This idea mimics a Pandemic Plan. Some communities structure their response plan like an outbreak response – Randy Peltz is interested in this because the response roles are clearly defined.
- The group would prefer to have one organization issuing advisories and alerts. Still need to formally decide if that is Public Health and who it would come from.
- In terms of proposed thresholds, should change definitive drug tests as a criteria to suspected potent opioid present in community because of the lag time in data.
- PWLE very interested in having rapid drug testing available. Not sure that it is available for carfentanil currently but may be in the future. Not sure what the barriers are to implementing this in Oxford County.
- Group felt that CATER could be difficult to reach and to have them agree to respond to an increase in intentional opioid overdoses. Therefore, response plan may be more helpful if it covers responses to unintentional and intentional overdoses.
- Need to define opioid overdose clusters before group can provide feedback to that question.

- May be worthwhile researching what is involved with having a data sharing agreement with the Centre for Forensic Sciences to get drug testing results faster in the future. - In the response activity example about investigating the cause, the coroner should be a lead because ultimately report cause of death. - DPRA is taking this presentation to focus groups tomorrow to gain additional feedback and will share the results.	

6. Information Exchange: Health Quality Ontario
      Sue provided a one page hand-out on "How to treat Opioid Use Disorder?
      Summarizes standard (available in full on line).
      ACTION: Sue will present this at our next meeting.
	Sue