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Substance Use Trends in BC: A Survey of Harm Reduction Clients

Overall Results for British Columbia: 2015

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Table of Contents

BACKGROUND	7
OBJECTIVES.....	7
METHODS.....	8
A. Interpretation of Results	9
B. Survey Administration	9
C. Characteristics of Survey Respondents.....	10
Demographics	10
Housing Stability.....	12
D. Recent Reported Substance Use	12
Fentanyl Use.....	17
E. Harm Reduction Site Use	18
Getting to the Harm Reduction Site	18
Supply Pickup	20
Feelings of Respect	22
F. Access to Harm Reduction Supplies	23
Needles: Injection Drug Use, Needle Availability and Sharing	23
Supervised Injection Services (SIS).....	24
Pipes: Use, Availability and Sharing.....	25
G. Overdoses.....	29
H. Peer Groups.....	33
LIMITATIONS.....	34
RECOMMENDATIONS	35

APPENDICES	37
Appendix A: 2015 Survey Tool	37
Appendix B: Geographical Distribution of 2015 Annual Reported Substance Use Survey Sites.....	39
Appendix C1: Geographical distribution of travel time less than 10 minutes to HR supply distribution sites in the 2015 Annual Reported Substance Use Survey Sites.....	40
Appendix C2: Geographical distribution of travel time greater than 30 minutes to HR supply distribution sites in the 2015 Annual Reported Substance Use Survey Sites.....	41

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List of Tables

Table 1. Distribution of surveys and sites	9
Table 2. Age characteristics of survey respondents (in years) (n=774)	10
Table 3. Sexual orientation of respondents (n=805).....	11
Table 4. Proportion of respondents that felt respected when accessing HR supplies.....	22
Table 5. Reason of difficulty picking up new rigs among respondents reporting recent injection drug use (n=248)	24
Table 6. Person who administered naloxone.....	31

List of Figures

Figure 1. Timeline for 2014 Survey.....	8
Figure 2. Gender distribution of survey respondents (n=812)	10
Figure 3. Distribution of Aboriginal Peoples compared to non-Aboriginal people among respondents (n=808).....	11
Figure 4. Distribution of time living at current address among respondents.....	12
Figure 5. Proportion of all respondents reporting recent substance use within the last seven days....	12
Figure 6. Proportion of respondents reporting using more than one substance in the past seven days among those reporting recent use (n=791)	12
Figure 7. Proportion of respondents reporting recent substance use overall and by HA (n=791)	14
Figure 8. Proportion that reported using any opioid in the week prior to completing the survey (n=791).....	15
Figure 9. Distribution of recent prescription substance use among respondents (n=791)	15
Figure 10. Change in the proportion of survey respondents reporting recent substance use between the 2012-2015 surveys on drug use among harm reduction clients in BC. Comparison involved weighting by HSDA population	16
Figure 11. Proportion of respondents reporting intentional use of fentanyl in the past 6 months (n=812).....	17
Figure 12. Proportion of respondents consuming fentanyl by injecting, smoking, or other means among respondents reporting intentional fentanyl use in the past 6 months and fentanyl use in the past week. (n=80).....	18
Figure 13. Proportion living in the same community as the HR site (n=807).....	19
Figure 14. Method of getting to the HR site on the day of the survey (n=796).....	19
Figure 15. Proportion of travel time to reach HR sites among respondents (n=793)	19
Figure 16. Reasons that respondents accessed HR sites (n=798)	20
Figure 17. Distribution of the frequency that respondents accessed HR sites (n=623)	21
Figure 18. Reasons for difficulty reported among respondents that reported difficulty accessing HR supplies (n=623).....	22
Figure 19. Proportion of respondents reporting recent injection (n=803)	23
Figure 20. Respondents reporting difficulty finding new rigs among respondents reporting injection reported substance use (n=477)	23
Figure 21. Respondents that reported injecting with a needle previously used by another individual in the past month	24

Figure 22. Proportion of respondents willing to use a supervised injection service in the given settings of respondents who reported injecting any drug in the past month (n=468)	25
Figure 23. Proportion of respondents reporting using a pipe to smoke any drug, crystal meth or crack in in the last month	25
Figure 24. Crystal meth smoking pipe material used among the proportion of respondents reporting smoking crystal meth (n=293).....	26
Figure 25. Crack smoking pipe material used among the proportion of respondents reporting smoking crack (n=294).....	27
Figure 26. Crack smoking pipe supplies used among the proportion of respondents reporting smoking crack (n=287).....	27
Figure 27. Method of reported substance use among respondents unable to acquire an unused pipe (n=555).....	28
Figure 28. Proportion of respondents reporting sharing, lending or selling a mouthpiece or pipe in the last month (n=555)	28
Figure 29. Reason for sharing any used smoking supplies among the proportion of respondents that smoked reported substance with used supplies in the past month (n=271).....	29
Figure 30. Proportion of all survey respondents that reported having experienced and witnessed an opioid overdose in the 6 months prior to completing the survey, overall and by health authority (n=787).....	29
Figure 31. Proportion of respondents reported using at least one opioid who reported having experienced and witnessed an opioid overdose in the 6 months prior to completing the survey, overall and by health authority (n=519)	30
Figure 32. Proportion of naloxone administered among respondents that reported experiencing an OD event (n=86).....	30
Figure 33. Proportion of respondents reported administering naloxone among respondents that reported witnessing an opioid OD in the past 6 months.	32
Figure 34. Proportion of respondents who reported various reasons for not administering naloxone among respondents who reported witnessing an opioid OD in the past 6 months.....	32
Figure 35. Proportion of all respondents reported having or wanting a take home naloxone (THN) kit	33
Figure 36. Proportion of all respondents reported having or wanting a take home naloxone (THN) kit among respondents who reported using at least one opioid in the past week.....	33
Figure 37. Proportion of respondents involved with various grassroots drug user groups among respondents who reported being involved with at least one drug user group in the past year (n=182)	34

Glossary

BC	British Columbia
CAPUD	Canadian Association of People who Use Drugs
BCAPOM	BC Association of People On Methadone
BCYADWS	BC Yukon Association of Drug War Survivors
FHA	Fraser Health Authority
HA	Health Authority
HR	Harm Reduction
IHA	Interior Health Authority
MMT	Methadone maintenance therapy
NHA	Northern Health Authority
PWUD	People who use drugs
REDUN	Rural Empowered Drug User Network
SOLID	Society of Living Illicit Drug users
VANDU	Vancouver Area Network of Drug Users
VCH	Vancouver Coastal Health
VIHA	Island Health
WAHRS	Western Aboriginal Harm Reduction Society

BACKGROUND

British Columbia (BC) has an established network of more than 300 harm reduction (HR) distribution sites. Prior to 2012, knowledge about high-risk drug use was based primarily on data from two major cities, Vancouver and Victoria. To obtain more comprehensive information about drug use and related harms, and to evaluate the BC HR program, a province-wide survey was conducted through the existing HR supply distribution network in 2012. The survey was updated in 2013 following an evaluation using a mixed-methods approach. Regional differences in substance use were identified, informing HR planning to improve health outcomes. People who use drugs (PWUD) and who utilize HR supply distribution sites were engaged to help refine and enhance the cultural relevance and accessibility of the 2014 survey, while the 2015 survey was further updated to reflect the rise in fentanyl use and survey distribution was reviewed to improve representation from all Health Authorities (HA).

OBJECTIVES

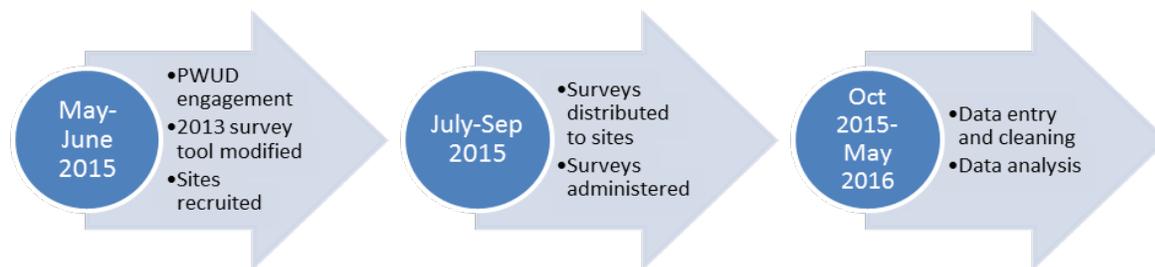
The objectives of the 2015 Harm Reduction Client Survey were to:

- 1) Improve the reach and representativeness of the study;
- 2) Update the survey to reflect current drug trends and other related issues of interest, such as fentanyl use;
- 3) Describe regional differences in self-reported substance use and access to HR services; and
- 4) Provide recommendations for improvement of HR service delivery in BC.

METHODS

Figure 1 shows the timeline for the 2015 survey. Sites were identified by the health authority (HA) HR representatives and approved by the site staff. Each participating site received revised paper surveys in July 2014 and had eight weeks to recruit a maximum of 40 PWUD aged 19 years and over to complete the survey. Sites were provided \$5/survey for participant incentives or to defray any costs of survey administration. Survey responses were entered into an online Fluid Survey¹ database, and descriptive analysis was carried out using MS Excel for demographics, reported substance use by region, HR supply distribution site usage, access to HR supplies, sharing of drug paraphernalia, and overdose experiences. To protect participant privacy, results with fewer than five observations are not reported. Overall (BC) survey results were weighted by the 2015 HA population² to account for population differences in participating communities. Aboriginal self-identification will be reported for participants overall; however, in-depth analysis by ethnicity will be performed by the First Nations Health Authority. The 2015 survey is attached as Appendix A.

Figure 1. Timeline for 2014 Survey



¹ <http://fluidsurveys.com/>

² <http://www.bcstats.gov.bc.ca/statisticsbysubject/geography/referencemaps/health.aspx>

RESULTS

A. Interpretation of Results

Results from the analysis of the survey data for the five geographic HAs are summarized below. The overall survey results (denoted as Total (BC)) are included for comparison purposes. The results are descriptive only and no tests for statistical significance were performed. Any proportions reported at the provincial level (typically denoted as Total (BC)) are weighted to account for differences in the survey sample size and population size estimates for each health authority.

Exclusions in figures and tables are due to insufficient data: less than five observations per cell. Because the survey used convenience samples, the characteristics of both the clients and sites that participated may not be representative of all people who use psychoactive substances in BC. Finally, note that the scales on the y-axis may differ on each figure.

B. Survey Administration

Across the five HAs, 812 surveys were completed at 34 HR supply distribution sites (Table 1), similar to 779 surveys at 34 HR supply distribution sites in 2013. A map showing the geographic distribution of the participating sites can be found in Appendix B. After applying weights to adjust for the number of survey respondents relative to the total health authority (HA) population, the relative contribution of FHA and VCH to the overall survey results increased, while the relative contributions of NHA, IHA and VIHA decreased.

Table 1. Distribution of surveys and sites

HEALTH AUTHORITY	SITES		SURVEYS		
	#	%	#	Unweighted %	Weighted %
FHA	4	12%	161	20%	36%
IHA	9	26%	190	23%	16%
NHA	6	18%	101	12%	6%
VCH	5	15%	72	9%	25%
VIHA	10	29%	288	35%	17%
BC Total	34		812		

C. Characteristics of Survey Respondents

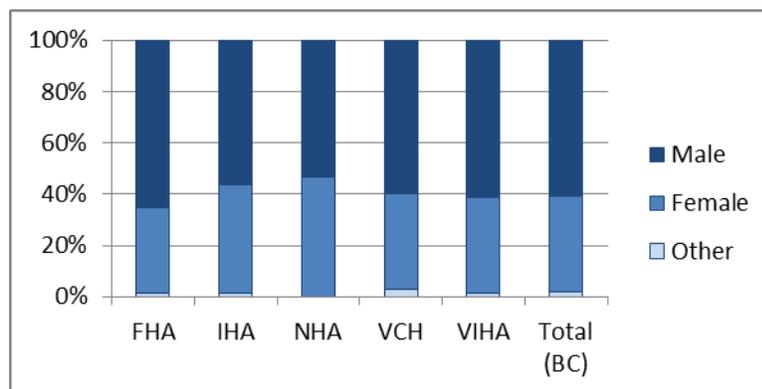
Demographics

The age and gender distributions of survey respondents are summarized in Table 2 and Figure 2, respectively. The “Other” category consisted of Trans* and any other reported gender identity. Overall, the age of respondents ranged from 19 to 76 years. The median age was 43 years overall, and was higher in males (44 years) than females (40 years). Median age was similar in all regions except IHA, where it was lower in males (42 years) and higher in females (45 years). Overall, 60% of respondents were male, and there were more male respondents than female in all HAs. The highest proportion of female respondents were in NHA (47%) and IHA (42%), while the lowest was in FHA (34%). These demographics are quite similar to the sample from the 2014 survey.

