# Knowledge Update

BC Centre for Disease Control
Provincial Health Services Authority

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| **Topic** | Drug Checking in British Columbia: Harm Reduction Client Survey 2023 |
| **Date** | May 5, 2026 |
| **Data source** | 2023 Harm Reduction Client Survey |
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**Key messages**

- The use of drug checking by survey participants has almost doubled in recent years, from 28% in 2021 to 45% in 2023. This increase corresponds with an expansion of access points for Fourier-Transform Infrared (FTIR) and Paper Spray-Mass Spectrometry (PS-MS) technologies, and the availability of new tools such as xylazine test strips.
- Site/service operating issues are one of the most reported barriers to using drug checking services.
- Participants reported that drug checking services helped them make safer choices about their substance use, especially among people who use stimulants. A positive fentanyl test prompts individuals to use stimulants with a buddy or at an OPS/SCS, with a large proportion choosing to not use the stimulants at all.
- Future educational campaigns around drug checking services should raise awareness that anyone who uses drugs from the unregulated market is at risk due to its unpredictability. The high proportion of respondents that did not want or feel they needed drug checking suggests awareness and trust may also affect uptake, not only physical access.

## Land Acknowledgement

We acknowledge the Title and Rights of BC First Nations who have cared for and nurtured the lands and waters for all time, including the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish Nation), and səl̓ílwətaʔ (Tsleil-Waututh Nation) on whose unceded, occupied, and ancestral territory BCCDC is located — and whose relationships with the land continue to this day. As a provincial organization, we also recognize and acknowledge the inherent Title and Rights of BC First Nations whose territories stretch to every inch of the lands colonially known as "British Columbia."

## Rights Acknowledgement

We also recognize that BC is also home to many First Nations, Inuit, and Métis people from homelands elsewhere in Canada and have distinct rights, including rights to health which are upheld in international, national, and provincial law.

## Thee Eat – Truth

BCCDC is working to address the consequences of colonial policies which have had lasting effects on all First Nations, Inuit, and Métis Peoples living in the province. Consistent with the Coast Salish teaching of *Thee Eat* (truth) gifted to PHSA by Coast Salish Knowledge Keeper Siem Te Ta-in, we recognize that ongoing settler colonialism in BC undermines the inherent Title and Rights of BC First Nations and Indigenous Peoples who live in BC. The In Plain Sight report found widespread systemic racism against Indigenous people in health care; this stereotyping, discrimination and prejudice results in a range of negative impacts, harm, and even death. The data shown in this report we're sharing, reflect people who access harm reduction sites in British Columbia. In 2023, nearly half (46%) of HRCS participants self-identified as First Nations, Inuit, or Métis. This reflects both the characteristics of people who use the harm reduction sites that participated in the 2023 survey as well as the ongoing and disproportionate impact of the toxic drug poisoning crisis on Indigenous and First Nations people in BC. Information provided by Indigenous respondents is included in these results, but we do not present specific (stratified) results for First Nations or Métis participants. As part of BCCDC's commitment to uphold a distinctions-based approach to Indigenous data sovereignty, self-determination, and respectful use of data for all Indigenous Peoples who live in BC, data for First Nations respon dents are shared with the First Nations Health Authority, and data for Métis respondents are shared with Métis Nation BC. For information on the First Nations Health Authority's approach to harm reduction and the toxic drug crisis, please see their website FNHA Harm Reduction and the Toxic Drug Crisis. For information on public health surveillance indicators pertaining to Métis Peoples in BC, please see: Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan - BC Métis Public Health Surveillance Program–Baseline Report, 2021. Currently, there is no designated organization or pathway to respectfully share Inuit-specific data in BC.

## Introduction

Drug checking services and tools such as Fourier-transform infrared (FTIR) spectroscopy, paper-spray mass spectrometry (PS-MS), fentanyl and benzodiazepine test strips, and mail-in drug checking are currently offered in British Columbia (BC). These services and tools let clients know what's in their drugs before they use them, or to find out what may have been in the substances they used that led to an adverse reaction or overdose.

