Knowledge Update

BC Centre for Disease Control
Provincial Health Services Authority

Topic	Demographic and health services characteristics associated with trying to access and with receiving recovery-oriented treatment services among 2023 Harm Reduction Client Survey respondents
Date	August 15, 2025
Data source	2023 Harm Reduction Client Survey
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Key messages

- Among 382 respondents to the 2023 Harm Reduction Client Survey, 201 (52%) tried to access recovery-oriented treatment services. Among those who tried, 127 (63%) reported receiving these services. Findings reveal disparities between respondents who tried to access recovery-oriented treatment and those who received it.
- A significantly higher proportion of respondents who were unemployed (vs. employed), who experienced unintentional opioid overdose (vs. not), and who tried to access prescribed alternatives (vs. not) reported trying to access recovery-oriented treatment services.
- A significantly higher proportion of respondents who were residing in private or band-owned residence (vs. another residence, shelter, or no regular place to live) or who had a naloxone kit (vs. not) reported receiving recovery-oriented treatment services.

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 Cost 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, 43% 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 respondents 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

This analysis examines characteristics that are associated with 1) *trying to access* and 2) *receiving* recovery-oriented treatment services (e.g., withdrawal management (detox), bed-based treatment, or counseling), herein referred to as treatment services. The 2023 Harm Reduction Client Survey (HRCS) was conducted among people using harm reduction services in British Columbia. This analysis describes the demographic, substance use, and health services use profile of 2023 HRCS respondents who tried to access treatment and who received treatment.

Study Design and Methods

- The 2023 HRCS includes responses from 433 eligible respondents at 23 harm reduction supply distribution sites in B.C. Eligible respondents were 19 years or older and reported use of unregulated substances in the past six months. Responses were self-reported, anonymous, cross-sectional, collected between December 5, 2023, and March 8, 2024. Respondents received a $20 honorarium for completing the survey. Detailed methodology for the 2023 HRCS is provided in Appendix I.

- This analysis was conducted based on the survey question 54: *"(In the last 6 months), Have you tried to access treatment or counselling to meet your recovery goals (excluding alcohol, tobacco, or cannabis treatment)? Some examples include withdrawal management (detox), bed-based treatment and recovery services, narcotics anonymous, etc*." Response options included:
    a) Tried to access treatment and received services,
    b) Tried to access treatment and did not receive services, and
    c) Did not try to access treatment.

- The variables of "tried to access treatment" and "received treatment" were created based on the response options above as follows:
    - "Tried" means respondents who selected options a) or b) (N=201) among all respondents (N=382).
    - "Received" means respondents who selected option a) (N=127) among those who tried (i.e. responded options a or b) (N=201).

- Analyses examined potential factors associated with trying to access treatment services and receiving treatment services. A summary of statistics and tests of association (Chi-square and Fisher's exact tests) are presented in Tables 1 and 2 (trying to access) and Tables 3 and 4 (receiving treatment services).

- Variables explored include sociodemographic, substance use, and overdose experience, as well as harm reduction and health services use, including Opioid Agonist Treatment (OAT), prescribed

alternatives to the toxic supply (PA) medications), drug-checking services, overdose prevention sites and supervised consumption sites (OPS/SCS), take-home naloxone kit ownership, syphilis testing[1], and infection/wound care. Specific variables and sample sizes are included in Tables 2 and 4.

- 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. 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.

- Interpretation of these results was done in collaboration with the Professionals for the Ethical Engagement of Peers (PEEP), an advisory group comprised of people with lived and living experience of substance use (PWLLE), to ensure appropriate contextualization.

Findings

Client Characteristics Associated with Trying to Access Treatment Services (N=382, Tables 1, 2):

- **Unemployment**: Among unemployed respondents, 54% (N=155) tried to access treatment services, a significantly higher proportion than the 43% (N=32) of employed respondents who tried (p=0.004).

- **Opioid overdose**: Among respondents who had an unintentional opioid overdose in the past 6 months, 61% (N=109) tried to access treatment services. This proportion was significantly higher than the 42% (N=77) of people who did not experience an opioid overdose but tried to access treatment ($p<0.001$).

- **Prescribed alternatives (PA)**: Among respondents who tried to access PA, 64% (N=131) also tried to access treatment services, a significantly higher proportion than the 36% (N=74) of respondents who did not try to access treatment that tried to access PA ($p<0.001$).

