2018 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 roughly 20 minutes of your time. Please note that you can only complete the survey once.

*To participate in this survey you must have used an illegal drug other than cannabis within the last 6 months.*

1. What is your current GENDER identity?  
- [ ] Female  
- [ ] Male  
- [ ] Trans man  
- [ ] Trans woman  
- [ ] Gender non-conforming  
- [ ] Other, specify: _____________  
- [ ] Prefer not to say

2. How old are you?  
- [ ] ___________ (years)  
- [ ] Prefer not to say

3. Which best describes your sexual orientation?  
- [ ] Gay  
- [ ] Lesbian  
- [ ] Straight  
- [ ] Bisexual  
- [ ] Queer  
- [ ] Other, specify: _____________  
- [ ] Prefer not to say

4. Do you identify yourself as First Nations?  
- [ ] Yes (continue)  
- [ ] No (skip to #6)  
- [ ] Prefer not to say (skip to #6)

5a. If you identify as a First Nations person, do you currently live on a reserve?  
- [ ] Yes  
- [ ] No  
- [ ] Prefer not to say

5b. If you identify as a First Nations person, are you:  
- [ ] Select one  
- [ ] Status  
- [ ] Non-status  
- [ ] Prefer not to say

6. Do you identify yourself as Métis or Inuit? (Select all that apply)  
- [ ] Yes, Métis  
- [ ] Yes, Inuit  
- [ ] No  
- [ ] Prefer not to say

7. Do you currently live in:  
- [ ] ___________ (Harm reduction site location)? (Select one)  
- [ ] Yes  
- [ ] No, I live in (specify city):  
- [ ] Prefer not to say

8. How long have you lived at your current address?  
- [ ] More than 1 year  
- [ ] 7-12 months  
- [ ] 1-6 months  
- [ ] Less than 1 month  
- [ ] Prefer not to say

9a. Do you live alone?  
- [ ] Yes  
- [ ] No, I live with roommates  
- [ ] No, I live with relatives  
- [ ] Other, Specify: _____________  
- [ ] Prefer not to say

10. Are you currently employed?  
- [ ] Yes, paid volunteer  
- [ ] Yes, part-time  
- [ ] Yes, full-time  
- [ ] No  
- [ ] Prefer not to say

11. How did you get here today?  
- [ ] Walked  
- [ ] Biked  
- [ ] Drove Myself  
- [ ] Someone drove me  
- [ ] Taxi  
- [ ] Bus/ Skytrain/ Transit  
- [ ] Mobile Site / Outreach came to me  
- [ ] Prefer not to say

12. How long, in total, did it take you to get here today?  
- [ ] Select one  
- [ ] 0 minutes – Outreach came to me  
- [ ] 1 - 10 minutes  
- [ ] 11 - 30 minutes  
- [ ] Over 1 hour  
- [ ] Prefer not to say

13. Do you have a cellphone?  
- [ ] Yes (continue)  
- [ ] No (Skip # 15)  
- [ ] Prefer not to say

14a. Does your cellphone have the capability to make a call right now?  
- [ ] Yes, I have a pre-paid minutes plan  
- [ ] Yes, I have a monthly plan  
- [ ] No, I don’t have minutes or a plan  
- [ ] Prefer not to say

14b. Do you have access to the internet on your phone? :  
- [ ] Yes, I have a data plan  
- [ ] Yes, but I don’t have any data  
- [ ] No (Skip to #15)  
- [ ] Prefer not to say

14c. Would you use any of the following apps on your phone?  
- [ ] App to report tainted drug supply  
- [ ] App to receive overdose and drug supply alerts  
- [ ] App to alert bystanders with naloxone  
- [ ] App that uses your smartphone camera to monitor your breathing while using drugs  
- [ ] I wouldn’t use an app  
- [ ] Prefer not to say

15. Are you here TODAY?  
- [ ] Pick up supplies for myself  
- [ ] Pick up supplies for someone else  
- [ ] Access health or other services  
- [ ] Pick up a naloxone kit  
- [ ] Prefer not to say

16. In the last 6 months, have you picked up supplies (e.g. needles) from any site/outreach, either for yourself or another person?  
- [ ] Yes  
- [ ] No (skip to #18)  
- [ ] Prefer not to say (skip to #18)

17a. In the last month, how often would you say you picked up supplies from any site/outreach?  
- [ ] Every day  
- [ ] A few times a week  
- [ ] A few times a month  
- [ ] Less than once a month  
- [ ] Prefer not to say

17b. In the last month, did any of the following make it difficult for you to pick up supplies from any site/outreach?  
- [ ] Site not open  
- [ ] Site too far away  
- [ ] Staff had negative attitudes  
- [ ] Concerned about confidentiality  
- [ ] Other, specify: _____________  
- [ ] Prefer not to say

17c. Which of these would you be comfortable accessing through a community pharmacy?  
- [ ] Smoking supplies (e.g. for crack, meth, heroin)  
- [ ] Injection supplies  
- [ ] Naloxone kit  
- [ ] None  
- [ ] Prefer not to say

