

## 2019 Harm Reduction Client Survey

This survey is being conducted to help improve harm reduction services. 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)  
 Woman       Man       Trans man       Trans woman       Gender non-conforming  
 Other, specify: \_\_\_\_\_  Prefer not to say

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

**3. Do you identify yourself as any of the following?** (Select one)  
 First Nations       Métis       Inuit       No       Prefer not to say

**4. Do you live:** (Select one)  
 In a private residence, alone       In a private residence, with someone else  
 Other residence (hotels, motels, rooming houses, single room occupancy (SRO), shelters, social/supportive housing etc.)  
 I have no regular place to stay (homeless, couch surf, No Fixed Address)  
 Other, specify \_\_\_\_\_  Prefer not to say

**5. How long has this been your living situation?** (Select one)  
 More than 1 year       7-12 months       1-6 months       Less than 1 month       Prefer not to say

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

**7. Do you have a cellphone?** (Select one)  
 Yes       No       Prefer not to say

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

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

10. Did you use any of these in the <b>LAST 3 DAYS</b> ?			IF YES → (Circle all that apply)							Did you have a prescription for it?	
			How did you use it?								
	No	Yes	Smoke	Snort	Inject	Swallow	Other	No	Yes		
Methadone (Methadose/Metadol)											
Buprenorphine/Naloxone (Suboxone)											
Hydromorphone (Dilaudid)											
Oxycodone											
Morphine											
Heroin											
Fentanyl											
Xanax											
Other Benzos (Ativan/Valium)											
Stimulant (Ritalin/Adderall)											
Crystal Meth/Methamphetamine											
Cocaine (powder)											
Crack											
MDMA											
Cannabis/Hash								No	Yes		
Tobacco (cigarettes)											
Alcohol											
Other 1:								No	Yes		
Other 2:								No	Yes		

**11. In the last 3 days, did you use both uppers (e.g. crystal meth) and downers (e.g. heroin) one after the other or together?** (Select all that apply)

No       Yes, downers then uppers. If so, specify why: \_\_\_\_\_

Yes, uppers then downers. If so, specify why: \_\_\_\_\_

Yes, I mix uppers and downers together. If so, specify why: \_\_\_\_\_

Other, specify: \_\_\_\_\_  Prefer not to say

12. In the **past month**, how often did you use drugs by any mode (excluding cannabis, alcohol, or tobacco)?

- Every day    A few times a week    A few times a month    Prefer not to say

13. If you use down, what would you prefer to use? (Select one)

- Heroin    Fentanyl    Morphine    Oxycodone  
 Hydromorphone (Dilaudid)    Methadone/Methadose    Buprenorphine/naloxone (Suboxone)  
 I don't use down    Prefer not to say

14. If you use uppers/stimulants, what would you prefer to use? (Select one)

- Crystal Meth/Methamphetamine    Cocaine (powder)    Crack    MDMA  
 Stimulants (Ritalin/Adderall)    I don't use stimulants    Prefer not to say

15. If your drugs tested positive for fentanyl (before you use), would you change the amount you use? (Select One)

- Yes, would use less    Yes, would use more    No, nothing would change    Prefer not to say

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

- Smoking/inhalation    Snorting    Injecting    Swallowing  
 Other, Specify: \_\_\_\_\_  Prefer not to say

17. How often do you use drugs alone? (Select one)

- Never    Occasionally    Often    Always    Prefer not to say

18. What are some of the reasons YOU use drugs alone? (Select all that apply)

- It's safer to be alone    It's more convenient and comfortable to use at home  
 I don't want to share    I don't want others to know that I'm using drugs  
 I don't have anyone else to use with    I never use alone  
 Other, Specify: \_\_\_\_\_  Prefer not to say

19. In the **last 6 months**, have YOU overdosed (overamped) by accident from using a stimulant (eg. Crystal meth, crack)? (Select one)

- Yes    No    Don't know    Prefer not to say

20. In the **last 6 months**, have YOU overdosed by accident from using any opioids (eg. fentanyl, heroin)? (Select one)

- Yes    No (skip to #22)    Don't know (skip to #22)    Prefer not to say (skip to #22)

21a. In the **last 6 months**, how many times did you overdose by accident from using opioids? (Select one)

