THE DULF AND VANDU EVALUATIVE COMPASSION CLUB

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

Revision 2.1

In memory to all who we have lost.

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

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

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

James Baldwin

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DIVISION 1: COMPASSION CLUB FRAMEWORK

1 - Background/Introduction

Our pilot program, developed in partnership with people with living/lived experience, aims to reduce overdose events (both fatal and nonfatal) in people who are at the high risk of death from the unpredictable and potentially toxic illicit drug supply.

The primary driver of volatility in the illegal drug supply is a global prohibitionist framework and its influence on the illegal drug trade. One such consequence of this regime has been the difficulty with formal evaluations of illegal drug use; attempts to do so are thwarted by fear of criminalization and stigmatization, limiting the understanding of the full extent of drug use by people who use drugs.[1]

Demand for illegal drugs is increasing. According to the United Nations Office on Drugs and Crime (UNODC), "[a]round 269 million people used drugs worldwide in 2018, which is 30 percent more than in 2009, while over 35 million people suffer from drug use disorders", with these numbers expected to increase by 11% by 2030.[2] This demand for illegal drugs governs the global drug trafficking system, an unregulated system lacking in quality control. Historically, prohibition "leads sellers to create, transport, and sell more potent materials because prohibition's added costs incentivize higher-potency drugs and their higher value per unit".[3] This is no more apparent than in the current volatile, unpredictable, and potentially toxic supply of illegal streets drugs—a supply which is killing people who use drugs in unprecedented numbers.

In Vancouver, where one person a day is dying due to drug toxicity, current interventions such as Take Home Naloxone, Overdose Prevention Sites, and Drug Checking Services, are not in and of themselves enough to stop current rates of overdose morbidity. Available drug checking services, which can identify the main active ingredients, fillers or cutting agents, unexpected drugs, and the presence of fentanyl in a substance sample, encounter barriers to scale due to delays caused by backlogs of samples and the availability of equipment. Moreover, in Vancouver B.C., mail-in and in-

[1] Reuter P. Understanding the Demand for Illegal Drugs. Understanding the Demand for Illegal Drugs. Published online October 23, 2010:1-113. doi:10.17226/12976

[2] United Nations. World Drug Report Global Overview: Drug Demand Drug Supply .; 2021.

[3] Four Decades and Counting: The Continued Failure of the War on Drugs | Cato Institute. Accessed May 3, 2022. https://www.cato.org/policy-analysis/four-decades-counting-continued-failure-war-drugs

person drug checking services suffer from access barriers that range from concerns about criminalization and distrust of service providers.[4]

The Drug User Liberation Front (DULF) and Vancouver Area Network of Drug Users (VANDU) are uniquely situated to intervene in a patchwork service grid of overdose response services by offering a project that leverages upstream drug checking and ethical substance provision. By acting as a third-party go-between that tests drugs in bulk and delivers them to people who use drugs in a controlled, safe manner, the DULF and VANDU seek to reduce overdose morbidity in our community. This is a process which also seeks to engage in formal evaluation before expansion beyond a research cohort of 20 people. This non-medical model is akin to the compassion clubs that arose out of the HIV/AIDs crises which gives members access to medicinal marijuana and/or smuggled (i.e., illegal) prescription drugs as a way to manage pain and/or palliative care. The goal of compassion clubs is to provide safe access to drugs "when there is no government-sanctioned program, or when such a program is not effectively meeting the need".[5]

2 - Vision and Mission

Vision: A world where people who use drugs are liberated from stigma, criminalization, and marginalization. A world that recognizes that people who use drugs, use drugs for multiple reasons, including to deal with psychological trauma or physical pain; for pleasure; and for fun. A world that deals with the social problems driving drug use: poverty, inequality, colonization, forced migration, workplace injury and inadequate access to pain relief.

Mission: Our safer supply program was created to further promote VANDU's mission and goal of liberating people who use drugs in the name of social and economic justice.

The compassion club developed at VANDU provides access to a safer supply of heroin, methamphetamine, and cocaine for those at high risk of dying from the toxic illicit drug supply. The VANDU compassion club represents a non-medical model for the distribution of a safer supply of drugs and has been developed democratically by peers who have been personally affected by the crises, who are motivated simply by one

[4] Karamouzian M, Dohoo C, Forsting S, McNeil R, Kerr T, Lysyshyn M. Evaluation of a fentanyl drug checking service for clients of a supervised injection facility, Vancouver, Canada. Harm Reduct J. 2018;15(1):46. doi:10.1186/S12954-018-0252-8/TABLES/2

[5] Compassion Clubs | Here to Help. Accessed April 18, 2022. https://www.heretohelp.bc.ca/compassion-clubs

thing: the frequent and persistent trauma brought on by the loss of life that threatens ourselves and our loved ones.

3 - The Proposed Pilot Project

The release of the BC Coroner's Service Death Review Panel: A Review of Illicit Drug Toxicity Deaths in March 2022 made it clear that,

> The primary cause of increased deaths is the growing toxicity and unpredictability of the street supply of drugs. The current drug policy framework of prohibition is the primary driver of this illegal, unregulated, and toxic street supply. Until new regulatory approaches are implemented within the national drug policy framework, and improvements in the quality and reach of the continuum of support, harm reduction and treatment services are made, the risk of significant harms, death and this public health emergency are unlikely to improve.

The report goes on to recommend that the first priority in addressing the crises should be providing a safer drug supply of pharmaceutical alternatives that includes both medical and non-medical models, a service which is desperately needed.

In this proposed pilot program 20 participants, representing those at high risk for drug poisoning death, will collect drugs—which we will then ensure undergo confirmatory analysis using the highest quality drug checking technology available. After analysis is completed, the drugs will be packaged, sealed, and labeled with their known contents and redistributed to our members discreetly and safely.

This work will include: recruiting a representative sample of people who use drugs, creating relevant outcome measures, partnering with an accredited drug checking laboratory, implementing the program, and ensuring the oversight, monitoring and timely evaluation of the safer drug supply program, as well as dissemination of preliminary findings.

Ultimately, we hypothesize that, when members use the drugs provided via this testing program, they know what they are consuming and their risk of dying from toxic illicit drug poisoning will be significantly reduced.

4 - Design and Methods

i - Participant Eligibility

The following eligibility criteria were developed in partnership with members of the Vancouver Area Network of Drug Users (VANDU) and allowed through the Canadian Mental Health Association, BC Division's Community Action Initiative Provincial Peer Network Year 3 Grant which granted VANDU $20,000 for the development of a compassion club. The requirements include:

- Must be 19+
- Be a member of VANDU
- Accessing the illegal and unregulated drug supply of one of the following: heroin, methamphetamine, or cocaine
- Is at high risk of overdose
- Participate in overdose prevention and naloxone training
- Agree to participate in baseline, 3-month, and 6-month evaluation surveys
- Receive harm mitigation education and/or education materials
- Participate in weekly meetings with program staff and peers

A small cohort of 40 (20 person control) participants will be randomly selected, via lottery, among eligible VANDU members. See Appendix B for the application.

ii - Intervention Narrative

The intervention consists of testing bulk amounts of street drugs, heroin, cocaine, and methamphetamine, for adulterants using confirmatory analysis. Provided drugs will be sent via mail to our partner laboratory, Substance, in Victoria part of the University of Victoria's Vancouver Island Drug Checking Project. Samples will be tested using multiple drug checking instruments in order to determine a sample's main active ingredients, fillers or cutting agents, any unexpected drugs, and the presence of fentanyl. Confirmatory analysis provides a report, an example of which can be found in appendix A).

Drugs will be sent back to our team at the Drug Users Liberation Front's (DULF) fulfillment center in the Downtown Eastside at a confidential location. DULF will then use existing processes to measure (according to individual needs), package, label, and seal the drugs for redelivery to our participants. Drugs will be delivered according to a predetermined framework discreetly and safely.

At weekly meetings at VANDU, participants will discuss their experience with the program. Feedback from participants will be incorporated throughout to ensure satisfaction, assist with engagement, and quality control. Adverse effects, such as nonfatal overdose or other unexpected events, will be reported through adverse event report forms.

iii - Comparisons

Comparisons will be made using a 20 person control group, to be randomly selected via lottery.

5 - Outcomes and Deliverables

Outcomes: The primary outcome of the program is the number of fatal and nonfatal overdose events. This outcome will be measured weekly using self-reported adverse effect forms.

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

Long term outcomes will be measured at annual follow ups and will include community impact assessments, the peer adapted evaluation methods, and feasibility. Further, if the pilot program is successful, we will produce several audience-specific knowledge translation tools including a final report, one-page policy briefs, academic publications, targeted presentations, and community briefs summarizing our findings for our membership. These deliverables will be designed to support advocacy efforts to peer organizations in different settings, public health professionals, policymakers and clinicians to scale an effective model of community-based safe supply programming.

DIVISION 2: FULLFILLMENT CENTRE FRAMEWORK

1 - Background

Formed in response to the ever-mounting overdose deaths in British Columbia and across Canada, the Drug User Liberation Front looks to provide tangible solutions to the devastating crisis caused by prohibition. We are an organized collective of people who use drugs empowered to make change through direct action, courage and conviction, and fueled by the memories of the countless friends, families, and loved ones whose lives have been taken by an unjust, broken system of laws and policies.

As people who use drugs, 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.

