

<b>Topic</b>	Awareness and knowledge of decriminalization among people who use substances: Harm Reduction Client Survey 2024
<b>Date</b>	May 30, 2025
<b>Data source</b>	2022, 2023, and 2024 Harm Reduction Client Survey
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### Key messages

- Overall awareness of the decriminalization policy among respondents of the 2024 Harm Reduction Client Survey (HRCS) was lower than in the 2023 HRCS, but higher than the 2022 HRCS.
- When people were asked about their knowledge of the decriminalization policy and its associated policies, certain sub-groups of people who use substances (PWUS), including individuals living in smaller communities and those who did not use opioids or stimulants in the past 3 days, were less aware of the policies across all three survey cycles.
- The decriminalization policy was amended twice since its implementation (September 2023 and May 2024) and awareness of the newest changes was much lower than awareness of parts of the policies that had not changed.
- These results suggest a need to more actively communicate policy changes to PWUS. Future educational campaigns need to reach PWUS in communities where it's harder to get new or fast-changing information. Without targeted outreach, these individuals could miss new policies, resources, or other harm reduction-related initiatives.

## 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), Skwxwú7mesh Úxwumixw (Squamish Nation), and sə́lilwətaʔ (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 2024, nearly half (48%) 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 2024 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

The aim of this analysis was (a) to examine awareness and understanding of the temporary exemption to the Controlled Substances and Substances Act two years after the policy came into effect and (b) to compare changes in the understanding of decriminalization over time.

### More about the HRCS and evaluation of decriminalization

- Health Canada granted the province of BC an exemption to section 56.1 of the Controlled Drugs and Substances Act (CDSA) as of January 31, 2023. Specifically, this exemption decriminalized personal possession of up to 2.5 cumulative grams of opioids, methamphetamine, powder cocaine, crack cocaine, and MDMA for adults in BC. This document will refer to this exemption as decriminalization. More information about the exemption is available [here](#).
- Changes to the exemption were made in September 2023 and May 2024 to limit where people were and were not allowed to possess personal amounts of substances. Because of this, details of the exemption were different during the 2022 (before the exemption), 2023, and 2024 cycles of the HRCS. See the [HRCS and Decriminalization-Related Policy Timeline](#) for details.
- For additional reports related to decriminalization from the 2022 and 2023 HRCS, please see the [Harm Reduction Client Survey webpage](#) and [Harm Reduction Reports](#) pages.

## Study Design and Methods

- Eligible participants were 19 years or older and reported use of unregulated substances in the last six months. Responses were self-reported and anonymous. Each person was only surveyed once (a cross-sectional survey). Participants received a \$20 honorarium for completing the survey. See the Appendix for more information on survey methods.
- The 2024 HRCS includes responses from 622 eligible participants at 39 harm reduction supply distribution sites in BC.
- The 2023 HRCS includes responses from 433 eligible participants at 23 harm reduction sites, which were collected between December 2023 and March 2024.
- The 2022 HRCS includes responses from 503 eligible participants at 29 harm reduction sites across BC, which were collected between November 2022 and January 2023.
- Each year of the survey reflects a different phase of the decriminalization exemption.
  - The 2022 survey took place before the exemption started.
  - The 2023 survey took place after the policy changed to exclude places used by children.
  - The 2024 survey took place after the decriminalization exemption changed again to only apply in private residences, legal shelters, and at selected health and social service locations.

See the [HRCS and Decriminalization-Related Policy Timeline](#).

- Results from the 2022, 2023 and 2024 HRCS are presented together when the same question was asked in all three surveys. Because some questions and survey sites changed each year, it is difficult to make statistical comparisons between survey years. However, general comparisons can still offer insight into the experiences of respondents (see the limitations section for details).
- This analysis focused on survey questions about decriminalization awareness. The questions asked and how many participants answered each question are included in table footnotes below. The denominator (representing the total number of responses to a given question) used in each analysis are different for the following reasons:
  - Some participants were not meant to answer certain questions based on answers to prior questions,
  - Responses were excluded if participants indicated the question did not apply, left the response missing or illegible, or answered unknown or prefer not to say.
  - For bi variate tables (tables comparing two questions), the denominator is limited to participants that answered both questions of interest.

Full technical data notes are available upon request.

- Table 1 provides information on sociodemographic and substance use characteristics of participants. A summary of statistics and association tests (Chi-square and Fisher's exact tests) are presented for 2024 respondents who responded to questions about decriminalization awareness.
- P-values were calculated to determine whether a result was statistically significant. 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.
- Interpretation of these results were 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

### Awareness of the decriminalization policy

- Two years after the policy went into effect, 78% of respondents to the 2024 HRCS reported that they were aware of decriminalization (Table 1). This is higher than the proportion of respondents who reported awareness of the policy before January 31, 2023 (58%), but slightly lower than the proportion of respondents who reported awareness one year after the policy was introduced (89%) (Loewen et al., 2024).

