

## 2018 Harm Reduction Client Survey

Harm Reduction Services and Strategies is conducting a survey to help improve harm reduction services across BC. No personal identifying information will be collected and your responses will be kept confidential. Your participation is voluntary and you are free to only answer the questions you are comfortable with. The survey will take roughly 20 minutes of your time. Please note that you can only complete the survey once.

**\*To participate in this survey you must have used an illegal drug other than cannabis within the last 6 months.**

1. What is your current GENDER identity? (Select one)  
 Female  Male  Trans man  Trans woman  Gender non-conforming  Other, specify: \_\_\_\_\_  Prefer not to say

2. How old are you? \_\_\_\_\_ (years)  
 Prefer not to say

3. Which best describes your sexual orientation? (Select one)  
 Gay  Lesbian  Straight  Bisexual  Queer  Other, specify: \_\_\_\_\_  Prefer not to say

4. Do you identify yourself as First Nations? (Select one)  
 Yes (continue)  No (skip to #6)  Prefer not to say (skip to #6)

↳ 5a. If you identify as a First Nations person, do you currently live on a reserve? (Select one)  
 Yes  No  Prefer not to say

↳ 5b. If you identify as a First Nations person, are you: (Select one)  
 Status  Non-status  Prefer not to say

6. Do you identify yourself as Métis or Inuit? (Select all that apply)  
 Yes, Métis  Yes, Inuit  No  Prefer not to say

7. Do you currently live in: \_\_\_\_\_ (Harm reduction site location)? (Select one)  
 Yes  No, I live in (specify city): \_\_\_\_\_  Prefer not to say

8. How long have you lived at your current address? (Select one)  
 More than 1 year  7-12 months  1-6 months  Less than 1 month  
 I have no regular place to stay (homeless, shelter, couch surf, No Fixed Address) (Skip to #10)  Prefer not to say

↳ 9a. Do you live alone? (Select one)  
 Yes  No, I live with roommates  No, I live with relatives  Other, Specify \_\_\_\_\_  Prefer not to say

10. Are you currently employed? (Select all that apply)  
 Yes, paid volunteer  Yes, part-time  Yes, full-time  No  Prefer not to say

11. How did you get here today? (Select all that apply)  
 Walked  Biked  Drove Myself  Someone drove me  Taxi  
 Bus/ Skytrain/ Transit  Mobile Site / Outreach came to me  Prefer not to say

12. How long, in total, did it take you to get here today? (Select one)  
 0 minutes – Outreach came to me  1 - 10 minutes  11 - 30 minutes  
 31 - 60 minutes  Over 1 hour  Prefer not to say

13. Do you have a cellphone? (Select one)  
 Yes (continue)  No (Skip # 15)  Prefer not to say

↳ 14a. Does your cellphone have the capability to make a call right now? (Select one)  
 Yes, I have pre-paid minutes  Yes, I have a monthly plan  No, I don't have minutes or a plan  
 Prefer not to say

↳ 14b. Do you have access to the internet on your phone? : (Select one)  
 Yes, I have a data plan  Yes, but I don't have any data  No (Skip to # 15)  Prefer not to say

↳ 14c. Would you use any of the following apps on your phone? (Select all the apply)  
 App to report tainted drug supply  App to receive overdose and drug supply alerts  
 App to alert bystanders with naloxone  App that uses your smartphone camera to monitor your breathing while using drugs  
 Other: \_\_\_\_\_  I wouldn't use an app  Prefer not to say

15. Are you here TODAY to... (Select all that apply)  
 Pick up supplies for myself  Pick up supplies for someone else  Access health or other services  
 Other, specify: \_\_\_\_\_  Pick up a naloxone kit  Prefer not to say

16. In the last month, have you picked up supplies (e.g. needles) from any site/outreach, either for yourself or another person?(Select one)  
 Yes  No (skip to #18)  Prefer not to say (skip to #18)

↳ 17a. In the last month, how often would you say you picked up supplies from any site/outreach? (Select one)  
 Every day  A few times a week  A few times a month  Less than once a month  Prefer not to say

↳ 17b. In the last month, did any of the following make it difficult for you to pick up supplies from any site/outreach?  
(Select all that apply)  
 Site not open  Site too far away  Staff had negative attitudes  Concerned about confidentiality  
 Site didn't have the supplies I needed, specify: \_\_\_\_\_  
 Other, specify: \_\_\_\_\_  Prefer not to say