Further, we know that doctors and the medical system are part of the problem. The medicalization of the regulation of the drug supply is ineffective and measures taken to provide a regulated supply in a medicalized context have been deeply flawed. This is largely because:

1. Prescribers do not want to prescribe and do not want to be the gatekeepers to regulated supply, in large part due to bullying by colleagues and fear of their college.
2. Receiving a substance use disorder is harmful to people who have managed or recreational use patterns.
3. Medicalization reduces harm reduction uptake and effectiveness.

Ultimately, we know that a low barrier compassion club model of substance distribution would increase consumer power and protection, allowing PWUD to know what they are buying, thus preventing death from the unpredictable drug supply. The DULF Fulfillment Centre's approach is thus consistent with the recent recommendations of Health Canada's Expert Task Force report on Substance Use and should be considered as one key initiative to stem the loss of life due to overdose and help ensure the right to health and life.

The purpose of the DULF Fulfillment Centre is to act as an arbiter charged with procuring, testing, labeling and packaging all the substances into units requested by the

club participants.

2 - Locations and Hours

The DULF Fulfillment Centre will provide the services at the following locations:

Name of facility / building	[Redacted]
Address	[Redacted]

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

Days	Tuesday / Friday
Hours	Office: 10 am to 6pm

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

3 - DULF Fulfillment Centre Personnel – Staffing Requirements

DULF's Fulfillment Centre's personnel will include:

i - Community Engagement Coordinator

The primary duties of the Community Engagement Coordinator are:

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

Community Engagement Coordinator duties include:

- Grant writing, scouting, reporting and speaking to funders and partners with the goal of maintaining or increasing the current level of the DULF Fulfillment Centre's operations
- Developing and stabilizing all of DULF's projects including:
- DULF's Indigenous Advisory Committee
- DULF Community of Practice

- DULF's Drug Identification Laboratory and Related Sub-Projects
- Linking DULF's Indigenous Steering Committee direction with full service implementation
- Ongoing consultation with host nation hereditary leadership of host nations, specifically PWUD in this leadership, in the direction of all programs
- Collaboration with the Provincial Peer Network, Vancouver Community Coalition Against Prohibition, and Vancouver Area Network of Drug Users, in order to assist with the development and design of DULF Fulfillment Centre programming
- Facility management at the 380 Columbia; coordinating all facility usage issues among members using the site

ii - Drug Checking Technician

The primary duties of the Drug Checking Technician are:

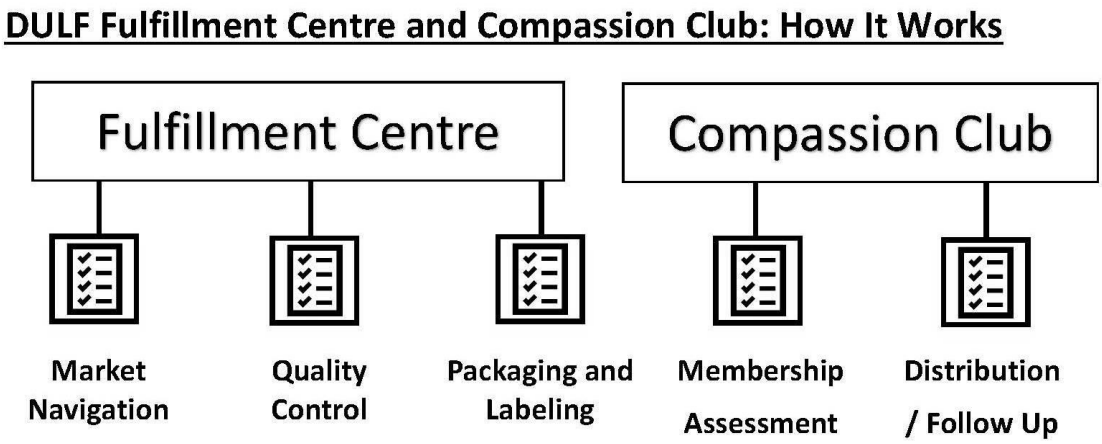
- To receive, process, log, and test all samples coming into the site with careful handling and clear labelling and storage procedures
- To oversee, and participate in the designs and maintenance of the DULF Fulfillment Centre database, including data monitoring and reporting, quality assurance, and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

Drug Checking Technician duties include:

- Preparing data files evaluating the quality of the data and describing its structure, overseeing data entry procedures, and identifying ways to validate data and enhancing quality control of data
- Analyzing, compiling, and supporting development of regular reports and knowledge products on aggregate data, including but not limited to point of care results, confirmatory results, survey data, administrative data, and surveillance/monitoring data
- Communicating drug checking analysis results related to novel findings, trends, and other research activities, and answer questions related to methods and outcomes
- Monitoring samples for public health alerting, liaising with health authority staff as needed to confirm findings and recommending samples for alerting when relevant
- Coordinating the development, implementation, and maintenance of research studies and projects
- Facilitating dissemination of research and quality improvement documents to and/or between a wide range of organizations and groups.
- Uploading sample data and inputting aggregated data into public health reports and developing key findings for each report

- Facilitating the proper onsite storage and transportation of samples for laboratory testing
- Following proper evaluation, data collection, and device storage/transportation protocols, including meticulously tracking data and information

4 - Service Archipelago



5 - Services

i - Obtaining Substances

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

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

ii - Substance Storage

Once DULF receives the substances, the organization immediately puts the substances into a secure safe onsite and logs the supply in a drug ledger (a physical book with digitized records). This record will be subjected to a daily count to ensure there is no theft, loss or diversion (see Section 5c). Further, records will also be kept in the same ledger upon any dispensation including to compassion clubs or to club members, samples that are removed for confirmatory testing, and samples that are "burnt"/discarded due to contamination. "Burnt"/discarded samples will be deactivated in active charcoal.

Ledger entries shall follow the following format:

Description	Ledger Entry
Received	Name of substance – amount of substance received – cost of substance – date.
Dispensed	Name of participant – type and amount of substance dispensed – amount paid – date.
Testing	Name of substance – amount sent for testing and type of testing – date.
Discard	Name of substance – amount discarded – reason for discard – date.
Inventory	Name of substance – content – amount of hand.

Each ledger entry will be initialed by both staff on shift at the compassion club.

Once received and entered in the ledger, drugs will be kept behind two locked doors with the exception of when they are being inventoried or taken out of storage for distribution compassion club members.

iii - Drug Count, Inventory, and Accountability

At the beginning and end of each shift, both staff on shift will initial on a drug inventory denoting the total amounts of each substance on the premises. Should a discrepancy arise during any count, it will be immediately investigated. If a drug inventory error occurs and cannot be addressed, it will be brought forward to VANDU board, and they will determine the repercussions including but not limited dismissal of staff.

iv - Testing of Substances

Before labeling and packing the substances, DULF will implement a quality control process utilizing a three-four step process as outlined below, depending on the availability of testing. 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. Drugs would not be available for collection from compassion club

members until at least one stage of confirmatory testing has occurred.

DULF will also accept mail in samples from Drug User Groups within the province, and drop-off samples from local drug user groups and ethical substance navigators.

a. Primary Testing – FITR / Immunoassay

In-house testing will follow the BCCSU's drug testing manual: https://www.bccsu.ca/wp-content/uploads/2019/03/BCCSU-Technician-Manual-March-2019.pdf

Drugs will initially be tested via in-house fourier-transform infrared spectroscopy (FTIR) drug checking services and fentanyl and benzodiazepine immunoassay test strips.

Currently, FTIR drug checking can provide information on mixture components above ~5% by weight, and roughly quantify components to within +/- 5%. However, substances under 5% may not be detected, and there could be any number of extra components at 1-2%.

Further, fentanyl test strips will show positive results over 20ng. Fentanyl test strips cannot differentiate which analogue of fentanyl is present, and test strips also do not detect all analogs of fentanyl. Moreover, fentanyl test strips cannot determine the concentration of fentanyl, and two or more analogues of fentanyl may be present; just because the strip is positive does not mean carfentanil is not present.

b. Confirmatory Testing Stage 1 – PS-MS

Following in-house testing, samples will be mailed to the Vancouver Island Drug Checking Project for paper spray ionization mass spectrometry (PS-MS).

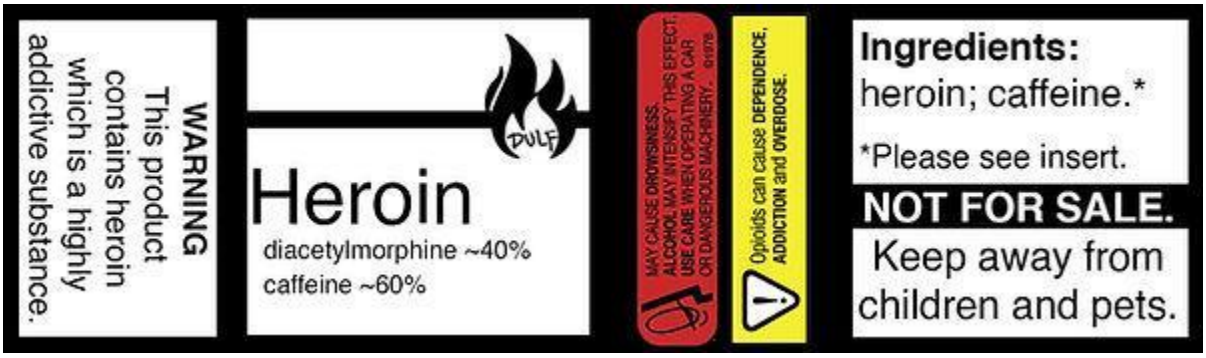
In PS-MS, the sample is applied to a piece of paper with a solvent added. Then, high voltage is applied which produces ions to be analyzed by the mass spectrometer. This technique can detect chemicals at trace concentrations and quantify them. It is considered the gold standard in laboratory settings.

