COUNCIL MEMBERS' MOTION

9. Saving Lives with the Community Led Compassion Club Model for Safer Tested Drugs

Submitted by: Councillor Swanson

WHEREAS

1. The Drug Users Liberation Front (DULF) and Vancouver Area Network of Drug Users (VANDU) have applied to the federal government for an exemption under s. 56(1) of the Controlled Drugs and Substances Act (CDSA) to allow them to operate a Safe Supply Fulfillment Centre and Cocaine, Heroin and Methamphetamine (CHM) Compassion Clubs in Vancouver (see attachment);

2. Vancouver Coastal Health supports this application, has an established working relationship with DULF, and has agreed to work with DULF and VANDU to implement this model should the exemption be approved;

3. Almost 6 precious humans in BC die every day from toxic drugs, more than die from COVID;

4. Current methods of providing safer prescription drugs do not work for the vast majority of drug users;

5. As former federal Health Minister Hadju said in her letter to Provincial and Territorial Ministers of Health on August 24, 2020, "the overdose crisis is one of the most significant public health crises in recent Canadian history [...] we need immediate action from all levels of government and health care practitioners to prevent further deaths from the contaminated illegal drug supply …";

6. A large and growing body of evidence has shown unequivocally that drug user-led programs are more appealing to those experiencing the greatest risk of drug-related harm, and such initiatives are uniquely effective in extending the reach and effectiveness of conventional public health interventions (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1307726/; https://link.springer.com/article/10.1093%2Fjurban%2Fjtg052; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3815969/; https://www.tandfonline.com/doi/abs/10.1080/02791072.1992.10471617);

7. 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. This method is not possible under the current regulatory framework, however. In the absence of permissions to obtain substances in this manner, a DULF fulfillment centre would search for and obtain substances in the illicit market through the darknet markets from vendors in Canada. Purchasing online has the benefit of reducing interactions and potential violence from buying in-person, and due to the nature of these darknet markets, vendors would remain anonymous;

8. The DULF Fulfillment Centre model takes existing illicit drugs, tests them, labels them, and reintroduces them into the market without profiting on their reintroduction;

9. Once DULF receives the substances, the organization would immediately put the substances into a secure safe onsite and log the supply in an inventory record. This record would be subjected to a daily count to ensure there is no theft, loss or diversion. Further, records would also be kept on any dispensation including to compassion clubs or to club members;

10. Before labeling and packing the substances, DULF would implement a quality control process utilizing Fourier-transform infrared spectroscopy (FTIR) drug checking services and fentanyl and benzodiazepine immunoassay test strips. By testing the substances at a point higher up the chain of distribution, this model exponentially increases the effect of drug checking as a harm reduction service;

11. In order for a drug user group to become a distributing compassion club through DULF they must comply with minimum safety and screening standards. These standards are: keeping an active membership list; ensuring secured and double-locked storage for all substances; keeping records for amounts of substances distributed and to which members; maintaining financial records and having accountability processes;

12. Membership screening is to be conducted by a current member of the DULF Compassion Club 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 that the person is over eighteen (18) and is currently using illicit drugs. 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;

13. Funds would be acquired from donations and/ membership fees;

14. DULF would work with local researchers on a rigorous evaluation of the program; and

15. This model could also reduce the impact of violence of the local street drug market, the cost of health care for people who take toxic drugs, and the costs of police.

THEREFORE BE IT RESOLVED THAT Vancouver City Council endorse the application of the Drug Users Liberation Front (DULF) and the Vancouver Area Network of Drug Users (VANDU) for a federal section 56 exemption for a compassion club model to supply safer drugs to people who use drugs, and who are over 18 years old;

FURTHER THAT Council ask the Mayor to write to the federal government endorsing the DULF/VANDU application.

* * * * *

August 31, 2021

To: The Honourable Patty Hadju
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(Via email and print)

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URGENT REQUEST: Section 56(l) exemption to the Controlled Drugs and Substances Act (CDSA) required to ensure the equitable application of public health protections to vulnerable Canadians.

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I - Introduction

As Minister Hadju said in her letter to Provincial and Territorial Ministers of Health on August 24, 2020, "the overdose crisis is one of the most significant public health crises in recent Canadian history [...] we need immediate action from all levels of government and health care practitioners to prevent further deaths from the contaminated illegal drug supply …".[1] As drug users, we agree, and it is for this reason we are writing to request an exemption under s. 56(1) of the Controlled Drugs and Substances Act (CDSA) to allow the Drug User Liberation Front (DULF), via the Vancouver Area Network of Drug Users (VANDU), to operate a Safe Supply Fulfillment Centre and Cocaine, Heroin and Methamphetamine (CHM) Compassion Clubs in Vancouver, British Columbia.

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

This letter is written in partnership with VANDU, a well-established organization formed in 1998 to bring together groups of people who use drugs in Vancouver BC. VANDU is committed to increasing the capacity of people who use illicit drugs to live healthy and productive lives, and it promotes that goal by affirming and strengthening people who use illicit drugs to reduce harm both to themselves and their communities. Historically, VANDU has partnered with DULF to distribute CHM safer supply to people who use drugs in Vancouver, and we hope to continue to build out this partnership and protect those most at risk of overdose death in our communities--in part through the Safe Supply Fulfillment Centre and CHM Compassion Clubs.

Unfortunately, illicit drug toxicity remains the leading cause of unnatural death in BC, surpassing homicides, suicides, and motor vehicle collisions combined.[2] At the population level, BC's life expectancy at birth for males has declined as a direct consequence of the drug toxicity crisis.[3, 4] The escalating number of drug toxicity deaths, increasing toxicity of the illicit drug supply and deepening inequities demonstrates a need to explore new and innovative ideas to stop the loss of life and stem the tide of grief and pain that comes in the wake of these deaths.

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[1] https://www.canada.ca/en/health-canada/services/substance-use/minister-letter-treatment-safer-supply.html

[2] B.C. Coroners Service. (2021). Illicit drug toxicity deaths in B.C., January 1, 2011 to May 31, 2021. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[3] Statistics Canada. (2020) Life tables, 2016/2018. Available at: https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm

[4] Ye X, Sutherland J, Henry B, Tyndall M, Kendall PRW. At-a-glance - Impact of drug overdose-related deaths on life expectancy at birth in British Columbia. Health Promot Chronic Dis Prev Can. 2018 Jun;38(6):248–51. https://doi.org/10.24095/hpcdp.38.6.05

We know that the illicit drug supply has become increasingly toxic; the BC Coroners Service reports that 86% of drug toxicity deaths in the last year are linked to fentanyl and 14% of cases show evidence of extreme fentanyl concentrations.[5]

PWUD, their friends, communities and families have been forced to helplessly watch as provincial and federal leaders continue to take miniscule steps towards the only real solution to overdose: safe supply. Further, existing safe supply models, including those in BC, have remained extremely small in scale and failed to retain large numbers of people, in particular those experiencing the greatest vulnerabilities. Moreover, physician-led models have failed to engage a sufficient number of individuals at risk of overdose to make a real difference during this devastating epidemic. At the same time a large and growing body of evidence has shown unequivocally that drug user-led programs are more appealing to those experiencing the greatest risk of drug-related harm, and such initiatives are uniquely effective in extending the reach and effectiveness of conventional public health interventions.[6,7,8,9] This is why DULF, VANDU, and our community partners are taking action first, and secondarily, are asking Health Canada for permission to step out of the zone of protest and into a sanctioned operation where we can save and change more lives.

Ultimately, we know that: the volatility of the illegal drug supply is killing people; our current prohibitionist framework does not work; when drug users are provided non-toxic drugs the death rate is vastly lower; given existing barriers to accessing safe drugs, people are turning back to risky street drugs; and continued criminalization of the drug trade continues to push the illicit drug supply towards increasingly potent, harmful and addictive drugs such as benzodiazepines and carfentanil.[10, 11] We know that a compassion club model would increase consumer power and protection, allowing PWUD to know what they are buying, thus preventing death from the unpredictable drug supply. Our approach is consistent with the recent

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[5] B.C. Coroners Service. (2021). Illicit drug toxicity deaths in B.C., January 1, 2011 to May 31, 2021. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[6] Wood, E., Kerr, T., Spittal, P.M., Small, W., Tyndall, M.W., O'Shaughnessy, M.V., Schechter, M.T. (2003a). An external evaluation of a peer-run 'unsanctioned' syringe exchange program. Journal of Urban Health 80 (3): 455-464.

[7] Broadhead, R. S., Heckathorn, D. D., Weakliem, D. L., Anthony, D. L., Madray, H., Mills, R. J., et al. (1998). Harnessing peer networks as an instrument for AIDS prevention: results from a peer-driven intervention. Public Health Rep, 113 Suppl 1, 42-57.

[8] Grund, J. P., Blanken, P., Adriaans, N. F., Kaplan, C. D., Barendregt, C., & Meeuwsen, M. (1992). Reaching the unreached: targeting hidden IDU populations with clean needles via known user groups. J Psychoactive Drugs, 24(1), 41-47.

[9] McNeil, R., Small, W., Lampkin, H., Shannon, K., & Kerr, T. (2014). "People Knew They Could Come Here to Get Help": An Ethnographic Study of Assisted Injection Practices at a Peer-Run 'Unsanctioned' Supervised Drug Consumption Room in a Canadian Setting. AIDS and Behavior, 18(3), 473–485. https://doi.org/10.1007/s10461-013-0540-y

[10] British Columbia Centre on Substance Use. (2019). Heroin compassion clubs: A cooperative model to reduce opioid overdose deaths and disrupt organized crime's role in fentanyl, money laundering and housing unaffordability. Vancouver: BCCSU Available at: www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf

[11] Laing, M. K., Ti, L., Marmel, A., Tobias, S., Shapiro, A. M., Laing, R., Lysyshyn, M., & Socías, M. E. (2021). An outbreak of novel psychoactive substance benzodiazepines in the unregulated drug supply: Preliminary results from a community drug checking program using point-of-care and confirmatory methods. *International Journal of Drug Policy*, *93*, 103169. https://doi.org/10.1016/j.drugpo.2021.103169

recommendations of Health Canada's Expert Task Force report on Substance Use and should be implemented immediately as one key initiative to stem the loss of life due to overdose and help ensure the right to health and life. The DULF Fulfillment Center and Compassion Club model is saving lives right now, and will save more if we are permitted to continue our work with federal authorization.

II - Background: the Volatility of the Illegal Drug Supply is Killing People

Opioid overdoses are killing PWUD in unprecedented numbers, mainly because of the unpredictability of the content and potency of their drugs. This continues to be an urgent public health crisis as six British Columbians die every day, and it has been over five years since British Columbia's Provincial Health Officer declared a public health emergency due to rising rates of illicit drug toxicity deaths. With 16.6 per 100,000 population opioid-related fatalities between January and December 2020, Canada is experiencing the most severe public health crisis in the modern era, with the western provinces, and in particular BC, being most affected, as demonstrated by an opioid-related overdose death rate in 2020 of 32.4 per 100,000 population (i.e. two times higher than the national rate).[12] It is estimated that 70,000 potential years of life were lost due to illicit drug toxicity deaths in BC in 2020, with an average age at death of 43 years old.[13] Since 2016, a range of health sector programs and services have been implemented to reduce drug toxicity events, injuries, and deaths, including a small number of "safe supply" programs. Despite these efforts, the overdose death rate in BC has continued to worsen in 2021. From January 1, 2021, to May 31, 2021, the death rate was 39.3 per 100,000 population; putting 2021 on track to be the deadliest year yet.[14]

While BC experienced a decline in illicit drug toxicity death rates in 2019 (984 compared to 1,549 in 2018), drug toxicity events remained high in this same period. The downward trend in deaths was reversed in 2020, with the province experiencing a record high of 1,728 drug toxicity deaths that year—a 74% increase over 2019. This surge has continued into 2021, and as of May 31, 2021, there have been 851 illicit drug toxicity deaths – almost six drug toxicity deaths per day.[15] Paramedic-attended drug toxicity events have also climbed in 2020 and again in 2021, reaching an all-time high of 1,867 in April 2021.[16]

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[12] Public Health Agency of Canada (2021). Apparent Opioid and Stimulant Toxicity Deaths: Surveillance of Opioid- and Stimulant-Related Harms in Canada. Available at: https://health-infobase.canada.ca/src/doc/SRHD/UpdateDeathsJune2021.pdf

[13] BC Centre for Disease Control (2021). Dual Public Health Emergencies: Overdose in BC During COVID-19. Available at: http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2021.04.16_Infographic_OD%20Dashboard.pdf

[14] B.C. Coroners Service. (2021). Illicit drug toxicity deaths in B.C., January 1, 2011 to May 31, 2021. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[15] B.C. Coroners Service. (2021). Illicit drug toxicity deaths in B.C., January 1, 2011 to May 31, 2021. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[16] BC Centre for Disease Control. (2021). Paramedic attended overdose events. Available at: http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#BCAS

Also concerning is the increasing contamination of drugs other than opioids, including cocaine and crystal methamphetamine, and the increasing role that these drugs have played in driving the current overdose crisis. The proportion of completed drug toxicity death investigations that identified the presence of methamphetamine increased from 14% in 2012 to 43% in 2020, and the proportion of completed investigations that identified opioids other than fentanyl and cocaine have steadily declined from 2012 to 2020. Cocaine was detected in 46% of drug toxicity deaths in 2020.[17]

The recent emergence of synthetic benzodiazepine (i.e., Etizolam) in the drug supply has further complicated efforts to reverse and prevent overdoses. According to BC Coroner's Service toxicology reports, benzodiazepines were detected in nearly 60% of suspected overdose deaths in May 2021, which is four times higher than the percentage reported ten months prior, in July 2020 (15%).[18] This data makes it clear that the drug supply has become increasingly toxic, and that this toxicity has become more widespread and complex, thus requiring a more immediate and vigorous response. Further, a recent and particularly concerning development in the Vancouver drug supply is the sharp increase in the variance of fentanyl concentration occurring shortly after the enactment of COVID-19 restrictions (Figure 1).[19] Evidence also suggests a correlation between average monthly fentanyl concentration and overdose deaths in Vancouver (Figure 2).[20, 21]

[17] B.C. Coroners Service. (2021). Illicit drug toxicity deaths in B.C., January 1, 2011 to May 31, 2021. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

[18] BC Coroners Service. (2021) Illicit Drug Toxicity: Type of Drug Data to May 31,2021. Ministry of Public Safety and Solicitor General. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug-type.pdf

[19] BC Centre on Substance Use. (2021). Monthly median fentanyl concentration of drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC. [unpublished data; see Appendix A].

[20] BC Centre on Substance Use. (2021). Monthly median fentanyl concentration of drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC. [unpublished data; see Appendix A].