Client Characteristics Associated with Receiving Treatment Services (N=201, Tables 3, 4):

- **Residence type**: 86% (N=31) of respondents living in private or band-owned residences who tried to access treatment reported receiving treatment services, a significantly higher proportion than those who

[1] We chose syphilis to represent trends in sexually transmitted infections (STIs) for its wide availability and low-barrier access in B.C. This decision is especially relevant given the recent outbreak in BC, where case rates nearly doubled from 20.9 per 100,000 population in 2019 to 34.8 per 100,000 population in 2024 (BCCDC, 2025).

tried to access treatment while residing in hotels (69%, N=31), shelters (66%, N=25), or those who had no regular place to stay (44%, N=28) ($p<0.001$).

- **Employment**: Among respondents who were employed full-time or part-time and tried to access treatment, 84% (N=27) reported receiving treatment, whereas 59% (N=91) of unemployed respondents who tried to access treatment reported receiving treatment. This difference in proportions was not statistically significant ($p=0.006$).

- **Naloxone kit**: Among respondents who had a naloxone kit and tried to access treatment, 69% (N=104) received treatment. This proportion was significantly higher than the 43% (N=18) of respondents who did not have a kit and tried to access treatment ($p=0.002$).

Interpretation

- **Findings reveal disparities between respondents who tried to access recovery-oriented treatment and those who received it**. While 52% of respondents tried to access treatment, only 33% received services. These high levels of treatment needs and barriers to care highlight the importance of offering more accessible, flexible, and supportive treatment options that respond to the diverse needs of people who use substances. In a prior study, the inability to access treatment services was found to be independently associated with nearly five times the risk of (re-)initiation of substance use compared to those who received treatment (Sergeant *et al.*, 2024).

- **Employment status and residence type were associated with both trying to access and receiving treatment services.**

    - **Unemployed respondents were more likely to seek treatment but less likely to receive treatment compared to employed respondents.** This suggests that employment status may affect different stages of the treatment process. Prior studies have suggested that unemployed people may face fewer work-related barriers in seeking treatment, such as rigid work schedules or concerns about workplace stigma, making them more likely to try accessing treatment services (Li *et al*., 2023; van Beukering *et al*., 2022). Conversely, financial stability and supportive workplace policies and benefits associated with employment may help reduce barriers to treatment receipt, promote sustained engagement in care, and foster long-term recovery outcomes (Frone *et al*., 2022).

    - **People with no regular place to stay were the most likely to try to access treatment but were the least likely to receive it.** This suggests that people experiencing housing instability may have a stronger desire to seek help but may face greater barriers to receiving treatment services,

including transportation challenges, negative attitudes from healthcare providers, and long waitlists at inpatient and detox treatment services (Hsu *et al*., 2024; Pakhomova *et al.*, 2023; Gilmer & Buccieri, 2020). Additionally, without a physical address, cellphones become a crucial tool for contacting and following up with treatment services. Although the 2023 HRCS did not include questions on cellphone access, 48% of 502 respondents in the 2022 HRCS reported lacking access to a cellphone, further compounding barriers to treatment services (Kinniburgh *et al*., 2023).

- Overall, these findings suggest that **people experiencing unemployment and housing instability are more likely to seek treatment but may encounter systemic barriers that prevent them from receiving the care they seek**, such as cost-related limitations**.** In B.C., recovery-oriented treatment services can be delivered by not-for-profit organizations, private business, and health authorities, each with different costs and business models (BCCSU, 2025). Some treatment beds are privately funded and require out-of-pocket payment, which may not be possible for many people seeking care, thereby reducing the availability of recovery-oriented services.

- The gradient in treatment receipt based on respondents' housing and employment stability (Table 3) highlights the need to improve equitable access to recovery-oriented treatment services in ways that do not further marginalize clients based on their socioeconomic status. A recent systematic review of randomized control trials and quasi-experimental designs research showed that Recovery Housing models, which often provide onsite clinical care, can lead to improvements in substance use, income, and employment (Vilsaint *et al*., 2025). Housing First models, such as Ottawa's Managed Opioid Program, where supervised injectable hydromorphone was paired with assisted housing, demonstrate how integrated programs can simultaneously address housing and treatment needs (Harris *et al*., 2021). Similarly, Therapeutic Workplace models may help improve financial and employment stability by incentivizing the initiation and adherence to recovery-oriented treatment options, particularly for people experiencing unemployment (Silverman *et al*., 2017).

