

2025 Harm Reduction Client Survey

*****You may keep this information page*****

This survey helps improve harm reduction services across BC. We do not collect information that can identify you personally and we keep all responses confidential. Your participation is voluntary and you are free to only answer the questions you are comfortable with. If a question brings up uncomfortable feelings or thoughts such as trauma or loss, feel free to skip that question. We are trying to get your thoughts on current and potential harm reduction products and services that can help lower the risks from drug use. The results from this study can help you and other people who use drugs by making current harm reduction services better in your community.

You can participate in this survey if:

- **you are at least 19 years old AND**
- **you used a drug that is illegal or from the unregulated market (for example: opioids/down, heroin, fentanyl, cocaine, crack, methamphetamine, hallucinogens, etc.) in the past 6 months.**

People who are under 19 and/or only use alcohol, tobacco, and cannabis are not eligible to participate.

Please note:

The survey will take roughly 30 minutes. There is a \$20 honorarium for your time. Fill out the survey one time only.

Choose one answer per question, unless the question says “check all that apply”. Most questions ask you to think about your experience over the last 6 months. Some questions ask about other time periods.

The survey is double sided. Answer both sides of each page.

If you are not sure about how to answer a question, reach out to Harm Reduction site staff or ask for the survey guide for more information and explanations about some of the questions. **If you do not want to answer a question, you can leave the question blank and move to the next question.**

Contact Information:

If you would like further information about this study, contact Dr. Alexis Crabtree at 604-707-2736 or Brooke Kinniburgh at 604-789-5536.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.

Flip to next page to begin survey!

SITE STICKER
ADMIN USE ONLY

Data entry date: _____

Data Entry Initials: _____

Redcap ID: _____

Background

1. **Today's date:** _____ (M/D/Y)
2. **How old are you?** _____ (years)
3. **Do you identify as First Nations, Inuk/Inuit and/or Métis?**
- First Nations
 Métis
 Inuk/Inuit
 No
 Do not know
 Prefer not to say
4. **Which ethnic or racial group(s) best describes you?**
Check all that apply.
- Black
 Indigenous
 Latin American / Hispanic
 Middle Eastern
 East Asian
 South Asian
 Southeast Asian
 White
 I prefer to describe myself as: _____
 Prefer not to say
5. **What is your gender identity? Check all that apply.**
- Man
 Woman
 Non-binary
 I prefer to describe my gender as: _____
6. **Are you currently employed (including paid or volunteer work)?**
- Yes (full or part time)
 No
7. **Where do you live right now? Check one option that describes your most recent housing situation (e.g., where did you stay last night)**
- In a private or band owned home (alone or with others)
 In another kind of residence (hotels/motels, rooming houses, single room occupancy [SRO], social/supportive housing)
 I temporarily live with family or friends (couch surf), in my car or somewhere else
 In a shelter
 On the street, in an abandoned building, or in a tent/encampment
 I prefer to describe where I live as: _____

Drug use locations

8. **Please check one option for each row based on the last 30 days (excluding cannabis, alcohol, or tobacco):**

	Multiple times per day	Once a day	A few times a week	A few times a month	Not in the last month / never
How often have you used drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you used drugs alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you used drugs in public spaces (like parks, beaches, transit stops, or sidewalks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often have you used drugs at an Overdose Prevention (OPS) or Supervised Consumption Site (SCS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. **If you used drugs in public spaces in the last 30 days, what were the reasons? Check all that apply.**

Note: We ask to understand different reasons why someone might use substances in public spaces. Examples of public spaces include parks, beaches, transit stops, and sidewalks. This information is important for informing policies that allow or prevent people to use in certain spaces. You do not have to answer the question if you do not want to.

- Does not apply, I didn't use in public spaces
 I couldn't access an **injection** OPS or SCS
 I couldn't access a **smoking** OPS or SCS
 I felt safer using in public
 To socialize with friends
 I was not allowed visitors where I live
 I did not have a private place to go
 Something else, please tell us: _____

Drug use

10. In the last 3 days, which of the following drugs have you intentionally used? Check all that apply. (How did you use each?) (Did you have your own prescription?)

