

## AIRN Blended Leadership Committee May 11, 2017 from 9:30 – 10:30 AM Atlantic

**In attendance:** Marni Amirault (CAAN & AHA Centre), Larry Baxter (Community), Stacey Burns MacKinnon (PEI DHW), Angele DesRoches (AIDS PEI), Julie Dingwell (Co-Chair, AIDS SJ), Lois Jackson (Dal), Susan Kirkland (Co-Chair, Dal), Michael Liddell (Community), Jeanine McNeil (PHAC), Michelle Proctor-Simms (NSACA), Gerard Yetman (ACNL)

**AIRN Staff:** Caroline Ploem

**Regrets:** Greg Harris (MUN), Jo-Ann MacDonald (UPEI), Cybelle Rieber (AIDS PEI – Angele instead)

**Absent:** Diane Bailey (Mainline), Jacque Gahagan (Dal), Gerry Mugford (MUN- Sabbatical), Julie Thomas (HON)<sup>1</sup>

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## MINUTES

- 1) **Welcome and Check-in (Susan)** – *Note: This item consumed most of the meeting as we got into a lengthy discussion about the opioid crisis and the response across the region.*

Susan welcomed everyone and asked members to check-in with any updates or items they would like to flag for the group.

✓ **Action: Going forward, Caroline will resend the Zoom link by email 5-10 minutes prior to meetings.**

- **Jeannine (and Alex)** – Alex Thomas is a summer student with PHAC and will be shadowing Jeannine for the next few months. He just finished his undergrad at Acadia and will be starting Med School at McMaster in the fall. Alex will be working closely with PHAC on some of the connections they are trying to make with Friendship Centres across the Atlantic.
- **Larry** – Busy with a couple of research projects on patient engagement in the Halifax area. Also involved in a national project exploring self-management with the HIV community.
- **Michelle** – The Harm Reduction Working Group has been consuming a lot of time (see Item 5). She has also had some preliminary one-on-one discussions with NSHA and DHW regarding guidelines for testing, counselling and referrals for HIV and other STBBIs. This will hopefully inform a larger stakeholder meeting in the fall.
- **Julie** – AIDS SJ has raised funds to buy 40 naloxone kits and have provided training and kits to 25 community partners. Next week they will be providing training and kits to peer helpers. She is frustrated that the province of NB has formed a committee to look at the issue of fentanyl without consulting the community. They have appointed Matt to look at the issue in Miramichi and Debbie Warren to sit on resource committee. AIDS SJ has not been invited.

Julie feels that best practices are already available. Making naloxone widely available in the community is what is needed. There are currently 25 kits out in the community and they are encouraging other community groups to purchase the kits through pharmacies. At this point, Julie does not feel that there is anything AIRN can do to help.

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<sup>1</sup> ACNL=AIDS Committee of Newfoundland and Labrador; AHA Centre=Aboriginal HIV & AIDS Community-Based Research Collaborative Centre; AIDS SJ=AIDS Saint John; CAAN=Canadian Aboriginal AIDS Network; Dal=Dalhousie University; HepNS=Hepatitis Outreach Society of Nova Scotia; HON=Healing Our Nations; MUN=Memorial University of Newfoundland; NSACA=Nova Scotia Advisory Commission on AIDS; PHAC=Public Health Agency of Canada; UPEI=University of Prince Edward Island.

- **Michael** – Attended the CAHR Conference in May as part of the scholarship committee and volunteered to work with Michael Bailey to cover the Basic Science Track. This was very time consuming and challenging. Susan and others complimented him on his reporting back. He is concerned about what is happening on the national front for PHA engagement. CAS (Canadian AIDS Society) will soon be holding its forum for PLWHIV but they have had to change the date and location, and the announcement of scholarships awarded has been delayed. With the end of AIDS exceptionalism, Michael thinks this could be the last large-scale meeting of PLWHIV.

Michael's name has been put forward for the CPPN Board and he is planning to attend the Direction 180/Mainline event in June, wanting to engage in harm reduction work in this region.

- **Gerard** – They are in the midst of the opioid crisis, with 18 overdoses and 3 fatalities in the last two weeks. Since December, they have been working closely with the Minister of Health and the 4 health authorities. They have brought in 1200 naloxone kits and have opened 89 access sites across the province, including Labrador. They did training 3 weeks ago and all of the sites have kits.

The Minister formed a Ministerial Committee and is launching ongoing plans for naloxone to be provided by the government. They will soon be fully launching a provincial response to the fentanyl crisis.