This knowledge update describes the types of drug checking services used by people who participated in the 2023 Harm Reduction Client Survey, the barriers they faced trying to access these services, and how often people would use these services if they were more easily accessible. We also describe what respondents would do if a stimulant drug tested positive for fentanyl. Finally, we examine the relationship between different sociodemographic and substance-use factors and other questions asked in this survey.

## Study Design and Methods

- The 2023 HRCS includes responses from 433 eligible respondents at 23 harm reduction supply distribution sites in BC. Eligible respondents were 19 years or older and reported use of unregulated substances in the last six months. Survey responses were self-reported, anonymous, cross-sectional, and collected between December 5, 2023 and March 8, 2024 (after implementation of decriminalization). Respondents received a $20 honorarium for completing the survey. See the Appendix for more information on survey methods.

- P-values were calculated to determine whether a result was statistically significant or not. A statistically significant result means that the results were unlikely to happen by chance and the observed effects are real. We set the minimum threshold for statistical significance at $p<0.005$, meaning a result with p-value of 0.005 or lower is statistically significant. This conservative threshold is used to increase our confidence that the results did not happen by chance.

- Distance to the nearest drug checking site was determined by measuring the distance of a straight-line between the harm reduction supply distribution site where the survey was completed and the nearest drug checking site. We used a list of drug checking sites from BC Centre for Substance Use and Substance (Vancouver Island Drug Checking Project) that were open as of April 2024. Most services in BC operated in collaboration with the BC Centre for Substance Use, offering an FTIR in combination with test strips. Sites on Vancouver Island that operated in collaboration with Substance used PS-MS in combination with FTIR and test strips. Starting in September 2023, Substance launched a PS-MS secondary analysis pilot that allowed drug checking sites without access to PS-MS to send complex or concerning samples for analysis. The pilot began with sites in Interior Health and has since expanded to all health authorities. In 2023, the use of xylazine test strips was limited – these strips were used at

Substance to check the results from other instruments and were used in a pilot project led by the BC Centre for Substance Use. Addresses were geocoded using the BC Address Geocoder (Government of BC, 2025).

- Interpretation of these results was done in collaboration with the Professionals for the Ethical Engagement of Peers, a consulting and advisory board comprised of People with Lived and Living Experience of substance use (PWLLE), to ensure appropriate contextualization of these results.

## Findings

- In the 2023 HRCS, 45% of respondents reported using drug checking services in the last 6 months (Table 1). Drug checking machines, like FTIR and PS-MS, were the most used service (62%), followed by fentanyl test strips (58%) and benzodiazepine test strips (31%). Mail-in drug checking services (such as Substance mail-in or Get Your Drugs Tested) and xylazine test strips were each reported by 13% of respondents who used drug checking services.

- Use of drug checking services in the last 6 months was similar among all respondent characteristics (Table 2). Respondents from Northern Health sites were less likely to use these services or tools (26%; p-value <0.001) compared with respondents in other health authorities (ranged from 42%-58%). In addition, a smaller proportion of respondents who visited harm reduction sites at least 1,000 metres (1 kilometer) away from the nearest drug checking site with an FTIR or PS-MS used drug checking services (23%; p-value <0.001) compared to respondents who completed the survey at sites less than 100 meters away (48%) or between 100 and 999 meters away (51%) from a drug checking site.

- Half of respondents (51%) who used drug checking services in the last 6 months experienced at least one barrier to accessing those services (Table 3). The most common barriers to accessing drug checking were not needing or wanting to use drug checking (40%); site/service operating issues, such as limited opening hours, long wait times, and no ramps for wheelchairs (26%); and services being too far away or not available in their community (23%). Other reasons were that it took too long to get results (15%), the person did not want to give up drugs for checking (11%), and having concerns about confidentiality or privacy (11%).

