

Site where survey is administered:

place sticker here

Date: _____

month

day

year

2023 Harm Reduction Client Survey

This survey helps improve harm reduction services across BC. We do not collect personal identifying information and we keep all responses confidential. Your participation is voluntary and you are free to only answer the questions you are comfortable with. If you encounter a question that brings up uncomfortable feelings or thoughts such as trauma or loss, please feel free to skip that question. We are trying to get your viewpoints on current and potential harm reduction products and services that may help reduce harms associated with drug use. The results from this study may benefit you and other people who use drugs by improving the current harm reduction service 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.

The survey will take roughly 20 minutes of your time. Please only complete the survey once.

Please 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 (_____ to today). Some questions ask for different time periods. The survey is double sided; please answer both sides of each page.

For the interviewer: If you have questions please reach out to Harm Reduction site staff or refer to the included interview guide which provides additional information, clarifications, and justifications for some survey questions. We expect respondents will benefit from having your assistance to discuss and complete most questions.

1. How old are you? _____ years ☐ Prefer not to say

2. Which ethnic or racial group(s) best describes you? Check all that apply.

☐ Indigenous

☐ First Nations

☐ Métis

☐ Inuit/Inuk

☐ I prefer to describe myself as:

☐ Prefer not to say

Do you identify as Two-Spirit?

☐ Yes ☐ No ☐ Prefer not to say

☐ White (e.g. European descent)

☐ East Asian (e.g. Chinese, Japanese, Korean, Taiwanese)

☐ Southeast Asian (e.g. Vietnamese, Cambodian, Thai, Malaysian, Laotian, Filipino)

☐ South Asian (e.g. East Indian, Pakistani, Sri Lankan)

☐ Black (e.g. African or Caribbean)

☐ Latin American/ Hispanic

3. What is your gender identity? Check all that apply.

☐ Male / Man

☐ Female / Woman

☐ Transgender

☐ Non-binary

☐ Agender

☐ Gender creative

☐ I prefer to describe my gender as:

☐ Prefer not to say

4. What is your sexual orientation?

☐ Heterosexual or straight

☐ Gay

☐ Lesbian

☐ Bisexual/Pansexual

☐ Queer

☐ Asexual

☐ Unsure / questioning

☐ I prefer to describe myself as:

☐ Prefer not to say

6. Which of the following options best describes where you currently live? (see interview guide)

- ☐ In a private residence (alone or with others)
- ☐ In a band-owned home (alone or with others)
- ☐ In another residence (hotels/motels, rooming houses, single room occupancy (SRO), social/supportive housing)
- ☐ In a shelter
- ☐ I have no regular place to stay (homeless, houseless, couch surf, tent, no fixed address)
- ☐ I prefer to describe where I live as: _____
- ☐ Prefer not to say

7. What city or town do you currently live in? If you don't live in a city or town, please write the name of the city or town closest to you:

Drug use

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

	Every day	A few times a week	A few times a month	Did not use drugs	Prefer not to say
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 places (like parks beaches, transit stop or sidewalks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If you used in public spaces, what were the reasons? Check all that apply.

- ☐ Does not apply, I didn't use in public spaces
- ☐ To socialize with friends
- ☐ I couldn't access an Overdose Prevention Site or Supervised Consumption Site (OPS/SCS)
- ☐ I was not allowed visitors where I live
- ☐ I felt safer
- ☐ I did not want to use alone
- ☐ I did not have a private place to go
- ☐ Something else, please tell us _____
- ☐ Prefer not to say

10. Which of the following drugs have you intentionally used in the last 30 days? Last 3 days? And how do you use it. For the drugs you don't use, please leave the row blank.