Table 2. Age characteristics of survey respondents (in years) (n=774)

HEALTH AUTHORITY	MEDIAN				AGE RANGE
	Overall	Male	Female	Other	
FHA	42	45	40	40	19 - 76
IHA	42	42	45	37	19 - 69
NHA	42	44	40		21 - 65
VCH	42	44	40	40	21 - 70
VIHA	41	44	40	45	19 - 70
Total (BC)	42	44	41	45	19 - 76

Figure 2. Gender distribution of survey respondents (n=812)



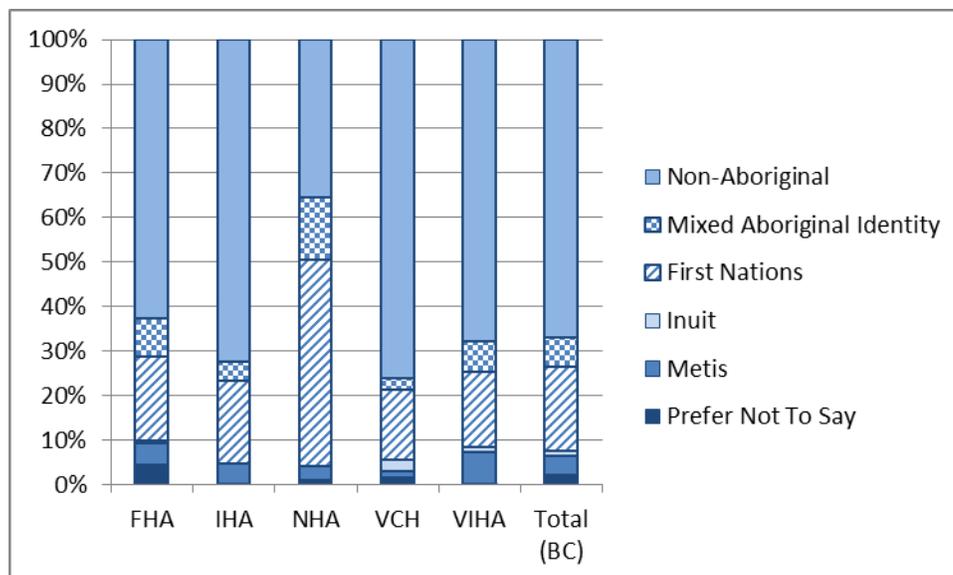
Overall, the majority of respondents (85%) reported their sexual orientation as Straight, with Bisexual comprising the second largest group (7%). This trend was observed in all HAs; however, the proportion identifying as “Gay or Lesbian” or “Queer” varied by HA. These results are summarized in Table 3.

Table 3. Sexual orientation of respondents (n=805)

HEALTH AUTHORITY	SEXUAL ORIENTATION					
	Straight	Bisexual	Gay or Lesbian	Queer	Other	Prefer not to say
FHA	84%	7%	5%	*	3%	1%
IHA	86%	11%	1%	1%	2%	1%
NHA	93%	5%	1%	*	*	1%
VCH	86%	4%	1%	3%	*	6%
VIHA	83%	11%	1%	*	3%	1%
Total (BC)	85%	7%	2%	0%	2%	1%

Overall, 31% of respondents self-reported as Aboriginal Peoples, which is defined as First Nations, Métis and Inuit peoples. A higher proportion of respondents were non-Aboriginal in all HAs except NHA. Of NHA respondents, 63% self-reported as Aboriginal Peoples, compared to a range of 23% to 34% in the other HAs. Across BC, 19% of people self-reported First Nations identity only, while 5% were Metis only, 1% Inuit only and 6% reported mixed Aboriginal Identity (either First Nations and Metis, or First Nations and Inuit). NHA had the highest proportion of First Nations participants (47%), while VIHA had the highest proportion of Metis participants (7%) and VCH had the highest proportion of Inuit participants (3%). These results are summarized below in Figure 3.

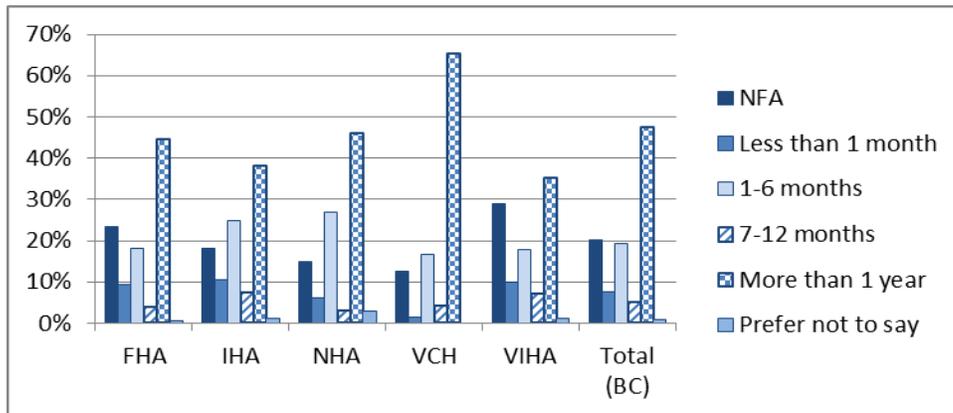
Figure 3. Distribution of Aboriginal Peoples compared to non-Aboriginal people among respondents (n=808)



Housing Stability

Overall, 47% of respondents reported living in their current location for more than one year, with the highest proportion reported in VCH (65%) and the lowest reported in VIHA (35%). Overall, 20% of respondents reported no fixed address (NFA), with the highest proportion reported in VIHA (29%) and the lowest reported in VCH (13%). These results are summarized in Figure 4 below.

Figure 4. Distribution of time living at current address among respondents



D. Recent Reported Substance Use

Nearly all (96%) of survey respondents reported using a substance in the past seven days (see Figure 5; note, the y-axis scale begins at 86%), and is ranged from 93% in VCH to 99% in NHA. Overall, 93% reported using more than one substance in the past seven days, and this ranged from 87% in FHA to 97% in VCH (see Figure 6 – note, the y axis scale begins at 86%). The number of reported substances used ranged from one to fourteen substances, with a median of four substances

Figure 5. Proportion of all respondents reporting recent substance use within the last seven days

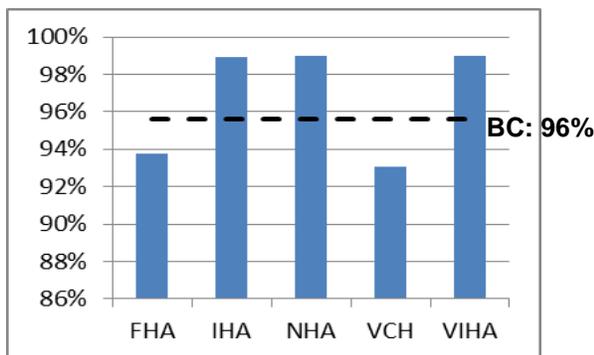
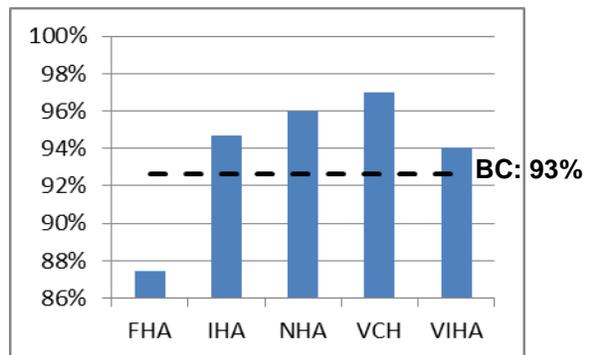


Figure 6. Proportion of respondents reporting using more than one substance in the past seven days among those reporting recent use (n=791)



The ten most reported substances surveyed, excluding tobacco, are summarized in Figure 7. Overall, marijuana (58%), crystal meth (47%), heroin (47%) and alcohol (44%) were the four most commonly reported substances used in the past seven days. Reported substance use patterns varied geographically. Crystal meth was the most commonly reported substance in FHA (65%) after marijuana (62%) while the use of Dilaudid (6%) and morphine (9%) was least reported in this region. The highest reported use of alcohol, marijuana, crack and cocaine were in NHA, which also had the lowest reported use of methadone (12%) and heroin (27%). Marijuana (51%) and heroin (49%) were the most frequent responses in VCH. VCH also had the lowest reported use of crystal meth (22%). IHA has the highest reported use of morphine (39%) and stimulants (11%) across the province. Marijuana (61%) was the most frequent reported substance used in VIHA, followed by heroin (50%) and crystal meth (48%). Overall, 82% of survey respondents reported using tobacco within the past week, and this proportion was highest in NHA (87%) and IHA (86%) and lowest in FHA (79%). Two-thirds of survey respondents (67%) reported using any opioid (including methadone) in the last week, and reported opioid use was lowest in NHA (53%) and highest in VCH (84%) (Figure 8).

Figure 7. Proportion of respondents reporting recent substance use overall and by HA (n=791)

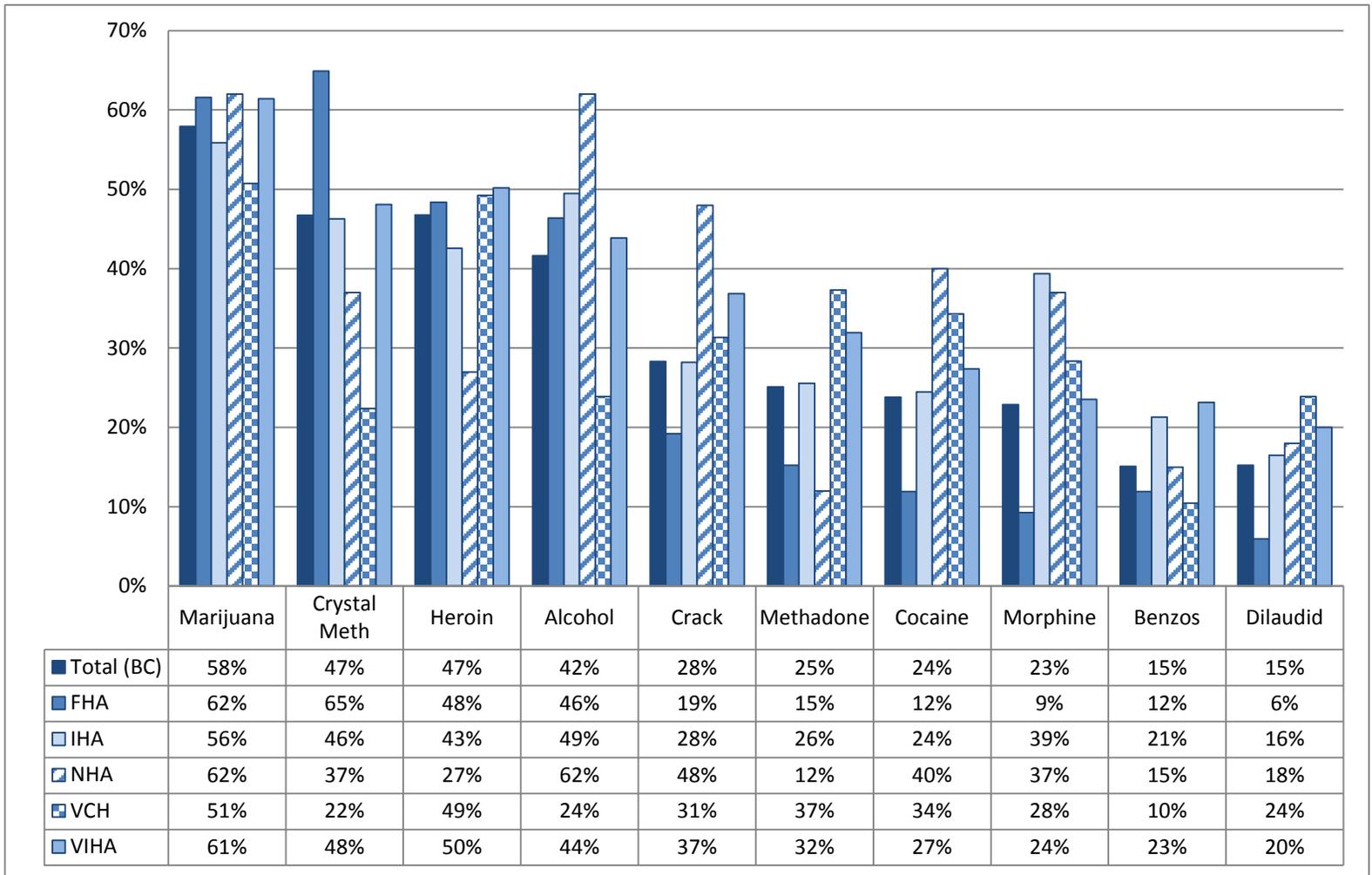
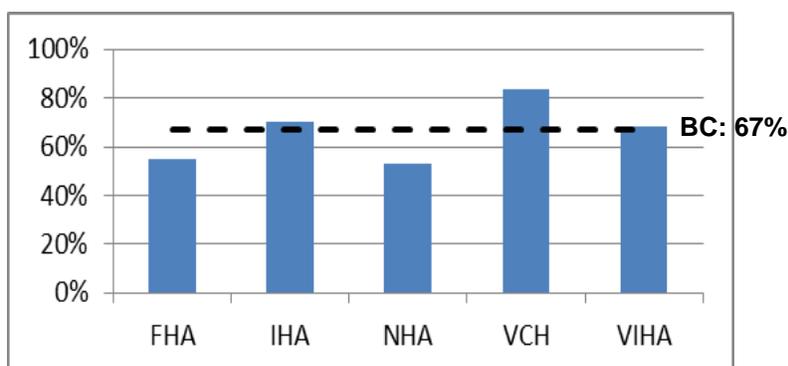
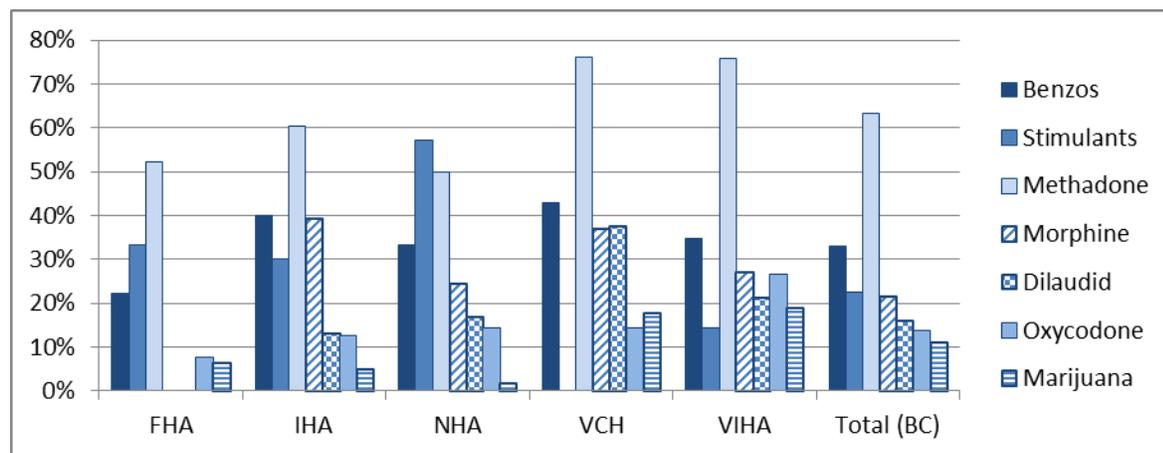