- **Experiencing an unintentional opioid overdose in the last six months was significantly associated with trying to access treatment**. A larger proportion of respondents who experienced an opioid overdose tried to access treatment than those who did not, but this was not statistically significant. Although the temporal relationship between overdose experience and treatment-seeking cannot be discerned in this study, these findings suggest that experiencing a life-threatening health crisis, such as an overdose, may be associated with initiating substance use care (Ledlie *et al*., 2025).

- Meanwhile, in our study, witnessing an overdose was not significantly associated with treatment-seeking behavior. Prior studies have found that the emotional and psychological impacts of witnessing overdose among people who use substances (e.g. Post-Traumatic Stress Disorder) are associated with difficulties accessing health and social services (Schneider *et al.*, 2021; Goytan *et al*., 2021). This might indicate that direct personal risk plays a more decisive role in prompting action to seek care compared to witnessing overdoses.

- **Differences in treatment seeking and receipt were observed based on the type of harm reduction and health services used by respondents.**

  - **Most respondents who attempted to access prescribed alternatives (PA) also reported trying to access recovery-oriented treatment; however, they were not more likely to receive treatment.** Given the cross-sectional and descriptive nature of this study, the temporal relationship between PA and recovery-oriented treatment access cannot be determined, nor can the significant overlap between attempts to access PA and recovery-oriented services be fully explained. It remains unclear whether individuals are: a) broadly seeking support and enrolling in multiple services; or b) encountering barriers to one service and subsequently turning to the other to support their health needs. Nonetheless, only a minority of respondents to HRCS surveys reported having obtained PA ((16.5% in 2021- Palis *et al*., 2024, and in 2023, 38% reported receiving PA and or opioid agonist treatment (OAT), Fajber et al., 2025). In this study, increased attempts to access PA and treatment did not correspond with increased receipt of recovery-oriented services. Regardless of the underlying motivations for seeking multiple forms of care, the low uptake of PA and the limited receipt of treatment services reflect ongoing gaps in harm reduction and substance use care in B.C., highlighting the need to ensure these services meet the needs of those actively seeking support.

  - **Respondents who used drug checking services were less likely to try to access treatment but more likely to receive treatment services.** The 2021 HRCS also found that people who engaged in drug checking were more likely to receive PA and to receive treatment in the form of OAT (Palis *et al*., 2024; Tobias *et al*., 2024). Given the wide variety of drug checking services available, further analysis is needed to better understand why increased receipt of harm reduction and recovery-oriented services is observed among people who use drug checking services.

Limitations

- Respondents in the 2023 HRCS are a convenience sample of clients who visited a participating Harm Reduction supply distribution site in B.C. These results are not generalizable to the experience of all people who use harm reduction services or to all people who use substance (PWUS) in B.C. and their diverse experiences of getting and using substances.

- The survey is cross-sectional and self-reported, making it difficult to determine the sequence of events. Therefore, recall bias may be present, and the accuracy of responses cannot be assessed. Statistical analyses also excluded participants who did not answer all relevant questions. 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.

- These findings reflect the perspectives of people who accessed harm reduction sites at the time of data collection, but not all PWUS visit harm reduction supply distribution sites. Health authority and community size significantly influence the use of OPS/SCS in 2023 and 2022 HRCS (Loewen *et al*., 2024), and only 60% of HRCS sites are located near OPS/SCS locations. As a result, location-based limitations may introduce biases, impacting who can utilize harm reduction and health services, as well as how these limitations affect accessibility and recipient of treatment services.

- Respondents' understanding of "treatment services" may vary, and some might view Opioid Agonist Treatment (OAT), prescribed alternatives to the toxic supply (PA) medications as part of their recovery-oriented care.

- This analysis is based solely on responses to Question 54 of the 2023 HRCS, which asks about attempts to access treatment or counseling. The examples provided in the question (e.g., withdrawal management, bed-based treatment, Narcotics Anonymous) may influence how respondents interpret "treatment", in ways that may not fully reflect their views on recovery or the broader spectrum of harm reduction and substance use services.