	In the past 30 days	In the past 3 days	How have you usually used it in the last 3 days? Check all that apply
Fentanyl (down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Swallow <input type="checkbox"/> Snort <input type="checkbox"/> Patch (on my skin) <input type="checkbox"/> Inject <input type="checkbox"/> Another way
Heroin (diacetylmorphine, DAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Inject <input type="checkbox"/> Snort <input type="checkbox"/> Another way
Methadone (methadose, metadol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Swallow <input type="checkbox"/> Another way
Buprenorphine or Buprenorphine/ Naloxone (suboxone, sublocade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inject <input type="checkbox"/> Another way <input type="checkbox"/> Swallow
Hydromorphone (Dilaudid, dillies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inject <input type="checkbox"/> Another way

	In the past 30 days	In the past 3 days	How have you usually used it in the last 3 days? Check all that apply	
Morphine (e.g. Kadian, M-Eslon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort	<input type="checkbox"/> Inject <input type="checkbox"/> Another way
Benzos (Ativan, Valium, Xanax, diazepam, clonazepam). <i>Check only if you intentionally used benzos.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort <input type="checkbox"/> Inject	<input type="checkbox"/> Swallow <input type="checkbox"/> Another way
Crystal meth / methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort <input type="checkbox"/> Inject	<input type="checkbox"/> Swallow <input type="checkbox"/> Another way
Cocaine (powder)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort	<input type="checkbox"/> Inject <input type="checkbox"/> Another way
Crack cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort	<input type="checkbox"/> Inject <input type="checkbox"/> Another way
Other stimulants (e.g. Ritalin, Concerta, methylphenidate, Adderall, Dexedrine, dextroamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort <input type="checkbox"/> Inject	<input type="checkbox"/> Swallow <input type="checkbox"/> Another way
MDMA / Ecstasy, MDA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Snort <input type="checkbox"/> Swallow	<input type="checkbox"/> Another way
Other psychedelics, hallucinogens, and dissociatives (acid / LSD, magic mushrooms, ketamine, PCP, DMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort <input type="checkbox"/> Inject	<input type="checkbox"/> Swallow <input type="checkbox"/> Another way
A different drug, specify : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke <input type="checkbox"/> Snort <input type="checkbox"/> Inject	<input type="checkbox"/> Swallow <input type="checkbox"/> Another way

Prescribed alternatives (in the last 6 months)

Some prescription medications act as substitutes for opioids/down, stimulants, or benzos that people get from the street (this includes Opioid Agonist Therapy (OAT) and Prescribed Safer Supply (PSS)).

<p>11. Have you <u>tried</u> to get prescription medication(s) from a doctor or nurse as a substitute for street drugs? (see interview guide)</p> <p><input type="radio"/> Yes, and got a prescription. Medication name(s): _____</p> <p><input type="radio"/> Yes, but I did not get a prescription</p> <p><input type="radio"/> No, but I want to</p> <p><input type="radio"/> No, and I do not want to</p> <p><input type="radio"/> Something not listed above, my situation was: _____</p>	<p>13. If you took a break or stopped taking the medication(s) you wrote above for at least 7 days, what were the reasons? Check all that apply.</p> <p><input type="checkbox"/> Does not apply, I didn't stop taking it for at least 7 days</p> <p><input type="checkbox"/> The medication dose was too low</p> <p><input type="checkbox"/> I couldn't get the medication I wanted</p> <p><input type="checkbox"/> I couldn't get the medication in the form I wanted (e.g. injection, tablet, etc.)</p> <p><input type="checkbox"/> I couldn't get carries</p> <p><input type="checkbox"/> I got cut off / couldn't get my prescription renewed</p> <p><input type="checkbox"/> I had a negative urine test for the medication I was prescribed</p> <p><input type="checkbox"/> I went to jail or prison</p> <p><input type="checkbox"/> It was easier to buy street drugs</p> <p><input type="checkbox"/> Services were too hard to access (hours, wait time,</p>
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Drug checking (in the last 6 months)

Drug checking is a free and anonymous service where you can submit a drug sample and have it tested to find out what it contains. Some services provide results right away, and others take several hours or even a few days to tell you the results.