Figure 8. Proportion that reported using any opioid in the week prior to completing the survey (n=791)



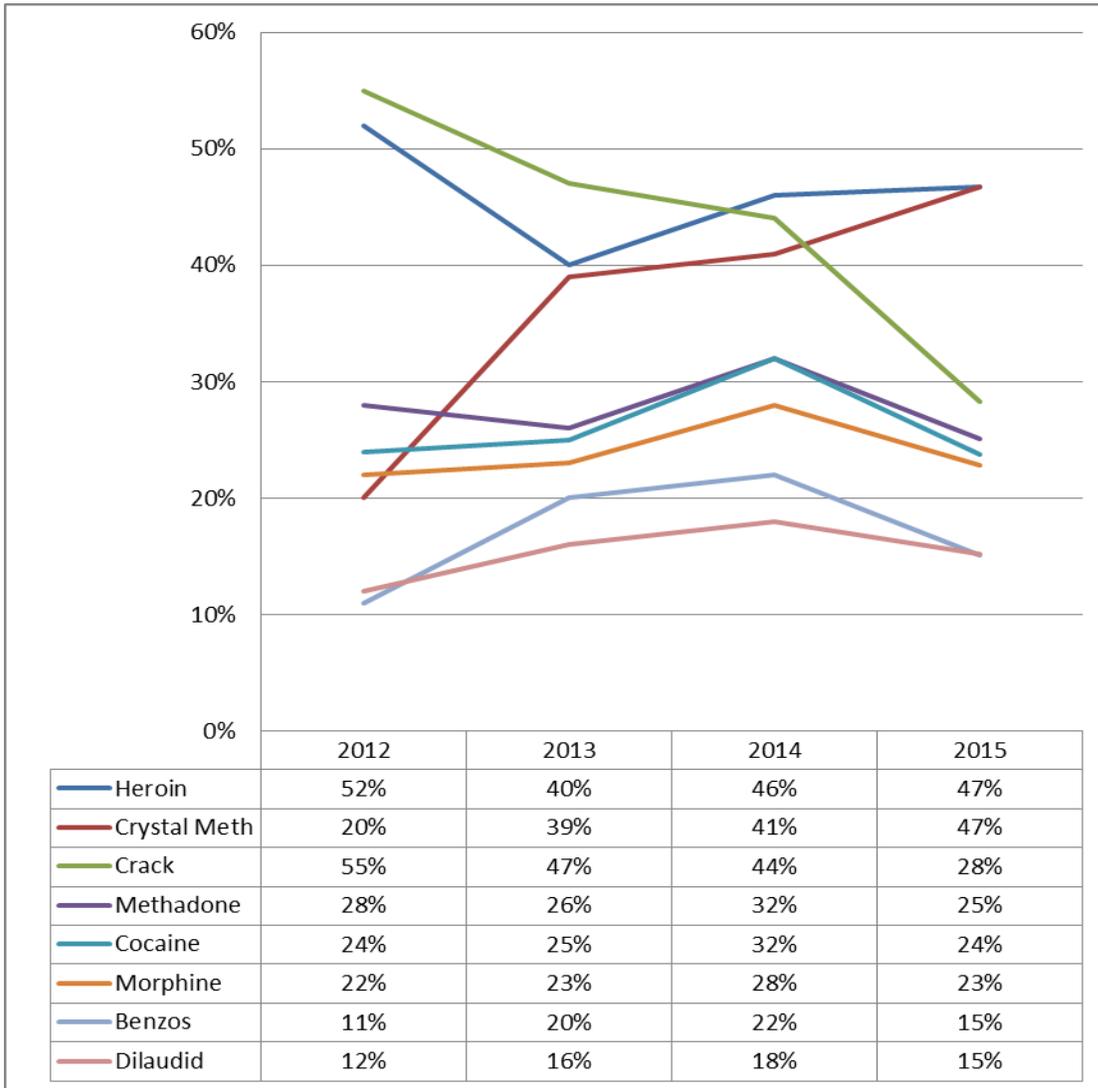
Of the substances surveyed, reported having a prescription for methadone was greatest overall (63%), highest in VCH (76%) and VIHA (76%), and lowest in NHA (50%) and FHA (52%). Reported prescription marijuana use was greatest in VIHA (19%) and VCH (18%); reported having a prescription for morphine use was greatest in IHA (39%) and VCH (37%); reported having a prescription for Dilaudid was greatest in VCH (38%); and reported having a prescription for benzodiazepines were greatest in VCH (43%) and IHA (40%). Prescription substance use was defined as the self-reported use of substances prescribed to the respondent and do not reflect diverted prescription substances. The results of reported prescription substance use are summarized below in Figure 9.

Figure 9. Distribution of recent prescription substance use among respondents (n=791)



When compared to the previous surveys, the proportion reporting crystal meth use has increased and the proportion reporting crack use has decreased. Also of note is that the proportion reporting heroin use was slightly lower (40%) in 2013 and close to 50% for the remaining years, as seen in Figure 10 below; however, these differences may simply reflect differences in methodology between the surveys (time of year, number and geographical distribution of survey sites), rather than true increases or decreases in use. It is also worth mentioning that due to the unregulated nature of the illicit drug market, self-reported substance use may not reflect the actual substances used.

Figure 10. Change in the proportion of survey respondents reporting recent substance use between the 2012-2015 surveys on drug use among harm reduction clients in BC. Comparison involved weighting by HSDA population



Fentanyl Use

Overall 19% of respondents reported intentionally using fentanyl in any form (pills, patches and powders) in the past 6 months. The lowest proportion was in VCH (11%) and the highest in VIHA (24%). Overall, 10% of participants reported using fentanyl in powder form; this was lowest in VCH (1%) and highest in FHA (17%). The proportion of respondents using fentanyl in the form of pills and patches was the same at 5% overall. These results are summarized in Figure 11 below. Overall 60% of respondents reported using fentanyl by injection only, while 11% reported smoking only and 21% reported using in other ways (including multiple modes of ingestion) (Figure 12).

Figure 11. Proportion of respondents reporting intentional use of fentanyl in the past 6 months (n=812)

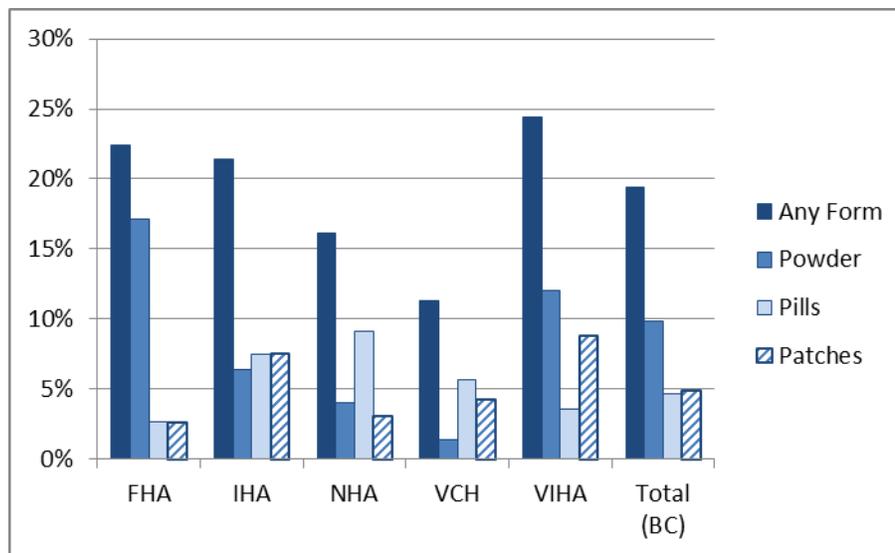
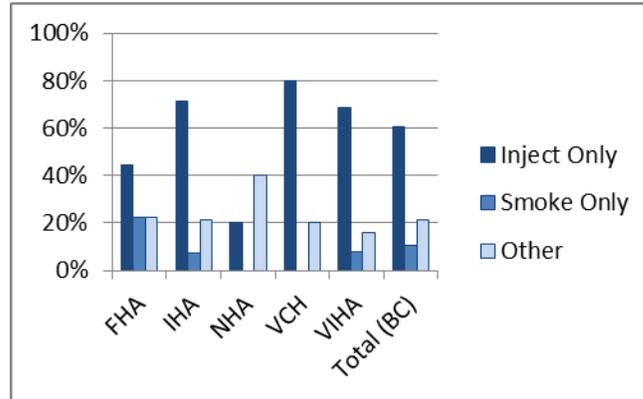


Figure 12. Proportion of respondents consuming fentanyl by injecting, smoking, or other means among respondents reporting intentional fentanyl use in the past 6 months and fentanyl use in the past week. (n=80)



E. Harm Reduction Site Use

Getting to the Harm Reduction Site

Most survey respondents (79%) reported living in the same community as the HR supply distribution site at which they completed the survey (Figure 13). VIHA (96%) and NHA (94%) had the highest proportion of respondents from the same community as the site while FHA had the lowest proportion of respondents from the same community as the site (69%). Walking was the most common method of transportation to the HR supply distribution site both overall (51%) and in each HA (Figure 14). The highest proportion reporting bicycling was in FHA (20%) while driving to or being driven to the harm reduction site was most common in IHA (28%) and NHA (25%). The highest proportion reporting using public transportation and mobile site/outreach services was in VCH at 17% and 25%, respectively.

Figure 13. Proportion living in the same community as the HR site (n=807)

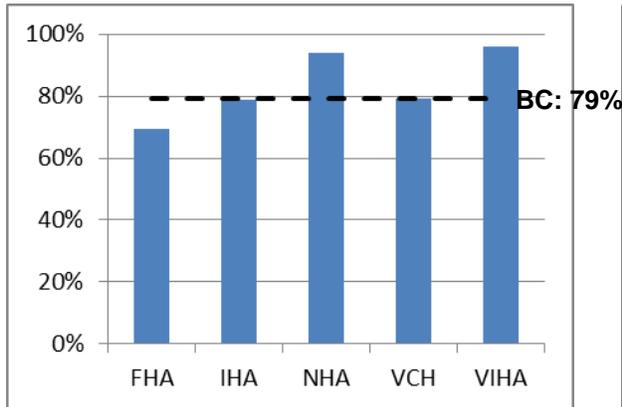
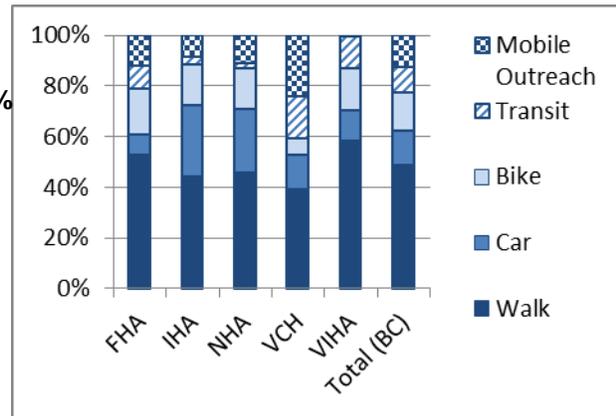
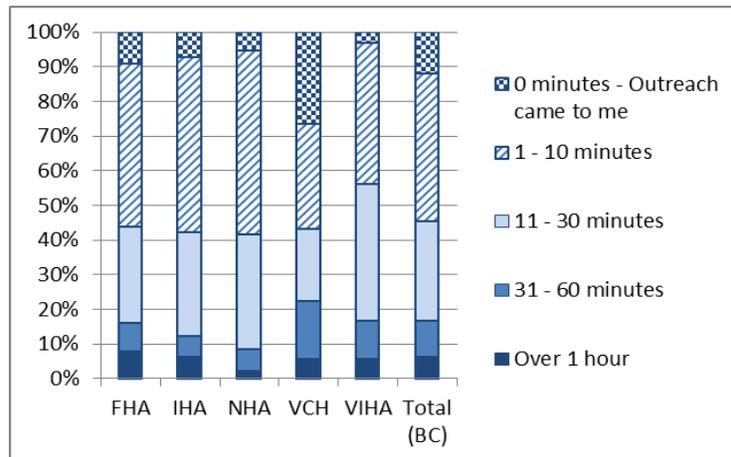


Figure 14. Method of getting to the HR site on the day of the survey (n=796)



Overall, 42% of respondents traveled under ten minutes to the HR supply distribution site, and this was also the majority across each HA. Proportions reporting traveling 31-60 minutes or greater than one hour were similar in all regions (6-8%) except NHA (2%). The results of travel time to the HR supply distribution site are summarized in Figure 15 and Appendix C below.