- Once    2 times    3 times    4 times    5 or more times    Prefer not to say

21b. In the **last 6 months**, when you had the most recent opioid overdose were you given Naloxone/Narcan? (Select one)

- Yes    No (skip to #22)    Don't know (skip to #22)    Prefer not to say (skip to #22)

21c. When you were given Naloxone/Narcan most recently, was it given to you by: (Select all that apply)

- Paramedic or emergency responder    OPS/ SCS Staff    Friend / family member  
 Stranger who happened to be there    Housing worker    Nurse/health worker in hospital  
 Other, specify \_\_\_\_\_  Don't know    Prefer not to say

22. In the **last 6 months**, have you SEEN an accidental overdose in someone using any opioids? (Select one)

- Yes    No (skip to #24)    Don't know (skip to #24)    Prefer not to say (skip to #24)

23a. Did you give Naloxone/Narcan to the person that overdosed during the last opioid overdose you witnessed? (Select one)

- Yes (skip to #23c)    No    Prefer not to say (skip to #23c)

23b. Why did you not give Naloxone/Narcan to the person experiencing an overdose? (Select all that apply)

- Some else gave Naloxone/Narcan    Situation seemed under control  
 Don't know how to use Naloxone/Narcan    Naloxone/Narcan was not available  
 Other, specify: \_\_\_\_\_  Prefer not to say

23c. Was 9-1-1 called during the last opioid overdose you witnessed? (Select one)

- Yes (skip to #24)    No    Don't know (skip to #24)    Prefer not to say (skip to #24)

23d. Why was 9-1-1 not called? (Select all that apply)

- Didn't have a phone/phone not available    Situation seemed under control  
 Worried about family services being notified  
 Worried about neighbors/landlord knowing about drug use  
 Worried about police coming. If so, specify why: \_\_\_\_\_  
 Other, specify: \_\_\_\_\_  
 Prefer not to say

24. Do you have a Naloxone/Narcan kit? (Select one)

- Yes    No, I do not have a kit but I want one    No, I don't have a kit and I don't want one    Prefer not to say

25. In the **last 6 months**, did any of the following make it difficult for you to get a Naloxone/Narcan kit? (Select all that apply)

- Had no difficulties    I don't need a kit    The site where I can get a kit is too far away  
 Worried about being stigmatized    I don't know where to get a kit  
 Other, Specify \_\_\_\_\_  
 Prefer not to say

**26. In the last 6 months, how often did you pick up supplies (e.g. needles) from any site/outreach, either for yourself or another person?** (Select one)

- Every day       A few times a week       A few times a month       Less than once a month  
 Never       Prefer not to say

**27. In the last 6 months, did any of the following make it difficult for you to pick up supplies from any site/outreach?** (Select all that apply)

- Had no difficulties       Site not open       Site too far away       Staff had negative attitude  
 Concerned about confidentiality       Site didn't have the supplies I needed, specify: \_\_\_\_\_  
 Other, specify: \_\_\_\_\_       Prefer not to say

**28. In the last 6 months, did any of the following make it difficult for you to dispose of used supplies at any site/outreach/drop box?** (Select all that apply)

- Had no difficulties       Not enough disposal locations nearby       Disposal site hours were too short  
 Worried about being stigmatized       Other, specify: \_\_\_\_\_       Prefer not to say

**29. In the last 6 months, have you injected any type of drug?** (Select one)

- Yes       No (skip to #31)       Prefer not to say (skip to #31)

**30a. In the last 6 months, did you have any trouble getting unused needles?** (Select one)

- Yes       No       Prefer not to say

**30b. In the last 6 months, have you fixed with a needle that had been used by someone else?** (Select one)

- Yes       No       Prefer not to say

**31. In the last 6 months, have you used drugs at an overdose prevention site (OPS)/supervised consumption site (SCS)?** (Select one)

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

- Yes       No (Skip to #33)       Prefer not to say (Skip to #33)

**32a. How often are you using an OPS/SCS?** (Select one)

- Every day       A few times a week       A few times a month       Less than once a month       Prefer not to say

**32b. In the last 6 months, what type of OPS/SCS have you used?** (Select all that apply)

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

**33. In the last 6 months, did any of the following make it difficult for you to use an OPS/SCS?** (Select all that apply)