14. Have you used any of these drug checking services or tools? Check all that apply. (Descriptions in the interview guide)

- ☐ I have not used any of these services or tools
- ☐ Drug checking machine (FTIR, PS-MS)
- ☐ Mail-in drug checking, for example Get Your Drugs Checked
- ☐ Fentanyl test strips
- ☐ Benzo test strips
- ☐ Xylazine test strips
- ☐ Something not listed above, describe _____

15. Have any of the following made it difficult for you to use drug checking services or tools? Check all that apply.

- ☐ No, I have had no difficulties
- ☐ I don't need or want to use them (e.g. I trust my source)
- ☐ I don't want to give up drugs for checking
- ☐ Site/service operating issues (limited opening hours, long wait times, no ramps for wheelchairs, etc.)
- ☐ Sites/services not available in my community or too far away
- ☐ I couldn't take test strips home with me
- ☐ Results take too long / process is too slow
- ☐ There is no one to explain the results to me
- ☐ Worried police, parole, or probation officer would find out I use substances
- ☐ I have confidentiality or privacy concerns
- ☐ Something not listed above, please describe _____

16. If drug checking were available in your community, how often would you use it?

- ☐ Every day
- ☐ At least once a week
- ☐ At least once a month
- ☐ I would not use drug checking services

17. If your stimulant (meth, crack, cocaine) drugs tested positive for fentanyl (before using), what would you do? Check all that apply.

- ☐ Does not apply, I do not use stimulants
- ☐ Continue using as usual
- ☐ Would not use the drugs
- ☐ Use less
- ☐ Use more slowly
- ☐ Have someone check on me
- ☐ Use with a buddy
- ☐ Use at an Overdose Prevention Site (OPS/SCS)
- ☐ Something not listed above, please describe _____
- ☐ Prefer not to say

Injection Drug Use (in the last 6 months)

18. Have you injected any type of drug? We mean drugs other than insulin, anabolic steroids, or

20. Have you fixed with a needle that was used by someone else?

Inhalation Drug Use (in the last 6 months)

21. Have you smoked/inhaled any drugs other than cannabis or tobacco? ☐ Yes ☐ No

22. What supplies have you used for smoking/inhaling drugs? Check all that apply. (see interview guide)

- | | |
|--|---|
| <input type="checkbox"/> Does not apply, I did not smoke | <input type="checkbox"/> Brass screens |
| <input type="checkbox"/> Straight pipe | <input type="checkbox"/> Push sticks |
| <input type="checkbox"/> Bubble/Bowl pipe | <input type="checkbox"/> Foil from Harm Reduction site |
| <input type="checkbox"/> Hammer pipe (not available in some parts of BC) | <input type="checkbox"/> Other supplies made for smoking, like a bong |
| <input type="checkbox"/> Tubing/mouthpiece | <input type="checkbox"/> Other supplies not made for smoking, like home-made or everyday objects or materials |
| <input type="checkbox"/> Straws | |

23. How often do you use smoking supplies from harm reduction sites?

- | | |
|---|---|
| <input type="radio"/> Every time I smoke | <input type="radio"/> Does not apply, I did not smoke |
| <input type="radio"/> Most of the time I smoke | <input type="radio"/> Prefer not to say |
| <input type="radio"/> About half the time I smoke | |
| <input type="radio"/> Less than half the time I smoke | |
| <input type="radio"/> Never | |

24. If you had a choice, what would be your preferred way of smoking? Imagine you could get any smoking supplies you wanted to (please choose only one option for each drug):

	Straight pipe	Bubble/Bowl pipe	Foil	Hammer Pipe	Other, please specify:	Don't smoke this drug
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>
Meth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>
Opioids/Down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	<input type="radio"/>

25. Have you done any of the following? Check all that apply.

- ☐ Does not apply, I did not smoke
- ☐ Used a pipe someone else used or lent a pipe you used to someone else
- ☐ Used or lent a pipe that was used for opioids/down (fentanyl, heroin) for stimulants (crack, meth)
- ☐ Used a cracked or broken pipe
- ☐ Had an injury because of smoking (pipe exploded, cut yourself, etc.)
- ☐ Prefer not to say

26. Have you ever 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 I wanted) ☐ Yes ☐ No ☐ Prefer not to say
☐ Does not apply, I did not ask for smoking supplies

Overdose Prevention and Supervised Consumption Sites (OPS/SCS) (in the last 6 months)

An overdose prevention site (OPS) or supervised consumption site (SCS) is a place where staff or volunteers witness drug consumption to help reduce overdose related deaths. An OPS or SCS can have a fixed address or be mobile (travel around). The interview guide contains a list of OPS and SCS sites that have been active in 2023, and are available to the public.

