THE D.U.L.F. AND V.A.N.D.U. EVALUATIVE COMPASSION CLUB AND FULFILLMENT CENTRE FRAMEWORK

A Strategic Framework for Preventing Overdose Deaths due to the Unpredictable Illicit Drug Supply

Revision 3.2 (2023-02-28)

In memory to all who we have lost.

This timely framework was developed on the stolen land of the Coast Salish Peoples, including the territories of the xʷməθkwəy̓ əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and Səl̓ílwətaɬ (Tsleil-Waututh) Nations.

The DULF would also like to extend special thanks to our Indigenous Advisory Council; the Vancouver Area Network of Drug Users; the Western Aboriginal Harm Reduction Society; the BC Association of People on Opiate Maintenance; the Coalition of Peers Dismantling the Drug War; the Tenant Overdose Response Organizer Project; all the other by-and-for drug user groups who have helped us in our fight; as well as all of those who have come before us.

“Many of them indeed know better, but as you will discover, people find it very difficult to act on what they know. To act is to be committed and to be committed is to be in danger.”

James Baldwin

“Maybe I’m wrong after all, but I keep on thinking that we are all in danger.”

Pier Paolo Pasolini

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DIVISION 1: A RESPONSE TO SEVEN YEARS OF CRISIS

1 – Introduction

Canada remains in the midst of an overdose crisis fueled by the proliferation of illicitly-manufactured fentanyl and fentanyl analogues in unregulated drug supplies. Between January 2016 and September 2020, there were more than 19,000 opioid-related overdose deaths in Canada, with 82% of such deaths in 2020 involving fentanyl.[1] BC has been particularly impacted by the overdose crisis, leading the provincial government to declare a public health emergency in 2016.[2] In response, a number of public health measures have since been implemented, including the expansion of harm reduction services, such as supervised consumption services, overdose prevention sites, drug checking services, and naloxone distribution.[3] In addition, there have been increased efforts to scale-up access to evidence-based treatments for opioid use disorder, including oral and injectable opioid agonist treatments (OATs).[3] These measures appear to have had some positive impacts. Indeed, a 2018 mathematical modelling study estimated that such efforts prevented approximately 3000 overdose deaths in BC within 20 months of the declaration of the public health emergency,[4] and the annual overdose mortality rate in the province declined from 30.3 to 19.4 deaths per 100,000 from 2017 to 2019.[5] However, the emergence of the COVID-19 pandemic and related response measures appear to have worsened the overdose crisis, with the annual overdose mortality rate in BC increasing to 33.5 deaths per 100,000 in 2020.[5] This increase has been largely attributed to disruptions in drug supply chains that have contributed to increased unpredictability and toxicity of unregulated drug supplies, as well as other factors such as reduced access to harm reduction services.[6,7]

There have been a number of recent initiatives to increase access to a "safe supply" of regulated pharmaceutical-grade medications as alternatives to unregulated drug supplies among people at risk of overdose with the aim to address gaps in the continuum of substance use care as part of the response to the overdose crisis,.[8–20] Safe supply is based on the rationale that providing people with pharmaceutical-grade medications of known content and purity will reduce their reliance on the unpredictable, fentanyl-saturated unregulated drug market and thereby decrease their overdose risk.[21] The safe supply approach can be viewed as an extension of the rationale supporting use of medications for the treatment of opioid use disorder, including injectable OAT (i.e., hydromorphone and diacetylmorphine), which have been shown to be effective in reducing illicit drug use among people with severe opioid use disorder.[12-24]

Examples of initiatives to increase access to safe supply in Canada to date include the release of several safe supply prescribing clinical guidelines and guidance documents,[8–17] including risk mitigation prescribing guidelines that were released by the BC provincial government in March 2020 and allow for physician prescribing of pharmaceutical-grade substances (e.g., opioids, stimulants, benzodiazepines) to support self-isolation and physical distancing among people at risk of overdose.[8] Additionally, in March 2020, Health Canada issued temporary changes to the *Controlled Drugs and Substances Act* to facilitate the prescribing of and access to opioids and other controlled substances.[19] The Federal Minister of Health also wrote an open letter to all Provincial and Territorial Ministers of Health and regulatory colleges to encourage efforts to increase access to safe supply medications for people at risk of overdose.[18] Since 2019, Health Canada has approved and provided funding for eleven safe supply pilot projects in Canada, including six BC-based projects.[20,25–29] These pilot projects operate or are planned to operate under diverse models with varying target client populations, range and types of medications provided, service providers, operating policies and procedures, and degree of integration with other services.[28,30]

An evaluation of a safe supply program in Vancouver found that, although the program was producing benefits, various barriers to program access limited uptake. Barriers included limited operating hours, wait times, and receiving the generic formulation of hydromorphone.[31] Indeed, an increasing number of people with lived experience of substance use report that existing safe supply programs simply do not provide drugs that people want or experience as an acceptable replacement for street drugs. In particular, the overreliance on the provision of hydromorphone tablets has been found to be problematic.[31] Further, there is growing debate about the value of prescriber-led models that prioritize treatment and limit the diversion of prescribed 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 too is reflected in recent recommendations focused on safe supply from the Health Canada Expert Task Force on Substance Use:

> *Develop new pathways for outreach, screening, and drug distribution, and work to implement them. Services including all pathways to support optimum health must be visible and readily available for those seeking these additional supports.*
>
> *Include as an urgent priority of the CDSS developing, implementing, and evaluating a comprehensive emergency response strategy to scale up access to safer alternatives to the toxic illegal drug market in partnership with people with lived and living experience and the organizations that represent them.*[32]

One such model recommended by experts, the affected community, and other groups is known as a "compassion club". Compassion clubs are drug-user led collectives whereby drugs are bought in bulk, tested for purity and contaminants, and distributed at a reasonable cost. Recently, in response to the ever-escalating overdose death rate, and the lack of meaningful response from policy makers, the Drug Users Liberation Front (DULF), in collaboration with the Vancouver Area network of Drug users (VANDU), opened a compassion club in Vancouver's Downtown Eastside neighbourhood. While there is growing interest in compassion club models, and some unsanctioned compassion clubs are now in operation, there have been no evaluations of such programs to date. As such, scientific evidence concerning this form of safe supply programming is urgently needed. With the aim of generating high quality evidence to inform policy, practice and the optimization of safe supply programming, the overall goal of the proposed study is to evaluate the impacts and feasibility of the DULF/VANDU Compassion Club and Fulfillment Centre (CC&FC).

2 – DULF and VANDU's Compassion Club and Fulfillment Centre

The DULF and VANDU CC&FC tests bulk amounts of street drugs, heroin, cocaine, and methamphetamine, for adulterants using confirmatory analysis. Provided drugs are sent via mail to Substance, in Victoria, part of the University of Victoria's Vancouver Island Drug Checking Project. Samples are tested using multiple drug checking instruments in order to determine a sample's main active ingredients, fillers or cutting agents, any unexpected drugs, and the presence of fentanyl. Confirmatory analysis provides a report, an example of which can be found in Appendix A). Drugs are then sent back to the team at the Drug Users Liberation Front's (DULF) fulfillment center at a confidential location. DULF uses existing processes to measure (according to individual needs), package, label, and seal the drugs for redelivery to our participants. Selected screened participants, at high risk of overdose, can visit to the DULF Compassion Club and collect tested substances for personal use. Both substances from the street and substances from DULF can be consumed on-site at DULF's Overdose Prevention Site (OPS). All on-site consumption will be recorded, and any overdoses or adverse effects that occur at DULF's OPS will be immediately responded to by DULF volunteers. At ongoing meetings, participants discuss their experience with the program. Feedback from participants is incorporated into the program throughout to ensure satisfaction, assist with engagement, and quality control. Adverse effects, such as nonfatal overdose or other unexpected events, are reported through adverse event follow up interviews.

3 – Outcomes

The primary outcome of the program is the to ***reduce number of fatal and nonfatal overdose events*** happening in our community. This outcome is measured via our quantitative evaluation, which uses peer-adapted evaluation measures at baseline, and every 3 months thereafter.

The secondary outcome of the program is quality of life. Also measured using a peer-adapted evaluation measures at baseline, and every 3 months thereafter. This instrument assess an individual's quality of life and satisfaction in life domains such as health, housing, frequency of use, reliance on street supply, participation in crime and sex work, and how others treat you.

If the pilot program is successful, we will produce several audience-specific knowledge translation tools including a final report, one-page policy briefs, academic publications, targeted presentations, and community briefs summarizing our findings for our membership. These deliverables will be designed to support advocacy efforts to peer organizations in different settings, public health professionals, policymakers and clinicians to scale an effective model of community-based regulated supply programming.

DIVISION 2: CC&FC FRAMEWORK

1 – Locations and Hours

The DULF Fulfillment Centre will provide drug checking services at the following location during the following days and hours:

Name of facility / building	[Redacted]
Address	[Redacted]
Hours	As needed.

The DULF Compassion Club will provide drug checking services at the following location during the following days and hours:

Name of facility / building	[Redacted]
Address	[Redacted]
Days	Monday, Wednesday, Friday
Hours	Monday and Friday: 11:30 - 7:00 Wednesday: 3:30 - 7:00

Substances are available for collection by compassion club members depending on participant need.

2 – DULF CC&FC Personnel – Staffing Requirements

DULF's Compassion Club and Fulfillment Centre's personnel include:

i – General Administrator and Community Engagement Coordinator

The primary duties of the Community Engagement Coordinator are:

- Community driven project development and engagement
- Project administration
    - Bookkeeping
    - Facility management
    - Reporting to funders
- Interagency collaborations necessary to implement the deliverables of the DULF Fulfillment Centre operations

Community Engagement Coordinator duties include:

- Grant writing, scouting, reporting and speaking to funders and partners with the goal of maintaining or increasing the current level of the DULF Fulfillment Centre's operations
- Developing and stabilizing all of DULF's projects including:
    - DULF's CC&FC and Related Sub-Projects
    - DULF's Indigenous Advisory Committee
    - DULF Community of Practice
- Linking DULF's Indigenous Steering Committee direction with full service implementation
- Ongoing consultation with host nation hereditary leadership of host nations, specifically PWUD in this leadership, in the direction of all programs
- Collaboration with the Provincial Peer Network, Vancouver Community Coalition Against Prohibition, and Vancouver Area Network of Drug Users, in order to assist with the development and design of DULF Fulfillment Centre programming
- Facility management at the CC&FC; coordinating all facility usage issues among members using the site

ii – General Administrator and Drug Checking Technician

The primary duties of the Drug Checking Technician are:

- To receive, process, log, and test all samples coming into the site with careful handling and clear labelling and storage procedures
- To oversee, and participate in the designs and maintenance of the DULF Fulfillment Centre database, including data monitoring and reporting, quality assurance, and analysis

Drug Checking Technician duties include:

- Preparing data files evaluating the quality of the data and describing its structure, overseeing data entry procedures, and identifying ways to validate data and enhancing quality control of data
- Analyzing, compiling, and supporting development of regular reports and knowledge products on aggregate data, including but not limited to point of care results, confirmatory results, survey data, administrative data, and surveillance/monitoring data
- Communicating drug checking analysis results related to novel findings, trends, and other research activities, and answer questions related to methods and outcomes

- Monitoring samples for public health alerting, liaising with health authority staff as needed to confirm findings and recommending samples for alerting when relevant
- Coordinating the development, implementation, and maintenance of research studies and projects
- Facilitating dissemination of research and quality improvement documents to and/or between a wide range of organizations and groups.
- Uploading sample data and inputting aggregated data into public health reports and developing key findings for each report
- Facilitating the proper onsite storage and transportation of samples for laboratory testing
- Following proper evaluation, data collection, and device storage/transportation protocols, including meticulously tracking data and information

iii – Compassion Club Volunteers

The primary duties of the compassion club volunteers are:

- To account for, and be accountable for, a limited substance inventory which will be provided each shift to members.
- To respond to overdoses at DULF's overdose prevention site and ensure that the site is sanitary and stocked with necessary supplies

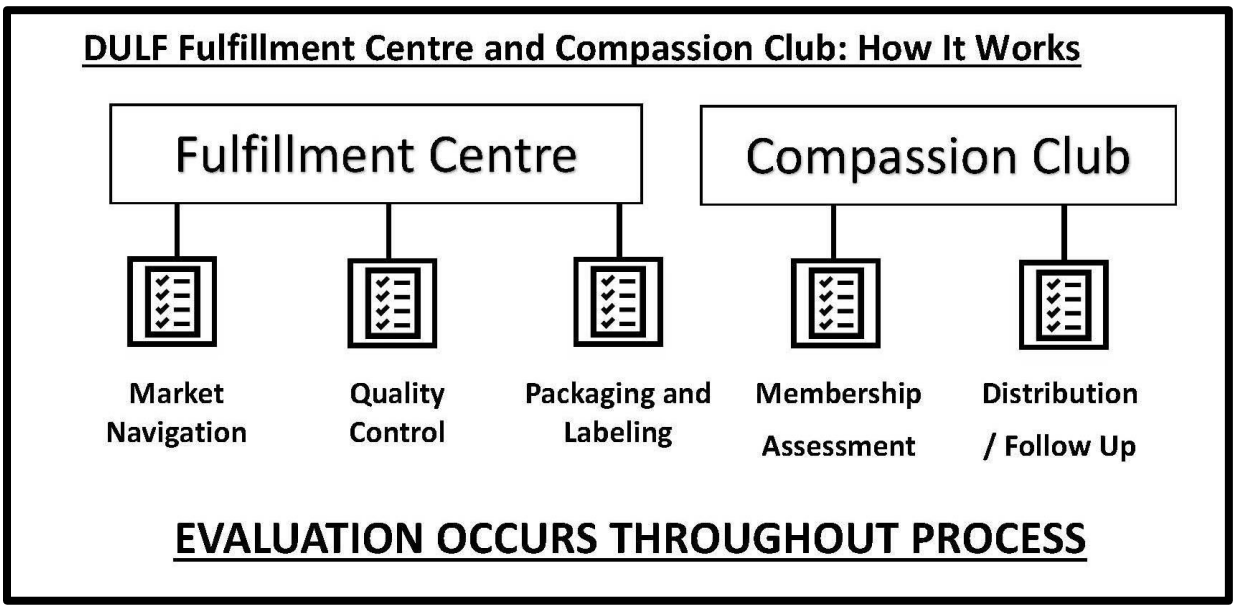
Compassion Club Volunteer duties include:

- Holding keys to the volunteer safe, dumpsters, janitor's closet, and CC front door
- Open and close narcotic inventory and reporting any errors
- Inventorying substances that are low and report to supervisors at end of each shift
- Using the inventory management system (Aronium) to:
    - Track membership dues, and membership due payments
    - Track substance acquisition by participant code
    - Print and file reports
- Track OPS data in excel including:
    - PP#; substance used; time of use; if PP overdoses or has adverse effects from substances
- Respond to ODs in OPS if necessary
- Ensure that harm reduction supplies are inventoried and stocked; supplies include:
    - Needles (0.5cc/1.0cc); waters; cookers; ties; vitamin c; alcohol swabs; rig boxes; screens; medical tubing; push sticks; pipes (meth and crack); foil; sterfilt FAST filters; paper straws

- Cleaning space when/as necessary
    - Ensuring each injection booth is clean after use
- Ensuring participants receive updates as directed by DULF administrative staff
- Removal any trash from space as necessary

3 – Service Archipelago

The DULF and VANDU CC&FC model is split into two separate institutions understood as the Fulfillment Centre, which acquires, tests, and accurately labels substances, and the Compassion Club, which screens and adds members, distributes substances, and follows up with participants.



4 – Membership Screening and Support

See application: Appendix D

In order to access substances from the DULF Compassion Club, individuals have to become a member via their local Drug User Group (DUG). Currently, DUGs act as the main point of contact for PWUD looking to access tested substances.

In order for a DUG to connect its members with the Compassion Club they must comply with minimum safety and screening standards. These standards are:

1. Be a “by-and-for” DUG.
2. Keep an active membership list.

3. Maintain financial records and have accountability processes.

Membership screening is currently conducted by a current member of the drug user group and a staff member or volunteer. The primary purpose of the screening is to determine if an individual meets the minimum requirements for membership, which are outlined below. In full operation, the screening process will also be used to determine other needs that are not being met by club membership, such as assistance to navigate social support systems or accessing recovery/detox services; as such needs are identified the club could expand into offering such services.

In order to access the DULF compassion club, a participant:

1. Must be 19+;
2. Be a member of a Drug User Group;
3. Accessing the illegal and unregulated drug supply of one of the following: down/heroin, methamphetamine, or cocaine;
4. Be at high risk of overdose;

5 – Fulfillment Centre Services

i – Obtaining Substances

The preferable method to obtain substances for compassion clubs is to purchase pharmaceutical-grade cocaine, heroin and methamphetamine from a properly licensed and regulated producer. However, this method is ***not possible*** under the current regulatory framework.

In the absence of permissions to obtain substances in this manner, the DULF Fulfillment Centre's administrators search for and obtains substances in the illicit market through community connections and darknet markets, sourcing from vendors in Canada. Purchasing online in this manner has the benefit of reducing interactions and potential violence from buying in-person, and due to the nature of these darknet markets, vendors remain anonymous.

ii – Vault Storage

Once DULF receives substances, the organization's administrators immediately put the substances into a secure time delayed vault onsite at the Fulfillment Centre and log the type of drug, amount of substance, and date received into a narcotic ledger (a physical book with digitized records). Each ledger entry in the vault log is initialed by both administrators at the Fulfillment Centre. Only DULF administrators have access to this

vault to ensure there is accountability around potential contamination, theft, and loss. To this end, the vault inventory is subjected to a count by both administrators whenever the vault is open to ensure there is no theft, loss, or diversion (see Appendix B). Records are kept in the same ledger of any transfer including to the volunteer safe, samples that are removed for confirmatory testing, and samples that are "burnt"/discarded due to contamination. "Burnt"/discarded samples are deactivated in active charcoal. Initially, the substance received is placed into the vault with the date it is received, the type of substance, and an "untested" sticker affixed to its container.

Once received and entered in the ledger, substances remain behind two locked doors with the exception of when they are being inventoried, packaged, or taken out of storage for transfer to the volunteer safe. Only one substance can be taken out of the vault at a time to decrease the likelihood of cross contamination.

iii – Testing of Substances

Before labeling and packing the substances, DULF implements a quality control process as outlined below, which is dependent on the availability of testing. By testing substances at a point higher up the chain of distribution, the DULF CC&FC model exponentially increases the effect of drug checking as a harm reduction service.

Once testing has been complete – the test code (i.e. the substance test code) is added to the vault log and substances are prepared for packaging and labelling. Substances are not available for collection from compassion club members until confirmatory testing has occurred.

a. Primary Testing – PS-MS

Samples are mailed to the Vancouver Island Drug Checking Project for paper spray ionization mass spectrometry (PS-MS). In PS-MS, the sample is applied to a piece of paper with a solvent added. Then, high voltage is applied which produces ions to be analyzed by the mass spectrometer. This technique can detect chemicals at trace concentrations and quantify them. It is considered the gold standard in laboratory settings. Once test results return from substance, and it is fentanyl and benzodiazepine free, and its potency is known, a label is affixed over the initial "untested" label with the test date, number, and result.

b. Confirmatory Testing

DULF is currently exploring new means of accessing more reliable and sensitive testing equipment to improve its quality control mechanisms.

v – 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 an informed choice to use the substance. Unlike when consumers purchase their drugs off the street, substances for the DULF compassion club are to be labeled with the contents and percentage composition of the substance, as determined by testing. In a similar fashion to tobacco labeling, the packaging is also plain with warnings of the highly addictive nature of the substances and impairing effects, and with warnings to not operate any vehicles or machinery. The club currently employs improved tamper-resistant packaging to increase the safety and reliability of the service. This packaging is also transparent to ensure that club members and staff are providing the correct substance in the correct amount.

When packaging the substances, the following protocols are followed:

1. Substance specific tools and surfaces are used for each different substance.
2. Tools and surfaces are cleaned thoroughly before and after each packaging session.
3. No two substances are even packaged or to be found in a raw (i.e. unpackaged) form around each other simultaneously.

4. No two substances remain packaged but unlabeled around each other simultaneously.
5. No errant (i.e. unused) labels should be printed on kept on hand.
    a. If there are excess labels, they are immediately destroyed to prevent errors.

vi – Transfer to Compassion Club

Once substances have been tested, inventoried, packaged and labelled, they are then transferred to the volunteer safe at the Compassion Club. This transfer is recorded in the DULF Vault Log and initialed by both DULF administrative staff (see Appendix B). Substances are transferred on an as needed basis for security purposes, and are immediately inventoried into the volunteer narcotic log as a new log page or on a single line of an existing log sheet as a transfer (see Appendix C). Upon transfer, substances are immediately added to the DULF's inventory management system using their full test number and weight as their code. Once this has been done, samples are randomly assigned a barcode for tracking and distribution purposes.

6 – DULF Compassion Club Services

i – Inventory Management

DULF's Compassion Club currently uses Aronium (https://www.aronium.com/) as an inventory management system. Substances, participant codes, etc. are encoded into the inventory management software by DULF administrative staff, and are distributed to club members by volunteers using standard practices outlined below.

ii – Drug Count, Inventory, and Accountability

Once substances have been transferred from the Fulfillment Center to the Compassion Club, it becomes the role of volunteers to inventory, account for all narcotics in the Compassion Club Volunteer Safe. At the beginning and end of each shift, both volunteers on shift will initial on a drug inventory denoting the total amounts of each substance on the premises (see Appendix C). Should a discrepancy arise during any count, it will be immediately investigated. If a drug inventory error occurs and cannot be addressed, it will be brought forward to DULF administrators, and they will determine the repercussions including but not limited dismissal of volunteers.

At the beginning and end of each shift, it is a CC Volunteer's responsibility to count the entire drug inventory in the volunteer safe. In the Volunteer Narcotic Count Binder,

each substance and batch is split by test code, and volunteers must fill in the Volunteer Narcotic Inventory Sheet for each batch in the Volunteer Safe. It is a volunteer's responsibility to compare each row of an inventory sheet to the previous row's narcotic inventory close to ensure that no narcotic inventory errors have occurred. Once an open or close count is complete, both volunteers must initial. Should there be a discrepancy, it is a volunteer's responsibility to immediately report the discrepancy to DULF administrative staff. As mentioned above, substance deposits will appear in the narcotic inventory as a change in inventory on their own line denoted by a note explaining the transfer, initialed by both administrators.

iii – Substance Distribution

Substances available from DULF are available by donation with a suggested donation of the base cost of the substance. Suggested donations are as low as possible (i.e. 0.1g of methamphetamine costs $1.75; 1.0 grams costs $17.50; etc.).

Members of the club can acquire their substances during operating hours, if they are in good standing with the club and have paid their membership dues. These dues are not based on the quantity of substance used.

