

To The Honourable Jean-Yves  
: Duclos  
Minister of Health  
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The Honourable Carolyn Bennett  
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December 2<sup>nd</sup>, 2021

Dear Ministers Duclos and Bennett,

We are once again writing on behalf of the Drug User Liberation Front (DULF) and the Vancouver Area Network of Drug Users (VANDU). As British Columbia's public health emergency arising from the toxic drug supply continues unabated, we are urgently seeking a response to our request for an exemption under section 56(1) of the Controlled Drugs and Substances Act (CDSA) to operate the "DULF Compassion Club", submitted August 31<sup>st</sup> 2021.

The DULF Compassion Club is an innovative harm reduction project that aims to reduce overdose-related deaths by introducing regulation into the illicit drug market and providing a consistent supply of substances that are labeled with their contents and potency for users without the need for engagement in the carceral or medical system. The DULF Compassion Club aims to move the use of drugs outside of police-orientated and medicalized spheres to address it from a social standpoint, providing a true "safe supply" which would constitute presently illegal drugs, sold legally, with predictable content and consistency. Our model has considerable public backing, and in addition to previously sent letters from other stakeholders, we have attached letters in support of our project from Brave Cooperative, and the Green Party of British Columbia. We have also attached an ongoing petition hosted at change.org with over 1000 signatures currently.

Bearing in mind that our exemption request was followed by a SUAP application submitted September 23<sup>rd</sup> 2021, and two letters dated October 6<sup>th</sup> 2021 and November

2<sup>nd</sup> 2021, we still have not heard a specific response from the Canadian Ministry of Health beyond form letters indicating that our letters have been received.

Since our last letter at the beginning of November, another 108 British Columbians have passed away due to the unregulated and toxic drug supply. The lives that have been lost during this time are more than just statistics to us; these are our friends, family, and coworkers. We have attached the stories of four of our community members, Laura, Kelly, Mandy, and Joy who lost their lives to a toxic supply during this period. We offer these stories to you because in the repetition of the statistics the true human tragedy of this crisis can be lost.

We also wish to emphasize again, which we have noted in our other submissions that current prescriber variants of medicalized safe supply are not sufficient on their own, and need to be offered in tandem with a de-medicalized model of safe supply. Of course there is a need for people who use drugs to be able to access their substances through medicalized models, but many drug users will not do so because of trauma from the medical system itself. Further, our model is not prescriber-based for the same reason it is generally beyond the bounds of the Hippocratic Oath for a doctor to prescribe a bottle of scotch; a doctor is there to tend to your physical health according to their discipline. Public education and reducing trauma in our communities are critical factors to keeping rates of chaotic use down, but the forces perpetuating such trauma are systemic and any real change will take many years. In the meantime, drug users are dying - year after year - at rates that exceed the ravages of COVID-19 even at its height.

We worry that current medicalized and prescriber based models, which may have your favour, are created by bureaucrats and professionals who ignore the needs of the people who will actually be accessing the services. In essence, we fear that, without intervention, you will approve a model that remains in the domain of medicine, and that is not made by people who are suffering the harms of prohibition and know best how to address this crisis, drug users themselves. We understand that you have been meeting with stakeholders in the context of other exemption applications. We encourage you to hold such discussions, but we urge you to include grassroots drug user groups in any such discussions. To this end, we ask that you meet with us and our constituents as soon as possible so that we can further explain our model to you and answer any questions you may have. It should be noted that Health Canada has had the “DULF Compassion Club” exemption request for over 70 business days and has made no effort to communicate with DULF or VANDU related to the request. At first glance it looks as if the federal government is undervaluing the input people who use drugs should have in creating the policy and programs that impact their lives. Life saving initiatives that are now standards of care and harm reduction in Canada (naloxone training programs, OPS, etc.) were pioneered by drug users groups and co-opted by bureaucrats and professionals. Do not overlook our innovative proposal because of preconceived notions of what drug policy should look like in this country.

Last, we urge you again to approve our exemption request as soon as possible. This is a crisis of vast proportions that demands a range of innovative responses. As we have said above and in earlier communications, a medicalized model will leave large gaps in safe supply and within those gaps drug users will continue to die. The DULF Compassion Club model has the necessary evaluative and scientific rigour needed to fill those gaps and it is ready to move forward as soon as you provide the exemption.

In resolute anticipation,



Jeremy Kalicum

Co-founder, Drug User Liberation Front



Eris Nyx

Co-founder, Drug User Liberation Front



Brittany Graham

Executive Director, Vancouver Area Network of Drug Users