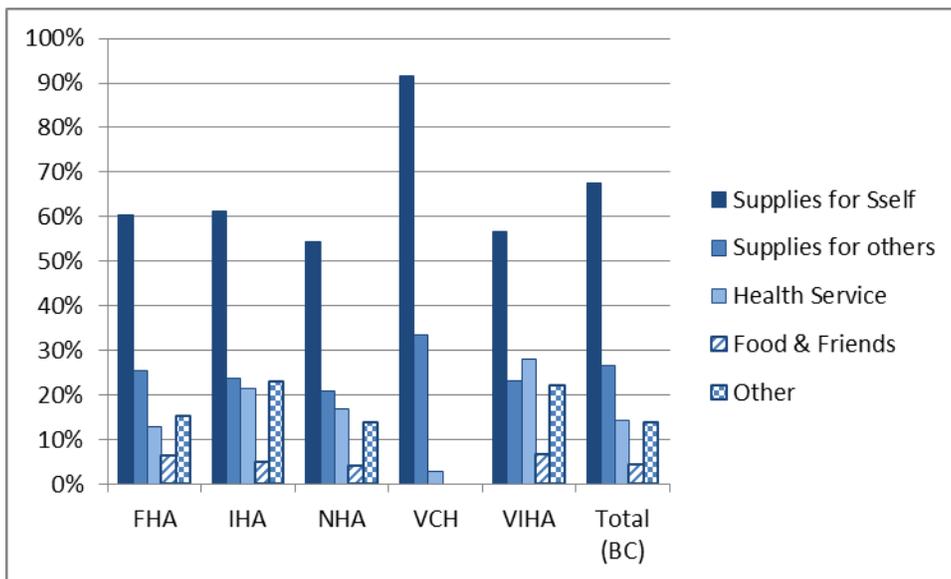
Figure 15. Proportion of travel time to reach HR sites among respondents (n=793)



Supply Pickup

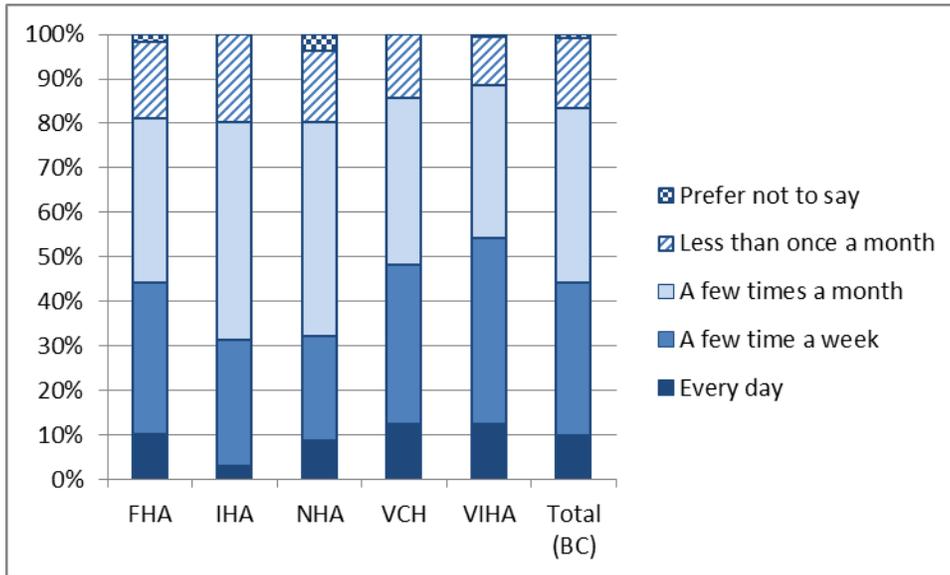
The greatest proportion of all respondents (68%) reported picking up supplies for themselves as their reason for accessing the HR supply distribution site, and this was also true for each HA. Other reasons for accessing HR supply distribution sites varied across HAs. Picking up supplies for others was the second greatest reported reason in all regions except VIHA, where the next greatest reason was accessing a health service. In every region except VCH, 4-6% of respondents came to the site for social reasons – to meet friends or eat a meal. These results are summarized in Figure 16 below (note: results are not mutually exclusive and do not sum to 100% as respondents were encouraged to choose all answers that applied).

Figure 16. Reasons that respondents accessed HR sites (n=798)



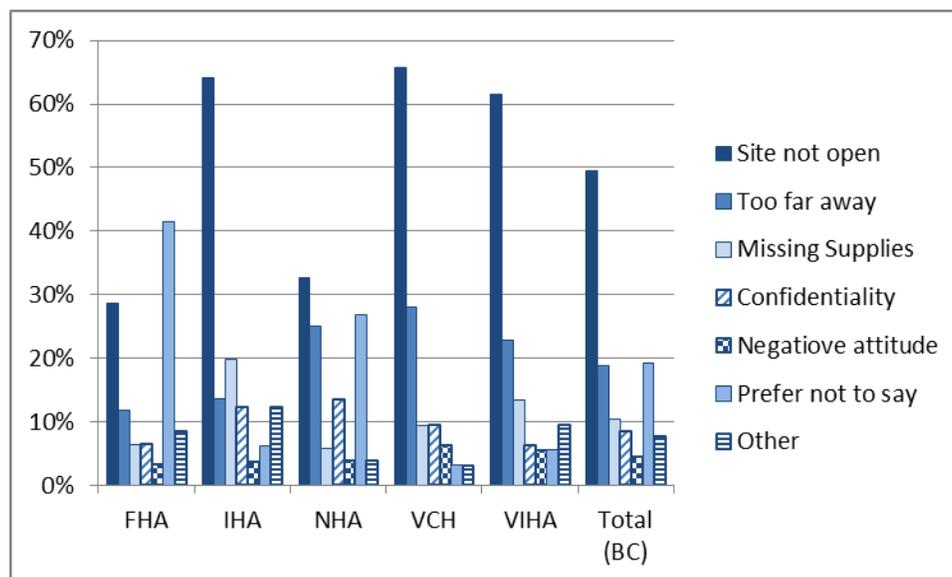
Overall, the largest proportion (39%) of all respondents reported accessing HR supply distribution sites about once a month, while 34% reported accessing supplies once a week. VCH and VIHA reported the highest proportion of respondents accessing HR supply distribution sites every day (13% and 12%, respectively) while IHA reported the lowest (3%). IHA and NHA reported the highest proportion that accessed HR supply distribution sites once a month (49% and 48% respectively). These results are summarized in Figure 17 below.

Figure 17. Distribution of the frequency that respondents accessed HR sites (n=623)



Nearly all participants who picked up supplies in the past month reported some difficulty in accessing supplies. Of those that reported difficulty accessing HR supplies (n=623), the largest proportion (49%) reported the reason for the difficulty was that the HR supply distribution site was closed. A smaller proportion of respondents from FHA and NHA reported difficulty because the site was closed (29% and 33%, respectively) compared to the BC total. IHA had the highest proportion of respondents who reported that the site didn't have the supplies the respondent was looking for (20%), compared to the BC total (10%). The largest proportion of respondents reporting that the site was too far away was in VCH (28%) while the lowest proportion was in FHA (12%). NHA and IHA respondents reported concerns about confidentiality (13% and 12%, respectively) greater than the BC average (8%). This may reflect that within these small communities there may only be one HR site, whereas in larger communities PWUD may visit sites outside of their neighbourhood or rotate between sites. Regional variations for other reasons are noted, as summarized in Figure 18 below. Both FHA and NHA had a high proportion of respondents that did not prefer to reveal why they experienced difficulty accessing supplies, at 41% and 27% respectively, compared to the other regions (3%-6%)

Figure 18. Reasons for difficulty reported among respondents that reported difficulty accessing HR supplies (n=623)



Feelings of Respect

When respondents were asked how respected they felt by the staff at the HR site, the majority of all respondents (91%) reported that they did feel respected. The HA with the largest proportion of respondents who reported feeling respected was VCH (99%) while the HA with the lowest proportion was FHA (84%). These results are summarized in Table 4 below.

Table 4. Proportion of respondents that felt respected when accessing HR supplies

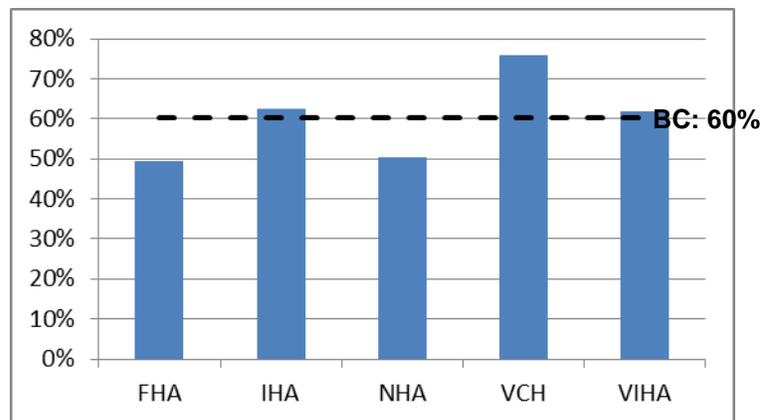
Health Authority	FEELINGS OF RESPECT				
	Yes	Sometimes	No	I don't know	Prefer not to say
FHA	84%	7%	4%	4%	1%
IHA	92%	4%	*	3%	1%
NHA	92%	4%	1%	1%	2%
VCH	99%	1%	*	*	*
VIHA	92%	6%	1%	1%	*
Total (BC)	91%	5%	2%	2%	0%

F. Access to Harm Reduction Supplies

Needles: Injection Drug Use, Needle Availability and Sharing

Overall, 60% of respondents reported injecting any substance within the past week (Figure 19). The proportion of respondents that reported recent injection was highest in VCH (76%) and lowest in FHA (49%) and NHA (50%).

Figure 19. Proportion of respondents reporting recent injection (n=803)



Of respondents reporting recent injection substance use (n=477), 21% reported having difficulty finding new rigs (needles) within the past month (Figure 20). The proportion of respondents that reported difficulty finding new rigs was highest in VIHA (29%) and FHA (26%), and similar in the remaining regions (12%-14%). Of respondents that experienced difficulty finding new rigs (n=90), the most common reported barrier was that the HR supply distribution site was closed (59%). These results are summarized in Table 5 below.