↳ 17c. Which of these would you be comfortable accessing through a community pharmacy? (Select all that apply)  
 Smoking supplies (e.g. for crack, meth, heroin)  Injection supplies  Naloxone kit  None  Prefer not to say

18. In the last 6 months, how often would have you safely disposed of supplies at any site/outreach/drop box? (Select one)  
 A few times a week  A few times a month  Less than once a month  Never  Prefer not to say

↳ 19a. In the 6 month, did you encounter barriers to disposing your supplies in your community (Select one)  
 Yes  No (skip to #20)  Prefer not to say

↳ 19b. What were the barriers to disposing your supplies?  
 Worried about being stigmatized  Not enough disposal locations nearby  Disposal sites hours were too short  
 Other, Specify \_\_\_\_\_  Prefer not to say

20. In the last month, have you injected any type of drug? (Select one)  
 Yes  No (skip to #24)  Prefer not to say (skip to #24)

↳ 21a. In the last month, did you have any trouble getting unused needles? (Select one)  
 Yes  No  Prefer not to say

↳ 21b. In the last month, have you ever fixed with a rig that had been used by someone else? (Select one)  
 Yes  No  Prefer not to say

22. In the last month, have you injected drugs at an overdose prevention site (OPS)? (Select one)

An OPS is a place (fixed or mobile) where drug consumption is supervised by staff or volunteers to reduce overdose related deaths.

- Yes  No (Skip to # 23c)

↳ 23a. In the last month, what type of overdose prevention site (OPS) have you used? (Select all the apply)

- Shelter or housing  Community Health Centre / Health Clinic  Stand-alone facility (like Insite)  
 Mobile Site  Community Organization (like VANDU)  Other, specify: \_\_\_\_\_

↳ 23b. How often are you using an overdose prevention site (OPS)? (Select one)

- Every day (Skip to #23e)  A few times a week (Skip to #23e)  A few times a month (Skip to #23e)  
 Less than once a month (Skip to #23e)  Prefer not to say (Skip to #23e)

↳ 23c. Why haven't you used an of overdose prevention site (OPS)? (Select one)

- Service not available nearby (continue # 23d)  Worried about being stigmatized at OPS  Staff had negative attitudes  
 Concerned about confidentiality  Other, Specify: \_\_\_\_\_  Prefer not to say

↳ 23d. If it were made available to you, which setting would you use for an overdose prevention site (OPS)? (Select all that apply)

- Shelter or housing  Community Health Centre / Health Clinic  Stand-alone facility (like Insite)  
 Mobile Site  Other, specify: \_\_\_\_\_  I wouldn't use a OPS  Prefer not to say

↳ 23e. Which drug consumption methods should be allowed at an overdose prevention site (OPS)? (Select all that apply)

- Injection  Inhalation/smoking  Snorting  Other, Specify: \_\_\_\_\_  Prefer not to say

24. In the last year, have you been involved with any grassroots drug user groups (NOT support groups)? (Select all that apply)

- CAPUD – Canadian Association of People who Use Drugs  BC/Yukon Association of Drug War Survivors  
 BCAPOM – BC Association of People on Methadone  REDUN - Rural Empowered Drug User Network  
 SOLID – Society of Living Illicit Drug Users  VANDU - Vancouver Area Network of Drug Users  
 WAHRS - Western Aboriginal Harm Reduction Society  Other user group in your community: \_\_\_\_\_  
 Other user group in Canada: \_\_\_\_\_  Prefer not to say

25. In the last 6 months, have you had difficulty accessing Opioid Substitution Treatment (OST)/Opioid agonist therapy (OAT)?(Select one)

OST/OAT are drug therapies that counters opioid withdrawal symptoms and acts as a substitute for the opioids you were previously taking

- No, I did not have difficulty (skip to #27)  No, I did not try to access OST/OAT (skip to #27)  
 Yes, I had difficulty (continue)  Prefer not to say (skip to #27)

↳ 26. If yes, what was the difficulty? (Select all that apply)

- Could not find a prescribing physician  There were no pharmacies nearby  
 Could not get prescription because of positive urine test  Clinic fees were too high  
 Worried about being stigmatized at clinic  Wasn't offered preferred OST/OAT  
 Other, specify: \_\_\_\_\_  Prefer not to say

