

Topic	Hesitance in accessing services: Harm Reduction Client Survey 2023
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Key messages

- Harm reduction clients continue to report barriers to accessing services (50%), hesitance to use services due to various stigmatized identities (66%), and concern about others finding out they use substances (39%). Most respondents provided at least one (69%) response across the three questions asking about stigma or barriers to accessing services.
- Respondents who had recent contact with police were significantly more likely to report hesitance in accessing services or concern about disclosing substance use (76%) than those who had no recent contact with police (66%).
- The most commonly reported group that respondents were worried about finding out they use substances was friends and family (26%). This suggests that there are still social and community consequences that may prevent people from reaching out for care.
- Despite the intent of decriminalization to reduce hesitance in reaching out for help, over half of harm reduction clients surveyed were hesitant to access the emergency department and a quarter of respondents worried about calling 9-1-1 when someone overdosed.
- Approximately a third of respondents reported not feeling welcome in their community (i.e., public outdoor space, public services, and local businesses), which can greatly impact their willingness to seek support when needed. It is important to continue monitoring and drawing awareness to the ways in which stigma can harm people who use substances (PWUS).
- The results presented here represent the perspectives of respondents in the 2022 and 2023 Harm Reduction Client Surveys (HRCS). While these results cannot be generalized to the experiences of all PWUS in BC, they may be generalizable to PWUS who access harm reduction supply distribution sites.

Introduction

The aim of this analysis was to investigate the reasons respondents hesitate to access services, the groups they worry about disclosing their substance use to, and their experiences with public services or in public spaces. This report will describe and compare these outcomes of stigma before and during the first year of the federal decriminalization exemption in BC (see the section on Decriminalization in British Columbia in the Introduction and Summary document), based on responses to the 2022 and 2023 Harm Reduction Client Survey (HRCS).

More about decriminalization

Health Canada granted the province of BC an exemption to section 56.1 of the *Controlled Drugs and Substances Act* (CDSA) as of January 31, 2023. Specifically, this exemption decriminalized personal possession of up to 2.5 cumulative grams of opioids, methamphetamine, powder cocaine, crack cocaine, and MDMA for adults in BC. This document will refer to this exemption as decriminalization. More information about the exemption is available [here](#) (Government of British Columbia, 2024). More information about the exemption and the province's monitoring and evaluation activities is available [here](#). Data collection for the 2022 HRCS occurred before implementation of decriminalization and data collection for the 2023 HRCS occurred after the September 8, 2023 amendment came into effect. Please see [this document](#) for a timeline of the HRCS and the decriminalization exemption.

For additional reports related to decriminalization from the 2022 and 2023 HRCS, please see the [Harm Reduction Client Survey webpage](#) and [Harm Reduction Reports pages](#).

Study Design and Methods

- The 2023 HRCS includes responses from 433 eligible respondents at 23 harm reduction supply distribution sites in BC. Eligible respondents were 19 years or older and reported use of unregulated substances in the last six months. Responses were self-reported, anonymous, cross-sectional, and collected between December 5, 2023 and March 8, 2024 (*after* implementation of decriminalization). Respondents received a \$20 honorarium for completing the survey. The 2022 HRCS includes responses from 503 eligible respondents at 29 harm reduction sites across BC. Data were collected between November 2022 and January 2023 (*before* implementation of decriminalization). See the Appendix for more information on survey methods.
- Results from the 2022 and 2023 HRCS are presented together when the same question was asked in both surveys. Statistical comparisons between 2022 and 2023 results cannot be done, but general comparisons can offer insight into the experiences of respondents (see the limitations section for details).

- The present analysis was conducted based on the survey questions related to hesitance and barriers to service. Specific questions and sample sizes are included in table footnotes below.
- Analyses examined potential factors associated with hesitance in accessing services. Table 1 describes the full list of sociodemographic and substance use variables. A summary of statistics and association tests (Chi-square and Fisher’s exact tests) are presented for 2023 respondents who responded to questions about hesitance in accessing services.
- P-values were calculated to determine whether a result was statistically significant or not. A statistically significant result means that the results were unlikely to happen by chance and the observed effects are real. We set the minimum threshold for statistical significance at $p < 0.005$, meaning a result with p-value of 0.005 or lower is statistically significant. This conservative threshold is used to increase our confidence that the results did not happen by chance.
- Interpretation of these results were done in collaboration with the Professionals for the Ethical Engagement of Peers, a consulting and advisory board comprised of People with Lived and Living Experience of substance use (PWLLE), to ensure appropriate contextualization of these results.

Results

Characteristics of respondents with hesitance to access services

- Harm reduction clients continue to report barriers to accessing services (50%), hesitance to use services due to stigmatized identities (66%), and concern about others finding out they use substances (39%). Most respondents (69%) provided at least one hesitancy factor across the three questions asking about stigma or barriers to accessing services (Table 1).
- Respondents who had contact with police in the last 3 months were significantly more likely to report hesitance in accessing services or concern about disclosing substance use (76%) than respondents that reported no police contact (66%) ($p < 0.005$) (Table 1).
- There were no demographic or substance-related factors that were significantly associated with stigma or barriers to accessing services at $p < 0.005$ (Table 1).