27. Have you used drugs at an OPS/SCS? Please don't count the times you used with a buddy

28. Has anything made it difficult for you to use substances at an OPS/SCS? Check all that apply.

- ☐ Does not apply, I did not have difficulties
- ☐ There are too many rules I have to follow, please describe _____
- ☐ Inhalation/smoking is not available.
- ☐ Site/service operating issues (limited opening hours, long wait times, no ramps for wheelchairs, etc.)
- ☐ Sites/services not available in my community or too far away
- ☐ I haven't felt safe using at an OPS/SCS (e.g. from other clients, from dealers, etc.)
- ☐ I have confidentiality / privacy concerns
- ☐ Something else, please describe _____
- ☐ Prefer not to say

Episodic Overdose Prevention Service (eOPS) (in the last 6 months)

In some settings, a service provider can intentionally witness people using their substances so that they can respond to an overdose (e.g., a nurse or peer worker watching you inject in a shelter). This is called Episodic Overdose Prevention Services (eOPS). eOPS does not include using substances at an OPS, SCS, or Housing based OPS (HOPS), or with a friend or an intimate contact.

29. What type of service provider has intentionally witnessed you using substances? Check all that apply.

- ☐ Does not apply, I did not use eOPS
- ☐ Peer worker
- ☐ Healthcare provider (nurse or doctor)
- ☐ Housing staff
- ☐ Outreach worker or Social worker
- ☐ A different kind of person, describe: _____
- ☐ Prefer not to say

30. When a service provider intentionally witnessed you using substances (at a place that is not an OPS/SCS/HOPS), where did it happen? Check all that apply.

- ☐ Does not apply, I did not use eOPS
- ☐ In a health setting (e.g. hospital, emergency department, or clinic)
- ☐ At a Harm Reduction site
- ☐ In a private residence
- ☐ In a shelter or emergency shelter
- ☐ In another residence (hotel/motel, rooming houses, single room occupancy (SRO), social/supportive housing)
- ☐ Outdoors
- ☐ Somewhere else, please describe: _____
- ☐ Prefer not to say

Overdose experience and response (in the last 6 months)

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.

31. Have you had an accidental opioid/down overdose (e.g. down, fentanyl, heroin)?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

32. Have you had an accidental stimulant overdose (e.g. crystal meth, crack, cocaine)? Signs of stimulant overdose are: crushing chest pain, seizures, and being unconscious or in-and-out of consciousness. (stimulant overdose symptoms

33. Have you been present when someone else had an accidental opioid/down overdose?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to say

34. Do you have a Naloxone/Narcan kit?

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

Buying drugs (in the last 30 days)

This section asks about getting or buying drugs for personal use. It does not include drugs that you buy only to sell later (to make money).

<p>35. How did you get drugs <u>for personal use</u>, over the last 30 days? We mean drugs other than tobacco, cannabis, or alcohol. Check all that apply.</p> <div style="list-style-type: none; padding-left: 0;"> <div><input type="checkbox"/> Does not apply, I did not get drugs in the last 30 days</div> <div><input type="checkbox"/> I bought them</div> <div><input type="checkbox"/> I traded services for them</div> <div><input type="checkbox"/> I traded goods for them</div> <div><input type="checkbox"/> People gave them to me</div> <div><input type="checkbox"/> Something not listed above, describe _____</div> <div><input type="checkbox"/> Prefer not to say</div> </div>	<p>36. When you <u>bought</u> drugs for personal use, who did you <u>usually</u> buy for? We mean drugs other than tobacco, cannabis, or alcohol.</p> <div style="list-style-type: none; padding-left: 0;"> <div><input type="radio"/> Does not apply, I did not buy drugs in the last 30 days</div> <div><input type="radio"/> Only myself</div> <div><input type="radio"/> Myself and someone else (e.g. friend, partner, intimate contacts, etc.)</div> <div><input type="radio"/> Something not listed above, describe _____</div> <div><input type="radio"/> Prefer not to say</div> </div> <p>37. How long does it usually take you to get to your dealer (or whoever you get drugs from)? Please respond in minutes OR hours.</p> <div style="list-style-type: none; padding-left: 0;"> <div><input type="radio"/> _____ minutes</div> <div><input type="radio"/> _____ hours</div> <div><input type="radio"/> Prefer not to say</div> </div>
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Drug use amounts (in the last 30 days)

