## UPHNS HUB Video Call Minutes

September 8, 2020

## Topic:

Patti Johnson presenting on Housing Overdose Prevention Site evaluation

Patti is a nurse at the BC Women's Hospital and did her nursing fellowship in addictions. She worked at VCH exploring the efficacy of Housing Overdose Prevention Sites (HOPS) and peer witnessing services through a quality improvement evaluation project.

Please see Patti's presentation slides available at: https://uphns-hub.ca/wpcontent/uploads/2020/09/HOPS-Presentation.pdf

- HOPS are onsite OPSs located within a residential building (often single room occupancy [SRO] locations related to social housing programs)
- Overdoses are affecting every region in BC and residential overdose rates have remained same (at a very high level)
- 5 locations in Vancouver's Downtown Eastside (DTES) were chosen. Locations ranged in size and all had peer support workers
- Interviews with individuals were 10-15 mins long. One key observation was that not many youth (and some individuals) had lived in SROs for a long period of time and therefore could not comment on some aspects of the HOPS.
- ¼ of individuals bought drugs from same dealer and thus saw them as a reliable source (this was a key way that these individuals thought about reducing harm)
- Smoking is prohibited in OPS/SCS sites, so people end up smoking in room or outside
- Respondents to surveying were split approx. 50/50 in terms of using drugs in HOPS vs. apartment
- Barriers to using HOPS:
  - $\Rightarrow$  HOPS can be very small
  - $\Rightarrow$  Limited hours
  - $\Rightarrow$  No smoking
  - ⇒ Camera surveillance unsure of where footage was going, lack of privacy (especially for women)
  - $\Rightarrow$  Unsafe (theft/strangers/violence)

- $\Rightarrow$  Issues with staff
- ⇒ Guests not allowed (related to peer assistance and things like splitting / sharing of drugs)
- Benefits
  - ⇒ Safety
  - $\Rightarrow$  Support from peers and staff
  - $\Rightarrow$  Safe supplies
  - ⇒ Close to home
- Changes needed:
  - ⇒ Availability many individuals expressed wanting service open 24/7
  - ⇒ Allow smoking somehow
  - $\Rightarrow$  Increase staff/peer
  - $\Rightarrow$  Larger space (many spaces were perceived as too cramped)
  - $\Rightarrow$  Improve environment
  - ⇒ Provide nutrition/hydration/music
  - ⇒ Provide info about other health services (pamphlets for other health services)
- Peer witnessing services
  - $\Rightarrow$  Person to come and check on them
  - ⇒ Nursing medical staff cannot assist with using drugs, but some peers can (informally)
  - $\Rightarrow$  Hallway and bathroom sweeps, esp. when guests check in.
  - ⇒ Some wanted same gender support; this should be something organizations try to consider
- Staff survey showed many of the similar themes as the participants.

## Questions:

- How are HOPS staffed?
  - $\Rightarrow$  Peer support workers

- $\Rightarrow$  One site would do checks
- ⇒ Never any medical personnel (e.g. nurses or paramedics)
- $\Rightarrow$  Managers are hired by housing organization
- What training is provided to peer supporters?
  - ⇒ Patti didn't explore that in this evaluation. She thinks that at the minimum they would have naloxone training
  - $\Rightarrow$  She is not sure exactly how people at the sites she explored are vetted, but knows that they are in some way
  - ⇒ Street Degree very popular in Vancouver where peers teach other peers how to use naloxone and provide more advanced overdose response
- Rate of pay for peer support workers?
  - $\Rightarrow$  Not sure. But people didn't feel like they were paid adequately
  - $\Rightarrow$  Answer from Peer support worker:
    - Rates of pay \$20 and up. Funded through Ministry of Health
    - Starting up OPS phone line especially important for rural area
    - The term "peer" is used very differently
- Why so few young people using services?
  - ⇒ Not sure how many young people living in hotels. Not willing to stop and talk during the evaluation interviews
- Peers usually have fewer own support resources and are often going through their own trauma
  - $\Rightarrow$  They should be paid on-par with other workers.
- Supports for peers are very important since many are still using and have their own trauma
- Did surrounding community have issues with HOPS?
  - ⇒ Not so much for the locations that Patti went to as the buildings are quite concentrated in the DTES area
  - ⇒ She knows that there is modular housing in "nice neighbourhoods" that have onsite HOPS, but not always used as much as Patti would think