

2024 Harm Reduction Client Survey

*****You may rip off and keep this information page*****

This survey helps improve harm reduction services across BC. We do not collect personal identifying information and we keep all responses confidential. Your participation is voluntary and you are free to only answer the questions you are comfortable with. If you encounter a question that brings up uncomfortable feelings or thoughts such as trauma or loss, please feel free to skip that question. We are trying to get your viewpoints on current and potential harm reduction products and services that may help reduce harms associated with drug use. The results from this study may benefit you and other people who use drugs by improving the current harm reduction services in your community.

You can participate in this survey if:

- you are at least 19 years old AND
- you used a drug that is illegal or from the unregulated market (for example: opioids/down, heroin, fentanyl, cocaine, crack, methamphetamine, hallucinogens, etc.) in the past 6 months.

People who are under 19 and/or only use alcohol, tobacco, and cannabis are not eligible to participate.

Please note:

The survey will take roughly 30 minutes. There is a \$20 honorarium for your time. Please only complete the survey once.

Please only choose one answer per question, unless the question says “check all that apply”. Most questions ask you to think about your experience over the last 6 months. Some questions ask for different time periods.

The survey is double sided; please answer both sides of each page.

If you are unsure about how to respond to a question, please reach out to Harm Reduction site staff or refer to the included survey guide which provides additional information, clarifications, and justifications for some survey questions.

Contact Information:

If you would like further information about this study, please contact Dr. Alexis Crabtree at 604-707-2736 or Brooke Kinniburgh at 604-789-5536.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Flip to next page to begin survey!

Write today's date at the top of the next page before beginning questions.

Demographics

1. How old are you? _____ years

2. Which ethnic or racial group(s) best describes you?
Check all that apply.

☐ Black (e.g. African or Caribbean)

☐ Indigenous
 - First Nations
 - Métis
 - Inuit
 - Prefer to self-describe _____
 - Prefer not to say

Are you Two-Spirit?

☐ Yes___ No___ Prefer not to say___

☐ Latin American/ Hispanic

☐ Middle Eastern (e.g., Arab, Persian, Iranian, Afghan)

☐ East Asian (e.g., Chinese, Japanese, Korean, Taiwanese)

☐ South Asian (e.g., East Indian, Pakistani, Sri Lankan)

☐ Southeast Asian (e.g., Vietnamese, Cambodian, Thai, Malaysian, Laotian, Filipino)

☐ White (e.g., European descent, Caucasian)

☐ I prefer to describe myself as:

☐ Prefer not to say
3. What is your gender identity? *Check all that apply.*

☐ Man

☐ Woman

☐ Non-binary

☐ I prefer to describe my gender as:

☐ Prefer not to say
4. What is your sexual orientation? *Check all that apply.*

☐ Heterosexual or straight

☐ Gay

☐ Lesbian

☐ Bisexual/Pansexual

☐ Queer

☐ Asexual

☐ Unsure / questioning

☐ I prefer to describe myself as:

☐ Prefer not to say
5. Are you currently employed (including paid volunteer work)?

☐ Yes, part-time (less than 30 hours a week)

☐ Yes, full-time (at least 30 hours a week)

☐ No

☐ Prefer not to say
6. Which of the following options best describes where you currently live?

☐ In a private residence (alone or with others)

☐ In a band-owned home (alone or with others)

☐ In another kind of residence (hotels/motels, rooming houses, single room occupancy [SRO], social/supportive housing)

☐ In a shelter

☐ Unsheltered homelessness (houseless, couch surf, tent, encampment, in a vehicle, no fixed address)

☐ I prefer to describe where I live as:

☐ Prefer not to say
7. What city or town do you currently live in? If you don't live in a city or town, please write the name of the city or town closest to you:

8. Do you have a cell phone?

☐ Yes, I have prepaid minutes

☐ Yes, I have calling/texting plan and NO data plan

☐ Yes, I have a calling/texting plan and data plan

☐ Yes, but I have no minutes or monthly plan

☐ No

Drug Use

9. Please check one option for each row based on the past 30 days (excluding cannabis, alcohol, or tobacco):

	Every day	A few times a week	A few times a month	Did not use drugs/never	Prefer not to say
How often have you used drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you used drugs <u>alone</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you used drugs <u>in public spaces</u> (like parks beaches, transit stops, or sidewalks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you used drugs in public spaces in the last 30 days, what were the reasons? Check all that apply.

