

Substance Use and Addictions Program: Call for Proposals 2021

*DULF (Drug User Liberation Front) Fulfillment Centre and
Compassion Club Pilot*

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1. SUAP Overview and Context

Health Canada's Substance Use and Addictions Program (SUAP) provides grants and contributions funding to respond to drug and substance use issues. This funding is provided to other levels of government, community-led and not-for-profit organizations in Canada.

SUAP provides funding for a wide range of innovative and evidence-informed projects addressing problematic substance use prevention, harm reduction and treatment initiatives across the country. Projects target a range of psychoactive substances, including opioids, stimulants, cannabis, alcohol, nicotine and tobacco, at the community, regional and national levels.

The opioid overdose crisis is one of the most serious and unprecedented public health crises in Canada's recent history. Tragically, the COVID-19 pandemic has compounded the ongoing overdose crisis, with most jurisdictions reporting record high rates of overdose deaths and harms during 2020. Isolation, stress, toxic street drug supply, and reduced access to services have contributed to these increases in harms and deaths.

To provide communities across Canada with the support they need to improve the quality of life of people who use substances and to protect and save lives, SUAP is launching the Call for Proposals 2021 (CFP) as a one stage and one-time call for proposals. Under this call for proposals, SUAP is seeking applications for projects that can help to prevent, treat or reduce the harms associated with opioids, stimulants, alcohol, prescription drugs, and other problematic substances. Applications are welcome for projects that can meet needs in the following priority areas:

1. Harm reduction related to substance use and the toxic illegal drug supply
2. Prevention, health promotion and early intervention
3. Treatment and Recovery
4. Strengthening the substance use workforce

2. Project Title

DULF (Drug User Liberation Front) Fulfillment Centre and Compassion Club Pilot

3. Funding Priority

Harm reduction related to substance use and the toxic illegal drug supply.

4. Project Target Populations

1. Indigenous people

2. Racialized peoples and communities
3. 2SLGBTQIA+ peoples and communities
4. People living with pain
5. Youth
6. People who use illegal and toxic drugs
7. People who work in the trades or in physically demanding professions
8. Men aged 25 to 59
9. People who use drugs alone
10. People in poverty or experiencing economic insecurity
11. People experiencing housing insecurity or homelessness
12. People who have been in contact with various justice systems
13. People with lived and living experience of substance use as well as their families
14. People with experience of living with chronic pain
15. Frontline health, social and harm reduction workers

5. Official Language

English

6. Genders

1. Male
2. Female
3. Non-binary

7. Age Groups

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65-74
7. 75 years and over

8. Total Anticipated Number Reached

200

9. Target Population Description

This project aims to prevent overdoses and substance-related harms in Vancouver by ensuring a tested supply of drugs to displace the unregulated supply currently dominating the illicit market. This project focuses on people who use drugs (PWUD)

who are most at risk of overdose and death due to an increasingly toxic street drug supply and most vulnerable to the harms of drug prohibition. This project employs an intersectional lens to ensure that those most at risk, including Indigenous people, men aged 30-39 years, etc. are prioritized for inclusion. This project will also produce a framework that—if proven effective—will allow those operating in the public policy sphere to reproduce and adapt the model in other regions and on a larger scale. This project relies on an exemption request under section 56(1) of the Controlled Drugs and Substances Act, submitted by DULF and VANDU to the federal Minister of Health on August 31, 2021 [1].

10. Project Duration and Requested Funding Amount

Duration: 15 months

Total Requested from Health Canada: \$268,947.00

Total In Kind and Donated: \$ 145,000.00

Additional in-kind support will be provided by Dr. Thomas Kerr (Division of Social Medicine, UBC). While some support for evaluation activities is requested, Dr. Kerr's time will be provided in-kind, as well as other supports (personnel, office space, evaluation materials) needed for the evaluation of this project.

11. Project Summary

1 – Background

PWUD, their friends, communities and families have been forced to helplessly watch as political leaders continue to take minuscule steps towards the only real solution to overdose: safe supply. Existing safe supply models remain small in scale and have failed to reach or retain large numbers of people, in particular those situated at intersecting positions of societal marginalization. Physician-led models have failed to engage a sufficient number of individuals at risk of overdose needed to make a difference during this devastating epidemic. At the same time, a large and growing body of evidence has unequivocally shown that drug user-led programs are more appealing to those experiencing the greatest risk of drug-related harm, and such initiatives are uniquely effective in extending the reach and effectiveness of conventional public health interventions [2,3,4,5,6]. This is why DULF, VANDU, and our community partners have taken action first and, secondarily, are now asking Health Canada for permission to step out of the zone of protest, where we are ceaselessly criminalized, and into a sanctioned operation where we can save and change lives.