Figure 20. Respondents reporting difficulty finding new rigs among respondents reporting injection reported substance use (n=477)

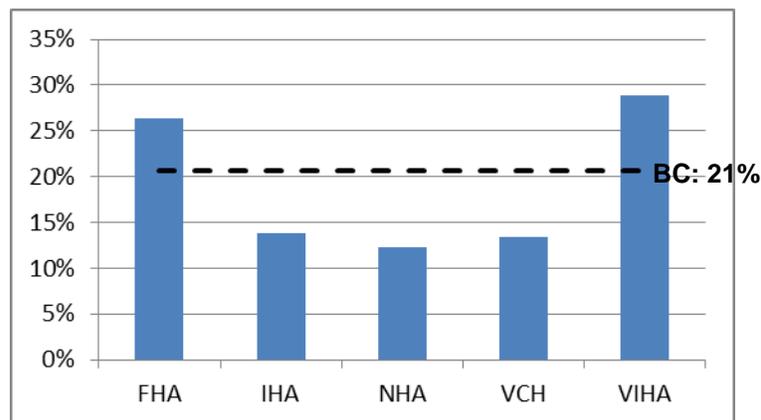
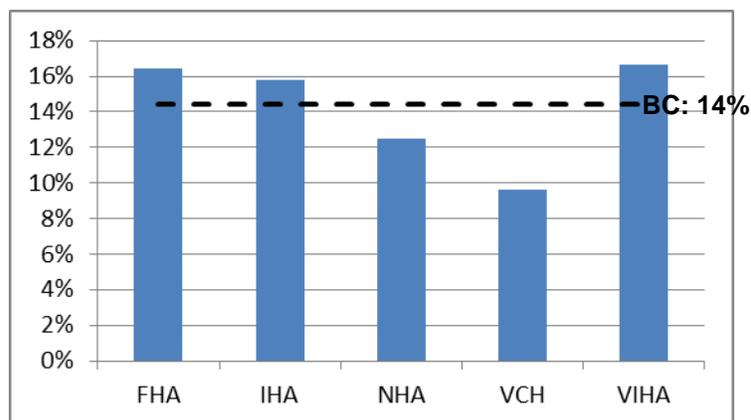


Table 5. Reason of difficulty picking up new rigs among respondents reporting recent injection drug use (n=248)

Health Authority	Reasons for Difficult Finding New Rigs				
	Site not Open	Site too far away	Concerns about confidentiality	Negative attitude (staff)	Supplies not available
FHA	59%	24%	12%	*	*
IHA	64%	43%	29%	21%	7%
NHA	50%	25%	*	*	*
VCH	43%	43%	29%	14%	*
VIHA	82%	32%	11%	8%	3%
Total (BC)	59%	33%	18%	8%	2%

Overall, 14% of respondents reported injecting with a needle previously used by another individual in the past month (Figure 21). The proportion was highest in FHA (13%) and lowest in VCH (8%).

Figure 21. Respondents that reported injecting with a needle previously used by another individual in the past month

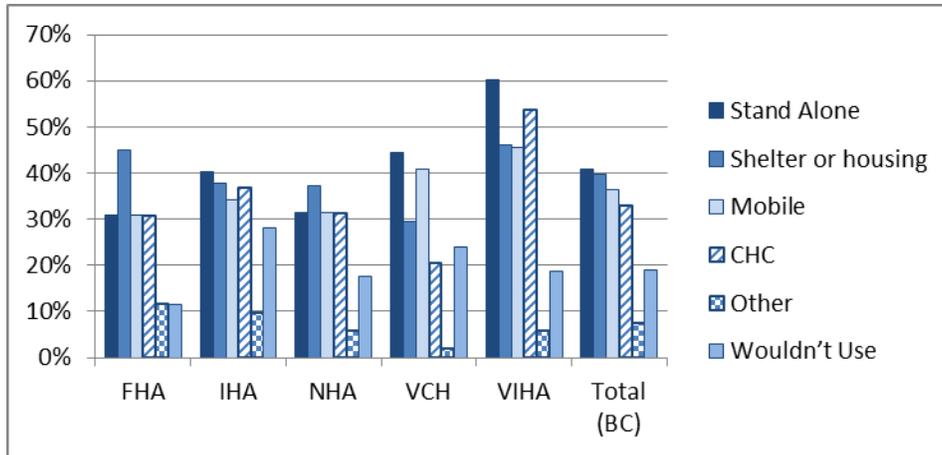


Supervised Injection Services (SIS)

Overall, 61% of all respondents reported they would be willing to use a supervised injection service in any format if it was made available to them. This was highest in VIHA (74%) and lowest in FHA and IHA at 57%. Of all respondents who reported injecting in the past month, overall 74% were willing to use a supervised injection service in any format. This was highest in VIHA and NHA at 83% and lowest in FHA and IHA at 71%. Of respondents who reported injecting any drug in the past month, most would prefer using a stand alone facility (like Insite) or a service within a shelter or housing facility (41% and 40%, respectively). VCH had the lowest proportion of respondents who would use SIS within a community health centre (20%) compared

to a BC total of 33%. IHA had the highest proportion of respondents who would not use SIS (28%), while FHA had the lowest (12%). These results are shown in Figure 22 below

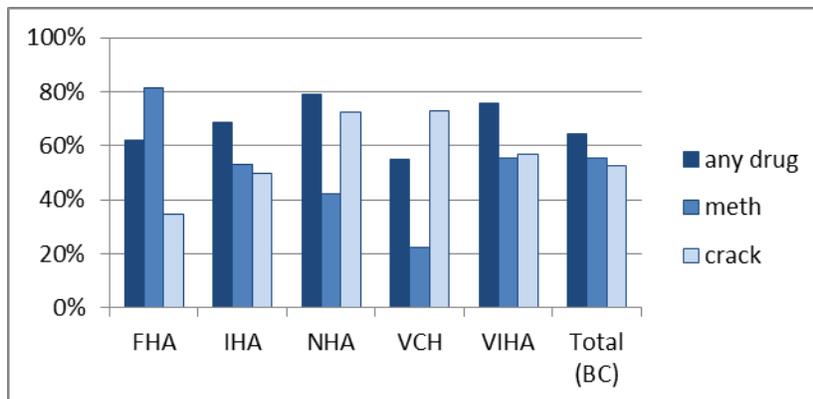
Figure 22. Proportion of respondents willing to use a supervised injection service in the given settings of respondents who reported injecting any drug in the past month (n=468)



Pipes: Use, Availability and Sharing

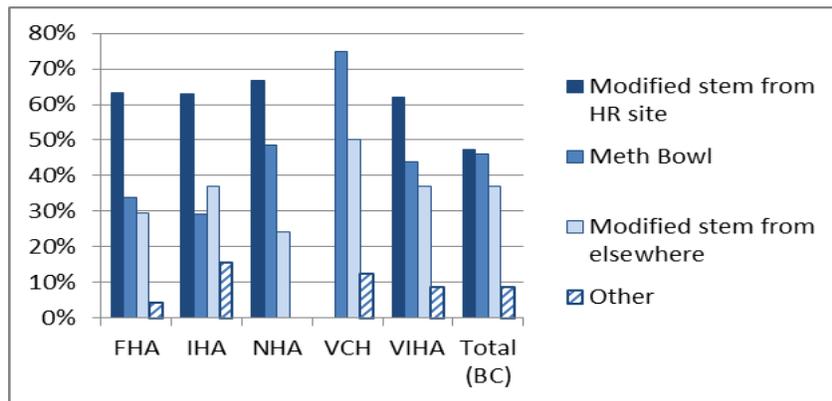
Overall, 65% of all respondents (n=812) reported using a pipe to smoke any drug; this was lowest in VCH (55%) and highest in NHA (79%) and VIHA (76%). Of the respondents who reported using a pipe (n=555), 55% of respondents overall reported using a pipe to smoke crystal meth while 53% reported using a pipe to smoke crack. The proportion of respondents that reported using a pipe to smoke crystal meth was greatest in FHA (82%) and lowest in VCH (22%), while the proportion of respondents reporting using a pipe to smoke crack was greatest in VCH (73%) and NHA (72%) and lowest in FHA (34%). These results are summarized in Figure 23 below

Figure 23. Proportion of respondents reporting using a pipe to smoke any drug, crystal meth or crack in in the last month



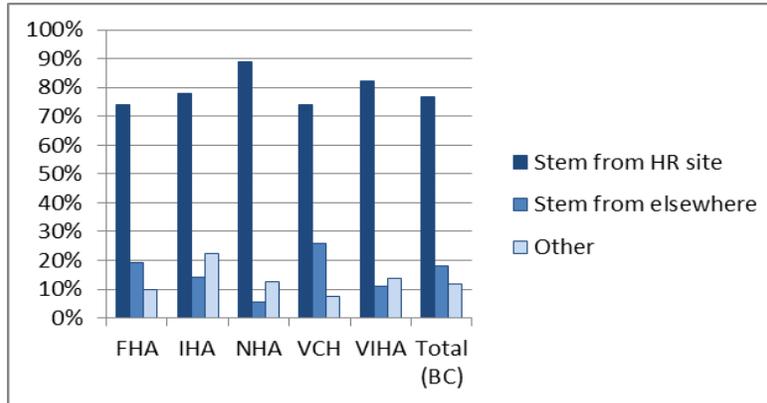
Overall, of respondents reporting using a pipe to smoke crystal meth in the past month (n=293), the greatest proportion reported using a modified glass stem (Pyrex) acquired from a HR supply distribution site (47%) or using a meth bowl (46%). In all regions except VCH, most respondents (62%-67%) used a modified glass stem (Pyrex) acquired from a HR site; in VCH most respondents reported using a meth bowl (75%) or using a modified glass stem acquired elsewhere (head shop, corner store, pipe seller) (50%). These results are summarized in Figure 24 below. It is worth mentioning that safer smoking supplies are not provided at all HR supply distribution sites and regional variations may reflect this. Furthermore, during the time of the survey very few sites were providing pipes shaped specifically for smoking crystal meth, necessitating users to modify glass stems that were intended for crack use.

Figure 24. Crystal meth smoking pipe material used among the proportion of respondents reporting smoking crystal meth (n=293)



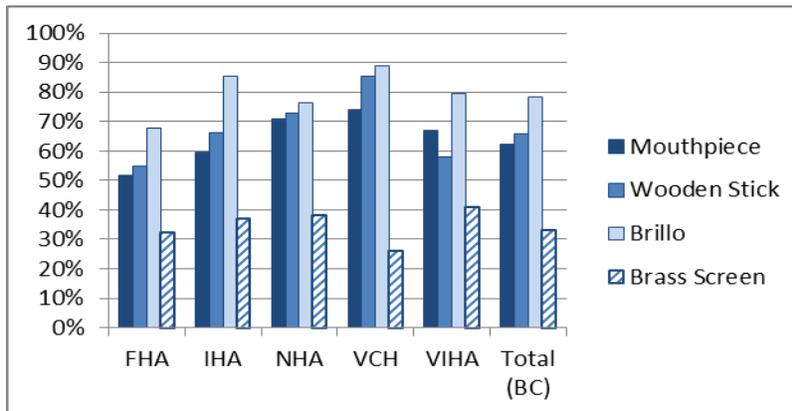
Overall, of respondents reporting using a pipe to smoke crack in the past month (n=294), the greatest proportion reported using a glass stem (Pyrex) acquired from a HR supply distribution site (77%). This proportion was greatest in NHA (89%) and lowest in FHA and VCH (74%). Overall, of respondents reporting smoking crack with a pipe in the last month, 14% reported using another material as a pipe. This proportion was greatest in IHA (22%). Again, it is worth mentioning that not all HR distribution supply sites sampled for the survey provided glass stems. These results are summarized in Figure 25 below.

Figure 25. Crack smoking pipe material used among the proportion of respondents reporting smoking crack (n=294)



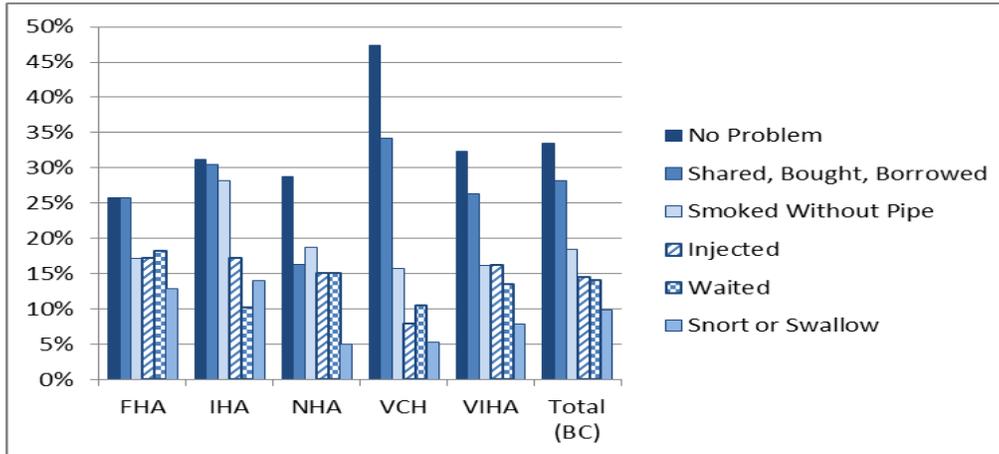
Overall, of respondents that reported smoking crack with a pipe (n=287), 78% used Brillo compared to 33% that used a brass screen supplied from a HR supply distribution site. The proportion of respondents that reported using Brillo was highest in VCH (89%) and IHA (85%). The proportion of respondents that reported brass screen use was lowest in VCH (26%). Overall, the reported use of a wooden push stick was 66%. The proportion of respondents reporting the use of a wooden push stick was greatest in VCH (85%) and lowest in FHA (55%) and VIHA (58%). These results are summarized in Figure 26 below.

