

EMPOWERING CHOICE: EXPANDING OPTIONS FOR SAFER SUPPLY IN RURAL & REMOTE COMMUNITIES

 **Thursday, February 23**

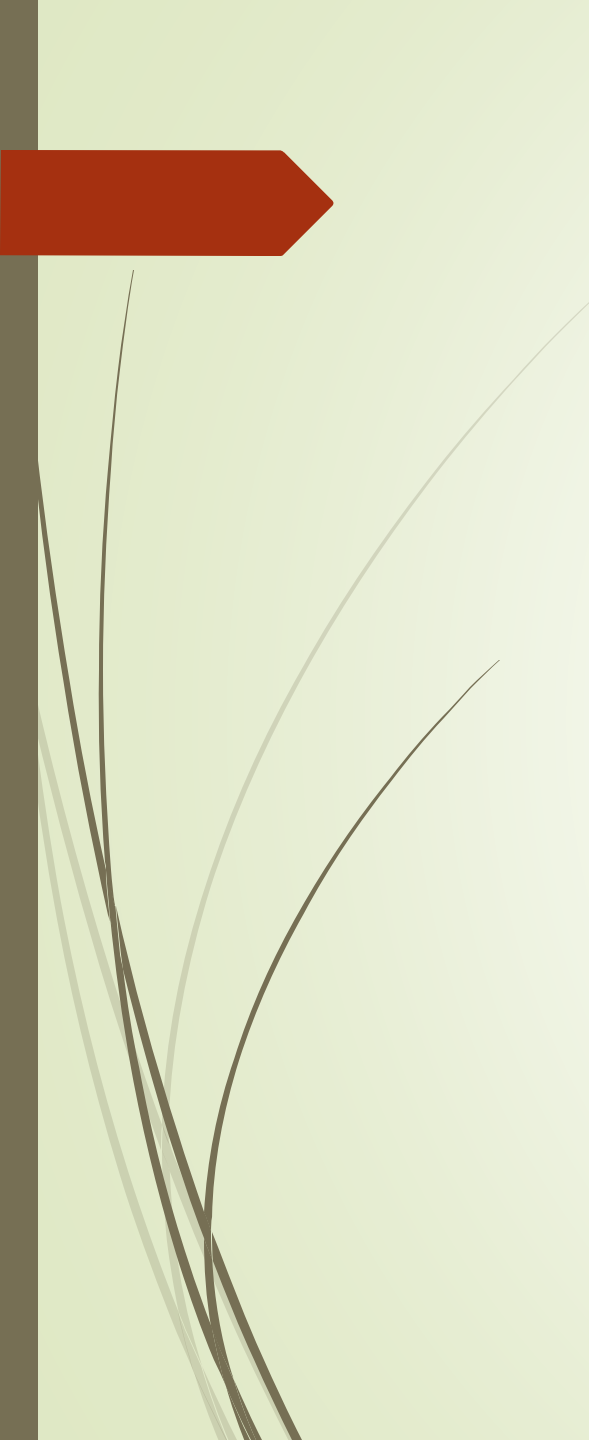
 **9am PST | 12pm EST**

 **RSVP for Link**



National Safer Supply Community of Practice
La communauté de pratique nationale sur
l'approvisionnement plus sécuritaire





We respectfully acknowledge that we live, learn, rest, and play as uninvited settlers on the unceded, traditional, and ancestral territories of the Ktunaxa, Syilx, Sinixt, and Secwépemc peoples, in what is colonially recognized as the Kootenay region of British Columbia.