Regarding distribution itself, DULF's volunteers operate behind a secure desk that has a limited inventory of substances, the remainder of the overstocked substances are kept locked in the volunteer safe and are refilled at the desk throughout the day as needed. Any membership dues collected by volunteers are counted and put into the membership due satchel in a dated sealed enveloped at the end of each shift date. Administrators then collect these donations, and any discrepancy between Aronium's reports, the narcotic log, and membership dues are investigated by administrative staff.

iv – Overdose Prevention Services

The DULF Compassion Club also acts as an overdose prevention site, meaning that members can consume substances on site, both from the illicit street market and from DULF. Each use of DULF's OPS is tracked via an excel spreadsheet which indexes participant number, time of use, drugs used, and whether there were any overdoses or adverse impacts from consuming substances. DULF volunteers ensure that supplies for safer injection and inhalation are maintained throughout the day and monitor participants in the event that an overdose should occur, and respond accordingly. DULF volunteers also ensure that booths are properly sanitized and prepared for their next use, and that injection equipment and other biohazardous materials are properly

disposed of. CC volunteers are trained on overdose response best practice, including and not limited to:

1. C.P.R. best practice
2. Naloxone administration best practice
3. Advanced overdose response best practice
    a. Includes: the use of oxygen tanks; airways; bag valve masks; etc.
4. Defibrillators use best practice

7 – Evaluation of Project

In order to track safety and outcomes of substance use, DULF maintains records of all doses distributed and will regularly follow up with Compassion Clubs to determine if the substances resulted in any harm, such as overdose. Given that safe supply interventions have only recently begun to be implemented, and given that we are proposing a novel approach to safe supply programming, we believe it is important to undertake a rigorous evaluation of our efforts. This evaluation has two parts, a quantitative element conducted by DULF itself (see Divisions 3-5), and a second level qualitative element conducted by academic researchers (not included in this document).

8 – Financing

The current nature of the illicit drug market means that market power rests with dealers and distributors rather than consumers, which allows exploitative pricing. A compassion club reliant on this market must operate using donations or parallel revenue streams to subsidize the cost of substances to club membership. In order to achieve sustainability, the club may also need to collect membership fees and payments for substances to maintain at-cost financing. However, with increased consumer purchasing power through the collective it is expected that costs will be drastically reduced and the financial harms of the war on drugs on PWUD will be drastically reduced.

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.

DIVISION 3: DULF Compassion Club Community Ethics Review

1 – Background: Research and the Drug War

See: Research and Drug User Liberation; VANDU Manifesto

The drug war didn't start because of a lack of research or 'bad' research and we don't think it will end because of 'good' research. The active struggle of people oppressed by drug war policies, fighting for their liberation will be the decisive factor in ending the drug war. Researchers can play a positive role when they act as supporters, allies and partners of this movement for liberation.

Research is political. Research is shaped by funding, by the career aspirations of researchers, by the political tendencies of research institutions, by government funding and intervention, by peer pressure and by class, racial and gender biases.

The relationship between the researcher and the researched is not in and of itself empowering or liberating. It only becomes so when organized movements of the oppressed group play an active role in shaping and carrying out the research.

Researchers should leave the organizations of oppressed people that they work with stronger than when they came in, if they don't they are part of the problem and not part of the solution.

2 – Purpose of Compassion Club Community Ethics Review

All research projects require some form of ethics review to ensure that research conducted complies with existing ethical standards and requirements. A research ethics review is a process that is undertaken to ensure the ethical and responsible conduct of a research project. Our review focused both on the methodology and the technical aspect of the project. Specifically, community reviewers looked at how data was to be collected and the measures undertaken to assure the safety of the research participants and those who might be affected by the research's activities.

DULF's community ethic's review process:

1. Provided opportunities for conversations that build clarity;
2. Ensured community ethics are valued, supported, heard;
3. Helped inform decisions about consenting or saying 'no' to participation;

4. Developed ongoing consent that is fully informed (see Section 5 below)

3 – Guiding Principles

The following set of principles are designed to guide the research associated with the DULF Evaluative Compassion Club and Fulfillment:

1. The research is based in lived experience;
2. The research acknowledges interconnectivity;
3. The research fosters sympathetic relationships of respect, reciprocity, responsibility and return.

4 – Ethics Review Process

Before being operationalized, the policies and procedures, as well as the evaluation framework for DULF's Compassion Club and Fulfillment Centre underwent a community ethics review, conducted by community leaders with lived and living experience of substance use. The purpose of this review was to ensure that ethical issues pertinent to our research had been addressed by the project's framework. If the community recommended that the ethical issues relevant to our research are of concern, revisions were made.

DULF will submitted the following to an ethics review panel on June 23rd, 2022:

1. Project proposal – background; research aims; methodology; details of recruitment
2. Informed consent form for participants
3. Any questionnaires/surveys that may be used in the study
4. Other relevant documents

Please reference *Division 6* for the full approved ethics review application.

5 – Informed Consent

Please reference *Appendix E* for DULF's informed verbal consent protocols.

Research undertaken by the DULF Compassion Club operates with the aim of ensuring that participants give their active and ongoing fully informed consent to cultural production.

This means that:

1. Participants have a reasonable understanding of the project's purpose and related expectations of their participation:
    a. Participants receive a written description of the project and the nature of their participation
    b. Participants understand that their participation is voluntary
    c. Participants understand the projects scope and timeline
    d. Participants understand the project's ethics process
    e. Participants understand the evaluator and DULF's staff's background in the community
    f. Participants understand the evaluator and other staff's lived experience in relationship to the project
2. Participants will have a reasonable understanding of the research-related risks and potential benefits:
    a. Participants understand that research may trigger them
    b. Participants understand that the nature of research may reinforce stigma
    c. Participants understand the measures taken to ensure their privacy and confidentiality and understand the limits of those measures
    d. Participants understand that resources are available to help manage these risks
3. Participants will be actively engaged in an ongoing way in order to sustain consent, and they will have the ability to withdraw at any time
    a. Participants may withdraw their consent at any time without consequence
    b. Materials produced after the participants withdraw will be destroyed if the participant so desires
    c. For additional support, participants may contact the VANDU board
4. Affiliations will be transparent.
    a. Participants will understand which other entities staff work with, who their funders are, and who their partners are
5. The agreement is mutual.
    a. All parties agree on levels of participation and the form of agreement (i.e. written, verbal, witnessed, anonymous, confidential)
6. Sharing and return is understood.
    a. Participants understand where and when research will be published
    b. Participants understand the context in which the research will be framed
    c. Participants understand when opportunities for review will exist before publishing

DIVISION 4: Baseline Evaluation

Baseline Questionnaire

Name / Handle:

Date of Birth:

Date of Interview:

Start Time of Interview:

Finish Time of Interview:

Interviewer:

Date of Interview Review:

Checked by:

Date Checked:

Corrected by:

Date Corrected:

Data Entered by:

Date Entered By:

Section A: Sociodemographic

Interview note: read the following to the PP.

"First I would like to ask you some general questions about yourself."

A1. What ethnic group or family background do you identify with?

*Interview note: do **not** read out list.*

◯ First Nations / Indigenous / Inuit
◯ Metis
◯ White
◯ Chinese
◯ South Asian (e.g. Indian, Pakistani)
◯ Other Asian (e.g. Vietnamese, Japanese)
◯ Latin American; specify
◯ Middle Eastern; specify
◯ Black African
◯ Black Caribbean
◯ Other Black; specify
◯ Other; specify

Asian (specify): _____

Latin American (specify): _____

Middle Eastern (specify): _____

Other black (specify): _____

Other (specify): _____

A2. What gender do you identify with?

◯ Man
◯ Woman
◯ Non-Binary
◯ Intersex
◯ Transgender

◯ Two-spirit
◯ Prefer not to say
◯ Prefer to self-describe – specify below:

Gender (specify): _____

A3. In the last 3 months, where have you lived, and what kind of accommodation or living space?

Interview note: read out list.

◯ Unsheltered / Outside
◯ Unstable Housing (e.g. couch surfing)
◯ Supportive Housing
◯ SRO
◯ House / Apartment

A4. In the last 3 months what were your sources of income?

Interview note: read out list.

◯ Regular Employment
◯ Informal Employment
◯ Street Based Activities (e.g. window washing, binning, panhandling)
◯ Illegal Activities (e.g. theft, drug dealing, robbing, stealing)

A5. In the last 3 months, how much income did you receive on average each month?

$_____

A6. In the last 3 months, how often have you had the things on the following list?

	Never (0% of the time)	**Occasionally** (25% of the time)	**Sometimes** (26% to 74% of the time or more)	**Usually** (75% of the time or more)	**Always** (100% of the time)
Time to get enough sleep/rest					
Money to pay monthly bills					
Money to buy necessities					
Money to buy things for yourself					
Money for entertainment					
Money to save					

Section B: Safe Supply Medication History

We are going to ask you a number of questions about your use of safe supply medications. When we say "safe supply medication", we mean medication prescribed to you by a physician.

B1. Are you currently receiving, or did you start or stop any of the following medications in the last 3 months?

	Started	Stopped	Current
Fentora (Tablet Fentanyl)			
Liquid Hydromorphone			
Fentanyl Patch			
Sufentanil (Sublingual)			
Dexedrine			
Methylphenidate (Ritalin)			
Tablet Hydromorphone			
IOAT DAM – Medical Heroin			
Oral Morphine (Kadian)			
Slow Release Oral Morphine (M-Eslon)			
Other (Specify:_____)			
Other (Specify:_____)			
Other (Specify:_____)			

B2. If you could choose to receive ***any*** safe supply medication, which would you choose?

Interview note: check only one.

◯ Injectable opioid: hydromorphone
◯ Injectable opioid: diacetylmorphine
◯ Fentanyl patch
◯ Fentora (tablet fentanyl)
◯ Sufentanyl
◯ Dexedrine SR
◯ Dexedrine IR
◯ Methylphenidate SR
◯ Methylphenidate IR
◯ Oral tablet Hydromorphone
◯ Oral Morphine (Kadian)
◯ Slow Release Oral Morphine (M-Eslon)
◯ Other (Specify): _____

B3. Why would you choose that medication?

Interview note: do not read out list, check all that apply

◯ Better feeling / high than others
◯ Fewer side effects than others
◯ Lasts longer than others
◯ Easier to withdraw from than others
◯ More convenient than others
◯ Other (Specify): _____

Other reason to choose medication, specify: _____

B6. Before starting the DULF Program, have you ever previously wanted to start on safe supply medication but were unable to?

◯ Yes, tried but unable
◯ No, I was able to access
◯ Never tried

If **NO** or **NEVER TRIED** skip to B9

B7. What type(s) of safe supply medications were you trying to access?

*Interview note: do **not** read out list. Check all that apply.*

◯ Injectable opioid: hydromorphone
◯ Injectable opioid: diacetylmorphine
◯ Fentanyl patch
◯ Fentora (tablet fentanyl)
◯ Sufentanyl
◯ Dexedrine SR
◯ Dexedrine IR
◯ Methylphenidate SR
◯ Methylphenidate IR
◯ Oral tablet Hydromorphone
◯ Oral Morphine (Kadian)
◯ Slow Release Oral Morphine (M-Eslon)
◯ Other (Specify): _____

B8. Why couldn't you get safe supply medications?

