Knowledge Update

BC Centre for Disease Control
Provincial Health Services Authority

Topic	Overdose Prevention and Supervised Consumption Sites and public substance use among individuals who use substances: Findings from the Harm Reduction Client Survey 2024
Date	May 30, 2025
Data source	Harm Reduction Client Survey 2024
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Key messages

- In 2024, a slightly higher proportion of survey respondents used substances at Overdose Prevention Sites (OPS) and Supervised Consumption Sites (SCS) compared to respondents in previous survey years (49% in 2022, 64% in 2023, 67% in 2024). About two thirds of respondents reported accessing services or supports other than observed consumption at an OPS/SCS in the last six months.
- The top reported barriers to using an OPS/SCS were operating issues such as overcrowding, limited opening hours, long wait times, not enough booths available inside, and no wheelchair ramps. Other barriers reported were sites or services being too far away or not available, and lack of inhalation (smoking) services.
- In addition to using substances at OPS/SCS sites, respondents used substances alone and in public places in the past month. Reasons for using in public places like parks, transit stops, and sidewalks included not having a private place to go, wanting to socialize with friends, and not having access to OPS/SCS sites, particularly to those with inhalation services. People who were homeless or lived in shelters used substances in public more often than those who lived in private or supportive housing.
- The relationship between how often and where individuals use substances is complex, and is influenced by a person's substance use needs, social connection, housing situation, and current availability of OPS/SCS 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 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 to:

1) Describe where Harm Reduction Client Survey (HRCS) participants use substances, including public places (e.g., parks, beaches, transit stops, sidewalks), and the reasons they used in public.
2) Describe how many participants used substances at an OPS/SCS, how they consumed their substances, what other services they accessed at OPS/SCS sites, and what barriers they faced trying to use substances at OPS/SCS.
3) To explore the relationship between individuals using substances in public and the barriers they face using at an OPS/SCS, and what it means in the context of decriminalization.

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 public substance use and OPS/SCS use. 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 public substance use and OPS/SCS use.
- 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

How often and why individuals use substances in public

- Over 86% of respondents (474/553) said they used substances in public places like parks, beaches, transit stops, and sidewalks at least once in the past 30 days. Many (44%) used in public every day, 23% used a few times a week, and 18% used a few times a month.
- Using substances in public every day was significantly more common among individuals with no regular place to stay (55%), who use substances every day (51%), who use drugs alone every day (60%), and who used opioids and stimulants in the past three days (54%) (see Table 1). Among those who reported daily substance use in public, 95% reported inhaling their substances and 46% reported injecting their substances in the last six months. Among those who did not use substances in public, 87% reported inhaling their substances and 24% reported injecting their substances in the last six months. These preferred ways of using substances are not specific to using in public.
- The top reported reasons for using substances in public were not having a private place to go (53%), to socialize with friends (47%), not being able to access an OPS/SCS (42%), and specifically not being able to access an OPS/SCS with inhalation services (37%) (see Table 2). The top three reasons were the same in 2023. In addition, respondents in 2024 said they used substances in public in order to use right away (e.g. to avoid withdrawal or being in pain), because it was convenient, or because they did not want to use around loved ones or roommates.

Trends in using OPS/SCS

- Among 2024 HRCS respondents, 67% (382/569) reported using substances at an OPS/SCS in the last six months. Of the respondents who reported using an OPS/SCS, 81% inhaled and 38% injected substances (change from 72% and 51%, respectively, in the 2023 HRCS). Of the 39 sites that participated in 2024, most (74%) were co-located with an overdose prevention site (n=26) or within a five-minute walk from an OPS or SCS (n=6). This is an increase in the proportion of sites co-located or near an OPS from 2023 (60%), and from 2022 when 50% of participating sites were near an overdose prevention site.
- Respondents were much more likely to use at an OPS/SCS if they completed the survey at a site in a large urban population centre (79%), at sites in the Vancouver Coastal Health region (86%), or used substances every day (see Table 3). In a sub-analysis assessing multiple modes of drugs use, 81% of respondents who both inhaled and injected substances used at an OPS/SCS in the last six months. Fewer people said

they used at OPS/SCSs if they completed the survey at a site in Interior (48%) or Northern Health region (49%), if they used substances a few times a month (37%), or if they did not inhale substances (30%).

- Seventy-seven percent (453/589) of respondents said there is an OPS/SCS they can use in their community.