- For respondents who did not have drug checking services available in their community (Table 4), one third said they would use them every day (32%), nearly half would use them at least once a month (47%), and one-fifth would not use them (21%) if those services became available.

- How often respondents used drugs alone in the last 30 days was significantly associated with how often respondents said they would use drug checking services if they were available in their

community. The largest proportions of people who said they would not use drug checking services were among people who said they never used alone (35%) or who used alone every day (26%), compared to those who sometimes used alone (p-value <0.001; Table 4). There were no significant associations between other respondent characteristics and how often people would use drug checking services.

- Among people who used stimulants (Table 5), almost half of respondents reported they would still use their drugs if they tested positive for fentanyl (45%) and one quarter would not use their drugs (27%). These results are among all respondents who used stimulants, including those who also used opioids. Among respondents who only used stimulants in the last three days, 54% would not use their drugs if they tested positive for fentanyl, whereas 15% would still use them. In comparison, 12% of respondents who used both opioids and stimulants would not use their drugs and 62% would still use them. Other steps people who only used stimulants would take if their drugs tested positive for fentanyl included using less, using with a friend, and having someone check on them.

## Interpretation

- The proportion of respondents who recently used drug checking services has almost doubled in recent years from 28% in 2021 to 45% in 2023 (Tobias et al., 2024). This is likely because there were more access points for FTIR and PS-MS drug checking in 2023 than in 2021 (BC Centre for Substance Use, 2023; BC Centre for Substance Use, 2024).

- While the proportion of respondents reporting a barrier to accessing drug checking services has decreased (51% in 2023 vs. 74% in 2021), the most frequently reported barriers have changed over time (Tobias et al., 2024). In 2021, the most common barriers were not wanting to use drug checking and not knowing where to access services. In 2023, the most common barriers were not wanting to use drug checking and site operational issues, such as limited opening hours, long wait times, and no ramps for wheelchairs. Input from people with lived and living experience added that some people had to wait 48 hours to get their drug checking results. Delays may happen when trained FTIR or PS-MS technicians have limited hours, drug checking sites have limited hours, or samples need to be transported from collection sites to testing sites. While problems like limited hours, crowded spaces, or being too far away are difficult to change, sites should make sure that building spaces are accessible, and future sites should choose spaces that are wheelchair friendly and accessible for all PWUS.

- Drug checking gives people information that can help them make safer choices about their substance use. While many people who used both opioids and stimulants said they would still use stimulants that tested positive for fentanyl, more people who only used stimulants said they would not use them.

Some respondents also said they would use with a friend, use at an OPS/SCS, or take other safety steps if their drugs tested positive for fentanyl test.

- People with lived and living experience have shared that it can be hard to access drug checking services and people may not feel motivated to use them. While drug checking results can give more information about the drug supply, lower the chances of experiencing an overdose, and provide data that enhance our understanding of the drug supply, these services do not change the toxicity of the illicit drug supply in British Columbia.

- Future educational campaigns around drug checking services should raise awareness that anyone who uses drugs from the unregulated market is at risk because the supply is toxic and unpredictable. The finding that some respondents did not want or feel they needed drug checking suggests that awareness and trust may also affect uptake, not only physical access.

## Limitations

- Respondents in the 2023 HRCS are a convenience sample of clients who visited a participating harm reduction supply distribution site in BC. These results are not generalizable to the experience of all people who use harm reduction services or to all people who use substances (PWUS) in BC and their diverse experiences of awareness and knowledge of decriminalization.

- Respondents in the HRCS are anonymous, thus it is not possible to determine if participants are the same in the 2021 and 2023 survey. This limits the ability to do statistical tests. Comparisons between results from the 2021 and 2023 HRCS presented in this knowledge update should be interpreted with caution. Not all questions in the 2021 and 2023 surveys are directly comparable.