38. In the past 30 days, how often have you used the following drugs, and how much have you used each time? (Sample table and guidance in interview guide) **Please complete this based on your typical use:**

	Opioids (heroin, fentanyl/down)	Cocaine (powder)	Crack Cocaine	Crystal Meth / Methamphetamine
<p>How many <u>days</u> do you use this drug: In a typical week? OR In a typical month?</p>	<div style="list-style-type: none; padding-left: 0;"> <div><input type="radio"/> _____ days per week</div> <div><input type="radio"/> _____ days per month</div> <div><input type="radio"/> I don't use this</div> <div><input type="radio"/> Prefer not to say</div> </div>	<div style="list-style-type: none; padding-left: 0;"> <div><input type="radio"/> _____ days per week</div> <div><input type="radio"/> _____ days per month</div> <div><input type="radio"/> I don't use this</div> <div><input type="radio"/> Prefer not to say</div> </div>	<div style="list-style-type: none; padding-left: 0;"> <div><input type="radio"/> _____ days per week</div> <div><input type="radio"/> _____ days per month</div> <div><input type="radio"/> I don't use this</div> <div><input type="radio"/> Prefer not to say</div> </div>	<div style="list-style-type: none; padding-left: 0;"> <div><input type="radio"/> _____ days per week</div> <div><input type="radio"/> _____ days per month</div> <div><input type="radio"/> I don't use this</div> <div><input type="radio"/> Prefer not to say</div> </div>
<p>On the day(s) you use this drug, how many times per day do you use it?</p>	<p>_____ times per day</p>	<p><i>Times per day is not collected for stimulants</i></p>		
<p>How much do you normally use, on a typical day? <i>In dollars, grams or ounces</i></p>	<p>\$ _____ _____ _____ g _____ _____ oz</p>	<p>\$ _____ _____ _____ g _____ _____ oz</p>	<p>\$ _____ _____ _____ g _____ _____ oz</p>	<p>\$ _____ _____ _____ g _____ _____ oz</p>

39. How have the drugs you use changed since February 2022? Check all that apply:

Police Contact (in the last 3 months)

40. Have you had direct contact with police (municipal police, RCMP, transit police) for any reason?

- ☐ Yes ☐ No ☐ Prefer not to say

41. Did any of these things happen when you had direct contact with police for any reason? Check all that apply:

- ☐ Does not apply, I did not have contact with police
- ☐ Took away your rigs or pipes
- ☐ Took away drugs prescribed to you
- ☐ Took away drugs not prescribed to you, including illegal drugs:
- i. What drug(s) were taken away? _____
- ii. How much was taken away? _____
- ☐ Did a wellness or health check / asked if you were ok
- ☐ Provided you with information about health or harm reduction services (e.g. resource card)
- ☐ Asked for your ID / ran your name through the system or checked your release conditions
- ☐ Intimidated or harassed you verbally or physically
- ☐ Arrested you for: _____
- ☐ Something else happened, describe: _____

42. Please tell us whether you agree with this statement: The last time I interacted with police I was treated with respect.

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

Barriers to service (in the last 6 months)

43. Have any of the following things made you hesitant to access services you need to be healthy? Check all that apply.

- ☐ Does not apply to me
- ☐ Site is in my red zone / an area that violates my conditions of release
- ☐ Worry about police taking my drugs away
- ☐ Site/service operating issues (limited opening hours, long wait times, no ramps for wheelchairs)
- ☐ Services not available in my community or too far away
- ☐ Trying to avoid another client(s) of the service
- ☐ Don't like the organization that provides the service
- ☐ Don't like staff providing the service
- ☐ Something else, please describe: _____

44. Do you worry about these people finding out that you use substances? Check all that apply.

- ☐ Family services (I am a parent or caregiver)
- ☐ Health care provider
- ☐ Friends or family
- ☐ Police/parole/probation officer
- ☐ My employer
- ☐ None of the above

45. Do you worry you will be treated badly when accessing services because of your: Check all that apply.

- ☐ Substance use
- ☐ Housing situation
- ☐ Race or ethnicity
- ☐ Sex or gender
- ☐ Sexual orientation
- ☐ None of the above