- While awareness remains high, it differs by respondent characteristics. Awareness continues to be lowest for respondents from Northern Health (71%) and in small population centres (71%). However, while men consistently have higher awareness than women, the difference in awareness between men and women has decreased from 10% and 7% in 2022 and 2023 (Loewen et al., 2024), respectively, to only 3% in 2024. In the 2024 HRCS, awareness increased with age, but it was lowest among individuals who used substances infrequently (a few times a month or less) (64%). Furthermore, individuals who had not used opioids or stimulants in the last three days were significantly less likely to be aware of decriminalization (65%;  $p$ -value  $< 0.005$ ).
- Among the people who were aware of decriminalization, more than 60% of respondents correctly answered three of four true or false statements about actions that are allowed under decriminalization. Awareness of recent changes to decriminalization was generally lower than awareness of limits that have stayed the same since January 2023 (Table 2a).

### Awareness of changes to the policy made in May 2024

- Almost two-thirds (62%) of respondents knew that people cannot be charged with possession if they are holding under 2.5g of drugs at an OPS, SCS, or drug checking site (Table 2b). There were no statistically significant differences in responses to this question by demographics or subpopulation.
- Only half (49%) of the respondents who reported that they were aware of decriminalization knew that people can be charged with possession if they are holding less than 2.5g of drugs in public places like sidewalks and parks (Table 2c). Awareness of this change to decriminalization was generally lower among respondents from Interior Health (36%) and who used substances less than weekly (33%). Awareness was higher in individuals living in temporary or transitional residence (61%) and those who were at least 50 years old (58%). People living in larger communities were more likely to be aware of these changes, from 36% of respondents living in small population centres to 58% living in large urban population centres ( $p$ -value  $< 0.005$ ).

### Awareness of unchanged features of the decriminalization policy

- Awareness that selling or trafficking drugs is not included in the decriminalization exemption remains high with 71% of people knowing that they can be arrested for these actions, no matter the amount (Table 2d). This has not changed from the 2023 HRCS (Loewen et al., 2024). No subpopulations had statistically significant differences in knowledge on this question ( $p$ -value  $< 0.005$ ).
- Around 66% of individuals were aware that police can charge you with breach of substance-related release conditions no matter how much you are holding (Table 2e); this is unchanged from the 2023 HRCS (64%; Loewen et al., 2024). Awareness was low in Interior Health (55%) and among respondents living in small population centres (55%). In comparison, respondents from Fraser Health (78%) and those living in larger urban population centres (73%) were more likely to be aware of this specific policy under

decriminalization. Individuals who did not use opioids or stimulants in the last three days were significantly less likely to know (56%; p-value <0.005).

## Interpretation

- **Overall reported awareness of the decriminalization policy was slightly lower in the 2024 HRCS than in the 2023 HRCS, but this may be due to differences in the sites selected and communities sampled between the 2023 and 2024 HRCS cycles.** This makes it harder to conclude that overall awareness has decreased two years after the policy was implemented. Both 2023 and 2024 reported awareness was substantially higher than pre-implementation.
- **Over all three years of the HRCS surveys, certain demographics were consistently less likely to report being aware of decriminalization.** Individuals living in smaller communities were less likely to be aware of decriminalization and the specific policies that fall under it. Furthermore, individuals who use substances less often (a few times a week or less), did not inhale their substances, or did not report use of opioids or stimulants in the last three days also had lower awareness of the policies. This shows that some sub-groups of PWUS may not be getting important information, and more effort is needed to engage with these individuals. Research shows that communities with more involvement in drug advocacy groups and decriminalization naturally lead to more information sharing within the community and its members (Greer et al., 2024). Ensuring that information amongst peer groups and workers is up to date may be an effective way to reach these communities.
- **Fewer people were aware of the changes made to the decriminalization policy made in May 2024 than awareness of pre-existing policies.** Less than half of individuals who knew about decriminalization selected the correct response to the true or false question about whether people can be charged with possession if they are holding under 2.5g of drugs on a sidewalk or at a park. To reach more people in a timely manner, future messaging about policies and resources may need to be shared in other ways to engage with individuals who are more difficult to reach. While online information is easy to access, many PWUS don't have regular access to the internet or access to certain methods of communication such as having a cell phone (British Columbia Centre for Disease Control, 2023). This means other ways of sharing information may be needed, such as traditional forms of media like print media (newspapers, magazines) or broadcast media (radio or television). Advertising through physical posters, wallet cards, brochures, and fact sheets at harm reduction sites, overdose prevention sites (OPS)/supervised consumption sites (SCS), shelters, or other low-barrier service settings is also another avenue to reach PWUS (Ackermann et al., 2022),