- Survey responses are self-reported, and the accuracy of responses cannot be assessed. Many sites had someone available to support people to complete the survey; however, the presence of a support person may have affected how respondents answered. BCCDC continues to look for new ways to support people completing the survey and help them provide honest responses that can be used to improve services and supports for people who use harm reduction services.

- Consistent with BCCDC policies to reduce the risk of survey respondents being identified, subgroup results are only presented when there are at least 20 respondents.

- Measuring the distance between a harm reduction site and the nearest drug checking site by measuring a straight-line between the two can underestimate the commute time between sites.

- Only sites listed on the BCCSU or Substance websites and offering FTIR or PS-MS drug checking in April 2024 were used in the calculation of distance to the nearest drug checking site. Community-based sites that only offered test strips were not included. Because of this, the distance measured may be more than the actual distance traveled by respondents to any drug checking tools or services.

- Some survey questions asked about hypothetical scenarios like how often the person would use drug checking services if they were available and what actions would you take if your drugs tested positive for fentanyl. The responses may not reflect what people do. People may have given answers they think are more socially acceptable.

- It is not possible to tell the difference between take-home test strips versus test strips that were used by a technician at the FTIR/PS-MS sites in survey responses.

## Supporting Information

### Document citation

Liu L, Fraser M, Loewen OK, Xavier CG, Wall C, Kinniburgh B, Crabtree A. Drug Checking in British Columbia: Harm Reduction Client Survey 2023. Knowledge Update. Vancouver, BC: BC Centre for Disease Control, 2026.

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## Acknowledgements

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# Tables

Table 1. Use of different types of drug checking services in the last six months, Harm Reduction Client Survey 2023

| | n (%) |
|---|---|
| **Did you use drug checking services? (n=401)*** | |
| No | 221 (55%) |
| Yes | 180 (45%) |
| **Drug checking services used (n=180)^** | |
| Drug checking machine (FTIR, PS-MS) | 112 (62%) |
| Fentanyl test strips | 105 (58%) |
| Benzodiazepine test strips | 56 (31%) |
| Mail-in drug checking, for example Get Your Drugs Checked | 24 (13%) |
| Xylazine test strips | 24 (13%) |
| Something not listed above | 8 (4.4%) |

*Total survey sample is 433 respondents. The table above excludes 32 responses that were blank or had conflicting information.

^Responses are not mutually exclusive.

Table 2. Use of drug checking services in the last six months by participant characteristics. Harm Reduction Client Survey 2023.

| Characteristic | Overall^ N =401 | Did not use drug checking services/tools N =221 (55%) | Used drug checking services/tools N = 180 (45%) | p-value |
|---|---|---|---|---|
| **Health Authority (survey site)** | | | | <0.001* |
| Interior | 64 | 27 (42%) | 37 (58%) | |
| Fraser | 83 | 48 (58%) | 35 (42%) | |
| Vancouver Coastal | 75 | 35 (47%) | 40 (53%) | |
| Island | 80 | 38 (48%) | 42 (53%) | |
| Northern | 99 | 73 (74%) | 26 (26%) | |
| **Community size (2021 Census Population Centre)** | | | | 0.5 |
| Small population centre (1,000 to 29,999) | 172 | 100 (58%) | 72 (42%) | |
| Medium population centre (30,000 to 99,999) | 49 | 27 (55%) | 22 (45%) | |
| Large urban population centre (100,000 or more) | 180 | 94 (52%) | 86 (48%) | |
| **Type of current residence** | | | | 0.6 |
| Private or band owned residence | 79 | 42 (53%) | 37 (47%) | |
| Another residence (e.g., hotel/motel, SRO, supportive housing) | 101 | 54 (53%) | 47 (47%) | |
| Shelter | 73 | 45 (62%) | 28 (38%) | |
| No regular place to stay (homeless, tent, couch-surf) | 117 | 62 (53%) | 55 (47%) | |
| **Age group** | | | | 0.3 |
| 19 to 29 | 31 | 19 (61%) | 12 (39%) | |
| 30 to 39 | 118 | 67 (57%) | 51 (43%) | |
| 40 to 49 | 127 | 61 (48%) | 66 (52%) | |
| 50 or older | 115 | 68 (59%) | 47 (41%) | |
| **Gender** | | | | 0.2 |
| Man | 252 | 149 (59%) | 103 (41%) | |
| Woman | 129 | 65 (50%) | 64 (50%) | |
| **Sexual orientation** | | | | 0.2 |
| Heterosexual or straight | 313 | 178 (57%) | 135 (43%) | |
| LGBQA+ § | 64 | 31 (48%) | 33 (52%) | |
| **Employment** | | | | 0.005 |
| Employed | 82 | 35 (43%) | 47 (57%) | |
| No employment | 299 | 179 (60%) | 120 (40%) | |