27. Would you be interested in the supervised OAT hydromorphone injectable at your community pharmacy? (Select all that apply)

This would mean 2-3x daily injection of hydromorphone in a booth at the pharmacy under prescription from a doctor

- Yes  No  prefer not to say

28. In the last 6 months, were you taking any of the following Opioid Substitution Treatment (OST)? (Check all that apply)

- Methadose  Suboxone (buprenorphine/naloxone)  Kadian (Slow-Release Oral Morphine)  
 Injected liquid Dilaudid (hydromorphone)  Dilaudid (hydromorphone) in pill form  Prefer not to say

↳ 26a. In the last 6 months, did you discontinue Opioid Substitution Treatment (OST)? (Select one)

- Yes  No (skip to # 29)  Prefer not to say (skip to # 29)

↳ 26b. Why did you discontinue Opioid Substitution Treatment (OST)? (Open ended – Write response)

29. Have you used any of these in the last 3 days? (circle No or Yes for each) If Yes, continue table →			Did you use it the last 7 days?		How did you use it? (Circle all that apply)			Do you usually have a prescription for it?	
	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Cannabis / Hash	No	Yes →	No	Yes	Smoke		Other	No	Yes
Methadone / Methadose	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Morphine	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Dilaudid	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Oxycodone	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Fentanyl	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Xanax	No	Yes →	No	Yes	Smoke	Inject		No	Yes
Other Benzos (Ativan/ Valium)	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Stimulant (Ritalin /Adderall)	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Crystal Meth	No	Yes →	No	Yes	Smoke	Inject	Other		
Cocaine (powder)	No	Yes →	No	Yes	Smoke	Inject	Other		
Crack	No	Yes →	No	Yes	Smoke	Inject	Other		
Heroin	No	Yes →	No	Yes	Smoke	Inject	Other		
Tobacco (cigarettes)	No	Yes →	No	Yes	Smoke	Chew	Other		
Alcohol	No	Yes →	No	Yes					
Other 1:	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes
Other 2:	No	Yes →	No	Yes	Smoke	Inject	Other	No	Yes

30. In the last 7 days, what percentage of the time did you intentionally use more than 1 drug at a time? (Select one)

- 0% of the time  1- 25% of the time  26- 50% of the time  51-75% of the time  
 100% of the time  Prefer not to say

31. What is your preferred method of using drugs? (Select one)

- Injection  Inhalation/smoking  Snorting  Other, Specify: \_\_\_\_\_  Prefer not to say

32. In the last 7 days, what percentage of the time did you use drugs alone? (Select one)

- 0% of the time (skip to # 34)  1- 25% of the time  26-50% of the time  
 51-75% of the time  100% of the time  Prefer not to say (skip to #34)

↳ 33. What are some of the reasons you use drugs alone? (select all the apply)

It's safer to be alone     It's more convenient and comfortable to use at home     I don't want others to know that I'm using drugs  
 Other \_\_\_\_\_     Prefer not to say

**34. In the last 6 months, have you intentionally used Fentanyl? (Select all that apply)**  
 Yes, patches     Yes, pills     Yes, powder     No (skip to #36)     Prefer not to say (skip to #36)

↳ **35. How much did Fentanyl cost the MOST RECENT time you purchased it?**  
 \$ \_\_\_\_\_ per patch     Don't know or don't remember  
 \$ \_\_\_\_\_ per tablet or capsule     Prefer not to say  
 \$ \_\_\_\_\_ for powder per \_\_\_\_\_ (quantity)

**36. In the last 6 months, have you un-intentionally used Fentanyl? (select one)**  
 Yes     No (Skip to #38)     Don't know     Prefer not to say (Skip to #38)

↳ **37. In the last month, how often have you used a substance that you believe also contained Fentanyl? (Select One)**  
 0% of the time     less than 30% of the time     50% of the time     80% of the time     100% of the time     Prefer not to say

**38. If you had your drugs tested and they tested positive for fentanyl would you change the amount you were going to use? (Select One)**  
 Yes, would use less     Yes, would use more     No, nothing would change     Prefer not to say

**39. In the last month, have you used a glass (meth or crack) pipe from a harm reduction site to smoke any drug? (Select one)**  
 Yes     No (skip to #41)     Prefer not to say (skip to #41)