Barriers to accessing OPS/SCS

- Over half of respondents (263/510) reported they had difficulties accessing an OPS/SCS to use substances in the past six months (Table 4). The top reasons included: site or service operating issues, such as overcrowding, limited opening hours, long wait times, no ramps for wheelchairs, and only allowing a limited number of people inside at a time (51%); sites were too far away (31%); and lack of inhalation services (29%) (see Table 4). Lack of inhalation services (39%) and site or service operating issues (38%) were also top barriers in 2023.
- Site or service operating issues asked about in the 2023 survey included limited opening hours, long wait times, no ramps for wheelchairs, etc. In the 2024 survey, more site or service operating issues were included, such as overcrowding and limited number of people allowed inside. The increase in the number of people who reported a site or service operating issue as a barrier may be because of the extra site or service issues included in the 2024 survey.

Other services accessed at OPS/SCS

- About two thirds (64%) of respondents (349/549) reported accessing services or supports other than observed consumption at an OPS/SCS in the last six months. Of those who accessed other services, respondents most commonly picked up harm reduction supplies (83%); got support or socialized with others (56%); were connected to social services such as income assistance, housing, or employment programs (37%); and received wound or health care (36%). Participants also received referrals to services such as primary care, detox or treatment, mental health services, and social services (Table 5). Some respondents reported receiving necessities such as food, clothes, phone charging, and bus tickets from sites (n=14).

Relationship between OPS/SCS and public substance use

- Seventy percent of respondents who reported daily public substance use in the last 30 days also used an OPS/SCS in the last six months (160/227). In comparison, 51% of respondents who did not report using substances in public used at an OPS/SCS in the last six months (Table 6). Not all respondents reported having an OPS/SCS in their community that they could use - 72% of respondents who used substances in public daily had an OPS/SCS in their community, compared to 88% of respondents who did not use substances in public.

- The main barrier reported to using an OPS/SCS among respondents, regardless of how often they used substances in public, was site or service operating issues (53%) (Table 7).
- Compared to respondents with stable housing, more respondents with no regular place to stay or living in a shelter used substances in public daily and used at an OPS/SCS in the last six months.

Interpretation

- **Using substances in public is common, especially for individuals without stable housing.** Most survey respondents used substances in public in the past 30 days (86%), and 44% of respondents said they used substances in public every day. These numbers are very similar to the 2023 survey where 82% of respondents used substances in public in the past 30 days (Loewen *et al*, 2024). The most common reasons respondents gave for using substances in public were still not having a private place to go, wanting to socialize, and not being able to access an OPS/SCS. In 2024, new response options showed that 37% of individuals used substances in public because they couldn't access inhalation services and 21% couldn't access injection services. A recent study on decriminalization in BC showed similar findings - people without housing describe using in public when other services are closed (Wood *et al*, 2024).

- **People who use substances in public also use substances at OPS/SCS.** In the last six months, respondents who used at an OPS/SCS were more likely to use substances use in public daily compared to those who did not use at an OPS/SCS. Similarly, OPS/SCS use was higher among respondents who use in public more often. This may be because many people have a dependence or high tolerance to substance and so they use more often. This could explain why there were a high number of respondents who regularly use substances in public, often use alone, and at an OPS/SCS.

- **OPS/SCS locations are more than just places for individuals to use substances safely – they also connect individuals to other supports.** More than three-quarters of respondents had an OPS/SCS they could use in their community. In addition to offering observed consumption, these locations often provide services like giving out harm reduction supplies, peer support, supporting access to social services (e.g. income assistance, housing, employment programs), and offering information about detox and treatment, wound care, and medical or counselling services (CCSA, 2024). A small number of respondents visited OPS/SCS locations specifically for these other supports and did not use substances there. Other respondents (n=5) found work at OPS/SCS locations. Some sites also offer drug checking services, but participants were not asked about using drug checking services at OPS/SCS locations specifically.

- **Many participants used at OPS/SCSs and most inhaled their substances.** Many 2024 HRCS survey participants (67%) used substances at an OPS/SCS in the last six months. This continues to increase each year, from 64% in 2023 and 49% in 2022 (Loewen *et al*, 2024). Inhalation is still the most common way participants use substances at OPS/SCS (81% inhalation vs. 38% injection). Differences between regions

in how respondents use substances at OPS/SCS relate to the services available, not because of regional differences in how people prefer to use substances.