<i>Note: The following section asks about <u>unregulated</u> (illegal) drugs:</i>	Yes, in the last 3 days	Smoke	Inject	Snort	Swallow
Fentanyl, heroin, down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal meth / methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack or powder cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA / Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other psychedelics, hallucinogens, and dissociatives (acid / LSD, magic mushrooms, ketamine, PCP, DMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different unregulated drug, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Note: The following section asks about <u>regulated and prescription</u> drugs/substances. Include drugs/substances you used even if they are not prescribed to you.</i>	Yes, in the last 3 days	Do you have your own prescription? (circle Yes or No)
Opioids:		
Methadone (Methadose, Metadol-D)	<input type="checkbox"/>	Yes / No
Morphine (including M-Eslon)	<input type="checkbox"/>	Yes / No
Slow-release oral morphine (Kadian)	<input type="checkbox"/>	Yes / No
Hydromorphone (Dilaudid, "dillies")	<input type="checkbox"/>	Yes / No
Buprenorphine, buprenorphine-naloxone (Suboxone, Sublocade)	<input type="checkbox"/>	Yes / No
Oxycodone ("Oxys")	<input type="checkbox"/>	Yes / No
Diacetylmorphine	<input type="checkbox"/>	Yes / No
Fentanyl (prescribed)	<input type="checkbox"/>	Yes / No
Other opioid	<input type="checkbox"/>	Yes / No
Stimulants:		
Ritalin (methylphenidate)	<input type="checkbox"/>	Yes / No
Dexedrine (dextroamphetamine)	<input type="checkbox"/>	Yes / No
Adderall (amphetamine/dexamphetamine)	<input type="checkbox"/>	Yes / No
Vyvanse (lisdexamfetamine)	<input type="checkbox"/>	Yes / No
Other stimulant	<input type="checkbox"/>	Yes / No
Benzodiazepines: (e.g., Ativan, Valium, Xanax, diazepam, clonazepam) <i>Check only if intentionally used benzos</i>	<input type="checkbox"/>	Yes / No
Alcohol	<input type="checkbox"/>	
Tobacco (nicotine, including vape)	<input type="checkbox"/>	
Cannabis (weed, including vape)	<input type="checkbox"/>	

Overdose experience and response

This section asks about whether you had an overdose recently. These questions might be especially difficult for some people to answer. If a question makes you feel uncomfortable, you are welcome to skip that question.

11. In the last 6 months, have you had an accidental opioid/down overdose? (e.g., overdosed from down, fentanyl, heroin)

Yes No Not sure

12. In the last 6 months, have you experienced an accidental stimulant overdose? (e.g., overdosed from crystal meth, crack, cocaine). *Note: we are not asking about overamping. Signs of stimulant overdose are: crushing chest pain, seizures, and being unconscious or in-and-out of consciousness.*

Yes No Not sure

13. In the last 6 months, have you been present when someone else had an accidental opioid/down overdose?

Yes No Not sure

14. Do you have a Naloxone/Narcan kit?

- Yes No, but I want one No, I don't want one

15. IF YES, what kind do you have?

- Injectable Nasal Both

16. If you had the choice between administering injectable or nasal naloxone to someone, which would you prefer (check one)? *Nasal naloxone is the same chemical as injectable naloxone (recommended dose differs), but you give it to someone by misting it up their nose using a pump. To learn about nasal naloxone, ask site staff for more information.*

- Nasal
 Injectable
 I don't have a preference
 I don't want to use injectable or nasal naloxone
 Not sure, or I don't have enough information yet

17. IF you prefer to nasal naloxone, why do you prefer it? *Check all that apply.*

- I don't know how to administer injectable naloxone
 It's faster or easier to administer
 I don't like needles
 I can't physically use needles or a disability prevents me from using injectable naloxone
 I think it's more comfortable or safer for the person experiencing overdose
 I want to avoid a needle injury or blood borne illness
 Something not listed above, describe _____

Overdose Prevention Site (OPS) and Supervised Consumption Sites (SCS)

An overdose prevention site (OPS) or supervised consumption site (SCS) is a place where staff or volunteers witness drug consumption to respond to overdose when needed. In addition to witnessed consumption, OPS and SCS sites may offer other harm reduction services and supplies. An OPS or SCS can have a fixed address or be mobile.