- Consistent with BCCDC policies to reduce the risk of respondents being identified, subgroup results are only presented when there are at least 20 respondents. This approach underscores the importance of ensuring meaningful representation of diverse identities in data collection to inform research, policy development, and service implementation that supports equitable, evidence-based decision-making.

- This analysis only includes descriptive statistics and does not account for potential confounding. Multivariate modeling is an important next step to help understand these relationships. For example, the association between OPS use and receiving treatment has not been adjusted for key potential confounders such as age, sex, and employment status. Some variables may also be closely related, such as housing and employment, making it difficult to isolate their individual effects. Additional studies involving detailed modeling analysis would be necessary to test these possibilities.

Supporting Information

Document citation

Zhang X, Fraser M, Fajber K, Kinniburgh B, Crabtree A, Palis H. Demographics and health services characteristics associated with trying to access and receiving recovery-oriented treatment services among 2023 Harm Reduction Client Survey respondents. Knowledge Update. Vancouver, BC: BC Centre for Disease Control, 2025.

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Tables and Figures

Table 1. Characteristics of respondents who did and did not try to access treatment. Harm Reduction Client Survey 2023.

Characteristic	Overall N = 382 (Column %) §	Tried to Access Treatment		
		Yes N = 201 (row %)	No N = 181 (row %)	p-value*
Health Authority (survey site)				0.2
Interior	59 (15%)	25 (42%)	34 (58%)	
Fraser	76 (20%)	44 (58%)	32 (42%)	
Vancouver Coastal	73 (19%)	34 (47%)	39 (53%)	
Island	76 (20%)	40 (53%)	36 (47%)	
Northern	98 (26%)	58 (59%)	40 (41%)	
Community size (2021 census population centre)				0.053
Small population centre (1,000 to 29,999)	169 (44%)	87 (51%)	82 (49%)	
Medium population centre (30,000 to 99,999)	43 (11%)	30 (70%)	13 (30%)	
Large urban population centre (100,000 or more)	170 (45%)	84 (49%)	86 (51%)	
Type of current residence				0.3
Private or band owned residence	75 (21%)	36 (48%)	39 (52%)	
Another residence‡	98 (28%)	45 (46%)	53 (54%)	
Shelter	72 (20%)	38 (53%)	34 (47%)	
No regular place to stay (homeless, tent, couch-surf)	111 (31%)	64 (58%)	47 (42%)	
Unknown / Did not answer	26			
Age group				0.2
19 to 39	142 (38%)	80 (56%)	62 (44%)	
40 to 49	122 (33%)	66 (54%)	56 (46%)	
50 or older	107 (29%)	49 (46%)	58 (54%)	
Unknown / Did not answer	11			
Gender				0.029
Man	236 (63%)	117 (50%)	119 (50%)	
Woman	125 (33%)	67 (54%)	58 (46%)	
Transgender / Gender expansive^	14 (4%)	-	-	
Unknown / Did not answer	7			
Sexual orientation				0.059
Heterosexual or straight	297 (83%)	145 (49%)	152 (51%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	63 (18%)	39 (62%)	24 (38%)	
Unknown / Did not answer	22			

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Characteristic	Overall N = 382 (Column %) §	Tried to Access Treatment		
		Yes N = 201 (row %)	No N = 181 (row %)	p-value*
Employment				0.004*
Full time or part time employment	75 (21%)	32 (43%)	43 (57%)	
No employment	287 (79%)	155 (54%)	132 (46%)	
Unknown / Did not answer	20			
Frequency of substance use, last 30 days				>0.9
Every day	296 (80%)	154 (52%)	142 (48%)	
A few times a week or less	74 (20%)	39 (53%)	35 (47%)	
Unknown / Did not answer	12			
Injection drug use, last 6 months				0.5
Yes	168 (46%)	92 (55%)	76 (45%)	
No	196 (54%)	100 (51%)	96 (49%)	
Unknown / Did not answer	18			
Inhalation drug use, last 6 months				0.3
Yes	332 (90%)	173 (52%)	159 (48%)	
No	35 (10%)	15 (43%)	20 (57%)	
Unknown / Did not answer	15			
Used opioids, last 3 days (fentanyl, heroin)				0.01
Yes	249 (65%)	143 (57%)	106 (43%)	
No	133 (35%)	58 (44%)	75 (56%)	
Used stimulants, last 3 days (meth, coke, crack)				0.7
Yes	273 (71%)	142 (52%)	131 (48%)	
No	109 (29%)	59 (54%)	50 (46%)	
Used Benzos, last 3 days				0.079
Yes	107 (28%)	64 (60%)	43 (40%)	
No	275 (72%)	137 (50%)	138 (50%)	
Frequency of using drugs alone, last 30 days				0.021
Every day	186 (52%)	88 (47%)	98 (53%)	
A few times a week	94 (27%)	62 (66%)	32 (34%)	
A few times a month	43 (12%)	21 (49%)	22 (51%)	
Did not use drugs alone	31 (9%)	14 (45%)	17 (55%)	
Unknown / Did not answer	28			
Had an unintentional opioid overdose, last 6 months				<0.001*
Yes	178 (49%)	109 (61%)	69 (39%)	
No	182 (51%)	77 (42%)	105 (58%)	
Unknown / Did not answer	22			

