Knowledge Update

BC Centre for Disease Control
Provincial Health Services Authority

Topic	Hesitance in accessing services: Harm Reduction Client Survey 2024
Date	May 30, 2025
Data source	2023 and 2024 Harm Reduction Client Surveys
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Key messages

- Half of Harm Reduction Client Survey (HRCS) respondents said they hesitated (delayed or avoided) accessing health and social services. When people do not access services, it can directly increase the risk of overdose and the likelihood of medical complications from treatable conditions. It also limits instances for service providers to build trust and connect people to primary care, housing, and treatment.
- Among people reporting hesitating to access services, half usually did not attend the service, and half hesitated but attended services anyway.
- Common reasons why respondents hesitated to access services include fear of discrimination from staff (40%) and having a bad experience accessing services in the past (39%). Respondents reported that worries about discrimination related to their substance use, housing situation, and race or ethnicity contributed to their hesitation.
- Among a list of possible groups that respondents worried would find out about their substance use, the most common groups were friends, family, and people in their community, and the least common were employers, Indigenous leaders (elders), and health care providers.
- From 2023 to 2024, there was no change in the proportion of respondents who worry about calling 911 when someone has an overdose (24%) or going to the emergency department (50%), but there was a small decrease of those who worried about interacting with law enforcement (60% to 54%).
- Just over half of participants said they were afraid of going into withdrawal when being admitted to hospital.
- Between 30 and 40% of respondents felt unwelcome in public and community spaces, this is unchanged from 2023. Feeling unwelcome can influence a person's feeling of safety and well-being, and makes them less likely to seek life saving services and supports.

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 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

This analysis describes and compares participants hesitation to access services and the underlying reasons and outcomes using data from the 2023 and 2024 Harm Reduction Client Survey (HRCS).

More about 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. "The goal of decriminalizing people who use drugs is to reduce stigma and fear of criminal prosecution that prevents people from reaching out for help, including medical assistance" (BC Gov, 2025). 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 hesitation and barriers to access health and harm reduction services. 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 hesitation to access health and harm reduction services.
- 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

Characteristics and behavior of respondents with hesitance

- Among all respondents in the 2024 survey, 274 (51%) reported hesitating to access health and social services in the last 6 months (Table 1). Questions were changed between 2023 and 2024, and this is not directly comparable to the proportion of 2023 respondents who provided any hesitant response across three questions (69%). Hesitance was reported significantly more often ($p<0.005$) by respondents who (Table 1):
    - Used both opioids and stimulants (59%).
    - Injected substances (59%).
    - Used substances at overdose prevention sites or supervised consumption sites (OPS/SCS) (57%).
    - Had a recent interaction with law enforcement (57%).
- A quarter of respondents hesitated but still accessed services (n=140, 26%) and another 1 in 4 respondents hesitated and did not access services (n=134, 25%). There were no statistically significant differences between people who did and did not access services.

Reasons for hesitance

- People who hesitated to access services (n=272) indicated the most common reasons were being worried about discrimination against by staff (40%) and having a bad experience accessing services in the past (39%) (Table 2).
- The third most common reason for hesitating to access health and social services was worry about interacting with police (28%) (Table 2).
- Other reasons noted among hesitant respondents included being unsure where to go (28%), worry that that someone would find out they use substances (27%), or that services were too far away (26%) (Table 2).

Fear of disclosure

- Respondents shared they were worried about certain groups of people finding out about their substance use, which made them hesitate to get services. The groups they worried about the most were friends or family (28%), community members (21%), police/parole/probation officer (18%), family services (18%), and housing provider/landlord (18%) (Table 2).

Fear of discrimination

- Respondents shared the reasons they worried about being treated badly which contributed to hesitance to access services. Most commonly, respondents worried they would be treated poorly because of their substance use (66%), housing situation (46%), and race or ethnicity (22%) (Table 2).

Hesitance using health and emergency services and in community spaces.