They are also working closely with law enforcement and the prison system. All law enforcement personnel now have naloxone kits. They have had 2 overdoses in prisons – all guards have been trained and are carrying naloxone.

ACNL is also working closely with the Point of Care Testing in pharmacies project led by Debbie Kelly and it is going well.

**Additional details based on questions from ABLC Members:**

- Minister funded ACNL to work with the 4 health authorities. ACNL has worked with the health authorities and community organizations in the various areas to establish sites where people can go to access naloxone. Sites include health clinics, women's centres, youth centres, church basements, etc. Pharmacies are not yet involved – looking at how pharmacists could be compensated for their time.
- When clients first come in for a kit, they watch a 15-20 minute training video. Once the kit is used, they can go back to the site and replenish their supply.
- All 1200 kits have been distributed to the 89 sites for people who use drugs (Phase 1). Phase 2 will start in a few weeks, with the government bringing in another 3000-4000 kits for these sites. They are also looking at a long-term strategy of having kits in all schools, group homes, and youth programs (NL has a very young drug using population).
- Will be launching a provincial communication strategy in a few weeks, including a commercial warning people about fentanyl and how to access naloxone kits. The strategy includes radio ads, billboards across the island, and the distribution of ~3000 posters.
- Evaluation is central to this initiative through the large Ministerial Team (including the Eastern Health Research Department). Tracking measures are in place at all the sites—e.g. Non-identifying information is gathered when clients pick up a kit and when they return the kits (e.g. When/how was the kit used? Was 911 called?)

The province has also set up a tracking database through hospitals and ambulance services to gather info on overdoses. The labs are also set up to test blood to determine what drugs are being used.

- The 89 naloxone sites don't actually give out safer drug use supplies (e.g. needles, cookers) but they are located in communities that do have satellite SWAP (Safe Works Access Program) offices. SWAP is a program of the ACNL and has two offices, one in St. John's and one in Corner Brook. These offices in turn have 20 satellite sites that give out safer supplies. They can also send supplies to anyone through Canada Post.
  - Naloxone sites were determined on the basis of where people were comfortable accessing the kits. In some communities, it is a church basement; in others, it is family physician, a health clinic, a community agency, etc.
- ✓ **Action: A blog post will be written for the AIRN website. Gerard noted that a full-time consultant has been hired to work with the Ministerial Committee on this project and that he would work with her to get something to us.**

**Additional comments/reflections on the NL experience:**

- NL is very fortunate to work closely with the Minister of Health (Dr. John Aggie) and Medical Officer of Health (Dr. David Allison) both of whom are very supportive.
- ACNL has adapted CATIE's 5-week Hepatitis C Training Program and have been doing "Hep C Road Shows" for the past 2 years. They have trained 150 front line professional in hepatitis C care, treatment and support in Western Newfoundland and Labrador. In June, they will be focusing on Central and Eastern Newfoundland and have another 150 frontline workers and physicians registered.
- This is a great example of how the community and public health system can work together. It is also a great example of political will. Gerard noted the high level of support and funding they get from the provincial department of health (\$700,000). They have people in levels of power that really understand the situation.
- One of the things we need to tackle within the region is that injection drug use and the opioid issue should not be held up by politics. NL established a full-party committee that came up with a list of 52 recommendations for what needs to be done in terms of mental health and addictions. All of these recommendations will be addressed and they have put aside **\$500 Million** to do so!

Having heard from Julie and Gerard regarding the situation in NB and NL, Susan asked members from PEI to provide an update. The update from NS is covered under Item 5 below

- **Angele and Stacy:** Naloxone is carried by first responders on PEI (police, ambulance, and firefighters). Until recently, the kits were not available through pharmacies. Some (at least one major Pharmacy chain – Murphy's) have recently started selling the kits for \$35 and providing training.

The kits will soon be available for free at the needle exchange sites. They are not sure yet how many kits will be available, as they will be starting with a soft launch and building from there. The province is looking at having the opioid strategy out to key stakeholders and community members for feedback by the end of May.

**2) Review and Approval of Current Agenda and Minutes from March 9<sup>th</sup>.**

Not covered – bring to next meeting.