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Characteristic	Overall N = 382 (Column %) §	Tried to Access Treatment		
		Yes N = 201 (row %)	No N = 181 (row %)	p-value*
Had an unintentional stimulant overdose, last 6 months				0.023
Yes	73 (22%)	48 (66%)	25 (34%)	
No	266 (78%)	127 (48%)	139 (52%)	
Unknown / Did not answer	43	17 (55%)	14 (45%)	
Witnessed overdose, last 6 months				>0.9
Yes	320 (88%)	167 (52%)	153 (48%)	
No	45 (12%)	24 (53%)	21 (47%)	
Unknown / Did not answer	17			

§ The total count for each variable is 382, including the "Unknown / Did not answer" group. The "Unknown / Did not answer" group is excluded from column percentages for each variable. If the “Unknown / Did not answer” group is not listed, its count is zero.

* p<0.005

‡ Another residence include hotel, motel, Single Room Occupancy (SRO), supportive housing, etc.

^ The breakdown for "Transgender / Gender-expansive" has been omitted due to a low total count (n < 20).

Table 2. Harm reduction and health service use in the last 6 months for respondents who did and did not try to access treatment. Harm Reduction Client Survey 2023.

Characteristic	Overall N = 382 (column %) §	Tried to Access Treatment		
		Yes N = 201 (row %)	No N = 181 (row %)	p-value*
Tried to access prescribed alternatives, last 6 months				<0.001*
Yes	205 (57%)	131 (64%)	74 (36%)	
No	148 (42%)	50 (34%)	98 (66%)	
Unknown / Did not answer	29			
Used drug checking services or tools+, last 6 months				0.1
Yes	157 (44%)	74 (47%)	83 (53%)	
No	202 (56%)	113 (56%)	89 (44%)	
Unknown / Did not answer	23			
Used OPS/SCS, last 6 months				0.052
Yes	234 (64%)	131 (56%)	103 (44%)	
No	130 (36%)	59 (45%)	71 (55%)	
Unknown / Did not answer	18			
Had a Naloxone kit, last 6 months				0.4
Yes	296 (80%)	151 (51%)	145 (49%)	
No	75 (20%)	42 (56%)	33 (44%)	
Unknown / Did not answer	11			
Tested for syphilis, last 12 months				0.2
Yes, in the last 12 months	161 (57%)	93 (58%)	68 (42%)	
No, more than 12 months ago or never	120 (43%)	60 (50%)	60 (50%)	
Unknown / Did not answer	101			
Sought medical care for skin infections or wounds, last 6 months				0.2
Yes	188 (52%)	106 (56%)	82 (44%)	
No	175 (48%)	86 (49%)	89 (51%)	
Unknown / Did not answer	19			

§ The total count for each variable is 382, including the "Unknown / Did not answer" group. The "Unknown / Did not answer" group is excluded from column percentages for each variable. If the “Unknown / Did not answer” group is not listed, its count is zero.

* p<0.005

+ Including drug checking machine, mail-in services, fentanyl test strips, benzo test strips, xylazine test strips, and other services.

Table 3. Among respondents who tried to access treatment services, characteristics of those who did and did not receive treatment services in the last 6 months. Harm Reduction Client Survey 2023.