- Understanding how welcome people feel in their community when using public and community spaces and services helps us understand the social exclusion and stigmatization people who use substances (PWUS) experience in different situations.
- Between 2023 and 2024 there was no change in the proportion of respondents who felt "worried about calling 9-1-1 when someone has an overdose" (24%)), "did not want to go to the emergency department when they needed medical care" (~50%), and "feel welcome in most local businesses" (~42%) (Table 3).
- Between 2023 and 2024 there was a small reduction in the proportion of respondents who "feel worried about interacting with law enforcement" (60 to 54%), and "feel welcome in outdoor public spaces" (49 to 43%) (Table 3). Between 2023 and 2024 there was a 10% reduction in the respondents who reported feeling welcome using public services (53 to 43%) (Table 3).
- In 2024 a new statement was added that was not asked in 2023; 57% of respondents reported they feel worried about going through withdrawal if admitted to the hospital (Table 3).

Interpretation

- **For PWUS, delaying or avoiding services can increase the risk of overdose and increase the likelihood of medical complications from treatable conditions. It can also reduce opportunities to build trust and connection to other services and supports like primary care, housing, and treatment (when appropriate)**. Half of participants hesitated to access health and social services, and a quarter did not access services because of their hesitation. The experience of hesitation is common among respondents, and underlying stigma and systemic barriers must be addressed to encourage PWUS to access services. Having peer navigators, outreach teams, and offering services in different ways like mobile services may help service providers reach more people, especially those who have a harder time accessing more traditional services. Expanding how services are delivered and integrating peers into service delivery can help build trust with PWUS and address barriers to accessing sites. Many recommendations on how to reduce stigma in the health system are provided in the Primer to Reduce Substance Use Stigma in the Canadian Health System (Health Canada, 2020), the Compassionate Engagement Modules (Toward the Heart, 2025) and BC Overdose Prevention Services Guide (BCCDC, 2023). In addition to following best practices, PWLLE have said that reducing stigma among the general population is key to addressing hesitation. Stigma is experienced more by racialized and marginalized people, especially those who are unhoused. PWLLE recommend collecting and analysing race-based data to better understand the experiences of discrimination on marginalized populations. Our findings are similar to other studies (Moallef, 2022, Heath, 2016, Meyerson, 2021) but this likely underestimates the proportion of PWUS who

hesitate because the survey was completed by people at harm reduction sites, suggesting they were already willing to access services.

- **Respondents reported hesitating to access services due to worry about discrimination from staff (40%) and having bad experiences accessing services in the past (39%)**. Facing discrimination because of substance use, housing, and race or ethnicity was frequently reported. Hesitating to access health services will impact a person's health and wellness, but also minimizes their connections to many health and social supports. Stigma reduction, anti-racism, and Indigenous cultural safety and humility training is important – in addition to evaluating the systemic discrimination built into the service network. These are all critical to providing "participant-centered, trauma-and-violence informed and culturally responsive services" for PWUS (BCCDC, 2023)
- **Fear of disclosure of substance use to friends and family, and community members is a barrier to seeking services for 28% and 21% of respondents respectively.** There are many reasons why people worry about others finding out about their substance use. It can harm their personal relationships, job security, housing, and have legal consequences, including losing custody of children. It is important to emphasise that confidentiality at harm reduction services should be expected similarly to other health services, but that there are heightened consequences of disclosure of substance use in some cases. Sites can reduce risk of disclosure by training staff on confidentiality, putting up clear signs about confidentiality rules, and clearly describing confidentiality expectations and site codes of conduct when clients come into the site. The BC Overdose Prevention Services Guide gives specific examples of when disclosure to family or other agencies is and is not necessary. It also outlines what role law enforcement, the Ministry of Children and Family Development, and Indigenous Child and Family Serving Agencies play, and the impact of disclosure on building trust between PWUS and service providers (BCCDC, 2023).
- **Respondents who had recent interactions with law enforcement report hesitation to access services significantly more than respondents without interactions with law enforcement.** No improvements were observed in the proportion of respondents who worry about calling 911 but a small reduction in the proportion of respondents who worry about or interacting with law enforcement was observed between 2023 and 2024. The 2023 and 2024 surveys align with the first and second years of decriminalization, respectively. During this time, changes were made to where the policy applied (timeline). Active communication to PWUS about the Good Samaritan Drug Overdose Act and the decriminalization policy - especially when changes are made - is essential to ensure PWUS are informed of their rights and protections. This will help make sure PWUS feel safe to call 911 and emergency responders can be dispatched. PWLLE and qualitative data describe that, in some parts of the province, police presence, surveillance, and enforcement around harm reduction services can be a barrier to accessing a site (Wood, 2024). Police contact can often have negative consequences like being separated from family, facing legal trouble, or losing housing. Although decriminalization continues to apply in some settings, PWUS must

make decisions that require trade offs between the risk of accessing services (with potential for interacting with police) and the risk of not accessing a service. Details of survey respondents contact with police and law enforcement are analysed in a separate knowledge update (Fajber, 2025).