## Limitations

- Participants in the 2024 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 PWUS in BC and their diverse experiences of decriminalization awareness.
- Results from this survey are impacted by selection bias because participants were selected from people accessing a participating harm reduction site and who agreed to complete the survey. As such our results may not be a fair representation of all PWUS.
- Participants in the HRCS are anonymous and different site locations may participate each year. It is not possible to know if participants are the same in the 2022, 2023, and 2024 survey. This limits the ability to do statistical tests and compare results from different years. Comparisons of results from different survey years should be interpreted with caution.
- Although results from the HRCS provide some insights into the experiences of PWUS during decriminalization, they must be interpreted alongside other quantitative and qualitative sources of information to fully understand the impacts of decriminalization. These results reflect the views of people who accessed harm reduction sites during the survey period, but not all PWUS visit these sites. They are a part of a broader evaluation of decriminalization.
- 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 individuals 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 participants being identified, subgroup results are only presented when there are at least 20 respondents.
- Survey questions varied across the 2022, 2023 and 2024 HRCS in attempt to improve data quality each year and reflect emerging issues. Because of these changes, it's difficult to compare some questions between years.

## Supporting Information

### Acknowledgements

As of 2022, the Harm Reduction Client Survey is made possible with funding from the Ministry of Mental Health and Addictions (now Ministry of Health). We would also like to acknowledge the Professionals for the Ethical Engagement of Peers (PEEP) consultation and advisory board, Health Authorities, participating harm reduction distribution sites, and the respondents who shared their experiences.



## Document citation

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## References

Ackermann E, Kievit B, Xavier J, Barbic S, Ferguson M, Greer A, Loyal J, Mamdani Z, Palis H, Pauly B, Slaunwhite A. Awareness and knowledge of the Good Samaritan Drug Overdose Act among people at risk of witnessing an overdose in British Columbia, Canada: a multi-methods cross sectional study. Substance abuse treatment, prevention, and policy. 2022 May 25;17(1):42.

British Columbia Centre for Disease Control. Harm Reduction Client Survey 2022 [Internet]. Vancouver: British Columbia Centre for Disease Control; 2023 [cited March 28, 2025]. Available from: [http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2022-BC\\_HRCS\\_Infographic.pdf](http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Overdose/2022-BC_HRCS_Infographic.pdf)

Greer A, Xavier J, Loewen OK, Kinniburgh B, Crabtree A. Awareness and knowledge of drug decriminalization among people who use drugs in British Columbia: a multi-method pre-implementation study. BMC Public Health. 2024 Feb 8;24(1):407.

Loewen OK, Fraser M, Liu L, Xavier CG, Wall C, Kinniburgh B, Crabtree A. Awareness and knowledge of decriminalization among people who use substances: Harm Reduction Client Survey 2023. Knowledge Update. Vancouver, BC: BC Centre for Disease Control, 2024.



## Tables and Figures

**Table 1. Awareness of decriminalization policy. 2024 Harm Reduction Client Survey.**

Characteristic	Overall, N = 555	Aware of decriminalization, N = 433	Not aware of decriminalization, N = 122	p-value
Question respondents	555	433 (78%)	122(22%)	
<b>Health authority</b>				0.4
Interior	140	108 (77%)	32 (23%)	
Fraser	138	113 (82%)	25 (18%)	
Vancouver Coastal	85	68 (80%)	17 (20%)	
Island	100	79 (79%)	21 (21%)	
Northern	92	65 (71%)	27 (29%)	
<b>Community size (2021 Census Population Centre)</b>				0.026
Large Urban Population Centre	265	214 (81%)	51 (19%)	
Medium Population Centre	109	90 (83%)	19 (17%)	
Small Population Centre	181	129 (71%)	52 (29%)	
<b>Type of current residence§</b>				0.14
Private or band owned residence	74	58 (78%)	16 (22%)	
In a temporary or transitional residence	132	99 (75%)	33 (25%)	
Shelter	104	87 (84%)	17 (16%)	
Unsheltered homeless	206	160 (78%)	46 (22%)	
<b>Age group</b>				0.2
19 to 29	61	43 (70%)	18 (30%)	
30 to 39	168	127 (76%)	41 (24%)	
40 to 49	175	141 (81%)	34 (19%)	
50 or older	147	120 (82%)	27 (18%)	
<b>Gender^</b>				0.6
Man	347	275 (79%)	72 (21%)	
Woman	197	150 (76%)	47 (24%)	
<b>Sexual orientation</b>				0.4
Heterosexual or straight	458	363 (79%)	95 (21%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	85	63 (74%)	22 (26%)	
<b>Employment and volunteer work</b>				>0.9
Yes (full or part time)	88	68 (77%)	20 (23%)	
No	441	346 (78%)	95 (22%)	
<b>Frequency of substance use (last 30 days)</b>				0.2
Every day	449	355 (79%)	94 (21%)	
A few times a week	64	52 (81%)	12 (19%)	
A few times a month or less	28	18 (64%)	10 (36%)	