- Had no difficulties       I don't need to use an OPS/SCS       Service not available nearby  
 Concerned about confidentiality       Worried about being stigmatized at OPS/SCS       Staff had negative attitude  
 Not allowed to smoke/snort drugs there       Other, Specify: \_\_\_\_\_  
 Prefer not to say

**34. In the last 6 months, have you used a glass pipe (meth or crack) to smoke any drug?** ( Select all that apply )

- Yes, crack pipe       Yes, meth pipe       No, used something else to smoke (ie. light bulb, metal pipe)  
 I don't use a pipe       Prefer not to say

**35. What do you do when you can't get a new (unused) pipe to smoke any drug?** (Select all that apply)

- I don't use a pipe       Inject instead       Snort/swallow instead       Wait until I find a new pipe  
 Share, buy, or borrow a used pipe       Smoke without a pipe using (specify): \_\_\_\_\_  
 I have never had a problem getting pipes       Prefer not to say

**36. In the last 6 months, did any of the following make it difficult for you to access Opioid Agonist Treatment (OAT)/Opioid Substitution Treatment (OST) (eg. methadone, buprenorphine/naloxone, etc)?** (Select all that apply)

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

- Had no difficulties       I did not try to access OAT/OST (skip to #38)  
 I do not use opioids (skip to #38)       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 OAT/OST       Other, specify: \_\_\_\_\_  
 Prefer not to say

**37a. In the last 6 months, were you prescribed any of the following OAT/OST?** (Select all that apply)

- Methadone (Methadose)       Buprenorphine/naloxone (Suboxone)       Slow-release oral morphine (Kadian)  
 Diacetylmorphine (heroin)       Hydromorphone, pill form (generic)       Hydromorphone, pill form (Dilaudid)  
 Hydromorphone, injectable liquid (Dilaudid)  
 Other, Please specify: \_\_\_\_\_

- I wasn't prescribed any OAT/OST (skip to #38)       Prefer not to say (skip to #38)

**37b. In the last 6 months, did you discontinue OAT/OST?** (Select one)

- Yes       No (skip to #38)       Prefer not to say (skip to #38)

**37c. Why did you discontinue OAT/OST?** (select all that apply)

- Couldn't get to pharmacy during open hours       Couldn't make clinic appointment time  
 Treatment wasn't effective       Switched treatment  
 Clinic was too far away       Challenges with transportation/travel  
 Clinic staff had negative attitude       Clinic fees were too high  
 Prefer not to say       Other, Please Specify: \_\_\_\_\_

38. Have you heard about the Good Samaritan Drug Overdose Act? (Select all that apply)

- Yes                       No (*skip to end*)                       Prefer not to say (*skip to end*)

39. Do you believe the GSDOA protects the following people from being arrested for simple possession of substances (small amount of drugs for own use) at the scene of an overdose? (Select all that apply)

- a. The person who calls 9-1-1  
 Yes                       No                       Prefer not to say
- b. The person who overdoses  
 Yes                       No                       Prefer not to say
- c. Anyone at the scene of an overdose  
 Yes                       No                       Prefer not to say

40. Imagine there is an overdose in a public place; 9-1-1 is called and the police come to the scene. Do you think the police can legally arrest a person if they: (Select all that apply)

- a. Have a larger amount of drugs on them or items (eg. scale) that may look like they are involved in drug dealing  
 Yes                       No                       Prefer not to say
- b. Are in a red/no-go zone they received for a previous charge that was not simple drug possession (eg. theft)  
 Yes                       No                       Prefer not to say
- c. Have an outstanding warrant for something other than simple drug possession (eg. theft)  
 Yes                       No                       Prefer not to say

*Now I'd like to tell you about the **Good Samaritan Drug Overdose Act**, which was made law in May 2017. It protects the person who overdoses, the person who calls 9-1-1, and anyone else at the scene of an overdose from being arrested for 'simple' possession that means having illegal drugs for their own personal use. It does not protect anyone at an overdose from being arrested for outstanding warrants, controlled substance trafficking or production, or any other serious offense. (Please provide the participant with a Good Samaritan Drug Overdose Act info card at this point.)*

**Thank you for taking the survey!**