The DULF Fulfillment Centre and Compassion Club Pilot is a harm reduction, market, and consumer protection intervention that takes drugs from the existing illicit market, tests them, labels their contents, and reintroduces them into the market without profiting

on their reintroduction. This allows members of the compassion club to know the exact contents, quality and potency of the substances they receive, accurately dose themselves, take appropriate precautions to prevent injury, and directly prevents overdoses by removing a large level of unpredictability from the content of ingested drugs. Drugs are tested, through available methodologies including Fourier-transform infrared spectroscopy (FTIR), fentanyl immunoassay, and benzodiazepine immunoassay.

This model is based on lived experience and a direct understanding that death results from the volatility and toxicity of the street supply of drugs; that prohibition does not work; that the provision of flexible safe supply saves lives; that current models of medicalized safe supply are too high-barrier for most PWUD; and that innovative public health policy and programs must be created using existing resources to bridge systemic gaps until an actual concerted effort is put into providing a regulated and flexible safe supply. We believe that DULF and VANDU have a credible and tested plan for providing a truly flexible safe supply program outside of medicalized models without profit and with the exclusive aim of protecting lives.

2 – Overdose Prevention and Scale

To date, DULF has distributed over 100 grams of tested drugs which, according to our internal data, has resulted in zero known overdoses, fatal or otherwise. Our project has high potential to demonstrate that the current rate of drug overdose death can be substantially reduced by providing compassion club members direct access to heroin, cocaine, and methamphetamine—all with predictable and labeled content. SUAP funding will allow us to engage a 200 person cohort with the aim of reducing the number of overdoses in this population to zero, thus demonstrating the feasibility of the DULF Fulfillment Centre and Compassion Club Model, as well as its scalability and potential for integration into the continuum of care until progressive, fully licit, and transformative change can occur.

3 – Public Support

Dr. Mark Lysyshyn, Deputy Chief Medical Health Officer of Vancouver Coastal Health, has provided a letter of support outlining the benefits of our model [7]. Further, as demonstrated in the various statements of people who use drugs [8] and a sworn affidavit [9], people who have already accessed safe supply through the compassion club model have experienced significant benefits as a result of these programs.

12. Objectives

1 – Core Objective: Reducing the Death Rate

The DULF Fulfillment Centre operates with and alongside drug users, and acts as a user-approved intervention that works to prevent drug-related harm and death. The

DULF Fulfillment Centre Model has one major objective: ending the devastating loss of life wrought by prohibition, and reducing the number of overdoses and improving health outcomes by providing PWUD with a consistent safe supply. Our project will enroll 200 participants from drug user groups in Vancouver, and provide them with a tested supply of cocaine, methamphetamine, and heroin, via a Compassion Club Model. Participants will be screened for need, with priority given to populations who are most at risk, such as Indigenous men and those who use alone, and those who have a history of repeat overdose. Participants will be able to purchase drugs at cost from the Compassion Club, and will be provided peer support at time of purchase and via follow up as needed. This intervention will leverage peer community networks of support to ensure that our participants remain healthy, and can lead autonomous and fulfilling lives.

2 – Addressing Existing Problems with Safer Supply Projects

Second, our project aims to overcome existing barriers to accessing safe drugs. In particular, our project aims to avoid medicalizing the provision of drugs to address two issues: (a) only those who meet criteria for admission are able to access existing safe supply programs, and (b) among that group, due to the barriers they face, which are often exacerbated by existing programs, many will turn to risky drugs instead or continue to use them in addition to drugs provided via safe supply programs. These limitations are not only being voiced by people who use drugs and frontline workers, but are also reflected in scientific literature. An evaluation of a hydromorphone tablet safe supply program in Vancouver found that although the program produced benefits, various barriers to program access limited uptake. Barriers included limited operating hours, wait times, and receiving the generic formulation of hydromorphone.¹⁰ DULF and VANDU have heard from an increasing number of people that existing safe supply programs do not provide the drugs that people want or experience as an acceptable replacement for street drugs [11]. In particular, the overreliance of these programs on the provision of hydromorphone tablets has been found to be problematic [12]. Further, there is growing awareness of the limitations of prescriber-led models that prioritize treatment and limiting diversion of medications. Calls for a more public health-based approach to safe supply are being made, and there is growing recognition that a greater diversity of program models is needed. This is reflected in recent recommendations focused on safe supply from the Health Canada Expert Task Force on Substance Use.