Note: We ask these questions to understand the different reasons why someone might use substances in public spaces.

Examples of public spaces include parks, beaches, transit stops, and sidewalks. This information is important for informing polices that allow or prevent people to use in certain spaces. You do not have to answer the question if you do not want to.

- ☐ Does not apply, I didn’t use in public spaces
- ☐ I was not allowed visitors where I live
- ☐ I couldn’t access an injection OPS/SCS
- ☐ I did not have a private place to go
- ☐ I couldn’t access a smoking OPS/SCS
- ☐ Something else, please tell us:
- ☐ I felt safer using in public
-
- ☐ To socialize with friends
- ☐ Prefer not to say

11. Which of the following substances have you intentionally used in the last 3 days and the last 30 days? How did you use each substance? Check all that apply.

<i>Note: The following section asks about <u>unregulated (illicit)</u> substances:</i>	No, not in the last 30 days	Yes, in the last 30 days	Yes, in the last 3 days	Smoke	Inject	Snort	Swallow
Fentanyl, heroin, down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal meth / methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack or powder cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit alcohol (e.g., rubbing alcohol, mouthwash, hand sanitizer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA / Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other psychedelics, hallucinogens, and dissociatives (acid / LSD, magic mushrooms, ketamine, PCP, DMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different unregulated drug, specify: <div></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Note: The following section asks about <u>regulated and prescription</u> substances. Include substances you used even if they are not prescribed to you.</i>	No, not in the last 30 days	Yes, in the last 30 days	Yes, in the last 3 days	I have my own prescription
Methadone (Methadose, Metadol-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine, buprenorphine-naloxone (Suboxone, Sublocade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine (Kadian, M-Eslon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone (Dilaudids, “dillies”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzos (Ativan, Valium, Xanax, diazepam, clonazepam) <i>Check only if intentionally used benzos</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritalin (methylphenidate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexedrine (dextroamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adderall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone (“Oxys”)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diacetylmorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl (prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis, weed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different regulated or prescription drug, specify: <div></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the last 30 days, how often did you use more than 2.5g total of opioids/down, cocaine, crack, and/or meth?

- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Never
- ☐ I don't know
- ☐ Prefer not to say

13. In the last 30 days, how often have you held/carried more than 2.5g total of opioids/down, cocaine, crack, and/or meth for your own use (not for sharing or selling)?

- ☐ Every day
- ☐ A few times a week
- ☐ A few times a month
- ☐ Never
- ☐ I don't know
- ☐ Prefer not to say

Prescribed Alternatives

Prescribed alternatives are medications prescribed by a doctor or nurse practitioner as an alternative to the toxic drug supply of opioids/down, stimulants, or benzos. Prescribed alternatives can be referred to as prescribed safer supply (PSS) or safe supply.

14. Please complete the table based on your experience with prescribed alternatives/safer supply.

Note: Please do not include methadone, suboxone, or medications you received for other medical purposes.

	Have you <u>received a prescription</u> for prescribed alternatives/safer supply in the last 6 months?	Have you <u>tried to get</u> a prescription for prescribed alternatives/safer supply in the last 6 months?
Prescribed alternative opioid	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input type="radio"/> Unsure</div>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No, but I want to</div> <div><input type="radio"/> No and I don't want to</div>
Prescribed alternative stimulant	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input type="radio"/> Unsure</div>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No, but I want to</div> <div><input type="radio"/> No and I don't want to</div>
Prescribed alternative benzodiazepine	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input type="radio"/> Unsure</div>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No, but I want to</div> <div><input type="radio"/> No and I don't want to</div>

15. In the last 6 months, was your prescribed alternative/safer supply stopped for at least 3 days when you did not want it to be?

- ☐ Yes, medication name: _____

☐ No
- ☐ Prefer not to say

☐ Does not apply

16. In the last 6 months, was your prescribed alternative/safer supply reduced when you did not want it to be?

- ☐ Yes, medication name: _____

☐ No
- ☐ Prefer not to say

☐ Does not apply

17. IF YES, in the last 6 months your prescribed alternative dose was stopped (3+ days) or reduced when you didn't want it to be, what were the reasons? Check all that apply.

