

CORE

Community Overdose Response and Education

Meeting Minutes

October 24, 2018

1. Call to order. Acknowledging that the land we gather on is the unceded territory of the Syilx People – Wanda Duncan
2. Introductions- round table. In attendance: Wanda Duncan, Okanagan Indian Band (OKIB); Albert, Peer w/Lived Experience; Holly Flinkman, District of Lake Country (DLC); Ginger Nickoli, ARC Programs; Tanis Stoltz, District of Lake Country (DLC); Cameron Holloway (RCMP); Steve Windsor LC Fire Department (LCFD); Corinne Dolman, Interior Health (IH); Megan Ross, Lake Country Health Planning Society (LCHPS).

Regrets: Clary Lausnes, All Are Family Outreach (AAFO), Brent Penner (LCFD)

3. Explanation of Grant- Megan
 - a. Breakdown of grant: the purpose of this grant is to support overdose prevention and response efforts in Lake Country
 - It needs to be community directed and led to address local needs
 - Has to have an emphasis on actions to reach people using substances alone.
 - b. Deliverables: We have **3 deliverables**.
 - A Coordinated Community Overdose Response Plan. Ideally, a person can walk in off of the street to any of our organizations, ask the same questions, get the exact same info, and get the help that they are seeking.
 - A Community Awareness Campaign. This campaign is designed to educate, reduce stigma, provide compassion, create a supportive environment, and ultimately increase access to services.
 - Harm reduction services. LCHPS is in the process of hiring a harm reduction worker and OKIB is providing one of their Drug and Alcohol Counsellors. They will work together to provide 1:1 outreach, education and supports, as well as assist in the design and presentation(s) of the Awareness Campaign. Also to hold Naloxone kit group trainings. For Youth- or for whomever is interested. Collaboration w/OKIB to ensure all activities are culturally appropriate and relevant
 - c. Timeline: Short timeline to produce all of this. Grant is finished as of August 31, 2019. Read through timeline given to group.

d. Questions about anything?

Question regarding stats in Lake Country of people accessing medical services due to overdose. Does Interior Health include the Duck Lake Reserve in the LC numbers? Important to know as many of the organizations at the table serve anyone living north of Duck Lake. Technically they have Kelowna addresses, but are served by this community.

ACTION ITEM: Wanda to check with FNHA- Jennifer May-Hatford. For numbers on Duck Lake Reserve

ACTION ITEM: Corinne to find an epidemiologist from BCCDC to bring to the next meeting for confidential sharing of stats that they have for Lake Country, and to find out what parameters they used.

General Group Discussion:

- Overall, it can be seen that trust is key in this type of situation. That stigma and shame are huge barriers for people in seeking supplies or information. Idea brought up of having a “buddy” system; having a trained advocate (peer w/lived experience) that goes with people to help then navigate the system or even to go with them to get a Naloxone kit or other info that they require. Makes it easier.
- Phone in number: for people to call instead of going in? One phone number for access to a substance use worker. Important part of combating the shame is to get the help you seek the FIRST time, and not have to tell your story repeatedly. Only having one stop helps overcome a barrier.
- Question around an App to target people using alone- some are developed by private companies and not endorsed provincially. Not all are the same. Fraser Health and Vancouver Health are working on an app currently. Idea is that a person using alone logs in and taps on it regularly- if they don't, emergency services get sent to their house. Not ideal but one more piece of the puzzle. Person has to be high functioning though.
- Also drug checking- for people who are worried about their drugs. Urine strips are used and they only test for Fentanyl. It has to be done with a health professional. Doesn't test for Carfentanyl though. Also, just because it tests positive it doesn't mean that the person wouldn't use it. At Festivals- this is where they are having successes with this type of intervention. Somebody who is opioid dependent won't throw out their drugs just because they test positive, so this is a less successful intervention type.
- OAT: Opioid Agonist Treatment: Suboxone (first choice) prevents a person from overdosing and is protective when they are trying to come off of an opioid dependence. Methadone is another OAT that can be used. We need to get people the info that this is available to them and have a way for them to get there. Access is key. Address the issue of transportation here in LC. Have to be able to go to a pharmacy every day. Will the pharmacies out here carry it? Do they already?