| Characteristic | Overall^ N =401 | Did not use drug checking services/tools N =221 (55%) | Used drug checking services/tools N = 180 (45%) | p-value |
|---|---|---|---|---|
| **Frequency of substance use in the last 30 days** | | | | 0.058 |
| Every day | 309 | 163 (53%) | 146 (47%) | |
| A few times a week | 46 | 30 (65%) | 16 (35%) | |
| A few times a month or less | 31 | 22 (71%) | 9 (29%) | |
| **Injection drug use, last 6 months** | | | | 0.04 |
| Yes | 184 | 90 (49%) | 94 (51%) | |
| No | 204 | 121 (59%) | 83 (41%) | |
| **Inhalation drug use, last 6 months** | | | | 0.059 |
| Yes | 346 | 187 (54%) | 159 (46%) | |
| No | 37 | 26 (70%) | 11 (30%) | |
| **Drug use at an Overdose Prevention Service or Supervised Consumption Site (OPS/SCS), last 6 months** | | | | 0.046 |
| Yes | 248 | 128 (52%) | 120 (48%) | |
| No | 135 | 84 (62%) | 51 (38%) | |
| **Used opioids in last 3 days (fentanyl, heroin)** | | | | 0.047 |
| Yes | 262 | 135 (52%) | 127 (48%) | |
| No | 139 | 86 (62%) | 53 (38%) | |
| **Used stimulants in last 3 days (meth, cocaine, crack)** | | | | 0.005 |
| Yes | 286 | 145 (51%) | 141 (49%) | |
| No | 115 | 76 (66%) | 39 (34%) | |
| **Frequency of using drugs alone in the last 30 days** | | | | 0.5 |
| Every day | 189 | 107 (57%) | 82 (43%) | |
| A few times a week | 98 | 47 (48%) | 51 (52%) | |
| A few times a month | 47 | 27 (57%) | 20 (43%) | |
| Did not use drugs alone | 32 | 18 (56%) | 14 (44%) | |
| **Distance to nearest drug checking site (metres)** | | | | <0.001* |
| 0 - 99 | 209 | 109 (52%) | 100 (48%) | |
| 100 - 999 | 128 | 63 (49%) | 65 (51%) | |
| 1,000 or more | 64 | 49 (77%) | 15 (23%) | |

^Total survey sample is 433 respondents. The table above excludes 32 responses that were blank or had conflicting information.