18. In the last 6 months, have you used drugs at an OPS and/or SCS?

- Yes No

19. IF YES, in the last 6 months, how did you use drugs at the OPS and/or SCS you visited? *Check all that apply.*

- Inject Smoke Snort Swallow

20. In the last 6 months, did you access any other services or supports at an OPS or SCS? *Check all that apply.*

- No
 I picked up harm reduction supplies (e.g., pipes, sterile needles)
 I picked up a naloxone kit
 I got information on safer substance use (e.g. safer smoking, reducing risk of overdose, check drug alerts)
 I got support from or socialized with others (e.g. community information, bad date alerts)
 I got necessities (e.g. food, clothes, phone calls or charging, bus tickets, or a nap)
 I got wound care or health care at the site
 I got my drugs checked
 I got a referral to substance use treatment (e.g., detox, counsellor, opioid agonist treatment)
 I got a referral to health care for a reason other than substance use care (e.g., family doctor, hospital)
 I was connected to social services (e.g., shelter and housing, income assistance, employment programs)
 Something else

21. In the last 6 months, has anything made it difficult for you to use drugs at an OPS or SCS? *Check all that apply.*

- Does not apply, I did not try to access OPS or SCS
 No, I had no difficulties accessing an OPS or SCS
 Sites or services are not available in my community or too far away
 I cannot smoke there (e.g., no inhalation services available)
 Site is not open when I want to use it (e.g., limited hours)
 Site is overcrowded or there are long waits (e.g., limited number of people allowed)
 Site is not accessible to me (e.g., no ramps or wheelchair access)
 I do not feel safe using at an OPS or SCS (e.g., avoiding other clients, dealers)
 The services are not culturally safe and/or I was worried about racism
 I have confidentiality or privacy concerns
 Too many site rules (e.g., not allowed to bring others inside with me, only open for residents)
 I worry about interacting with police while going to and from an OPS or SCS
 Something else

Injection and inhalation (smoking) drug use

- 22. In the last 6 months, have you injected any type of drug?** *Note: We mean drugs other than insulin, anabolic steroids, or gender affirming hormones.*
- Yes No
- 23. In the last 6 months, have you smoked/inhaled any drugs (other than tobacco or cannabis)?**
- Yes No
- 24. In the last 6 months have you been told you could not have smoking supplies (pipes, mouthpiece/tubing, brass screens, push sticks, foil) when you asked harm reduction site staff for them?** *(e.g., the site has a daily limit, the site didn't have the supply you wanted)*
- Yes No Does not apply, I did not ask for smoking supplies
- 25. IF YES, in the last 6 months what supplies were you unable to get?** *Check all that apply.*
- Bubble pipes
 - Straight pipes
 - Hammer pipes
 - Mouthpiece/tubing
 - Foil
 - Brass screens
 - Push sticks
- 26. IF YES, in the last 6 months, what did you do when you couldn't get new pipes from a harm reduction site / outreach?** *Check all that apply.*
- I bought a new or unused pipe (from a store or another person)
 - I used a pipe that someone else had used
 - I used a pipe that was chipped, cracked, or broken
 - I made my own pipe or a pipe handmade from other supplies
 - I smoked using something other than a pipe (e.g., bong, lightbulb), specify _____
 - I injected instead
 - I snorted, swallowed or boofed instead
 - I waited until I could get a pipe from a harm reduction site or outreach
 - Something not listed above, describe _____

In the last 6 months have you:	Yes	No	Not sure
27. Used a pipe thinking it only had stimulants (meth, crack) but it had opioids (down) in it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Experienced respiratory concerns or troubles with your breathing related to smoking unregulated substances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Been diagnosed with a communicable disease (e.g., Hep C, HIV) that you think you got from sharing smoking supplies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 30. Which (if any) of the following reasons impact the number of supplies that you pick up at harm reduction sites?** *Your responses are anonymous and will not impact your access to services. We are asking to inform the number of supplies provided at sites. Check all that apply.*
- I want to make fewer trips to the site *(e.g., far from home or I don't want to be seen going into the site)*
 - I give supplies to people in my community *(e.g., who can't get their own supplies, for friend's personal use)*
 - I pick up supplies to sell or trade
 - Another reason, describe: _____
- 31. Where do you get information about safer inhalation/smoking from?** *E.g., how to reduce risk of overdose, ways to smoke more safely, etc. Check all that apply.*
- Harm reduction site / OPS / SCS / community organization
 - Health care provider
 - Websites (e.g. Toward the Heart)
 - Social media (e.g., Facebook / Instagram / Twitter (X) / TikTok)
 - Friend or community member
 - Posters or handouts
 - Other, please specify: _____

Use of other harm reduction, health care, and substance use services

32. In the last 6 months, which of the following services or supports have you accessed and/or used? Check all that apply.

Services listed may not be available in every community. To learn about the services listed, please ask staff for more information.