KISS: Origins

- Founded in the spring of 2022 in response to a profound dissatisfaction with the state of everything
- Inspired by the work of DULF, VANDU, the Overdose Prevention Society and ACT-UP (as detailed in Sarah Schulman's exceptional book *Let the Record Show: A Political History of ACT UP New York, 1987–1993*)
- Recognized that Nelson was well-suited as the location for an unsanctioned rural safe supply project due to:
 - Its long history of innovative & pioneering harm reduction service provision:
 - ANKORS established in 1993
 - Drug checking/harm reduction program at Shambhala started in ~2001 (ANKORS)
 - Emergency Shelter opened in 2004 (only shelter between Calgary & Kelowna until ~2019)
 - REDUN established in 2004
 - OPS opened in summer of 2018 (only OPS between Calgary and Kelowna)
 - Nelson (pop. 11,106) has two existing prescribed safer supply programs
 - Trail (pop. 8250) only has one physician prescribing safer supply
 - Castlegar (pop. 9000) has no one prescribing safer supply
 - Drug poisoning & housing crises have significantly impacted the West Kootenay region
 - At least 138 drug poisoning deaths in Kootenay-Boundary region since 2016



KISS: *Origins*

- **The Vision:** To establish a non-medicalized, PWLLE-led safe supply compassion club in Nelson, BC as a:
 - Protest at the lack of meaningful action to end the unregulated drug poisoning crisis
 - Demonstration that such a club is needed, effective & feasible in a rural & remote community
 - Test case for other groups to learn from, improve upon & build from to start their own programs
 - Foundation upon which to build and expand non-medicalized, PWLLE-led safer options in region
- **The Rationale:**
 - Stigma & discrimination are significant barriers to accessing health care for many PWUD, including access to prescribed safer supply
 - Current prescriber model often characterized as paternalistic & punitive
 - Non-medicalized, PWLLE-led models more empowering, value autonomy & self-determination
 - Peer-run services foster comfort, acceptance & trust, potential connections to additional care & supports
- **The Strategy:**
 - Follow the Compassion Club & Evaluative Study template created by DULF/VANDU
 - Build local support and establish legitimacy of KISS through strategic partnerships, dialogue with PWLLE community and public education & engagement initiatives

KISS: Outreach



Compassion clubs another option

Dylan Griffith, the founder of the Kootenay Insurrection for Safe Supply, says prescribed safe supply programs are beneficial for drug users because they get connected to health care as a result, and it offers stability.

However, he says that in the context of a primary health-care crisis and stigma against drug users on the part of some doctors, the prescriber model alone would not be enough to solve the toxic drug emergency.

- Vancouver votes to support application that would create safe drug 'compassion clubs'
- Vancouver club will continue to distribute hard drugs in bid to save lives, despite Health Canada rejection

Griffith is advocating for a compassion club model in the Kootenays, which sees drug user groups hand out tested drugs at cost to participants in a program.

"We're sick of watching our friends and neighbours die," he told CBC News. "If [the government] is not going to implement those solutions then we will."



Dylan Griffith, the founder of the Kootenay Insurrection for Safe Supply, says the prescribed model for safer supply is useful, but its current implementation doesn't come close to meeting the needs of drug users across B.C. (Submitted by Dylan Griffith)



insurrection for Safe Supply. He wants the province to rethink this. Photo: Tyler Harper



Love in the Time of Fentanyl, which won an award at this year's DOXA Documentary Film Festival, screens at Nelson's Civic Theatre on Aug. 28. Admission is free. Photo: Love in the Time of Fentanyl

Breaking the law to provide safe drugs? Nelson advocate says it should be considered

Dylan Griffith of Kootenay Insurrection for Safe Supply wants distribution of tested illicit drugs

TYLER HARPER / Aug. 23, 2022 6:49 a.m. / LOCAL NEWS / NEWS

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WHO WE ARE

The KOOTENAY INSURRECTION for SAFE SUPPLY (KISS) was formed in the summer of 2022 in response to the on-going unregulated drug poisoning crisis that is killing an average of six people in British Columbia every day. Our goal is to establish a non-medicalized, PWLE-led safe supply program serving the West Kootenay region and in so doing help to save the lives of our friends, family members, and neighbours by offering an accessible, non-stigmatizing, low-barrier alternative to the ever more toxic unregulated drug supply.