Characteristic	Overall N = 201 (column %) §	Received Treatment		
		Yes N = 127 (row %)	No N = 74 (row %)	p-value*
Health Authority (survey site)				0.2
Interior	25 (12%)	19 (76%)	6 (24%)	
Fraser	44 (22%)	24 (55%)	20 (45%)	
Vancouver Coastal	34 (17%)	25 (74%)	9 (26%)	
Island	40 (20%)	22 (55%)	18 (45%)	
Northern	58 (29%)	37 (64%)	21 (36%)	
Community size (2021 census population centre)				0.6
Small population centre (1,000 to 29,999)	87 (43%)	58 (67%)	29 (33%)	
Medium population centre (30,000 to 99,999)	30 (15%)	19 (63%)	11 (37%)	
Large urban population centre (100,000 or more)	84 (42%)	50 (60%)	34 (40%)	
Type of current residence				<0.001*
Private or band owned residence	36 (20%)	31 (86%)	5 (14%)	
Another residence ‡	45 (25%)	31 (69%)	14 (31%)	
Shelter	38 (21%)	25 (66%)	13 (34%)	
No regular place to stay (homeless, tent, couch-surf)	64 (35%)	28 (44%)	36 (56%)	
Unknown / Did not answer	18			
Age group				0.6
19 to 39	80 (41%)	47 (59%)	33 (41%)	
40 to 49	66 (34%)	43 (65%)	23 (35%)	
50 or older	49 (25%)	33 (67%)	16 (33%)	
Unknown / Did not answer	6			
Gender				>0.9
Man	117 (60%)	75 (64%)	42 (36%)	
Woman	67 (34%)	43 (64%)	24 (36%)	
Transgender / Gender expansive^	12 (6%)	-	-	
Unknown / Did not answer	5			
Sexual orientation				0.5
Heterosexual or straight	145 (79%)	91 (63%)	54 (37%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	39 (21%)	27 (69%)	12 (31%)	
Unknown / Did not answer	17			
Employment				0.006
Full time or part time employment	32 (17%)	27 (84%)	5 (16%)	
No employment	155 (83%)	91 (59%)	64 (41%)	
Unknown / Did not answer	14			

Continued on next page

Characteristic	Overall N = 201 (column %) §	Received Treatment		
		Yes N = 127 (row %)	No N = 74 (row %)	p-value*
Frequency of substance use, last 30 days				0.04
Every day	154 (80%)	91 (59%)	63 (41%)	
A few times a week or less	39 (20%)	30 (77%)	9 (23%)	
Unknown / Did not answer	8			
Injection drug use, last 6 months				0.4
Yes	92 (48%)	61 (66%)	31 (34%)	
No	100 (52%)	61 (61%)	39 (39%)	
Unknown / Did not answer	9			
Inhalation drug use, last 6 months				0.2
Yes	173 (92%)	108 (62%)	65 (38%)	
No^	15 (8%)	-	-	
Unknown / Did not answer	13			
Used opioids, last 3 days (fentanyl, heroin)				0.4
Yes	143 (71%)	88 (62%)	55 (38%)	
No	58 (29%)	39 (67%)	19 (33%)	
Used stimulants, last 3 days (meth, coke, crack)				0.4
Yes	142 (71%)	87 (61%)	55 (39%)	
No	59 (29%)	40 (68%)	19 (32%)	
Used Benzos, last 3 days				0.9
Yes	64 (32%)	41 (64%)	23 (36%)	
No	137 (68%)	86 (63%)	51 (37%)	
Frequency of using drugs alone, last 30 days				>0.9
Every day	88 (48%)	55 (63%)	33 (38%)	
A few times a week	62 (34%)	38 (61%)	24 (39%)	
A few times a month	21 (11%)	14 (67%)	7 (33%)	
Did not use drugs alone^	14 (8%)	-	-	
Unknown / Did not answer	16			
Had an unintentional opioid overdose, last 6 months				0.8
Yes	109 (59%)	67 (61%)	42 (39%)	
No	77 (41%)	49 (64%)	28 (36%)	
Unknown / Did not answer	15			
Had an unintentional stimulant overdose, last 6 months				0.6
Yes	48 (27%)	31 (65%)	17 (35%)	
No	127 (73%)	77 (61%)	50 (39%)	
Unknown / Did not answer	26			

Continued on next page

Characteristic	Overall N = 201 (column %) §	Received Treatment		
		Yes N = 127 (row %)	No N = 74 (row %)	p-value*
Witnessed overdose, last 6 months				0.2
Yes	167 (87%)	100 (60%)	67 (40%)	
No	24 (13%)	18 (75%)	6 (25%)	
Unknown / Did not answer	10			

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***** $p<0.005$

‡ Another residence include hotel, motel, Single Room Occupancy (SRO), supportive housing, etc.