*Interview note: do **not** read out list. Check all that apply.*

◯ Doctor/clinician refused to prescribe
◯ Couldn't access a pharmacy to fill prescription
◯ No prescription/program I wanted/needed
◯ Program wait list too long/no space in safe supply program
◯ No program nearby
◯ Told I was not eligible. Reason for ineligibility:
◯ Mental Health Condition
◯ Physical Health Condition
◯ Couldn't afford to fill prescription
◯ Didn't know who to go to / how to start
◯ Other. Specify: _____

Section C: Substance Use General

C1. When was the last time you used illegal drugs?

- ◯ Today
- ◯ Yesterday
- ◯ Days/weeks/years ago

C2. In the last 3 months, how often have you used your substances alone with nobody else around?

- ◯ Never (0% of the time)
- ◯ Occasionally (25% of the time or less)
- ◯ Sometimes (26% to 74% of the time or more)
- ◯ Usually (75% of the time or more)
- ◯ Always (100% of the time)

C3. In the last 3 months, where have you used drugs?

Interview note: read out list. Check all that apply.

- ◯ Washroom
- ◯ Public park or greenspace
- ◯ Alleyway / on the Street
- ◯ Abandoned building
- ◯ Stairwell
- ◯ Your own home
- ◯ A friends home
- ◯ Your partner's house
- ◯ An acquaintances home
- ◯ A car
- ◯ A hotel / motel
- ◯ Dealer's house
- ◯ Shelter
- ◯ Community organization
- ◯ Safe injection space or overdose prevention site

C4. In the last 3 months, where have you used drugs most frequently?

- ◯ Washroom

◯ Public park or greenspace
◯ Alleyway / on the Street
◯ Abandoned building
◯ Stairwell
◯ Your own home
◯ A friends home
◯ Your partner's house
◯ An acquaintances home
◯ A car
◯ A hotel / motel
◯ Dealer's house
◯ Shelter
◯ Community organization
◯ Safe injection space or overdose prevention site

C5. In the last three months, have you taken a substance to be tested?

◯ Yes
◯ No

*Interview note: if **no**, go to C8*

C6. If yes, how many times?

◯ 1-4 times
◯ 5-10 times
◯ 10-20 times
◯ More than 20 times

C7. What type of service?

◯ Fentanyl test strip
◯ FTIR spectrometer
◯ Both FTIR spectrometer and fentanyl test strip
◯ Colormetric tests
◯ Other:_____

C8. If you did not use drug checking, why?

◯ Unaware of service

◯ Service wasn't easily accessible to me (location, times, etc.)
◯ Not interested in knowing what's in my drugs
◯ No point in getting my drugs checked, as I have no other alternatives (e.g., there's fentanyl in everything, dope sick, desperate)
◯ No drug use in the last 6 months
◯ Other:_____

C9. Do you currently own a take-home Narcan/naloxone kit?

◯ Yes
◯ No

C10. Have you administered naloxone in the last three months?

◯ Yes
◯ No

C11. If yes, how many times?

◯ 1 or 2
◯ 3 or 4
◯ 5 or more

Section D: Overdose

D1. Approximately how many times have you had an overdose in your life?

_____

*Interview note: if **0,** skip to Section E.*

D2. How long ago was your last overdose?

_____

D3. Approximately how many times have you been given naloxone/Narcan to reverse the overdose in your life?

_____

D4. In the last 3 months, how many times have you had an overdose?

_____

D5. In the last 3 months, how many times have you been given naloxone/Narcan to reverse the overdose?

_____

D6. The last time you had an overdose, what drugs did you intend to take before you overdosed?

- ◯ Heroin
- ◯ Fentanyl Patch
- ◯ Fentanyl Powder / Pills
- ◯ Down (Unspecified)
- ◯ Cocaine
- ◯ Crack cocaine
- ◯ OxyContin / neo
- ◯ Morphine

◯ Codeine
◯ Percocet
◯Demerol
◯ Talwin
◯ Methadone (without prescription)
◯ Suboxone (without prescription)
◯ Hydromorphone
◯ Speedball (cocaine and heroin)
◯ Goofball (Crystal and heroin)
◯ Sleeping pills
◯ Crystal methamphetamine
◯ Ecstasy/MDMA/Molly
◯ Ketamine (Special K)
◯ Benzos (Benzodiazepines)
◯ Detroamphetamine (Dexedrine)
◯ Dextroamphetamine and amphetamine (Adderall)
◯ Methylphenidate (Ritalin)
◯ Gabapentin
◯ Other (specify): _____

D7. Did you think your drugs were cut with anything?

◯ Yes
◯ No

D8. What do you think it was cut with?

Interview note: read out list and check all that apply.

◯ Fentanyl powder/pills
◯ Heroin
◯ Cocaine
◯ Carfentanil
◯ Buff (filler)
◯ Crystal Meth
◯ Levamisole
◯ Benzodiazepines. Specify: _____
◯ Other. Specify: _____

D9. Where were you the last time that you overdosed?

◯ Washroom
◯ Public park or greenspace
◯ Alleyway / on the Street
◯ Abandoned building
◯ Stairwell
◯ Your own home
◯ A friends home
◯ Your partner's house
◯ An acquaintances home
◯ A car
◯ A hotel / motel
◯ Dealer's house
◯ Shelter
◯ Community organization
◯ Safe injection space or overdose prevention site
◯ Other. Specify:_____

D10. Who were you with?

◯ Fixing with other people
◯ Fixing alone, but with other people nearby
◯ Fixing alone, and nobody nearby

Section E: Drug Use – Injection/Non-Injection

E1. Which of the following street drugs have you used in the last 3 months, and how often do you use them?

Interview note: fill in any that apply.

Drug	Smoked	Injected	Snorted	Frequency of use?*					If daily, average # of uses per day?
				A	B	C	D	E	
a. Crack Cocaine									
b. Cocaine									
c. Crystal Meth									
d. Prescription stimulant (Specify:)									
e. Benzos (Benodiazapine)									
f. Heroin									
g. Morphine									
h. Street Percocet									
i. Street Dilaudid									
j. Fentanyl									
k. Cannabis, hash, pot									
l. Ecstasy / MDMA / Molly									
m. PCP / angel dust									
n. Ketamine (Special K)									
o. GHB									
p. Other (Specify:)									
q. Other (Specify:)									

*How often: A – Never (0% of the time); B – Occasionally (25% of the time or less); C - Sometimes (26% to 75% of the time); D – Usually (75% of the time or more); E – Always (100% of the time)

E2. Have you injected drugs in the last three months?

◯ Yes
◯ No

*Interview note: if **no,** skip to Section F.*

E3. If you injected drugs in the last 3 months have you lent or borrowed used needles?

◯ Yes
◯ No

E4. In the last 3 months, how many times have you lent your used needles to someone else?

◯ None
◯ Once
◯ 2-5 times
◯ 6-10 times
◯ 11-100 times
◯ > 100 times

E5. In the last 3 months, how many times have you borrowed someone else's used needles?

◯ None
◯ Once
◯ 2-5 times
◯ 6-10 times
◯ 11-100 times
◯ > 100 times

E6. In the last 3 months, how often have you needed help to inject drugs?

◯ Never (0% of the time)
◯ Occasionally (25% of the time or less)
◯ Sometimes (26% to 74% of the time or more)
◯ Usually (75% of the time or more)
◯ Always (100% of the time)

E7. In the last 3 months, where or who did you get help to inject drugs?

◯ Overdose prevention site/supervised consumption site staff
◯ Friend/partner/someone known to me
◯ Someone I didn't know
◯ Other. Specify:_____

Section F: Illegal Activity and Incarceration

F1. Have you ever been involved in any of the following activities in the last 3 months, and if yes, how often?

	Involved? (Y/N)	**How often?***
Dealing or Middling (Drug Dealing)		
Boosted, shoplifted, or stole (commercial)		
Boosted or stole (residential, house, vehicle)		
Break and enter		
Armed robbery		
Fraud/forgery		
Other theft (stole a car; rolled/robbed someone; bought, sold, or possessed stolen goods)		
Fighting using weapons (violence; assault; murder; weapons offence)		
Drunk in public (disorderly conduct; vagrancy; public intoxication)		
Buying sex services		
Drunk driving		
Jumped bail, missed parole meeting, failed to appear, breached probation (broke condition imposed by legal system)		
Panhandling		
Other. Specify:		

*How often: Multiple times per day; daily; every other day; every week; infrequently; almost never

F2. In the last 3 months, have you had a negative interaction with the police?

◯ Yes
◯ No

*Interview note: if **no,** skip to F5.*

F3. If yes, how many times?

_____

F4. The last time, what was the nature of the contact?

*Interview note: Do **not** read out list. Check all that apply.*

- ◯ Asked me if I was okay (health)
- ◯ Asked me why I was in the area
- ◯ Directed me to health services
- ◯ Domestic dispute
- ◯ I was arrested
- ◯ I was charged
- ◯ Jacked up (i.e. stopped and searched)
- ◯ I witnessed an incident/crime
- ◯ Just saying hi
- ◯ Reporting ac rime
- ◯ Ticket
- ◯ Told to move on
- ◯ Other. Specify

F5. Have you **ever** in detention, prison, or jail?

- ◯ Yes
- ◯ No

F5. Have you been in detention, prison, or jail in the last 3 months?

- ◯ Yes
- ◯ No

Section G: Violence

G1. In the last 3 months, have you been physically attacked or suffered any kind of physical violence, including torture or punishment related to a drug debt?

◯ Yes
◯ No

G2. If yes, who attacked you the last time you were attacked?

*Interview note: Do **not** read out list. Check all that apply.*

◯ Stanger
◯ Dealer
◯ Police
◯ Husband/wife
◯ Boyfriend/girlfriend
◯ Partner
◯ Sex work client
◯ Sex worker
◯ Friend
◯ Regular sex partner
◯ Casual sex partner
◯ Security guard
◯ Acquaintance
◯ Don't know
◯ Other, specify:_____

Section H: Addiction Care – Medication Treatment

H1. Have you ever received any of the following types of medical treatments? If yes, have did you start this treatment in the last 3 months, and are you still currently receiving it?

	Never	Ever	L3M	Current
Methadose (10mg/mL, red cherry flavoured)				
Metadol-D (10mg/mL, clear colourless)				
Methadone (Sandoz Methadone) (Sterinova) (10mg/mL blue cherry flavoured)				
Buprenorphine/naloxone (i.e. Suboxone)				
Sublocade (injectable, long acting buprenorphine)				
Naltrexone/Vivitrol				
Acamprosate				
Gabapentin				
Disulfiram/Antabuse				
Other. Specify:				

Section I: Addiction Care – Non-Medication Treatment

I1. Have you ever received any of the following types of addiction detox or treatment? If yes, did you start the treatment in the last 3 months? Are you currently receiving it?

Outpatient				
	Ever	L3M	Current	Never
12 Step Recovery (AA/NA)				
Other self-help groups (e.g. SMART, LifeRing)				
Drug or alcohol counselling (one-on-one)				
CBT (cognitive behavioural therapy)				
Contingency method				
Daytox				
Drug treatment court				
Other. Specify:				

Inpatient				
	Ever	L3M	Current	Never
Detox only				
Residential Treatment (“rehab”)				
Recovery House				
Indigenous Inpatient Treatment Program				
Other. Specify:				

I2. In the last 3 months, have you ever tried to access any alcohol or other drug treatment but were unable to?

◯ Yes
◯ No

I3. If you could not access a drug/alcohol program, what was the problem?

◯ Waiting list.
◯ Don’t know any programs.
◯ Behavioural problems
◯ Failed to many times
◯ Other. Specify:_____

Section J: Hospitalization

J1. In the last 3 months, have you been hospitalized?