Characteristic	Overall, N = 555	Aware of decriminalization, N = 433	Not aware of decriminalization, N = 122	p-value
<b>Frequency of using substances alone (last 30 days)</b>				0.5
Every day	303	234 (77%)	69 (23%)	
A few times a week	117	98 (84%)	19 (16%)	
A few times a month	55	42 (76%)	13 (24%)	
Did not use substances alone	41	33 (80%)	8 (20%)	
<b>Recent opioid and stimulant use (last 3 days)</b>				<0.001*
Opioid only	61	46 (75%)	15 (25%)	
Stimulant only	112	99 (88%)	13 (12%)	
Opioid and stimulant	258	208 (81%)	50 (19%)	
No recent opioid or stimulant use	124	80 (65%)	44 (35%)	
<b>Injected any substance (last 6 months)</b>				0.6
Yes	215	166 (77%)	49 (23%)	
No	325	259 (80%)	66 (20%)	
<b>Smoked/inhaled any substance (last 6 months)</b>				0.3
Yes	514	406 (79%)	108 (21%)	
No	26	18 (69%)	8 (31%)	
<b>Used substances at an OPS/SCS (last 6 months)</b>				0.2
Yes	353	285 (81%)	68 (19%)	
No	171	129 (75%)	42 (25%)	
<b>Interaction with law enforcement (last 3 months)</b>				0.14
Yes	307	250 (81%)	57 (19%)	
No	210	159 (76%)	51 (24%)	

Total survey sample is 622 respondents. The table above excludes 67 responses based on the denominator definitions documented in the technical data notes.

\*p<0.005

§ Temporary or transitional residence' includes hotels/motels, rooming houses, single room occupancy (SRO), social/supportive housing. 'Unsheltered homeless' includes houseless, couch surf, tent, encampment, in a vehicle, no fixed address. 'Other' category not shown due to low count (fewer than 20 respondents).

^Nonbinary / Gender expansive response not shown due to low count (fewer than 20 respondents).

**Table 2a. Responses to True and False questions about decriminalization policy among participants aware of decriminalization. 2024 Harm Reduction Client Survey.**

Response	People can be charged with possession if they are holding under 2.5g of drugs at an OPS, SCS, or drug checking site. N = 431	People can be charged with possession if they are holding under 2.5g of drugs on a sidewalk or at a park. N = 427	People can be arrested for drug trafficking/dealing, no matter how much drug they are selling or trading N = 429	Police can charge you with breach of substance-related release conditions, no matter how much you are holding. N = 427
<b>Respondents</b>				
True	104 (24%)	211 (49%)	305 (71%)	283 (66%)
False	268 (62%)	156 (37%)	62 (14%)	54 (13%)
Not Sure	59 (14%)	60 (14%)	62 (14%)	90 (21%)

n (%)

\* Correct answers are false, true, true, and true

**Table 2b Responses to T/F statement\*, “People can be charged with possession if they are holding under 2.5g of drugs at an OPS, SCS, or drug checking site” among participants aware of decriminalization. Stratified by respondent characteristics. 2024 Harm Reduction Client Survey.**

Characteristic	Overall, N = 431	True, N = 104	False, N = 268	Not sure, N=59	p-value
Question respondents	431	104 (24%)	268 (62%)	59 (14%)	
<b>Health authority</b>					0.066
Interior	107	15 (14%)	70 (65%)	22 (21%)	
Fraser	112	32 (29%)	70 (63%)	10 (9%)	
Vancouver Coastal	68	18 (26%)	42 (62%)	8 (12%)	
Island	79	23 (29%)	43 (54%)	13 (16%)	
Northern	65	16 (25%)	43 (66%)	6 (9%)	
<b>Community size (2021 Census Population Centre)</b>					0.036
Large Urban Population Centre	213	65 (31%)	121 (57%)	27 (13%)	
Medium Population Centre	90	19 (21%)	58 (64%)	13 (14%)	
Small Population Centre	128	20 (16%)	89 (70%)	19 (15%)	
<b>Type of current residence§</b>					0.026
Private or band owned residence	58	13 (22%)	34 (59%)	11 (19%)	
In a temporary or transitional residence	99	27 (27%)	65 (66%)	7 (7%)	
Shelter	87	11 (13%)	62 (71%)	14 (16%)	
Unsheltered homeless	159	46 (29%)	89 (56%)	24 (15%)	
<b>Age group</b>					0.6
19 to 29	43	10 (23%)	26 (60%)	7 (16%)	
30 to 39	127	26 (20%)	79 (62%)	22 (17%)	
40 to 49	140	40 (29%)	85 (61%)	15 (11%)	
50 or older	119	28 (24%)	77 (65%)	14 (12%)	
<b>Gender^</b>					0.6
Man	273	69 (25%)	171 (63%)	33 (12%)	
Woman	150	34 (23%)	92 (61%)	24 (16%)	
<b>Sexual orientation</b>					0.4
Heterosexual or straight	361	88 (24%)	228 (63%)	45 (12%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	63	15 (24%)	36 (57%)	12 (19%)	
<b>Employment and volunteer work</b>					0.8
Yes (full or part time)	68	14 (21%)	44 (65%)	10 (15%)	
No	344	82 (24%)	216 (63%)	46 (13%)	
<b>Frequency of substance use (last 30 days)</b>					0.12
Every day	353	84 (24%)	227 (64%)	42 (12%)	
A few times a week	52	13 (25%)	26 (50%)	13 (25%)	
A few times a month or less	18	4 (22%)	11 (61%)	3 (17%)	