3 – Promoting PWUD-led Interventions to Expand the Reach and Impact of Safe Supply Programs

Third, as mentioned above, interventions led by PWUD are evidence-based interventions. Harm reduction interventions led by drug users have been shown in the scientific literature to be more acceptable than conventional health services among drug users most at risk of drug-related harm, and more effective in reaching this population. Peer-led interventions such as our project significantly extend the reach and effectiveness of programs that are not peer-led, and should be regarded as an essential within the continuum of care. Given the limited reach of existing safe supply programs, the ever-escalating overdose crisis, as well as the recommendations of Health

Canada's own Expert Task Force on Substance Use, it is clear that efforts must be made to support safe supply interventions led by those with lived and living experience of substance use. Ultimately, the more accessible and flexible safe supply is, the more users will access those drugs and the more lives will be saved.

13. Key Activities

The DULF Fulfillment Centre Pilot has six central activities that will contribute to saving lives:

1 - Obtaining the Substances

The preferred method to obtain substances for compassion clubs is to purchase pharmaceutical-grade cocaine, heroin and methamphetamine from a licensed and regulated producer. However, this is not possible under current regulatory frameworks and, without permission to obtain substances this way, the DULF fulfillment centre would obtain substances via darknet markets vendors in Canada. Purchasing online reduces potential violence from buying in-person, and due to the nature of these markets, vendors remain anonymous. This option has also proven, through our experience, to provide more accountability by allowing reviews and funds to be held in escrow until substances are received and tested; thus resulting in higher quality substances.

2 - Storing of the Substances

Once DULF receives the substances, substances would immediately be put into a secure safe onsite and logged in an inventory record. This record would be subjected to a daily count to ensure no theft, loss or diversion. Detailed dispensation records would also be kept.

3 -Testing the Substances

Before labeling and packing the substances, DULF would implement a quality control process utilizing Fourier-transform infrared spectroscopy (FTIR) drug-checking services and fentanyl and benzodiazepine immunoassay test strips. By testing substances higher up the chain of distribution, this model exponentially increases the effectiveness of drug checking. Currently, FTIR drug checking can provide information on mixture components above ~5% by weight and quantify components to within +/- 5%.¹³ If sanctioned, our compassion club model would enable us to explore means of accessing more reliable and sensitive equipment to improve quality control (i.e. via Health Canada Drug Analysis Services).

4 - Packaging the Substances

A key component to the harm reduction facilitated by compassion clubs is that people are provided with the information they need to make informed choices. Unlike when drugs are purchased off the street, substances from DULF compassion club would be labeled with the contents and percentage composition of the substance, as determined by our testing efforts. Like tobacco labeling, substances would come in plain packaging with warnings of the highly addictive nature of the substances, their impairing effects, and a caution not to operate any vehicles or machinery while under the influence. Provided the ability to operate at-cost, the compassion club could employ tamper-resistant and anti-counterfeit packaging to increase the safety.

5 - Distributing the Substances

DULF aims to create a high-security fulfillment centre tasked with procuring, testing, labeling and packaging substances into units requested by club participants. People would access the compassion clubs through local drug user groups, who would act as the point of contact for PWUD looking to access the service. Substances would be provided to drug user groups to distribute to their members.

In order for a drug user group to become a distributing compassion club through DULF they must comply with minimum safety and screening standards. These standards are:

1. Keeping a membership list
2. Ensuring secured and double-locked storage for substances
3. Keeping records of substances distributed
4. Maintaining financial records and having accountability processes

6 - Member Screening and Support

Membership screening will be conducted by a member of the DULF Compassion Club and a staff member or volunteer. The purpose of screening is to determine if an individual meets the requirements for membership, which are that the person is over 18 years and is currently using illicit drugs. The screening process will also help identify unmet needs, such as assistance navigating social supports or recovery/detox services; as needs are identified the club could then expand services.

14. Key Outputs

As part of our commitment to “nothing about us without us”, we propose to undertake a participatory process to develop and implement our evaluation in collaboration with external evaluators. Therefore, while it is somewhat premature to list a complete evaluation plan in the absence more elaborate consultation with our members, below we list preliminary outputs we expect will be measured as part of our evaluation. If funded, we will engage our members further to create a more exhaustive list of project outputs, outcomes, and indicators.