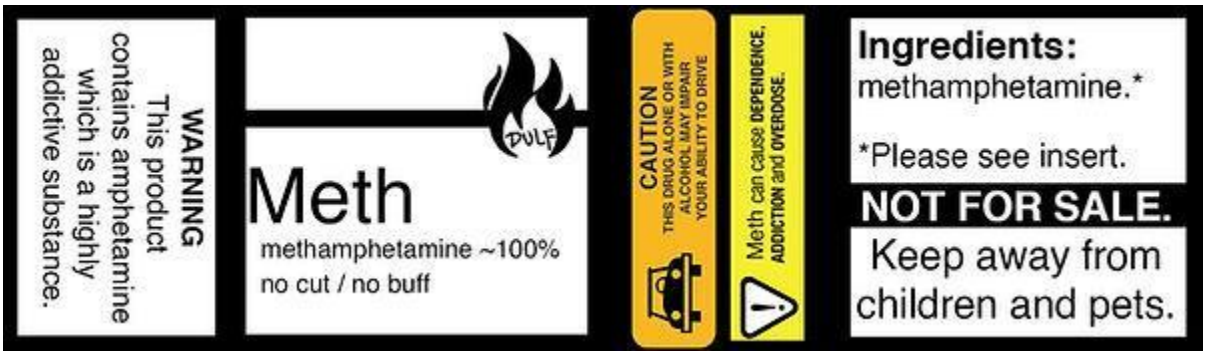
c. Confirmatory Testing Stage 2

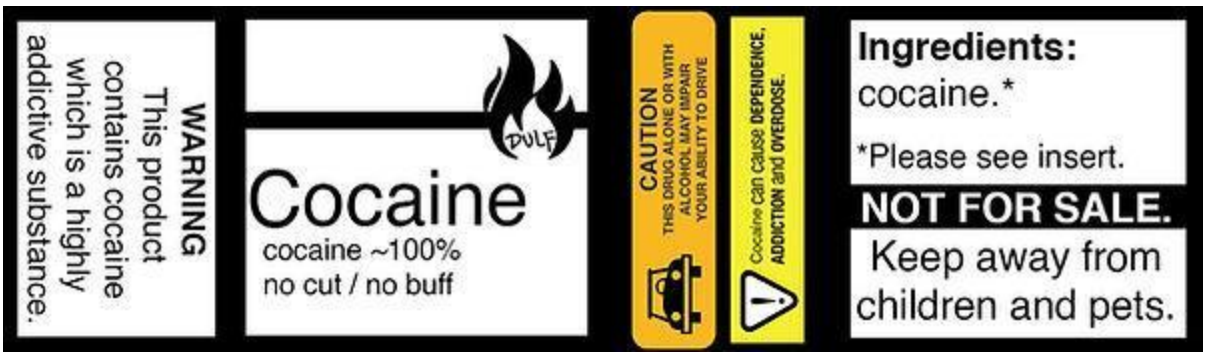
Pending a federally or provincially sanctioned Fulfillment Centre model, DULF could also explore means of accessing more reliable and sensitive testing equipment to improve the quality control mechanism.

v - Packaging the Substances

A key component to the harm reduction facilitated by compassion clubs is that people are provided with the information they need to make an informed choice to use the substance. Unlike when consumers purchase their drugs off the street, substances for the DULF compassion club are to be labeled with the contents and percentage composition of the substance, as determined by FTIR and PS-MS. 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. Provided with resourcing or the ability to operate at-cost, the cooperative could employ improved tamper-resistant and anti-counterfeit packaging to increase the safety and reliability of the service.







vii - Membership Screening and Support

In order to access substances from the DULF Fulfillment Centre, individuals have to become a member of a Compassion Clubs via their local drug user group. Compassion Clubs act as the main point of contact for PWUD looking to access tested substances, which are 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.

Membership screening is to be conducted by a current member of the drug user group and a staff member or volunteer. The primary purpose of the screening is to determine if an individual meets the minimum requirements for membership, which are that the person is over nineteen (19) 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.

viii - Financing

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

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.

ix - Evaluation

In order to track safety and outcomes of substance use, DULF will maintain records of all doses distributed and will regularly follow up with Compassion Clubs to determine if the substances resulted in any harm, such as overdose. Given that safe supply interventions have only recently begun to be implemented, and given that we are proposing a novel approach to safe supply programming, we believe it is important to undertake a rigorous evaluation of our efforts.

DIVISION 3: DULF Compassion Club Community Ethics Review

1 - Background: Research and the Drug War

See: Research and Drug User Liberation; VANDU Manifesto

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

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

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

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

2 - Purpose of Compassion Club Community Ethics Review

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

DULF's community ethic's review process should:

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

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

3 - Guiding Principles

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

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

4 - Ethics Review Process

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

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

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

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

5 - Informed Consent

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

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

This means that:

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

c. Participants understand when opportunities for review will exist before publishing

DIVISION 4: BASELINE EVALUATION

Baseline Questionnaire

Name / Handle:

Date of Birth:

Date of Interview:

Start Time of Interview:

Finish Time of Interview:

Interviewer:

Date of Interview Review:

Checked by:

Date Checked:

Corrected by:

Date Corrected:

Data Entered by:

Date Entered By:

Section A: Sociodemographic

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

A1. What ethnic group or family background do you identify with? (Do not read out list)

- ◯ First Nations / Aboriginal / Inuit
- ◯ Metis
- ◯ White

◯ Chinese
◯ South Asian (e.g. Indian, Pakistani)
◯ Other Asian (e.g. Vietnamese, Japanese)
◯ Latin American; specify
◯ Middle Eastern; specify
◯ Black African
◯ Black Caribbean
◯ Other Black; specify
◯ Other; specify

Asian (specify): _____

Latin American (specify): _____

Middle Eastern (specify): _____

Other black (specify): _____

Other (specify): _____

A2. What gender do you identify with?

◯ Man
◯ Woman
◯ Non-Binary
◯ Intersex
◯ Transgender
◯ Two-spirit
◯ Prefer not to say
◯ Prefer to self-describe – specify below:

Gender (specify): _____

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

_____

_____

_____

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

_____

_____

_____

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

$_____

A7. In the last 3 months, how often have you had the things on the following list?

	Never (0% of the time)	Occasionally (25% of the time)	Sometimes (26% to 74$ of the time or more)	Usually (75% of the time or more	Always (100% of the time)
Food for two meals a day					
Social Assistance (EI IA PPMP PWD CPP, OAS etc)					
Heat for your room, house, or apartment					
Indioor plumbing and water					
Enough Clothes for yourself and family					
Access to adequate dental care for yourself (and family)					
Access to dependable transport					
Time to get enough sleep/rest					
Telephone					
Money to pay monthly bills					
Money to buy necessities					
Money to buy things for yourself					
Money to care for your pet					
Money for entertainment					
Money to save					

A8. Are you currently living with any of the following health conditions?

- ◯ HIV/AIDS
- ◯ Hepatitis C
- ◯ Diabetes
- ◯ Heart Disease
- ◯ COPD (i.e. emphysema or chronic bronchitis)
- ◯ Chronic pain
- ◯ Mental health condition (specifiy)
- ◯ Other (Specify)

Specify mental health condition: _____

Specify other health condition: _____

Section B: Safe Supply Medication History

B1. What illegal drug did you use most often in the last 3 months?

Interview note: Do not include drugs as prescribed by a health care professional.

- ◯ Heroin
- ◯ Fentanyl Patch
- ◯ Fentanyl Powder / Pills
- ◯ Down (Unspecified)
- ◯ Cocaine
- ◯ Crack cocaine
- ◯ OxyContin / neo
- ◯ Morphine
- ◯ Codeine
- ◯ Percocet
- ◯Demerol
- ◯ Talwin
- ◯ Methadone (without prescription)
- ◯ Suboxone (without prescription)
- ◯ Hydromorphone
- ◯ Speedball (cocaine and heroin)
- ◯ Goofball (Crystal and heroin)
- ◯ Sleeping pills

◯ Crystal methamphetamine
◯ Ecstasy/MDMA/Molly
◯ Ketamine (Special K)
◯ Benzos (Benzodiazepines)
◯ Detroamphetamine (Dexedrine)
◯ Dextroamphetamine and amphetamine (Adderall)
◯ Methylphenidate (Ritalin)
◯ Gabapentin
◯ Other (specify)
◯ Other illegal drug, specify: _____

B2. How often did you use this drug in the last 3 months?

◯ Less than once per month
◯ 1-3 times a month
◯ Once a week
◯ More than once a week
◯ Daily. Specify how many times in an average day below

How many times per day:_____

B3. We are going to ask you a number of questions about your use of safe supply medications. Which of the following safe supply medication options have you taken? For how long, and where did you get it? Did you stop, if so, why? Did this drug help reduce your use? Have you missed a dose? Why?

