

Windsor-Essex Community Opioid Strategy Leadership Committee (WECOS-LC)

**June 29, 2017 at 9 a.m., Main Boardroom
United Way Centraide, 300 Giles Boulevard East, Windsor**

Minutes are draft until approved at a subsequent meeting

Present:

Dr. Wajid Ahmed, Acting MOH, WECOS-LC Co-Chair	WECHU
Bruce Krauter, Chief; WECOS-LC Co-Chair	Essex-Windsor EMS
Peter Chevalier, Staff Sergeant	LaSalle Police Service
Claudia Den Boer, CEO	Canadian Mental Health Association
Jim Farrand, Inspector	Windsor Police Services
Nichole Fisher Manager, Clinical Services	WECHU
Michelle Graham, Residential Program Manager	St. Leonard's House/Harm Reduction Network
Joe Karb, Director, Mental Health & Addictions	Hotel Dieu Grace Healthcare
Paul Levac, Superintendent of Education	CSC Providence (French Catholic School Board)(via phone)
Jeff Mailloux, Staff Sergeant	Windsor Police Service
Theresa Marentette, Acting CEO, Director of Health Protection and Chief Nursing Officer	WECHU
Dawn Maziak, Health System Design Manager, Mental Health & Addiction Lead,	Erie-St. Clair LHIN (via phone)
Rob Modestino, Pharmacist	
Eric Nadalin, Manager, Chronic Disease and Injury Prevention	WECHU
Jelena Payne, Community Development and Health Commissioner and Corporate Leader Social Development	City of Windsor (via phone)
Mathew Roy, Epidemiologist	WECHU
Mackenzie Slifierz, Epidemiologist	WECHU
Gillian Stager, Health Promotion Specialist	WECHU
Mike Symons, Detective Sergeant	Ontario Provincial Police
Karen Waddell, Executive Director	House of Sophrosyne
Rosanne St. Denis, Executive Assistant/ Committee Secretary	WECHU

Regrets:

Tim Berthiaume, Chief,	Amherstburg Police Service
Dr. Paul Bradford, Emergency Department Physician	Windsor Regional Hospital
Steve Dale, Director of Critical Care	Leamington District Memorial Hospital
Jeanie Diamond-Francis, Integrated Manager Mental Health Services	Canadian Mental Health Association
Ramsey D'Souza, Manager, Epidemiology & Evaluation	WECHU
Dr. Sonja Grbevski, Vice President, Brain & Behaviour Health	Hotel Dieu Grace Healthcare
Edward Marocko, Inspector	Ontario Provincial Police
Dr. Robert McKay, Executive Director	Erie-St. Clair Clinic
Robert Moroz, Integrated Director, Outpatient &	Hotel Dieu Grace Healthcare

Community Services
Sharon Pyke, Superintendent

Greater Essex County District School Board

Co-Chairs: Dr. Wajid Ahmed and Bruce Krauter

1.0 Welcome and Introductions

Co-Chair Bruce Krauter welcomed everyone and thanked them for their attendance. Introductions went around the table.

2.0 Agenda Approval

The following agenda items were added to New Business:

6.4 Peer on the Committee

6.5 Representatives from Narcotics Court

3.0 Review of Minutes: Minutes of April 24, 2017

No amendments.

4.0 Standing Agenda Items

4.1 Revised Terms of Reference/New Membership Request(s)

- Realizing representation from the education sector was missing from the group, Paul Levac (CSC Providence) and Sharon Pyke (GECDSB) were asked to join the committee. Paul Levac is present today via teleconference. Sharon Pyke will be attending subsequent meetings. Dr. Robert McKay of the Erie-St. Clair Clinics is also a new member to the Committee.
- Dr. Ahmed added the Terms of Reference as a standing agenda item for consideration should anyone desire changes to reflect the group's true work/updates in membership.