[21] Tobias, S., Grant, C., Laing, R., Arredondo, J., Lysyshyn, M., & Buxton, J. et al. (2021). Time-series Analysis of Fentanyl Concentration in the Unregulated Opioid Drug Supply in a Canadian Setting. *American Journal Of Epidemiology*. https://doi.org/10.1093/aje/kwab129

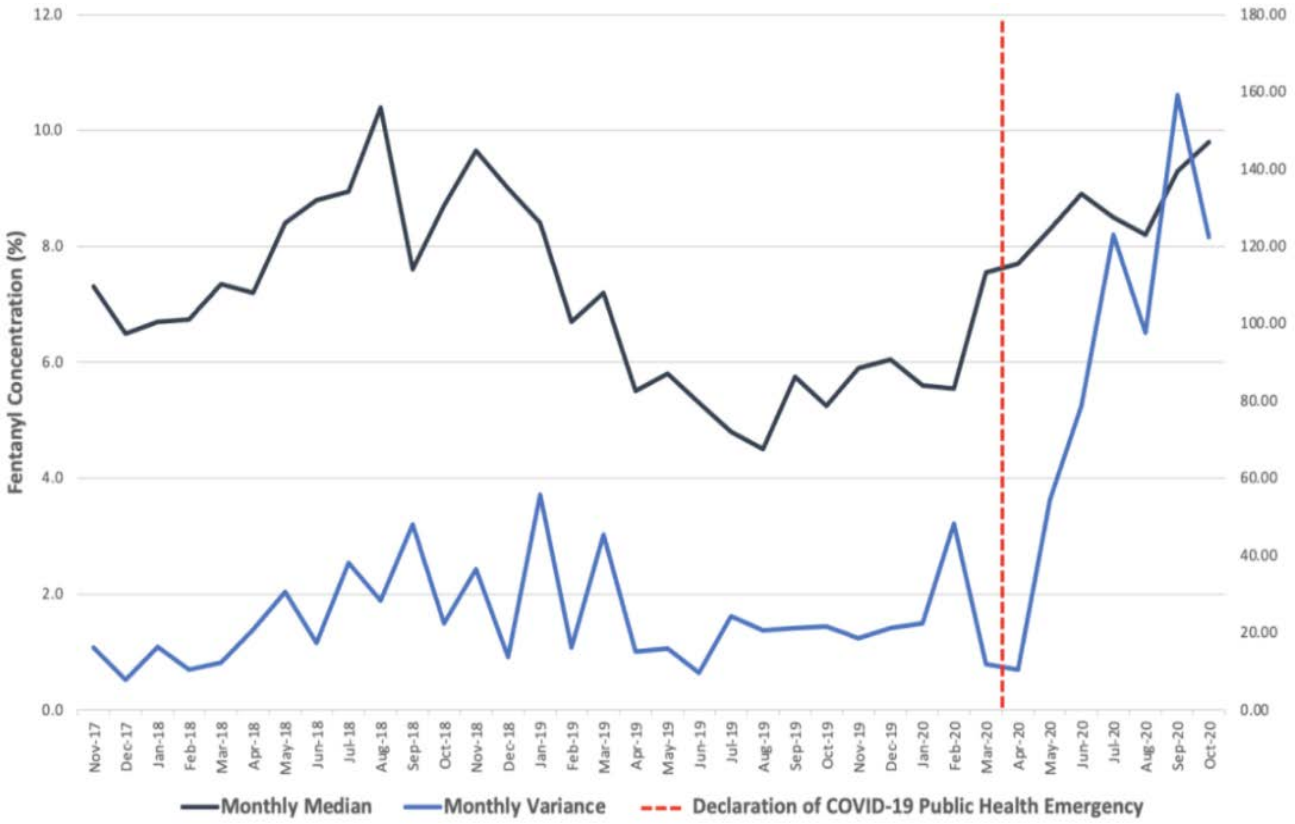

Figure 1: Monthly median fentanyl concentration and monthly variance of fentanyl concentration of fentanyl-positive opioid drug checking samples in Vancouver, BC.[22]

[22] BC Centre on Substance Use. (2021). BC Centre on Substance Use. (2021). Monthly median fentanyl concentration and monthly variance of fentanyl concentration of fentanyl-positive samples in Vancouver, BC.. [unpublished data; see Appendix B].

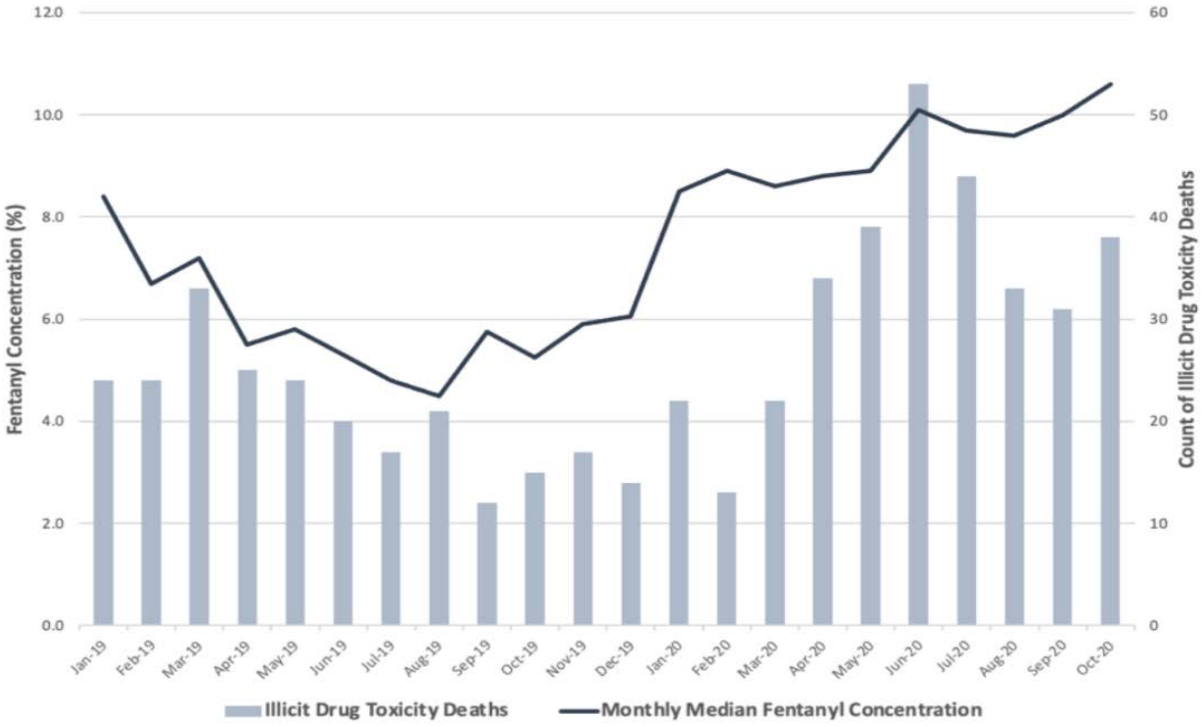

Figure 2: Monthly median fentanyl concentration of opioid drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC.[23]

In 2019, First Nations people in B.C. died due to drug poisonings at 3.9 times the rate of non-Indigenous people. In 2020, this increased to a rate of 5.3 times. While males represent almost 80% of all deaths, First Nations women, in particular, experience a higher risk from the toxic drug emergency, representing 32.2% of First Nations deaths in 2020, as compared to non-Indigenous women (16.6% of non-Indigenous deaths).[24]

In addition to high mortality rates, the drug toxicity crisis is leading to additional drug-related health and social impacts. These harms include the devastating impacts of grief and loss on family, friends and community. The continued number of deaths also has negative impacts on the mental health (i.e. burn-out and traumatic stress) of front-line workers and health professionals who see the impacts of illicit drug toxicity deaths and events daily. As well, anoxic brain injuries resulting from non-fatal illicit drug toxicity events, have contributed to morbidity and mortality, reduced individual quality of life, and resulted in significant costs to the health care

[23] BC Centre on Substance Use. (2021). Monthly median fentanyl concentration of drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC. [unpublished data; see Appendix A].
[24] First Nations Health Authority. (2021). First Nations in B.C. and the toxic drug crisis. Available at: www.fnha.ca/about/news-and-events/news/first-nations-toxic-drug-deaths-doubled-during-the-pandemic-in-2020

system.[25] The total health costs of opioid use alone in BC are estimated to exceed $90 million annually and the economic costs of lost productivity associated with opioid use are close to $1 billion annually.[26] Clearly, more must be done to provide consumer protection and thereby ensure the right to life and the security of the person among those people in Canada at risk of overdose.

Perhaps what emphasizes most the harms of the current unregulated supply are the voices of people who use drugs. Attached in Appendix C are nine signed statements from members of VANDU, all of whom sincerely express the need to provide an accessible alternative to the toxic street supply.[27] Further, in Appendix D is a sworn affidavit from community member Eris Nyx voicing the devastation she has witnessed from the current unregulated drug market.[28]

III – Providing Drug Users with Non-Toxic Drugs Vastly Lowers the Death Rate

In a recent 'Policy Direction' titled *Access to Prescribed Safe Supply in British Columbia* (July 15, 2021),[29] BC's Ministry of Mental Health and Addictions and Ministry of Health reviewed the deadly impact of the toxic illegal drug supply. This document concludes by endorsing an enabling framework that supports the provision of pharmaceutical grade alternatives to illicit drugs to people who are at risk of drug toxicity events and death. The goals of this policy are to reduce drug-related harms, including toxicity injuries and deaths, enhance connections to health and social supports, and improve overall health and wellness for people receiving these medications. The policy directive outlined is a shared responsibility of the Ministry of Mental Health and Addictions and the Ministry of Health, and is part of a commitment by the government to establish prescribed alternatives to toxic drugs as one tool in a *comprehensive package of essential health sector interventions* that guide the response to the overdose public health emergency. This package also includes take-home naloxone, overdose prevention services, acute overdose risk case management, and treatment and recovery, including low barrier access to the full spectrum of treatment services such as opioid agonist treatment (OAT). [30] The combined impact of these services is believed to have averted close to 6,000 drug toxicity death events between 2015 and 2019.[31]

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[25] BC Centre for Disease Control. (2020). Neurological injury following overdose: Preliminary descriptive results from the provincial overdose cohort. Available at: http://www.bccdc.ca/Health-Professionals-Site/Documents/Harm-Reduction-Reports/Neurological%20Injury_ODC_2020_01_03.pdf

[26] Canadian Substance Use Costs and Harms Scientific Working Group. (2020). British Columbia substance use costs and harms (2015–2017). (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction.

[27] VANDU Sworn Statements. (Appendix C)

[28] Affidavit of Eris Nyx. (Appendix D)

[29] https://www2.gov.bc.ca/assets/gov/overdose-awareness/prescribed_safer_supply_in_bc.pdf

[30] BC Overdose Emergency Response Centre (2017). Overdose emergency response centre: Terms of reference. Available at: www2.gov.bc.ca/assets/gov/overdose-awareness/terms_of_reference_nov_30_final.pdf

[31] BC Centre for Disease Control. (2019). B.C. deaths averted summary: British Columbia report. Unpublished data. See: Irvine, M., et al. (2019). Modelling the combined impact of interventions in averting deaths during synthetic-opioid overdose epidemic. Addiction, 114, 9, pp. 1602-1613.

Ultimately, we know that when drug users are provided non-toxic drugs, the death rate is vastly lower. Access to a safe supply of drugs (i.e. non-toxic and predictable in potency) saves lives. As Minister Hadju said in her August 24, 2020 letter, providing a safer alternative to the toxic street supply reduces reliance on street drugs and overdose deaths. The benefits of providing substitutes to illicit drug supply has been seen in the case of stimulant use, where prescription stimulant programs have been found to substantially reduce use of cocaine obtained via street-based sources.[32] Further, high-quality evidence derived from a recent systematic review of heroin prescription programs demonstrates reductions in mortality in the limited number of individuals able to access this form of intervention.[33] As well, experience from existing safe supply programs has demonstrated the potential of this life-saving approach. A safe supply program operating at London InterCommunity Health Centre has had a 90% retention rate over four years and not a single death among the 118 individuals participating in this program has occurred.[34] Evaluations of a low-barrier program that provides supervised consumption and drug checking services, as well as injectable liquid and tablet hydromorphone in Vancouver, have found that the program is reducing use of street drugs and overdose risk, with no deaths recorded over 128,944 visits.[35, 36] However, the provision of injectable liquid hydromorphone was limited to 10 individuals, while another 59 received tablet hydromorphone. While such findings demonstrate the promise of safe supply approaches, they also reveal the ongoing issues related to the inadequate coverage of existing programs. However, this evidence aside, and given the rapidly increasing contamination of the drug supply, it's common sense – providing an alternative to contaminated drugs will save lives. This is why Health Canada is funding safe supply projects across the country and why you, Minister, are urging Provinces and Territories to "look at your sphere of influence and work to remove barriers to implementing a safer supply".

As shown below, a recent report from Health Canada's Expert Task Force on Substance Use highlighted the importance of immediately implementing a diverse array of safe supply models in partnership with people who use drugs:

> *Recommendation: Include as an urgent priority of the CDSS developing, implementing, and evaluating a comprehensive emergency response strategy to scale up access to*

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[32] Tardelli VS, Bisaga A, Arcadepani FB, Gerra G, Levin FR, Fidalgo TM. Prescription psychostimulants for the treatment of stimulant use disorder: a systematic review and meta-analysis. Psychopharmacology. 2020 Aug;237(8):2233–55.

[33] Strang, J., Groshkova, T., Uchtenhagen, A., van den Brink, W., Haasen, C., Schechter, M. T., Lintzeris, N., Bell, J., Pirona, A., Oviedo-Joekes, E., Simon, R., & Metrebian, N. (2015). Heroin on trial: Systematic review and meta-analysis of randomised trials of diamorphine-prescribing as treatment for refractory heroin addiction. *British Journal of Psychiatry*, *207*(1), 5–14. https://doi.org/10.1192/bjp.bp.114.149195

[34] Felicella, G., Bonn, M., Johnson, C., Sereda, A. (2020) COVID-19, Substance USe, and Safer Supply: Interim Clinical Guidance to Reduce Risk of Infection and Overdose [Webinar] Available at: https://www.bccsu.ca/wp-content/uploads/2020/04/Webinar-Safer-Supply-pt-2.pdf and https://www.bccsu.ca/wp-content/uploads/2020/04/Webinar-Safer-Supply-pt-1.pdf

[35] Olding, M., Ivsins, A., Mayer, S., Betsos, A., Boyd, J., Sutherland, C., Culbertson, C., Kerr, T., & McNeil, R. (2020). A Low-Barrier and Comprehensive Community-Based Harm-Reduction Site in Vancouver, Canada. *American Journal of Public Health*, *110*(6), 833–835. https://doi.org/10.2105/AJPH.2020.305612

[36] Olding, M., Ivsins, A., Mayer, S., Betsos, A., Boyd, J., Sutherland, C., Culbertson, C., Kerr, T., & McNeil, R. (2020). A Low-Barrier and Comprehensive Community-Based Harm-Reduction Site in Vancouver, Canada. *American Journal of Public Health*, *110*(6), 833–835. https://doi.org/10.2105/AJPH.2020.305612

safer alternatives to the toxic illegal drug market in partnership with people with lived and living experience and the organizations that represent them.[37] *(Health Canada, Task Force on Substance Use, 2021)*

IV - Barriers to Accessing Safe Drugs Cause People to Turn Back to Risky Street Drugs

Existing barriers to accessing safe drugs have led many people back to risky street drugs. In particular, a medicalized model means that (a) only users who meet the criteria for admission to the program are able to access those safe drugs, and (b) even among that group, the barriers will mean that many of them will turn to risky drugs instead or continue to use them in addition to accessing drugs provided via safe supply programs. These limitations are being voiced by people who use drugs[38] and frontline workers[39] and are reflected in scientific literature.