◯ Yes
◯ No

Section K: "Depression Index"

K1. Now I will ask you about some of the ways you might have felt or behaved. Please indicate how often you have felt or behaved this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of time (3 to 4 days)	Most of the time (5 to 7 days)
I was bothered by things that usually don't bother me.				
I did not feel like eating; my appetite was poor.				
I felt that I could not shake off the blues even with help from my family or friends.				
I felt that I was just as good as other people.				
I had trouble keeping my mind on what I was doing.				
I felt depressed.				
I felt that everything I did was an effort.				
I felt hopeful about the future.				
I thought my life had been a failure.				
I felt fearful.				
My sleep was restless.				
I was happy.				
I talked less than usual.				
I felt lonely.				
People were unfriendly.				
I enjoyed life.				

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of time (3 to 4 days)	Most of the time (5 to 7 days)
I had crying spells.				
I felt sad.				
I felt that people disliked me.				
I could not get “going.”				

DIVISION 5: DULF Follow Up Evaluation

Follow Up Questionnaire

PP#:_____

Date of Interview:_____

Start Time of Interview:_____

Finish Time of Interview:_____

Interviewer:_____

Date of Interview Review:_____

Checked By:_____

Date Checked:_____

Corrected By:_____

Date Corrected:_____

Data Entered By:_____

Date Entered:_____

Section A: Sociodemographic

A1. In the last 3 months, where have you lived, and what kind of accommodation or living space?

Interview note: read out list.

◯ Unsheltered / Outside
◯ Unstable Housing (e.g. couch surfing)
◯ Supportive Housing
◯ SRO
◯ House / Apartment

A2. In the last 3 months what were your sources of income?

Interview note: read out list.

◯ Regular Employment
◯ Informal Employment
◯ Street Based Activities (e.g. window washing, binning, panhandling)
◯ Illegal Activities (e.g. theft, drug dealing, robbing, stealing)

A3. In the last 3 months, how much income did you receive on average each month?

$_____

A4. In the last 3 months, how often have you had the things on the following list?

	Never (0% of the time)	**Occasionally** (25% of the time)	**Sometimes** (26% to 74% of the time or more)	**Usually** (75% of the time or more)	**Always** (100% of the time)
Time to get enough sleep/rest					
Money to pay monthly bills					
Money to buy necessities					
Money to buy things for yourself					

	Never (0% of the time)	**Occasionally** (25% of the time)	**Sometimes** (26% to 74% of the time or more)	**Usually** (75% of the time or more)	**Always** (100% of the time)
Money for entertainment					
Money to save					

Section B: Safe Supply Medication History

We are going to ask you a number of questions about your use of safe supply medications. When we say "safe supply medication", we mean medication prescribed to you by a physician.

B1. Are you currently receiving, or did you start or stop any of the following medications in the last 3 months?

	Started	Stopped	Current
Fentora (Tablet Fentanyl)			
Liquid Hydromorphone			
Fentanyl Patch			
Sufentanil (Sublingual)			
Dexedrine			
Methylphenidate (Ritalin)			
Tablet Hydromorphone			
IOAT DAM – Medical Heroin			
Oral Morphine (Kadian)			
Slow Release Oral Morphine (M-Eslon)			
Other (Specify:_____)			
Other (Specify:_____)			
Other (Specify:_____)			

Section C: Substance Use General

C1. When was the last time you used illegal drugs?

- ◯ Today
- ◯ Yesterday
- ◯ Days/weeks/years ago

C2. In the last 3 months, how often have you used your substances alone with nobody else around?

- ◯ Never (0% of the time)
- ◯ Occasionally (25% of the time or less)
- ◯ Sometimes (26% to 74% of the time or more)
- ◯ Usually (75% of the time or more)
- ◯ Always (100% of the time)

C3. In the last 3 months, where have you used drugs?

Interview note: read out list. Check all that apply.

- ◯ Washroom
- ◯ Public park or greenspace
- ◯ Alleyway / on the Street
- ◯ Abandoned building
- ◯ Stairwell
- ◯ Your own home
- ◯ A friends home
- ◯ Your partner's house
- ◯ An acquaintances home
- ◯ A car
- ◯ A hotel / motel
- ◯ Dealer's house
- ◯ Shelter
- ◯ Community organization
- ◯ Safe injection space or overdose prevention site

C4. In the last 3 months, where have you used drugs most frequently?

- ◯ Washroom

◯ Public park or greenspace
◯ Alleyway / on the Street
◯ Abandoned building
◯ Stairwell
◯ Your own home
◯ A friends home
◯ Your partner's house
◯ An acquaintances home
◯ A car
◯ A hotel / motel
◯ Dealer's house
◯ Shelter
◯ Community organization
◯ Safe injection space or overdose prevention site

C5. In the last three months, have you taken a substance to be tested?

◯ Yes
◯ No

*Interview note: if **no**, go to C8*

C6. If yes, how many times?

◯ 1-4 times
◯ 5-10 times
◯ 10-20 times
◯ More than 20 times

C7. What type of service?

◯ Fentanyl test strip
◯ FTIR spectrometer
◯ Both FTIR spectrometer and fentanyl test strip
◯ Colormetric tests
◯ Other:_____

C8. If you did not have access to compassion club substances, why did you not use drug checking?

◯ Unaware of service
◯ Service wasn't easily accessible to me (location, times, etc.)
◯ Not interested in knowing what's in my drugs
◯ No point in getting my drugs checked, as I have no other alternatives (e.g., there's fentanyl in everything, dope sick, desperate)
◯ No drug use in the last 6 months
◯ Other:_____

C9. Do you currently own a take-home Narcan/naloxone kit?

◯ Yes
◯ No

C10. Have you administered naloxone in the last three months?

◯ Yes
◯ No

C11. If yes, how many times?

◯ 1 or 2
◯ 3 or 4
◯ 5 or more

Section D: Overdose

D1. How long ago was your last overdose?

_____

D2. In the last 3 months, how many times have you had an overdose?

_____

*Interview note: if **0,** skip to Section E.*

D3. In the last 3 months, how many times have you been given naloxone/Narcan to reverse the overdose?

_____

D4. In the last 3 months how many times have you had an overdose from the use of substances from DULF?

_____

D5. In the last 3 months, how many times have you been given naloxone/Narcan to reverse an overdose from the use of DULF substances?

_____

D6. The last time you had an overdose, what drugs did you intend to take before you overdosed?

- ◯ Heroin
- ◯ Fentanyl Patch
- ◯ Fentanyl Powder / Pills
- ◯ Down (Unspecified)
- ◯ Cocaine
- ◯ Crack cocaine
- ◯ OxyContin / neo
- ◯ Morphine
- ◯ Codeine
- ◯ Percocet

◯Demerol
◯ Talwin
◯ Methadone (without prescription)
◯ Suboxone (without prescription)
◯ Hydromorphone
◯ Speedball (cocaine and heroin)
◯ Goofball (Crystal and heroin)
◯ Sleeping pills
◯ Crystal methamphetamine
◯ Ecstasy/MDMA/Molly
◯ Ketamine (Special K)
◯ Benzos (Benzodiazepines)
◯ Detroamphetamine (Dexedrine)
◯ Dextroamphetamine and amphetamine (Adderall)
◯ Methylphenidate (Ritalin)
◯ Gabapentin
◯ Other (specify):_____

D7. Did you think your drugs were cut with anything?

◯ Yes
◯ No

D8. What do you think it was cut with?

Interview note: read out list. Check all that apply.

◯ Fentanyl
◯ Heroin
◯ Cocaine
◯ Carfentanil
◯ Buff (filler)
◯ Crystal Meth
◯ Levamisole
◯ Benzodiazepines. Specify:_____
◯ Other. Specify:_____

D9. Where were you the last time that you overdosed?

◯ Washroom

◯ Public park or greenspace
◯ Alleyway / on the Street
◯ Abandoned building
◯ Stairwell
◯ Your own home
◯ A friends home
◯ Your partner's house
◯ An acquaintances home
◯ A car
◯ A hotel / motel
◯ Dealer's house
◯ Shelter
◯ Community organization
◯ Safe injection space or overdose prevention site
◯ Other. Specify:_____

D10. Who were you with?

◯ Fixing with other people
◯ Fixing alone, but with other people nearby
◯ Fixing alone, and nobody nearby

Section E: Drug Use – Injection/Non-Injection

E1. Which of the following street drugs have you used in the last 3 months, and how often do you use them?

Interview note: fill in any that apply.

Drug	Smoked	Injected	Snorted	Frequency of use?*					If daily, average # of uses per day?
				A	B	C	D	E	
a. Crack Cocaine									
b. Cocaine									
c. Crystal Meth									
d. Prescription stimulant (Specify:)									
e. Benzos (Benodiazapine)									
f. Heroin									
g. Morphine									
h. Street Percocet									
i. Street Dilaudid									
j. Fentanyl									
k. Cannabis, hash, pot									
l. Ecstasy / MDMA / Molly									
m. PCP / angel dust									
n. Ketamine (Special K)									
o. GHB									
p. Other (Specify:)									
q. Other (Specify:)									

*How often: A – Never (0% of the time); B – Occasionally (25% of the time or less); C - Sometimes (26% to 75% of the time); D – Usually (75% of the time or more); E – Always (100% of the time)

E2. Have you injected drugs in the last three months?

◯ Yes
◯ No

*Interview note: if **no,** skip to Section F.*

E3. If you injected drugs in the last 3 months have you lent or borrowed used needles?

◯ Yes
◯ No

E4. In the last 3 months, how many times have you lent your used needles to someone else?

◯ None
◯ Once
◯ 2-5 times
◯ 6-10 times
◯ 11-100 times
◯ > 100 times

E5. In the last 3 months, how many times have you borrowed someone else's used needles?

◯ None
◯ Once
◯ 2-5 times
◯ 6-10 times
◯ 11-100 times
◯ > 100 times

E6. In the last 3 months, how often have you needed help to inject drugs?

◯ Never (0% of the time)
◯ Occasionally (25% of the time or less)
◯ Sometimes (26% to 74% of the time or more)
◯ Usually (75% of the time or more)
◯ Always (100% of the time)

E7. In the last 3 months, where or who did you get help to inject drugs?

◯ Overdose prevention site/supervised consumption site staff
◯ Friend/partner/someone known to me
◯ Someone I didn't know
◯ Other. Specify:_____

Section F: Illegal Activity and Incarceration

F1. Have you ever been involved in any of the following activities in the last 3 months, and if yes, how often?

	Involved? (Y/N)	**How often?***
Dealing or Middling (Drug Dealing)		
Boosted, shoplifted, or stole (commercial)		
Boosted or stole (residential, house, vehicle)		
Break and enter		
Armed robbery		
Fraud/forgery		
Other theft (stole a car; rolled/robbed someone; bought, sold, or possessed stolen goods)		
Fighting using weapons (violence; assault; murder; weapons offence)		
Drunk in public (disorderly conduct; vagrancy; public intoxication)		
Buying sex services		
Drunk driving		
Jumped bail, missed parole meeting, failed to appear, breached probation (broke condition imposed by legal system)		
Panhandling		
Other. Specify:		

*How often: Multiple times per day; daily; every other day; every week; infrequently; almost never

F2. In the last 3 months, have you had a negative interaction with the police?

◯ Yes
◯ No

*Interview note: if **no,** skip to F5.*

F3. If yes, how many times?

_____

F4. The last time, what was the nature of the contact?