Characteristic	Overall, N = 431	True, N = 104	False, N = 268	Not sure, N=59	p-value
<b>Frequency of using substances alone (last 30 days)</b>					0.3
Every day	233	63 (27%)	145 (62%)	25 (11%)	
A few times a week	98	22 (22%)	60 (61%)	16 (16%)	
A few times a month	42	8 (19%)	27 (64%)	7 (17%)	
Did not use substances alone	32	4 (13%)	21 (66%)	7 (22%)	
<b>Recent opioid and stimulant use (last 3 days)</b>					0.1
Opioid only	46	11 (24%)	31 (67%)	4 (9%)	
Stimulant only	98	15 (15%)	66 (67%)	17 (17%)	
Opioid and stimulant	208	60 (29%)	125 (60%)	23 (11%)	
No recent opioid or stimulant use	79	18 (23%)	46 (58%)	15 (19%)	
<b>Injected any substance (last 6 months)</b>					0.3
Yes	166	35 (21%)	110 (66%)	21 (13%)	
No	258	68 (26%)	153 (59%)	37 (14%)	
<b>Smoked/inhaled any substance (last 6 months)</b>					0.031
Yes	404	96 (24%)	256 (63%)	52 (13%)	
No	18	7 (39%)	6 (33%)	5 (28%)	
<b>Used substances at an OPS/SCS (last 6 months)</b>					0.11
Yes	284	67 (24%)	186 (65%)	31 (11%)	
No	128	32 (25%)	73 (57%)	23 (18%)	
<b>Interaction with law enforcement (last 3 months)</b>					0.5
Yes	249	66 (27%)	153 (61%)	30 (12%)	
No	158	35 (22%)	100 (63%)	23 (15%)	

There were 433 respondents that were aware of decriminalization. The table above excludes 2 responses based on the denominator definitions documented in the technical data notes.

\*p<0.005

§ Temporary or transitional residence' includes hotels/motels, rooming houses, single room occupancy (SRO), social/supportive housing. 'Unsheltered homeless' includes houseless, couch surf, tent, encampment, in a vehicle, no fixed address. 'Other' category not shown due to low count (fewer than 20 respondents).

^Nonbinary / Gender expansive response not shown due to low count (fewer than 20 respondents)

**Table 2c. Responses to T/F statement\*, “People can be charged with possession if they are holding under 2.5g of drugs on a sidewalk or at a park among participants aware of decriminalization. Stratified by respondent characteristics. 2024 Harm Reduction Client Survey.**

Characteristic	Overall, N = 427	True, N = 211	False, N = 156	Not sure, N = 60	p-value
Question respondents	427	211 (49%)	156 (37%)	60 (14%)	
<b>Health authority</b>					0.049
Interior	106	38 (36%)	43 (41%)	25 (24%)	
Fraser	110	61 (55%)	37 (34%)	12 (11%)	
Vancouver Coastal	67	34 (51%)	26 (39%)	7 (10%)	
Island	79	42 (53%)	28 (35%)	9 (11%)	
Northern	65	36 (55%)	22 (34%)	7 (11%)	
<b>Community size (2021 Census Population Centre)</b>					0.002*
Large Urban Population Centre	211	123 (58%)	67 (32%)	21 (10%)	
Medium Population Centre	89	42 (47%)	32 (36%)	15 (17%)	
Small Population Centre	127	46 (36%)	57 (45%)	24 (19%)	
<b>Type of current residence§</b>					0.027
Private or band owned residence	57	28 (49%)	20 (35%)	9 (16%)	
In a temporary or transitional residence	98	60 (61%)	35 (36%)	3 (3%)	
Shelter	86	39 (45%)	33 (38%)	14 (16%)	
Unsheltered homeless	158	73 (46%)	59 (37%)	26 (16%)	
<b>Age group</b>					0.5
19 to 29	43	20 (47%)	16 (37%)	7 (16%)	
30 to 39	127	58 (46%)	49 (39%)	20 (16%)	
40 to 49	140	66 (47%)	56 (40%)	18 (13%)	
50 or older	116	67 (58%)	35 (30%)	14 (12%)	
<b>Gender^</b>					0.9
Man	271	135 (50%)	97 (36%)	39 (14%)	
Woman	148	73 (49%)	56 (38%)	19 (13%)	
<b>Sexual orientation</b>					>0.9
Heterosexual or straight	358	175 (49%)	133 (37%)	50 (14%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	62	31 (50%)	23 (37%)	8 (13%)	
<b>Employment and volunteer work</b>					0.053
Yes (full or part time)	68	38 (56%)	17 (25%)	13 (19%)	
No	340	160 (47%)	136 (40%)	44 (13%)	
<b>Frequency of substance use (last 30 days)</b>					0.052
Every day	350	176 (50%)	133 (38%)	41 (12%)	
A few times a week	51	26 (51%)	15 (29%)	10 (20%)	
A few times a month or less	18	6 (33%)	6 (33%)	6 (33%)	