	How long?	Where did you get it?	Did you stop? Why?*	Did this help reduce your use of illegal drugs?	Have you missed a dose? Why?
Fentora (Tablet Fentanyl)					
Liquid Hydromorphone					
Fentanyl Patch					
Sufentanil					

	How long?	Where did you get it?	Did you stop? Why?*	Did this help reduce your use of illegal drugs?	Have you missed a dose? Why?
Dexedrine					
Methylphenidate					
Tablet Hydromorphone					
IOAT DAM – Medical Heroin					
Oral Morphine (Kadian)					
Slow Release Oral Morphine (M-Eslon)					
Other (Specify)					
Other (Specify)					
Other (Specify)					
Other (Specify)					
Other (Specify)					

*Reasons for stopping:

1. Found medication ineffective (e.g. ongoing cravings, withdrawal, and/or did not reduce drug use)
2. Dose was too low/ couldn't find adequate dose
3. Side effect
4. Too difficult/inconvenient taking the medication
5. No/limited access to carry doses
6. Missed too many doses
7. No clinic/pharmacy nearby (i.e. travel was too much)
8. Prescriber made me stop
9. Didn't have a doctor to prescribe any longer

10. Went to jail
11. Switched to another medication (specify): _____
12. Didn't want to be dependent on medication
13. Couldn't afford the cost of the medication/medication dispensing/medication witnessing fee
14. Kicked off of program (specify): _____
15. Other (specify): _____

B4. If you could choose to receive any safe supply medication, which would you choose (check only one)

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

B5. Why would you choose that medication? (Do not read out list, check all that apply)

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

Other reason to choose medication, specify: _____

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

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

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

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

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

B8. Why couldn't you get safe supply medications? (Do not read out list; check all that apply)

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

B9. What are the reasons you missed your safe supply medication doses in the last week? (Don't read out list. Check all that apply.)

- ◯ Still need street drugs to feel high
- ◯ Still need street drugs to deal with pain
- ◯ Safe supply medications do not cover cravings / withdrawal
- ◯ Good therapeutic effect without full daily dose

◯ Oral OAT is effective
◯ Illicit drugs were effective in meeting my needs
◯ Too challenging to come in so often (i.e. travel/schedule)
◯ Not able to come in due to work
◯ Wait time too long
◯ No/limited access to carries
◯ Don't like some aspect of program staff. Specify:
◯ Don't like some aspect of the program space. Specify:
◯ Don't like the side effects of the medication. Specify:
◯ COVID-19 related issues (e.g. were sick, had symptoms, changes to site procedures around social distancing, hours, limited transit availability). Specify:
◯ Other. Specify: _____

Section C: Substance Use General

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

◯ Today
◯ Yesterday
◯ Days/weeks/years ago

C2. What drug(s) did you use?

Interview note: Do not include drugs as prescribed by a health care professional.

◯ Heroin
◯ Fentanyl Patch
◯ Fentanyl Powder / Pills
◯ Down (Unspecified)
◯ Cocaine
◯ Crack cocaine
◯ OxyContin / neo
◯ Morphine
◯ Codeine
◯ Percocet
◯ Demerol
◯ Talwin
◯ Methadone (without prescription)
◯ Suboxone (without prescription)

◯ Hydromorphone
◯ Speedball (cocaine and heroin)
◯ Goofball (Crystal and heroin)
◯ Sleeping pills
◯ Crystal methamphetamine
◯ Ecstasy/MDMA/Molly
◯ Ketamine (Special K)
◯ Benzos (Benzodiazepines)
◯ Detroamphetamine (Dexedrine)
◯ Dextroamphetamine and amphetamine (Adderall)
◯ Methylphenidate (Ritalin)
◯ Gabapentin
◯ Other (specify): _____

C3. In the last 3 months, how often have you used your substances alone with nobody else around?

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

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

_____

_____

_____

C5. In the last 3 months, where have you used drugs most frequently?

_____

C6. In the last 3 months, have you used an overdose prevention site?

◯ Yes
◯ No

C7. Have you used any drug checking service in the last 3 months?

◯ Yes
◯ No (go to D10)

C8. If yes, how many times?
◯ 1-4 times
◯ 5-10 times
◯ 10-20 times
◯ More than 20 times

C9. What type of service?
◯ Fentanyl test strip
◯ FTIR spectrometer
◯ Both FTIR spectrometer and fentanyl test strip
◯ Colormetric tests
◯ Other _____

C10. Why not?
◯ Unaware of service
◯ Service wasn't easily accessible to me (location, times, etc.)
◯ Not interested in knowing what's in my drugs
◯ No point in getting my drugs checked, as I have no other alternatives (e.g., there's fentanyl in everything, dope sick, desperate)
◯ No drug use in the last 6 months
◯ Other _____

C11. Before you came for the interview today, had you ever heard about naloxone/Narcan?
◯ Yes
◯ No

C12. Do you currently own a take-home Narcan/naloxone rescue kit?
◯ Yes
◯ No

C13. Have you ever administered Narcan/naloxone to anyone?
◯ Yes
◯ No

C14. If yes, how many times?

◯ 1 or 2
◯ 3 or 4
◯ 5 or more

C15. In the last 3 months, did you go on any binges?

◯ Yes
◯ No

Section D: Overdose

D1. Have you ever had an overdose (i.e., where you have a negative reaction from using too much drugs)?

◯ Yes
◯ No

D2. How many times have you had an overdose in your life?

_____

D3. In the last 3 months, how many times have you had an overdose?

◯ Yes
◯ No

D4. In the last 3 months, how many times have you been given naloxone/Narcan to reverse the overdose?

_____

D5. How long ago was your last overdose?

_____

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

◯ Heroin
◯ Fentanyl Patch

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

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

◯ Yes
◯ No

D8. What do you think it was cut with? (Read out list and check all that apply)

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

◯ Other. Specify: _____

D9. Did you know or expect that it would be cut with this?

◯ Yes
◯ No

D10. Where were you the last time that you overdosed? (Check one only)

◯ My own space (e.g., room/apartment/house
◯ Someone else's space (e.g. ,friend/relative/dealer's room)
◯ Jail/prison/incarcerated
◯ Hospital
◯ Detox/treatment facility
◯ Outdoor public space (e.g., alley, doorway)
◯ Indoor public space (e.g., washroom)
◯ Overdose prevention site / supervised consumption site
◯ Other. Specify: _____

D11. Who were you with?

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

D12. Did you get treatment for the overdose?

◯ Yes
◯ No

D13. Who did you get treatment from? (Check all that apply)

◯ Doctor at hospital
◯ Ambulance staff/paramedic
◯ Overdose Prevention Site staff
◯ Family, friend (i.e., someone you know)
◯ Bystander (i.e., someone you don't know)
◯ Someone you were using drugs with
◯ Someone you weren't using drugs with
◯ Other. Specify
◯ No treatment received.

D14. (If a doctor) Did a doctor offer you addiction treatment immediately after you overdosed?

◯ Yes
◯ No

D15. What options for treatment were you offered at this time? (Read out list and check all that apply)

◯ Buprenorphine/naloxone (Suboxone)
◯ Methadone/Methadose
◯ Long acting (slow release) oral morphine (Kadian, M-Eslon or long-acting hydromorphone)
◯ Injectable opioid: hydromorphone
◯ Injectable opioid: diacetylmorphine
◯ Naltrexone or Vivitrol
◯ Other. Specify: _____

D16. Did you start treatment?

◯ Yes
◯ No

D17. Which treatment did you start?

◯ Buprenorphine/naloxone (Suboxone)
◯ Methadone/Methadose
◯ Long acting (slow release) oral morphine (Kadian, M-Eslon or long-acting hydromorphone)
◯ Injectable opioid: hydromorphone
◯ Injectable opioid: diacetylmorphine
◯ Naltrexone or Vivitrol
◯ Other. Specify: _____

Section E: Drug Use – Injection/Non-Injection

E1. Which of the following drugs have you used, how old were you your first time, and how often do you use them? (Check any that apply)

Drug	Age at first use?	Smoked	Injected	Snorted	Frequency of use?					Duration of daily use over last 3 months				Average # of uses per day?
					A	B	C	D	E	<1	1-3	3-6	>6	
Heroin														
Crack Cocaine														
Cocaine														
Crystal Meth														
Prescription stimulant (Specify)														
Benzos (Benodiazapine)														
Tranquilizers														
Talwin														
Ritalin														
Barbiturates														
Morphine														
Codeine														
Street Methadone / Methadose														
Street Suboxone														
Percocet														
Demerol														
Fentanyl														

Drug	Age at first use?	Smoked	Injected	Snorted	Frequency of use?					Duration of daily use over last 3 months				Average # of uses per day?
					A	B	C	D	E	<1	1-3	3-6	>6	
Hydrocodone (Vicodin)														
Cannabis, hash, pot														
Glue														
Poppers														
Nitrous oxide														
LSD														
Ecstasy / MDMA / Molly														
Mushrooms														
Mescaline														
PCP / angel dust														
Oxycontin / OxyNEO														
Ketamine (Special K)														
GHB														
Gasoline or other inhalants														
Gabapentin														
Other (Specify)														
Other (Specify)														

E2. Have you ever used illegal drugs without a needle (e.g., smoked, snorted, swallowed?

◯ Yes
◯ No

E3. Have you ever used a needle to chip, fix or muscle even once?

◯ Yes
◯ No

E4. If you injected drugs in the last 3 months have you lent or borrowed used needles?

◯ Yes
◯ No

E5. In the last 3 months, how many times have you lent your used needles to someone else?

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

E6. In the last 3 months, how many times have you borrowed someone else's used needles?

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

E7. In the last 3 months, have you needed help to inject drugs?