*p<0.005

§ Lesbian, Gay, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning

Table 3. Difficulties experienced accessing drug checking services or tools. Harm Reduction Client Survey 2023.

| | n (%) |
|---|---|
| **Did you experience difficulties? (n=387)*** | |
| Experienced at least one difficulty accessing drug checking services or tools | 197 (51%) |
| Did not experience any difficulties | 190 (49%) |
| **Reasons for difficulty accessing drug checking services or tools (n=197)** | |
| I don't need or want to use them (e.g., I trust my source) | 77 (39%) |
| Site/service operating issues (limited opening hours, long wait times, no ramps for wheelchairs, etc.) | 52 (26%) |
| Sites/services not available in my community or too far away | 46 (23%) |
| Results take too long / process is too slow | 29 (15%) |
| I don't want to give up drugs for checking | 21 (11%) |
| I have confidentiality or privacy concerns | 21 (11%) |
| Worried police, parole, or probation officer would find out I use substances | 13 (7%) |
| I couldn't take test strips home with me | 11 (6%) |
| There is no one to explain the results to me | 11 (6%) |
| Something not listed above | 20 (10%) |

*Total survey sample is 433 respondents. The table above excludes 46 responses that were blank or had conflicting information.

Table 4. Frequency of using drug checking services/tools if available, by participant characteristics. Harm Reduction Client Survey 2023.

| Characteristic | Overall ^ N =411 | Every day N = 133 (33%) | At least once a month N= 193 (47%) | Would not use N = 85 (21%) | p-value |
|---|---|---|---|---|---|
| **Health Authority (survey site)** | | | | | 0.8 |
| Interior | 65 | 19 (29%) | 31 (48%) | 15 (23%) | |
| Fraser | 86 | 27 (31%) | 46 (53%) | 13 (15%) | |
| Vancouver Coastal | 71 | 20 (28%) | 33 (46%) | 18 (25%) | |
| Island | 87 | 31 (36%) | 38 (44%) | 18 (21%) | |
| Northern | 102 | 36 (35%) | 45 (44%) | 21 (21%) | |
| **Community size (2021 Census Population Centre)** | | | | | 0.8 |
| Small population centre (1,000 to 29,999) | 171 | 58 (34%) | 80 (47%) | 33 (19%) | |
| Medium population centre (30,000 to 99,999) | 55 | 14 (25%) | 27 (49%) | 14 (25%) | |
| Large urban population centre (100,000 or more) | 185 | 61 (33%) | 86 (46%) | 38 (21%) | |
| **Type of current residence** | | | | | 0.12 |
| Private or band owned residence | 82 | 20 (24%) | 42 (51%) | 20 (24%) | |
| Another residence (e.g., hotel/motel, SRO, supportive housing) | 103 | 24 (23%) | 57 (55%) | 22 (21%) | |
| Shelter | 74 | 30 (41%) | 29 (39%) | 15 (20%) | |
| No regular place to stay (homeless, tent, couch-surf) | 123 | 45 (37%) | 55 (45%) | 23 (19%) | |
| **Age group** | | | | | >0.9 |
| 19 to 29 | 31 | 10 (32%) | 15 (48%) | 6 (19%) | |
| 30 to 39 | 120 | 41 (34%) | 54 (45%) | 25 (21%) | |
| 40 to 49 | 131 | 41 (31%) | 65 (50%) | 25 (19%) | |
| 50 or older | 118 | 36 (31%) | 55 (47%) | 27 (23%) | |
| **Gender** | | | | | >0.9 |
| Man | 256 | 87 (34%) | 114 (45%) | 55 (21%) | |
| Woman | 133 | 41 (31%) | 66 (50%) | 26 (20%) | |
| **Sexual orientation** | | | | | 0.4 |
| Heterosexual or straight | 323 | 105 (33%) | 156 (48%) | 62 (19%) | |
| LGBQA+ [§] | 65 | 20 (31%) | 28 (43%) | 17 (26%) | |
| **Employment** | | | | | >0.9 |
| Employed | 81 | 27 (33%) | 38 (47%) | 16 (20%) | |
| No employment | 312 | 101 (32%) | 146 (47%) | 65 (21%) | |
| **Frequency of substance use in the last 30 days** | | | | | 0.3 |
| Every day | 321 | 111 (35%) | 145 (45%) | 65 (20%) | |
| A few times a week | 46 | 13 (28%) | 25 (54%) | 8 (17%) | |
| A few times a month or less | 30 | 5 (17%) | 17 (57%) | 8 (27%) | |