Characteristic	Overall, N = 427	True, N = 211	False, N = 156	Not sure, N = 60	p-value
<b>Frequency of using substances alone (last 30 days)</b>					>0.9
Every day	232	120 (52%)	85 (37%)	27 (12%)	
A few times a week	97	45 (46%)	38 (39%)	14 (14%)	
A few times a month	41	20 (49%)	15 (37%)	6 (15%)	
Did not use substances alone	32	18 (56%)	10 (31%)	4 (13%)	
<b>Recent opioid and stimulant use (last 3 days)</b>					0.019
Opioid only	46	23 (50%)	20 (43%)	3 (7%)	
Stimulant only	96	49 (51%)	28 (29%)	19 (20%)	
Opioid and stimulant	207	107 (52%)	80 (39%)	20 (10%)	
No recent opioid or stimulant use	78	32 (41%)	28 (36%)	18 (23%)	
<b>Injected any substance (last 6 months)</b>					0.2
Yes	165	76 (46%)	69 (42%)	20 (12%)	
No	255	132 (52%)	85 (33%)	38 (15%)	
<b>Smoked/inhaled any substance (last 6 months)</b>					0.2
Yes	400	199 (50%)	148 (37%)	53 (13%)	
No	18	8 (44%)	5 (28%)	5 (28%)	
<b>Used substances at an OPS/SCS (last 6 months)</b>					0.11
Yes	282	143 (51%)	109 (39%)	30 (11%)	
No	126	59 (47%)	44 (35%)	23 (18%)	
<b>Interaction with law enforcement (last 3 months)</b>					0.3
Yes	247	131 (53%)	88 (36%)	28 (11%)	
No	157	72 (46%)	60 (38%)	25 (16%)	

There were 433 respondents that were aware of decriminalization. The table above excludes 6 responses based on the denominator definitions documented in the technical data notes.

\*p<0.005

§ Temporary or transitional residence' includes hotels/motels, rooming houses, single room occupancy (SRO), social/supportive housing. 'Unsheltered homeless' includes houseless, couch surf, tent, encampment, in a vehicle, no fixed address. 'Other' category not shown due to low count (fewer than 20 respondents).

^Nonbinary / Gender expansive response not shown due to low count (fewer than 20 respondents)



**Table 2d. Responses to T/F statement\*, “People can be arrested for drug trafficking/dealing, no matter how much drug they are selling or trading among participants aware of decriminalization. Stratified by respondent characteristics. 2024 Harm Reduction Client Survey.**

Characteristic	Overall, N = 429	True, N = 305	False, N = 62	Not sure, N = 62	p-value
Question respondents		305 (71%)	62 (14%)	62 (14%)	
<b>Health authority</b>					0.084
Interior	107	70 (65%)	13 (12%)	24 (22%)	
Fraser	112	89 (79%)	16 (14%)	7 (6%)	
Vancouver Coastal	67	49 (73%)	9 (13%)	9 (13%)	
Island	79	51 (65%)	14 (18%)	14 (18%)	
Northern	64	46 (72%)	10 (16%)	8 (13%)	
<b>Community size (2021 Census Population Centre)</b>					0.3
Large Urban Population Centre	213	159 (75%)	29 (14%)	25 (12%)	
Medium Population Centre	90	65 (72%)	11 (12%)	14 (16%)	
Small Population Centre	126	81 (64%)	22 (17%)	23 (18%)	
<b>Type of current residence§</b>					0.02
Private or band owned residence	58	42 (72%)	5 (9%)	11 (19%)	
In a temporary or transitional residence	99	74 (75%)	17 (17%)	8 (8%)	
Shelter	87	63 (72%)	17 (20%)	7 (8%)	
Unsheltered homeless	157	114 (73%)	17 (11%)	26 (17%)	
<b>Age group</b>					0.2
19 to 29	42	28 (67%)	7 (17%)	7 (17%)	
30 to 39	127	81 (64%)	23 (18%)	23 (18%)	
40 to 49	139	104 (75%)	14 (10%)	21 (15%)	
50 or older	119	90 (76%)	18 (15%)	11 (9%)	
<b>Gender^</b>					0.8
Man	273	198 (73%)	39 (14%)	36 (13%)	
Woman	148	102 (69%)	23 (16%)	23 (16%)	
<b>Sexual orientation</b>					0.8
Heterosexual or straight	359	256 (71%)	51 (14%)	52 (14%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	63	43 (68%)	11 (17%)	9 (14%)	
<b>Employment and volunteer work</b>					0.7
Yes (full or part time)	67	45 (67%)	10 (15%)	12 (18%)	
No	343	247 (72%)	48 (14%)	48 (14%)	
<b>Frequency of substance use (last 30 days)</b>					0.8
Every day	351	246 (70%)	54 (15%)	51 (15%)	
A few times a week	52	38 (73%)	7 (13%)	7 (13%)	
A few times a month or less	18	15 (83%)	1 (6%)	2 (11%)	