18. In the last 6 months, how often would you have safely disposed of supplies at any site/outreach/drop box?  
- [ ] A few times a week  
- [ ] A few times a month  
- [ ] Less than once a month  
- [ ] Never  
- [ ] Prefer not to say

19a. In the 6 month, did you encounter barriers to disposing your supplies in your community?  
- [ ] Yes  
- [ ] No (skip to #20)  
- [ ] Prefer not to say

19b. What were the barriers to disposing your supplies?  
- [ ] Worried about being stigmatized  
- [ ] Not enough disposal locations nearby  
- [ ] Disposal sites hours were too short  
- [ ] Other, Specify: _____________  
- [ ] Prefer not to say

20. In the last month, have you injected any type of drug?  
- [ ] Yes  
- [ ] No (skip to #24)  
- [ ] Prefer not to say (skip to #24)

21a. In the last month, did you have any trouble getting unused needles?  
- [ ] Yes  
- [ ] No  
- [ ] Prefer not to say

21b. In the last month, have you ever fixed with a rig that had been used by someone else?  
- [ ] Yes  
- [ ] No  
- [ ] Prefer not to say

22. In the last month, have you injected drugs at an overdose prevention site (OPS)?  
- [ ] Yes  
- [ ] No  
- [ ] Prefer not to say
23a. In the last month, what type of overdose prevention site (OPS) have you used? (Select all that apply)
- Shelter or housing
- Community Health Centre / Health Clinic
- Stand-alone facility (like Insite)
- Mobile Site
- Community Organization (like VANDU)
- Other, specify:

23b. How often are you using an overdose prevention site (OPS)? (Select one)
- Every day (Skip to #23a)
- A few times a week (Skip to #23e)
- A few times a month (Skip to #23a)

23c. Why haven’t you used an overdose prevention site (OPS)? (Select one)
- Service not available nearby (continue # 23d)
- Worried about being stigmatized at OPS
- Staff had negative attitudes
- Concerned about confidentiality
- Other, Specify:
- Prefer not to say

23d. If it were made available to you, which setting would you use for an overdose prevention site (OPS)? (Select all that apply)
- Shelter or housing
- Community Health Centre / Health Clinic
- Stand-alone facility (like Insite)
- Mobile Site
- Other, specify:

23e. Which drug consumption methods should be allowed at an overdose prevention site (OPS)? (Select all that apply)
- Injection
- Inhalation/smoking
- Snorting
- Other, Specify:
- Prefer not to say

24. In the last year, have you been involved with any grassroots drug user groups (NOT support groups)? (Select all that apply)
- CAPU – Canadian Association of People who Use Drugs
- BCAPOM – BC Association of People on Methadone
- SOLID – Society of Living Illicit Drug Users
- VANDU – Vancouver Area Network of Drug Users
- WAHRS - Western Aboriginal Harm Reduction Society
- Other user group in your community: __________________________
- Other user group in Canada:____________________________
- Prefer not to say

25. In the last 6 months, have you had difficulty accessing Opioid Substitution Treatment (OST)/Opioid agonist therapy (OAT)? (Select one)
- Yes, I had difficulty (skip to #27)
- No, I did not have difficulty (skip to #27)
- Prefer not to say (skip to #27)

26. If yes, what was the difficulty? (Select all that apply)
- Could not find a prescribing physician
- Could not get prescription because of positive urine test
- Worried about being stigmatized at clinic
- Other, Specify:
- Prefer not to say

27. Would you be interested in the supervised OAT hydromorphone injectable at your community pharmacy? (Select all that apply)
- Yes
- No
- Prefer not to say

28. In the last 6 months, were you taking any of the following Opioid Substitution Treatment (OST)? (Check all that apply)
- Methadose
- Suboxone (buprenorphine/naloxone)
- Kadian (Slow-Release Oral Morphine)
- Dilaudid (hydromorphone) in pill form
- Hydromorphone injectable at your community pharmacy? (Select all that apply)
- Yes
- No
- Prefer not to say

29. Have you used any of these in the last 3 days? (Circle No or Yes for each) If Yes, continue below

<table>
<thead>
<tr>
<th>Drug</th>
<th>Last 3 days</th>
<th>Last 7 days</th>
<th>How did you use it?</th>
<th>Do you usually have a prescription for it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis / Hash</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Methadose / Methadose</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Morphine</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Dilaudid</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Xanax</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Other Benzos (Ativan/ Vailum)</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Stimulant (Ritalin/Adderall)</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Crystal Meth</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Cocaine (powder)</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Crack</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Heroin</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Tobacco (cigarettes)</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Alcohol</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Other 1:</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
<tr>
<td>Other 2:</td>
<td>No</td>
<td>Yes</td>
<td>Smoke</td>
<td>Other</td>
</tr>
</tbody>
</table>

