

June 30th UPHNS Community of Practice HUB Video Call Minutes (10-11am PST)

Number of Attendees: 51

1. Welcome to the HUB Community of Practice (CoP)

- The Community of Practice is officially called the Urgent Public Health Need Site (UPHNS) Community of Practice HUB, but easier to refer to as the HUB
 - Aimed at providing space for knowledge sharing related to overdose prevention sites (OPS) and harm reduction in the context of COVID-19 and establishment of new emergency shelters
 - The HUB is facilitated by staff working at the Dr. Peter Centre
- Dr. Peter Centre (DPC) has been working in harm reduction and supervised consumption for 18 years. Until the legal exemption four years ago, the DPC offered supervised injection under provincial nursing scope of practice. Over the past three years, DPC has been involved with Public Health Agency of Canada funding groups, including leading a Community of Practice for SCS/OPS service providers along with a project related to knowledge sharing on injectable opioid agonist treatment (iOAT)
- COVID has created drastic changes and a suite of new challenges and opportunities for organizations across the country
- The HUB is a place where:
 - You can join if you want support in opening an OPS due to COVID
 - Experts around the country engage in open discussion, share resources, connect with others, and learn from one another
 - Registrants can access information in a central space
 - The focus is on practical solutions rather than theory, which could include work policies, advocacy, or direct work
 - We evolve according to needs
- The HUB is not/does not:
 - Not a taskforce that will go to organizations to solve individual issues
 - Not a funding body with financial resources for registrants
 - Does not have the power to directly change the views, attitudes, and behaviours of various certain individuals/groups in any given area (e.g. specific health care professionals, businesses, etc.)

2. Information about Video Calls

- Current plan is for video calls to occur every other Tuesday at 10-11am PST. The next two calls on July 14 and 28 are set. Moving forward there may be flexibility in the scheduling (this will be informed by the needs of the group).
- Calendar invites will be sent with reminder emails leading up to each call
- A Terms of Reference is being developed. Once complete it will be sent out to the entire group and published on the UPHNS website

3. Open Discussion with Guided Discussion Questions:

- Guiding Discussion Questions:
 - What are some challenges that your service has faced?

- Within the context of the CoP, what is the most pressing need for your organization?
- Discussion Content:
 - An organization, alongside its partners, has set up two hotels in response to COVID's impact of people experiencing homelessness. One hotel is for individuals and families who have COVID, and the other hotel is for people under COVID investigation. An integral part of the hotels are peers, who build rapport, help with anxiety and isolation, provide harm reduction supplies, witness people using, and respond when emergencies occur. The number of people using the hotel is significantly lower than expected (as a result of folks not wanting to stay in these shelters), so the organization is now figuring out the future of these two hotels.
 - Drug supply is increasingly toxic and amid COVID, there are more overdoses with the curtailing of other services. In Toronto, there has been more overdoses recently than in 2017, which was once the peak year in the city for overdoses.
 - War on drugs and stigma impacts people's forthrightness of substance of choice, so some organizations are finding it difficult to support individuals who are not comfortable disclosing what they are using
 - There's been use of Urgent Public Health Need Site designation to extend services into the community, especially in shelters. This is how more established services have been able to expand to support changes caused by COVID.
 - Need to find the location of where people are during COVID to increase accessibility of services in certain locations.
 - Every province has class-wide exemption until Sept 30. Uncertainty of what this looks like afterwards as people get used to the new service in the community and then it is gone. The application for a federal exemption is approx. 3 weeks, so should organizations start preparing for that?
 - **Our Health Canada colleagues will be exploring this and then provide an answer and we will update the group when that is available**
 - There is a lower uptake of services in Vancouver right now. There is worry that when CERB funding ends, the situation will worsen as there will be a higher drug tolerance and more money owed.
 - Need to balance the urgency of opening UPHNS with overall longer-term sustainability by engaging stakeholders and the community prior to deciding the location of sites.
 - There has been an influx of people seeking services in smaller municipalities/communities because individuals are leaving larger cities such as Toronto where there is more COVID exposure. This has led to issues around supplies, inventory, and space.
 - Other communities where homelessness was not seen as an issue are now experiencing visible homelessness. There has been an increase of individuals sleeping outside, including those who have never been homeless before. Access to transportation is difficult in smaller communities because of COVID.
 - LGBTQ+ and racialized individuals are impacted the most. Data on LGBTQ+ and racialized individuals is needed to understand impact

- Ways that organizations are using their UPHNS status: fixed site, mobile outreach van, drug checking at festivals, peer assistance. Class exemption language is somewhat open to interpretation so there is flexibility on how it can be used.
- The group discussed a lot about the potential that virtual spotting practices could have in places like emergency shelters or in smaller communities where people are sheltering from COVID
 - There is a webinar at the end of the month with Dr. Peter Centre and Matt Bonn on virtual spotting. Information on this webinar will be sent out to HUB participants and posted on the website.

4. **Overview of Hub website and some stats**

- 108 registrants to the HUB with representation across country. The greatest representation is seen in Ontario, then BC, then Quebec. There are peers, health care professionals, community organizations, and different levels of government. The diverse make-up of the Hub will be a strength as we believe it will lead to knowledgeable discussion.
- Based on data, registrants are interested in a variety of topics for this group. The top interest is in policies and procedures.
- Visit the Hub website for presentations developed by the Dr. Peter Centre and for links to various other materials produced by other organizations across the country. Online trainings are being developed by Clem and Matt (who will also deliver them). The website will be continually updated. We are endeavoring to provide as much material on the website in both official languages (though some resources will only be in English or French). You can message the Dr. Peter Centre staff looking after the HUB using the “contact us” on the website.