- ☐ My prescriber decided (e.g., negative urine test, missed one or more pick ups)

☐ I missed appointment(s) with my prescriber
- ☐ My prescriber moved/went away

☐ I missed picking up prescription(s) from the pharmacy
- ☐ I went to jail or prison

☐ Something not listed above, describe: _____
- ☐ I went to hospital

☐ Unsure
- ☐ I went to treatment

☐ Prefer not to say

Use of Harm Reduction, Healthcare, and Substance Use Services

18. Are you currently connected to a regular health care provider? (e.g., you are a patient of a family doctor, nurse practitioner, or primary care clinic)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

19. IF YES, do you feel comfortable discussing your substance use with that health care provider?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

20. Which of the following services or supports have you accessed and/or used in the last 6 months? *Services listed may not be available in every community. If you want to learn about one of the services listed, please ask the HR site staff for more information.*

- ☐ Safer sex supplies
- ☐ Smoking/inhalation supplies
- ☐ Injection supplies
- ☐ Naloxone (injectable or nasal)
- ☐ Harm reduction supplies from a vending machine
- ☐ Harm reduction supplies ordered online (Harm reduction marketplace)
- ☐ OPS and/or SCS
- ☐ Witnessed consumption in community (buddy, friend, peer, trusted ally)
- ☐ Provider-witnessed consumption (eOPS)
- ☐ In person drug checking (e.g., FTIR or PS-MS machine, test strips)
- ☐ Mail-in drug checking (e.g., Get Your Drugs Checked)
- ☐ Take home drug checking strips
- ☐ Virtual Overdose Prevention Services (e.g., Brave app, Lifeguard app, NORS phone line)
- ☐ Drug alerts (text message, online, or from Toward the Heart website)
- ☐ Opioid Agonist Treatment (OAT e.g., methadone, buprenorphine)
- ☐ Prescribed alternatives (safer supply medications)
- ☐ Outreach workers
- ☐ Peer support
- ☐ Drug user organization
- ☐ Counselling
- ☐ Elder (Indigenous)
- ☐ Knowledge Keeper (Indigenous)
- ☐ Culture and/or medicine (Indigenous)
- ☐ Treatment center
- ☐ A different service, please describe:

- ☐ None of the above

Injection and Inhalation Drug Use

21. Have you injected any type of drug in the last 6 months? *Note: We mean drugs other than insulin, anabolic steroids, or gender affirming hormones.*

- ☐ Yes
- ☐ No

22. Have you smoked/inhaled any drugs (other than tobacco or cannabis) in the last 6 months?

- ☐ Yes
- ☐ No

23. IF YES, you have smoked drugs other than tobacco or cannabis, have you done any of the following? *Check all that apply.*

- ☐ Does not apply, I did not smoke/inhale drugs in the last 6 months
- ☐ Borrowed or shared a used pipe
- ☐ Borrowed or shared a pipe that was used for opioids/down to use stimulants
- ☐ Used a cracked or broken pipe
- ☐ Had an injury because of smoking (pipe exploded, cut yourself, etc.)
- ☐ None of the above
- ☐ Prefer not to say

24. In the last 6 months have you been told you could not have smoking supplies (pipes, mouthpiece/tubing, brass screens, push sticks, foil) when you asked harm reduction site staff for them? (e.g., the site has a daily limit, the site didn't have the supply I wanted)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Does not apply, I did not ask for smoking supplies

25. IF YES, what supplies were you unable to get? *Check all that apply.*

- ☐ Bubble pipes
- ☐ Mouthpiece/tubing
- ☐ Brass screens
- ☐ Straight pipes
- ☐ Foil
- ☐ Push sticks
- ☐ Hammer pipes

Overdose Prevention Site (OPS) and Supervised Consumption Sites (SCS)

An overdose prevention site (OPS) or supervised consumption site (SCS) is a place where staff or volunteers witness drug consumption to respond to overdose when needed. In addition to witnessed consumption, OPS and SCS sites may offer other harm reduction services and supplies. An OPS or SCS can have a fixed address or be mobile.

26. Is there an OPS and/or SCS that you can use in your community?

- ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

27. Have you used drugs at an OPS and/or SCS in the last 6 months?

- ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

28. IF YES, how did you use drugs at the OPS and/or SCS you visited in the last 6 months? Check all that apply.

- ☐ Inject ☐ Smoke ☐ Snort ☐ Swallow ☐ Prefer not to say

29. In the last 6 months, did you access any other services or supports at an OPS or SCS?

- ☐ No
- ☐ I got a referral for: _____
- ☐ I got wound care/health care
- ☐ I got support from or socialized with others
- ☐ I got connected to social services (e.g., income assistance, housing, employment programs)
- ☐ I picked up harm reduction supplies (e.g., pipes, sterile needles)
- ☐ Something else, please specify: _____
- ☐ Prefer not to say