Our outputs align with our activities, objectives, and intended outcomes, which focus first and foremost on establishing our compassion club, engaging PWUD in our compassion club and thereby preventing death due to drug toxicity. Our preliminary list of outputs are as follows:

Output 1: # of Dulf Fulfilment Centres established.

Output 2: # of Dulf Fulfilment Centre Standard Operating Procedures (SOPs) created.

Output 3: # of distinct safe supply packaging formats created, by drug type.

Output 4: # of distinct safe supply packages tested through drug checking technologies.

Output 5: # of PWUD accessing the DULF Compassion Club by sex, gender identity, ethnicity/ ancestry, drug preference(s).

Output 6: # of PWUD groups/organizations participating in the DULF Compassion Club.

Output 7: # of PWUD screened for participation in the DULF Compassion Club.

Output 8: # of safe supply packages distributed by drug type.

Output 9: # of PWUD (by sex, gender identity, ethnicity/ancestry, drug preferences) retained in the DULF Compassion Club at 6 and 12 months.

Output 10: # of data collection tools created.

Output 11: #/% of PWUD members participating in evaluation activities by sex, gender identity, ethnicity/ancestry, and drug preference.

Output 12: % of data analyzed and reported on.

Output 13: # of evaluation reports produced.

Output 14: # of knowledge dissemination products produced and disseminated.

15. Geographic Location

The primary focus of our activities will be the Downtown Eastside (DTES) of Vancouver B.C. This is among the regions hardest hit by the ongoing overdose epidemic, and therefore a location where uptake will be high and impact will be demonstrable. Beyond the DTES, our research and reporting on this project will have regional, national, and potentially global implications, given our existing relationships with others seeking to advance safe supply programming. We are also modelling innovative new programs/approaches to healthcare and harm reduction that can be replicated in other communities regionally/nationally/globally.

16. Project Setting

The DULF fulfillment centre will operate from a high-security location from where we would procure, test, label and pack all the substances into units requested by club participants. This location will include a safe in which to store the drugs. Local drug user organizations will also be screened by DULF for participation, provided these organizations can be the requirements described above (e.g., secure storage, accountable record keeping).

17. Scope

Community

18. Meaningful Engagement of People with Lived and Living Experience and/or Peer/Experiential Workers

People who use drugs have been and will be included throughout the implementation and evaluation of this project. This grant was predominantly written by a current drug user, with assistance from academics working alongside her. The DULF model operates from the positionality of “nothing about us without us” and believes that it is fundamentally important that the voices of people with lived experience are included in all aspects of our programming. All participants in the project, including those that will execute the project and evaluate its outcomes, will have direct lived experience with drug use, its related health and social conditions, and have knowledge of the local street scene, community resources and cultural norms of street life. Decisions made by our group will always be based on 100% consensus to ensure all voices are heard. As the empowerment of drug users is one of our project’s primary concerns, we will build on the successes of previous projects and relationships, so that we can ensure that our project is carried out and delivered in an accessible and low barrier manner. DULF will ensure that the project creates an environment free from stigma and discrimination by using at all times an intersectional and decolonial lens. This will include focusing on the voices of those most marginalized by current medical practice and a focus on an Indigenized approach to our work. This intersectional approach can be broken down into 3 methodologies of operation:

1 - Nothing About Us Without Us

As mentioned above, all of our programming is guided by those that it impacts personally. The voices of the marginalized populations we engage with are placed at the forefront of program development and implementation, and in a culturally sensitive way that seeks to reduce the harms they experience. We have had great success operating a model based on 100% program participant consensus and using a process of active dialogue to navigate disagreement. This includes ensuring that the voices of the most marginalized are supported, and that our staff understand how to support them should conflict arise. We recognize that diffuse power structures constitute our society, and that these power structures create violence in unexpected ways. By consulting with people most directly impacted by our programming, we ultimately seek to destabilize violence and undo trauma caused by years of colonial policy and prohibition.

2 - Indigenizing Harm Reduction

DULF understands that many of those living in the DTES have been severed from their homelands, family, cultural practices, and way of life. We are committed to providing

cultural programming and reconnection through our events and programming, not only to Indigenous people but to non-Indigenous people as well. This includes collaborating with Indigenous elders to hold events and ceremonies for our participants that celebrate the project's success. Moreover, our compassion club will also offer referral to Indigenous cultural programming. DULF believes that people should be able to engage in cultural activities without barriers, and therefore we do not require that individuals be sober to access our programming. This is a unique model, distinct from dominant abstinence-based programs.