Undoing Harm: an introduction to HARM REDUCTION

Selkirk College
Nursing Year One
Wednesday, January 25th, 2023

Presented by:
Amber Streukens (she/her)
(ANKORS/REDUX)

Dylan Griffith (he/him)
(Kootenay Insurrection for Safe Supply)

KISS: Compassion Club

- The Template:

- Basic logistics same as DULF/VANDU Compassion Club model:
 - Purchase on-line, test at Substance (UVic), package & distribute to members at cost

- The Details:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]





KISS: Compassion Club

- **The Vision:** To establish an ethical and sustainable non-medicalized, PWLLE-operated safe supply compassion club in Nelson, BC.
- **The Main Obstacles to Achieving This Vision:**
 - Unsanctioned status of compassion club
 - Prevents any established organization from publicly or materially supporting our work as this could threaten (precariously) existing funding/programs
 - Prevents us from fundraising
 - Prevents us from accessing a physical space to operate out of
 - Threat of being shut down: Ethical dilemma around inability to guarantee access to safe supply for duration of study
 - Threat of being shut down: Legal, financial & other negative impacts
 - Lack of anonymity in a small, tightknit community
 - Identities of study participants/club members will be known among PWUD within weeks
 - Challenges around confidentiality and comfort/safety with peer research assistants
 - Safety & security concerns for project team members
 - Potential need to navigate interpersonal conflicts within cohort

KISS: *Evaluative Study*

- Why do a study?

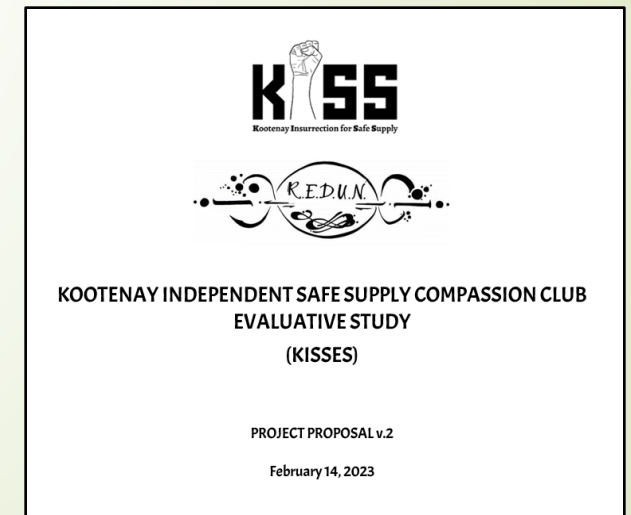
- DULF model not scalable + need for discretion in small town = small scale initial program
- Few studies on rural & remote harm reduction programs, fewer on R&R safe supply
- Locally-generated data expected to be more effective for building local support
- Study adds legitimacy to project/organization
- Opportunity to bring in partners who can't openly support unsanctioned compassion club

- The Template: KISS study proposal adapted from DULF/VANDU Evaluative Framework

- Mixed methods cohort study
- 20 participants over 12 months
- Quantitative data collection via interview surveys at intake + quarterly intervals
- Qualitative data collection via community-based participatory research process

- Partners:

- Dr. Thomas Kerr, the BC Centre on Substance Use & REDUN





KISS: Anticipated Study Findings

- We anticipate that our evaluation findings will be consistent with the findings from other similar studies:
 - Decreased incidence of overdose
 - Decreased use of unregulated drugs, public drug use & polysubstance use
 - Decreased use of emergency medical services (incl. paramedics, ambulance, ER, hospitalizations)
 - Decreased involvement with criminal activities, fewer interactions with police
 - Increased engagement with primary care, mental health/substance use supports, community services
 - Increased housing retention
 - Improved health & wellness outcomes
 - Improved self-reported sense of connection, positive outlook & well-being
 - OVERALL TREND OF INCREASING STABILITY OVER TIME

KISS: Evaluative Study

- The Changes

- Added or significantly modified approximately 35 questions on survey questionnaires

B11. In the last 3 months, have you travelled outside of Nelson to buy drugs?