*Interview note: Do **not** read out list. Check all that apply.*

- ◯ Asked me if I was okay (health)
- ◯ Asked me why I was in the area
- ◯ Directed me to health services
- ◯ Domestic dispute
- ◯ I was arrested
- ◯ I was charged
- ◯ Jacked up (i.e. stopped and searched)
- ◯ I witnessed an incident/crime
- ◯ Just saying hi
- ◯ Reporting ac rime
- ◯ Ticket
- ◯ Told to move on
- ◯ Other. Specify

F5. Have you been in detention, prison, or jail in the last 3 months?

- ◯ Yes
- ◯ No

Section G: Violence

G1. In the last 3 months, have you been physically attacked or suffered any kind of physical violence, including torture or punishment related to a drug debt?

◯ Yes
◯ No

G2. If yes, who attacked you the last time you were attacked?

*Interview note: Do **not** read out list. Check all that apply.*

◯ Stanger
◯ Dealer
◯ Police
◯ Husband/wife
◯ Boyfriend/girlfriend
◯ Partner
◯ Sex work client
◯ Sex worker
◯ Friend
◯ Regular sex partner
◯ Casual sex partner
◯ Security guard
◯ Acquaintance
◯ Don't know
◯ Other, specify:_____

Section H: Addiction Care – Medication Treatment

H1. Have you started or stopped the following treatments in the last 3 months? Or are you currently receiving it?

	Started	Stopped	Current
Methadose (10mg/mL, red cherry flavoured)			
Metadol-D (10mg/mL, clear colourless)			
Methadone (Sandoz Methadone) (Sterinova) (10mg/mL blue cherry flavoured)			
Buprenorphine/naloxone (i.e. Suboxone)			
Sublocade (injectable, long acting buprenorphine)			
Naltrexone/Vivitrol			
Acamprosate			
Gabapentin			
Disulfiram/Antabuse			
Other. Specify:			

Section I: Addiction Care – Non-Medication Treatment

I1. Have you ever received any of the following types of addiction detox or treatment in the last 3 months?

Outpatient			
	Started	Current	Stopped
12 Step Recovery (AA/NA)			
Other self-help groups (e.g. SMART, LifeRing)			
Drug or alcohol counselling (one-on-one)			
CBT (cognitive behavioural therapy)			
Contingency method			
Daytox			
Drug treatment court			
Other. Specify:			

Inpatient			
	Started	Current	Stopped
Detox only			
Residential Treatment (“rehab”)			
Recovery House			
Indigenous Inpatient Treatment Program			
Other. Specify:			

I2. In the last 3 months, have you ever tried to access any alcohol or other drug treatment but were unable to?

◯ Yes
◯ No

I3. If you could not access a drug/alcohol program, what was the problem?

◯ Waiting list.
◯ Don’t know any programs.
◯ Behavioural problems
◯ Failed to many times
◯ Other. Specify:_____

Section J: Hospitalization

J1. In the last 3 months, have you been hospitalized?

◯ Yes
◯ No

Section K: "Depression Index"

K1. Now I will ask you about some of the ways you might have felt or behaved. Please indicate how often you have felt or behaved this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of time (3 to 4 days)	Most of the time (5 to 7 days)
I was bothered by things that usually don't bother me.				
I did not feel like eating; my appetite was poor.				
I felt that I could not shake off the blues even with help from my family or friends.				
I felt that I was just as good as other people.				
I had trouble keeping my mind on what I was doing.				
I felt depressed.				
I felt that everything I did was an effort.				
I felt hopeful about the future.				
I thought my life had been a failure.				
I felt fearful.				
My sleep was restless.				
I was happy.				
I talked less than usual.				
I felt lonely.				
People were unfriendly.				
I enjoyed life.				

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of time (3 to 4 days)	Most of the time (5 to 7 days)
I had crying spells.				
I felt sad.				
I felt that people disliked me.				
I could not get “going.”				

Section L: DULF Compassion Club Follow Up

L1. Which Substances did you use from DULF in the last 3 months? How did you use each substance?

	Inject	Snort	Smoke	Other. Specify:	N/A
Cocaine					
Heroin					
Methamphetamine					

L2. In the last 3 months, have you used drugs from DULF and other drugs together?

◯ Yes
◯ No

L3. What drugs have you used with DULF's drugs?

◯ Heroin
◯ Fentanyl
◯ Down
◯ Cocaine
◯ Crystal meth
◯ Other, specify:_____

L4. How often do you use other drugs with your drugs from the DULF compassion club?

◯ Never (0% of the time)
◯ Occasionally (25% of the time or less)
◯ Sometimes (26% to 74% of the time or more)
◯ Usually (75% of the time or more)
◯ Always (100% of the time)

*Interview note: if **never**, skip to L6.*

L5. What are the reasons you use other drugs?

◯ That is my normal practice with illegal drugs
◯ Feels better
◯ Lasts longer

◯ DULF's drugs do not address my cravings/withdrawal
◯ Other. Specify:_____

L6. Since joining DULF's compassion club, have you ever given away, shared, or sold your doses?

◯ Yes
◯ No

L7. Which drugs from DULF have you given away, shared, or sold?

◯ Cocaine
◯ Heroin
◯ Methamphetamine

L8. Who did you give away or sell your drugs to?

◯ Romantic partner/spouse
◯ Family member. Specify
◯ Friend
◯ Acquaintance/neighbor
◯ Stranger
◯ Other. Specify

L9. Why did you sell or give away your drugs?

◯ Because the person was in opioid withdrawal
◯ Because the person was in pain
◯ Because the person could not access safe supply medication from a prescriber
◯ To generate income
◯ Other. Specify:_____

L10. Has joining the DULF Compassion Club changed how often you use illegal street drugs overall?

◯ Stopped using
◯ Decrease in use
◯ No change in use
◯ Increase in use
◯ Too soon to know

◯ Not applicable

L11. Has joining the DULF Compassion Club changed how often you use drugs overall?

◯ Stopped using
◯ Decrease in use
◯ No change in use
◯ Increase in use
◯ Too soon to know
◯ Not applicable

L12. Has joining the DULF Compassion Club changed the way that you most frequently use your preferred drug (i.e. if you inject, inhale, swallow it, etc.)?

◯ Yes
◯ No

L13. If yes, how have do usually use your preferred drug(s) now?

◯ Inject them
◯ Smoke them
◯ Snort them
◯ Ingest them (i.e. swallow them)
◯ Inhale or "chase" it
◯ No preference

L14. For the following statements about DULF's Compassion Club, please tell me whether you strongly disagree, disagree, agree, strongly agree, or if you think it is too soon to know or that the question does not apply to you.

Being a member of DULF's compassion club has…

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Too Soon to Know
a. helped me to reduce my drug use						

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Too Soon to Know
b. helped me to stop my use						
c. reduced my drug cravings/withdrawal						
d. reduced my risk of overdose						
e. made me more likely to use clean sterile drug use equipment						
f. made me more likely to use drugs slowly and/or taste drugs first						
g. made me more likely to carry naloxone						
h. made me more likely to have my street drugs checked						
i. helped me reduce my reliance on illegal activities						
j. improved my income (e.g. on reduced spending on drugs, increased paid work, etc.)						
k. improved my housing stability						
l. made me less likely to experience physical assault/violence						
m. made me less likely to have contact with police						
n. helped me to improve my connections with family and friends						
o. increased my use of other health or social services						

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Too Soon to Know
p. improved my pain management						
q. improved my physical health						
r. improved my mental health						
s. improved my overall health						

L15. How satisfied are you with the DULF Compassion Club?

◯ Very unsatisfied
◯ Unsatisfied
◯ Neither satisfied or dissatisfied
◯ Satisfied
◯ Very satisfied
◯ Not applicable

L16. How would you rate the quality of service at the DULF Compassion Club?

◯ Excellent
◯ Good
◯ Fair
◯ Poor
◯ Not applicable

L17. Have the compassion club staff been reliable and performed services dependably?

◯ Always
◯ Usually
◯ Sometimes
◯ Occasionally
◯ Never
◯ Not applicable

L18. Have the compassion club staff been courteous and respectful to you?

◯ Always
◯ Usually
◯ Sometimes
◯ Occasionally
◯ Never
◯ Not applicable

L19. Do you trust the compassion club staff to provide you with quality care?

◯ Always
◯ Usually
◯ Sometimes
◯ Occasionally
◯ Never
◯ Not applicable

L20. How do the following impact how likely you are to access the compassion club?

	…I'd be much less likely to access.	…I'd be somewhat less likely to access.	…I'd be neither more nor less likely to access.	…I'd be somewhat more likely to access.	…I'd be much more likely to access…	Not applicable.
If the club was closer to work/home…						
If the club was open for longer operating hours…						
If the club was open for more days of the week…						
If the club had shorter wait times…						

	…I'd be much less likely to access.	…I'd be somewhat less likely to access.	…I'd be neither more nor less likely to access.	…I'd be somewhat more likely to access.	…I'd be much more likely to access…	Not applicable.
If the club had a wider range of different drug options…						
If I wasn't allowed to still use other illegal drugs…						
If I wasn't allowed to carry doses of drugs…						
If medical staff were present…						
If substances cost the same as street drugs…						
If staff were not allowed to use drugs (i.e. were abstainent)…						

L21. Do you think the compassion club needs to be improved?

◯ Yes
◯ No

L22. How do you think the compassion club could be improved?

Interview note: read out list, check all that apply.

◯ Longer operating hours
◯ Shorter wait times
◯ Other drug options available. Specify:_____
◯ If there were changes to program rules/regulations. Specify:_____
◯ If staff treated me better.
◯ If physical space was improved. Specify how:_____
◯ Other. Specify:_____

DIVISION 6: Approved Ethics Application

The following ethics framework was submitted to, and approved by, a community ethics board consisting of VANDU board members, and other people with lived and living experience (PWLLE) on July 23rd 2022.

The community ethics review board included: Samona Marsh, Brian O'Donnell, Howard Bell, Howard Calpas, Jon Braithwite, Kevin Yake, Delilah Gregg, Ryan Maddeaux, Lorna Bird.

1 - Research Team

Dr. Thomas Kerr, PhD

Dr. Kerr is the Associate Director of the BC Centre on Substance Use (BCCSU) and Director of Research at the BCCSU. He is also a Professor at the Department of Medicine at the University of British Columbia (UBC), and an Associate Faculty Member in the School of Population and Public Health at UBC. Dr. Kerr is also an Associate Scientist with The Ontario HIV Treatment Network. Dr. Kerr's primary research interests involve illicit drug use, HIV/AIDS, health policy and service evaluation, and community-based research methods. His long history of involvement in healthcare issues in Vancouver's Downtown Eastside includes ground-breaking work on peer-driven interventions, needle exchanges, and supervised injecting. Dr. Kerr has worked closely with several drug user-led organizations, including the Vancouver Area Network of Drug Users, the Western Aboriginal Harm Reduction Society, and the Thai Drug Users Network.

Whitney Stockard, MScGH

A recent graduate, Whitney's masters practicum focused on harm reduction. She completed over 200 hours of fieldwork in the winter of 2022 with VANDU. Part of her fieldwork mandate was working with VANDU members (former and current illicit drug users) to create operating procedures for a compassion club for methamphetamine, heroin, and cocaine. In short, a compassion—or buyer's— club provides safe access to medicines, and emerged as an urgent, grassroots response to the AIDS epidemic in the 1980's and 90's. This working document outlines a user-led, non-medical response to end preventable deaths from the consumption of toxic and unpredictable street drugs.