Characteristic	Overall, N = 429	True, N = 305	False, N = 62	Not sure, N = 62	p-value
<b>Frequency of using substances alone (last 30 days)</b>					0.6
Every day	232	160 (69%)	36 (16%)	36 (16%)	
A few times a week	98	74 (76%)	12 (12%)	12 (12%)	
A few times a month	41	28 (68%)	6 (15%)	7 (17%)	
Did not use substances alone	32	27 (84%)	2 (6%)	3 (9%)	
<b>Recent opioid and stimulant use (last 3 days)</b>					0.037
Opioid only	46	35 (76%)	5 (11%)	6 (13%)	
Stimulant only	98	68 (69%)	9 (9%)	21 (21%)	
Opioid and stimulant	206	154 (75%)	31 (15%)	21 (10%)	
No recent opioid or stimulant use	79	48 (61%)	17 (22%)	14 (18%)	
<b>Injected any substance (last 6 months)</b>					0.4
Yes	166	124 (75%)	21 (13%)	21 (13%)	
No	256	176 (69%)	40 (16%)	40 (16%)	
<b>Smoked/inhaled any substance (last 6 months)</b>					0.6
Yes	402	288 (72%)	57 (14%)	57 (14%)	
No	18	11 (61%)	4 (22%)	3 (17%)	
<b>Used substances at an OPS/SCS (last 6 months)</b>					0.4
Yes	283	207 (73%)	36 (13%)	40 (14%)	
No	128	87 (68%)	23 (18%)	18 (14%)	
<b>Interaction with law enforcement (last 3 months)</b>					0.024
Yes	247	188 (76%)	34 (14%)	25 (10%)	
No	158	103 (65%)	25 (16%)	30 (19%)	

There were 433 respondents that were aware of decriminalization. The table above excludes 4 responses based on the denominator definitions documented in the technical data notes.

\*p<0.005

§ Temporary or transitional residence' includes hotels/motels, rooming houses, single room occupancy (SRO), social/supportive housing. 'Unsheltered homeless' includes houseless, couch surf, tent, encampment, in a vehicle, no fixed address. 'Other' category not shown due to low count (fewer than 20 respondents).

^Nonbinary / Gender expansive response not shown due to low count (fewer than 20 respondents)

**Table 2e. Responses to T/F statement\*, “Police can be charge you with breach of substance-related release conditions no matter how much you are holding among participants aware of decriminalization. Stratified by respondent characteristics. 2024 Harm Reduction Client Survey.**

Characteristic	Overall, N = 427	True, N = 283	False, N = 54	Not sure, N = 90	p-value
Question respondents		283 (66%)	54 (13%)	90 (21%)	
<b>Health authority</b>					0.06
Interior	105	58 (55%)	14 (13%)	33 (31%)	
Fraser	112	87 (78%)	10 (9%)	15 (13%)	
Vancouver Coastal	67	43 (64%)	10 (15%)	14 (21%)	
Island	79	51 (65%)	11 (14%)	17 (22%)	
Northern	64	44 (69%)	9 (14%)	11 (17%)	
<b>Community size (2021 Census Population Centre)</b>					0.014
Large Urban Population Centre	212	155 (73%)	21 (10%)	36 (17%)	
Medium Population Centre	89	59 (66%)	13 (15%)	17 (19%)	
Small Population Centre	126	69 (55%)	20 (16%)	37 (29%)	
<b>Type of current residence§</b>					0.037
Private or band owned residence	57	36 (63%)	7 (12%)	14 (25%)	
In a temporary or transitional residence	98	69 (70%)	16 (16%)	13 (13%)	
Shelter	87	60 (69%)	13 (15%)	14 (16%)	
Unsheltered homeless	157	109 (69%)	14 (9%)	34 (22%)	
<b>Age group</b>					0.7
19 to 29	42	25 (60%)	5 (12%)	12 (29%)	
30 to 39	127	86 (68%)	13 (10%)	28 (22%)	
40 to 49	138	92 (67%)	17 (12%)	29 (21%)	
50 or older	118	78 (66%)	19 (16%)	21 (18%)	
<b>Gender^</b>					0.003*
Man	272	182 (67%)	37 (14%)	53 (19%)	
Woman	147	99 (67%)	17 (12%)	31 (21%)	
<b>Sexual orientation</b>					0.5
Heterosexual or straight	358	241 (67%)	46 (13%)	71 (20%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	62	38 (61%)	8 (13%)	16 (26%)	
<b>Employment and volunteer work</b>					0.034
Yes (full or part time)	67	37 (55%)	8 (12%)	22 (33%)	
No	341	233 (68%)	44 (13%)	64 (19%)	
<b>Frequency of substance use (last 30 days)</b>					0.7
Every day	352	233 (66%)	47 (13%)	72 (20%)	
A few times a week	50	36 (72%)	3 (6%)	11 (22%)	
A few times a month or less	18	12 (67%)	2 (11%)	4 (22%)	