- **Fear of going into withdrawal when being admitted to hospital was shared by 57% of respondents. This suggests that more work is needed to create systems that support PWUS to access and complete emergency and hospital-based health care**. While one of the goals of decriminalization was to help PWUS feel more comfortable accessing emergency and other health care services (Government of British Columbia, 2025), respondents' willingness to go to the hospital has not changed over the two years of data. Possessing any amount of illegal substance is not allowed within hospital buildings or grounds. Even though hospitals have been directed to improve addictions management while in hospital (Government of British Columbia, 2024), over half of survey respondents continue to report fear of withdrawal and hesitance to access hospital services. PWLLE have shared that access to hospital-based overdose prevention services (OPS) and paramedic/hospital policies allowing people to possess their substances while being transported and admitted to hospital are needed to mitigate the hesitation to receive emergency health care. The St. Paul's Hospital OPS is one example of a successful hospital-based OPS and shows how it can support PWUS to attend health care (Dogherty, 2022). In addition, peer workers can act as a bridge between health care workers and PWUS in health care settings, advocating, navigating, overcoming barriers and building trust (Lennox, 2021). Involving PWUS in designing and delivering these services is key to make care more accessible and supportive.
- **Feeling unwelcome in public and community spaces was shared by 30-40% of respondents, which can influence feelings of safety, well-being, and willingness to seek life saving services and supports**. Between the 2023 and 2024 survey, there was a small reduction in the proportion of respondents who feel welcome in outdoor public spaces and using public services. PWLLE reflect that there may be many reasons why respondents may not feel welcome in their community. PWUS continue to experience stigma and negative attitudes and ending stigma takes time and resources to communicate policy changes (Wood, 2024). On May 7, 2024 the decriminalization policy was amended to prohibit substance use and possession in most public spaces (Health Canada, 2024a). The 2024 HRCS collected data following this amendment and the proportion of 2024 participants who reported feeling welcome in public spaces was lower than in 2023 (49% to 43% for outdoor spaces, 53% to 43% for indoor spaces). Feeling unwelcome in community spaces due to stigma may lead to PWUS not using harm reduction and overdose prevention services, or hiding their substance use (Health Canada, 2024b). Service providers and peers should continue encouraging PWUS to use substances more safely by attending OPS/SCS sites, using virtual overdose services, or being in the presence of someone who is prepared and able to respond with naloxone.

- PWUS experience discrimination in multiple ways and can experience heightened surveillance which can make them even more hesitant to access services. For many PWUS with intersecting marginalized identities, substance use is only part of the reason why they may hesitate to seek care. Past experience of discrimination because of racism, gender identity, housing status, health conditions, and other identities may multiply and decrease willingness to access services. Service providers can reduce these barriers by acknowledging people's complex circumstances and intersectional identities, making more effort to reach people who are burdened by multiple sources of discrimination.
- Analyses of data collected from the HRCS gives some insight into factors that may influence substance use and how they are connect to experiences of substance-related harms, stigma, and accessing harm reduction services. In reality, there are many more factors that influence a person's experience with substance use and it is not possible to consider all factors in our analyses. Because of this, we cannot conclude from our results that one factor directly influences another.