30. In the last 7 days, what percentage of the time did you intentionally use more than 1 drug at a time? (Select one)
- 0% of the time
- 1- 25% of the time
- 26- 50% of the time
- 51-75% of the time

31. What is your preferred method of using drugs? (Select one)
- Injection
- Inhalation/smoking
- Snorting
- Other, Specify:
- Prefer not to say

32. In the last 7 days, what percentage of the time did you use drugs alone? (Select one)
- 0% of the time
- 1- 25% of the time
- 26-50% of the time
- 51-75% of the time

33. What are some of the reasons you use drugs alone? (Select all that apply)
34. In the last 6 months, have you intentionally used Fentanyl? (Select all that apply)  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Other</th>
<th>Prefer not to say</th>
</tr>
</thead>
</table>

35. How much did Fentanyl cost the MOST RECENT time you purchased it?  
| $ ______ per patch | $ ______ per tablet or capsule | $ ______ per powder per ___ (quantity) |

36. In the last 6 months, have you un-intentionally used Fentanyl? (select one)  
| Yes | No (skip to #36) | Don't know | Prefer not to say |

37. In the last month, how often have you used a substance that you believe also contained Fentanyl? (Select One)  
| 0% of the time | less than 30% of the time | 30% of the time | 50% of the time | 80% of the time | 100% of the time | Prefer not to say |

38. If you had your drugs tested and they tested positive for fentanyl would you change the amount you were going to use? (Select One)  
| Yes, would use less | Yes, would use more | No, nothing would change | Prefer not to say |

39. In the last month, have you used a glass (meth or crack) pipe from a harm reduction site to smoke any drug? (Select one)  
| Yes | No (skip to #41) | Prefer not to say (skip to #41) |

40. 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  
- Waiting 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 |

41. In the last 6 months, have YOU overdosed (aka overamped) by accident from using any stimulant (e.g Crack, Crystal Meth)? (Select one)  
| Yes | No (skip to #42) | Don’t know | Prefer not to say (skip to #43) |

42a. During your most recent stimulant overdose what were your symptoms? (select all that apply)  
- Nausea/ Vomiting  
- Falling asleep/passing out (but still breathing)  
- Chest pain  
- High Temperature/sweating profusely  
- Racing pulse  
- Irregular Breathing or shortness of breath  
- Extreme anxiety  
- Feeling paralyzed but awake  
- Seizure  
- Jerking or rigid limb  
- Stroke  
- Don't know  
- Prefer not to say  

42b. In the last 6 months, when you had the most recent stimulant overdose were you given Naloxone/Narcan? (Select one)  
| Yes | No (skip to #43) | Don't know (skip to #43) | Prefer not to say (skip to #43) |

42c. When you were given Naloxone/Narcan for a stimulant overdose most recently, was it given to you by: (Select one)  
- Paramedic or nurse or health worker  
- OPS Staff  
- Friend / family member  
- Housing worker  
- Stranger who happened to be there  
- Don’t know  
- Other, specify:  
- Prefer not to say  

43. 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 #45) | Don’t know (skip to #45) | Prefer not to say (skip to #45) |

44a. In the last 6 months, when you had the most recent opioid overdose were you given Naloxone/Narcan? (Select one)  
| Yes | No (skip to #45) | Don’t know (skip to #45) | Prefer not to say (skip to #45) |

44b. When you were given Naloxone/Narcan most recently, was it given to you by: (Select one)  
- Paramedic or nurse or health worker  
- OPS Staff  
- Friend / family member  
- Housing worker  
- Stranger who happened to be there  
- Don’t know  
- Other, specify:  
- Prefer not to say  

45. In the last 6 months, have you SEEN an accidental overdose in someone using any opioids? (Select one)  
| Yes | No (skip to #47) | Don’t know (skip to #47) | Prefer not to say (skip to #47) |

46a. In the last 6 months, did you give Naloxone/Narcan to someone experiencing an overdose? (Select one)  
| Yes (skip to #47) | No | Don’t know (skip to #47) | Prefer not to say (skip to #47) |

46b. 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  

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

48a. What were the barriers accessing a Naloxone/Narcan kit?  
| Worried about being stigmatized | Don’t know where to access a kit | The site to access a kit is too far away | Other, Specify | Prefer not to say |

49. Have you ever been tested for hepatitis C virus (HCV) infection? (select one)  
| Yes | No (Skip to #51) | Don’t know | Prefer not to say (Skip to #51) |

50a. If yes, when did you last get tested for HCV? (Select One)  
- Within 12 months  
- 2-5 years ago  
- Over 5 years ago  
- Prefer not to say  

50b. If yes, did you get further follow-up and care for that. (Select one)  
| Yes | No | Prefer not to say | Prefer not to say |

51. This next question is about participating in a future study.  
Would you be willing to participate in a finger prick test for Hepatitis C (HCV)? These results would not be shared with you but would inform the prevalence of undiagnosed HCV in your region. (Select one)  
| Yes | No | Prefer not to say |

Thank you for taking the survey!