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.[40] We have heard from an increasing number of people that existing safe supply programs simply do not provide drugs that people want or experience as an acceptable replacement for street drugs.[41, 42] In particular, the overreliance on the provision of hydromorphone tablets has been found to be problematic. Further, there is growing debate about the value of prescriber-led models that prioritize treatment and limiting 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.*

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[37] Health Canada. Expert Task Force on Substance Use. (2021). *Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS).* Available at: https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html#a3

[38] VANDU Sworn Statements. (Appendix C)

[39] Affidavit of Eris Nyx. (Appendix D)

[40] Ivsins, A., Boyd, J., Mayer, S., Collins, A., Sutherland, C., Kerr, T., & McNeil, R. (2021). "It's Helped Me a Lot, Just Like to Stay Alive": A Qualitative Analysis of Outcomes of a Novel Hydromorphone Tablet Distribution Program in Vancouver, Canada. Journal of Urban Health, 98(1), 59–69. https://doi.org/10.1007/s11524-020-00489-9

[41] British Columbia Centre on Substance Use. (2019). Heroin compassion clubs: A cooperative model to reduce opioid overdose deaths and disrupt organized crime's role in fentanyl, money laundering and housing unaffordability. Vancouver: BCCSU Available at: www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf

[42] Ivsins, A., Boyd, J., Mayer, S., Collins, A., Sutherland, C., Kerr, T., & McNeil, R. (2020). Barriers and facilitators to a novel low-barrier hydromorphone distribution program in Vancouver, Canada: A qualitative study. Drug and Alcohol Dependence, 216, 108202. https://doi.org/10.1016/j.drugalcdep.2020.108202

- *Initiate a process to engage people with lived and living expertise in using criminalized substances and harm reduction to substantively collaborate on all aspects of the emergency safer supply strategy.*

At the end of the day, the more accessible the supply of safe drugs is, the more users will access those drugs and the more lives will be saved. As mentioned above, interventions led by PWUD are **evidence-based interventions**. Low-threshold harm reduction interventions led by drug users themselves have been shown in the scientific literature to be more acceptable than conventional health services among drug users most at risk of drug-related harm, and consequently more effective in reaching this population.[43] In doing so, peer-led interventions of this kind significantly extend the reach and effectiveness of existing programs that are not peer-led, and should be regarded as an essential component of the response to the overdose crisis. Given the limited reach and coverage of existing safe supply programs, the ever-escalating overdose crisis, as well as the recommendations of Health Canada's own Expert Task Force on Substance Use, it is clear that efforts must now be made to support safe supply interventions led by those with lived and living experience of substance.

V- Prohibition Doesn't Work

We know that people use illegal drugs for many reasons, including relief from pain and psychological trauma, as well as addiction. The reality is that they use them despite the criminalization and despite, even, the enormous risk the current toxicity of the drug supply presents. The recent spike in overdose deaths is preventable, but this requires a shift in our thinking towards drug policy. As with the prohibition of alcohol, the current Canadian drug policy regime has had three effects on the illicit market, namely: (1) organized crime has increased its reach and strength; (2) the potency of drugs has increased; and (3) drugs have become more dangerous to their users. Further, a large body of evidence shows that enforcement activities within drug markets have the effect of pushing people away from services to avoid arrest and into more isolated settings, where the risk of overdose is greatest.[44,45,46] Presently, the majority of overdose deaths taking place in BC occur among those using drugs alone within private residences.[47] Such impacts are consistent with the conclusions of The Lancet Commision on

[43] Callon, C., Charles, G., Alexander, R., Small, W., & Kerr, T. (2013). 'On the same level': Facilitators' experiences running a drug user-led safer injecting education campaign. Harm Reduction Journal, 10(1), 4. https://doi.org/10.1186/1477-7517-10-4
[44] Wood, E. (2004). Displacement of Canada's largest public illicit drug market in response to a police crackdown. Canadian Medical Association Journal, 170(10), 1551–1556. https://doi.org/10.1503/cmaj.1031928
[45] Kerr, T., Small, W., & Wood, E. (2005). The public health and social impacts of drug market enforcement: A review of the evidence. International Journal of Drug Policy, 16(4), 210–220. https://doi.org/10.1016/j.drugpo.2005.04.005
[46] Small, W., Kerr, T., Charette, J., Schechter, M. T., & Spittal, P. M. (2006). Impacts of intensified police activity on injection drug users: Evidence from an ethnographic investigation. International Journal of Drug Policy, 17(2), 85–95. https://doi.org/10.1016/j.drugpo.2005.12.005
[47] B.C. Coroners Service. (2021). Illicit drug toxicity deaths in B.C., January 1, 2011 to May 31, 2021. Available at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

Drug Policy, which noted that prohibitionist drug policy is not only ineffective - it has caused immense preventable harm.[48]

VI - The DULF Fulfillment Center and Compassion Club Model is Saving Lives Right Now and Will Save More if We are Permitted to Continue our Work

Understanding that the toxicity of the illegal supply of drugs is killing people, that prohibition doesn't work, that the provision of a safe supply saves lives, and that current models of medicalized safe supply are too high-barrier for most drug users, innovative public health policy and programs must be created. We believe that DULF and VANDU have a credible and tested plan for providing safe drugs for no profit and with the exclusive aim of protecting lives.

This model, called the DULF Fulfillment Center and Compassion Club model, is a market and consumer protection intervention wherein street drugs are tested, and then returned to the market in packaging that states the drugs' contents. To this end, this model requires an institution to act as the main point of contact to source substances from reliable vendors on darknet markets, bearing in mind that if a pharmaceutical or licit means to obtain substances for compassion clubs were to become available, this would be the preferable route. However, in the current legislative environment people are still required to access their substances through the black market, which is dangerous, exploitative, and unpredictable for individuals. We believe that allowing PWUD to form buying cooperatives through DULF allows them more power to demand and receive the substances they want at more reasonable prices and quality. Further, by leveraging the power of darknet markets, DULF removes many of the well-documented dangers of purchasing substances on the street.

To this point, Dr. Mark Lysyshyn, Deputy Chief Medical Health Officer of Vancouver Coastal Health, has provided a letter of support outlining the potential benefits of this model.[49] Further, as demonstrated by written statements by people who use drugs[50] and a sworn affidavit,[51] people who have already accessed safe supply from the compassion club model have experienced significant benefit and safety from these programs.

VII - The DULF Fulfillment Centre and Compassion Club Model

The DULF Fulfillment Centre model is a market and consumer protection intervention that takes existing illicit drugs, tests them, labels them, and reintroduces them into the market without profiting on their reintroduction.

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[48] Csete, J., Kamarulzaman, A., Kazatchkine, M., Altice, F., Balicki, M., Buxton, J., Cepeda, J., Comfort, M., Goosby, E., Goulão, J., Hart, C., Kerr, T., Lajous, A. M., Lewis, S., Martin, N., Mejía, D., Camacho, A., Mathieson, D., Obot, I., … Beyrer, C. (2016). Public health and international drug policy. The Lancet, 387(10026), 1427–1480. https://doi.org/10.1016/S0140-6736(16)00619-X

[49] Vancouver Coastal Health Letter of Support (Appendix E)

[50] VANDU Sworn Statements. (Appendix C)

[51] Affidavit of Eris Nyx. (Appendix D)

A - Obtaining the 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. This method is not possible under the current regulatory framework, however. In the absence of permissions to obtain substances in this manner, a DULF fulfillment centre would search for and obtain substances in the illicit market through the darknet markets from vendors in Canada. Purchasing online has the benefit of reducing interactions and potential violence from buying in-person, and due to the nature of these darknet markets, vendors would remain anonymous.

B - Storage of the Substances

Once DULF receives the substances, the organization would immediately put the substances into a secure safe onsite and log the supply in an inventory record. This record would be subjected to a daily count to ensure there is no theft, loss or diversion. Further, records would also be kept on any dispensation including to compassion clubs or to club members.

C - Testing the Substances

Before labeling and packing the substances, DULF would implement a quality control process utilizing Fourier-transform infrared spectroscopy (FTIR) drug checking services and fentanyl and benzodiazepine immunoassay test strips. By testing the substances at a point higher up the chain of distribution, this model exponentially increases the effect of drug checking as a harm reduction service.

Currently, FTIR drug checking can provide information on mixture components above ~5% by weight, and roughly quantify components to within +/- 5%.[52] If this compassion club model were sanctioned, we could also explore means of accessing more reliable and sensitive testing equipment to improve the quality control mechanism.

D - 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 from the DULF compassion club would be labeled with the contents and percentage composition of the substance, as determined by FTIR. 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. Examples of DULF labeling are provided in Figure 3. Provided with resourcing or the ability to operate at-cost, the cooperative

[52] BC Centre on Substance Use. (2019). Drug Checking: Operational Technician Manual. Available at: https://www.bccsu.ca/wp-content/uploads/2019/03/BCCSU-Technician-Manual-March-2019.pdf

could employ tamper-resistant and anti-counterfeit packaging to increase the safety and reliability of the service.

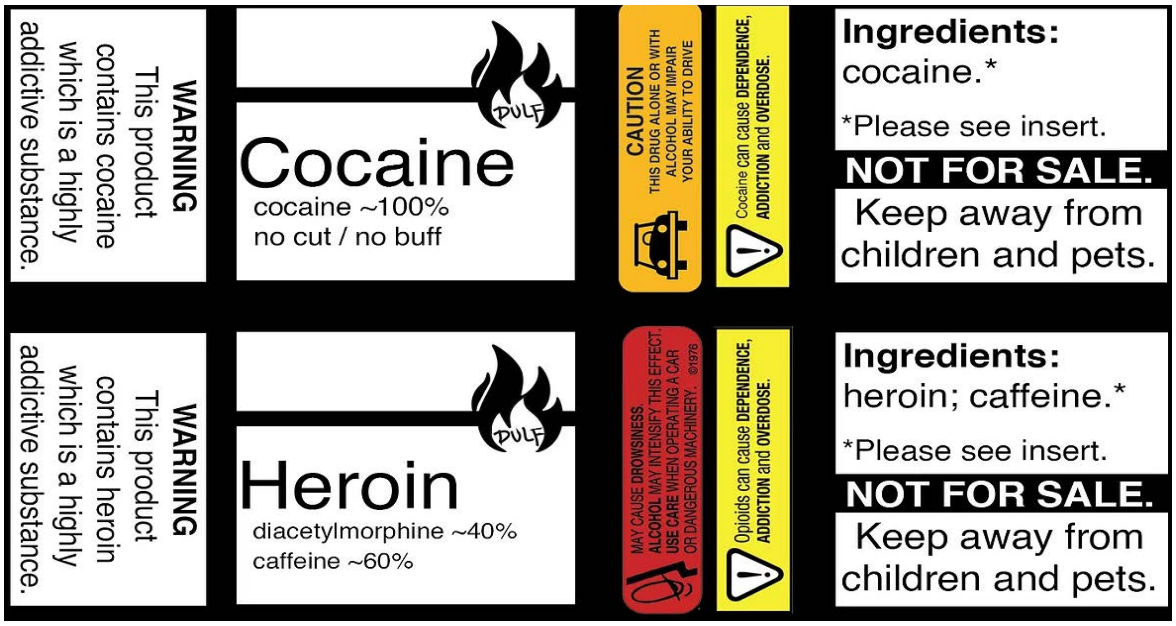

Figure 3*:* DULF packaging example with ingredients, quantity and warnings.

E - Distributing the Substances

To function at scale, DULF would create a high security fulfillment centre which would be charged with procuring, testing, labeling and packaging all the substances into units requested by the club participants. People would access the compassion clubs through their local drug user groups who would act as the main point of contact for PWUD looking to access the service. Substances would be sent out on an as needed basis to drug user groups to distribute to members.

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

1. Keeping an active membership list.
2. Ensuring secured and double-locked storage for all substances.
3. Keeping records for amounts of substances distributed and to which members.
4. Maintaining financial records and having accountability processes.

F - Member Screening and Support

Membership screening is to be conducted by a current member of the DULF Compassion Club 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 that the person is over eighteen (18) and is currently using illicit drugs. 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.

G -Financing

The current nature of the illicit drug market is that market power rests with dealers and distributors rather than consumers, which allows exploitative pricing. A compassion club reliant on this market will either need to operate using donations or parallel revenue streams to subsidize the cost of substances to club membership. In order to achieve sustainability, the club may 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.

Note: 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.

H - Individual and Community Impacts and Evaluation

In order to track safety and outcomes of substance use, DULF and VANDU will maintain records of all doses distributed and will regularly follow up with recipients 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. We aim to work with support from local researchers to conduct a mixed-methods evaluation of the co-op program. The purpose of this study is to evaluate the effectiveness of this approach in meeting its primary objectives, including reducing overdose risk without generating unintended adverse impacts. This evaluation will involve the establishment of a prospective cohort study of co-op program participants (N = 100), which will include collection of baseline and semi-annual quantitative questionnaire data. Additionally, a subset of cohort participants will participate in in-depth qualitative interviews (N = 40) at baseline and at three to six months post program enrollment. If an exemption were to be granted, Thomas Kerr of the UBC Department of Medicine, Division of Social Medicine, has expressed interest in pursuing this evaluation. Given that safe supply programs, including co-op-based models, are currently being implemented or considered in a number of settings across Canada, this research will provide useful information to guide policy and practice development related to safe supply programming, and thereby inform the optimization of the overdose response.

VIII - Section 56(1) Exemption Needed for CHM Compassion Club

In order for VANDU to operate the CHM compassion club in a sanctioned manner, we require a Section 56 (I) exemption under the CDSA, allowing for the procurement, storage, and distribution of cocaine, methamphetamine, and heroin to compassion club members. It is necessary then that the exemption extends to all relevant provisions of the CDSA (i.e. possession, possession for the purposes of trafficking, trafficking, etc.) as well as accompanying regulations, as required. The exemption would be granted to the Vancouver Area Network of Drug Users, and would apply to the program itself, as well as all individuals who engage with it, including members, volunteers, and staff.

The exemption has obvious medical and scientific purposes given the current overdose crisis and the limited impact of existing interventions. However, we envision the exemption for the DULF Fulfillment Center as being chiefly in the public interest. For this reason, we are applying under the public interest branch of the section 56(1) provision.

The escalating rate of overdose is resulting in growing years of life lost (70,000 in BC in 2020), with most of these preventable deaths occurring among people under 50 years of age. This in turn generates considerable grief and suffering among family and friends of those lost, and continues to place a huge burden on first responders, other service providers, and community members who respond to overdoses. Burnout and trauma continue to take a huge toll on these groups, and put further strain on health and emergency services. Also routinely overlooked is the burden of morbidity resulting from non-fatal overdoses. Aside from the associated human suffering and disability (e.g., from anoxic brain injury), non-fatal overdoses burden health and emergency services, present a strain on resources, and drive up healthcare expenditures.

By displacing the illegal street-based market and thereby reducing engagement with it, our model has high potential to reduce individual and community harm. Beyond reducing overdose events, our model has the potential to reduce violence associated with drug markets and the reliance and expenditure associated with enforcement and incarceration, the latter of which is known to increase risk of overdose and infectious disease acquisition. Collectively, we believe these impacts will ensure that our program is highly cost-effective and likely cost-saving, particularly in light of recent estimates indicating that the total health costs of opioid use alone in B.C. are estimated to exceed $90 million annually and the economic costs of lost productivity associated with opioid use are close to $1 billion annually.[53]

IX - Conclusion

Canada continues to contend with the worst public health crisis of the modern era, with the province of British Columbia hardest hit. Despite the implementation and scale-up of

[53] Canadian Substance Use Costs and Harms Scientific Working Group. (2020). British Columbia substance use costs and harms (2015–2017). (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. Available at: https://csuch.ca/publications/CSUCH-Canadian-Substance-Use-Costs-Harms-Report-2020-en.pdf

overdose prevention efforts, this epidemic has only worsened in recent years. This has been due primarily to ever-increasing contamination of the drug supply. This has prompted many groups, including Health Canada's own Task Force on Substance Use, to recommend the implementation of an array of safe supply programs. While a number of such programs have now been implemented, experience and evidence has consistently revealed various barriers to engagement, and as a result, these programs have failed to reach a substantial number of those at risk of overdose, and therefore have yet to make a significant impact on reducing overdose injuries and deaths. This has led many to call for novel models that move away from prescriber-based approaches to safe supply provision.

The benefits of peer-led interventions in reducing risk among those most vulnerable has been shown in an ever-growing number of scientific works. There is no academic debate about the merits of such approaches, and as a result, health authorities across the country are making peer-led interventions a mainstay in the suite of programs offered to PWUD. However, at this time there are no sanctioned peer-led safe supply programs, which is unacceptable given the known benefits of peer-led programs, the escalating overdose epidemic, and the increasing calls for novel approaches to safe supply that involve people with lived and living experience – including those made by Health Canada's own Task Force on Substance Use.

We have clearly demonstrated the feasibility of the DULF Fulfillment Centre model, which for the reasons stated above is clearly in the public's interest and has high potential to help ensure the Section 7 Charter right to life and security of the person.[54] For these reasons we are requesting a Section 56 Exemption in order to proceed with a sanctioned model. Given the ever-escalating rate of preventable death due to overdose, there is a clear need for new and bold action. We are prepared to undertake such action through our Fulfilment Centre and hope that you will support our efforts and provide the necessary federal exemptions needed to operate our program in a sanctioned manner. Lives depend on it.