3 - Anti-Carceral Conflict Resolution Policy

DULF firmly believes in restorative justice, and has a conflict resolution process that aims to dismantle systems of punitive justice. We follow anti-authoritarian and anti-oppressive principles in our praxis as we stand in solidarity with our neighbours in resisting gentrification, the war on drugs, and colonization. Recognizing the oppressive effects of the criminal justice system, unreported overdoses caused by fear of the carceral system, the overrepresentation of Indigenous people in systems of incarceration, the criminalization of the poor, DULF seeks to prevent alienation in our communities by building up its capacity to manage its own affairs in restorative ways.

19. Official Language Requirements

The project does not target both of Canada's linguistic communities because it is piloting a new safe supply program. For this reason, the project will target a single linguistic community before adapting them and investing in translation. Our project is choosing to not initially engage French language speakers in Vancouver's DTES because of their low representation in a predominantly English speaking and Indigenous neighbourhood. From the point of view of statistics, the number of native French speakers in Vancouver's DTES is low, and potentially lower amongst people who use drugs, who are a subset of this population. Due to funding constraints, we will thus focus on the predominantly English-speaking population in the DTES. Nevertheless, once resources have been developed and evaluated, further funding will be sought out either in-kind or through grants to engage in knowledge translation. At this point materials can be translated into Cantonese and French, to serve the official and unofficial language minority communities in the DTES and nationally.

20. Sustainability

A – The Necessity of Health Canada Cooperation

The DULF Fulfillment Centre will seek continued cooperation from the Government of Canada after our funding period ends. On August 31st 2021, DULF and VANDU submitted a Section 56(1) Exemption Request to the Federal Minister of Health, as well as the Director General of the Controlled Substances and Cannabis Branch, to operate the project described in this funding application. In order for our project to remain licit,

this exemption must continue after our funding period has ended in order to guarantee that our coalition's operation activities remain within legal bounds, and thus does not put the Club's members at risk.

B - Fiscal Sustainability

Funding from the SUAP, if awarded, would be used to finance operational and other ancillary costs of our program. However, the current nature of the illicit drug market is such that market power rests with dealers and distributors rather than consumers, which allows exploitative pricing. Therefore, a compassion club reliant on this market will need to continue to solicit donations or parallel revenue streams to subsidize the cost of substances provided to club members. Moreover, once SUAP funding ends, we will ensure future fiscal sustainability by innovating our revenue streams for the project in three ways:

1 – Membership Fees

First, in order to achieve sustainability, the club may need to collect membership fees and payments for substances in order to maintain at-cost pricing, and its administrative capacity. However, with increased consumer purchasing power through the collective it is expected that both the cost of substances and the financial harms of the War on Drugs on PWUD will be drastically reduced. Moreover, if cocaine, heroin and crystal meth were either able to be produced by DULF or provided through the existing pharmaceutical system, the prices could significantly undercut market prices and provide more benefits to club members.

2 – Public Donations

Second, as the general public supports our project, and the viability of our model, we believe that we will be able to sustain our project through future donations. Currently DULF runs a sustainer donor program that collects an annual revenue stream of over \$21,000. By 2022, we expect this amount to have doubled through continual promotion of our project. If necessary, these funds will be exclusively used to continue to fund the administrative side of this project, as well as to ensure sustainably priced substances.

3 - Long Term Funding

Third, our project will also work on soliciting long term funding partnerships that improve program viability and sustainability. This includes writing grant applications, and soliciting core funding for the project. Our network of collaborators includes many individuals who have had success in obtaining funding from diverse sources (public and private), and our collaborators have committed to supporting the longevity of this project. To this end, the project coordinator will work with our community of collaborators to write applications pursue philanthropic donations to support further iterations of the project as necessary. In addition, we will work with local (e.g, Vancouver Coastal Health) and provincial (e.g., Ministry of Health) to secure core and

sustainable funding for this program once we have demonstrated impact via initial SUAP support.

21. Evidence and Need

As Minister Hadju said in her letter to Provincial and Territorial Ministers of Health on August 24, 2020, “the overdose crisis is one of the most significant public health crises in recent Canadian history [...] we need immediate action from all levels of government and health care practitioners to prevent further deaths from the contaminated illegal drug supply...” [14]. As drug users, we agree. Illicit drug toxicity remains the leading cause of unnatural death in BC, surpassing homicides, suicides, and motor vehicle collisions combined [15]. At the population level, BC’s life expectancy at birth for males has declined as a direct consequence of the drug toxicity crisis [16, 17]. The escalating number of drug toxicity deaths, increasing toxicity of the illicit drug supply and deepening inequities demonstrates a need to explore new and innovative ideas to stop the loss of life and stem the tide of grief and pain that comes in the wake of these deaths.