Figure 26. Crack smoking pipe supplies used among the proportion of respondents reporting smoking crack (n=287)



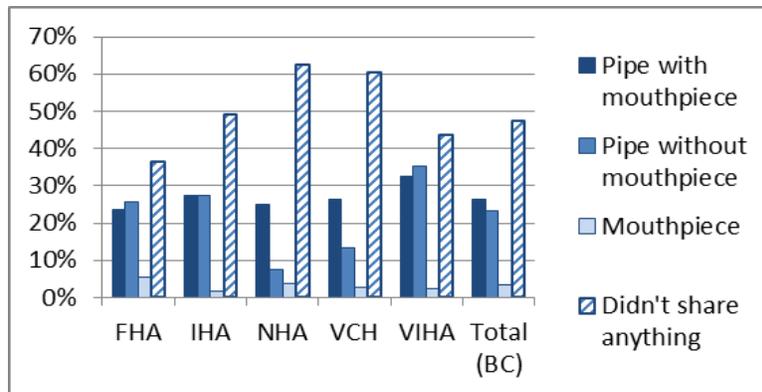
Of respondents reporting using a pipe to smoke any drug (n=555), overall 33% reported no problem acquiring a pipe. This was highest in VCH (47%) and lowest in FHA (26%). When respondents could not get a new or unused pipe, 28% of respondents shared, bought or borrowed a pipe overall, while 19% smoked without a pipe and 15% injected. The highest proportion of respondents who smoked without a pipe were in Interior (28%) compared to the BC total (19%). The proportion of respondents who opted to inject when a new or unused pipe was not available was lowest in VCH (8%). These results are summarized in Figure 27 below.

Figure 27. Method of reported substance use among respondents unable to acquire an unused pipe (n=555)



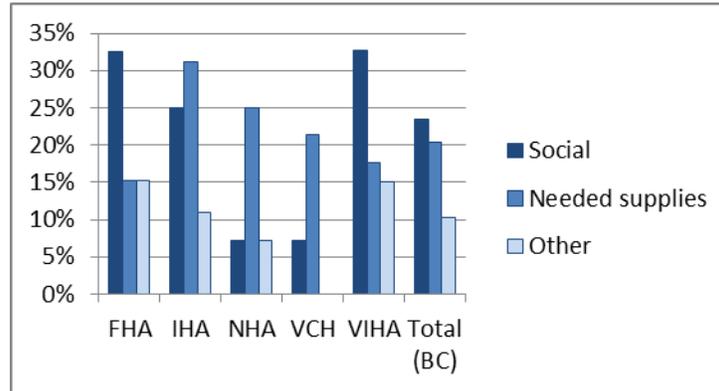
Of respondents who reported smoking any substance with a pipe in the last month (n= 555), the majority (47%) reported not sharing, lending or selling a pipe and/or mouthpiece. This proportion was greatest in NHA (63%) and VCH (61%) and lowest in VIHA (39%). Of respondents reporting smoking any substance with a pipe in the last month, overall 26% reported sharing, lending or selling a pipe with mouthpiece, while 23% reported sharing, lending or selling pipe without a mouthpiece. These results are summarized in Figure 28 below.

Figure 28. Proportion of respondents reporting sharing, lending or selling a mouthpiece or pipe in the last month (n=555)



Of respondents that reported smoking any substance in the past month and sharing used supplies (n=271), 24% reported that they did so to be social, while 20% of respondents reported that they did so because they needed supplies. VCH and NHA had the lowest proportion of respondents who shared supplies to be social (7%) while FHA and VIHa has the highest (33%). At 31%, IHA had the highest proportion of respondents who shared used supplies because they needed supplies. These results are summarized in Figure 29 below.

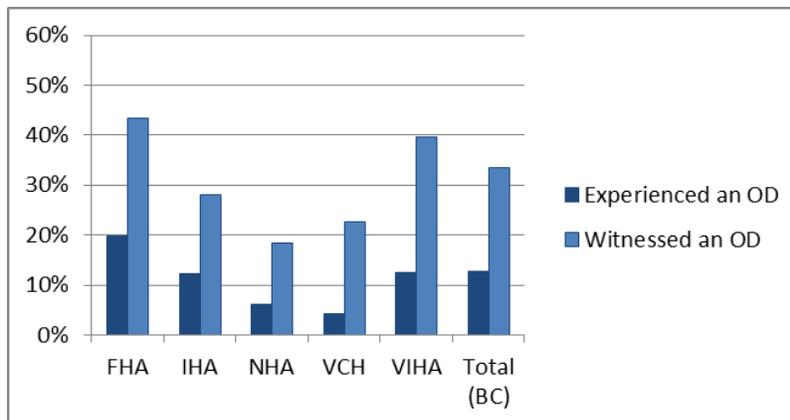
Figure 29. Reason for sharing any used smoking supplies among the proportion of respondents that smoked reported substance with used supplies in the past month (n=271).



G. Overdoses

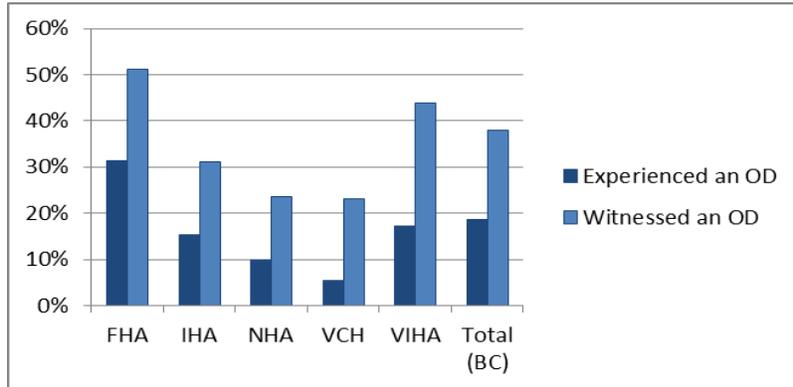
Of all respondents, 13% reported experiencing an opioid overdose (OD) in the six months prior to completing the survey. The proportion reporting opioid OD was highest in FHA (20%) and lowest in VCH (4%) and NHA (6%). Overall, 34% of all survey respondents reported witnessing an opioid OD in the 6 months prior to completing the survey. The highest proportion of witnessed opioid ODs was reported in FHA (43%) and VIHA (40%), while the lowest proportion of witnessed opioid ODs was reported in NHA (18%). These results are summarized in Figure 30 below.

Figure 30. Proportion of all survey respondents that reported having experienced and witnessed an opioid overdose in the 6 months prior to completing the survey, overall and by health authority (n=787)



Of respondents who reported using at least one opioid (n=519), overall 19% reported experiencing an opioid overdose (OD) in the six months prior to completing the survey. The highest proportion was in FHA (31%) while the lowest was in VCH (5%). Of respondents who reported using at least one opioid (n=519), overall 38% reported witnessing an opioid overdose in the 6 months prior to completing the survey. This proportion was highest in FHA (51%) and lowest in VCH (23%) and NHA (24%). These results are summarized in Figure 31 below.

Figure 31. Proportion of respondents reported using at least one opioid who reported having experienced and witnessed an opioid overdose in the 6 months prior to completing the survey, overall and by health authority (n=519)



Of respondents that experienced an opioid OD (n=86), the proportion that reported receiving naloxone, an opioid-antagonist/reversal agent, varied considerably across HAs. Overall, 9% of respondents reported receiving naloxone; this proportion was highest in FHA (15%) and lowest in VCH (2%). Naloxone was administered by paramedics in 54% of cases where respondents reported receiving naloxone for an opioid overdose in the past 6 months (n=41). These results are summarized in Figure 32 and Table 6 below.

Figure 32. Proportion of naloxone administered among respondents that reported experiencing an OD event (n=86)

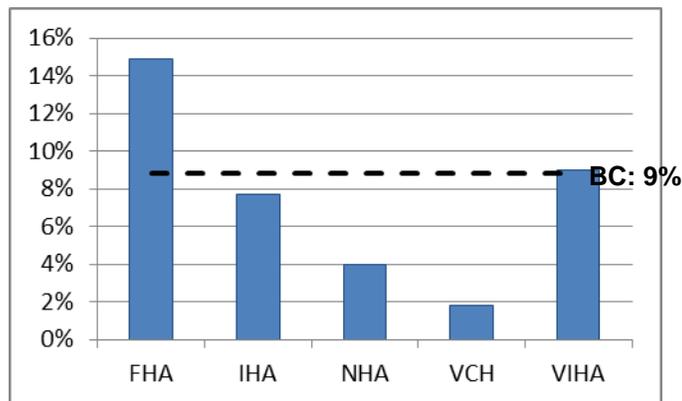


Table 6. Person who administered naloxone

Health Authority	Naloxone Administered by				
	Paramedic	Housing worker	Friend	Stranger who happened to be there	Don't know
FHA	73%	9%	9%	*	9%
IHA	50%	*	40%	*	10%
NHA	100%	*	*	*	*
VCH	0%	100%	*	*	*
VIHA	82%	6%	6%	6%	*
Total (BC)	54%	30%	11%	1%	5%

Of respondents that reported witnessing an opioid OD in the past six months (n=262), overall 17% reported administering naloxone (Figure 33). The proportion was lowest in VCH (7%) and highest in IHA (24%). Overall, of respondents that did not administer naloxone, the most common reason was not having naloxone available (53%), followed by not knowing how to use naloxone (30%). Lack of naloxone was identified by the most respondents in NHA and VCH (78% and 75%, respectively). FHA had the highest proportion of respondents who witnessed an opioid overdose but did not know how to use naloxone (51%) while IHA had the smallest proportion (6%). In all regions except NHA, some respondents cited someone administering naloxone or 911 being called/ambulance on scene as the reason for not administering naloxone despite witnessing an opioid OD. These results are summarized in Figure 34 below.

Figure 33. Proportion of respondents reported administering naloxone among respondents that reported witnessing an opioid OD in the past 6 months.

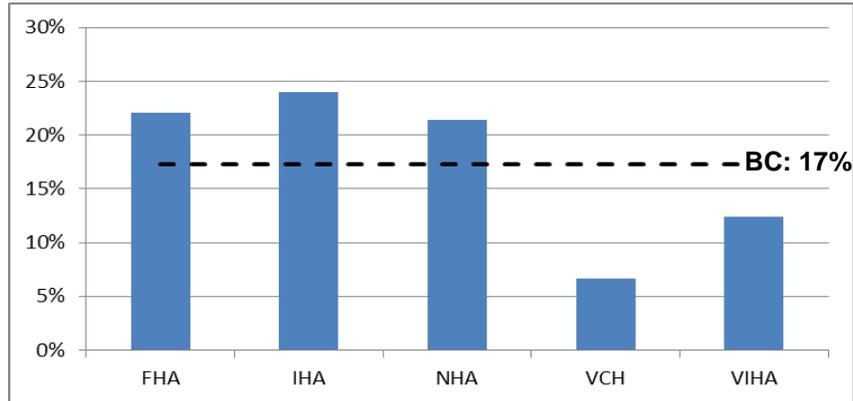
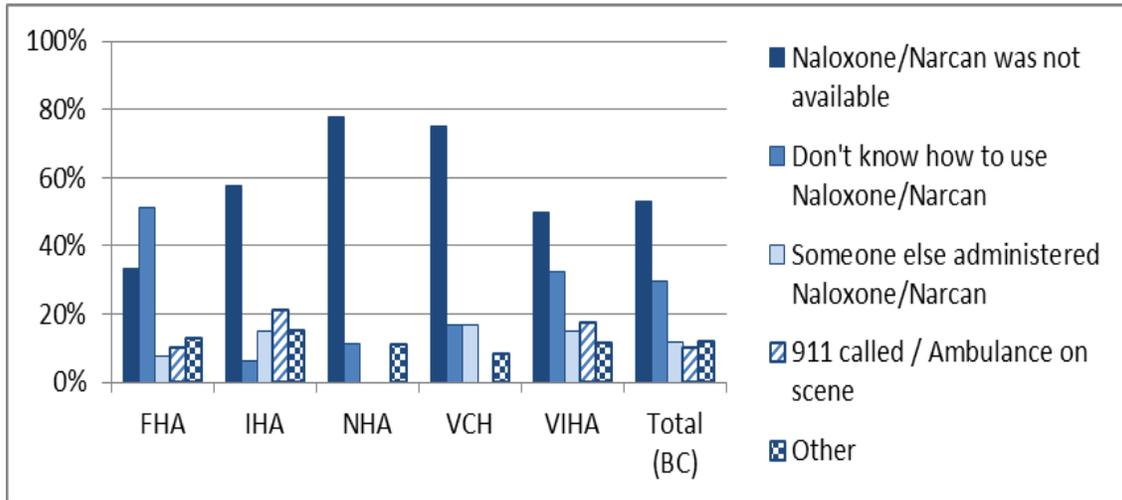
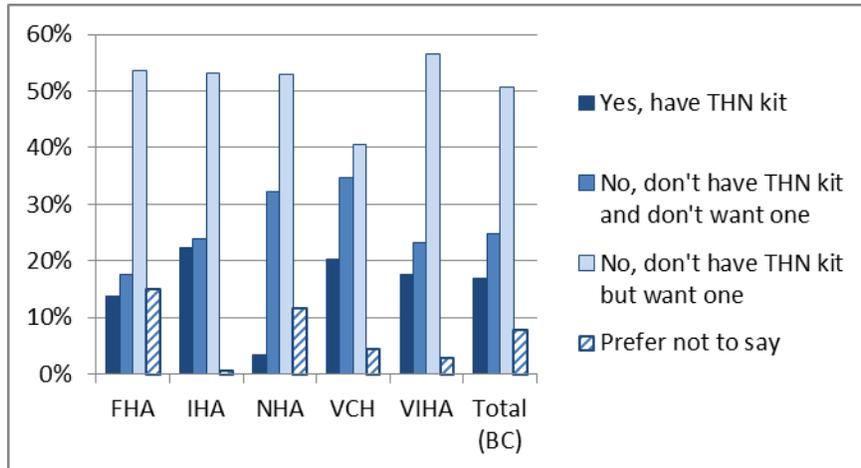