4.2 Roundtable Update/Opioid-Related Information Sharing with Community Partners

- **French School Board**---They are becoming briefed on the strategy/initiative.
- **LHIN**—Nothing to report.
- **Pharmacy**—Nothing to report.
- **Public Health**—Minister Hoskins has announced additional funding for front-line staff working in the opioid area. There are three avenues that qualify:
 - 1—working with community partners to lead an opioid strategy.
 - 2—building and sharing surveillance systems with community partners
 - 3—working with community partners to create a naloxone distribution system.
- As soon as more information is available, Dr. Ahmed will share with the group.
- **Methadone Clinic**— The hospital will start implementing a Meta:PHI model and is directing people toward harm reduction, toward methadone or detoxification. Abstinence-based therapy has been shown to be detrimental. They are working on referral patterns. They will be using the Lincoln Road site for referral. There is also a site in Leamington at 15 John Street where OTN linkage is available. They are available 35 hours a week to assist.
- **Police**—LaSalle received funding for a drug resource officer. The officer is working on resources, doing presentations in schools on opioid awareness, providing investigative support, referrals. Re: tracking and surveillance, they are tracking anything opioid related. They are taking more of a referral approach to opioid-related investigations. The group was recommended to attend and promote attendance of the Not My Kids presentation for parents, caregivers, and others. Members were also encouraged to provide their own presentations to this audience. It was stressed that

these issues need to stay in the media to keep community awareness ongoing. LaSalle is happy to provide input on promotional pieces. Windsor Police have a joint initiative with City school boards/other police services re: a fentanyl education campaign. The education campaign is geared to Grades 7 through 12 in all Windsor-Essex County schools. A media conference held last week was well received. The Fentanyl Information Pamphlet for Parents & Caregivers was available and can be picked up at any Windsor-Essex school or police station. Windsor Police are in the process of striking a committee to look at Naloxone issuance/training. It is hoped that the committee will be in place shortly.

- **French School Board**---They are becoming briefed on the strategy/initiative.
- **LHIN**—Nothing to report.
- **Pharmacy**—Nothing to report.
- **Public Health**—Minister Hoskins has announced additional funding for front-line staff working in the opioid area. There are three avenues that qualify:
 - 1—working with community partners to lead an opioid strategy.
 - 2—building and sharing surveillance systems with community partners
 - 3—working with community partners to create a naloxone distribution system.As soon as more information is available, Dr. Ahmed will share with the group.
- **Methadone Clinic**— The hospital will start implementing a Meta:PHI model and is directing people toward harm reduction, toward methadone or detoxification. Abstinence-based therapy has been shown to be detrimental. They are working on referral patterns. They will be using the Lincoln Road site for referral. There is also a site in Leamington at 15 John Street where OTN linkage is available. They are available 35 hours a week to assist.
- **Police**—LaSalle received funding for a drug resource officer. The officer is working on resources, doing presentations in schools on opioid awareness, providing investigative support, referrals. Re: tracking and surveillance, they are tracking anything opioid related. They are taking more of a referral approach to opioid-related investigations. The group was recommended to attend and promote attendance of the Not My Kids presentation for parents, caregivers, and others. Members were also encouraged to provide their own presentations to this audience. It was stressed that these issues need to stay in the media to keep community awareness ongoing. LaSalle is happy to provide input on promotional pieces. Windsor Police have a joint initiative with City school boards/ other police services re: a fentanyl education campaign. The education campaign is geared to Grades 7 through 12 in all Windsor-Essex County schools. A media conference held last week was well received. The Fentanyl Information Pamphlet for Parents & Caregivers was available and can be picked up at any Windsor-Essex school or police station. Windsor Police are in the process of striking a committee to look at Naloxone issuance/training. It is hoped that the committee will be in place shortly.
- **Epidemiologist (WECHU)**—M. Slifierz highlighted updates to the Opioid Report. Last month WECHU received data that captured all opioid prescriptions from the Narcotics Monitoring System. In 2016, there were approximately 413,000 dispensed to approximately 78,000 people.
- **St. Leonard's House/Harm Reduction Network**—The main focus is getting information out to people who are actively using. They attend the mission once a month, providing giveaways, handouts. There was a flip flop giveaway with the focus on disposal of needles. They are building a good rapport with regular attendees. The network submitted a grant request for stand-alone needle boxes, however were not successful. J. Payne encouraged M. Graham to follow up with her directly.
- **CMHA**—CMHA has a small footprint in the area of addictions. They are looking at the role they should be playing in this space as they do not want to duplicate services. They may work with D. Maziak of their funding agency (the LHIN). There was a community engagement session held a

couple weeks ago with the hospital hub. About 20 individuals attended. The number one theme was harm reduction.