Opioid overdoses are killing PWUD in unprecedented numbers, primarily because of the unpredictability of the content and potency of illicit drugs. This continues to be an urgent public health crisis, as six British Columbians die of drug poisonings every day and it has been over five years since British Columbia’s Provincial Health Officer declared a public health emergency due to rising rates of illicit drug toxicity deaths. With 16.6 per 100,000 population opioid-related fatalities between January and December 2020, Canada is experiencing the most severe public health crisis in the modern era. The western provinces, and in particular BC, are the most affected, as demonstrated by an opioid-related overdose death rate in 2020 of 32.4 per 100,000 population (i.e. two times higher than the national rate) [18]. It is estimated that 70,000 potential years of life were lost due to illicit drug toxicity deaths in BC in 2020, with an average age at death of 43 years old [19]. Since 2016, a range of health sector programs and services have been implemented to reduce drug toxicity events, injuries, and deaths, including a small number of “safe supply” programs. Despite these efforts, the overdose death rate in BC has only grown worse. From January 1, 2021, to May 31, 2021, the death rate was 39.3 per 100,000 population, putting 2021 on track to be the deadliest year yet [20]. Our intervention specifically targets Vancouver’s Downtown Eastside, as in 2021, the highest number of illicit drug toxicity deaths were in Fraser and Vancouver Coastal Health Authorities (342 and 283 deaths, respectively), and making up 62% of all such deaths during this period. Moreover, by Health Authority (HA), in 2021, the highest rates were in Vancouver Coastal Health (46 deaths per 100,000 individuals) [21].

As drug users, we know that: the volatility of the illegal drug supply is killing people; our current prohibitionist framework does not work; when PWUD are provided non-toxic drugs the death rate is vastly lower; given existing barriers to accessing safe drugs, people are turning back to risky street drugs; and continued criminalization of the drug trade continues to push the illicit drug supply towards increasingly potent, harmful and addictive drugs such as benzodiazepines and carfentanil [22,23]. We know that a

compassion club model would increase consumer power and protection, allowing PWUD to know what they are buying and thus preventing death from the unpredictable drug supply. Our approach is consistent with the recent recommendations of Health Canada's Expert Task Force report on Substance Use and should be implemented immediately as one key initiative to stem the loss of life due to overdose and help ensure the right to health and life. The DULF Fulfillment Center and Compassion Club model is saving lives right now, and will save more if we are permitted to continue our work with federal authorization.

22. Similar Initiatives or New Approach

1 – Building on Existing Successes

Ultimately, our project examines the successes of Canadian Safer Supply projects and builds on them. DULF strongly agrees with Minister Hadju statement in her August 24, 2020 letter that providing a safer alternative to the toxic street supply reduces reliance on street drugs and overdose deaths. The benefits of providing substitutes to illicit drugs has been seen in the case of stimulant use, where prescription stimulant programs have been found to substantially reduce use of cocaine obtained via street-based sources [24]. Further, high-quality evidence from a recent systematic review of heroin prescription programs demonstrated reductions in mortality for the limited number of individuals able to access this form of intervention [25]. Moreover, experience from existing safe supply programs clearly attests to the potential of this life-saving approach. A safe supply program operating at London InterCommunity Health Centre has had a 90% retention rate over four years and among the 118 individuals participating in this program not a single death has occurred [26]. Evaluations of a low-barrier program that provides supervised consumption and drug checking services, as well as injectable liquid and tablet hydromorphone in Vancouver, have found that the program is reducing use of street drugs and overdose risk, with no deaths recorded over 128,944 visits [27, 28]. However, the provision of injectable liquid hydromorphone was limited to 10 individuals, while another 59 received tablet hydromorphone. While such findings demonstrate the promise of safe supply approaches, they also reveal the ongoing issues related to the inadequate coverage of existing higher barrier and medicalized programs.