- **There are still many challenges to using at OPS/SCS sites.** Despite many participants using these sites, over half reported difficulties doing so. The most common barrier was operating issues such as overcrowding, limited opening hours, long wait times, not enough space inside, and no wheelchair ramps. Other common barriers were that sites were too far away or services, like spaces for inhalation, were not available. Data from previous iterations of HRCS and the BC Coroners Service show that inhalation has been the most common way people use substances for several years (BCCDC, 2023a; BCCS, 2025), however, approximately 40% of OPS/SCS sites in BC still do not offer inhalation services (BCCDC, 2025). Improving access to and availability of inhalation spaces can help people use these sites more. Overcrowding and occupancy limits at OPS/SCS sites may be further challenged when drug poisonings happen. The prolonged sedation associated with some drug poisonings require extended monitoring and may extend an individual's OPS/SCS visit (BCCDC, 2023b).
- **Current OPS/SCS services do not meet the needs of some PWUS. Involving PWLLE in OPS/SCS design, operation, and evaluation can improve services.** Respondents noted that some OPS/SCS sites have an overly clinical approach to care and do not reflect the ways in which people typically use substances. For example, some sites have buzzers to check ID at the front door or have rules that prevent people from using substances the way they normally would, like being allowed to split or share substances. OPS/SCS sites have different staffing and operating models, and no single model will meet the needs of all PWUS. Those who have had traumatic experiences with the healthcare system may not feel comfortable at OPS/SCSs with a more clinical setting. In March 2024, the Office of the Auditor General of British Columbia recommended evaluating existing OPS/SCS services to see how well they are meeting people's needs, including how easy they are to access (OAGBC, 2024).
- **PWUS are doing what they can to be safer and not use alone.** PWLLE note that while OPS/SCS locations have operating hours, people use substances at any hour of the day. Using in public can be a way to use more safely by using with others or by relying on bystanders for assistance if needed when OPS/SCSs are closed. Health system partners should support and promote virtual OPS options when in-person OPS/SCSs are not accessible.

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 public substance use and OPS/SCS use.

- 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

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Document citation

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Tables and Figures

Table 1: Frequency of public substance use by respondent characteristics. Harm Reduction Client Survey 2024

Characteristic	N = 553	Every day, N = 244	A few times a week, N = 129	A few times a month, N = 101	Did not use substances in public, N = 79	p-value
Health authority (survey site)						<0.001*
Interior	137	76 (55%)	24 (18%)	19 (14%)	18 (13%)	
Fraser	135	61 (45%)	30 (22%)	29 (21%)	15 (11%)	
Vancouver Coastal	92	48 (52%)	20 (22%)	7 (8%)	17 (18%)	
Island	99	34 (34%)	23 (23%)	25 (25%)	17 (17%)	
Northern	90	25 (28%)	32 (36%)	21 (23%)	12 (13%)	
Community size (2021 Census Population Centre)						0.5
Large Urban Population Centre	267	122 (46%)	59 (22%)	46 (17%)	40 (15%)	
Medium Population Centre	109	41 (38%)	27 (25%)	27 (25%)	14 (13%)	
Small Population Centre	177	81 (46%)	43 (24%)	28 (16%)	25 (14%)	
Type of current residence**						<0.001*
Private or band owned residence	69	21 (30%)	15 (22%)	16 (23%)	17 (25%)	
In a temporary or transitional residence	126	39 (31%)	34 (27%)	23 (18%)	30 (24%)	
Shelter	108	47 (44%)	27 (25%)	23 (21%)	11 (10%)	
Unsheltered homeless	211	116 (55%)	46 (22%)	33 (16%)	16 (8%)	
Age group						0.011
19 to 29	61	28 (46%)	16 (26%)	13 (21%)	4 (7%)	
30 to 39	170	85 (50%)	41 (24%)	30 (18%)	14 (8%)	
40 to 49	177	78 (44%)	38 (21%)	34 (19%)	27 (15%)	
50 or older	141	50 (35%)	33 (23%)	24 (17%)	34 (24%)	
Gender						0.3
Man	354	155 (44%)	83 (23%)	58 (16%)	58 (16%)	
Woman	187	82 (44%)	45 (24%)	41 (22%)	19 (10%)	
Sexual orientation^						0.4
Heterosexual or straight	453	194 (43%)	107 (24%)	82 (18%)	70 (15%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	83	41 (49%)	19 (23%)	16 (19%)	7 (8%)	
Employment and volunteer work						0.073
Yes (full or part time)	80	33 (41%)	17 (21%)	11 (14%)	19 (24%)	
No	443	199 (45%)	101 (23%)	86 (19%)	57 (13%)	