- ☐ Yes, I've travelled outside of Nelson to buy drugs in the last 3 months
- ☐ No, I haven't traveled outside of Nelson to buy drugs in the last 3 months → [Go to B16]

B12a. Where did you go to buy drugs outside of Nelson?

B12b. How many times in the last 3 months did you make that same trip?

[Ask all three questions for one destination before moving on to next destination]

Destination	Distance (KM)*	# of Trips

A4. In the last 3 months, what community or communities have you lived in and what kind of accommodation(s) or living space(s) did you live in each of those communities? [Prompts OK; do NOT read full list; list ALL that apply]

Community ↓	Accom Type →	Apt	SRO	House	Shelter	Support Hsg	Detox/Tx	Jail/Prison	Trailer	Van/Camper	Car/Truck	Tent	Rough	Other	Prefer not to say
Nelson															
Salmo/Ymir															
Trail/Rossland/Fruitvale/Genelle															
North Shore/Balfour/Harrop/Procter															
Kaslo															
East Shore															
Castlegar															

B15. Have you experienced any of the following as a result of travelling outside of Nelson to buy drugs? [Read list; check ALL that apply]

- ☐ Missed shift(s) at work
- ☐ Missed appt (e.g. doctor, social worker)
- ☐ Missed witnessed dose(s) of meds
- ☐ Kicked out of OAT/safer supply program
- ☐ Kicked out of addictions treatment program
- ☐ Cancelled/no-showed for plans w/ friends/family
- ☐ Conflict with family, friends, spouse/partner
- ☐ Loss of employment
- ☐ Loss of housing/shelter bed
- ☐ Drove while intoxicated
- ☐ Car accident
- ☐ Roadside suspension or DUI charge
- ☐ Ticket (other than DUI)
- ☐ Arrested for warrant(s)/breach
- ☐ Prefer not to say

KISS: Evaluative Study

➤ Significantly expanded sections on Informed Consent Protocols & Known Study Risks

6. STUDY RISKS AND BENEFITS

6.1 What risks will I face by taking part in the study and what will be done to protect me against these risks?

6.1 (a) Disclosure of Sensitive / Personal Information

Because this study focuses on the experiences of people who use drugs and will potentially include discussion or observation of illegal activities (e.g., drug dealing), participants are at risk of having this information shared publicly and/or disclosed to the police in the unlikely event that confidentiality is breached. More likely is that participants may inadvertently disclose sensitive information, including the names and illegal activities of other individuals in the study or in the broader community.

As outlined elsewhere in this document, your name will never appear on any document or database alongside information you've shared with us. Hard copy records containing your information will be stored in a locked filing cabinet in a secure office location, and electronic records will be stored on a password protected computer. All participants will be asked and reminded to use pseudonyms when discussing real people in potentially sensitive contexts, and we also replace any real names that may be mentioned during interviews and group discussions when transcribing these conversations.

6.1 (b) Targeted Harassment, Theft and/or Violence

Given that the Nelson is a small, tight-knit community and people who use illicit opioids and/or meth regularly are an even smaller community within that tight-knit community, it is very likely that the identities of at least some of this study's participants will become known to people outside the study, thereby exposing these participants to potential risk of harassment, theft and/or violence from community members not included in the study who may feel some resentment about being denied access to a safe supply, and/or who mistakenly believe that participants do not pay for the drugs they obtain from the compassion club. Participants may also be identified by police when coming and going from the study's bi-weekly meetings or meeting with compassion club staff, thereby exposing them to potential harassment, arrest, and/or confiscation of their drugs if carrying more than the cumulative 2.5 grams allowed after January 31st, 2023.

The study team will discuss the critical importance of confidentiality with all study participants at in-take and at every bi-weekly meeting. We will never confirm or deny the identity of anyone participating in the study to police or anyone else not on the study team.