X - Request for an urgent decision or emergency temporary decision

Given the intensity of the current toxic drug supply crisis, a decision in respect of this Section 56 Exemption application is needed on an urgent basis. **We respectfully request a decision by October 15, 2021 at the latest**. Lives continue to be lost due to lack of access to a safe drug supply; this is a matter that requires your urgent attention.

We welcome engagement with you and your colleagues in respect of this application, and we look forward to seeking to clarify any aspect of the application and to address any concerns, and to discussing potential modifications to the proposed approach you think may be helpful. Our concern is to save lives from the threat of the toxic drug supply and we welcome working with you to that end.

[54] For clarity, we intend that the evidence we have cited be considered part of this application, and to that end we have sought to provide full citations and hyperlinks for ease of reference. If it would assist you to have a file provided to you with all of the sources referenced, we would be pleased to do so.

Respectfully,

s. 22(1) Personal and Confidential

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APPENDIX

Appendix A: BC Centre on Substance Use. (2021). Monthly median fentanyl concentration of drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC.

Drug Checking Data Summary
For Jeremy Kalicum

Prepared by: Samuel Tobias and Lianping Ti, BC Centre on Substance Use

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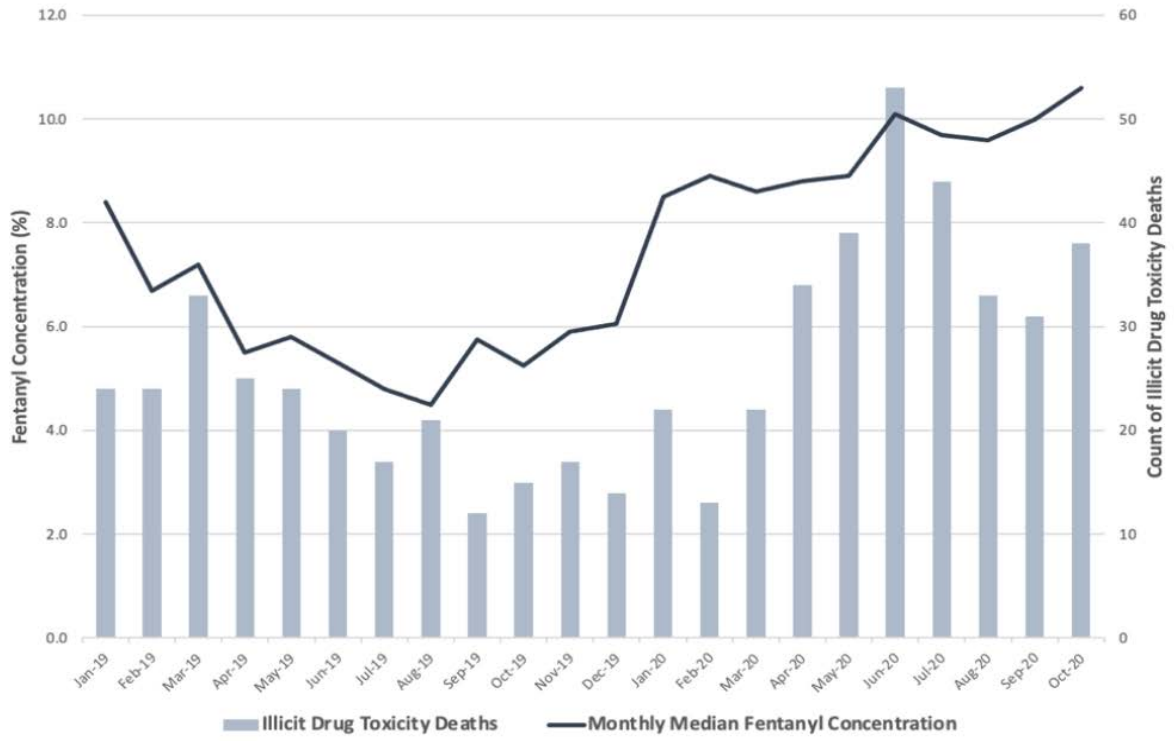
Figure 1. Monthly median fentanyl concentration of opioid drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC.

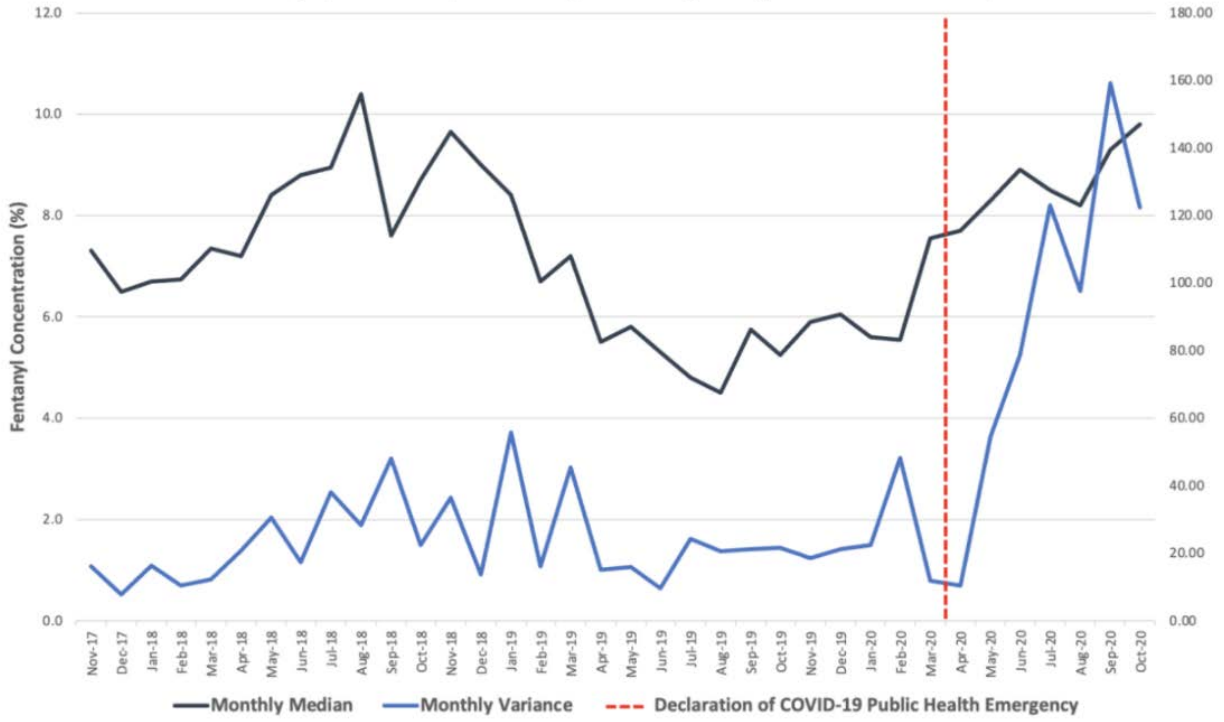


- Fentanyl concentration in the unregulated drug supply has been shown to rise and fall. In months where the median concentration is higher, more overdose deaths occur.
- The fentanyl concentrations calculated above does not account for other highly-potent drugs like carfentanil which additionally contribute to toxicity and overdose mortality.
- Illicit drug toxicity deaths data available from the BC Coroners Service: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf

Citation: BC Centre on Substance Use. (2021). Monthly median fentanyl concentration of drug checking samples overlaying the counts of illicit drug toxicity deaths in Vancouver, BC. [unpublished data].

Appendix B: BC Centre on Substance Use. (2021). Monthly median fentanyl concentration and monthly variance of fentanyl concentration of fentanyl-positive samples in Vancouver, BC.

Figure 2. Monthly median fentanyl concentration and monthly variance of fentanyl concentration of fentanyl-positive opioid drug checking samples in Vancouver, BC.



- After the declaration of the COVID-19 public health emergency, the variability in fentanyl concentration of opioids purchased from the unregulated drug supply increased dramatically. This is despite seeing the fentanyl concentration relatively unchanged and continuing to follow a cyclical pattern.
- It cannot be confirmed whether this was a result of COVID-19 border restrictions or if something else caused this effect.

Citation: BC Centre on Substance Use. (2021). Monthly median fentanyl concentration and monthly variance of fentanyl concentration of fentanyl-positive samples in Vancouver, BC. [unpublished data].

Appendix C: VANDU Statements

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of HUGH LAMPKIN

To Whom It May Concern,

My name is Hugh Lampkin, I am 56 years old and have been living in Vancouver since 2006. I'm a Supervisor of the Overdose Prevention Site/Injection Room at the Vancouver Area Network of Drug Users (VANDU). I've been a Board Member with VANDU 13 times over the years.

I didn't grow up wanting to be an addict. I wanted to be Neil Armstrong, I wanted to be an astronaut. I was told that wasn't possible while I was still in public school. My dreams and aspirations are not possible as a person of colour, as a Black person. Even if you get in the door, they're going make it so tough that you'll leave. My mother and father are from St. Vincent and Trinidad, respectively, and I grew up in Ontario. In my life, I have travelled across the world, including Canada, the USA, the Middle East, Africa, and South America. I have been a paratrooper, I have fought in martial arts circuits, and been on the street.

My life has taken a physical toll and I experience chronic pain. Around 2009, the pain started in my neck, specifically my C3, C5 & C7 vertebrae. I have experienced numerous injuries over the course of my life: as a paratrooper, as a fighter, and as someone who has spent time on the street. This pain might go away for days or months, then return. The pain is intense – at times it's a 24/7 sensation of an iron rod across my back. I am always in pain. I cannot tell you the last time I was not in pain, the last time I jumped out of bed. It has been years. Pain management is one of the basic reasons I started using heroin.

When I first went to the doctor, I told her about issues in my arm – my arm was going numb, and half-numb at times. I didn't ask for drugs or anything, I tried to tell the doctor about my shoulder issues. She sent me for 5 or 6 tests to determine the cause of the pain – I've gone to St. Paul's Hospital, St. Joseph's Hospital and Lifelabs. I have had x-rays, an MRI, a CT scan, a nerve conductivity test and a few other tests I cannot recall. I went through these tests because medical providers wanted to prove the pain was in my head. No doctor wanted to give me drugs to treat this pain. When I finally met with the doctor to review the x-rays, the damage was obvious. Later on, she told me that there was a possibility that I might have to have my neck fused. The vertebrae in my neck are screwed up: warped, bent, there is no cartilage, and due to this they are

compressing my spinal cord. Rather than treat my pain, the doctor advised me to attend drug rehab. In all of my time in BC, I have been given a narcotics prescription just twice. Once for benzos and once for Tylenol 3s.

I know that I don't get proper care because I am an addict. I'm labelled because I live down here and I'm an addict. It's been indirectly suggested by doctors. They will make comments around drug use, and state that my injuries "come from years and years of drug use." That ignores how bodies wear down, especially if you have had previous injuries and haven't been able to care for yourself, you'll break down even more. My time in the military, life of the street, and martial arts all add up. My conditions could also be hereditary: my mom and aunt both have arthritis. My brothers and sisters are fine, but they didn't live the life that I did. I find that treatment here is based on who you are. In the Downtown Eastside, you are funneled to St. Paul's Hospital for any kind of emergency care. They discriminate against us because we're from the Eastside. I know race factors in – I try to ignore that, but it's the reality and I have to deal with it.

In the absence of adequate care, to get some comfort, I've gone to the street supply of drugs. That's what I know. When the medical system refused to treat me, I went to the street for relief. The drugs that work for me are painkillers & opiates. I have been sourcing these since 2008/2009, approximately. In terms of painkillers, morphine was the best. On the street, I would purchase 100 mg pills, known as "grays." On good days, one of these would help me for nearly 24 hrs. The first 3 to 4 hrs after taking the pill, I wouldn't have total relief but would at least feel functional. At one point, I needed to take 4 to 5 grays at a time to experience any form of relief.

In terms of access to safe supply, I have hardly been able to access anything. At one point, I was part of a program created by Dr. Mark Tyndall, and I had access to dilaudid, also known as "dillys". Unfortunately, my legs were in bad condition and I could hardly walk the 2 to 3 blocks to get to the dispensing location. I was getting 6 dillys a day, which meant I had to make multiple trips down there. I just couldn't get there.

Healthcare here is so institutionalized. I first saw this in the regulation of methadone and how people on it were dealt with. In an institution, people have to line up for their medication, and a nurse watches you to make sure you swallow the pill. Here, when people are told they are free now, you are still receiving this care like an institutionalized patient. You might need to go pick up your meds twice a day. That is so degrading, for people who have grown up in institutions. I know that doctors and pharmacists take oaths, like the Hippocratic oath, but they still treat their patients like this. You might need to go pick up your meds twice a day in this system.

The way people are treated seems like a test or social experiment. Most people in the Downtown Eastside are Aboriginal. In 2010, I was part of a caravan of drug users that moved around the province; having travelled all around BC, I have heard about people

being treated so badly. The conditions for drug users, including those who want to organize and start groups like VANDU, feel like they are from 1810, 1812. People who want to access the liquor store were told they could only go in once a day because they were Aboriginal, or people with boxes from the food bank couldn't get on the bus. These are policies written by Canadians, and they get away with it. So many stories of people's access to resources and services were shaped by race. The discrimination against people, especially Aboriginal people, is rampant.

Policing on the street reflects this. The cops are bullies. They are an extension of the government and colonialism. They say they are here for the people, the public – I don't see them helping anyone. Today, it's been some time since I had interactions with police. Despite that, even now when I'm walking down the street I will get a double take, an intimidating stare-down. I've been dealing with cops since I got out of diapers. Over my life, I've been targeted by the police. The whole system is set up, designed to keep you down. There is no form of real justice. If you are a person of colour, you cannot avoid the cops.

When I think about the effects of the toxic drug supply, I have lost so many people, I have known so many people who have died. More than in the military, more than in the war. We're not in a war, but there is so much carnage. This is in Canada. Over 300 people affiliated with VANDU have died. To know people and then to find out they are dead, it's affecting me. I've never been affected that way in my life. People are still dying. Anything you've done is not helping. People are still dying. Why is fentanyl still coming in? We are at war: chemical warfare. It's like there is a serial killer on the loose. People found in dumpsters, laneways, in questionable situations. Many were women and even young girls. There are also high rates of deaths among men.

Without consistent access to trustworthy dealers, you have to rely on word of mouth. That is Russian roulette. I only go to people I know really well. But if you're not from down here, and you come down here without knowing the supply scene, something could happen to you. I've gone down on benzo dope. People are vulnerable when they are overdosing. You lose your faculties, your reaction time. You're down in seconds, could be dead in less than 5 minutes. I have seen people go blue in the VANDU injection Room before they even lose consciousness. Where did this stuff come from?

A safe supply would ease people's minds. With this supply, people could actually work on themselves. No need to hustle. You wouldn't have to worry about dangerous work like selling your body, hustling, or the many other things you have to do to meet your craving. You don't have to go out and rob, steal if you're getting your dope from the doctors. Ideally everybody should pay into a fund to help with the costs, but fundamentally it should be part of the universal healthcare system. That would allow everybody who needs it to get it, just by seeing a doctor. We should encourage specialized doctors to work in this – doctors who deal specifically with drugs, addiction

who have specialized in psychiatry, psychology, sociology. This means investing in the doctor-patient relationship so that patients can trust them, feel empathy (not apathy) and be able to talk to them. Otherwise we are still here. This overhaul could be done in 1 year, maybe 2 if you're dragging your feet. The infrastructure is already there.

Access to safe drugs and no risk of criminalization is an important start. I know I would be much better off. As a Black man, I would still have to watch out for the cops – but they wouldn't be able to touch me for dope possession. The Vancouver Model is a setup: the cops are always going to get their say. The threshold amounts set up are unrealistic – many people who access VANDU can go through those amounts in an hour, even a half-hour.

