

UPHNS HUB Video Call Minutes March 10, 2021

Attendance: 44

Presenters:

Kelsey Speed and Dr. Elaine Hyshka from the Canadian Research Initiative in Substance Misuse (CRISM).

Welcome and context:

- Patrick welcomed everyone, introduced our presenters – Kelsey Speed and Dr. Elaine Hyshka – and opened with a Land Acknowledgement
- Sophie explained closed captioning translation
- Opening messages from Scott Elliott, Dr. Peter Centre's Executive Director:
 - A few words about HUB call. We are hoping to get funding renewed to continue these calls. Spoke about our hope to start a project in April/May around vaccine hesitancy.
 - iOAT program - ongoing conversations with local pharmacist and government to be able to provide diacetylmorphine (clinical grade heroin) to DPC participants. Matt asked, "Are they getting the drug from fair price pharma?" Scott responded, "Receiving it from Providence Health Care."
 - Nance Cunningham stated in the chat that she is planning on creating professional development materials on HCV care. Based in Vancouver, at UBC.
 - Setting up a ED/CEO call for big picture and day-to-day issues at SCS/OPSS
- Matthew Bonn spoke about the [UPHNS blogs](#):
 - We have published seven bilingual blogs of wide variety (sex, drugs and HR; differences in Methadone systems between US and Canada).
 - Call for new members to join the editorial team and help with changing imagery on the site to be more community-based (will pay an honorarium).
 - Patrick requested introductions in the chat box and passed it over to Elaine and Kelsey (CRISM – Canadian Research Initiative in Substance Misuse)

CRISM Presentation:

- First version of document was prepared based on early knowledge about operating an SCS in a shelter setting during COVID
- Providing medical assistance for PWUD in shelter settings to ensure that they can stay in isolation safely
- An updated document is forthcoming
- Document sections include:
 - How to obtain an exemption as a temporary site
 - Factors to be considered when developing an SCS:
 - Privacy, lighting, centralized models, etc.
 - Screening participants for COVID-19
 - Guidance for staff regarding PPE required for various task they will be conducting in the SCS, delineated by task invasiveness and participant risk level
 - Monitoring consumption and providing care

- Responding to overdose during a pandemic; social distancing and PPE can make it difficult to recognize an OD
 - Some OD prevention procedures can be considered aerosol-producing responses
- Staff exposure guidelines
- Reporting and Evaluation
- Treatment for substance use and risk of discontinuing treatment
- Created 6 infographics on topics in the document that can be found on the CRISM website
- Improvements for version 2 of the document
 - Update the guidance based on COVID knowledge developments
 - Asking for feedback on improvements or changes to make this document more useful and up to date on current scientific guidance

Discussion:

- **Q: If the employer recommends an employee get tested, is the employer responsible for cost of test?**
 - A: Provincial/territorial labour laws generally govern this, but best practice is that the employer should do what they can to support employee to get tested (e.g. time off, travel expenses, etc.)
- **Q: What advice do you have for shelters who are on covid outbreak but participants need to leave the site to access a drug supply?**
 - A: This is addressed in the document by providing guidance for people who are isolating that are using drugs → prescribing pharmaceutical alternatives to meet people's needs so they don't need to leave site. Now there is guidance to assess needs and prescribe accordingly
- **Q: What do you think about the CRISM guidelines (national) compared to the BCCSCU guidelines (provincial)? Is one more thorough with more practical tips for prescribers, while the other is more vague?**
 - A: Colleges in each district govern prescribing; it is difficult to provide detailed instructions across all provinces and territories, if CRISM puts out guidance, it is not binding. What is binding is the colleges guidelines. Our hope that this guidance continues to develop beyond the pandemic to prevent OD risk and all the other issues related to the toxic drug supply
- **Comment: It's also problematic to frame pharmaceutical alternatives as a withdrawal management tool that's tied to COVID-19.**
 - A: Yes, safe supply is needed in all capacity and CRISM wants to see these national guidelines beyond pandemic.
- **Q: Can you explain the document process that CRISM went through including the different peer reviews?**
 - A: We didn't have time to do a systematic literature review; just as well, there was not a lot of literature on substance use during a respiratory pandemic. That's why they call it a "Guidance" and not a "Guideline".
- **Q: Do you have any advice for community engagement strategies regarding preparation for a UPHNS?**
 - A: We shouldn't have to do a lot of community engagement to provide UPHNSs, as these are life-saving interventions that should not be restricted based on public opinion. In Edmonton, for SCSs, they did create outreach materials. They would recommend having public-facing communication materials in multiple languages to reflect the lingual diversity in each community.
- **Q: Is it really a requirement to consult or engage with public for urgent public health need such as**

temp shelter?

- A: It is not? If you don't have an exemption, it is not a huge barrier to set up a site. You may have to reach out to community, but it is not required. Patrick will share the recording on the presentation by Health Canada as it speaks to this process. Graeme confirmed what Matt had stated, the application process is not a robust process.
- **Q: When there is a safe supply being offered, does the client pay or are the prices similar costs to legal sources?**
 - A: When providing safe supply (drugs) it is almost always covered by provincial health benefits such as pharma care, OHIP, or MSP. Most sites cover people's prescriptions. Not aware of any safe supply that charges for base drugs, however, higher-grade drugs are not covered. Safe drug supplies should be budgeted for to ensure free supply of drugs. Safe drug supply should always be covered even if they don't have pharma care.
- **Comment: In NS you can get pharmacare, but it takes a lot of work to get to that place, so safe supply programs need to budget in that medication cost so people can get affordable access. Universal pharmacare would certainly help.**
- **Q: What strategies do you recommend to engage youth in shelters in using substances at a CTS/UPHNS?**
 - A: We don't have a clear answer for that. Traditionally, the view has been that youth should abstain from substance use, so we haven't seen the same amount of research on what works and doesn't work for youth. This is something that could be included in V2 of the document. We need to see more of a concerted effort to meet the needs of youth in regards to substance use. Sophie said there is an organization in Montreal called Head and Hands that does work around OD prevention and providing substance use equipment for young people
- **Q: In Yukon, no doctors willing to prescribe safe supply. Often, people are getting prescriptions in other provinces. Is there a way to connect people to docs in BC who prescribe from the safe supply?**
 - A: A potential barrier would be that most provinces regulate opioid prescriptions at a higher degree of scrutiny, so there are more conditions on who can prescribe. One way Health Canada could support the expansion of safe supply prescribing would be to consult BCCSU and organizations that have expertise to give providers confidence in prescribing. Collages should be taking ownership of the issue and figure out how to prescribe safely and effectively.

Other comments from Chat Box:

- Need 200p for fair price in Ontario. can't afford 200p but might be in for 50p. if anyone hears of any interest in S Ontario, all eyes and ears here
- right you are Corey! post cv19 marketplace doesn't look any better than pre-cv19
- Hi Kennedy, great question - there may be some background drug policy help <https://gettingtomorrow.ca/categories/media-kit/>
- Don't get stuck in never ending engagement cycles!
- <https://crism.ca/projects/covid/>
- <https://crism.ca/projects/covidfrench/>
- Hospitals do not consult on adding services!
- We cover people's prescription coverage here at SAFER in BC while our team gets the client their ID, taxes, MSP, etc... dealt with. Nobody ever pays

Formal Closing by Matt Bonn:

- HUB call March 18th with Maticus Adams about Party and Play
- We had a moment of silence to honour those who have passed from overdose