Characteristic	N = 553	Every day, N = 244	A few times a week, N = 129	A few times a month, N = 101	Did not use substances in public, N = 79	p-value
Frequency of substance use (last 30 days)						<0.001*
Every day	459	235 (51%)	100 (22%)	74 (16%)	50 (11%)	
A few times a week	57	5 (9%)	26 (46%)	15 (26%)	11 (19%)	
A few times a month or less	29	1 (3%)	1 (3%)	11 (38%)	16 (55%)	
Frequency of using substances alone (last 30 days)						<0.001*
Every day	305	183 (60%)	51 (17%)	38 (12%)	33 (11%)	
A few times a week	128	32 (25%)	46 (36%)	32 (25%)	18 (14%)	
A few times a month	61	12 (20%)	13 (21%)	22 (36%)	14 (23%)	
Did not use substances alone	38	12 (32%)	9 (24%)	4 (11%)	13 (34%)	
Recent opioid and stimulant use (last 3 days)						<0.001*
Opioid only	65	22 (34%)	15 (23%)	17 (26%)	11 (17%)	
Stimulant only	108	38 (35%)	26 (24%)	26 (24%)	18 (17%)	
Opioid and stimulant	259	140 (54%)	59 (23%)	38 (15%)	22 (8%)	
No recent opioid or stimulant use	121	44 (36%)	29 (24%)	20 (17%)	28 (23%)	
Injected any substance (last 6 months)						<0.001*
Yes	212	112 (53%)	51 (24%)	30 (14%)	19 (9%)	
No	327	125 (38%)	74 (23%)	69 (21%)	59 (18%)	
Smoked/inhaled any substance (last 6 months)						0.002*
Yes	508	232 (46%)	118 (23%)	90 (18%)	68 (13%)	
No	29	5 (17%)	6 (21%)	8 (28%)	10 (34%)	
Used substances at an OPS/SCS (last 6 months)						0.011
Yes	345	160 (46%)	82 (24%)	65 (19%)	38 (11%)	
No	168	67 (40%)	34 (20%)	30 (18%)	37 (22%)	

Total survey sample is 622 respondents. The proportions above are based on a denominator of 553 (excludes 11.1% of all responses). Each demographic section may have a slightly different denominator based on the respondents that completed each demographic question.

* 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 substance use in public among those who used in public. Harm Reduction Client Survey 2023 & 2024

	2024	2023
Total participants who expressed at least one reason they used drugs in public places	**N = 447**	**N = 329**
I did not have a private place to go	239 (53%)	173 (53%)
To socialize with friends	212 (47%)	116 (35%)
I couldn't access an OPS/SCS	189 (42%)	95 (29%)
I couldn't access a smoking OPS/SCS	167 (37%)	n/a
I couldn't access an injection OPS/SCS	94 (21%)	n/a
I felt safer using in public	124 (28%)	63 (19%)
I was not allowed visitors where I live	72 (16%)	49 (15%)
Other	63 (14%)	64 (19%)

Total 2024 survey sample is 622 respondents. Of the 474 respondents that used substances in public spaces in the last 30 days, only 447 are included in the denominator above (missing: 27/474, 5.7%).

Table 3: OPS/SCS use in last six months and method of consumption by participant characteristics. Harm Reduction Client Survey 2024