In addition to decriminalization, we still need safe supply and regulation. In a regulated market it's legal, but you can still go to jail if you traffic the substance. There should be more help for people impacted by substance use. If the supply is embedded in a medical model it won't mess people up and you won't have to worry about people diverting. We need a clean supply, regulated by the government. The War on Drugs has been going on since the 1950s/60s. There is knowledge of the positive effects of drug use dating back to the 1930s. What we see today are the consequences of designing a system without the people it's meant for. They know what we will say and they don't want us there. In the Vancouver Model, we were shut out of the conversation. I must ask, why are the cops there, why are they at the table? Our model of decriminalization should have nothing to do with police. Down here, we're told that police serve, protect or throw your ass in jail. I do believe that we can get the cops to go along with regulation.

At the end of the day, decriminalization without changing the systems might make it worse. Think of the issues in the Aboriginal community – the residential schools. Think about the racism, in the Aboriginal community, in the Black community, in the Asian community. People are still dealing with racism, with the impacts of residential schools. Decriminalization doesn't make all things better – there are still major power structures to contend with.

I support VANDU's application for a section 56 application. Until we have a fully regulated safe supply of drugs, we need legal protections while we create a safe supply for ourselves. We can't be criminalized for saving each other's lives—this is why the exemption is important.

Sincerely,

s. 22(1) Personal and Confidential

Hugh Lampkin
VANDU Member

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of JASON C. RIGSBY

Dear Honourable Minister,

My name is Jason C. Rigsby. I am 49 years old and I live on the Downtown Eastside of Vancouver. I have lived here for the last 5 years, as well as from 1989-1994. I came to VANDU and registered as a member in November 2016. I clean at VANDU and work at the front desk; I'm a handyman and a master of all trades. I fill a lot of roles here and cover for people when they can't make their shift.

My preferred drugs are marijuana, crystal meth, and alcohol. I am a long-time meth user. I recognize the repercussions of use, and I choose the drugs I choose so I can remain coherent. I use drugs to support my work - siding, roofing, and working at a golf course. Drugs allow me to multi-task and prevent me from forgetting things. They let me handle working in isolation. I also started using drugs simply because I wanted to get high with friends.

When I started using drugs, I didn't have access to needles or syringes – there was a real lack of harm reduction supplies available to me. I used the same needle over and over, sharpening it with a match pack. The needle would clog, the numbers would wear off the rig. Using an old rig is like using a harpoon. I remember the pain of a vein collapsing. When I came to the Downtown Eastside I noticed the access to needles, especially more recently. When I was here in the 90s, we used to sell needles for $2 a rig. The overdose prevention sites are so important, keeping people from using right on the street. We need smoke rooms too. People die from smoking.

The reason I came back to Vancouver in 2016 was because I had a hand injury and was receiving physiotherapy in Richmond, BC. My treatment was supposed to be for a week. I came with enough crystal meth to last me one week. By the end of the week, WorkSafe BC asked if I could stay longer because I was making "leaps and bounds" with my treatment. I didn't have enough drugs to make it through three more weeks, but I knew I couldn't stay no. I went down to the steps at Granville and Robson Street. I bought an eighth of weed but I was paranoid about the cops. I have been busted many times for weed. I worried that if I got caught, it would affect my ability to get the

treatment I needed. This is just one way that the police interfere with my health – the threat of criminalization is constant, and it has forced me at times into isolation, into avoiding services, etc.

If we want to get rid of the harms of criminalization, we need to fully decriminalize—so that people can get harm reduction without fear, can go to the dealers they trust, can take their time when using. This is basic. When you come here to VANDU to buy drugs and there's a cop car, you turn around and go somewhere else, sometimes to people you're not used to getting it from. You go somewhere else and you end up getting benzo-dope or something, unknowingly. You come back to use and there are still cops there. Then you're not going into VANDU because the cops are still there, so you go home and use. At home and in lots of supportive housing, you're often not allowed visitors because of COVID. You end up dying at your house alone. You never see these people again. This happens every day. I'm sure that happens at least once while the cops are parked out there. They park out there for at least an hour. Are you kidding me? How many people went out and got bad dope during that time? You'll notice when the cops are parked out front and then they leave after half an hour, people come in and use their dope, and they end up benzo-ed out because they got bad dope. If drugs were legalized it would be different. We could see the benefits for people who use down, as pain relief, and not have to be fuzzy-headed.

We also need a safe supply of drugs. There aren't any safe supply or treatment programs for crystal meth that I know of. I've spent a lifetime going through withdrawal symptoms by myself, with no one even knowing I was using the drug. I couldn't have friends that used the drug around, because they couldn't control it as well as I could. I was always hyper, always sweating, always on the go, even when I wasn't on drugs. When I was drinking I could go even faster, things would become more clear. It's the opposite of what people think. I drank every day and every night. Now, I don't drink much anymore. I had heart failure in 2016. I'm not drinking as much, or using as much crystal meth. VANDU has helped with that. I'm just happy I can help people. It's not about me anymore, it's about them. I don't judge anybody, I'm happy to help everybody. VANDU is a place where people can come where they won't be judged.

Before I came to VANDU I was registered at Insite, the supervised injection site here in the Downtown Eastside. I didn't mainline, mainly smoked and/or snorted. I don't have a steady supplier. Sometimes you can't even get crystal meth. Last week I bought some from a third party, lit up, and the pipe exploded. I could have been blinded. There are a lot of risks for me. I'm not sure why there isn't a more consistent supply, maybe because no one is manufacturing locally, certainly because the government isn't prioritizing drug users. The shutdown of borders is also impacting supply.

I have had a lot of close brushes with the toxic drug supply. I have overdosed before, once in 1991 and once in 2017. The first time I overdosed was on heroin, the second on

fentanyl. There were no opioid responders. The first responders are the people you use with, the second responders are the firefighters, the third: the ambulance. I felt death. The threshold is intense, I can see why people get addicted. The only way to stop people from dying is to give us a safe supply. And if you're not going to do that, then we shouldn't be criminalized for using our own strategies. That's why we need the exemption – so that we can take care of ourselves.

Decriminalization is important. The war on drugs has lasted a lifetime, dating back to President Regan. The only outcome of this legacy is death, over and over every single year. It's the definition of insanity in our government.

With the Vancouver Model, they haven't even considered talking to the people that it most affects. They're not asking the people that are using, they are asking the people that are assaulting users - the cops. They could have even done a study on drug users, asking "how is this going to affect you?" Not even getting an opinion from drug users and just making laws –It's just disrespectful. They shouldn't be doing that. This is our government, these are our representatives. This is supposed to be for us. We are adults here. We don't need someone making decisions for us, especially when we're not there. They expect that we're not even going to look and see this when it affects our lives every day?

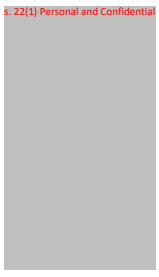
The Vancouver Model does not protect me or my community. To no longer risk criminalization every time I bought, used, or possessed drugs would mean happiness. It would be a lot less stress. I would probably live longer. People in my community would live longer. It would be a lot less stressful, a lot more comfortable. It would mean a lot of people wouldn't die. A lot of people buy a lot more to avoid the cops, people buy more and do a lot more drugs at once. People avoid overdose prevention sites when there's police presence. If they didn't have to fear the police, they could come in here, have someone watch over them, and be safe. That's all they want to do is get high and be safe. For that you also need to know what you're getting and what's in it, know that you're not getting glass, you're not getting poison. With full decriminalization like VANDU asked for, people could get the drugs from the people they always get them off of, their trusted sources. They wouldn't have to avoid those dealers if the cops were around or risk that their dealers won't be there because the cops are around.

Please grant us this exemption so that we can create our own safe supply without fear.

Sincerely,

Jason C. Rigsby
VANDU Member

s. 22(1) Personal and Confidential



August 25, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of JON BRAITHWAITE

Dear Honourable Minister,

My name is Jon Braithwaite. I am 44 years old. I live in Olympic Village, in the City of Vancouver. I am the Secretary of the VANDU Board. I've been at VANDU almost 3 years, coming in almost every day. Working with these people has been a pleasure, and it's part of the reason I come in every day.

My experience with drug prohibition began early. I started using marijuana in high school and was charged with possession of marijuana at age 18. The marijuana was confiscated and I had to pay a fine, but after that I was still always having to answer for this thing. Up to that point, I had wanted to be a police officer, but as soon as I got my charge, everything changed. During my first semester of college, one of my professors said to me, "if you have any kind of criminal record, you will not get hired as a police officer." That changed my whole life. The charge was more of a problem than the drug use ever was—It followed me around for a long time and totally changed my career.

When I came to Vancouver at age 38, I started using heroin. I had a back injury early in life and used opiates that I got through a prescription. After that, I started looking for stronger opiates to deal with the pain. Opiates were and still are the only thing that alleviates my pain. I use a mix of prescribed and street-sourced supplies: I have a prescription for a daily dose of Metadol. I take 130 ml a day and I smoke maybe a half gram of fentanyl a day. The Metadol I get prescribed from a pharmacy and the smokable I get from the street. For me, all I want is the opioid, I don't want drugs cut with anything else. I want to be able to work every day. I have an incredible amount of energy and for me opiates help dissipate some of that energy. When I'm not smoking, my thoughts scatter really quickly. When I do use, it slows me down, brings me down to a regular level, which is good for me. It allows me to do my job.

For me, the existing safe supply programs wouldn't work. I have too much to do every day. People that have a normal job can't swing out 3 times a day to get injections. It's just not possible in today's marketplace. That's partly why I rely on the illicit drug market.

I have strategies to make sure that in the absence of a legally regulated drug supply, I can get the drugs I need and be relatively sure they are unadulterated. But these strategies put me at risk, since everything is still criminalized. We're criminalized for trying to take care of ourselves when the government has totally failed us.

One of my strategies is to only go to dealers I know and trust. When you're purchasing from the street, you have to intertwine yourself in the community first because it's all underground right now. You have to know people to get it. Usually, I go to the same dealer, unless I can't find them, or the drugs are bad. Dealers play an important role in terms of testing drugs, looking out for their customers, and being a source of stability in an otherwise chaotic drug supply. Your dealer is your peer. If they disappear for whatever reason (which happens, given drug prohibition), you have to have a backup to make sure you still have a stable and predictable source of drugs. So usually, I'll have my dealer and then I'll have secondary dealers. If I don't know them as well, I'll buy less because I'm not sure of the supply. When my regular dealer comes back, then I'll invest in half a gram because I know what I'm getting. I would much rather go to someone with something stable, somewhere I know that what I'm getting is relatively clean.

This is one of the reasons why the Vancouver Model is so flawed. Basically, you're getting punished for buying the only safe supply of drugs you can get your hands on. If I have access to good quality drugs, of course I'm going to buy a larger amount at once. The other thing is that with opioids, the more you buy, the less it costs. So it's in the interests of both your health and your wallet to buy more at once. But under the Vancouver Model, buying more is extra-criminalized: If the cops stop me at any given time during the day, there's a good chance I'm going to have more than 2 grams of opiates on me, especially if I'm copping for somebody else, which happens a lot. The Vancouver Model puts people at risk, even and especially when they're trying to be safest: if you know somebody who is new to town or visiting and they don't know anyone or where to buy, you might go out and get their drugs for them. It's much safer that way. You have to have embroidered yourself in the community otherwise they might not sell it to you, or you might not know what drugs you're getting. But the Vancouver Model punishes us every time we try to look out for our best interests or the interests of our friends—telling us that we can't buy more than a tiny dose at a time.

What we need is full decriminalization and a safe supply of drugs. Until we have legal regulation, all we're asking is that we stop being criminalized for doing what we need to do to stay alive! If your government doesn't offer us clean drugs, why should we be punished for taking matters into our own hands? For saving each other's lives?

Drug prohibition has caused so much harm to my community. It resulted in a toxic drug supply, filled with Fentanyl, and that really changed the market. Now, people don't want heroin, they want fentanyl. It's happening again. You're getting benzos in the dope now. With the benzo-dope I have had two occasions where I've lost time. Literally,

I've done a hoot, closed my eyes and then opened my eyes only to find it's sometimes hours later. It's scary. You don't know what you've done in that time. I had never experienced that until fentanyl began saturating the market.

Lots of my friends have died from fentanyl overdoses. Why do you have fentanyl overdoses? Because your drug supply is not maintained properly all the time. Sometimes you might get a drug that's purer than other times. In that case you might do more when you actually think you're doing less and because of that, people die. I deal with it every day because I volunteer at VANDU in the injection room and look over people that inject.

If I didn't risk criminalization every time I bought or used drugs, it would increase my time to do what I wanted and needed. The less time you have to spend copping drugs, the more time you have to do what you want to do. To free substances from the law, you have to have a safe supply. To have a safe supply you need to have the law back off. You can't have a safe supply without that. If it's not legal, how can you have a system that manages substances carefully so that you don't overdose and you don't get sick? The idea of prosecuting someone for using a substance just doesn't make any sense. People have been taking these substances for a long time. You can totally have a meaningful life and use drugs, I've done it my whole life. That is why I support the section 56 exemption. It would help keep people safe, giving us more time to live meaningful lives.

Sincerely,

Jon Braithwaite
Secretary, Vancouver Area Network of Drug Users
s. 22(1) Personal and Confidential

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of LAURA JANE SHAVER

Dear Minister,

My name is Laura Shaver, and I have been living in the Downtown Eastside of Vancouver since 2007. I have been involved with VANDU since that time, and first became part of the VANDU Board in 2008. I am also a Board Member at the BC Association of People on Opiate Maintenance. I also work as a provincial Peer Advocacy Navigator for people on Injectable opioid agonist treatment (iOAT) and opioid agonist treatment (OAT). I use illicit drugs and fight for my community. Coming to VANDU all those years ago was such a relief: I finally felt that what I was doing wasn't wrong. And in all my years coming here, I haven't been back to jail. I've become a person with a job, a pension, a phone, a computer, and even an assistant.

I am an advocate for better drug policy. I know the harms of bad policy and I have been the lead plaintiff in two class action lawsuits related to the treatment of drug users in BC. I was the lead plaintiff in a successful action against the province of BC fighting clinic fees at methadone maintenance programs. More recently I have launched a challenge against BC's College of Pharmacists, the Ministry of Health, and the pharmaceutical corporation Mallinckrodt based on the switch from methadone to methadose. I am acutely aware of bad drug policy and I have witnessed it devastate my community. It is important, Minister, that you listen to VANDU when we ask for this exemption because we're making drug policy the way it should be.

I am on a range of street and safe supply drugs. My prescriptions include heroin, hydromorphone, dexedrine, metadol-D, seroquel, and gabapentin. The prescriptions absolutely help me manage and have helped me in many ways. This includes the ways that dexedrine helps me concentrate; pharmaceutical methamphetamine helps me level out. I don't feel a high, I feel able to stay on track and concentrate.

There are huge barriers to safe supply in BC. For instance, the drugs I am prescribed limit my access to safe supply: even if I wanted to start another form of OAT, my physician would send me to Vancouver Detox to taper and titrate as needed. I don't want to go to a place like that – it's nasty. I will not go there. I have chosen to continue purchasing fentanyl from the street despite BC's safe supply programs. I do not think

these programs are properly set up, and I do not want to receive treatment from a program that is broken at the outset. I'm worried about the lack of options available through this program; if I started on fentanyl and wanted something stronger, I wouldn't have options. There are not enough options, especially for people who need stronger options: you can only get sublingual or a patch. I have a friend on the patch: his whole back is covered in them.

The street drugs that I use are rock and fentanyl. I purchase these every day. I usually buy about $70 worth of rock (in 10 or 20 rock quantities) and $30 of fentanyl. The amounts that I purchase do not easily translate to the threshold amounts set out in the Vancouver Model, because that is not how I purchase my supply. The threshold amounts in the Vancouver Model are way too low for people who use more often, and for people who buy in larger quantities for a variety of reasons. For instance, I share everything with my partner, so one of us may buy the amount that we both need, which is obviously higher than the threshold, but necessary for our own safety in terms of buying bigger amounts less frequently, or when one of us is unable.