<input type="checkbox"/> Safer sex supplies <input type="checkbox"/> Smoking/inhalation supplies <input type="checkbox"/> Injection supplies <input type="checkbox"/> Naloxone (injectable or nasal) <input type="checkbox"/> Training/education about harm reduction <input type="checkbox"/> Overdose prevention site or Supervised Consumption site (OPS and/or SCS) <input type="checkbox"/> Witnessed consumption in community (buddy, friend, peer, trusted ally) <input type="checkbox"/> Provider-witnessed consumption (eOPS) <input type="checkbox"/> In person drug checking (FTIR or PS-MS machine, test strips) <input type="checkbox"/> Take home drug checking strips <input type="checkbox"/> Drug alerts (text message, online, or from Toward the Heart website)	<input type="checkbox"/> Opioid Agonist Treatment (OAT) (e.g., methadone, buprenorphine) <input type="checkbox"/> Prescribed alternatives (safer supply medications) <input type="checkbox"/> Outreach workers <input type="checkbox"/> Peer support <input type="checkbox"/> Drug user organization <input type="checkbox"/> Counselling <input type="checkbox"/> Elder and/or Knowledge Keeper (Indigenous) <input type="checkbox"/> Culture and/or medicine (Indigenous) <input type="checkbox"/> Substance use treatment (e.g., bed based or daytox) <input type="checkbox"/> Detox <input type="checkbox"/> A different service, please describe: _____
--	---

33. What is the largest barrier to using harm reduction supplies or services right now? (e.g., I don't live near a harm reduction site, I can't get the type of supplies I prefer, I don't feel safe at the site, etc.)

34. What harm reduction support is important for you to be comfortable and healthy when you use drugs? (e.g., peer support, OPS/SCS site, a specific harm reduction supply, etc.)

Barriers to health and social services

35. In the last 6 months, have you hesitated before accessing health and social services? (e.g., did you delay, avoid, or worry about accessing services)

- Yes, I hesitated but I usually went anyway
 Yes, I hesitated and usually did not access the service(s)
 No, I did not hesitate to access the services I need

36. If you hesitated to access health and social services, what were the reasons? Check all that apply.

- None. I did not hesitate to access the services that I need.
 I worried that someone would find out that I use substances
 The services I needed were not available or too far away
 I was not sure where to go
 I had a bad experience accessing services in the past
 I worried about discrimination from staff
 I worried about interacting with police
 I worried about interacting with bylaw officers, or security guards
 I did not feel the services were culturally safe and/or I was worried about racism
 I don't trust the provider or have anxiety/fear about going
 Something else

37. Please tell us whether you agree or disagree with the following statements:	Agree	Neutral	Disagree
I feel worried about calling 9-1-1 when someone has an overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to go to the emergency department when I need medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried about going through withdrawal if admitted to hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried about interacting with law enforcement (<i>police, RCMP, bylaw officers</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome in outdoor public spaces (<i>sidewalks, parks, and beaches</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome using public services (<i>libraries, community centres, public restrooms</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome in most local businesses (<i>restaurants, grocery, or drug stores</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Experiences with police

38. In the last 3 months, did you have an interaction with law enforcement (municipal police, RCMP, transit police) for any reason? Note: this includes any time a police officer has stopped, questioned, or had direct contact with you. Yes No

39. In the last 3 months, did any of these things happen when you interacted with police for any reason? Check all that apply:

- Does not apply, I did not have contact with police
- I was asked if I was okay / police did a wellness or health check
- I was provided with information about health or harm reduction services (e.g., resource card)
- I was asked to stop using substances in public spaces
- I was asked to move to another location
- I was asked for my ID / my name was run through the system or checked for my release conditions
- I had my rigs, pipes, or harm reduction supplies taken away
- I had my prescribed drugs taken away
- I had my non-prescription or illegal drugs taken away
- I was intimidated or harassed verbally
- I was harassed physically or sexually
- I was put in jail or a sobering cell
- I was arrested for drug possession
- I was arrested for selling drugs / trafficking
- I was arrested for something else: _____
- Something else happened

40. Please indicate if you agree or disagree with the following statement:

The last time I interacted with police I was treated with respect.

- Agree Neutral Disagree Does not apply, I have never interacted with police

You have completed the survey, Thank you very much!

We will post the survey results on the BCCDC website and will share back to the harm reduction community in summer 2026.

Feedback about the survey:

1. Did someone (like a staff member or a peer) at the site help you complete the survey?

- They interviewed me (asked questions and recorded my responses)
- They read questions but I wrote down my answers
- I read and answered the questions myself, but someone was there to answer any questions I had
- No, I received no assistance
- Other, describe: _____

2. How can we improve this survey?