◯ Yes
◯ No

E8. In the last 3 months, how often have you needed help to inject drugs?

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

◯ Usually (75% of the time or more)
◯ Always (100% of the time)

E9. In the last 3 months, where or who did you get help to inject drugs?
◯ Overdose prevention site/supervised consumption site staff
◯ Friend/partner/someone known to me
◯ Someone I didn't know
◯ Other. Specify: _____

Section F: Illegal Activity and Incarceration

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

	Involved?	How often?	L3M?	Last 30 Days?
Dealing or Middling (Drug Dealing)				
Boosted, shoplifted, or stole (commercial)				
Boosted or stole (residential, house, vehcical)				
Break and enter				
Armed robbery				
Fraud/forgery				
Other theft (stole a car; rolled/robbed someone; bought, sold, or possessed stolen goods)				
Fighting using weapons (violence; assault; murder; weapons offence)				
Drunk in public (disorderly conduct; vagrancy; public intoxication)				
Buying sex services				
Drunk driving				
Jumped bail, missed parole meeting, failed to appear, breached probation (broke condition imposed by legal system)				
Panhandling				
Other. Specify				

F2. In the last 3 months, have you had direct contact with the police?

◯ Yes
◯ No

F3. If yes, how many times?

_____

F4. What was the nature of the contact? (Do NOT read out list. Check all that apply.)

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

F5. Are you presently on: (circle "Y" for "yes")

Probation? How long? Y: _____
Parole? How long? Y: _____
Bail? How long? Y: _____
Conditional sentence? How long? Y: _____
Diversion? How long? Y: _____

F6. Have you ever been in detention, prison, or jail overnight or longer?

◯ Yes
◯ No

F7. Have you been in detention, prison, or jail in the last 3 months?

◯ Yes
◯ No

If yes, where and how long were you in jail in the last 3 months? (circle "Y" for "yes")

Parole Y: _____
Municipal jail/prison Y: _____
Provincial jail/prison Y: _____
Federal jail/prison Y: _____

Section G: Violence

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

◯ Yes
◯ No

G2. If yes, who attacked you? (Check all that apply)

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

Section H: Addiction Care – Medication Treatment

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

	Never	Ever	L6M	Current
Methadose (10mg/mL, red cherry flavoured)				
Metadol-D (10mg/mL, clear colourless)				

Methadone (Sandoz Methadone) (Sterinova) (10mg/mL blue cherry flavoured)				
Buprenorphine/naloxone (i.e. Suboxone)				
Sublocade (injectable, long acting buprenorphine)				
Naltrexone/Vivitrol				
Acamprosate				
Gabapentin				
Disulfiram/Antabuse				
Other. Specify				

H2. If participant previously, but NOT currently accessing medications, why did they stop taking it? (circle all that apply)

- Found medication ineffective (e.g., ongoing cravings, withdrawal, and/or did not reduce drug use)
- Dose was too low/ couldn't find adequate dose
- Side effect
- Too difficult/inconvenient taking the medication
- No/limited access to carry doses
- Missed too many doses
- No clinic/pharmacy nearby (i.e., travel was too much)
- Prescriber made me stop
- Didn't have a doctor to prescribe any longer
- Went to jail
- Switched to another medication (specify)
- Didn't want to be dependent on medication
- Couldn't afford the cost of the medication/medication dispensing/medication witnessing fee
- Other (specify) : _____

Section I: Addiction Care – Non-Medication Treatment

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

	Never	Ever	L6M	Current
Outpatient				
12 Step Recovery (AA/NA)				
Other self-help groups (e.g. SMART, LifeRing)				

Drug or alcohol counselling (one-on-one)				
CBT (cognitive behavioural therapy)				
Contingency method				
Daytox				
Drug treatment court				
Other. Specify				
Inpatient				
Detox only				
Residential Treatment (“rehab”)				
Recovery House				
Indigenous Inpatient Treatment Program				
Other. Specify				

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

◯ Yes
◯ No

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

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

Section J: Hospitalization

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

◯ Yes
◯ No

J2. In the last 3 months how many times have you been hospitalized?

_____

J3. In the last 3 months, what medical conditions were you hospitalized for?

◯ Overdose
◯ Mental Health Issues

◯ Liver Failure
◯ Pneumonia/COPD
◯ Abscess or other skin infection
◯ Sepsis (Blood inection)
◯ Endocarditis (heart infection)
◯ Osteomyelitis
◯ AIDS related Illness
◯ Abdominal issues
◯ Trauma related injuries
◯ Obstetric/gynecological issues
◯ Heart issues
◯ Hormone problems
◯ COVID-19
◯ Surgery (Specify): _____
◯ Other (Specify): _____

J4. In the last 3 months, have you left hospital against medical advice?

◯ Yes
◯ No

J5. In the last 3 months, why did you leave the hospital against medical advice? (Do not read out list, check all that apply)

◯ Withdrawal symptoms not adequately treated
◯ Pain symptoms not adequately treated
◯ Did not believe treatment was working
◯ Was asked to leave because I was caught using drugs in the hospital
◯ Left to go find/buy drugs or alcohol
◯ No access to harm reduction supplies in hospital
◯ Felt stigmatized/disrespected/not treated fairly by healthcare team
◯ Didn't feel safe (i.e. wouldn't let my friend partner in the room)
◯ Felt judgement based on colour of my skin and/or heritage
◯ Had to care for someone else who needed me (either another person or pet)
◯ Had to deposit my income assistance
◯ Had other financial issues to take care of (i.e. work commitments, debt repayments)
◯ Was worried about loss of my housing in the hospital
◯ Felt better and didn't think I needed to be in hospital any longer
◯ Dope sick
◯ Did not want to die in hospital

◯ Suboxone or Kadian prescription wasn't high enough
◯ Just wanted to go home
◯ Other. Specify: _____

Section K: Social Issues

K1. Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.					
I can deal with whatever comes my way.					
I try to see the humorous side of things when I am faced with problems.					
Having to cope with stress can make me stronger.					
I tend to bounce back after illness, injury, or other hardships.					
I believe I can achieve my goals, even if there are obstacles.					
Under pressure, I stay focused and think clearly.					
I am not easily discouraged by failure.					
I think of myself as a strong person when dealing with life's challenges and difficulties.					
I am able to handle unpleasant or painful feelings like sadness, fear, and anger					

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time

K2. Please indicate which statement best describes your own health state today.

Mobility		I have no problems walking about.
		I have some problems in walking about.
		I am confined to bed.

Usual activities (e.g., work, study, housework, family or leisure activities)		I have no problems with performing my usual activities.
		I have some problems with performing my usual activities.
		I am unable to perform my usual activities.

Pain / Discomfort		I have no pain or discomfort.
		I have moderate pain or discomfort.
		I have extreme pain or discomfort.

Anxiety / Depression		I am not anxious or depressed.
		I am moderately anxious or depressed.
		I am extremely anxious or depressed.

K3. Now I will ask you about some of the ways you might have felt or behaved. Please indicate how often you have felt or behaved this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1 to 2 days)	Occasionally or a moderate amount of time (3 to 4 days)	Most of the time (5 to 7 days)
I was bothered by things that usually don't bother me.				

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

K4. Which of the following services have you used in the last 3 months?

◯ Food bank
◯ Meal program
◯ AA / NA / SMART
◯ Outreach worker
◯ Street nurse
◯ Positive Living BC / AIDS Vancouver
◯ Dr. Peter Centre
◯ Counsellor
◯ Mental health organization
◯ Women's organization
◯ Complementary / alternative therapy
◯ Home care worker / nurse
◯ Support group (other than AA / NA / SMART)
◯ Insite / other supervised injection facility
◯ Employment service
◯ Drop-in centre
◯ None

K5. In the last 3 months, was there a time you were in need of a service and did not obtain it?

◯ Yes
◯ No

If yes, which?

◯ Advocate
◯ Counsellor
◯ Dentist
◯ Drug treatment facility
◯ Food services
◯ Hospital / doctor / nurse / clinic
◯ Housing (affordable and/or outside DTES)
◯ Identification
◯ Income Assistance
◯ Needle distribution (van or fixed site)
◯ Optometrist
◯ Psychiatrist / mental health care
◯ Social worker
◯ Transportation

◯ Other

K6. In the last 3 months, have you exchanged sex for drugs or to earn money for drugs?

◯ Yes
◯ No

DIVISION 5: 3 MONTH EVALUATION

3 Month Follow Up Questionnaire

Name / Handle:

Date of Interview:

Start Time of Interview:

Finish Time of Interview:

Interviewer:

Date of Interview Review:

Checked by:

Date Checked:

Corrected by:

Date Corrected:

Data Entered by:

Date Entered By:

Section A: Sociodemographic

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

_____

_____

_____

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

_____

_____

_____

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

$_____

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

	Never (0% of the time)	Occasionally (25% of the time)	Sometimes (26% to 74$ of the time or more)	Usually (75% of the time or more	Always (100% of the time)
Food for two meals a day					
Social Assistance (EI IA PPMP PWD CPP, OAS etc)					
Heat for your room, house, or apartment					
Indioor plumbing and water					
Enough Clothes for yourself and family					
Access to adequate dental care for yourself (and family)					
Access to dependable transport					
Time to get enough sleep/rest					
Telephone					
Money to pay monthly bills					
Money to buy necessities					
Money to buy things for yourself					
Money to care for your pet					
Money for entertainment					
Money to save					

A5. Are you currently living with any of the following health conditions?