I have strategies to make sure I know what I'm getting and to ensure my supply is as safe for me as possible. In terms of purchasing habits, I pretty much buy from 1 person only. When I'm buying, I am extremely cautious. I am still in constant fear of going through dope-sickness if I was arrested. I have been through it and it nearly killed me. I am petrified of going cold turkey, and so I will avoid police at all costs.

My criminal history was never related to possession or trafficking of illicit drugs. Despite that, I have had my drugs confiscated by police many times, including when I lived in Kelowna BC. I was a known dealer back then, and the police would target me at times, which of course impacted my clients, whose primary source was abruptly cut-off. Once the police did try to charge me, but I went with a plea bargain due to another more serious charge I was facing.

I have also experienced my access to supply being interrupted. My dealers have been charged and disappeared, including in the last 2 years. This is extremely hard to deal with. I guess you could say I am a good customer, so I can purchase things on credit from my dealer. This means that they will front the dope to me, knowing that I will pay later. I don't have access to this kind of credit with any other dealer. So, when they went to jail, my use became subsistence-maintenance, because no other dealer would let me purchase on credit.

I try to purchase based on my golden rule: don't get drugs from someone you don't know. But that's not always possible. Over my life, I've overdosed at least 10 times. The last time was quite a while ago. More recently, there have been times when I have used "benzodown" – a dangerous combination that's becoming more common down here. That stuff is scary. You lose hours and even days. I have used, and been out for 5 hours,

not knowing what is going on. It's a terrifying state. It's happened to myself and another VANDU Board Member: we almost went down in unison. That combination of fentanyl and benzos is causing a lot of harm, including post-traumatic stress disorder, on top of what people have already experience.

If it was possible to access a safe benzo high, that would be ok. In fact, a mild benzo would be amazing, would make me so happy. The feeling can be euphoric – and reminds me of the type of high I would have before I was on methadone. Unfortunately, my physician will not prescribe me benzos. She says this is because I had fentanyl come up in a urine drug screen. I also think my doctor caught wind of my advocacy, and tried to punish me any way she could. She used to be one of the most radical prescribers in the community, now she's totally changed. Her position isn't uncommon unfortunately.

Because of my work as a peer navigator, I hear about people being tapered or completely cut off of benzos. More broadly, I have firsthand knowledge of people who experience issues with their doctor and/or pharmacist regarding supply. In my role, I submit complaints or advocate for them. Over the last year, I have been able to informally work things out with doctors. Unfortunately, if we couldn't do that, people would choose to not follow through with safe supply, which I completely understand. Despite the work of people like myself and others at VANDU, people are constantly falling through the cracks – and this is all over Canada, not just BC.

I have serious concerns about the Vancouver Model, and this approach to decriminalization. Much like my concerns about safe supply for fentanyl-users, I think this model is set up to fail from the outset. The model is not set up realistically, and as I described earlier the threshold amounts do not reflect everyday purchasing patterns. I am worried that this confusing model will mean *more* people are arrested. It's classic: arrest you first, and you can prove you're not guilty later. I know that, even during the dual pandemic, police have been seizing people's prescription safe supply even if it's labelled in the bottle. If this is the norm of how police treat drug users, what will change? Maybe under the Vancouver Model they won't arrest as many of us, but they will keep taking away your drugs, knowing you will be sick.

I think that the way we are treated as drug users reflects stigma. Police put us in a class of "troublemakers" and assume that all we do is cause destruction, pain, turmoil et cetera. I genuinely think that their rationale is to take our dope away often enough and we'll just kill ourselves.

I believe in the possibility of a world without criminalization. This would be so transformative. Right now, too many people are in a cycle: they purchase off the street, go to jail or overdose and have to keep searching and searching. It doesn't have to be this way. A few years ago I was part of the team that wrote the heroin compassion club

model. I don't understand why our drug policy rests on so much punishment: I'm 43 years old, I have a part-time job, where I work hard and am paid well. If I want to use an illicit substance, I should have that right. I am not harming anybody. Despite all of that, I am still punished because I am an open book and I am not afraid to be a drug user, I'm not afraid to fight, and I'm not afraid to be candidly honest about my drug use. For me, all of that is a matter of survival. Years ago, after I came to VANDU and was able to be honest about my drug use and not be isolated in shame, my life changed. My relationships changed, and my drug use even changed – I wasn't paranoid, I wasn't ashamed, I stopped using as much. I wasn't hiding anymore, and I could even find pleasure in my use.

This exemption is critical so that we can build our own safe supply model. The government has not helped us, so we're helping ourselves and need you to not stand in our way. Safe supply *on our terms* would mean life instead of death. Hope instead of hell. Trust instead of distrust. Win instead of loss. The medical model cannot accomplish this. You cannot give somebody a pill to replace a smoking addiction. You cannot give somebody an insufficient amount of another opiate to replace another opiate – they will still need more, and will keep seeking out top-ups. Safe supply has had very mixed results here: I know it has saved a lot of people's lives, even if the supply is not sufficient, it's improved. On the flipside, I know some people's lives have been ruined – they thought safe supply would end their reliance on street supply. The program alone is not enough. When the prescription program works, there are no supports behind it. I'm thinking about people who are so used to hustling and surviving, that when their drug use needs are met, other supports need to be put in place. There are also lots of shortcomings; in rural places people cannot get on the program or the travel requirements are completely prohibitive.

If safe supply and decriminalization are going to work, they need to be directed by drug users. That means that we are part of the planning and production, from top to bottom. We need to be there at the same level as everyone else, not token "peers." When people in power call me a "peer" I know they are separating and stigmatizing me. They are saying "you are not the same as me." This term gives people the ability to say I am (or was) a drug user, and allows them to undermine my credibility – being a drug user is not the same as being uncredible.

Organizing and being part of VANDU gave me the chance at a better quality of life, a good quality of life. I want this for every drug user in Canada. I know VANDU saves people's lives, because it saved mine. I hope that you grant this exemption and allow us to develop better policy for drug users that doesn't rely on punishment and prohibition any longer. Please grant us this exemption.

Sincerely,

Laura Jane Shaver
Board Member – BC Association of People on Opiate Maintenance (BCAPOM)
Provincial Peer Advocacy Navigator
VANDU Member
s. 22(1) Personal and Confidential

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of LORNA BIRD

Dear Honourable Minister,

My name is Lorna Bird and I'm the President of the Board of the Vancouver Area Network of Drug Users (VANDU). I also act as a supervisor at VANDU's injection room, which has saved countless lives over many years. I've been a member of VANDU for almost 18 years and have served as a Board member since around 2008. I've been President three different times. I'm going to be 65 this month and I live and work in the Downtown Eastside of Vancouver.

I've been using drugs since I was 29 years old. I do cocaine, which I smoke, and which I buy from the street. I used to be on the needle, but not anymore. I do down (heroin) once in a while, but not very often. Mainly, I use drugs for pain relief. I had a broken back as an infant, and I really suffered with it. I continue to suffer hugely from pain in my leg and back. I use a motorized scooter all the time. I couldn't walk home without using it. The cocaine helps to take the pain away. Without it, I wouldn't be able to move or walk.

I buy cocaine every day from the street, usually first thing in the morning. I usually start off with a $20 rock. That lasts me all day until I get my bigger pay at the end of the day, and then I spend that. Sometimes I'll buy an 8 ball (3.5 grams). Me and my partner will go half and half on it because I can't really afford one by myself at this time. We both pick up for each other – I'll pick up for him and he'll pick up for me or we will go together. The reason why we alternate is so that we don't both have to go out and buy. It's safer that way. If I buy just for myself, I sometimes end up buying too little and then having to buy again. When I buy with him, we get enough for both of us and can limit our number of purchases.

I don't have a criminal record in Canada, but I had one charge in the States, for cocaine possession. It was a tiny amount that I didn't even realize was in my cigarette package when I unknowingly crossed the border. I was 59 or 60 when I got the charge, but it has had an impact on my life. I ended up in jail. They kept me over the weekend. I got out Monday, and I had to have someone from Vancouver come get me and then I had to go

back to court twice. Then they gave me a fine. I can't pay the fine so now I can't ever go back to the States. When I was arrested, I didn't have access to the drugs I needed. All I had on me was my prescribed Hydromorph. If I didn't have that, it would have been really bad.

I have been involved in formal safe supply or prescription programs before – but there are too many barriers involved, so they haven't worked for me. For a while, I was being prescribed 1500 mg of Kadian a day. There were a lot of things about that process that were difficult: I had to pick it up at a pharmacy every day, I had to take it in front of them. I wasn't allowed to carry it home. It was a real hassle and interfered with my life a lot. I had weened myself down to about 700 mg, but I ended up missing my dose twice in a row. Because I missed my doses, they forced me to start all over again. I would have had to go to my doctor, get another prescription, start from scratch. That cycle causes me a lot of harm. Because of that, I've stopped the prescription program and am just staying on the illicit drugs.

I also used to be prescribed Hydromorphone before the Kadian, but it had a really negative impact on my body. It breaks down your bones. My leg actually shattered in 5 places. I used to have all my teeth, but I don't have them anymore. That's also from the methadone. After my leg shattered, they operated on me, and the very next day the piece came off from the operation and they had to go into my leg three more times to get the pieces out. That's when they switched me to Kadian, which I later was denied given my missed doses.

Before all of this I was also on an injectable heroin program at PEERS Vancouver. We had to go there three times a day, and if you wanted to shoot up you had to sit there and do it in front of them and wait for 15 minutes. The program didn't work for me. I know it didn't work for other people too, because they couldn't deal with shooting up and sitting there being monitored. The whole thing was too disruptive in my life – the amount of time and energy it took to go there three times a day and for a length of time each time, it just didn't work.

Because of the barriers involved with other safe supply programs, I find that at times the illicit market is the safest option for me, even though it comes with a lot of risk in terms of being criminalized and underground. I've come up with my own ways to make sure the drugs I have are safe, and that I know what I'm getting.

For instance, I have about 5 trusted dealers that I go to. I know them all, they are all my friends, and I know they test their drugs. They can tell me exactly what I'm getting—they know my tolerance and preferences. I don't go to anyone else. If I didn't have those relationships, those friends, I wouldn't know what I was getting and I could risk overdosing. I don't do fentanyl, so if I accidentally got that from a dealer I didn't know or trust, I would overdose. Not everyone is as lucky as I am to have so many trusted

sources, though. I have also received drugs from the table events that DULF and VANDU host in the neighbourhood. This is a way that me and my community can access tested, prescription-grade drugs with certainty. We don't have to worry about getting the wrong thing or the wrong dose. It's a safe supply that we build for ourselves.

I've lost so many friends to the toxic drug supply. One day I just sat here and started writing the names of the people that have died and there were over 300 people that I know that have died. There were 70 people that died that were on the Boards here alone (like the BC Association of People on Methadone and the Eastside Illicit Drinkers Group for Education). If those people had access to a safe supply of drugs, I think they would be alive. I stand outside and I look and I think, over 300 people are gone. It's unbelievable.

If me and my community didn't face criminalization every time we bought or sold or used drugs, it would be so much more enjoyable. I'm not talking about the "Vancouver Model" either. That model of decriminalization isn't going to protect me because I use more than the threshold amounts. For a lot of people, the 2 grams of opioids is just their breakfast. There was a time when I needed more than 2 grams just to cope. Now I usually need at least an 8 ball per purchase.

If we could really be decriminalized, fully, when it came to buying and selling, we'd be able to relax. I also don't think we would end up using as much. We wouldn't have to try to rush and we wouldn't have to try to use up our supply before somebody comes in or we'd get arrested or something. It's way better for our health in this sense. For instance, if you're using a pipe and rushing and not letting it cool down, the substance can become toxic. If you're shooting up, then maybe you end up missing your mark, and you end up with abscesses. Abscesses are a regular thing that happens from the bad dope. When you think about decriminalization this way, it would also mean way less trips to the hospital. You wouldn't have all these ambulances being called.

It would also be way safer. We wouldn't have to worry about being charged, going to jail. For women, prohibition is very dangerous when they're going to the illicit market. There are guys that take advantage of women. Many of them can't fend for themselves, or they don't have a community behind them – they're vulnerable. If me and my community had access to a safe supply of drugs too, it would mean everything. We wouldn't have to use as much; we'd have less health problems, fewer deaths, less trips to the hospital. Women especially would be safer in the long run.

That's why I urge you to please grant this exemption.

Sincerely, s. 22(1) Personal and Confidential
Lorna Bird
President, Vancouver Area Network of Drug Users

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of MARTIN STEWARD

To the Prime Minister and the Minister of Health,

My name is Martin Steward and I am 49 years old. I live at s. 22(1) Personal and Confidential in the City of Vancouver. I have been involved with VANDU for seven years. During my first two years here, I was a Liason through WAHRS (Western Aboriginal Harm Reduction Society). I served as the Vice President of WAHRS for a year and a half. I have also been on the VANDU Board of Directors as the Sergeant of Arms for five years, and as a Secretary for two. I also act as a Supervisor for VANDU's injection room.

My preferred drug is crack. I have been using it since age 12. I left home at a young age and from age 12-17, I lived on the streets of Toronto. I was introduced to rock very early in my stay in Toronto. It was a coping mechanism for me. I wouldn't say it entirely stopped me from thinking about stuff I didn't want to think about, but it kept me up for long enough that I couldn't dream, which was my goal. That's why I kept using. Crack kept my life at a steady constant, there was always something I could do. When I wasn't feeling proper, the rock made me feel proper. It also helps with pain. I have Crohn's disease and the crack helps to relax my body. I know it sounds off to say a stimulant relaxes you, but it does for me. It takes away from the cramps, settles them down.

I came to Vancouver about 11 or 12 years ago because my brother lived here and because BC has the best medical care for Crohn's. If it wasn't for him and my partner, I would still be in the closet about my use. Before that, nobody knew. I smoked every day since I was 12. I received 12 college diplomas, the whole time smoking crack. I have been in three long term relationships with women who didn't know I smoke. I never got paranoid on rock. It doesn't effect me that way. Because I didn't look sketchy or anything when I did it, it was easy to hide. When I was finally able to be open about my drug use, it was a huge relief. It took so much off my shoulders that I didn't have to hide it anymore. Before I was constantly looking over my shoulder, worrying that someone might know my dealer, that someone was going to say the wrong words in front of the wrong people. Luckily, that never happened. Now, I have no fear.

I smoke every day and purchase every day. Obviously, I am put at risk every time I buy

drugs from the illicit market—not just risk of arrest, but also risk in terms of the supply itself. The fact that you can't do a shot without first having anxiety is really bad. Before, it used to be fun to know that you're going to get high. Now, it's "I might get high, or I might die". It's like Russian Roulette. Nobody trusts anybody. Stress and stressful situations only make things worse. It causes overdose.
That's why I have adopted methods to keep myself as safe as possible. I have three or four consistent dealers that I see. That consistency is very important, nothing is more important. Quality over quantity, and good products. I am lucky enough that the dealers are honest with me. They try to help each other out to make sure nobody is going to jail and everybody is doing right. They'll tell me if I shouldn't buy the rock they're selling, they'll tell me if there's benzos in the dope. I have been using down for 8 years, I started because of my brother. I have overdosed once and it was scary. Even though I don't go to many people for my drugs, it doesn't matter. Every time I do a shot, there's always a worry and a risk. It's unjust that we already face this risk because we've been ignored by government and policy-makers; now on top of that, we get criminalized for doing what we can to stay alive.