- **House of Sophrosyne**—All staff were trained on naloxone this past week. Two new beds have been added because of new program funding for female traffickers. Wait times for a bed are about 5 months. They are looking at partnering with LaSalle police to provide addiction services. They will be receiving some housing units in the county from as far as Chatham to Windsor.
- **OPP**—They are tracking data re: opioid incidents. In-house trainers will be trained on naloxone mid July. BRAD and VIP will continue to be programs delivered. Windsor Police were thanked for leading the fentanyl education campaign with the school board. This is an important activity for local police services to be involved in considering the problems being seen around the province.
- **Clinical Services (WECHU)**—N. Fisher's department is responsible for naloxone distribution. They have updated and streamlined their training program for staff. The AIDS Committee of Windsor's staff have been trained by WECHU to administer intra-nasal naloxone. The Health Unit is of the opinion that it is a better fit for their clients.
- **Health Protection (WECHU)**—The AIDS Committee of Windsor is one of the health unit's key partners.
- **Essex-Windsor**—EMS are starting to refine how they track opioid to obtain more in-depth data to provide a clearer picture. Mental health and addictions are a large component of their work. They are at the mission and seeing some improvement re: emergency department visits, assisting clients with getting the services they need.
- **City of Windsor**—J. Payne requested any resources that can be made available be shared through the Health Unit so that the City can provide them through their partnerships.
- **Health Promotion (WECHU)**—N. Dupuis suggested the Health Unit could add links so that there is a central depository for opioid resources on its website e.g. WECHU has a specific portal for teachers. Committee members were asked to forward their resources to G. Stager (WECHU), and they will be forwarded to J. Payne. WECHU is looking at its resources for schools. Once it gets to the point where there are opioid resources recommended for the website, N. Dupuis will ensure they are brought to this committee for input.
- **Acting Medical Officer of Health**—Dr. Ahmed encouraged members to partner with each other as a resource any time they think it may be helpful.

5.0 Business Arising

5.1 Presentation: Windsor-Essex Community Substance Use Programs and Services Survey Update

- G. Stager provided a PowerPoint presentation 'Environmental Scan of Opioid Misuse Support Service Providers'. This is an early introduction of the results from the survey that was administered to service providers to identify programs and resources for preventing and reducing opioid misuse and overdose in the WEC area and to gain a better understanding about demands, gaps, and barriers to accessing these services.
- The survey went out to 53 organizations from May 24, 2017 to June 16, 2017; 27 completed surveys and some partials were returned. The response rate was 51%. Surveys were completed across executive, management and front-line staff. Survey results were compiled and organized into themes.
- Many organizations are doing more than one activity under one of the four pillars of Prevention & Education, Harm Reduction, Recovery & Rehabilitation, and Enforcement and Justice.
- Fifty percent of the service providers are addressing all substance addictions, not just focusing on one particular substance, but rather offering addictions programming and services for a number of substances.

- The three priorities identified in the survey results were a need for increases in: treatment services, public awareness, and provider/patient education.
- The next step in the strategy is to conduct focus groups. With the hotspots (priority locations with a high-density of opioid-related emergency department visits), being downtown Windsor and Leamington, a total of eight focus groups was proposed--four in each of these locations. The purpose of the focus groups is to obtain rich qualitative data to be used to respond to the local needs in our community. Gillian will be developing focus group materials and working with community partners to recruit participants. A research ethics review is also being completed before the focus groups can be conducted.
- A full report will be provided at the conclusion of the development phase of a formalized strategy.

