

UPHNS HUB Video Call Minutes December 14, 2021

Topic:

DULF & VANDU: The Community-led Compassion Club Model

Attendance: 55

Presenters:

- Eris Nyx, Drug User Liberation Front (DULF)
- Jeremy Kalicum, Drug User Liberation Front (DULF)
- Brittany Graham, Vancouver Area Network of Drug Users (VANDU)
- Kevin Yake, Vancouver Area Network of Drug Users (VANDU)

Introduction:

- Land acknowledgement facilitated by Clem
- Gabriel-le introduces closed captioning for French speakers

Presentation:

VANDU Overview

- VANDU has been around for over 20 years – big part of this and their sustainability is that their huge membership of people who use drugs are also part of the governance and leadership of VANDU
- Long history of programs within VANDU that were happening before it was anywhere else their membership was saying ‘this is what I need to make sure I’m okay’
 - Because their membership is also their leadership, they were able to activate those programs
- VANDU has always had injection rooms, always kept records for the fight to show it works.
- Prescribing model of safe supply is not moving fast enough. We need another system
 - There are people that won’t go to their doctor, there’s doctors that will never prescribe
 - VANDU and DULF partnered with this in mind—putting their expertise together and figuring out what a compassion club could look like from a community-led perspective

DULF – Compassion Club Model

Context

What’s driving the escalating number of deaths is the failure of the regime of prohibition. It is a colonial, racist, and archaic policy that eventually increases the potency and toxicity of drugs, as an unregulated market causes the supply chain to be unpredictable (benzos and fentanyl contamination in heroin, etc.). It also increases the power of organized crime—drug-related violence is a by-product of prohibition. Politicians and the general public have proven to be apathetic to the ongoing crisis. We are watching new crises develop as a result of an unregulated drug market (benzos contamination, introduction of carfentanyl, severe and frequent infections, etc.)

Safe Supply Compassion Club Model

DULF is a volunteer-run organization, composed of drug users, allies, legal professionals, medical professionals, politicians, etc. Their model of safe supply is to be able to provide substances of known potency and content that is accessible and accurately conveys the risks of those substances. The compassion club model is a solution for drug poisoning deaths, where they integrate into existing lines of substance distribution and increase the

power of consumers. They purchase the substances from community and the online sources, test the substances then package and accurately label them to redistribute to their compassion club members in a safe and accountable environment.

Process

1. Membership Assessment: conducted in-person by a club peer. If accepted, they fill out a very low-barrier membership form. A membership in an existing and established drug user group is also accepted in lieu of membership
2. Market Navigation: their preference is a legal and regulated supply. Community-based drug user groups are also in a unique position to navigate illicit markets on behalf of the club. They also use internet-based (darknet) drug markets to introduce an additional level of regulation into drug markets which can increase safety and consistency
3. Quality Control: All substances are tested with dip sticks, FTIR, and mass spectrometry to ensure quality drugs, exponentially increasing the effectiveness and impact of drug checking initiatives. Though there are limitations to FTIR testing:
 - a. Incredibly high user error—ex: it is very difficult to differentiate 6-monoacetylmorphine from diacetylmorphine. That is why we need to leverage other technologies
4. Labels and Packaging: Keeping it as simple as possible, while indicating the dangers of the substance as well as what precisely is in them. Same labels you would find on medication. We are not trying to encourage people to use drugs, but just protecting them.
5. Distribution: For the compassion club to remain cost efficient, substances must be provided at-cost to club membership. Substance that are obtained through private donations are provided free of cost. Due to the dependence on illicit markets, future prices will reflect street prices if there is no other viable option. Bulk purchase allows compassion clubs to leverage economies of scale.

Why will it save lives + Why DULF?

The model acts as a quality control checkpoint, provides clear and accurate labeling, and facilitates community connection and innovation. A centralized purchasing system also increases consumer power, and it also becomes an initial contact point to access other services, in addition to how funds are diverted from the black market.

DULF is uniquely situated to intervene as they have deep and meaningful connections with the provincial network of PWUD and local drug user organizations, have the tech skills to source substances from the darknet which increases safety and market accountability. They have also demonstrated they have no desire to profit off this intervention, they are solutions-focused, and willing to work with all stakeholders to keep PWUD alive and healthy, keeping the community safe.

Evaluation

Of the over 120 grams of narcotics DULF has provided, there have been 0 known overdoses. With further funding, DULF will engage in a deeper evaluative study of the impacts of a real safe supply. It is a logical response to BC's ongoing overdose emergency—it's not perfect, but it saves lives. History has shown that the most impactful harm reduction innovation sparks from civil disobedience of community drug user groups.