30. Has anything made it difficult for you to use drugs at an OPS and/or SCS in the last 6 months? Check all that apply.

- ☐ Does not apply, I did not try to access OPS or SCS
- ☐ Does not apply, I had no difficulties accessing an OPS or SCS
- ☐ Sites/services not available in my community or too far away
- ☐ Too many site rules (e.g., not allowed to bring others inside with me, only open for residents)
- ☐ I cannot smoke there (e.g., no inhalation services available)
- ☐ Site/service operating issues (overcrowded, limited opening hours, long wait times, no ramps for wheelchairs, limited number of people allowed inside, etc.)
- ☐ I do not feel safe using at an OPS or SCS (e.g., avoiding other clients, dealers)
- ☐ The services are not culturally safe
- ☐ I have confidentiality / privacy concerns
- ☐ I worry about police taking my drugs away while travelling to/from an OPS or SCS
- ☐ Something else, please describe: _____
- ☐ Prefer not to say

31. If you had to provide personal information (e.g., your real name and birthday) to use drugs at an OPS or SCS, would that change your use of OPS or SCS? Note: You are not required to provide any information at OPS or SCS sites in BC. We are asking to inform the accessibility of harm reduction services.

- ☐ I would be more likely to access the OPS or SCS
- ☐ I would not change my use of the OPS or SCS
- ☐ I would be less likely to access the OPS or SCS
- ☐ Unsure

Overdose Experience and Response

This section asks about whether you had an overdose recently. These questions might be especially difficult for some people to answer. If a question makes you feel uncomfortable, you are welcome to skip that question.

32. In the last 6 months, have you had an accidental opioid/down overdose? (e.g., overdosed from down, fentanyl, heroin)

- ☐ Yes ☐ No
- ☐ Don't know ☐ Prefer not to say

33. In the last 6 months, have you experienced accidental stimulant overdose? (e.g., overdosed from crystal meth, crack, cocaine). Note: we are not asking about overamping. Signs of stimulant overdose are: crushing chest pain, seizures, and being unconscious or in-and-out of consciousness.

- ☐ Yes ☐ No
- ☐ Don't know ☐ Prefer not to say

<p>34. In the last 6 months, have you been present when <u>someone else</u> had an accidental opioid/down overdose?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Don't know <input type="radio"/> Prefer not to say</p> <p>35. <u>IF YES</u>, did anyone call 911 at the last overdose you saw?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Don't know <input type="radio"/> Prefer not to say</p>	<p>36. <u>IF YES</u>, where did the most recent overdose you witnessed occur?</p> <p><input type="radio"/> Outdoors (e.g., sidewalk, encampment)</p> <p><input type="radio"/> Housing space (your own or a friend's place)</p> <p><input type="radio"/> A public building (e.g., mall, business, community centre)</p> <p><input type="radio"/> A harm reduction site</p> <p><input type="radio"/> Somewhere else: _____</p> <p><input type="radio"/> Prefer not to say</p> <p>37. Do you have a Naloxone/Narcan kit?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, but I want one</p> <p><input type="radio"/> No, I don't want one</p> <p>38. <u>IF YES</u>, what kind do you have?</p> <p><input type="radio"/> Injectable</p> <p><input type="radio"/> Nasal</p> <p><input type="radio"/> Both</p>
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Experiences with Police

39. In the last 3 months, did you have an interaction with law enforcement (municipal police, RCMP, transit police) for any reason? Note: this includes any time a police officer has stopped, questioned, or had direct contact with you.

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say

40. In the last 3 months, did any of these things happen when you interacted with police for any reason? *Check all that apply:*

☐ Does not apply, I did not have contact with police

☐ I was asked if I was okay / police did a wellness or health check

☐ I was provided with information about health or harm reduction services (e.g., resource card)

☐ I was asked to stop using substances in public spaces

☐ I was asked to move to another location

☐ I was asked for my ID / my name was run through the system or checked for my release conditions

☐ I had my rigs, pipes, or harm reduction supplies taken away

☐ I had my prescribed drugs taken away

☐ I had my non-prescription or illegal drugs taken away

☐ I was intimidated or harassed verbally

☐ I was harassed physically or sexually

☐ I was put in jail or a sobering cell

☐ I was arrested for drug possession

☐ I was arrested for selling drugs / trafficking

☐ I was arrested for something else: _____

☐ Something else happened, describe: _____

41. Have you had any of the following drugs seized by police in the last 3 months: opioids/down, crack, powder cocaine, meth, MDMA or ecstasy? *Note: these are drugs you held for personal use.*