- ◯ HIV/AIDS
- ◯ Hepatitis C
- ◯ Diabetes
- ◯ Heart Disease
- ◯ COPD (i.e. emphysema or chronic bronchitis)
- ◯ Chronic pain
- ◯ Mental health condition (specifiy)
- ◯ Other (Specify)

Specify mental health condition:

Specify other health condition:

Section B: Safe Supply Medication History

B1. What illegal drug did you use most often in the last 3 months?

Interview note: Do not include drugs as prescribed by a health care professional.

- ◯ Heroin
- ◯ Fentanyl Patch
- ◯ Fentanyl Powder / Pills
- ◯ Down (Unspecified)
- ◯ Cocaine
- ◯ Crack cocaine
- ◯ OxyContin / neo
- ◯ Morphine
- ◯ Codeine
- ◯ Percocet
- ◯Demerol
- ◯ Talwin
- ◯ Methadone (without prescription)
- ◯ Suboxone (without prescription)
- ◯ Hydromorphone
- ◯ Speedball (cocaine and heroin)
- ◯ Goofball (Crystal and heroin)
- ◯ Sleeping pills
- ◯ Crystal methamphetamine
- ◯ Ecstasy/MDMA/Molly

◯ Ketamine (Special K)
◯ Benzos (Benzodiazepines)
◯ Detroamphetamine (Dexedrine)
◯ Dextroamphetamine and amphetamine (Adderall)
◯ Methylphenidate (Ritalin)
◯ Gabapentin
◯ Other (specify)
◯ Other illegal drug, specify: _____

B2. How often did you use this drug in the last 3 months?

◯ Less than once per month
◯ 1-3 times a month
◯ Once a week
◯ More than once a week
◯ Daily. Specify how many times in an average day below

How many times per day:_____

B3. We are going to ask you a number of questions about your use of safe supply medications. Which of the following safe supply medication options have you taken? For how long, and where did you get it? Did you stop, if so, why? Did this drug help reduce your use? Have you missed a dose? Why?

	How long?	Where did you get it?	Did you stop? Why?*	Did this help reduce your use of illegal drugs?	Have you missed a dose? Why?
Fentora (Tablet Fentanyl)					
Liquid Hydromorphone					
Fentanyl Patch					
Sufentanil					
Dexedrine					
Methylphenidate					
Tablet Hydromorphone					
IOAT DAM – Medical Heroin					
Oral Morphine (Kadian)					
Slow Release Oral Morphine (M-Eslon)					
Other (Specify)					
Other (Specify)					
Other (Specify)					
Other (Specify)					
Other (Specify)					

*Reasons for stopping:

1. Found medication ineffective (e.g. ongoing cravings, withdrawal, and/or did not reduce drug use)
2. Dose was too low/ couldn't find adequate dose

3. Side effect
4. Too difficult/inconvenient taking the medication
5. No/limited access to carry doses
6. Missed too many doses
7. No clinic/pharmacy nearby (i.e. travel was too much)
8. Prescriber made me stop
9. Didn't have a doctor to prescribe any longer
10. Went to jail
11. Switched to another medication (specify): _____
12. Didn't want to be dependent on medication
13. Couldn't afford the cost of the medication/medication dispensing/medication witnessing fee
14. Kicked off of program (specify): _____
15. Other (specify): _____

B4. If you could choose to receive any safe supply medication, which would you choose (check only one)

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

B5. Why would you choose that medication? (Do not read out list, check all that apply)

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

Other reason to choose medication, specify: _____

B6. What are the reasons you missed your safe supply medication doses in the last week? (Don't read out list. Check all that apply.)

- ◯ Still need street drugs to feel high
- ◯ Still need street drugs to deal with pain
- ◯ Safe supply medications do not cover cravings / withdrawal
- ◯ Good therapeutic effect without full daily dose
- ◯ Oral OAT is effective
- ◯ Illicit drugs were effective in meeting my needs
- ◯ Too challenging to come in so often (i.e. travel/schedule)
- ◯ Not able to come in due to work
- ◯ Wait time too long
- ◯ No/limited access to carries
- ◯ Don't like some aspect of program staff. Specify:
- ◯ Don't like some aspect of the program space. Specify:
- ◯ Don't like the side effects of the medication. Specify:
- ◯ COVID-19 related issues (e.g. were sick, had symptoms, changes to site procedures around social distancing, hours, limited transit availability). Specify:
- ◯ Other. Specify: _____

Section C: Substance Use General

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

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

C2. What drug(s) did you use?

Interview note: Do not include drugs as prescribed by a health care professional.

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

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

C3. In the last 3 months, how often have you used your substances alone with nobody else around?

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

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

_____

_____

_____

C5. In the last 3 months, where have you used drugs most frequently?

_____

C6. In the last 3 months, have you used an overdose prevention site?

◯ Yes
◯ No

C7. Have you used any drug checking service in the last 3 months?
◯ Yes
◯ No (go to D10)

C8. If yes, how many times?
◯ 1-4 times
◯ 5-10 times
◯ 10-20 times
◯ More than 20 times

C9. What type of service?
◯ Fentanyl test strip
◯ FTIR spectrometer
◯ Both FTIR spectrometer and fentanyl test strip
◯ Colormetric tests
◯ Other _____

C10. Why not?
◯ Unaware of service
◯ Service wasn't easily accessible to me (location, times, etc.)
◯ Not interested in knowing what's in my drugs
◯ No point in getting my drugs checked, as I have no other alternatives (e.g., there's fentanyl in everything, dope sick, desperate)
◯ No drug use in the last 6 months
◯ Other _____

C11. Do you currently own a take-home Narcan/naloxone rescue kit?
◯ Yes
◯ No

C12. Have you ever administered Narcan/naloxone to anyone?
◯ Yes
◯ No

C13. If yes, how many times?
◯ 1 or 2
◯ 3 or 4

◯ 5 or more

C14. In the last 3 months, did you go on any binges?

◯ Yes
◯ No

Section D: Overdose

D1. In the last 3 months, how many times have you had an overdose?

◯ Yes
◯ No

If **no**, skip to Section E

D2. In the last 3 months, how many times have you been given naloxone/Narcan to reverse the overdose?

_____

D3. How long ago was your last overdose?

_____

D4. The last time you had an overdose, what drugs did you intend to take before you overdosed?

◯ Heroin
◯ Fentanyl Patch
◯ Fentanyl Powder / Pills
◯ Down (Unspecified)
◯ Cocaine
◯ Crack cocaine
◯ OxyContin / neo
◯ Morphine
◯ Codeine
◯ Percocet
◯ Demerol
◯ Talwin
◯ Methadone (without prescription)
◯ Suboxone (without prescription)
◯ Hydromorphone

◯ Speedball (cocaine and heroin)
◯ Goofball (Crystal and heroin)
◯ Sleeping pills
◯ Crystal methamphetamine
◯ Ecstasy/MDMA/Molly
◯ Ketamine (Special K)
◯ Benzos (Benzodiazepines)
◯ Detroamphetamine (Dexedrine)
◯ Dextroamphetamine and amphetamine (Adderall)
◯ Methylphenidate (Ritalin)
◯ Gabapentin
◯ Other (specify): _____

D5. Did you think your drugs were cut with anything?

◯ Yes
◯ No

D6. What do you think it was cut with? (Read out list and check all that apply)

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

D7. Did you know or expect that it would be cut with this?

◯ Yes
◯ No

D8. Where were you the last time that you overdosed? (Check one only)

◯ My own space (e.g., room/apartment/house
◯ Someone else's space (e.g. ,friend/relative/dealer's room)
◯ Jail/prison/incarcerated
◯ Hospital
◯ Detox/treatment facility
◯ Outdoor public space (e.g., alley, doorway)
◯ Indoor public space (e.g., washroom)

◯ Overdose prevention site / supervised consumption site
◯ Other. Specify: _____

D9. Who were you with?
◯ Fixing with other people
◯ Fixing alone, but with other people nearby
◯ Fixing alone, and nobody nearby

D10. Did you get treatment for the overdose?
◯ Yes
◯ No

D11. Who did you get treatment from? (Check all that apply)
◯ Doctor at hospital
◯ Ambulance staff/paramedic
◯ Overdose Prevention Site staff
◯ Family, friend (i.e., someone you know)
◯ Bystander (i.e., someone you don't know)
◯ Someone you were using drugs with
◯ Someone you weren't using drugs with
◯ Other. Specify
◯ No treatment received.

D12. (If a doctor) Did a doctor offer you addiction treatment immediately after you overdosed?
◯ Yes
◯ No

D13. What options for treatment were you offered at this time? (Read out list and check all that apply)
◯ Buprenorphine/naloxone (Suboxone)
◯ Methadone/Methadose
◯ Long acting (slow release) oral morphine (Kadian, M-Eslon or long-acting hydromorphone)
◯ Injectable opioid: hydromorphone
◯ Injectable opioid: diacetylmorphine
◯ Naltrexone or Vivitrol
◯ Other. Specify: _____

D14. Did you start treatment?

◯ Yes
◯ No

D15. Which treatment did you start?