Characteristic	Overall, N = 569/622	Used OPS/SCS N = 382	Did not use OPS/SCS N = 187	p-value	Inhaled at OPS/SCS, N = 311	Injected at OPS/SCS N = 144
Health authority				<0.001*		
Interior	143	68 (48%)	75 (52%)		30 (44%)	36 (53%)
Fraser	139	111 (80%)	28 (20%)		103 (93%)	35 (32%)
Vancouver Coastal	93	80 (86%)	13 (14%)		72 (90%)	30 (38%)
Island	99	76 (77%)	23 (23%)		74 (97%)	20 (26%)
Northern	95	47 (49%)	48 (51%)		32 (68%)	23 (49%)
Community size (2021 Census Population Centre)				<0.001*		
Large Urban Population Centre	268	211 (79%)	57 (21%)		192 (91%)	62 (29%)
Medium Population Centre	113	64 (57%)	49 (43%)		32 (50%)	38 (59%)
Small Population Centre	188	107 (57%)	81 (43%)		87 (81%)	44 (41%)
Type of current residence**				0.4		
Private or band owned residence	74	45 (61%)	29 (39%)		42 (93%)	7 (16%)
In a temporary or transitional residence	138	89 (64%)	49 (36%)		80 (90%)	32 (36%)
Shelter	108	79 (73%)	29 (27%)		60 (76%)	32 (41%)
Unsheltered homeless	209	140 (67%)	69 (33%)		107 (76%)	58 (41%)
Age group				0.052		
19 to 29	60	45 (75%)	15 (25%)		41 (91%)	17 (38%)
30 to 39	169	123 (73%)	46 (27%)		98 (80%)	57 (46%)
40 to 49	182	118 (65%)	64 (35%)		90 (76%)	38 (32%)
50 or older	154	93 (60%)	61 (40%)		80 (86%)	30 (32%)
Gender				0.2		
Man	358	232 (65%)	126 (35%)		189 (81%)	86 (37%)
Woman	198	142 (72%)	56 (28%)		118 (83%)	54 (38%)
Sexual orientation^				0.4		
Heterosexual or straight	461	304 (66%)	157 (34%)		251 (83%)	109 (36%)
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	90	64 (71%)	26 (29%)		50 (78%)	29 (45%)
Employment and volunteer work				0.3		
Yes (full or part time)	91	66 (73%)	25 (27%)		50 (76%)	29 (44%)
No	451	299 (66%)	152 (34%)		249 (83%)	104 (35%)
Frequency of substance use (last 30 days)				<0.001*		
Every day	462	331 (72%)	131 (28%)		273 (82%)	129 (39%)
A few times a week	64	33 (52%)	31 (48%)		24 (73%)	10 (30%)
A few times a month or less	30	11 (37%)	19 (63%)		8 (73%)	1 (9%)

Characteristic	Overall, N = 569/622	Used OPS/SCS N = 382	Did not use OPS/SCS N = 187	p-value	Inhaled at OPS/SCS, N = 311	Injected at OPS/SCS N = 144
Frequency of using substances alone (last 30 days)				0.081		
Every day	300	217 (72%)	83 (28%)		175 (81%)	95 (44%)
A few times a week	123	77 (63%)	46 (37%)		62 (81%)	25 (32%)
A few times a month	62	37 (60%)	25 (40%)		29 (78%)	12 (32%)
Did not use substances alone	40	25 (62%)	15 (38%)		20 (80%)	8 (32%)
Opioid and stimulant use (last 3 days)				0.028		
Opioid only	67	44 (66%)	23 (34%)		34 (77%)	16 (36%)
Stimulant only	114	71 (62%)	43 (38%)		63 (89%)	15 (21%)
Opioid and stimulant	262	192 (73%)	70 (27%)		154 (80%)	91 (47%)
No opioid or stimulant use or unknown	126	75 (60%)	51 (40%)		60 (80%)	22 (29%)
Injected any substance (last 6 months)				<0.001*		
Yes	220	177 (80%)	43 (20%)		123 (69%)	125 (71%)
No	338	198 (59%)	140 (41%)		182 (92%)	17 (9%)
Smoked/inhaled any substance (last 6 months)				<0.001*		
Yes	531	367 (69%)	164 (31%)		302 (82%)	138 (38%)
No	27	8 (30%)	19 (70%)		5 (62%)	2 (25%)

Total survey sample is 622 respondents. The table above excludes 53 responses based on the denominator definitions documented in the technical data notes. Mode of consumption proportions are presented as row percentages – many respondents injected and inhaled substances at OPS/SCS sites.

* 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 4: Difficulties experienced accessing OPS/SCS. Harm Reduction Client Survey 2023 & 2024

Experience of difficulties at OPS/SCS	2024	2023
	N = 510	N = 379
I did not try to access OPS/SCS	92 (18%)	n/a
Did you experience difficulties?		
I did not have difficulties	154 (30%)	180 (47%)
Experienced at least one difficulty accessing OPS/SCS	263 (52%)	199 (53%)
Reasons for difficulty using substances at an OPS/SCS	**N = 263**	**N = 199**
Site/service operating issues	134 (51%)	76 (38%)
Site/service not available in my community or too far away	82 (31%)	45 (23%)
Inhalation/smoking is not available	75 (29%)	77 (39%)
I worry about police taking away my drugs while travelling to/from OPS	67 (25%)	n/a
There are too many rules I have to follow	59 (22%)	38 (19%)
I have confidentiality / privacy concerns	43 (16%)	30 (15%)
I haven't felt safe using at an OPS/SCS (e.g. from other clients, from dealers, etc.)	42 (16%)	35 (18%)
Services are not culturally safe	19 (7.2%)	n/a
Something else	2 (0.8%)	16 (8%)