☐ Yes, one time ☐ Yes, multiple times ☐ No ☐ Don't know ☐ Prefer not to say

42. IF YES, how much was seized in total by police in the most recent interaction? Please include only the amount of opioids/down, crack, powder cocaine, meth, MDMA or ecstasy that were seized. *Note: these are drugs you held for personal use.*

☐ Less than 2.5g ☐ 2.5g or more ☐ Unsure

43. The last time you interacted with police, did the interaction start because you were using or holding drugs? For example, police started by asking if you had drugs or talked to you while you were using drugs.

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to say ☐ Does not apply

44. Please indicate if you agree or disagree with the following statement:

The last time I interacted with police I was treated with respect.

☐ Agree

☐ Neutral

☐ Disagree

☐ Does not apply, I never interacted with police

Awareness of Decriminalization

45. Did you know that, since January 31, 2023, British Columbia has a decriminalization policy? Under this policy, it is not a crime for most people to possess small amounts (up to 2.5 grams total) of some illegal drugs for personal use in some places.

☐ Yes

☐ No

☐ Don't know

☐ Prefer not to say

46. The decriminalization policy changed in May 2024 and does not apply to all places. Please tell us whether you think the following statements are true or false under decriminalization. Note: drugs included in decriminalization are opioids/down, crack, powder cocaine, meth, MDMA or ecstasy.

	True	False	Not Sure
People can be charged with possession if they are holding under 2.5g of drugs at an OPS, SCS, or drug checking site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can be charged with possession if they are holding under 2.5g of drugs on a sidewalk or at a park.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can be arrested for drug trafficking/dealing, no matter how much drug they are selling or trading.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police can charge you with breach of substance-related release conditions no matter how much you are holding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barriers to health and social services

47. In the last 6 months, have you hesitated before accessing health and social services? (e.g., did you delay, avoid, or worry about accessing services)

☐ Yes, I hesitated but I usually went anyway

☐ Yes, I hesitated and usually did not access the service(s)

☐ No, I did not hesitate to access the services I need

☐ Prefer not to say

48. If you hesitated to access health and social services, what were the reasons? Check all that apply.

☐ None. I did not hesitate to access the services that I need.

☐ I worried that someone would find out that I use substances

☐ The services I needed were not available or too far away

☐ I was not sure where to go

☐ I had a bad experience accessing services in the past

☐ I worried about discrimination from staff

☐ I worried about interacting with police

☐ I did not feel the services were culturally safe

☐ Something else, please describe: _____

49. If you hesitated to access services, was it because you worried about certain people finding out that you use substances? Check all those you were worried about.

☐ Family services (I am a parent or caregiver)

☐ Health care provider

☐ My housing provider/landlord

☐ Friends or family

☐ Community members

☐ Elders or Indigenous leaders in my community (Indigenous)

☐ Police/parole/probation officer

☐ My employer

☐ None of the above

50. If you hesitated to access services, was it because you worried about being treated badly because of your: Check all that apply.

☐ Substance use

☐ Housing situation

☐ Race or ethnicity

☐ Sex or gender

☐ Sexual orientation

☐ Something else, please describe: _____

☐ None of the above

51. Please tell us whether you agree or disagree with the following statements:

	Agree	Neutral	Disagree	Prefer not to say
I feel worried about calling 9-1-1 when someone has an overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to go to the emergency department when I need medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried about going through withdrawal if admitted to hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried about interacting with law enforcement (police, RCMP, or bylaw officers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome in outdoor public spaces like sidewalks, parks, and beaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome using public services like libraries, community centres, and public restrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome in most local businesses (restaurants, grocery, or drug stores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. What is one thing that would improve your life right now? Please print clearly and use maximum 2 sentences to describe.

You have completed the survey, Thank you very much!

We will post the survey results on the BCCDC website and will share back to the harm reduction community in summer 2025.

Feedback about the survey:

1. Did someone (like a staff member or a peer) at the site help you complete the survey?

- ☐ They interviewed me (asked questions and recorded my responses)
- ☐ They read questions but I wrote down my answers
- ☐ I read and answered the questions myself, but someone was there to answer any questions I had
- ☐ No, I received no assistance
- ☐ Other, describe:

2. How can we improve this survey?