

Harm Reduction Client Survey 2024: OPS/SCS and Public Substance Use

Since 2012, the BC Centre for Disease Control has asked people who use substances about their health and access to harm reduction and healthcare services. Between September and November 2024, we asked participants about their Overdose Prevention Site and Supervised Consumption Site (OPS/SCS) use and public substance use.

British Columbia

Who took part?

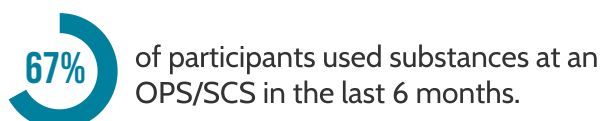
 **20** Communities

 **39** Sites

 **622** Participants

 **5** Health Authorities

OPS/SCS use



Mode of substance use at OPS/SCS




OPS/SCS locations also connected individuals to other supports

- 83% picked up harm reduction supplies*
- 56% got support or socialized with others*
- 37% were connected to social services*
- 36% received wound or health care*


**Among the 64% of respondents who accessed supports*

Top barriers to using at an OPS/SCS

Over 50% of respondents experienced barriers or difficulties using at an OPS/SCS.

 Site or service operating issues
e.g. limited opening hours, overcrowding,
long wait times, no wheelchair ramps

 Site too far away

 Inhalation or smoking not available

Public substance use

Participants were asked about using substances in public places like parks, transit stops, and sidewalks.

Frequency of public substance use



Reasons for using in public places*



**Among those who reported public substance use*

 Respondents with **no regular place to stay** or who **live in a shelter** reported both **using substances daily in public** and at an **OPS/SCS** more often than respondents with more stable housing.

More respondents who **used at an OPS/SCS** reported daily substance use in public compared to those who did not use at an OPS/SCS.

Key takeaways

People who use substances in public also use at OPS/SCS. **People who use substances are doing what they can to be safer and not use alone.** Public substance use often happens when OPS/SCS are closed, inaccessible, or a private space is not available.



Participation was limited to people who access harm reduction sites, and results are therefore not representative of all people who use substances in BC. As of 2022, this project is made possible with funding from the Ministry of Health.

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Updated: August 22, 2025