◯ Buprenorphine/naloxone (Suboxone)
◯ Methadone/Methadose
◯ Long acting (slow release) oral morphine (Kadian, M-Eslon or long-acting hydromorphone)
◯ Injectable opioid: hydromorphone
◯ Injectable opioid: diacetylmorphine
◯ Naltrexone or Vivitrol
◯ Other. Specify: _____

Section E: Drug Use – Injection/Non-Injection

E1. Which of the following drugs have you used in the last 3 months, and how often do you use them? (Check any that apply)

Drug	Smoked	Injected	Snorted	Frequency of use?					Duration of daily use over last 3 months				Average # of uses per day?
				A	B	C	D	E	<1	1-3	3-6	>6	
Heroin													
Crack Cocaine													
Cocaine													
Crystal Meth													
Prescription stimulant (Specify)													
Benzos (Benodiazapine)													
Tranquilizers													
Talwin													
Ritalin													
Barbiturates													
Morphine													
Codeine													
Street Methadone / Methadose													
Street Suboxone													
Percocet													
Demerol													
Fentanyl													
Hydrocodone (Vicodin)													

Drug	Smoked	Injected	Snorted	Frequency of use?					Duration of daily use over last 3 months				Average # of uses per day?
				A	B	C	D	E	<1	1-3	3-6	>6	
Cannabis, hash, pot													
Glue													
Poppers													
Nitrous oxide													
LSD													
Ecstasy / MDMA / Molly													
Mushrooms													
Mescaline													
PCP / angel dust													
Oxycontin / OxyNEO													
Ketamine (Special K)													
GHB													
Gasoline or other inhalants													
Gabapentin													
Other (Specify)													
Other (Specify)													

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

- ◯ Yes
- ◯ No

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

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

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

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

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

- ◯ Yes
- ◯ No

E7. In the last 3 months, how often have you needed help to inject drugs?

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

E8. In the last 3 months, where or who did you get help to inject drugs?

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

Section F: Illegal Activity and Incarceration

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

	Involved?	How often?	L3M?	Last 30 Days?
Dealing or Middling (Drug Dealing)				
Boosted, shoplifted, or stole (commercial)				
Boosted or stole (residential, house, vehcical)				
Break and enter				
Armed robbery				
Fraud/forgery				
Other theft (stole a car; rolled/robbed someone; bought, sold, or possessed stolen goods)				
Fighting using weapons (violence; assault; murder; weapons offence)				
Drunk in public (disorderly conduct; vagrancy; public intoxication)				
Buying sex services				
Drunk driving				
Jumped bail, missed parole meeting, failed to appear, breached probation (broke condition imposed by legal system)				
Panhandling				
Other. Specify				

F2. In the last 3 months, have you had direct contact with the police?

◯ Yes
◯ No

F3. If yes, how many times?

_____

F4. What was the nature of the contact? (Do NOT read out list. Check all that apply.)

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

F5. Are you presently on: (circle "Y" for "yes")

Probation? How long? Y: _____
Parole? How long? Y: _____
Bail? How long? Y: _____
Conditional sentence? How long? Y: _____
Diversion? How long? Y: _____

F6. Have you been in detention, prison, or jail in the last 3 months?

◯ Yes
◯ No

If yes, where and how long were you in jail in the last 3 months? (circle "Y" for "yes")

Parole Y: _____
Municipal jail/prison Y: _____
Provincial jail/prison Y: _____
Federal jail/prison Y: _____

Section G: Violence

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

◯ Yes
◯ No

G2. If yes, who attacked you? (Check all that apply)

◯ Stanger

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

Section H: Addiction Care – Medication Treatment

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

	Never	Ever	L6M	Current
Methadose (10mg/mL, red cherry flavoured)				
Metadol-D (10mg/mL, clear colourless)				
Methadone (Sandoz Methadone) (Sterinova) (10mg/mL blue cherry flavoured)				
Buprenorphine/naloxone (i.e. Suboxone)				
Sublocade (injectable, long acting buprenorphine)				
Naltrexone/Vivitrol				
Acamprosate				
Gabapentin				
Disulfiram/Antabuse				
Other. Specify				

H2. If participant previously, but NOT currently accessing medications, why did they stop taking it? (circle all that apply)

- Found medication ineffective (e.g., ongoing cravings, withdrawal, and/or did not reduce drug use)
- Dose was too low/ couldn't find adequate dose
- Side effect

- Too difficult/inconvenient taking the medication
- No/limited access to carry doses
- Missed too many doses
- No clinic/pharmacy nearby (i.e., travel was too much)
- Prescriber made me stop
- Didn't have a doctor to prescribe any longer
- Went to jail
- Switched to another medication (specify)
- Didn't want to be dependent on medication
- Couldn't afford the cost of the medication/medication dispensing/medication witnessing fee
- Other (specify) : _____

Section I: Addiction Care – Non-Medication Treatment

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

	Never	Ever	L3M	Current
Outpatient				
12 Step Recovery (AA/NA)				
Other self-help groups (e.g. SMART, LifeRing)				
Drug or alcohol counselling (one-on-one)				
CBT (cognitive behavioural therapy)				
Contingency method				
Daytox				
Drug treatment court				
Other. Specify				
Inpatient				
Detox only				
Residential Treatment ("rehab")				
Recovery House				
Indigenous Inpatient Treatment Program				
Other. Specify				

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

◯ Yes
◯ No

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

- ◯ Waiting list.
- ◯ Don't know any programs.
- ◯ Behavioural problems
- ◯ Failed to many times
- ◯ Other. Specify

Section J: Hospitalization

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

- ◯ Yes
- ◯ No

J2. In the last 3 months how many times have you been hospitalized?

_____

J3. In the last 3 months, what medical conditions were you hospitalized for?

- ◯ Overdose
- ◯ Mental Health Issues
- ◯ Liver Failure
- ◯ Pneumonia/COPD
- ◯ Abscess or other skin infection
- ◯ Sepsis (Blood inection)
- ◯ Endocarditis (heart infection)
- ◯ Osteomyelitis
- ◯ AIDS related Illness
- ◯ Abdominal issues
- ◯ Trauma related injuries
- ◯ Obstetric/gynecological issues
- ◯ Heart issues
- ◯ Hormone problems
- ◯ COVID-19
- ◯ Surgery (Specify): _____
- ◯ Other (Specify): _____

J4. In the last 3 months, have you left hospital against medical advice?

- ◯ Yes
- ◯ No

J5. In the last 3 months, why did you leave the hospital against medical advice? (Do not read out list, check all that apply)

◯ Withdrawal symptoms not adequately treated
◯ Pain symptoms not adequately treated
◯ Did not believe treatment was working
◯ Was asked to leave because I was caught using drugs in the hospital
◯ Left to go find/buy drugs or alcohol
◯ No access to harm reduction supplies in hospital
◯ Felt stigmatized/disrespected/not treated fairly by healthcare team
◯ Didn't feel safe (i.e. wouldn't let my friend partner in the room)
◯ Felt judgement based on colour of my skin and/or heritage
◯ Had to care for someone else who needed me (either another person or pet)
◯ Had to deposit my income assistance
◯ Had other financial issues to take care of (i.e. work commitments, debt repayments)
◯ Was worried about loss of my housing in the hospital
◯ Felt better and didn't think I needed to be in hospital any longer
◯ Dope sick
◯ Did not want to die in hospital
◯ Suboxone or Kadian prescription wasn't high enough
◯ Just wanted to go home
◯ Other. Specify: _____

Section K: Social Issues

K1. Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.					
I can deal with whatever comes my way.					
I try to see the humorous side of things when I am faced with problems.					

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
Having to cope with stress can make me stronger.					
I tend to bounce back after illness, injury, or other hardships.					
I believe I can achieve my goals, even if there are obstacles.					
Under pressure, I stay focused and think clearly.					
I am not easily discouraged by failure.					
I think of myself as a strong person when dealing with life's challenges and difficulties.					
I am able to handle unpleasant or painful feelings like sadness, fear, and anger					

K2. Please indicate which statement best describes your own health state today.

Mobility		I have no problems walking about.
		I have some problems in walking about.
		I am confined to bed.

Usual activities (e.g., work, study, housework, family or leisure activities)		I have no problems with performing my usual activities.
		I have some problems with performing my usual activities.
		I am unable to perform my usual activities.

Pain / Discomfort		I have no pain or discomfort.
		I have moderate pain or discomfort.
		I have extreme pain or discomfort.

Anxiety / Depression		I am not anxious or depressed.
		I am moderately anxious or depressed.
		I am extremely anxious or depressed.

K3. Now I will ask you about some of the ways you might have felt or behaved. Please indicate how often you have felt or behaved this way during the past week.

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

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

K4. Which of the following services have you used in the last 3 months?

- ◯ Food bank
- ◯ Meal program
- ◯ AA / NA / SMART
- ◯ Outreach worker
- ◯ Street nurse
- ◯ Positive Living BC / AIDS Vancouver
- ◯ Dr. Peter Centre
- ◯ Counsellor
- ◯ Mental health organization
- ◯ Women's organization
- ◯ Complementary / alternative therapy
- ◯ Home care worker / nurse
- ◯ Support group (other than AA / NA / SMART)
- ◯ Insite / other supervised injection facility
- ◯ Employment service
- ◯ Drop-in centre
- ◯ None

K5. In the last 3 months, was there a time you were in need of a service and did not obtain it?

- ◯ Yes
- ◯ No

If yes, which?