### 3) PHAC Update (Jeannine)

- Jeannine reported that the transitional funding has gone out, while acknowledging that some groups are still waiting for their contribution agreement from the CAF. In the past, contribution agreements have gone out through the regional offices, now they are coming through the national office. She acknowledges that it is a difficult situation for people, wishes she had more news to share, and is continuing to follow up.
  - As part of the upcoming CPHA Conference, PHAC's Interim Public Health Officer (Dr. Theresa Tam) is hosting a lunchtime town hall session to talk about primary prevention and Canada's opioid crisis. It will be held June 6th at the Scotia Bank Centre. Jeannine will share the info once the agenda is finalized.
  - Susan noted that it is encouraging that the opioid crisis is at the forefront of not only community groups, but provincial and federal governments as well.
  - Jeannine noted that the communications folks at PHAC scan the media daily about Canada's opioid situation and share info with the regional staff.
- ✓ **ACTION: Jeannine will share the info about the CPHA Conference session once the agenda is finalized.**

### 4) AHA Centre/CAAN updates (Marni)

- Marni was congratulated for the funding of the second iteration of the AHA Centre. They are looking at calling it "AHA Centre 2.0" and are busy wrapping up the first iteration and getting going on the second. They have kept a lot the same, but have made a lot of changes as well.
    - Will be new committees advising on capacity building and knowledge translation.
    - Have paired their objectives down from nine to five, which is more manageable. They include: (1) Indigenous Ways of Knowing and Doing; (2) Communications; (3) Knowledge Translation; (4) Partnerships; and (5) Support/Mentorship.
  - The Wise Practices, CAAN AGM and Skills Building event has been set for Calgary for Sept 25-28/17. Will be a bit different this year by combining research and programs. In 2015, they hosted the Wise Practices gathering after the AGM. This year, there will be two concurrent streams happening throughout the conference.
  - Their journal is in translation with the production of 5-6 articles—i.e. 3 articles on hepatitis C, one literature review on KT, and one on stigma.
  - Marni is a new member of the CHARAC Committee. They will be meeting June 8-9 in Regina and will be focusing on CBR.
- ✓ **Action: ABLC members to let Marni know if there are any CBR-related issues she should bring to CHARAC.**

5) **Toward a Provincial Model for Needle Distribution and Disposal (NDD) and Safe Consumption Sites (SCS)** – Grant from the Provincial Harm Reduction Working Group (Michelle & Susan) - Update & Next Steps

- Michelle reported that the Opioid Action Plan consists of 7 working groups. Two of these groups have received funding for 2017-2018 — i.e. Harm Reduction Working Group (HRWG) and Naloxone Working Group (NWG).
    - Through the work of the HRWG, the province has provided funding to stabilize the three needle exchanges (i.e. SANE, Mainline and NHCS). All have seen increases in funding. The focus of the HRWG is needle exchange and safe consumption sites.
    - Through the work of the Naloxone Working Group, funding has been provided for increased training and distribution of naloxone.
  - The province has provided funding to AIRN to prepare a report with recommendations for a preferred provincial model for 1) Needle distribution and disposal services & 2) Safe Consumption Sites. They have worked with AIRN and others to develop a Statement of Work (SoW) and draft guidelines for a steering committee.
    - The SoW includes an environmental scan and literature/jurisdiction review. We are being careful to align ourselves with Lois' proposal so that we do not duplicate. The work through AIRN will have a provincial focus and gain the perspective of clients from outside Halifax and Sydney. The stakeholder perspective will be from the higher provincial level. The report from AIRN will be due in September to inform the 2018-2019 business case.
  - The last HRWG meeting included a discussion about engaging the first voice expertise and a model for compensation. This expertise would not only be for the HRWG but also for the other groups involved in the Opioid Action Plan.
    - After the conversation, Elaine brought the idea of a provincial panel of first voice experts to the leadership committee. We have HAND-UP, but they are based in Halifax, so there is a need to build on that. The idea was very well received and the framework and compensation issue will be on the agenda for the next HRWG meeting.
  - The Steering Committee for the preferred provincial model is being pulled together. It includes representation from DHW, NSHA, academic researchers, community groups, and people with lived experience. The first meeting will be held in May, and will be focussed on clarifying expectations, roles, and compensation for committee members with lived experience.
  - Lois added that the idea of the first voice expert committee came out of the feeling that first voice representation is often seen as tokenism. The group wants to reverse that by ensuring that a diverse group of first voice individuals is part of this work and really seen as the “experts”.
  - Michelle is encouraged that there could be some means found to actually compensate people with lived experience for their expertise and time.
  - There will be a need in the future to properly integrate the work of all aspects of the Nova Scotia Opioid Plan so that we can maximize resources across the province. The 7 working groups are currently generally working in isolation.
- ✓ **Action: In addition to the blog, AIRN will host an open teleconference to allow a wider audience to hear what is going on in the Atlantic Region and to contribute to what is going on in their area. It will be held after the Mainline/Direction 180 event so that we can incorporate some of that information and build on it.**