I have been stopped and searched by the police here in Vancouver. I had dope on me and was going to VANDU to get a pipe. I was walking by the Hazelwood Hotel on East Hastings and stopped to talk to my friend. A cop walked out the door of the Hazelwood and said, "Hey you! Stop! Show me all your drugs." He accused me of working for my friend, assuming that because my friend is a black man known for being around the Downtown Eastside, I had to be working for him - no ifs, ands, or buts about it. The cop asked to search me and I refused. I was just on the sidewalk talking to a friend! That's when he grabbed me, and his partner came right up beside me. He said, "listen, you can either give me your dope or we will detain you, take you down to the station and we will pull it out of you". I am with it, just because you see me using drugs, doesn't mean I don't know my rights. I handed my dope to him and walked away. That's what they do, that's the way they do it. They take it from you and when they do they know that it's going to get you into trouble with your boss. Or, if you're not working and it's personal dope, you'll have to go out and do crime to get more.

With the Vancouver Model, it's not the Vancouver Model, it's the Vancouver Police Department Model. How can you ask the Vancouver Police how much drugs we're allowed to carry? The thresholds proposed in the Vancouver Model would not even begin to protect me or my community. I was at the first meeting where we discussed the Vancouver Model with the City, and my first question was, "did anyone consider the homeless?" They have to carry their dope on them everywhere they go. People with homes can leave the majority of their drugs there and just take what they need to use with them. Homeless people have to keep it with them all the time. Welfare week, people are going to be carrying more, they're going to have more. With split cheques, those people are going to have more on split cheques days. The answer I got was non-committal: "I think we'll have someone look into that". Then the thresholds were

submitted without even considered VANDU's rapid analysis, which showed that the current thresholds would do nothing for our people, and maybe even put us at greater risk, since we'd be forced to go to the market more frequently, to buy in smaller amounts.

Existing safe supply programs don't meet our needs here on the Downtown Eastside either. I see a lot of diversion on the streets. With existing safe supply programs, people find that the amount that the doctors are prescribing and the potency of what they're prescribing is nowhere close to what it takes to keep us even comfortable, let alone better. A lot of the people have no choice but to sell what they are given to buy what they need. I don't find that as much of a problem because obviously people that are buying the dillys (dilaudid) must need them. So they're still getting used as a safe supply for somebody, just not who they're prescribed for. We shouldn't be criminalized for that!

I tried Crosstown Clinic, their hydromorphone injection. It was supposed to help me not have to worry about the hustle and bustle. I could go get my safe supply, do my shot, go about my day, if I wanted to look for a job, etc. But it was too high barrier for me. I was basically handcuffed to this one place where I had to be at least twice a day for at least 40 minutes. I had to wait for my turn, wait for my medication, after the medication I had to sit for 20 minutes before I could leave. It was too tedious. It was bad enough I had to go to the pharmacy everyday. I couldn't go about my day and get my work done without all the interruption.

Because Crosstown didn't work for me, the doctor put me on Suboxone, a microdose. I took it the first day and everything was okay. When I took it the second day, I started feeling bad so I doubled up my dose and it was kind of okay. The third day, I laid on the couch at VANDU, sick as a dog all day. Every one of my friends, some people who didn't even know me, saw what I looked like and they were throwing dope at my partner saying "get him better." She threw as much as she could into me and it did nothing for me. I stayed that way for a day and a half. My friend tried it after me and it did the exact same thing to her. I would not suggest it to anyone. Why would you put naloxone in a drug, knowing full well it's going to stop people from getting what they need but not enough to keep them well? I went right back to the street after that.

Since the existing safe supply programs clearly don't work for everyone (including myself), we shouldn't be punished for creating our own safe supply. For using strategies to protect ourselves and each other. This exemption that we're asking for, it's basic: we're asking you to not get in our way when we're using our own tools to keep ourselves alive.

If I no longer risked criminalization every time I bought or used drugs, I could live a free life. I could be myself again. That would be fantastic. It would be like you going to the

store and getting a bottle of wine. How much did they spend on COVID? How much money did they give people for help? How many people are dying of COVID right now? The death counts have gone down. But how many people have died and are still dying of overdose? It really upsets me. The government has done nothing to help the people dying from the fentanyl crisis, the overdose crisis. We need safe supply, we need full decriminalization. Mr. Prime Minister, if you want to act like a child and be treated like a child, I'll speak to you in terms you might understand, "Us people dying!".

Sincerely, s. 22(1) Personal and Confidential

Martin Steward
Long-Standing VANDU Member

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of SAMONA MARSH

To Whom It May Concern:

My name is Samona Marsh and I am 50 years old. I've lived in the Downtown Eastside of Vancouver forever, for about the last 25 to 30 years. I have been involved with VANDU, as Board Member, Board President, etc. for around 10 years.

I don't have a preferred drug. I like them all and I think they should all be legalized. If people want heroin, they should be able to get heroin. If they want crystal meth, they should be able to get crystal meth. If drugs were legalized and safe, I wouldn't have lost as many people as I have.

I get my drugs from the illicit market. What's available by prescription currently doesn't do the job. Going to see a doctor, taking a pill, it just doesn't cut it either, it's not enough. Half the hype of getting high is the preparation. I don't go to the doctor at the best of times, why would I go to the doctor to get high? Existing safe supply programs give you pills. I want to get high on drugs, not on their pills. Why would I pay the pharmaceuticals more money than they are already making?

When I came off heroin in 2002 or 2003, the doctor talked to me for 5 minutes, told me I was on way too high of a dose, that I couldn't quit cold turkey, that I had to go on methadone. I've seen people that are on methadone, and they are not being helped. I don't want liquid handcuffs—methadone is not for me. I went back three years later, got that doctor to test my blood for opiates and there was none. I did it my own way, myself. I was sick for 21 days, living outside. You can't let the drug rule you. It wasn't easy, but being sick for 21 days versus looking at my life waking up sick every day? That made it so much easier. The point is that people have to decide for themselves what works.

The Vancouver Model won't save us. It's not giving us safe supply. It's allowing people to carry very small, allocated amounts. If it's not safe supply, we are still going to die. If the drugs aren't tested and regulated, we die. Even a higher threshold wouldn't really matter: If it's bad dope, it's bad dope.

Even the very basic legal protections offered under the Vancouver Model (decriminalization) don't apply to me. Why? Because I'm an ethical use substance navigator. I purchase the dope, I get it tested, and I give people exactly what that is. If people know what's in there, then they can allocate the usage so they're still safe. I test the drugs myself and take them to get tested. I like using the spectrometer best. I think we should have more spectrometers made accessible because it gives you an exact count of what is in the drug. I'm protecting my community by letting them know what's in there. I tell them to use overdose prevention sites, to not lose alone. You can always use more but you can't use less. If we could've been doing this from the beginning, my Mom and Dad would both be alive today. I've known at least 200 people that have died from the toxic drug supply. There are way too many people dying needlessly.

My work as an ethical substance use navigator should not put me at criminal risk, but it does. I have been charged with drug possession and drug trafficking. It gave me a criminal record so I can't go to the States anymore. I had to serve my time in jail on the weekends. Every weekend, I had to organize getting a ride there from the City, or finding someone to pick me up from the bus stop. If I couldn't get a ride, sometimes I walked. Coming back on foot it could take three hours. I had to get as high as I could every Friday to carry me through the weekend. I also have been stopped and searched by the police, who then confiscate my drugs. Less lately. I think they would just rather not deal with me. To change the laws, I would have to get arrested to fight it. They know that I will put up a fight.

So you see, I'm doing my part to keep people alive and yet I'm the one with a target on my back, under the Vancouver Model, and under the War on Drugs. Right now especially, they are trying to bust dealers, saying the dealers are bad. But what they are doing is busting the ones that have the good dope. They are putting us in jeopardy because if I know that a dealer always gets their dope tested, I'm going to go there. If you arrest that dealer, I'm going to have to run around to find somebody else who might not care as much about me and whether or not I overdose. When you need to get high, you aren't as discerning. Especially with heroin when the withdrawal symptoms are so bad.

I also would not be protected by the Vancouver Model because sometimes I buy and use drugs outside of Vancouver, as do many people in my community.

I don't want to die, I don't want my friends dying. I've lost too many people already. We need decriminalization and we need safe supply. We are doing it all the time ourselves, keeping each other safe. Every day, I give out clean supply. I never have anybody overdose, I never have anybody die. If I didn't risk criminalization I could continue doing this important work with a lot less stress. It would also mean less paperwork for the cops. It would help keep people safe, keep us alive. I really hope DULF and VANDU are

granted this exemption.

Sincerely, s. 22(1) Personal and Confidential

Samona Marsh
Ethical Use Substance Navigator, Vancouver Area Network of Drug Users

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT OF "STEEL"

Dear Minister of Health,

I'm mainly using an alias because, seeing many people at the end of their life, I know that at the end of it all your name doesn't matter.

I have been living in the Downtown Eastside for 6 years. I first came into VANDU back then because I needed money, and someone told me about this place. I was collecting cans and needed to make ends meet. When I first came here, I had a lot of anger issues. Since I have been volunteering here, I've become a nurturer. People look up to me. It's so beautiful down here: everyone is the black sheep of their family, and we all ended up down here.

I love my community. I walk around and I see so many aspects of the Downtown Eastside – many that are ignored by the mainstream. The smiles on people's faces, the sense that we are all in here together. There is sadness too, I have seen so many people in the last moments of their life. At our meetings, we end them with a moment of silence. When it's time to say people's names, I say "everyone." There are so many people who are gone, so many people to remember.

At VANDU I am reception at the Overdose Prevention Site / Injection Room. I am also a drug user, specifically using down (opioids) and weed. I think of my use as social – it is a way that I connect with friends when we are hanging out. I use about 4g of down on a daily basis. For me, that use is like pancakes in the morning – there are smells, familiarity, and comfort in the drugs I use.

I purchase my supply from the illicit market, from two trusted dealers. Most people have their own people they go to. I go to these two people because I trust them, I know there are no issues. They also use their supply, and I don't see them going down, going to the hospital, or needing resuscitation. I have never been charged for possession or trafficking, but I have had my drugs confiscated by police and thrown out. In those situations, I turn to folks down here: people will take care of you on the Downtown Eastside, the community takes care of each other. One thing is clear: confiscating drugs doesn't mean the person will just stop using drugs; they'll just have to get it someplace

else.

My experience of safe supply is that the government supply is weak: it doesn't satisfy. Yes, it might be free, but it doesn't do what the drugs are meant to do for many of us. I even found this in the Drug User Liberation Front handout. I was so excited to get it, but after using, I found that I needed more. People are different and have different needs—that's why the existing safe supply programming doesn't work. It's not versatile and it doesn't actually give people what they need, in my experience. I use the underground, the street drugs help more. I trust this system. If the drugs were stronger, I might actually go for a more formal safe supply. But until then, this is where I go—I shouldn't be penalized for that. Down here, people have high tolerance – the threshold amounts in the Vancouver Model don't reflect this. The prescription amounts aren't enough either. I have hope that the VANDU/DULF model will work better for our folks, we just have to give it time.

So long as accessible safe supply isn't available, people will go to the illicit market—and the toxic drug supply is devastating. I have heard stories of people using an unknown substance – using something they got from someone else. I also know toxic drugs are only one part of this: people down here don't eat properly, don't sleep or rest, and all of that takes a toll on their health. People's drug use also looks different. I know there are people who sometimes stop using, to give themselves a break. They might take a week, two weeks, switch up to different substances. Drugs aren't a 24/7 issue. There's more to it. Over the last year, it feels like the sirens got louder here. All the sirens keep people upset, you see it when the sirens come down the block, people cover their ears.

So many people have died, and it wasn't who I expected. I look around: everyone I thought was going to die is alive, everyone I thought was going to live is dead. There are some people who seem impervious. I think that's the case with COVID too: the pandemic didn't affect us. You look around, we're always hugging, on each other 24/7. We're already at the bottom down here. Here, we don't depend on regular people, we look to each other. There is no help from doctors. They do their job and go home.

We absolutely need a better supply. We also need to take away the risk of criminalization. We need a better supply. It won't solve everything: there will be a new problem, then a next problem, and so on. But we do need to be decriminalized, and we do need a safe supply. No one is hurting anyone here, people here are enjoying themselves – searching for peace and quiet. I think it's regular society that needs help – what is more mentally ill than buying a Lamborghini and racing to the next red light?

Sincerely, s. 22(1) Personal and Confidential

Steel
VANDU Member

August 26, 2021

IN SUPPORT OF THE SECTION 56(1) EXEMPTION APPLICATION OF THE DRUG USER LIBERATION FRONT (DULF) & THE VANCOUVER AREA NETWORK OF DRUG USERS (VANDU)

SIGNED STATEMENT of GREG FRESZ

Dear Minister,

I'm Greg Fresz and I'm 68 years old. I live on Hastings Street in the Downtown Eastside of Vancouver, where I've been for 35 years. I have been involved with VANDU since day one. I'm currently the Sergeant of Arms on the VANDU Board.

I have been using drugs for 50 years. I started because I had an accident and my brother was killed. I put the blame on myself and started using drugs to cope. I also live in excruciating pain from a back injury. I broke my back parachuting 15 years ago. I broke it at the bottom, sciatic, and top. Opiates totally take away my pain. My preferred drugs have always been crack and heroin. I tried everything, every kind-of drug there is. I used to buy every kind-of pill there was to try to fix it. The only thing that really kills the pain is diacetylmorphine.

I'm currently in the program at Crosstown Clinic which provides diacetylmorphine. I've been on that program for 9 ½ years. It saved my life. It's been an excellent experience, and I have nothing but good words to say. They treat you like a real human being, not like a name or a number. The nurses there care about us, our addictions, how we're doing. Very nice, honest people. I go twice a day. It used to be three. I take a half-gram shot twice a day—A gram a day is the maximum allowed. Prior to that, I went three times a day for the same dose. I have tried going to other pharmacies, but I found I didn't get enough support. Crosstown fits my needs. It has allowed me to reduce my drug use. I have gone down on my crack cocaine use significantly. I used to use it everyday, now I only use it once or twice a week.

In the first few months I needed to supplement my Crosstown doses with a small street-sourced supply. This is the only way I could relieve all of my pain. I have two trusted dealers. It's important to know who my dealers are, because then I know what I'm getting - I'm not getting garbage, I'm not getting ripped off, and I'm not getting something I'm going to die from. I've worked hard to find the right people so that I can be sure I am covered safely. Before that, it was always hit or miss, but I had to take these kinds of chances if I was going to relieve my pain. I have had bad experiences, that's why I've got my routine down to the way I've got it. I have been ripped off, sold

garbage. When that happens, you have to make back the money you lost and find another dealer. It's a vicious cycle. People who don't have strong networks because they haven't set that up are more at risk of overdose, of being robbed, etc. You have to have a reliable dealer. Even then, your dealer may be charged with possession or arrested. That affects me a lot. If they get busted, I can't get the drugs I need and I have to worry about buying it from someone I don't know.

An exemption like the one we're requesting would make sure that I don't have to risk getting arrested every time I go into the market to manage my own pain. I shouldn't be punished for someone else's failure to keep us safe—for doing my best to navigate a toxic market *created by* prohibition.

I have overdosed lots from the illicit drug market. When I was first getting into it, trying to find a happy medium, I would do more and more and more. All my pain would go away, and I wanted it to be gone all the time. I didn't want to wake up in the middle of the night with a sore back. The pain interrupted every part of my life.

It's been bad on the Downtown Eastside, since the drug supply became so toxic. It's getting better now only because more people are taking matters into their own hands and getting into the safer side of it. Safe supply is very important, it's keeping people alive. But there is still nowhere near enough safe supply programming to meet everyone's needs. Even though Crosstown has worked for me, lots of people talk about how these programs have too many barriers. People say they can't go three times a day and hold down a job at the same time. If they go twice or three times a day, their boss is going to know where they're going and what they're on. A lot of people don't want people to know that they're getting safe supply. The stigma around drug use affects people's ability to do things like hold a job and access housing. A safe supply program that offered carries would make things a lot better. I'm working towards getting carries but it has a lot of barriers. You have to have a clean urine analysis. You can't use crack if you're going to get carries, no other drugs except down. For me that's just not feasible because sometimes I can't get anything else so I'll buy pills, dilaudids, benzos - something to help me sleep because I'm in pain. Those are diverted safe supply from other people that are short on money that need to sell a few to survive.