Jeremy Kalicum and Eris Nyx, Drug Users Liberation Front Co-Founders

The Drug Users Liberation Fronts's mandate is "provid[ing] tangible solutions to the ongoing drug poisoning crises, which has historically meant operating episodic CHM (cocaine, heroin, and methamphetamine) compassion clubs". DULF was co-organized by Jerimy Kalicum, a community-based activist, public health student, and research assistant at the University of Victoria, and Eris Nyx, a multidisciplinary artist and community organizer. They have co-authored various papers on the need for access to a safer supply, including a section 56(I) exemption to the Controlled Drugs and Substances Act (CDSA) request and a Substance Use and Addictions Program Grant proposal for the DULF Fulfillment Centre and Compassion Club Pilot Project.

2 - Project Title

DULF Evaluative Compassion Club and Fulfillment Centre

3 - Study Dates

July 1st – Study Cohort Applications Open
July 15th – Study Cohort Selected
July 18-22nd – Baseline Interviews
July 25th – Tentative Launch of Project
October 17-21st – 3 Month Follow Up Interviews
January 16-20th – 6 Month Follow Up Interviews

4 - Type of Funding

Community fundraising.

5 - Funding Administrators

Drug User Liberation Front

6 - Relevant Conflicts of Interest

None to declare.

7 - Research Location

Research activities (including study participant recruitment, data storage, and completion of quantitative questionnaires and qualitative interviews at meeting) will be undertaken at the Vancouver Area Network of Drug Users (380 E. Hastings).

8 - Study Summary

This study will employ a mixed-method approach to evaluate the effectiveness of the DULF Compassion Club and Fulfillment Centre, a novel drug supply regulation program operating in Vancouver. This evaluation will involve the establishment of a cohort study of DULF program participants, which will include the collection of baseline and quarterly quantitative questionnaire data that will be confidentially linked to an internal DULF program database and sent to external health service agencies such as Vancouver Coastal Health, the Ministry of Health (MOH) and the Provincial Health Services Authority. Additionally, cohort participants will participate in in-depth qualitative meetings each week post program enrollment.

9 - Study Purpose

The DULF Compassion Club and Fulfillment Centre seeks to address a critical gap in the market regulation of illicit drugs by implementing a novel, low-barrier flexible model of tested substance provision and robust evaluation. This initiative will aim to reduce the significant risk of overdose posed by the increasingly toxic unregulated drug market through the provision of tested substances to persons at high risk of overdose.

Given the ongoing overdose crisis, this program is regarded as a critical innovation in service delivery with potential to prevent overdose deaths. In addition to the primary aim of reducing risk of overdose and related harms, the DULF Compassion Club and Fulfillment Centre will seek to serve as a low-barrier point of access to wraparound services and care along the full continuum, including the full range of substance use services (e.g., addiction treatment, harm reduction services) and other health services (e.g., primary care, mental health care) and social supports, for people who may not have been reached through other components of the system of care.

Despite the recent scale-up of safe supply programs in Canada, there have been few evaluations of such interventions to date, and no effort at market regulation. As such, existing scientific evidence concerning illicit market regulation is limited. With the aim of generating high quality evidence to inform policy, practice and the optimization of safe

supply programming, the overall goal of this study is to evaluate the effectiveness of the DULF's initiative in meeting its stated objectives without generating unintended adverse impacts.

i - Objectives

Our specific objectives related to the study are:

1. To characterize individual-, programmatic-, social-, and structural-level factors that shape patterns of engagement with the DULF program.
2. To evaluate the impact of retention on DULF's program on overdose risk.
3. To examine the impact of engagement with the DULF program on overall health and social well-being.
4. To examine the individual-, programmatic-, social- and structural-level factors that may promote unintended adverse consequences among DULF service users.

ii - Hypotheses

The study hypotheses, linked to our specific study objectives, are presented here:

Hypothesis 1: Retention on substances provided by DULF will be associated with decreased risk of fatal and non-fatal overdose. This association will be mediated by declines in self-reported use of unregulated drugs and exposure to illicit fentanyl/fentanyl analogues.

Hypothesis 2: High level of satisfaction with dosing level and consistency of substances accessed from the DULF Fulfillment Centre will be associated with decreased use of illicit street drugs and decreased likelihood of being lost to care.

Hypothesis 3: Housing instability, incarceration, and longer travel distance to DULF's services will be associated with decreased access to DULF's programming.

Hypothesis 4: Longer duration of access to DULF's substances will be associated with increased likelihood of transition to lower intensity substance options and routes of administration.

Hypothesis 5: Retention on DULF's substances will be associated with reduced likelihood of engaging in overdose risk behaviors (e.g., using in public, using alone, polysubstance use).

Hypothesis 6: Frequent access to DULF's substances will be associated with increased uptake in primary care, substance use services, and mental health and support services.

Hypothesis 7: Retention on DULF's substances will be associated with decreased housing instability, decreased involvement in high-risk income generation activities (e.g. drug selling, survival sex work), exposure to policing and incarceration.

Hypothesis 8: Low income, housing instability, being unable to use DULF's substances via preferred route of administration, and low level of satisfaction with dosing level of substances will be positively associated with increased likelihood of diverting substances.

iii - Research Method and Study Population

The evaluation of the DULF Compassion Club and Fulfillment Centre will employ a mixed-methods approach to assess the effectiveness of this initiative in meeting its primary stated objectives without generating unintended adverse impacts (i.e., the opposite of the outcomes listed above – e.g., use of DULF's substances will be associated with increased not decreased overdose risk behaviour). This evaluation will involve the establishment of a cohort study of DULF program participants, which will include collection of baseline and quarterly quantitative questionnaire data over a year long period (i.e., total of four study visits per participant: one baseline questionnaire and three follow-up questionnaires) that will be confidentially linked to the internal DULF program database and external health service data held by VCH, the Ministry of Health (MOH), and the Provincial Health Services Authority. Additional information will be collected at weekly participant meetings.

Recruitment efforts will focus on five by-and-for drug user groups in the Downtown Eastside of Vancouver:

(1) BC Association of People on Opiate Maintenance (BCAPOM)
(2) The Coalition of Peers Dismantling the Drug War (CPDDW)
(3) The Tenant Overdose Response Organizers (TORO)
(4) Vancouver Area Network of Drug Users (VANDU)
(5) Western Aboriginal Harm Reduction Society (WAHRS)

For consideration in the study, applications will be filled out at the Vancouver Area Network of Drug Users between July 1st and July 15th. From the applications collected, a randomized 20 person cohort will be offered access to DULF's substances and enrollment in the study. An addition randomized 20 person control will be offered enrollment in the study only.

10 - Inclusion Criteria

First, persons will be considered eligible for enrolment in the DULF's program if they meet the following core criteria: (1) using illicit/unregulated drugs; (2) deemed at risk of overdose or overdose death; and (3) are a current non-barred member of VANDU. The second criterion for being considered eligible for inclusion in the study is being 19 years of age or older, the third inclusion criterion is ability to communicate in English, and the fourth is provision of informed consent.

11 - Exclusion Criteria

Individuals who do not meet all of the aforementioned study inclusion criteria will be excluded from the study. This includes those who are unable to provide fully informed consent to participate in the study at the time of attempted study enrolment because of mental or physical impairment.

12 - Recruitment

As noted above, recruitment efforts will focus on five by-and-for drug user groups in the Downtown Eastside of Vancouver. Information about the study will be routinely provided to all new and current persons attending meetings of these groups during the two week recruitment drive. A DULF or VANDU staff member will answer questions about the study during this time and facilitate recruitment following referrals.

13 - Use of Records

No health records and other databases will be used to collect secondary external data and will be linked to primary study data (i.e., questionnaire data) in order to facilitate measurement of study outcomes.

14 - Details of Study Procedures

i - Quantitative Questionnaire

After obtaining informed consent, participants will be asked to complete a baseline interviewer-administered quantitative questionnaire, which will be administered on the same day (and typically immediately after) informed consent is obtained. Participants

will also be contacted by study staff and invited to take part in follow-up study visits to complete interviewer-administered quantitative questionnaires every three months from the time of enrolment in the study over a year period (i.e., 4 questionnaires total: 1 at baseline and 3 follow-ups).

At both baseline and follow-up study visits, participants will receive an honorarium of $50 cash for their participation in interviews to complete quantitative questionnaires.

The study team will be responsible for the development and revisions of the study questionnaire, development and validation of the cohort study database, ensuring data integrity, and various data management procedures.

ii - Qualitative Feedback

At weekly meetings, participants will be invited to provide qualitative feedback on topics related to study objectives including past and current substance use patterns and practices, past and current addiction treatment/medications for substance use, social-structural exposures, experiences with DULF program enrollment and engagement, and impacts on a range of health and social outcomes, including rates of overdose.

At each meeting, participants will receive an honorarium of $50 cash for their participation.

15 - Withdrawal

Participants can opt out of any part of this study at any time by informing study members on site or using the contact information given in their copy of the consent form(s). Individuals do not need to give any reason for withdrawal and do not have to complete any paperwork to ensure it is as low barrier as possible. Withdrawal will be documented in study records.

16 - Time to Participate

Each quantitative questionnaire will take approximately 60 to 90 minutes to complete. Therefore, if a participant completes a baseline quantitative questionnaire and all 3 possible follow-up quantitative questionnaires, this equates to a range of 240-360 minutes total over one year.

For participants who participate in giving qualitative feedback at weekly meetings, each meeting will take approximately 60 to 90 minutes to complete.

17 - Known Study Risks/Harms

Because our study focuses on the experiences of people who use drugs, and will potentially include discussion or observation of illegal activities (e.g., drug dealing), research participation involves risk in the event that confidentiality is breached or information regarding these activities is disclosed to the police. As outlined elsewhere in this research ethics application, we will do our utmost to protect the confidentiality of our research participants and ensure their anonymity when presenting our data. No information will be disclosed to police except information relating to potential child abuse or threats of harm, which we are legally required to report to authorities. Please note that participants will be reassured of their confidentiality and anonymity during the informed consent process. The risk of a breach of participant privacy or data security is minimal.

An additional risk to participants involves negative emotional responses that might arise when discussing experiences. If a participant is distressed and indicates a need for support services, we will refer the participant to appropriate community resources, which include onsite experienced staff at VANDU, and support services provided by community partners and other agencies. If requested, the Principal Investigator, relevant co-investigator, interviewer, or project coordinator will accompany the participant to the requested service.

18 - Potential Benefits

There will be no immediate benefit to the participants of this study outside of access to tested substances from the DULF Compassion Club. In the long-term, this study will inform policymakers of
how a regulated drug supply would contribute to the health and social well-being of British Columbians and whether a regulated drug supply addresses the increased overdose mortality associated with the current fentanyl-driven public health emergency.

19 - Obtaining Consent

Potential participants will be given as much time as they need to decide whether or not to participate in the study. They are invited to ask questions and to discuss the

information with their doctor, family members or friends, if they wish, prior to making their decision. If they express interest when the opportunity is mentioned, they will be given study materials to take away to facilitate consideration and discussion with others. From this point, it will be up to the individual to contact the study team.

Unfortunately, funding and resources are insufficient to permit provision of special assistance such as translation of the questionnaires and consent form into Braille or languages other than English.

i - Quantitative

A meeting to obtain consent will take place at a private space in which the individual feels comfortable, ideally in a private room at VANDU. Throughout this discussion, the research staff member will assess the candidate participant for comprehension of the voluntary nature of participation, study purpose, study confidentiality, what study participation involves (e.g., questionnaire and data linkages), as well as risks and benefits of participating in the study. If any section of the consent form seems unclear to the candidate study participant, the research staff member will review the relevant information until the individual affirms comprehension. Candidate participants will also be asked for consent to be contacted regarding participation in the qualitative component of the study.