Characteristic	Overall, N = 427	True, N = 283	False, N = 54	Not sure, N = 90	p-value
<b>Frequency of using substances alone (last 30 days)</b>					0.2
Every day	231	146 (63%)	36 (16%)	49 (21%)	
A few times a week	98	75 (77%)	7 (7%)	16 (16%)	
A few times a month	40	25 (63%)	5 (13%)	10 (25%)	
Did not use substances alone	32	24 (75%)	2 (6%)	6 (19%)	
<b>Recent opioid and stimulant use (last 3 days)</b>					<0.001*
Opioid only	46	30 (65%)	12 (26%)	4 (9%)	
Stimulant only	97	60 (62%)	7 (7%)	30 (31%)	
Opioid and stimulant	207	150 (72%)	22 (11%)	35 (17%)	
No recent opioid or stimulant use	77	43 (56%)	13 (17%)	21 (27%)	
<b>Injected any substance (last 6 months)</b>					0.8
Yes	166	112 (67%)	19 (11%)	35 (21%)	
No	254	166 (65%)	34 (13%)	54 (21%)	
<b>Smoked/inhaled any substance (last 6 months)</b>					0.6
Yes	400	265 (66%)	52 (13%)	83 (21%)	
No	18	12 (67%)	1 (6%)	5 (28%)	
<b>Used substances at an OPS/SCS (last 6 months)</b>					0.4
Yes	282	194 (69%)	33 (12%)	55 (20%)	
No	126	78 (62%)	18 (14%)	30 (24%)	
<b>Interaction with law enforcement (last 3 months)</b>					0.13
Yes	246	173 (70%)	32 (13%)	41 (17%)	
No	157	98 (62%)	20 (13%)	39 (25%)	

There were 433 respondents that were aware of decriminalization. The table above excludes 6 responses based on the denominator definitions documented in the technical data notes.

\*p<0.005

§ Temporary or transitional residence' includes hotels/motels, rooming houses, single room occupancy (SRO), social/supportive housing. 'Unsheltered homeless' includes houseless, couch surf, tent, encampment, in a vehicle, no fixed address. 'Other' category not shown due to low count (fewer than 20 respondents).

^Nonbinary / Gender expansive response not shown due to low count (fewer than 20 respondents)

## Appendix I - Methods

Additional details about the methods used for collecting and analysing 2024 Harm Reduction Site Client Survey data:

- The 2024 HRCS is a quantitative survey about 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 respondents were also asked.
- Harm reduction supply distribution sites across BC invited to participate were chosen based on where they are located in the province, whether they had enough resources to participate, and if there was interest from the site and its clients. Surveys were distributed at 39 harm reduction distribution sites in small, medium, and large population centres across the five regional health authorities (Interior: 11 sites, Fraser: 10 sites, Vancouver Coastal: five sites, Island: six sites, Northern: seven sites). Each participating site completed between 10 and 30 surveys.
- People were eligible to participate in the survey if they:
  - Were 19 years of age or older and
  - Used a drug that is illegal or from the unregulated market (e.g., opioids/down, heroin, fentanyl, powder cocaine, crack cocaine, methamphetamine, hallucinogens, etc.) in the past six months.
- BCCDC received 628 completed surveys. We excluded six ineligible surveys, resulting in a total of 622 eligible surveys.
- BCCDC shares additional information with sites to help individuals 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 complete the survey. Sites were provided with five dollars per participant to cover any small costs for administering the survey (e.g., snacks, pens).
- The 2024 HRCS survey was implemented as a paper and a digital survey. Participants complete the survey at a participating harm reduction site.
- The 2023 HRCS was implemented as a paper survey only. The 2023 survey followed the same inclusion criteria of 2024. 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. Responses were self-reported and anonymous. Each person was only surveyed once (a cross-sectional survey). Responses were collected between

December 5, 2023 and March 8, 2024 (*after* implementation of decriminalization). Participants received a \$20 honorarium for completing the survey.

- The 2022 HRCS was implemented as a paper survey only. The 2022 survey followed the same inclusion criteria of 2024. Respondents in the 2022 survey could also participate if they received opioid agonist treatment or prescribed alternatives in the past six months. The 2022 survey was given out at 29 harm reduction sites across BC between November 2022 and January 2023. A total of 503 eligible surveys were completed. Sites were selected from across BC (Interior: seven sites, Fraser: six sites, Vancouver Coastal: four sites, Island: six sites, Northern: six sites). Participants received a \$15 honorarium to complete the survey.
- For more HRCS resources see the [Harm Reduction Client Survey](#) webpage and [Harm Reduction Reports pages](#).