Figure 34. Proportion of respondents who reported various reasons for not administering naloxone among respondents who reported witnessing an opioid OD in the past 6 months



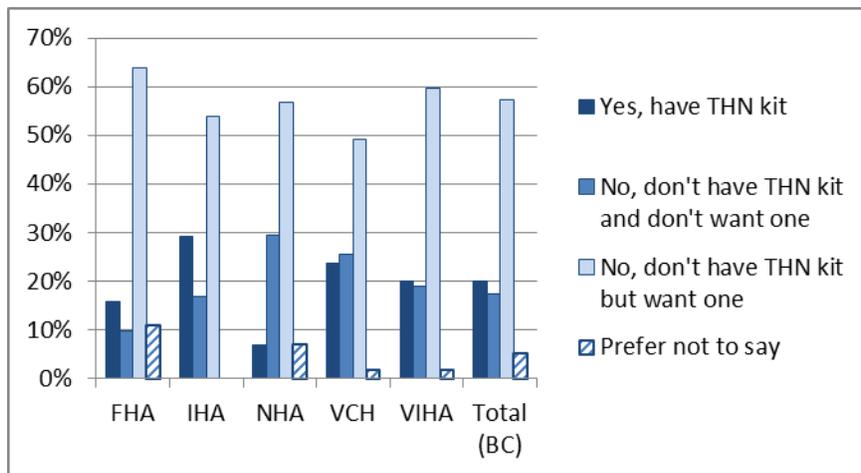
Of all respondents, 17% reported having a take home naloxone kit (Figure 35). This proportion was greatest in IHA (22%) and lowest in NHA (3%). Overall, 51% of respondents reported not having a kit but wanting one; this was similar in all regions (53%-56%) except VCH (46%). Overall 25% of all respondents did not and did not want a THN kit; this was highest in VCH (35%) and NHA (32%) and lowest in FHA (18%).

Figure 35. Proportion of all respondents reported having or wanting a take home naloxone (THN) kit



When restricted to respondents who reported using at least one opioid in the past week, overall 20% reported having a THN kit; the greatest proportion was in IHA (29%) while the lowest was in NHA (7%) (Figure 36). Overall, 57% of respondents reported not having a kit but wanting one; this was highest in FHA (64%) and lowest in VCH (49%). Overall 17% of respondents did not have and did not want a THN kit; this was highest in NHA (30%) and lowest in FHA (10%).

Figure 36. Proportion of all respondents reported having or wanting a take home naloxone (THN) kit among respondents who reported using at least one opioid in the past week

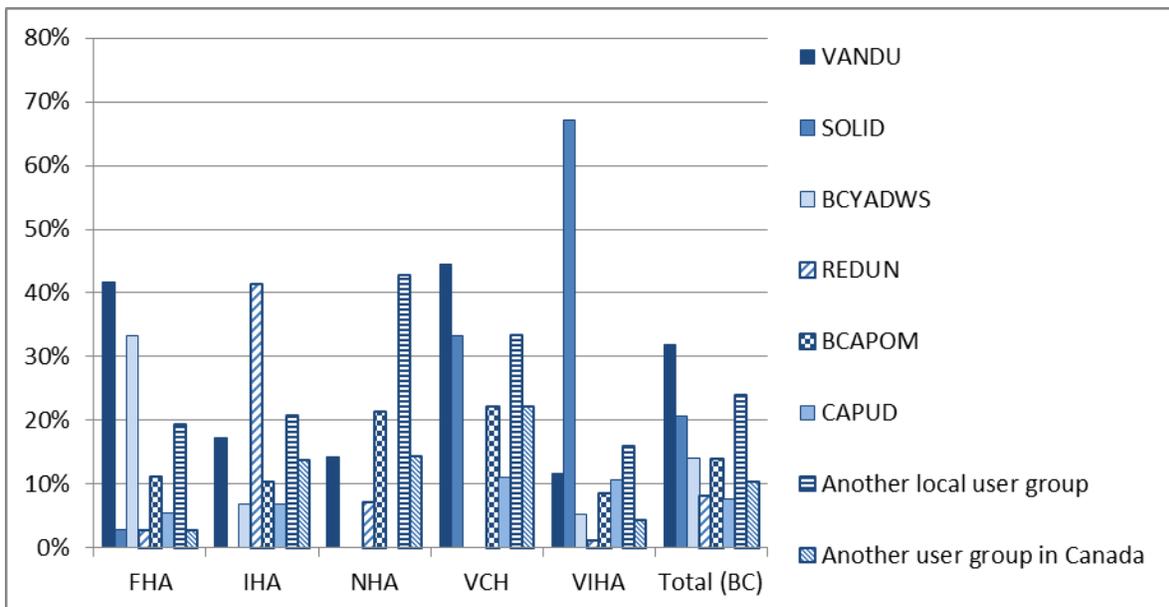


H. Peer Groups

Overall, 20% of all respondents reported being involved with at least one grassroots drug user group in the last year. The highest proportion was in VIHA (33%) while the lowest was in VCH (13%), While most respondents were only involved with one user group, overall 3% of respondents were involved in 2-5 user groups. The lowest proportion involved in two or more user groups was in NHA (0%) while the highest was in VIHA (6%).

Of respondents who reported being involved in at least one user group (n=182), overall 8% of respondents reported being involved with CAPUD; this ranged from 0% in NHA to 11% in both VIHA and VCH. The majority of respondents were involved with a user group based in their own region. For instance, the highest proportion of respondents involved with REDUN (based in Nelson) were from IHA (41%); the highest proportion of respondents involved in BCYADWS (based in Surrey) were from FHA; the highest proportion of respondents involved with SOLID (based in Victoria) were from VIHA (67%). While respondents from all regions reported being involved with VANDU, the highest proportion were from VCH (44%) and FHA (42%). The proportion of respondents involved with BCAPOM ranged from 22% in VCH to 9% in VIHA. These results are summarized in Figure 37 below

Figure 37. Proportion of respondents involved with various grassroots drug user groups among respondents who reported being involved with at least one drug user group in the past year (n=182)



LIMITATIONS

The survey was administered to 812 clients at 34 harm reduction distribution sites which were identified by the regional harm reduction coordinator and were willing to participate in the study. Details of clients who declined to participate could not be collected due to work load at the sites; however sites generally reported few refusals. Individuals aged 18 and under were excluded. Participants were offered assistance to complete the survey which may have introduced bias in some responses. Thus our results may not be generalizable to all people who use drugs in BC. Some participating sites differed from previous years so results may not be directly comparable over time. Some sites shared that survey administration led to improved client engagement and ability to address client issues or refer clients to services.

RECOMMENDATIONS

The order of the recommendations below are based on the order they appear in the survey and in this report. The order does not reflect the priority of the recommendation:

- **Sites should provide HR supplies based on the documented regional drug use trends.**
 - Overall crystal meth use continues to rise while crack cocaine use declines; 47% of respondents reported heroin use and 47% reported crystal meth use. Page 14
- **Although intentional reported fentanyl use was low further research into fentanyl use is warranted to identify true prevalence of use.**
 - Reported intentional fentanyl use by participants was <20%; however in the light of recent Coroners reports regarding increased fentanyl detection in illicit drug deaths³ and a study where >70% of those in whom fentanyl was detected did not knowingly take it⁴, Page 14
- **Expanding HR site operating hours, increasing the number of locations or creating mobile sites, and taking steps to respect client confidentiality may improve access to the HR sites.**
 - Nearly all participants reported some level of difficulty accessing HR supplies. Page 21
- **Given the high acceptability of SIS in a variety of settings and the current overdose epidemic, health authorities should pursue actions to set up supervised injection sites based on community needs and acceptability.**
 - Of respondents who reported injecting in the past month 74% were willing to use a supervised injection service. Page 24
- **Reassess safer smoking educational materials and supplies including availability of meth pipes.**
 - About 15% of people chose to inject when pipes were not available. Crystal meth use continues to increase over time (to 47% in 2015) but crystal meth pipes are not readily available. Page 28

³ Illicit drug overdose deaths in B.C. (2007-2016) downloaded June 13, 2016 from <http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports>

⁴ Amlani A, McKee G, Khamis N, Raghukumar G, Tsang E, Buxton JA. Why the FUSS? Fentanyl Urine Screen Study (FUSS) to characterize an emerging threat to people who use drugs in British Columbia, Canada. *Harm Reduction Journal* (2015) 12(1):54 <http://www.harmreductionjournal.com/content/12/1/54>

- **Identify measures to increase the use of brass screens in preference to Brillo®.**
 - Of people using a pipe to smoke crack only 33% reported using a brass screen while 78% used Brillo®. The latter can lead to wire wool breaking off and being inhaled.⁵
Page 27
- **Ensure that clients have sufficient needles and other drug paraphernalia so that new supplies can be used for every injection.**
 - Overall 14% of participants reported injecting with a used needle. Reiterate the dangers of using and lending needles, and provide PWUD with the skills to educate their peers on why they should avoid injecting with needles previously used. Page 24
- **Develop relevant opioid overdose prevention education.**
 - Opioid overdoses were frequently experienced and observed by participants. Overall, 19% of participants who used at least one opioid reported experiencing an opioid overdose in the six months prior to completing the survey; experiencing an overdose varied considerably by region with the highest proportion (31%) occurring in Fraser Health. Page 29
- **THN access and education should be expanded to reach persons who may witness an OD and are willing to carry naloxone.**
 - Overall 34% of respondents reported witnessing an OD (43% in Fraser Health); when restricted to those using opioids the proportion was 38% with 51% in Fraser Health. However, only 17% of total respondents and 20% of respondents who used at least one opioid reported having a naloxone kit. Nearly 60% of respondents using at least one opioid reported a desire to be trained on the use of a THN kit. Page 33
- **Agencies should identify and pursue opportunities to support the formation and sustainability of local peer groups. Where local groups exist, agencies should support efforts to link local groups with province-wide and national groups to enhance knowledge sharing amongst peers.**
 - User groups provide peer support and education, foster personal growth, and help to improve the quality of life of many people who use drugs. However, only 20% of respondents reported being involved with any drug user group. Page 33
- **Repeat the survey annually to assess effectiveness of interventions and to identify changes in drug use patterns in a timely manner. Surveys should continue to be responsive to emerging issues.**
- **Future surveys should include urine drug testing in order to identify actual substances present which can be correlated with reported substance use and reported overdoses.**
- Health authorities and contracted agencies should continue implementing programs that support provincial policy direction on harm reduction supply distribution, such as Healthy Minds, Health People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia and From Hope to Health: Towards an AIDS-free Generation.

⁵ <http://towardtheheart.com/supplies>

APPENDICES

Appendix A: 2015 Survey Tool

2015 Harm Reduction Client Survey

Harm Reduction Services and Strategies is conducting a survey to help improve harm reduction services across BC. No personal identifying information will be collected and your responses will be kept confidential. Your participation is voluntary and you are free to only answer the questions you are comfortable with. The survey will take less than 15 minutes of your time. Please note that you can only complete the survey once.