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 hesitance and stigma.
- 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. Respondents are likely to experience less hesitance to seek services since they are accessing a site and are willing to spend extra time at the site completing a survey. Because of this, results from this sample likely underrepresent the proportion of PWUS across BC who hesitate to reach out for support. 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

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Tables and Figures

Table 1. Characteristics of respondents who hesitate to access health and social services in the last 6 months. Harm Reduction Client Survey 2024

Characteristic	Overall N = **536^**	Hesitated to access services § N = 274 (51%)	Did not hesitate to access services N = 262 (49%)	p-value*
Health Authority (survey site)				
Interior	134	67 (50%)	67 (50%)	
Fraser	135	74 (55%)	61 (45%)	>0.9
Vancouver Coastal	87	44 (51%)	43 (49%)	
Island	92	45 (49%)	47 (51%)	
Northern	88	44 (50%)	44 (50%)	
Community size (2021 Census Population Centre)				
Large Urban Population Centre	259	135 (52%)	124 (48%)	0.9
Medium Population Centre	112	55 (49%)	57 (51%)	
Small Population Centre	165	84 (51%)	81 (49%)	
Type of current residence **				
Private or band owned residence	68	25 (37%)	43 (63%)	
In a temporary or transitional residence	128	56 (44%)	72 (56%)	0.01
Shelter	110	63 (57%)	47 (43%)	
Unsheltered homeless	195	110 (56%)	85 (44%)	
Age group				
19 to 29	58	29 (50%)	29 (50%)	
30 to 39	160	96 (60%)	64 (40%)	0.006
40 to 49	173	90 (52%)	83 (48%)	
50 or older	141	56 (40%)	85 (60%)	
Gender ^^				
Man	336	166 (49%)	170 (51%)	0.3
Woman	191	101 (53%)	90 (47%)	
Sexual orientation				
Heterosexual or straight	442	220 (50%)	222 (50%)	0.2
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	80	47 (59%)	33 (41%)	
Employment and volunteer work				
Yes (full or part time)	77	43 (56%)	34 (44%)	0.4
No	432	214 (50%)	218 (50%)	

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Characteristic	Overall N = **536^**	Hesitated to access services § N = 274 (51%)	Did not hesitate to access services N = 262 (49%)	p-value*
Frequency of substance use (last 30 days)				
Every day	436	233 (53%)	203 (47%)	0.054
A few times a week	62	23 (37%)	39 (63%)	
A few times a month or less	28	14 (50%)	14 (50%)	
Frequency of using substances alone (last 30 days)				
Every day	285	153 (54%)	132 (46%)	
A few times a week	122	63 (52%)	59 (48%)	0.8
A few times a month	54	26 (48%)	28 (52%)	
Did not use substances alone	40	19 (48%)	21 (53%)	
Recent opioid and stimulant use (last 3 days)				
Opioid only	62	28 (45%)	34 (55%)	
Stimulant only	105	40 (38%)	65 (62%)	0.002*
Opioid and stimulant	247	146 (59%)	101 (41%)	
No recent opioid or stimulant use	122	60 (49%)	62 (51%)	
Injected any substance (last 6 months)				
Yes	208	123 (59%)	85 (41%)	0.004*
No	317	146 (46%)	171 (54%)	
Smoked/inhaled any substance (last 6 months)				
Yes	499	255 (51%)	244 (49%)	0.6
No	26	15 (58%)	11 (42%)	
Used substances at an OPS/SCS (last 6 months)				
Yes	345	196 (57%)	149 (43%)	0.002*
No	163	68 (42%)	95 (58%)	
Interaction with law enforcement (last 3 months)				
Yes	306	175 (57%)	131 (43%)	<0.001 *
No	197	79 (40%)	118 (60%)	

^ Total survey sample is 622 respondents. The respondents who responded to the hesitance question proportions above are based on a denominator of 536 (excludes 13.8% of all responses). Each demographic section may have a slightly different (lower) denominator based on the respondents that completed each demographic question. Missing, illegible, and prefer not to say responses are not included.

§ Hesitated to access services includes 140 (26%) who hesitated but went anyway, and 134 (25%) who hesitated and did not access the service.

*Pearson's Chi-squared test (*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 2. Reasons for hesitance, people that respondents are worried about, and stigmatized identities that contribute to hesitance to access services. Harm Reduction Client Survey 2024.