46. Please tell us whether you agree or disagree with the following statements:

	Agree	Neutral	Disagree	Prefer not to say
I feel worried about calling 9-1-1 when someone has an overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not want to go to the emergency department when I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Agree	Neutral	Disagree	Prefer not to say
I feel welcome using public services like libraries, community centres, and public restrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel welcome in most local businesses (restaurants, grocery or drug stores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Decriminalization policy in British Columbia

47. Did you know that, since January 31, 2023, British Columbia has a decriminalization policy? Under this policy, it is not a crime for most people to possess small amounts (up to 2.5 grams total) of some illegal drugs for personal use in most places? ☐ Yes ☐ No

48. Please tell us whether you think the following statements are true or false under decriminalization:

	True	False	Not Sure
People can have their drugs confiscated/taken away if they are holding any amount of drugs on school grounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can be arrested for drug trafficking/dealing, no matter how much drug they are selling or trading.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police can charge you with breach of substance-related release conditions, no matter how much you are holding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sexually transmitted and blood-borne infections (STBBI) testing

49. Please complete the information about your most recent blood test and whether you know the results from that test. Please do not tell us if the test results were negative or positive. See the handout for more information on STI testing.

Test	When was your <u>most recent</u> blood test?	I know the results from that test
Syphilis	<input type="radio"/> In the last 12 months <input type="radio"/> More than 12 months ago <input type="radio"/> I don't remember <input type="radio"/> I have never been tested <input type="radio"/> Prefer not to say	<input type="radio"/> Yes <input type="radio"/> No
HCV	<input type="radio"/> In the last 12 months <input type="radio"/> More than 12 months ago <input type="radio"/> I don't remember <input type="radio"/> I have never been tested <input type="radio"/> Prefer not to say	<input type="radio"/> Yes <input type="radio"/> No
HIV	<input type="radio"/> In the last 12 months <input type="radio"/> More than 12 months ago <input type="radio"/> I don't remember <input type="radio"/> I have never been tested <input type="radio"/> Prefer not to say	<input type="radio"/> Yes <input type="radio"/> No

50. If you could get a 'self-testing kit' for syphilis, HCV, or HIV from a harm reduction supply distribution site, would you be interested? Self-testing kits allow you to prick your finger to get a blood sample (like blood sugar monitoring for people with diabetes) that is tested for infections.

- ☐ Yes
☐ Maybe
☐ No

Infections/wounds (in the last 6 months)

53. Have you experienced any difficulties getting or completing medical care for this wound? Check all that apply.

- ☐ Does not apply, I did not need wound care
- ☐ No difficulties getting wound care
- ☐ Worried about going to / staying in the hospital
- ☐ I couldn't get antibiotics in a way that worked for me
- ☐ Site/service operating issues (limited opening hours, long wait times, no ramps for wheelchairs, etc.)
- ☐ Sites/services not available in my community or too far away
- ☐ Wound care is too painful
- ☐ Not treated with respect by health care providers
- ☐ Something else, please describe: _____
- ☐ Prefer not to say

Treatment (in the last 6 months)

54. Have you tried to access treatment or counselling to meet your recovery goals (excluding alcohol, tobacco, or cannabis treatment)? Some examples include withdrawal management (detox), bed-based treatment and recovery services, narcotics anonymous, etc.

- ☐ Yes, and I got services
- ☐ Yes, but was not able to get services
- ☐ No
- ☐ Prefer not to say

55. When you tried to access treatment or counselling, what were your reasons? Check all that apply.

- ☐ Does not apply, I did not try to access treatment or counselling
- ☐ I wanted to (or for health related reasons)
- ☐ My family and/or friends wanted me to
- ☐ I was required to by a court or parole board
- ☐ I was ordered under the Mental Health Act
- ☐ I did it for reasons related to MCFD or Child custody
- ☐ Employer asked me to / to maintain my job
- ☐ To maintain housing
- ☐ Something else, please describe: _____
- ☐ Prefer not to say

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 2024.

Feedback from the survey respondent:

1. Did someone help you complete the survey? ☐ Yes ☐ No
2. How do you want to learn about the survey results?

3. How can we improve this survey?