Candidate participants will be encouraged to take a hard-copy consent form away with them, to read it in private, to discuss it with others such as clinicians, friends, and family and to take as much time as needed to consider whether they wish to participate in the study. No pressure will be placed on individuals to enroll. For personal protection, individuals who consent to participate in the study will provide verbal informed consent.

ii - Qualitative

Verbal informed consent will be obtained from participants prior to commencing qualitative information gathering during meetings. Before each meeting, research staff will read aloud the consent form and
answer any questions the candidate participants have about the study and study procedures. As with the quantitative component of the study, the interviewer will review the relevant information in the consent form until the candidate participants affirm comprehension. Candidates will be given as much time as needed to review the consent form before making a decision about participation.

20 - Communication of Study Results

Our research program involves an integrated knowledge translation strategy to ensure the sharing of research findings to participants and the wider community. Research results will be made available to participants in the form of plain language summaries of published articles and other materials summarizing research findings (e.g., infographics). These materials will be disseminated through routine meetings with the community, social media, community forums and knowledge exchange events.

21 - Number of Participants (Including Controls)

40 participants; 20 controls

22 - Collection of Identifying Information

Potential participants may request that study staff contact them to give them more information on the study. Name/handle and contact details, along with verbal consent to be contacted, will be collected by project staff in a password-protected and encrypted Excel spreadsheet.

Only delegated study staff will have access to study data. All of these staff will have reviewed and signed confidentiality agreements prior to accessing study data, which outlines their responsibilities concerning privacy and confidentiality. Electronic data will be labelled using generic codes and it will, therefore, not be possible to determine the identity of study participants based on study data.

Some researcher-collected data will be stored as paper copies, which will be stored separately in locked filing cabinets at an Office and kept separate from all other participant information. Researcher-collected data will also be stored as electronic database files and other electronic files. All researcher collected digital data will be stored on encrypted, password-protected computers.

Personal identifiers: personal identifiers such as handles, will be collected and securely stored for the purpose of ongoing data linkage, contacting participants for study follow up, and statistical analysis.

23 - Other Relevant Documents Discussed

DULF Evaluative Compassion Club and Fulfillment Centre Framework Revision 1.0

Verbal consent form for quantitative study

Pre-meeting verbal consent form for qualitative study.

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Appendix A. Example of Confirmatory Analysis Results

Sample #1	
Expected To Be	*Down — Heroin*
Sample Description	
fine tan powder	
Actives	
Heroin | Acetylmorphine | Acetylcodeine | Morphine	
Cutting agents	
Caffeine	
Test Strips	
Fentanyl not detected	
Analyst Notes	
Primarily heroin at ~80% by weight. Remainder of substance was found to be 5% acetylcodeine, 10% acetylmorphine, 2% morphine, and caffeine. Common to find acetylcodeine/acetylmorphine/morphine in high concentration heroin samples, we suspect they are byproducts of heroin synthesis. ***Additional note: despite the negative fentanyl test strip, the "confidence" on the negative result was low: it took a long time for a second line to appear and the visibility of the line was extremely weak. This prompted further study on the mass spec where qualitative signatures for ocfentanil were found. Ocfentanil has a recorded history of showing up in dark web heroin samples and has a potency ~2-3x that of fentanyl. Confoundingly, heroin and ocfentanil share many similarities on the PS-MS and high concentration heroin could likely trip a false positive for ocfentanil. IF ocfentanil is present, it is present at <0.01% or <1ng/mL, which is also at/below the limit of detection of the test strips. Our take away is that this is most likely a false detection of ocfentanil due to the high heroin concentration, however we want to include this extra information for transparency. Please feel free to contact us if you require any further information.	

Appendix B. Example Vault Ledger

Drug Name	Date Received	Test Date And Result #

Date	Open Count					Staff 1	Staff 2	Amount Moved to Volunteer Safe				Close Count					Staff 1	Staff 2
	3.5	1.0	0.5	0.1	X G			3.5	1.0	0.5	0.1	3.5	1.0	0.5	0.1	X G		

Appendix C. Example Volunteer Narcotic Ledger

Drug Name	Date Received	Test Date And Result #

Date	Open Count				Staff 1	Staff 2	Close Count				Sales log / vault log cross referenced?	Staff 1	Staff 2
	3.5	1.0	0.5	0.1			3.5	1.0	0.5	0.1			

Appendix D. Application for Inclusion in Project

Application for Inclusion in DULF Evaluative Compassion Club Research Study

Preamble

Applicants for the DULF Evaluative Compassion Club will be drawn at random on July 15th 2022.

Applications will only be accepted between July 1st and July 15th 2022.

Of the total **40** selected applicants:

- **20** people will be selected to participate in the program ***and*** the evaluation, and will have access to substances provided by the DULF Compassion Club
- **20** people will constitute a control group and will be asked to participate in ***only*** the evaluation

All participants will be compensated with honoraria for their time.

Name or handle?

_____

Are you over the age of 19?

_____

Drug or drugs of choice?

_____

On an average day, how much do you use of each substance?

_____

_____

_____

How long have you used?

_____

How can we contact you?

_____

Have you overdosed in the last 3 months?

_____

If yes, how many times?

_____

Appendix E. Informed Verbal Consent Protocols

1 - Pre-Interview Verbal Consent Form

This verbal script will be read to potential participants before interviews and admission into the study, and used to introduce the researcher, to explain the purposes and methods of the research as well as to gain informed consent.

i - Introduction

You are being invited to take part in this study because of your experiences as someone who uses drugs at risk of overdose death. We would like to discuss these experiences with you.

Before agreeing to participate in this research study, it is important that you read and understand this research consent form. We will read this consent form to you so that you understand what participating in this study involves. Please ask us to explain any words or information that you do not understand.

ii - Who is conducting this study?

This study is being conducted by researchers from the Vancouver Area Network of Drug Users, and Drug User Liberation Front.

iii - Who is funding this study?

This study is funded by the Drug User Liberation Front via community fundraising.

iv - Why are we doing this study?

We are doing this study to understand how a community provided regulated drug supply impacts the health and wellbeing of drug users. We hope to identify challenges and key lessons by understanding your perspective and your experiences.

v - How is this study done?

If you agree, you will take part in four one-on-one interview about your experiences as a person who uses currently illicit drugs, as well as weekly meetings that speak to these experiences. Interviews and meetings will be led by someone trained in quantitative and

qualitative methods. Quantitative research involves collecting numerical information about your actions and habits. Qualitative research involves collecting information about your experiences and views through discussion in an interview format.

Interviews

Before the first interview, we will ask you for some basic information about you. For example, we will ask your gender, age, and about what other health conditions you live with. This will help us keep track of who we have spoken to. Your answers to any questions at each interview are up to you. You do not have to answer any questions that you do not wish to answer. You do not have to tell us why. The interviews will last anywhere between about 60 to 90 minutes and will focus on how the illicit drug market impacts your health and wellbeing. We will ask you questions like:

- When was the last time you used illegal drugs, and which drugs did you use?
- In the last three months have you had direct contact with the police, and if so, what was the nature of the contact?

Interviews will be conducted at the Vancouver Area Network of Drug Users.

Meetings

Weekly meetings will give you the opportunity to speak to your experiences that week. Discussion topics will focus on adverse impacts of your current drug use. Statements made at any meeting are up to you. You do not have to say anything if you do not wish. You do not have to tell us why. The meetings will last anywhere between about 60 to 90 minutes.

vi - Is there any way that participating in this study could be bad for you?

Some of the questions are of a personal nature and may cause you to feel uncomfortable or upset. Please keep in mind that you are not required to answer any questions that might make you feel uncomfortable. You are also welcome to leave the interviews or meetings at any time, and you do not have to provide us with a reason why.

Another risk to you stems from the possibility that you may disclose sensitive information. In cases where you discuss real people and there is a risk of disclosing sensitive information, we ask that you please use pseudonyms in order to protect their identities. Additionally, we will replace any real names that you have mentioned with pseudonyms in the interview transcripts.

It is up to you to decide whether or not you want to take part in this study. By taking part in this study, you do not give up any legal rights. Even if you agree to take part now, you can change your mind later. You do not have to give us a reason why. In that case, we will destroy all of your study files. We may also decide to withdraw you from the study if we feel it is in your best interest. In that case, we will destroy all of your study files.

vii - What are the benefits of participating in this study?

You will not directly benefit from taking part in this study. We hope that you will benefit from knowing that the experiences that you share will be used to try to improve programs for people who use drugs.

viii - Will you be compensated for participating in this study?

You will be offered $50 at the end of each interview and meeting to compensate you for your time. You will still be offered this honorarium even if you decide to withdraw from the study during the interviews or meetings.

ix - How will your privacy be maintained?

All information collected from you during the course of the study will be kept confidential. Records containing your information will be stored in a locked filing cabinet in a secure office. Electronic records will be stored on a password protected computer and on a secure server.

In addition, please note that all people in British Columbia are legally required to contact the Ministry of Child and Family Development if they have reason to believe that a youth under the age of 19 is being abused or harmed in any way. If information of this kind is disclosed during the interview, we will report this information to authorities with the Ministry of Child and Family Development.

x - Who can you contact if you have questions or concerns about the study?

If you have questions or concerns about the study please contact the VANDU board or DULF staff members.

xi - Participant Consent

By giving expressing verbal consent you acknowledge that:

- this study has been explained to you and that any questions you have asked have been answered;
- you understand that your participation in this study is voluntary and that you are free to refuse to participate or withdraw from this study at any time;
- the potential risks have been explained to you and you understand the benefits of participating in this study;
- you understand that your study files will remain confidential and no information will be released or printed that would disclose your personal identity unless required by law;
- you understand that by signing this form you have not waived your legal rights nor released the investigators, sponsors, or involved institutions from their legal and professional duties; and,
- you have read this form or have had it read to you, and consent to participate in this study.

Participant is asked: do you give your consent?

2 - Pre-Meeting Verbal Consent Form

This verbal script will be read to potential participants at meetings and used to introduce the researcher, to explain the purposes and methods of the research as well as to gain informed consent.

My name is _____ and I am a [Researcher/Graduate Student] with the Vancouver Area Network of Drug Users and the Drug User Liberation Front. We are conducting a study examining how the deregulation of the illicit market impacts people's health. I would like to spend time here today and observe what is going on, if that is alright with you. I will also participate in any discussions or conversations that take place while I am here. I would like to later write down what I see happening in my [notebook/computer], as well as the content of the discussions we might have. If at any time you feel uncomfortable with my presence, let me know and I will remove myself from this area. If you feel uncomfortable speaking or answering question, you have the right to not answer it. Let me emphasize that your participation is voluntary and I am asking your permission to be here.

I will not record any identifying information about you and I will refer to you with a codename in my notes. I will not reveal the content of our conversation in a way that could identify you beyond members of our research team, whom I trust to maintain this confidentiality. I will do everything I can to protect your privacy, and will not be sharing

this information with the police or other authorities. In addition, please note that all people in British Columbia are legally required to contact the Ministry of Child and Family Development if they have reason to believe that a youth under the age of 19 is being abused or harmed in any way. If information of this kind is disclosed during our discussions, it is my duty to report this information to authorities with the Ministry of Child and Family Development.

This information is being gathered for the purpose of scientific research into the impacts of a community regulated drug supply on people's health. Quotations from the notes I write may appear in research articles and presentations in the future. While these may contain descriptions of what I see occurring today, you will not be personally identified.

Now I would like to ask you if you agree to participate in this research by allowing me to be present here, watch what is going on, and participate in discussions. Do you agree to let me observe you, your interactions, talk with you and allow me to write notes recording what I see?