Total survey sample is 622 respondents. For 2024, the proportions in the top section of the table are based on a denominator of 510 (excludes 18% of all responses), the denominator for reasons for difficulties is 263. In 2023, participants responded that they couldn't access an OPS/SCS without specification of what type of mode of consumption was offered.

Table 5: Other services or supports accessed at OPS/SCS in last six months. Harm Reduction Client Survey 2024

Accessed other services or supports at OPS/SCS	**N = 537**
Yes	349 (64%)
No	188 (35%)
Other services or supports accessed	**N = 349**
Picked up harm reduction supplies	291 (83%)
I got support from or socialized with others	195 (56%)
Connected to social services (e.g., income assistance, housing, employment programs)	130 (37%)
Wound care/health care	127 (36%)
I got a referral	37 (11%)
Other	26 (7%)

Total survey sample is 622 respondents. The proportions in the bottom section are based on a denominator of 349 who accessed other services or supports at OPS/SCS.

Table 6: OPS/SCS availability in community and OPS/SCS use in last six months by frequency of public substance use. Harm Reduction Client Survey 2024

	Every day	A few times a week	A few times a month	Did not use substances in public
Have OPS/SCS in community	**N = 233**	**N = 121**	**N = 98**	**N = 75**
Yes	168 (72%)	92 (76%)	81 (83%)	66 (88%)
No	49 (21%)	18 (15%)	5 (5.1%)	7 (9.3%)
Don't know	16 (6.9%)	11 (9.1%)	12 (12%)	2 (2.7%)
OPS/SCS use	**N = 227**	**N = 116**	**N = 95**	**N = 75**
Total who used at an OPS/SCS	160 (70%)	82 (71%)	65 (68%)	38 (51%)
Inhalation use	125 (55%)	71 (61%)	54 (57%)	28 (37%)
Injection use	72 (32%)	31 (27%)	23 (24%)	10 (13%)
Did not use at an OPS/SCS	67 (30%)	34 (29%)	30 (32%)	37 (49%)

Total survey sample is 622 respondents. The top of the table above excludes 95 responses, and the bottom excludes 109 responses based on the denominator definitions.

Table 7: Difficulties experienced accessing OPS/SCS by frequency of public substance use. Harm Reduction Client Survey 2024

	Every day	A few times a week	A few times a month	Did not use substances in public
	N = 206	**N = 103**	**N = 82**	**N = 71**
Did not try to access OPS/SCS	21 (10%)	12 (12%)	18 (22%)	31 (44%)
Did you experience difficulties?				
I had no difficulties accessing an OPS/SCS	52 (25%)	45 (44%)	29 (35%)	15 (21%)
Experienced at least one difficulty accessing OPS/SCS	133 (65%)	45 (44%)	35 (43%)	25 (35%)
Reasons for difficulty using substances at an OPS/SCS	**N = 133**	**N = 45**	**N = 35**	**N = 25**
Site/service operating issues	70 (53%)	22 (49%)	19 (54%)	11 (44%)
Sites/services not available or too far away	50 (38%)	16 (36%)	6 (17%)	5 (20%)
No inhalation services available	43 (32%)	13 (29%)	9 (26%)	6 (24%)
Worry about police taking substances away while travelling	38 (29%)	9 (20%)	10 (29%)	5 (20%)
Too many site rules	33 (25%)	10 (22%)	3 (8.6%)	3 (12%)
Confidentiality / privacy concerns	20 (15%)	6 (13%)	7 (20%)	4 (16%)
I do not feel safe	20 (15%)	6 (13%)	4 (11%)	7 (28%)
The services are not culturally safe	12 (9.0%)	3 (6.7%)	0 (0%)	2 (8.0%)

Total survey sample is 622 respondents. The top section of the table includes respondents who answered both questions on public substance use frequency and barriers to OPS/SCS (n = 462) (excludes 25.7% of all responses). The denominator for reasons for difficulties is 238.

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.