- ◯ Advocate
- ◯ Counsellor
- ◯ Dentist

◯ Drug treatment facility
◯ Food services
◯ Hospital / doctor / nurse / clinic
◯ Housing (affordable and/or outside DTES)
◯ Identification
◯ Income Assistance
◯ Needle distribution (van or fixed site)
◯ Optometrist
◯ Psychiatrist / mental health care
◯ Social worker
◯ Transportation
◯ Other

K6. In the last 3 months, have you exchanged sex for drugs or to earn money for drugs?
◯ Yes
◯ No

Section J: Follow Up DULF Compassion Club and Safe Supply

J1. Since joining the DULF compassion club, have you had to re-titrate your safe supply medication(s) (i.e., your dose was decreased and then gradually increased after a period of missed doses)?

◯ Yes
◯ No
◯ N/A

J2. Which medications have you had to re-titrate and how many times had to re-titrate these?
Injectable hydromorphone
Fentora
Fentanyl patch
Other

J3. Since joining the DULF compassion club, how have you used each of your substances from DULF?

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

J4. Since joining the DULF compassion club, where have you used your substances?

J5. Since joining the DULF compassion club, how often have you used your substances alone with nobody else around?

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

J6. Since joining the DULF compassion club, have you ever used drugs from DULF and other illegal drugs together?

- ◯ Yes
- ◯ No

J7. What illegal drugs have you used with DULF's drugs?

- ◯ Heroin
- ◯ Fentanyl
- ◯ Down
- ◯ Cocaine
- ◯ Crystal meth
- ◯ Other, specify

J8. How often do you use other illegal drugs with your drugs from the DULF compassion club?

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

J9. What are the reasons you used other drugs?

- ◯ That is my normal practice with illegal drugs
- ◯ Feels better

◯ Lasts longer
◯ DULF's drugs do not address my cravings/withdrawal
◯ Other, specify

J10. Since joining DULF's compassion club, have you ever given away, shared, or sold your doses?

◯ Yes
◯ No

J11. Which drugs from DULF have you given away, shared, or sold?

◯ Cocaine
◯ Heroin
◯ Methamphetamine

J12. Who did you give away or sell your drugs to?

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

J13. Why did you sell or give away your drugs?

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

[Refer to DIV3 - B1 re: preferred substance]

J14. Since joining the DULF Compassion Club, how often have you used your preferred substance?

◯ Less than once a month
◯ 1-3 times a month
◯ Once a week
◯ More than once a week
◯ Daily. Specify how many times a day on average
◯ Don't know,
◯ Have not used other illicit drugs since joining

J15. Has joining the DULF Compassion Club changed how often you use illegal drugs overall?

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

J16. Has joining the DULF Compassion Club changed the way that you usually use your preferred drug (i.e. if you inject, inhale, swallow it, etc.)?

- ◯ Yes
- ◯ No

J17. If yes, how have you usually bused your preferred drug since joining the compassion club?

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

J18. Have you ever had an overdose from the use of street drugs while you have had access to DULF's compassion club?

- ◯ Yes
- ◯ No

J19. How many times have you had an overdose from the use of street drugs while you have had access to DULF's compassion club?

_____

J20. For the following statements about DULF's Compassion Club, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

Being a member of DULF's compassion club has…

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

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Too Soon to Know
o. increased my use of other health or social services						
p. improved my pain management						
q. improved my physical health						
r. improved my mental health						
s. improved my overall health						

J21. Since joining the DULF compassion club, have you been helped in the following ways?

	Yes	No
a. Received information about the risks of sharing injection drug use equipment?		
b. Given you information about how to reduce risk of overdose and overdose harms?		
c. Shown you how to use naloxone?		
d. Given you information about safer drug use practices that you did not already know?		

If you received new information, specify:

_____

J22. Since joining the DULF Compassion Club, have you accessed any of the following health services or treatments?

(Interviewer note: 'new start' refers to first time ever with this treatment/service. 'Renewal' refers to previous history of the treatment/service before joining the DULF Compassion Club. 'Access at compassion club' refers to having accessed the service or treatment on site.)

	New Start	Renewal	Accessed at CC
Income support/services – specify			
Housing support/services – specify			
Education or training support/services – specify			
Other support. Specify			

J23. How satisfied are you with the DULF Compassion Club?

- ◯ Very unsatisfied
- ◯ Unsatisfied
- ◯ Neither satisfied or dissatisfied
- ◯ Satisfied
- ◯ Very satisfied

J24. How would you rate the quality of service at the DULF Compassion Club?

- ◯ Excellent
- ◯ Good
- ◯ Fair
- ◯ Poor

J25. Have the compassion club staff been reliable and performed services dependably?

- ◯ Always
- ◯ Usually
- ◯ Sometimes
- ◯ Occasionally
- ◯ Never

J26. Have the compassion club staff been courteous and respectful to you?

- ◯ Always
- ◯ Usually
- ◯ Sometimes
- ◯ Occasionally
- ◯ Never

J27. Do you trust the compassion club staff to provide you with quality care?

- ◯ Always
- ◯ Usually
- ◯ Sometimes
- ◯ Occasionally
- ◯ Never

J28. Do the following features of the DULF Compassion Club affect how likely you are to use the program?

	Much less likely	Somewhat less likely	Neither more nor less likely	Somewhat more likely	Much more likely	N/A
Distance to						
Operating hours						
Wait times						
Range of different drug options						
Being allowed to still use other illegal drugs						
Carry doses of drugs						

J29. Do you think the compassion club needs to be improved?

◯ Yes
◯ No

J30. How do you think the compassion club could be improved? (Read out list, check all that apply)

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

DIVISION 6: Approved Ethics Application

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

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

1 - Research Team

Dr. Thomas Kerr, PhD

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

Whitney Stockard, MScGH

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

Jeremy Kalicum and Eris Nyx, Drug Users Liberation Front co-founders

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

2 - Project Title

DULF Evaluative Compassion Club and Fulfillment Centre

3 - Study Dates

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

4 - Type of Funding

Community fundraising.

5 - Funding Administrators

Drug User Liberation Front

6 - Relevant Conflicts of Interest

None to declare.

7 - Research Location

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

8 - Study Summary

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

9 - Study Purpose

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

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

Despite the recent scale-up of safe supply programs in Canada, there have been few evaluations of such interventions to date, and no effort at market regulation. As such, existing scientific evidence concerning illicit market regulation is limited. With the aim of generating high quality evidence to inform policy, practice and the optimization of safe supply programming, the overall goal of this study is to evaluate the effectiveness of the DULF's initiative in meeting its stated objectives without generating unintended adverse impacts.

i - Objectives

Our specific objectives related to the study are:

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

ii - Hypotheses

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

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

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

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

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

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

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

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

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

iii - Research Method and Study Population

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

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

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

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

10 - Inclusion Criteria

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

11 - Exclusion Criteria

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

12 - Recruitment

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

13 - Use of Records

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

14 - Details of Study Procedures

i - Quantitative Questionnaire

After obtaining informed consent, participants will be asked to complete a baseline interviewer-administered quantitative questionnaire, which will be administered on the same day (and typically immediately after) informed consent is obtained. Participants will also be contacted by study staff and invited to take part in follow-up study visits to complete interviewer-administered quantitative questionnaires every three months from the time of enrolment in the study over a year period (i.e., 4 questionnaires total: 1 at baseline and 3 follow-ups).

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

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

ii - Qualitative Feedback

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

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

15 - Withdrawal

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

16 - Time to Participate

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

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

17 - Known Study Risks/Harms

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

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

18 - Potential Benefits

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

19 - Obtaining Consent

Potential participants will be given as much time as they need to decide whether or not to participate in the study. They are invited to ask questions and to discuss the information with their doctor, family members or friends, if they wish, prior to making their decision. If they express interest when the opportunity is mentioned, they will be given study materials to take away to facilitate consideration and discussion with others. From this point, it will be up to the individual to contact the study team.

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

i - Quantitative:

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

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

ii - Qualitative:

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

20 - Communication of Study Results

Our research program involves an integrated knowledge translation strategy to ensure the sharing of research findings to participants and the wider community. Research results will be made available to participants in the form of plain language summaries of published articles and other materials summarizing research findings (e.g., infographics).

These materials will be disseminated through routine meetings with the community, social media, community forums and knowledge exchange events.

21 - Number of Participants (Including Controls)

40 participants; 20 controls

22 - Collection of Identifying Information

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

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

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

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

23 - Other Relevant Documents Discussed

DULF Evaluative Compassion Club and Fulfillment Centre Framework Revision 1.0

Verbal consent form for quantitative study

Pre-meeting verbal consent form for qualitative study

Appendix A. Example of Confirmatory Analysis Results

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

Appendix B. Application for Inclusion in Project

Application for Inclusion in DULF Evaluative Compassion Club Research Study

Preamble

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

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

Of the total **40** selected applicants:

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

All participants will be compensated with honoraria for their time.

Name or handle?

_____

Are you over the age of 19?

_____

Drug or drugs of choice?

_____

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

_____

_____

_____

How long have you used?

_____

How can we contact you?

_____

Have you overdosed in the last 3 months?

_____

If yes, how many times?

_____

Appendix C. Informed Verbal Consent Protocols

1 - Pre-Interview Verbal Consent Form

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

i - Introduction

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

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

ii - Who is conducting this study?

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

iii - Who is funding this study?

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

iv - Why are we doing this study?

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

v - How is this study done?

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

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

Interviews

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

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

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

Meetings

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

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

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

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

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

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

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

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

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

ix - How will your privacy be maintained?

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

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

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

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

xi - Participant Consent

By giving expressing verbal consent you acknowledge that:

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

Participant is asked: do you give your consent?

2 - Pre-Meeting Verbal Consent Form

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

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

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

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

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

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