Characteristic	2024 n (%)
If you hesitated to access health and social services, what were the reasons?	**N = 272 * †**
Any reason	**253 (93%)**
Worried about discrimination from staff	108 (40%)
Had a bad experience accessing services in the past	107 (39%)
Worried about interacting with police	77 (28%)
Not sure where to go	75 (28%)
Worried that someone would find out that I use substances	74 (27%)
The services were not available or too far away	72 (26%)
Did not feel the services were culturally safe	36 (13%)
Something else, please describe	35 (13%)
None. I did not hesitate to access the services that I need.	18 (7%)
If you hesitated to access services, was it because you worried about certain people finding out that you use substances?	**N = 267 § ****
Any group	**132 (49%)**
Friends or family	76 (28%)
Community members	55 (21%)
Police/parole/probation officer	49 (18%)
Family services (I am a parent or caregiver)	48 (18%)
My housing provider/landlord	46 (17%)
Health care provider	36 (13%)
Elders or Indigenous leaders in my community	33 (12%)
My employer	22 (8%)
None of the above	133 (50%)
If you hesitated to access services, was it because you worried about being treated badly because of your:	**N = 265 ^ ****
Any stigmatized identity	**201 (76%)**
Substance use	175 (66%)
Housing situation	122 (46%)
Race or ethnicity	58 (22%)

Continued on next page

Characteristic	2024 n (%)
Sex or gender	20 (8%)
Sexual orientation	20 (8%)
Other	13 (5%)
None of the above	62 (23%)

* Total survey sample is 622 respondents. Of the 274 respondents that hesitated to use health and social services, only 272 are included in the denominator for this question (missing: 2/274, 0.7%).
§ Total survey sample is 622 respondents. Of the 274 respondents that hesitated to use health and social services, only 267 are included in the denominator for this question (missing: 7/274, 2.6%).
^Total survey sample is 622 respondents. Of the 274 respondents that hesitated to use health and social services, only 265 are included in the denominator for this question (missing: 9/274, 3.3%).
† The 2024 responses are reported among respondents who indicated that they hesitated (either hesitated but usually went anyway, or hesitated and did not access the service) to access health and social services in the last 6 months. Comparison to prior years is not provided due to changes in how the questions were phrased and the analysis rules used. Values are not directly comparable between survey years. Missing, illegible, and prefer not to say responses are not included.

Table 3. Responses to statements about feeling worried about accessing services and feeling welcome in community settings. Harm Reduction Client Survey 2023 and 2024.

Statement	2024 N = 622	2023 N = 433
I feel worried about calling 9-1-1 when someone has an overdose	**n = 576** §	**n = 393** §
Agree	139 (24%)	94 (24%)
Neutral	92 (16%)	50 (13%)
Disagree	345 (60%)	249 (63%)
I do not want to go to the emergency department when I need medical care	**n = 576** §	**n = 393** §
Agree	287 (50%)	200 (51%)
Neutral	106 (18%)	60 (15%)
Disagree	183 (32%)	133 (34%)
I feel worried about going through withdrawal if admitted to hospital *	**n = 575** §	**-**
Agree	330 (57%)	-
Neutral	74 (13%)	-
Disagree	171 (30%)	-
I feel worried about interacting with law enforcement	**n = 573** §	**n = 395** §
Agree	310 (54%)	236 (60%)
Neutral	100 (17%)	59 (15%)
Disagree	163 (28%)	100 (25%)
I feel welcome in outdoor public spaces (sidewalks, parks, and beaches)	**n = 574** §	**n = 388** §
Agree	246 (43%)	189 (49%)
Neutral	137 (24%)	73 (19%)
Disagree	191 (33%)	126 (32%)
I feel welcome using public services (libraries, community centres, and public restrooms)	**n = 576** §	**n = 402** §
Agree	249 (43%)	213 (53%)
Neutral	112 (19%)	56 (14%)
Disagree	215 (37%)	133 (33%)
I feel welcome in most local businesses	**n = 571** §	**n = 401** §
Agree	240 (42%)	171 (43%)
Neutral	99 (17%)	75 (19%)
Disagree	232 (41%)	155 (39%)

* No comparison available in 2023 survey.

§ Missing, illegible, and prefer not to say responses are not included in the proportions reported for each response.

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: 5 sites, Island: 6 sites, Northern: 7 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 6 months.
- BCCDC received 628 completed surveys. We excluded 6 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 $5 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 6 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 6 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: 7 sites, Fraser: 6 sites, Vancouver Coastal: 4 sites, Island: 6 sites, Northern: 6 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.