^ The breakdown for these groups has been omitted due to a low total count ($n < 20$).

Table 4. Among respondents who tried to access treatment services, harm reduction and health services use of those who did and did not receive treatment services in the last 6 months. Harm Reduction Client Survey 2023.

Characteristic	Overall, N = 201 (column %) §	Received Treatment		
		Yes N = 127 (row %)	No N = 74 (row %)	p-value*
Tried to access prescribed alternatives, last 6 months				0.8
Yes	131 (72%)	85 (65%)	46 (35%)	
No	50 (27%)	30 (60%)	20 (40%)	
Unknown / Did not answer	20			
Used drug checking services or tools+, last 6 months				0.2
Yes	74 (40%)	51 (69%)	23 (31%)	
No	113 (60%)	68 (60%)	45 (40%)	
Unknown / Did not answer	14			
Used OPS/SCS, last 6 months				0.083
Yes	131 (69%)	76 (58%)	55 (42%)	
No	59 (31%)	42 (71%)	17 (29%)	
Unknown / Did not answer	11			
Had a Naloxone kit, last 6 months				0.002*
Yes	151 (78%)	104 (69%)	47 (31%)	
No	42 (22%)	18 (43%)	24 (57%)	
Unknown / Did not answer	8			
Tested for syphilis, last 12 months				0.9
Yes, in the last 12 months	93 (61%)	57 (61%)	36 (39%)	
No, more than 12 months ago or never	60 (39%)	36 (60%)	24 (40%)	
Unknown / Did not answer	48			
Sought medical care for skin infections or wounds, last 6 months				0.5
Yes	106 (55%)	64 (60%)	42 (40%)	
No	86 (45%)	56 (65%)	30 (35%)	
Unknown / Did not answer	9			

§ The total count for each variable is 382, including the "Unknown / Did not answer" group. The "Unknown / Did not answer" group is excluded from column percentages for each variable. If the “Unknown / Did not answer” group is not listed, its count is zero.

***** $p<0.005$

+ Including drug checking machine, mail-in services, fentanyl test strips, benzo test strips, xylazine test strips, and other services.

Appendix I - Methods

Additional details about the methods used for completing and analysing 2023 Harm Reduction Client Survey:

- The 2023 HRCS included questions on substance use, barriers to accessing prescribed alternatives to the toxic supply, BC's decriminalization policy, experiences with overdose, and interactions with law enforcement. Questions about social and demographic characteristics of survey respondents were also included.
- Harm reduction supply distribution sites across BC were invited to participate based on geographical representation, site capacity, and interest of the site and its clients. Quantitative surveys were distributed at 23 harm reduction distribution sites in small, medium, and large population centres across the five regional health authorities (Interior: 4 sites, Fraser: 4 sites, Vancouver Coastal: 5 sites, Island: 4 sites, Northern: 6 sites). Each participating site completed between 10 and 30 surveys.
- People are eligible to participate in the survey if they:
    - Are 19 years of age or older, and
    - Used a drug that is illegal or from the unregulated market (for example: opioids/down, heroin, fentanyl, powder cocaine, crack cocaine, methamphetamine, hallucinogens, etc.) in the previous six months.
- BCCDC received 447 completed surveys. We excluded fourteen ineligible surveys, resulting in a total of 433 eligible surveys.
- The HRCS is a paper survey, and BCCDC shares additional information with sites to help people understand and respond to questions. BCCDC recommends that site staff assist respondents to complete the survey, but this was not possible in all locations.
- Respondents received a $20 cash honorarium for their time to do the survey. Sites were provided with $5 per participant to cover any small costs for administering the survey (e.g., snacks, pens).
- For more HRCS reports and outputs see the Harm Reduction Client Survey webpage and Harm Reduction Reports pages.