In addition to a safe supply of drugs, we also need full decriminalization. Here in Vancouver, we need the Vancouver Model to be broader, to cover all peoples, not just a select few who buy and use very small amounts. Fully decriminalizing the use and possession of drugs would mean everything to me and my community. It would mean there wouldn't be so much crime, so much dishonesty, all around ineffectiveness. The illegality of drugs is what brings on the problems. If it was legal, it would be so much easier to buy and sell drugs safely, and you wouldn't have those problems that come along with drug prohibition.

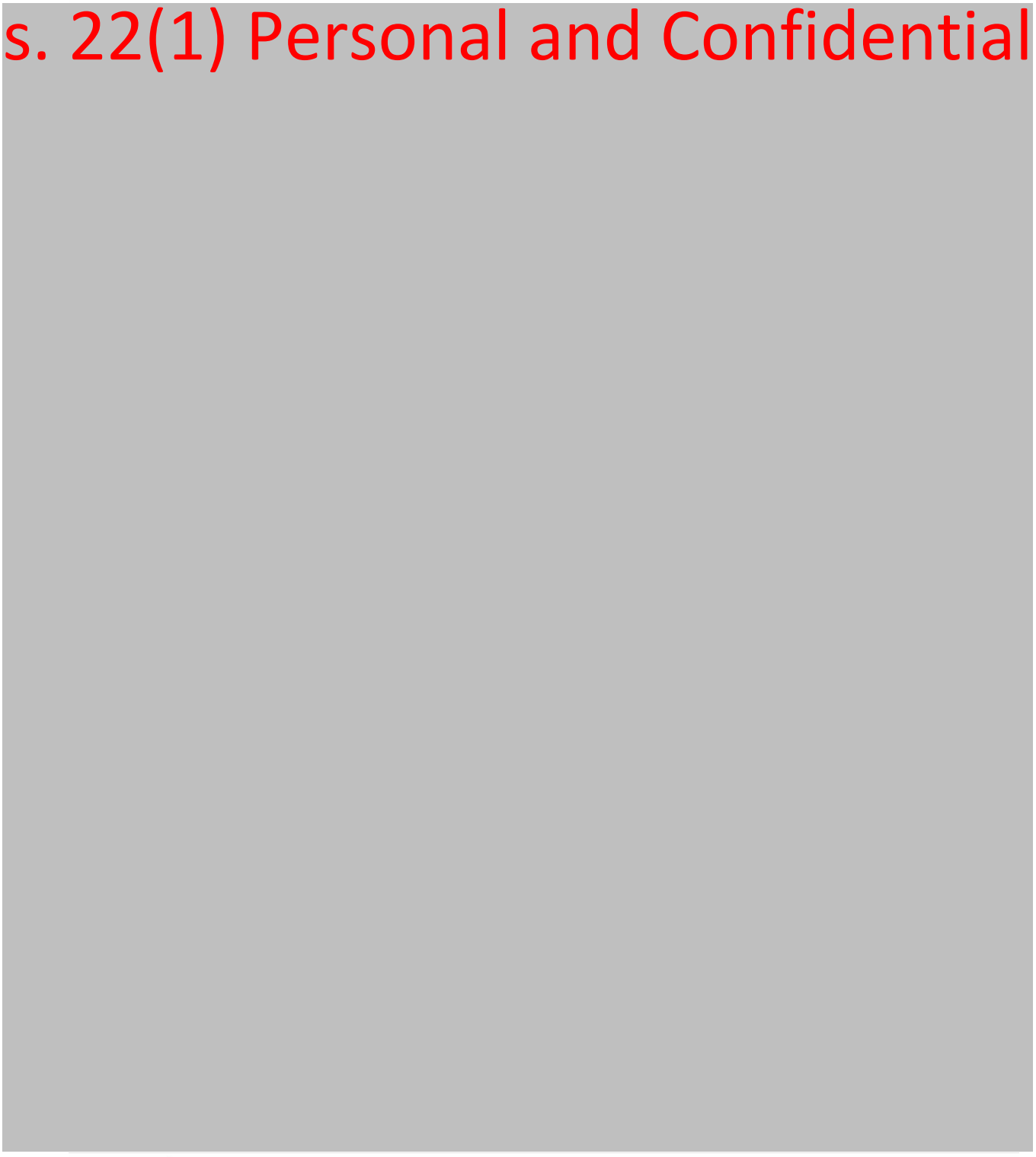
One of the key harms of drug prohibition is police violence. I have experienced a lot of violence from the police. I've been beaten up at least 10 times. I've been stopped and searched by the police too many times to count. My drugs and money have been confiscated. When that happens, you've got to go out and get money again, commit crimes sometimes, in order to access the drugs you need. It's that vicious cycle again. I lost most of my adult life in jail. I did 23 years for robbing banks to pay for my drugs. If I had access to the drugs I needed, I wouldn't have gone to jail, I wouldn't have been robbing banks.

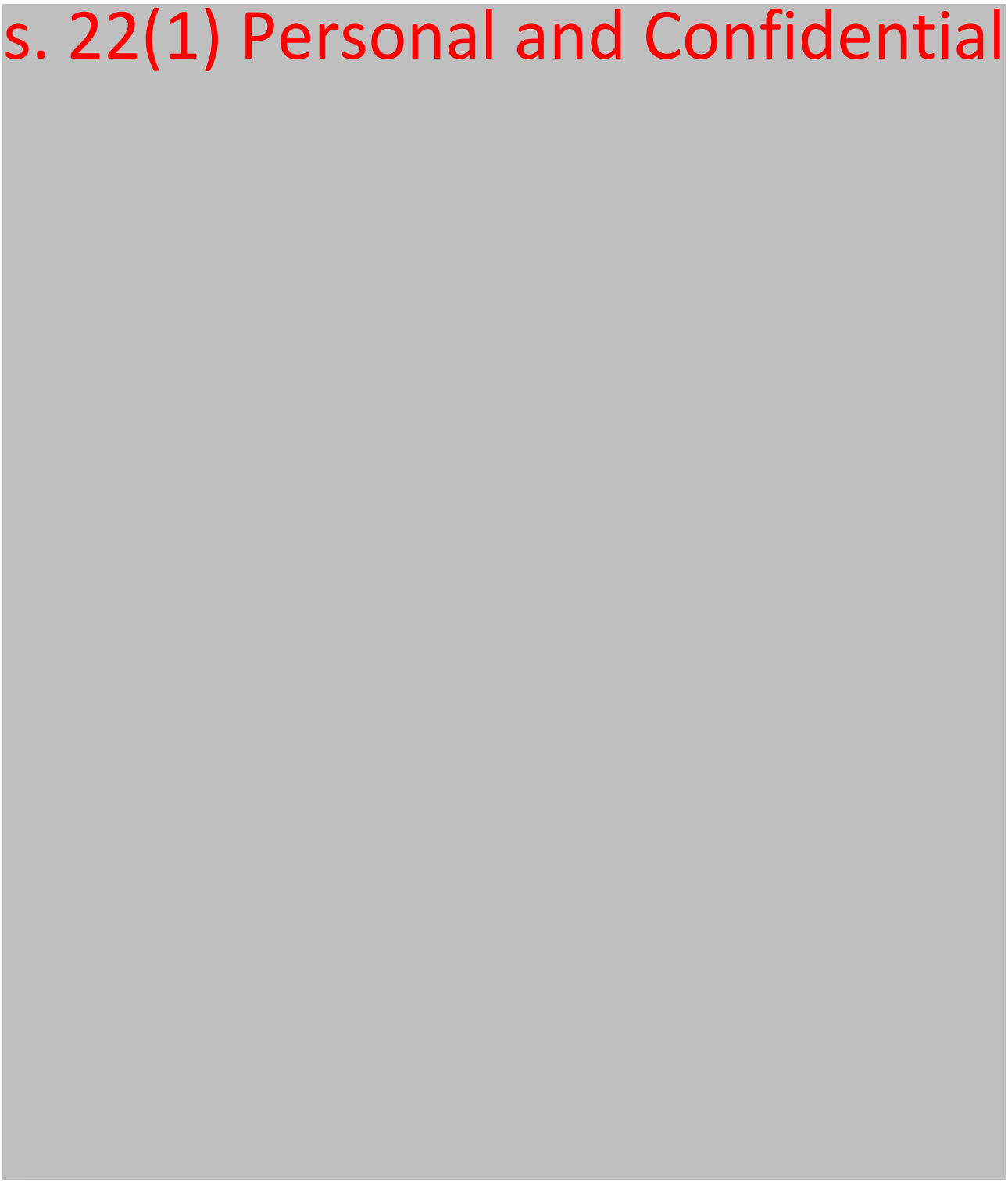
A consistent, safe supply of drugs would be a perfect scenario for my community. There would be a lot less deaths, a lot more camaraderie, a lot more pain relief. Most people are doing drugs for pain relief, because they need to cover something with it. It's a medication. Safe supply needs to be expanded. There would be less deaths and happier clients. A lot more people could survive. Since we're not getting the safe supply we need from you, we're doing it for ourselves. We don't deserve to be arrested for that.

Sincerely, s. 22(1) Personal and Confidential

Greg Fresz
Sergeant of Arms, VANDU

Appendix D: Affidavit of Eris Nyx

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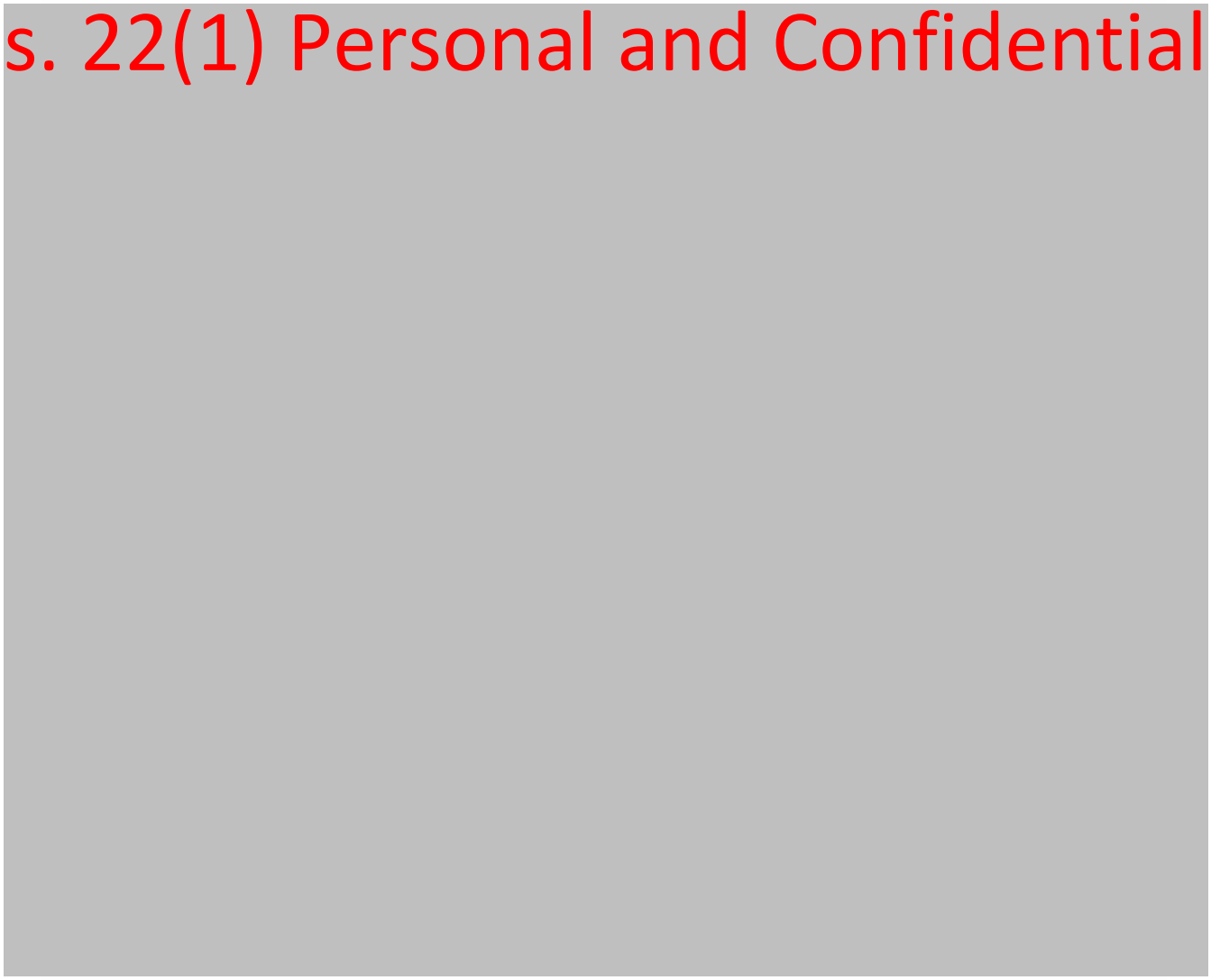
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Appendix E: Vancouver Coastal Health Letter of Support

Vancouver Coastal Health

Office of the Chief Medical Health Officer
#800 - 601 West Broadway
Vancouver, BC V5Z 4C2
604-675-3900

Jennifer Saxe
Director General, Controlled Substances Directorate
Health Canada

Dear Jennifer,

This letter is written to support the section 56 exemption request being put forward by the Drug User Liberation Front (DULF) to implement a community-led compassion club in the Vancouver Coastal Health (VCH) region.

A public health emergency was declared in BC in April, 2016 in response to a significant rise in opioid-related overdoses. Since that time, there have been many important responses including wide distribution and training in the use of naloxone, establishment of supervised consumption and overdose prevention sites, and innovative harm reduction services such as drug checking. There has also been an increase in the number of clinicians providing addiction services, an expansion of addiction treatment options, and work to create more supportive environments for people who use drugs. In spite of these efforts, 2021 is tragically on track to be the worse year yet for overdose-related deaths in BC.

The causes of and solutions to the ongoing overdose crisis are multiple and complex. However, it is clear that the major driver of the ongoing crisis is the unregulated illicit drug market that supplies people who use drugs with dangerous drugs of highly variable potency and composition. For example, through our community drug checking programs we have observed increased fentanyl concentration and variability among drugs containing fentanyl, increased contamination of opioids with potent fentanyl and benzodiazepine analogs, and contamination of non-opioid drugs such as stimulants.

In addition to recommending the decriminalization of illegal drugs for personal use, Dr. Patricia Daly, Vancouver Coastal Health's (VCH) Chief Medical Health Officer, has recommended developing a safer supply of drugs and the piloting of novel forms of drug distribution such as via compassion clubs (1).

Vancouver Coastal Health

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DULF's proposal involves acquiring illicit drugs, testing them through existing community drug checking programs, labelling them, and distributing them to members of the club. This proposal would increase access to drugs that have been tested through community drug checking programs. It has the potential to reduce harm associated with drug use for club members since we believe that knowing the composition of drugs prior to use can reduce the risk of overdose. VCH has an established relationship with DULF, have provided overdose prevention site designation to organizations who have provided drug checking and supervised consumption services at DULF-organized events, and would be prepared to continue to offer support as DULF implements this proposal in the VCH region should the exemption be granted.

Dangerous contaminants in the illicit drug supply are driving the overdose emergency in BC. VCH supports granting a section 56 exemption that would allow DULF to implement a community-led compassion club model that would provide members with access to safer tested drugs thereby reducing their overdose risk. Please let us know if you need more information.

Sincerely,

s. 22(1) Personal and Confidential

Mark Lysyshyn MD MPH FRCPC
Deputy Chief Medical Health Officer
Vancouver Coastal Health

1 Vancouver Coastal Health, **Response to the Opioid Overdose Crisis in Vancouver Coastal Health** (Vancouver: VCH, 2018), http://www.vch.ca/Documents/CMHO-report.pdf