6.1 (c) Sensitive / Upsetting Questions

Due to the sensitive nature of some of the questions we will be asking, participants face the risk of having negative emotional responses when discussing their experiences. If a participant does become distressed and indicates a need for support services, we will refer the participant to appropriate community resources, which include onsite staff and support services provided by community partners and other agencies. If requested, the research coordinator, project coordinator, or interviewer will accompany the participant to the requested service. We will also regularly remind participants that they do not have to answer any questions they don't want to and will not need to provide any explanation for doing so.

6.1 (d) Unexpected End to Safe Supply Access

Barring any changes to Canada's current drug laws, the KISS Compassion Club will be operating illegally and therefore could be shut down by authorities at any time, resulting in study participants being cut off from access to a safe supply immediately and without notice. Being cut off so abruptly could be very upsetting and

destabilizing for study participants, in addition to the risks associated with a return to using substances from the unregulated "street" supply, including risk of overdose.

It should also be noted that while the KISS Compassion Club intends to continue providing study participants with access to a safe supply of heroin and methamphetamine beyond the 12 months the study is expected to last, it cannot guarantee that it will be able to do so, for the same reasons as stated above.

To protect participants from these risks, the study team and staff from the Kootenay Insurrection for Safe Supply will engage in public awareness-raising and educational initiatives throughout the study period to build both public and institutional support for non-medicalized, peer-run safe supply programs, believing that such support will decrease the likelihood that authorities will pursue enforcement that would shut down the life-saving services of KISS Compassion Club in the middle of a declared toxic drug public health emergency.

6.1 (e) Benzodiazepine Withdrawal

Study participants who have been using opioids from the unregulated street supply on a regular basis prior to enrolling in the study may have inadvertently developed a physical dependence on benzodiazepines, which are being found in much of the illicit opioid supply. Rapid cessation of benzodiazepine use may cause dangerous and uncomfortable withdrawal symptoms, including sleep disturbance, irritability, mast cell activation, increased tension and anxiety, panic attacks, hand tremors, shaking, sweating, difficulty with concentration, confusion and cognitive difficulty, memory problems, dry retching and nausea, weight loss, palpitations, headaches, muscular pain and stiffness, hallucinations, seizures, psychosis, and increased risk of suicide.

To protect participants from these risks, an optional medically supervised benzodiazepine taper will be available to any participant who requests it, at any time during the study period and as many times as needed.

6.1 (f) COVID-19 and Other Airborne Pathogens

COVID-19 is still very much in circulation and poses a significant risk to any study participant who has a compromised immune system and/or other chronic health issues, as do the flu and several other less common airborne pathogens. As we will be asking participants to gather as a group in an enclosed indoor space for the study's bi-weekly meetings, and as doing so significantly increases the risk of transmitting airborne pathogens, participating in this study will likely increase your risk of becoming infected with COVID-19 and/or the flu.

The study team will try to minimize this risk by providing medical-grade N95 masks to any participant who wants one, by wearing masks ourselves, and by opening windows and creating as much air circulation as the room and the group's comfort levels allow. We will also encourage anyone feeling unwell to skip meetings until they feel better, provide Rapid Antigen Tests on request, and offer an option for study participants to attend meetings virtually.

KISS: *Evaluative Study*

- Risk Mitigation

- Take the time to ensure all participants understand risks and give fully informed consent
- Relationship building: Develop & strengthen strategic relationships with Health Authority, Decrim Team Leads, prescribed safer supply providers, PWLLE community, researchers, community orgs, etc.
- Splitting off compassion club and societizing research & advocacy activities
- Disclosure - Study participants will have three options for the interviewer who completes the survey questionnaire with them:
 - Peer Research Assistant
 - Selkirk College Student Research Assistant
 - Amber or Dylan
- Optional supervised benzo taper will be available to study any study participant who wants/needs one when transitioning from street supply to safe supply
- For both the compassion club and the evaluative study, the goal is to build something ethical, sustainable and effective.



Kootenay Insurrection for Safe Supply

www.kootenaysafesupply

[@kootenaysafe](https://twitter.com/kootenaysafe)

dylan@kootenaysafesupply.com