5.2 Update on Opioid Report

- The only revision to the report was to the reporting of mortality. The report contains new numbers from the coroner's office. It also contains a graph of rates per 100,000 of population.
- There were 24 deaths in 2015 in Windsor-Essex--19 of those from the City of Windsor. Of the 24 deaths, 20 were among the 25-64 year-old working population. Deaths from opioids are 1.7 times higher in the City of Windsor than the provincial rate. It was queried how Windsor-Essex compares to other peer groups (London, Hamilton, Niagara). Dr. Ahmed to put forth the peer request comparison to PHO.
- The report will be updated next year as soon as new data is available. Data availability from the Ministry runs one year behind. This fall WECHU will have access to 2016 data.
- The coding of deaths is important. It was acknowledged that data is only as good as captured and reported. When there is a lack of standardization it can skew data.
- Narcotics Monitoring System data—the report will be shared when ready. The report will be provided from a treatment perspective. Drugs under the Narcotics Monitoring System are captured and broken down in a number of different ways.

6.0 New Business

6.1 Launch of Webpage

- G. Stager demonstrated the Health Unit webpage. Admittedly not very exciting yet, it is hoped that the webpage will house links to information/resources received from committee members. Upcoming events can also be added.

6.2 PHO Opioid Tracker/Tool

- M. Slifierz (WECHU Epidemiologist) demonstrated the tracking tool that was released last month by Public Health Ontario.
- The tool provides a quick snapshot of what is happening in communities/health units in Ontario. It provides absolute numbers and rates. It does not provide background information on why a specific drug, why the increase, etc. If there are spikes in the use of a specific drug it could mean one to two deaths versus a large number. There are many unknowns without background information.

6.3 Training for Naloxone Issuance by Police/First Responder Training Package

- This issue is being raised as a result of a query Co-Chair Krauter received for Essex-Windsor EMS to assist with Naloxone training.
- B. Krauter brought forward a number of concerns and recommendations e.g. EMS workers being assaulted upon IM administration of Naloxone--the need for administration in a more controlled environment, e.g. hospital ED; ensuring adequate training is being done. He would like to find out

what others are doing so that a consistent training approach can be developed including ensuring whoever is receiving Naloxone actually needs it. This may be helpful in developing a good training program for first responders.

- The training provided to the AIDS Committee of Windsor targeted unregulated professionals. It was a comprehensive training package prepared by public health for nasal use. A medical directive from the Acting MOH was used. T. Marentette (WECHU) offered to share it with the Committee. Anyone having a training package/information to share, it will be posted to the WECHU website.
- On July 13, 2017 OPP will have more information about their train-the-trainer program and whether a medical directive(s) will be associated.
- Bruce Krauter recommended Windsor EMS and the Health Unit work together to develop a universal training program to leverage funding and create a standardized approach for the community.
- LaSalle and OPP will be administering nasal naloxone. EMS is trying to move away from IM injection.

6.4 Peer on the Committee

- M. Graham recommended adding a peer to the membership as he/she would add much value to the committee having lived experience. She brought forward a couple of names. The committee supported the request. M. Graham to invite one of the prospects to the next committee meeting. She will forward the meeting invite. R. St. Denis to add the peer representative to the Terms of Reference.

6.5 Representatives from Narcotics Court

- There was a suggestion that someone from the drug courts team, perhaps the narcotics court Justice and the drug court prosecutor be invited to attend these meetings. Windsor Police to get input from the recommended drug court individuals as to how they would like to be involved and update the group.
- As an FYI, 'Crossroads' is being utilized by narcotics court as an alternative to jail time.

7.0 Next Steps

- WECHU will have a better idea for the next meeting of how it will be operationalizing components of the survey, e.g. focus groups, surveillance program.
- Members were encouraged to submit agenda items/issues for upcoming meetings.
- Peer Representative— M. Graham will forward the meeting invite to the prospective member. Her name will be brought forward to the committee and added to the Terms of Reference.
- Narcotics Court/Federal Crown—Windsor Police are to provide the Crown with a copy of the minutes and report back as to the level of involvement they are interested.

8.0 Questions

None.

9.0 Next Meeting: Late August or Early September. To be determined via Doodle Poll.

- Any related events/news/reports received throughout the summer that would be beneficial to the group can be sent to the Committee Secretary for sharing with the group. R. St. Denis to send out doodle poll.

10.0 Adjournment: 10:31 a.m.