ACTION ITEM: Megan to find out if the pharmacies here are dispensing Suboxone and Methadone.

ACTION ITEM: Megan to connect with local Pharmacists to see if they are willing to sign up to be a site in order to dispense Naloxone for free and connect them w/Leslie Coates if they do.

- OAT's are covered if you are on Income Assistance and signed up for MSP but if you are employed it's about \$18/day. There is coverage for medications for people who don't have funding to help get an OAT.

ACTION ITEM: Tanis to look into if OAT usage is covered by employee plans.

- Discussion that we need to really examine and address what the barriers are in LC.
- Discussion around Community Practitioner/ Paramedics who check in on people with medical issues (diabetes etc.) in their homes. Program started in the last 6 months through BC Ambulance. Could this be expanded or applied to people with a known opioid addiction to help reach people using alone?

ACTION ITEM: Megan to ask if Superintendent of EMT's could come to meetings. Could we start a community paramedic program here?

- Might be an opportunity to leverage the Public Health side of things
- Education piece: show people- here's the different types of drugs, what they should do, how they are manufactured and what to do if you see signs that a drug is behaving differently. Prevention piece. Not going to take on the School Board at this point, but we can do campaigns around seeing and recognizing the signs. EDUCATION IS KEY.
- Possibly we could incorporate stories from people who have lived through a loss and get them to share them in the schools. Similar to MADD efforts to decrease drinking and driving.

Added to Agenda: Evaluation: how do you think we should evaluate our efforts? Focus on the utilizations and outcomes? Document the utilization: How many kits we give out? Report on the number of sessions we hold? How many people attend? That way we can say we reached out to ___ number of unique individuals. We need some kind of evaluation, because it's helpful moving forward. We need to think about how we keep this living beyond the end of the grant.

- a) Answer: Could look at the number of people on an OAT compared to other communities, and track the saturation of Naloxone kits. Are they on the upswing? They would be reflective of measures of our C.O.R.E.

ACTION ITEM: Corinne to pull data on how many people are going to the pharmacies to access Suboxone and Methadone. Naloxone use and access to OAT's are good measures.

- Risks of being incarcerated- there are no physicians on site when people are going in. Local cells have trouble with no health care being provided, especially if someone is put

in over a weekend. People are withdrawing in cells or overdosing in cells. Flagged as an issue/concern. Best practices for correctional settings. Coming out.

ACTION ITEM: Corinne to share this document when it comes out.

- Us and Them: could we screen it here in LC? Ask Gerard about it.

ACTION ITEM: Megan to contact G about it.

4. Terms of Reference: Group determination of Terms of Reference.

Purpose, Deliverables, Membership, Working Methods, Meetings, and Confidentiality discussed. Decided that we would have “in camera” sessions for confidential materials; this type of info would be kept out of the minutes, but the rest would be public. Decided also that we would use a consensus model as much as possible for our group, but would use a majority vote as required, in recognition of the fact that we have little time for this grant and need to get things done.

- Teleconference options: something we can look into if people can't physically make a meeting
- Group consensus that contact list should be made public to the Project Team. Megan to cc everyone in next email, so that contacts are available.

ACTION ITEM: Megan to put together terms of reference for review at next meeting.

ACTION ITEM: Megan to remind people of confidentiality “in camera” items as they come up at meetings.

ACTION ITEM: Megan to keep minutes available to the public, via LCHPS website.

- a. Are we missing anyone at the table? Yes. Would be good to have Physician and Pharmacists at the table too. IH is leaning toward integrating Suboxone and Methadone prescriptions into Primary Health Care, having their voices at the table is crucial.

ACTION ITEM: Megan to ask Physicians and Pharmacists to the table.

5. Set date of next meeting: **Wednesday, November 28th, 2018 10am**. District of Lake Country, Winfield Room
6. Adjournment: 11: 33 am