1. What is your GENDER? (Select one)	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Trans*	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Prefer not to say
2. How old are you? _____ (years)					<input type="checkbox"/> Prefer not to say
3. Which best describes your sexual orientation? (Select one)	<input type="checkbox"/> Gay or Lesbian	<input type="checkbox"/> Straight	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Queer	<input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Prefer not to say
4. Do you identify yourself as First Nations? (Select one)	<input type="checkbox"/> Yes (continue)	<input type="checkbox"/> No (skip to #6)	<input type="checkbox"/> Prefer not to say (skip to #6)		
↳ 4a. If you identify as a First Nations person, do you currently live on a reserve? (Select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say		
↳ 4b. If you identify as a First Nations person, are you: (Select one)	<input type="checkbox"/> Status	<input type="checkbox"/> Non-status	<input type="checkbox"/> Prefer not to say		
6. Do you identify yourself as Métis or Inuit? (Select all that apply)	<input type="checkbox"/> Yes, Métis	<input type="checkbox"/> Yes, Inuit	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
7. Do you currently live in: LOCATION? (Select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No, I live in (specify city): _____	<input type="checkbox"/> Prefer not to say		
8. How long have you lived at your current address? (Select one)	<input type="checkbox"/> More than 1 year	<input type="checkbox"/> 7-12 months	<input type="checkbox"/> 1-6 months	<input type="checkbox"/> Less than 1 month	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> I have no regular place to stay (homeless, shelter, couch surf, NFA)				
9. How did you get here today? (Select all that apply)	<input type="checkbox"/> Walked	<input type="checkbox"/> Biked	<input type="checkbox"/> Drove Myself	<input type="checkbox"/> Someone drove me	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> Bus/ Skytrain/ Transit	<input type="checkbox"/> Mobile Site / Outreach came to me			
10. How long, in total, did it take you to get here today? (Select one)	<input type="checkbox"/> 0 minutes – Outreach came to me	<input type="checkbox"/> 1 - 10 minutes	<input type="checkbox"/> 11 - 30 minutes	<input type="checkbox"/> Over 1 hour	<input type="checkbox"/> Prefer not to say
11. Do you feel respected by the staff at this site/outreach? (Select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to say
12. Are you here today to... (Select all that apply)	<input type="checkbox"/> Pick up supplies for myself	<input type="checkbox"/> Pick up supplies for someone else	<input type="checkbox"/> Access health or other services	<input type="checkbox"/> Prefer not to say	
	<input type="checkbox"/> Other, specify: _____				
13. In the last month, have you picked up supplies from any site/outreach, either for yourself or another person? (Select one)	<input type="checkbox"/> Yes (continue)	<input type="checkbox"/> No (skip to #15)	<input type="checkbox"/> Prefer not to say (skip to #15)		
↳ 14a. In the last month, how often would you say you picked up supplies from any site/outreach? (Select one)	<input type="checkbox"/> Every day	<input type="checkbox"/> A few times a week	<input type="checkbox"/> A few times a month	<input type="checkbox"/> Less than once a month	<input type="checkbox"/> Prefer not to say
↳ 14b. In the last month, did any of the following make it difficult for you to pick up supplies from any site/outreach? (Select all that apply)	<input type="checkbox"/> Site not open	<input type="checkbox"/> Site too far away	<input type="checkbox"/> Staff had negative attitudes	<input type="checkbox"/> Concerned about confidentiality	<input type="checkbox"/> Prefer not to say
	<input type="checkbox"/> Site didn't have the supplies I needed, specify: _____				
	<input type="checkbox"/> Other, specify: _____				
15. In the last month, have you injected any type of drug? (Select one)	<input type="checkbox"/> Yes (continue)	<input type="checkbox"/> No (skip to #17)	<input type="checkbox"/> Prefer not to say (skip to #17)		
↳ 16a. In the last month, did you have any trouble getting unused needles? (Select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say		
↳ 16b. In the last month, have you ever fixed with a rig that had been used by someone else? (Select one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say		
17. If it were made available to you, which of the following settings would you use for supervised injection services? (Select all that apply)	<input type="checkbox"/> Shelter or housing	<input type="checkbox"/> Community Health Centre / Health Clinic	<input type="checkbox"/> Stand-alone facility (like Insite)	<input type="checkbox"/> I wouldn't use a supervised injection site	
	<input type="checkbox"/> Mobile Site	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Prefer not to say		
18. In the last year, have you been involved with any grassroots drug user groups (NOT support groups)? (Select all that apply)	<input type="checkbox"/> BCAPOM – BC Association of People on Methadone	<input type="checkbox"/> BC/Yukon Association of Drug War Survivors	<input type="checkbox"/> Prefer not to say		
	<input type="checkbox"/> REDUN - Rural Empowered Drug User Network	<input type="checkbox"/> SOLID – Society of Living Illicit Drug Users			
	<input type="checkbox"/> VANDU - Vancouver Area Network of Drug Users	<input type="checkbox"/> WAHRS - Western Aboriginal Harm Reduction Society			
	<input type="checkbox"/> CAPUD – Canadian Association of People who Use Drugs	<input type="checkbox"/> Other user group in your community: _____			
	<input type="checkbox"/> Other user group in Canada: _____	<input type="checkbox"/> Prefer not to say			
19. In the last 6 months, have you had difficulty accessing methadone maintenance therapy (Select one)	<input type="checkbox"/> No, I did not have difficulty (skip to #21)	<input type="checkbox"/> No, I did not try to access methadone (skip to #21)	<input type="checkbox"/> Prefer not to say (skip to #21)		
	<input type="checkbox"/> Yes, I had difficulty (continue)				
↳ 20. If yes, what was the difficulty? (Select all that apply)	<input type="checkbox"/> Could not find a methadone prescribing physician	<input type="checkbox"/> There were no pharmacies nearby	<input type="checkbox"/> Prefer not to say		
	<input type="checkbox"/> Could not get prescription because of positive urine test	<input type="checkbox"/> Methadone clinic fees were too high			
	<input type="checkbox"/> Worried about being stigmatized at clinic				
	<input type="checkbox"/> Other, specify: _____				

21. Have you used any of these in the last 7 days? (circle No or Yes for each) If Yes, continue table →	Did you use it every day in the last 7 days?		How did you use it? (Circle all that apply)			Do you usually have a prescription for it?			
	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Marijuana / Hash	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Methadone / Methadose	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Morphine	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Dilaudid	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Oxycodone	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Fentanyl	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Benzos (Ativan / Valium)	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Stimulant (Ritalin / Adderall)	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Crystal Meth	No	Yes →	No	Yes	Smoke	Inject	Other		
Cocaine (powder)	No	Yes →	No	Yes	Smoke	Inject	Other		
Crack	No	Yes →	No	Yes	Smoke	Inject	Other		
Heroin	No	Yes →	No	Yes	Smoke	Inject	Other		
Tobacco (cigarettes)	No	Yes →	No	Yes	Smoke	Chew	Other		
Alcohol	No	Yes →	No	Yes					
Other 1:	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Other 2:	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes

22. In the last 6 months, have you intentionally used Fentanyl? (Select all that apply)
 Yes, patches Yes, pills Yes, powder No Prefer not to say

23. In the last month, have you used a pipe to smoke any drug? (Select one)
 Yes (continue) No (skip to #30) Prefer not to say (skip to #30)

↳ 24a. In the last month, what did you do when you couldn't get new/unused pipes to smoke any drug? (Select all that apply)
 Injected instead Waited until I could find a new pipe Shared, bought, or borrowed a used pipe
 Smoked without a pipe using (specify): _____ Snorted/swallowed instead
 I did not have a problem getting pipes Prefer not to say

↳ 24b. In the last month, have you shared, lent, or sold a mouthpiece or pipe that you or another person had used? (Select all that apply)
 Yes, pipe with mouthpiece (continue) Yes, pipe without mouthpiece (continue) Yes, mouthpiece (continue)
 No (skip to #26) Prefer not to say (skip to #26)

↳ 25. In the last month, why did you share a mouthpiece or pipe that you or another person had used? (Select all that apply)
 To be social Needed supplies Other, specify: _____ Prefer not to say

↳ 26. In the last month, have you used a pipe to smoke CRYSTAL METH? (Select all that apply)
 Yes (continue) No (skip to #28) Prefer not to say (skip to #28)

↳ 27. In the last month, what type of pipe did you use to smoke CRYSTAL METH? (Select all that apply)
 Modified glass stem (Pyrex) from harm reduction site
 Modified glass stem (Pyrex) from elsewhere (head shop, corner store, pipe seller)
 Meth bowl Other, specify: _____ Prefer not to say

↳ 28. In the last month, have you used a pipe to smoke CRACK? (Select all that apply)
 Yes (continue) No (skip to #30) Prefer not to say (skip to #30)

↳ 29a. In the last month, what type of pipe did you use to smoke CRACK? (Select all that apply)
 Glass stem (Pyrex) from harm reduction site Glass stem (Pyrex) from elsewhere (head shop, corner store, pipe seller)
 Other, specify: _____ Prefer not to say

↳ 29b. In the last month, which of the following did you use to smoke CRACK? (Select all that apply)
 Mouthpiece (tubing) from harm reduction site Brillo Wooden push stick
 Brass screens from harm reduction site Prefer not to say

30. In the last 6 months, have YOU overdosed by accident from using any opioids, such as heroin or morphine? (Select one)
 Yes No (skip to #33) Don't know (skip to #33) Prefer not to say (skip to #33)

↳ 31. In the last 6 months, when you had the most recent overdose were you given Naloxone/Narcan? (Select one)
 Yes (continue) No (skip to #33) Don't know (skip to #33) Prefer not to say (skip to #33)

↳ 32. When you were given Naloxone/Narcan most recently, was it given to you by: (Select one)
 Paramedic or nurse or health worker Friend / family member Housing worker
 Stranger who happened to be there Don't know Prefer not to say

33. In the last 6 months, have you SEEN an accidental overdose in someone using any opioids? (Select one)
 Yes (continue) No (skip to #35) Don't know (skip to #35) Prefer not to say (skip to #35)

↳ 34. In the last 6 months, did you give Naloxone/Narcan to someone experiencing an overdose? (Select one)
 Yes (skip to #36) No (continue) Don't know (skip to #36) Prefer not to say (skip to #36)

↳ 35. Why did you not give Naloxone/Narcan to the person experiencing an overdose? (Select one)
 Don't know how to use Naloxone/Narcan Naloxone/Narcan was not available
 Other, specify: _____ Prefer not to say

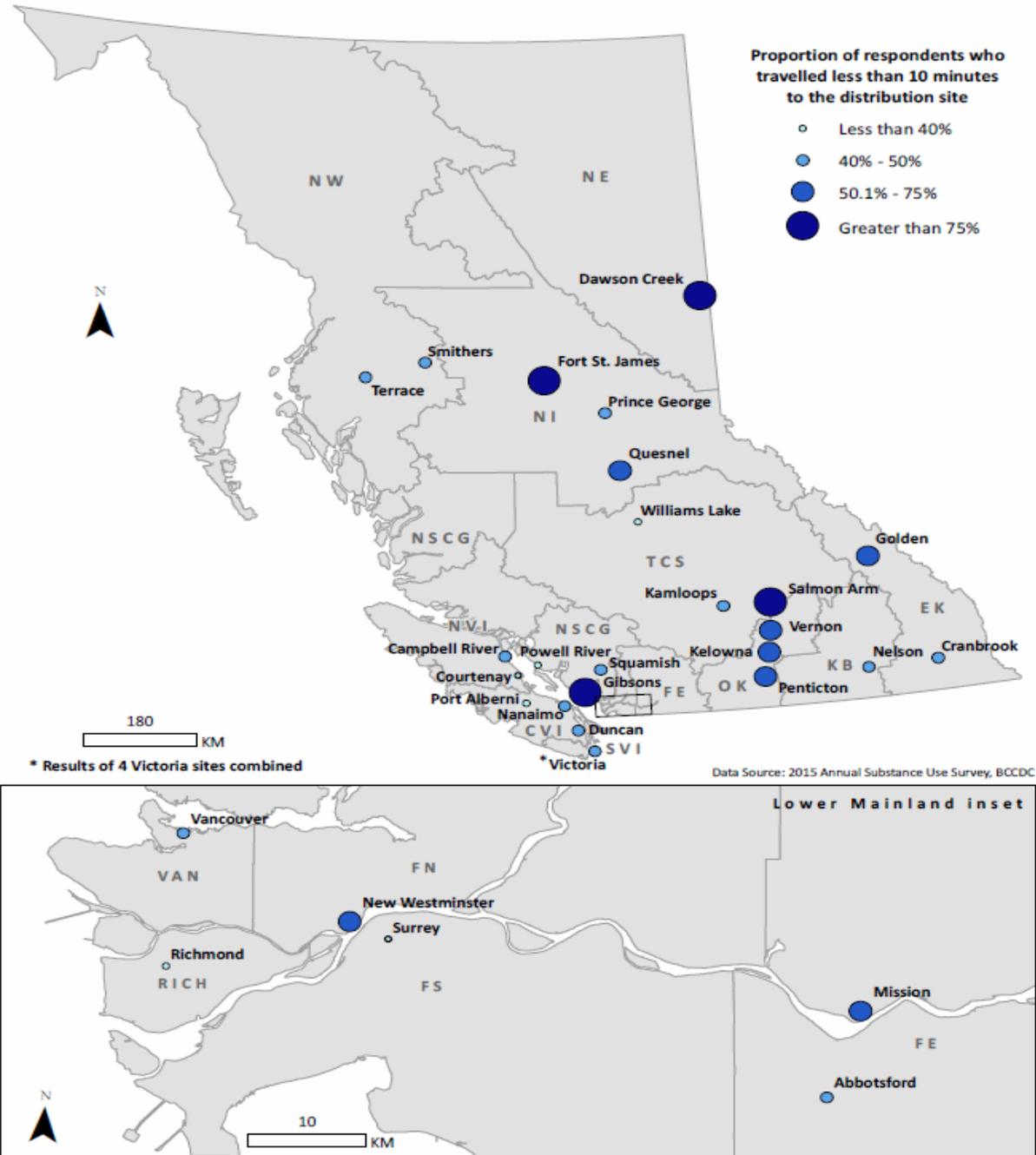
36. Do you have a Naloxone/Narcan kit? (Select one)
 Yes No, I do not have a kit but I want one No, I do not have a kit and I do not want one Prefer not to say

Thank you for taking the survey!

Appendix B: Geographical Distribution of 2015 Annual Reported Substance Use Survey Sites



Appendix C1: Geographical distribution of travel time less than 10 minutes to HR supply distribution sites in the 2015 Annual Reported Substance Use Survey Sites



Appendix C2: Geographical distribution of travel time greater than 30 minutes to HR supply distribution sites in the 2015 Annual Reported Substance Use Survey Sites