| Characteristic | Overall ^ N =411 | Every day N = 133 (33%) | At least once a month N= 193 (47%) | Would not use N = 85 (21%) | p-value |
|---|---|---|---|---|---|
| **Injection drug use, last 6 months** | | | | | 0.5 |
| Yes | 187 | 65 (35%) | 87 (47%) | 35 (19%) | |
| No | 212 | 64 (30%) | 101 (48%) | 47 (22%) | |
| **Inhalation drug use, last 6 months** | | | | | 0.02 |
| Yes | 354 | 103 (29%) | 175 (49%) | 76 (21%) | |
| No | 36 | 18 (50%) | 10 (28%) | 8 (22%) | |
| **Drug use at an Overdose Prevention Service or Supervised Consumption Site (OPS/SCS) last 6 months** | | | | | 0.3 |
| Yes | 253 | 86 (34%) | 118 (47%) | 49 (19%) | |
| No | 138 | 37 (27%) | 70 (51%) | 31 (22%) | |
| **Used opioids in last 3 days (fentanyl, heroin)** | | | | | 0.8 |
| Yes | 265 | 89 (34%) | 122 (46%) | 54 (20%) | |
| No | 146 | 44 (30%) | 71 (49%) | 31 (21%) | |
| **Used stimulants in last 3 days (meth, cocaine, crack)** | | | | | 0.1 |
| Yes | 290 | 96 (33%) | 142 (49%) | 52 (18%) | |
| No | 121 | 37 (31%) | 51 (42%) | 33 (27%) | |
| **Frequency of using drugs alone in the last 30 days** | | | | | <0.001* |
| Every day | 200 | 69 (35%) | 80 (40%) | 51 (26%) | |
| A few times a week | 95 | 29 (31%) | 56 (59%) | 10 (11%) | |
| A few times a month | 50 | 13 (26%) | 33 (66%) | 4 (8%) | |
| Did not use drugs alone | 34 | 7 (21%) | 15 (44%) | 12 (35%) | |
| **Distance to nearest drug checking site (metres)** | | | | | 0.7 |
| 0-99 | 220 | 73 (33%) | 107 (49%) | 40 (18%) | |
| 100-999 | 128 | 39 (30%) | 60 (47%) | 29 (23%) | |
| 1,000 or more | 63 | 21 (33%) | 26 (41%) | 16 (25%) | |

^Total survey sample is 433 respondents. The table above excludes 22 responses that were blank or had conflicting information.

*p<0.005

§ Lesbian, Gay, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning

Table 5. What would you do if your stimulants tested positive for fentanyl? Harm Reduction Client Survey 2023.

| | Total (N =302) *^ (%) | Reported Recent Stimulant Use without Fentanyl (N=111) | Reported Recent Stimulant and Fentanyl Use (N=191) |
|---|---|---|---|
| Continue using as usual | 136 (45%) | 17 (15%) | 119 (62%) |
| Would not use the drugs | 83 (27%) | 60 (54%) | 23 (12%) |
| Use with a buddy | 49 (16%) | 8 (7.2%) | 41 (21%) |
| Use at an Overdose Prevention Service or Supervised Consumption Site (OPS/SCS) | 40 (13%) | 7 (6.3%) | 33 (17%) |
| Use more slowly | 34 (11%) | 7 (6.3%) | 27 (14%) |
| Have someone check on me | 32 (11%) | 8 (7.2%) | 24 (13%) |
| Use less | 32 (11%) | 12 (11%) | 20 (10%) |
| Prefer not to say | 5 (1.7%) | 4 (3.6%) | 1 (0.5%) |
| Something not listed above | 5 (1.7%) | 3 (2.7%) | 2 (1.0%) |

*Respondents who did not report using stimulants in the last 3 days were excluded from the denominator.

^Responses are not mutually exclusive.