2 – Building Innovation

In consideration of this evidence, and given the rapidly increasing contamination of the illicit drug supply, our project proposes a common sense solution – providing an alternative to contaminated drugs will save lives. This is why Health Canada is funding safe supply projects across the country and the federal Minister of Health is urging Provinces and Territories to “look at your sphere of influence and work to remove barriers to implementing a safer supply”. DULF takes what we know already works and reapplies this knowledge in innovative ways. This includes reducing barriers to accessing safe drugs for the people most in need of them, and a demedicalized and

person-centred community model of care. Further, we seek to promote innovation in safe supply programming by proposing an entirely drug user-led compassion club. Recent recommendations from Health Canada’s Expert Task Force report on Substance Use which makes an explicit call for more involvement of PWUD in safe supply programs, as well a call to “initiate a process to engage people with lived and living expertise in using criminalized substances and harm reduction to substantively collaborate on all aspects of the emergency safer supply strategy”. The Task Force also noted that “bold actions are urgently”. The implementation of our proposed program constitutes new bold action and fully resonates with and directly addresses the set of recommendations specific to safe supply put forward by Health Canada’s Task Force on Substance Use.

23. Performance Measures and Evaluation

1 – Research and Evaluation Overview

In conjunction with the provision of a life-saving, safe supply of drugs, our pilot project will employ an impartial/independent researcher to serve as the evaluator. To ensure that we contribute to SUAP outcomes, our research team will monitor whether or not participants feel that their understanding of drug use has improved; the retention rate of participants in our project; whether or not participants report they can make more educated decisions about their use, health, and wellbeing; and whether or not they feel that they have positively changed their relationships with drugs. The project will also monitor if our participants' health improves after having access to a safer supply of drugs. As mentioned, the ultimate objective of this pilot will be to demonstrate that both fatal and non-fatal overdoses in this target population will be greatly reduced. All metrics will be kept with the same due diligence, and presented in a final report at the end of the project.

2 – Research Framework Development

Our evaluator will collaborate with project participants to conduct a nuanced evaluation of our pilot, generating knowledge products including quantitative and qualitative data gathered and analyzed through research and follow up with drug users reached by our activities. This evaluation will be integrated into our reports as well as used to improve our data collection and reporting methods along with our ongoing engagement with the community. As people with lived experience, we expect that this evaluation is:

- Participatory, rather than conducted exclusively by an external third-party;
- Prospective (contemporaneous and forward-looking), rather than retrospective;
- Learning-based, rather than rooted in a pass-or-fail mentality;
- Focused more on evidence than proof;
- Real-time, rather than delayed and overly bureaucratic;
- Respectful of the culture of organizing;
- Attentive to leadership development as well as policy wins.

We aim to work with local researchers, including epidemiologists and doctors in the field of public health, to conduct a mixed-methods evaluation of the co-op program. The purpose of this study will be to evaluate the effectiveness of our approach in meeting its primary outcomes, including reducing overdose risk without generating unintended adverse outcomes. This evaluation will involve establishing a cohort study of co-op program participants (N=200), and will include collection of baseline and bi-monthly quantitative questionnaire data. Additionally, a subset of cohort participants will participate in in-depth qualitative interviews (N=40) at baseline and at three to six months post-program enrollment. Dr. Thomas Kerr of the UBC Department of Medicine, Division of Social Medicine, has expressed interest in pursuing this evaluation. Given that safe supply programs, including co-op-based models, are currently being implemented or considered in a number of settings across Canada, this research will provide useful information to guide policy and practice development related to safe supply programming.

3 – Intended Outcomes

Given our preliminary research into the DULF Fulfillment Centre model, we believe that we will see positive changes in participant's knowledge and understanding of, and relationship with drugs. Specifically, we propose to measure the following outcomes and associated indicators; a more fulsome set of outcomes/indicators will be identified through a participatory process involving our members:

1. Change in awareness/capacity: # of individuals at risk of overdose reached; increased knowledge of the benefits of accessing a safe supply;
2. Increased access to safe supply: # of individuals accessing and retained in the DULF Compassion Club;
3. Change in behaviour: # of individuals reducing reliance on the street drug supply;
4. Reductions in adverse health outcomes: # of individuals reporting use of safe supply without non-fatal or fatal overdoses.

24. Organizational and Collaboration Capacity

DULF is an unincorporated, volunteer-operated coalition formed in May of 2020, spurred on by the record-breaking months of overdose deaths in British Columbia (BC). DULF is composed primarily of people who use drugs (PWUD) and drug user groups, though the coalition also includes medical professionals, academics, and several advocacy groups. The mandate of our organization is to provide tangible solutions to the ongoing drug poisoning crisis, which has historically meant operating episodic CHM (cocaine, heroin, and methamphetamine) compassion clubs. The timing of this letter coincides with an ongoing DULF campaign supporting immediate community-led safe supply, which includes actions taken on June 23, 2020, April 14, 2021, July 14, 2021, and August 31, 2021, where our coalition distributed CHM safe supply to people who use drugs in Vancouver's Downtown Eastside.