↳ **40. In the last month, what did you do when you couldn't get new / unused pipes to smoke any drug? (Select all that apply)**  
 Injected instead     Waited until I could find a new pipe     Shared, bought, or borrowed a used pipe  
 Smoked without a pipe using (specify): \_\_\_\_\_     Snorted/swallowed instead  
 I did not have a problem getting pipes     Prefer not to say

**41. In the last 6 months, have YOU overdosed (aka overamped) by accident from using any stimulant (e.g Crack, Crystal Meth)? (Select one)**  
 Yes     No (skip to #43)     Don't know (skip to #43)     Prefer not to say (skip to #43)

↳ **42a. During your most recent stimulant overdose what were your symptoms? (select all that apply)**  
 Nausea/ Vomiting     Falling asleep/passing out (but still breathing)     Chest pain     High Temperature/sweating profusely  
 Racing pulse     Irregular Breathing or shortness of breath     Extreme anxiety     Feeling paralyzed but awake  
 Seizure     Jerking or rigid limb     Stroke     Don't know     Prefer not to say

↳ **42b. In the last 6 months, when you had the most recent stimulant overdose were you given Naloxone/Narcan? (Select one)**  
 Yes     No (skip to #43)     Don't know (skip to #43)     Prefer not to say (skip to #43)

↳ **42c. When you were given Naloxone/Narcan for a stimulant overdose most recently, was it given to you by: (Select one)**  
 Paramedic or nurse or health worker     OPS Staff     Friend / family member     Housing worker  
 Stranger who happened to be there     Don't know     Other, specify \_\_\_\_\_     Prefer not to say

**43. In the last 6 months, have YOU overdosed by accident from using any opioids, such as heroin or morphine? (Select one)**  
 Yes     No (skip to #45)     Don't know (skip to #45)     Prefer not to say (skip to #45)

↳ **44a. In the last 6 months, when you had the most recent opioid overdose were you given Naloxone/Narcan? (Select one)**  
 Yes     No (skip to #45)     Don't know (skip to #45)     Prefer not to say (skip to #45)

↳ **44b. When you were given Naloxone/Narcan most recently, was it given to you by: (Select one)**  
 Paramedic or nurse or health worker     OPS Staff     Friend / family member     Housing worker  
 Stranger who happened to be there     Don't know     Other, specify \_\_\_\_\_     Prefer not to say

**45. In the last 6 months, have you SEEN an accidental overdose in someone using any opioids? (Select one)**  
 Yes     No (skip to #47)     Don't know (skip to #47)     Prefer not to say (skip to #47)

↳ **46a. In the last 6 months, did you give Naloxone/Narcan to someone experiencing an overdose? (Select one)**  
 Yes (skip to #47)     No     Don't know (skip to #47)     Prefer not to say (skip to #47)

↳ **46b. Why did you not give Naloxone/Narcan to the person experiencing an overdose? (Select one)**  
 Don't know how to use Naloxone/Narcan     Naloxone/Narcan was not available  
 Other, specify: \_\_\_\_\_     Prefer not to say

**47. Do you have a Naloxone/Narcan kit? (Select one)**  
 Yes     No, I do not have a kit but I want one (Continue)     No, I do not have a kit and I do not want one     Prefer not to say

↳ **48a. What were the barriers accessing a Naloxone/Narcan kit?**  
 Worried about being stigmatized     I don't know where to access a kit     The site to access a kit is too far away  
 Other, Specify \_\_\_\_\_     Prefer not to say

**49. Have you ever been tested for hepatitis C virus (HCV) infection? (select one)**  
 Yes     No (Skip to #51)     Don't know     Prefer not to say (Skip to #51)

↳ **50a. If yes, when did you last get tested for HCV? (Select One)**  
 Within the 12 months     2-5 years ago     Over 5 years ago     Prefer not to say

↳ **50b. If yes, did you get further follow-up and care for that. (Select one)**  
 Yes     No     Prefer not to say

**51. This next question is about participating in a future study.**  
**Would you be willing to participate in a finger prick test for Hepatitis C (HCV)? These results would not be shared with you but would inform the prevalence of undiagnosed HCV in your region. (Select one)**  
 Yes     No     Prefer not to say

Thank you for taking the survey!

Place ID #  
Sticker Here