**Note: None of the agenda items below were discussed. Members were encouraged to review on their own.**

6) Funding Applications Submitted and Under Development (Updates)

a) Recent Decisions (since April/17)

- CIHR CBR Funding Application: General Stream (2018-2022, \$1.5 M, PI: S. Rourke)— *Funded*
- CIHR CBR Funding Application: Indigenous Stream (2018-2022, \$1.5 M, PI: R. Masching) — *Funded*
- CIHR Centre for REACH in HIV/AIDS (REACH 2.0 Objectives) : *Moving towards a wider range of harm reduction services in Nova Scotia (2017-2018, \$30,000, PI: L. Jackson)*

b) Pending Decisions:

- Public Health Agency of Canada: HIV and Hepatitis C CAF (Decision: TBC/17)
  - *Ending HIV Stigma in Canada: Adapting & Applying Contact-Based Interventions (REACH)*
  - *Interagency Coalition on AIDS and Development (ICAD) – For strategic partnership with the Canadian Positive People Network (CPPN)*
  - *Building capacity of community-based organizations across Canada to provide supervised injection services for people who use drugs (Dr. Peter Centre)*
- NSHRF Establishment Grant “*New Technologies and HIV/AIDS: A critical inquiry into pharmaceutical sex and the culture of gay hookup apps*” (Matt Numer) (Decision: July/17)
- CANFAR Innovation Research Grant competition “*HIV Point of Care Testing in Community Pharmacies*” (Debbie Kelly) (Decision: August/17)
- Canadian Blood Services “*ACB and MSM – it’s not an oxymoron: A research project that explores the importance of ACB people (cis and trans) in MSM blood donation research*” (O. Dryden)

7) Current and Upcoming Research Funding Opportunities (links included below)

- CIHR Centre for REACH in HIV/AIDS (REACH 2.0 Objectives) – Ongoing
- [Team Grant : HIV/AIDS Comorbidities Prevention and Healthy Living](#) – LOI Deadline: June 20/17 with full application due Jan/18
- [NIH \(International\) - Multidisciplinary Studies of HIV/AIDS and Aging](#) – Next deadline: June/17
- [Team Grant : HIV Implementation Science Component 2](#) – Deadline: August 22/17
- [Catalyst Grant : HIV/AIDS Community-Based Research \(2017\)](#) – Deadline: October 3/17
- [Operating Grant : HIV/AIDS Community-Based Research \(2017-2018\)](#) – Deadline: October 3/17

8) Ongoing Research Projects

- “The Canadian HIV Stigma Index CBR Project” (Francisco Ibáñez-Carrasco)
- EVALUATE THIS! 2017: A Pilot Flipped Workshop (Caroline)
- “Halifax Area Network of Drug Users” (HANDUP) (Cindy)
- Catalyst Grant: “Moving Beyond Piloting POCT: A Social Ecological Exploration of Barriers and Facilitators to Scaling up HIV POCT in Canada” (Jacquie)
- Trans Priorities Project (Caroline via Zack)

- “Grinding Against HIV Prevention Discourse: A critical exploration of risk among user of mobile gay cruising apps” (Caroline via Matt Numer)
- “A New APPROACH to HIV Testing: Adaptation of POCT for Pharmacies to Reduce risk and Optimize access to Care in HIV” (Caroline via Debbie Kelly)
- Others?

9) Recent/Upcoming Conference Presentations

- Canadian Association for HIV Research (CAHR – Montreal – April 6-9/17):
  - *Reducing Harms for People Who Use Drugs in Atlantic Canada: The Need for Enhanced Harm Reduction and Innovative HIV/STBBI Testing Services* (Kirkland S. et al.)
- CANAC 2017 25th Annual Conference (Regina – May 4-6/17)
  - POSTER: Piloting Point-of-Care (POCT): Examining the Impact of Inconsistent Availability of HIV POCT on Provider’s Training and Client Access (Gahagan J., et al.)
- Canadian Public Health Association (Halifax-June/17):
  - ORAL: *Evaluation of Mainline Needle Exchange: Implications for Atlantic Canada’s Harm Reduction Landscape in the Context of a Changing and Growing Opioid Epidemic* (Kirkland, S et al.)
  - SYMPOSIUM: *Public Health and Harm Reduction: Current Challenges and Future Needs* (Jackson, L. et al.)
  - Others?

10) Anything else?

**Next meeting:** Scheduled for Jun 8<sup>th</sup> from 9:30 – 11:00 am – ***Need to reschedule (event conflict).***