This application is submitted in partnership with VANDU, a well-established organization formed in 1998 to bring together groups of people who use drugs in Vancouver, BC.

VANDU is committed to increasing the capacity of people who use illicit drugs to live healthy and productive lives, and it promotes that goal by affirming and strengthening people who use illicit drugs and their ability to reduce harm both to themselves and their communities. VANDU has partnered with DULF to distribute CHM safer supply to people who use drugs in Vancouver, and we hope to continue building this partnership and protecting those most at risk of overdose death in our communities--in part through the Safe Supply Fulfillment Centre and CHM Compassion Club

DULF and VANDU are made up of diverse individuals, many of whom have more than 20 years of experience in the field of harm reduction, low-barrier housing support, community outreach, multicultural services, and education. Our membership, board, and staff include people with lived experience using drugs, as well as BIPOC and LGBTQ2S* people. Our organization's network extends far beyond the conventional reach of the healthcare system, and this remains one of our greatest assets.

Crucially, we have a unique and long standing relationship with people in the community who use drugs. This provides us with a connection to a highly marginalized population who are at high risk of multimorbidity and death due to the intersections of several structures of oppression. We take a person-centred anti-carceral approach in our work, and can therefore build the trust of our target population quickly and efficiently. This means, further, that we can easily reach out to people who are not receiving prevention services, a safe supply, who are not being linked to medical services, and who are not receiving proper support while in care and treatment. We are uniquely poised to access a population that is being underserved and can offer a constellation of peer-to-peer support and access to other medical interventions. A major gap in the current continuum of care is outreach to the most marginalized, and we can bridge this gap and ensure that follow up is offered to people who need linkages to care and treatment, and support while in care and treatment. Existing health authorities frequently have difficulties connecting with PWUD, primarily due to legal reasons related to risk to their staff. DULF and VANDU have networked with drug users and therefore have the knowledge, experience and relationships that health care providers do not, and this allows us to reach underserved populations. With our network of health ambassadors in the community, we are well-poised to develop and deliver a unique approach to safe supply in the DTES, which will include convening conversations with PWUD and the public about the program's rollout and findings. This will expand awareness about barriers and opportunities, for both tenants and services providers, and will lead to a better delivery of services.

Our partnership includes:

- The Drug User Liberation Front
- BC Association of People on Opiate Maintenance
- The Coalition of Peers Dismantling the Drug War
- Downtown Eastside SRO-Collaborative
- Raise the Rates
- Western Aboriginal Harm Reduction Society
- UBC Department of Medicine

25. Sex and Gender-Based Analysis

ULF is a drug user-based, drug user empowerment initiative that finds its roots in the tradition of consumer protection, and anti-oppressive and decolonial practice, and therefore in SGBA+ analysis. Our program aims to work alongside and in solidarity with several priority crossover populations including injection drug users, LGBTQ2S* populations including GBMSM, Indigenous people, and sex workers. DULF works with PWUD and amplifies their voices to address stigma, discrimination, and advocate for drug user rights, and holds the mantra of “nothing about us, without us” at the centre of its ethic. Moreover, VANDU’s staff are a combination of peers with lived experience using drugs; BIPOC and 2SLGBTQIA+ people; people representing many different language groups; and people who are long time Downtown Eastside residents. We also seek to connect our members with Indigenous Elders who can help to reconnect those facing increased colonial violence and discrimination with their cultures and related person-centred healing. To this end, it should be noted that we will continue to provide culturally safe services with cultural humility, and that we seek to offer social stabilization to those we engage, people who frequently face interlocking oppression. We recognize the harmful effects of the criminal justice system and strive to engage in restorative justice, harm reduction, and community building in order to prevent alienation and further trauma. We see alienation as a key mechanism in the successful functioning of colonialism and believe in the importance of mending communities rather than dividing them. Ultimately, DULF strives to create an equitable workplace that uses an SGBA+ analysis by:

1. Developing committees with diverse individuals;
2. Promoting gender equality and fostering changes in power relationships
3. Diversifying our board;
4. Setting and reinforcing gender sensitive practices;
5. Prioritizing intersectionality in our decision making.

26. Citations

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