

CORE
Community Overdose Response and Education
Meeting Minutes
November 28, 2018

Call to order. Acknowledgment that the land we gather on is the unceded territory of the Syilx/Okanagan peoples.

- Roll call and introductions- round table. Corinne Dolman, Wendy Jewel, Cam Holloway, Steve Windsor, Holly Flinkman, Brett Penner, Darlene Taylor, Lesley Coates, Ginger Nikoli, Megan Ross
- Not in attendance: Wanda Duncan, Silvina Mema, Logan McNeil, Sana Shahram
- Regrets: Steve Fair, Arnold August, Clary Lausnes, Courtney Mueller
- Approval of minutes from last meeting: Motioned by Corinne; Seconded by Cam. All in favour; minutes approved.
- Agenda- any additions? No

New Business/Discussion

Darlene Taylor- UBCO Evaluations. Introduction from Megan; Darlene met LCHPS employee at one of the CAT meetings where she heard about the project. Darlene lives in Lake Country and wished to be a part of it. Darlene: Open to hearing what kind of evaluations we want for this project. Had a discussion with Megan already around what kind of components we might want/need: conduct a survey around the community around stigma. Measuring stigma before and after interventions. Agreement that stigma is a critical aspect to the overdose crisis.

- Awareness of substance use services and distribution of Naloxone might be another thing to consider surveying.
- Are we wanting to know from the general population or from People who use substances? Families?
- Another thing to track maybe is if we are able to reduce the incidence of overdose in LC? Considered one of the higher risk communities given its location. LC is low in resources; makes it difficult for people to access the services they need.
- **ACTION ITEM:** Darlene will put some things in writing and get them out to the team.

UBCO Bachelor of Management Introduction to Marketing Class Opportunity- do we want to partake? Explanation of project to the team. Team thought that students can take one aspect- pamphlet or poster (something small), not the whole marketing project. Good to use them, but vetting of what they produce is really important- too many common place ideas and language that is used – we don't want it to be stigmatizing. Megan and Holly to work with Corinne and Lesley on this. Make sure it is usable, non-stigmatizing, and what we need.

- Discussion around what it should look like. Something discreet, easy to grab. With links to a webpage for further info perhaps. Business card size?
- Pamphlets, like the homelessness one produced by LCHPS and the DLC. We could edit it to add what is missing. No need to recreate the wheel.
- But perhaps have a simple brochure on its own for those people who are not experiencing homelessness. Discussion around how pubs/bars and restaurants should carry kits. And posters. This should be part of the education program- more like part of a first aid kit. What about vending machines in the bars? Tampons, Naloxone kits.....not probably legal? There's been discussion around this but there is issue with having needles being dispensed at a low cost- access too easy for other intentions.
- BC Coroner's report: people who are dying, males who are in their 30's, working, and in their own homes. Need to be mindful that we need to reach people using alone.
- LCHPS HR coordinator to work with Lesley to bring back a proposal to the group. Could we look at an app? Quick link to a video? Consider it. Some are out there. Webpage may be friendlier. Add a link into existing websites (DLC, LCHPS), and to the provincial websites. Building links and local aspects- get it together for a one stop shop.

Terms of Reference- consensus that the Chair will check in and review that we are following our Terms of Reference. **ACTION ITEM:** Megan to amend this in the TOR before sending out. If we are getting it right, no need to do more. Motion to accept them as amended from Wendy. Darlene seconds this motion. Group discussion: A few minor changes. Should be Dec 2018, not 2019- check dates and change on TOR. All in favour to accept motions as amended? Motion Accepted.

Old Business/Action Items

Stats sharing from OKIB and IH re: Number of people accessing medical services due to overdose –Wanda and Corinne. Wanda not at meeting. Corinne asks to move this item to the end and will address during presentation.

Pharmacists and physicians to the table- update- Megan. Shoppers is dispensing Suboxone and Methadone and Naloxone kits for free.

- **ACTION ITEM:** Megan to follow up with the other pharmacies. Gently work with them to support them if they aren't already dispensing Suboxone and Methadone. There are challenges; but it is essentially a human rights issue if they aren't; we don't choose to give people other lifesaving medications or not, we just do. Pharmacists should know that they don't have to have someone sitting in the store for 10 minutes anymore. Numbers in LC will be small, so it shouldn't matter as much as it might to some of the businesses that have larger numbers, but they should still know.

iOAT usage covered by employee plans? iOAT = hydromorphone, which is not available yet. OAT – Suboxone and Methadone- are they covered by an extended health plan? Tanis not at meeting to speak to this. **ACTION ITEM:** Holly emailed the District's Health Plan Provider. Holly to share the results of this at next meeting.

- Plan G- if a person makes under \$40,000.00 they are covered. Most health care providers cover OAT's to a certain extent. The only gap- for those who are employed, make over \$40,000 and don't have coverage. Can be very expensive- \$15/day. Why so much? Witnessing of the dose is very expensive. This is done to ensure that people aren't diverting it. Methadone is much more likely to be diverted. Suboxone is less likely to be traded. Could depend on the plan too, whether it is covered or not. This could be another strategy to look at- getting plans to cover OAT Therapy more.
- This could be another opportunities to reduce stigma; to advocate with health care plans and MSP that OAT's be covered. Should really be covered by MSP but isn't.
- Who can write prescriptions for OATs? Nurse Practitioner can write prescriptions. Training for doctors' available to write prescriptions for OAT's. Another avenue we need to pursue is encourage Primary Care Physicians to write these prescriptions. They opt out by not taking the training. It would be best if we could know doctors at both clinics were writing prescriptions.
- **ACTION ITEM:** Megan to follow up with the doctors and find out if they are prescribing OATs.
- **ACTION ITEM:** Megan to keep trying to get them to the table!!

EMT's at the table- update- Megan. Steve would like to be a part of the project but has time limitations that makes it difficult. Steve would like to remain in the loop and receive meeting minutes and updates. As per Steve's email in response to Megan's question, Steve said that "BC Ambulance has launched a Community Paramedic Program. It has started with remote, and very rural communities. As such, this program is not in Lake Country. BC Ambulance has also embarked on a program of "Take Home Naloxone Kits". The goal is to replace Naloxone kits

that have been used by the patient or bystanders during an overdose event. This program has moved from a trial phase, and it now moves to the Provincial implementation phase. I do not have a firm date yet.”

Corinne and Lesley from IH present: Overdose Epidemiology. Stats don't include the Commonwealth/ILR #7 area. This is about 3000 people and growing. BC Coroner's website you can find more info on provincial and regional stats- or go to the IH website and click on the overdose emergency button, it will take you there.

- Suboxone is considered first line of treatment. If it's not successful, then Methadone is prescribed. Suboxone you have to go into withdrawal first, and some people cannot stand this. This is when Methadone is prescribed. Trying to get it so that the ratio of people on Suboxone is 80% and those on Methadone is 20%. It is a highly protective medication and helps saves lives, which is ultimately our goal.
- Questions around mode of ingestion and numbers of women who are overdosing. IH to look into these stats.

Next meeting: Wednesday, January 23rd. 10am. **ACTION ITEM:** Megan to book room and send out meeting request.

Meeting adjourned: 11:41am