Current Advocacy Efforts

We are demanding that action be taken by appropriate levels of government to innovate harm reduction and either provide sanctioning for this program to continue to operate in community or take real action to implement evidence-based compassion clubs. We have submitted an exemption request and SUAP application to Health Canada.

What you can do to help

Donate to our donor program, get a letter of support from your organization/institution, sign our petition, write or reach out to your MP and express support for DULF's activities.

Question & Answer

- Is there self-testing that individual users could have access to test if their drugs were contaminated?
 - There are fentanyl and benzos strips where you can take your drug, dilute it and dip it – all it tells you is if it's positive or negative. Could be good if you are looking for something that isn't cut with fentanyl or benzos. They don't reliably pick up all the benzos and fentanyl analogues (carfentanyl, etc.) so it is still a gamble.
- Cryptocurrency to buy drugs on the dark web for DULF
 - Bitcoin and Monero. Bitcoin is easy to use, but it is trackable, not completely anonymous. Monero is completely untrackable, and we can exchange that Bitcoin into Monero online. A lot of this stuff is quite high barrier, so there's some ways that you can buy it from a different type of marketplace
- Are you doing any kind of evaluation on how people are consuming their drugs?
 - We are more keeping track of if people died or not – number of overdoses. And the answer has always been no, we haven't had a theoretical fatal overdose, because when people know what they are consuming, they can know better how to dose themselves. Without any regulations, people die
- Donating funds
 - The good thing about collecting public funds is that if this does go to court one day, we can show all the public support we have through those donated funds. Part of our fundraising platform was very deliberate. We wanted to have some sort of platform where people can also donate and say that they're donating for this specific cause
- The public and private components of the work DULF does
 - Public: we do these celebrations of resilience, and that's how we communicate with the public. It's through the media, social media, spreading awareness, creating dialogue.
 - Private: we do give out drugs and we don't highly publicize it to people who really need it and running a compassion club
- Speaking to VANDU's mechanism of utilizing their bathrooms as safe inhalation sites
 - Bathrooms at VANDU have really good ventilation. Bathrooms are monitored every 5 minutes. There has been maybe a handful of overdoses in there, but we are really on top of it. We are in a place where it is the policies and program rules that are sort of bogging us down from moving forward. This is what holds up a lot of places who want to hold up inhalation spaces
- Is there a current example that supports your cause—Portugal decriminalization model, maybe?
 - We don't think decrim will be a successful intervention without safe supply if you can possess drugs, but you cannot buy them from a safe and regulated source. You're still incredibly at risk for death. These giveaways we have been doing are the only times this has ever happened in the history of drugs of this scale in this way, so we are pushing the boundaries of harm reduction
 - We wrote the section 56 exemption that cites a lot of evidence (mostly coming out of Vancouver and some in Ontario) that have run medicalized safe supply programs. These studies have shown how medicalization affects harm reduction
 - We use that to say that the model needs to be de-medicalized and run by the community. It is much more accessible and when things are de-medicalized. A medicalized model only builds up more and more barriers. These medical models are usually made to make staff more comfortable, not to truly support the people accessing that safe supply

- Why is there a dispersion of harm reduction services?
 - The ‘business interest’ people who have less knowledge are often the ones who have more sway in the field than people who do and have lived experience. Majority of people that are using drugs on the street, accessing OPSs are people living in poverty. It’s more a war on them
 - Exemptions are there to protect people who work in a site. The drug laws work in a way where if someone around you is in possession of drugs and if they are using them around you, you are equally guilty of possession.
 - Resistance comes from the grassroots. An OPS is essentially a room where people know how to use naloxone, and you have safe injection supplies, and things are sterilized and people can be safe, and that can be any room
- How can we volunteer at one of your events?
 - Because we have such a large list of people who want to, it makes it more difficult to coordinate, so we've just pulled from the advocates and volunteers that have been involved for a long time.
 - There's a lot of capacity that people are not tapping into in their own networks. Reach out to the drug user groups in your neighborhood and see if you could even donate—it feels really nice when we get those donations because it shows people care and it feels like they don't sometimes
 - One thing that we could use help with from time to time is from people experienced in writing things like evidence briefs because those are very specialized skill intensive resources. Helping us write up a first draft and have us go through it after and putting our own voice to it would be useful

Meeting Close:

- Moment of silence facilitated by Kevin Yake from VANDU