

## July 28 UPHNS Community of Practice HUB Video Call Minutes

- Recap of last meeting:
  - Shay has many ongoing initiatives. Contact info is on UPHNS website and in minutes from last meeting
  - Edna will be offering systems training on Black and Indigenous populations, as well as and how to avoid unintentional harm. Contact info is on UPHNS website and last meeting's minutes
- Today's speakers are in the process of opening an OPS/UPHNS, have used the class exemption, or are involved in other harm reduction services
- Jenn – Opening OPS in Courtenay
  - They are in the middle of opening an OPS in Courtney that is co-located with MHSU services to improve continuity of care.
  - They have spent a lot of time reviewing documents and have toured other OPS in Alberni, Nanaimo, and currently on the way to Victoria
  - Question to the group on oxygen therapy in OPS setting. Do you to use non-breather or simple mask when someone has overdosed but still conscious?
    - Answers:
      - Any oxygen is better than no oxygen and if patient is breathing on their own, don't worry too much about the type of mask
      - Both masks are used at an established SCS in Toronto. The protocols can around this can be shared. There is also a CRISM document around COVID and there is evidence around what type of mask to use.
- Jesse – Blood Ties Four Directions
  - Harm Reduction counsellor at Blood Ties in Whitehorse that offers a drop-in centre, housing programs, fixed site needle exchange and pipe program, and injection kits
  - For context, Whitehorse has an approx. population of 30k, with all of Yukon at 40k. Drug of choice is crack but there is some opioid use including fentanyl, and there are many overdoses.
  - Fentanyl testing began in fixed site in July 2018 with exemption from Controlled Drugs and Substances Act from Health Canada, prior to the UPHNS class exemption
  - There is general mistrust of drug checking and misconceptions of program by people who use drugs
  - Since the UPHNS class exemption, they have expanded fentanyl testing: Offered it at 4 different music festivals where the interior of the tent was designated a UPHNS. Also used to create a mobile service where a mobile van does fentanyl testing 6 nights a week
  - They want to bring drug checking to Housing First program by turning a room within the complex into a testing space using the class exemption (currently waiting for approval from government)
  - In their fixed site needle exchange, exemption only applied to room itself. However, with COVID, it is difficult to physically distance and they have been able to declare the back steps as an extension of the site using the UPHNS class exemption
  - They are hoping to get a spectrometer by the end of year to increase drug checking in their fixed space

- There is some appetite and community buy in to open up an OPS, but they currently do not have space to operate this more extensive service
- Question for Jesse: how did you manage to get funding for a spectrometer?
  - Answer: they are not 100% sure exactly how yet. But options include accessing territorial funding, using the reserve funding in organization, crowdfunding, and potentially partnering with First Nations groups. In the past, there were research projects with Health Canada that may be able help out as well.
  - At DPC, there is access to a spectrometer occasionally through BC Centre on Substance Use. The Spectrometer makes its way across town and there is a set time where it's at a different location.
- Michael – Waterloo Region Crime Prevention Council
  - Ongoing technical assistance for spectrometer is so important
  - Organization is located 1 hour west of Toronto, 600k people. Mix of rural and city
  - Organization is not direct service but working at a systems level trying to address the root causes to crime and crime victimization. They are arms-length to government, and operates as NPO in quasi-gov setting
  - The current context is that there are fatal overdoses, there is a community of people of use drugs, and the community at large is frustrated with the collective systems inability to handle the overdose crisis
  - The community is ready for an ambitious approach to substance use, but there is lack of support from provincial and federal governments
  - There was a shelter that was operating an unsanctioned safe consumption service. It ran for 3 months and is now shut down. Question to the group: Is there a federal exemption that side steps the province?
    - Health Canada's response: we have allowed interim emergency sites, can send details on how sites work. The one particularly in Ottawa operates in shelter. Resources will be available on website
    - Response: We need a different shelter system. People know that another opiate crisis is coming and death rates are increasing everywhere. We need to change policies, use data, safe supply, and new ideas and ways of doing ASAP. With borders closed there are minimal drugs coming in and increased mixed of drugs. There is also a difference in access for city vs. rural as individuals who live downtown have better access to services and consumption sites
    - Response: Collecting quantitative and qualitative data and evidence is important, however, based on past experience, using data still hasn't changed anything. Shelter environment that I was part of reversed overdoses, but that whole setup where use was allowed facilitated convos and amazing things happened. Homelessness hub did a lot of stuff around safe supply, but we need support and funding around it. Health Canada is often the only option for us.

- Currently lack resources to hire prescribers and peers for safe supply. Currently in the middle of two surveys for people who use substances and analysis of those who stayed at that shelter that was operating the safe consumption site and their preferred living environment.
- Question for Jesse:
  - What was the process for establishing each service mentioned using the UPHNS class exemption?
    - Fixed site is not UPHNS, older exemption directly thru Health Canada
    - All other ones: they have direct relations with Chief Medical Officer and deputy ministers. When we see something, write up 1 pager to CMO to gather their support, then garner support from organization's Board, then draw up policies that align with Health Canada guidelines, and it will get approved by provincial ministry. Things can move quickly (usually in couple of weeks).
- UPHNS CoP is having first training on harm reduction this Thurs. Three sessions have filled up. Session will lay some foundational knowledge for those who are just entering this realm or opening OPS and need dedicated skills and knowledge. More sessions will be available.
- Trainings are open for anyone and we are capping it at 15 people to allow for more discussion. If circulating invite among your own group, we would love to have people register to COP as well to be able to send out more info outside of current trainings.
- Policies and procedures working group: Currently a small group right now. Register by emailing Nigel and contact page on website. Intro call late next week, Patrick will be leading that.
- Next call: still TBD maybe mid Aug, calendar invite will be sent out.