Site/service-related barriers for not accessing services

- Half of respondents reported at least one site-related barrier that contributed to hesitation in accessing services (Table 2).

- The most frequently reported site-related barriers were limited hours or long waits (19%), being worried about police taking substances away (14%), services not being available or too far away (14%), and a desire to avoid other clients accessing the service (14%) (Table 2).

Who are respondents worried about finding out they use substances?

- The most frequently reported group that respondents reported worrying about finding out they use substances was “friends and family” (26%) (Table 2).
- Respondents also indicated worry that family services (14%), police/parole/probation officer (13%), employer (11%), or health care providers (10%) would find out about their substance use (Table 2).
- In 2022, 27% of respondents noted that they hesitated to access services because they were worried certain people would find out they use substances. In 2023, 39% of respondents noted that they worried certain people would find out they use substances, however, these results are not directly comparable due to slight variation in how the questions were asked between the 2022 and 2023 surveys.

Stigmatized identities or circumstances that contribute to hesitance when accessing services

- Two thirds of respondents (66%) reported that they worry about being treated badly when accessing services (Table 2).
- Most commonly, respondents were worried about being treated badly because of their substance use (56%), housing situation (43%), or race/ethnicity (13%) (Table 2).

Hesitance to use public services and feeling welcome in public and community spaces

Understanding how welcome one feels in their community when accessing public and community spaces and services gives us a glimpse at the level of social exclusion and stigmatization PWUS experience in different situations. The following results describe why respondents may hesitate to reach out for support, and their feelings of acceptance within their community.

- 24% of respondents were worried about calling 9-1-1 when someone has an overdose (Table 3).
- 51% of respondents reported that they would not want to go to the emergency department if they need medical care (Table 3).
- 60% of respondents were worried about interacting with law enforcement (e.g., police, RCMP, or bylaw officers) (Table 3).

- 49% of respondents felt welcome in outdoor public places (e.g., sidewalks, parks, and beaches) (Table 3).
- 53% of respondents felt welcome using public services (e.g., libraries, community centres, and public restrooms) (Table 3).
- 43% of respondents felt welcome in local businesses (e.g., restaurants, grocery or drug stores) (see Table 3).

Interpretation

- Reducing stigma is one of the BC Government’s stated goals of decriminalization as it can prevent people from reaching out for help (Government of British Columbia, 2024). Responses were collected within the first year of decriminalization, and **the majority (69%) reported hesitance when accessing services or being concerned about disclosing their substance use** to others. Stigma against PWUS can make someone avoid getting help, use alone, affect their ability to get housing and employment, and receive lower quality care when accessing healthcare (Health Canada, 2024). Results from data collected during the first year of decriminalization highlight that PWUS still experience high amounts of stigma and still face many barriers that make them hesitate to access supports. This may be because reducing stigma is a long-term process that requires changes in public attitudes. Reducing hesitancy in accessing services requires removal of operational barriers, but clients may also need to experience multiple and sustained anti-discriminatory encounters to feel comfortable using health and social services regularly. There are many other factors that may also influence a client’s decision to seek services that were not assessed in this survey. Because of this, we cannot determine if the survey results are due to decriminalization policy, municipal bylaws, organizational policies, community attitudes, or a combination of these or other factors.
- **Respondents were most commonly concerned about friends or family finding out they use substances.** This suggests that there are still many social and community consequences that may prevent people from having more open discussions about substance use. Because we expanded the question about who respondents were concerned about between 2022 and 2023 surveys, we cannot be sure that the observed differences between years shown in Table 2 are not due to the change in question wording or format. Discussions with PWLLE confirmed that changes in policy do not automatically lead to changes in community attitudes. Particularly in smaller and rural communities PWUS are often recognized by acquaintances when accessing services, which may increase their hesitation to use these services.

- Most respondents were not worried (or were neutral) about calling 9-1-1 when someone has an overdose, which could point to the awareness of the Good Samaritan Drug Overdose Act (GSDOA) (Health Canada, 2021). However, it is still concerning that **24% of respondents worried about calling 9-1-1 for an overdose**. Discussions with PWLLE emphasize the ongoing need to increase awareness of the GSDOA within the current decriminalization context. Moreover, hesitance to call for help may be influenced by a variety of factors including past negative experiences with first responders or health care providers, fears of the police showing up, and fears of repercussions to one’s housing or job security if they are seen responding to an overdose.
- **Half of respondents reported being worried to go to the emergency department, which may lead to unnecessary harms from delaying or avoiding medical treatment.** PWLLE have suggested many reasons why people may worry about going the emergency department that may or may not be related to their substance use. These include but are not limited to worrying about illness or injury, not having a service they need, long wait times, fears of losing their belongings, or past experiences of discrimination. To equitably support clients, hospital policies should be designed to reduce barriers to care for PWUS. Clients should be able to access services discretely and confidentiality. Any formal or informal reporting of substance use to friends and family, police, or the Ministry of Children and Family Development by health care providers should be considered very seriously since concerns of disclosing substance use to others was a top concern reported by respondents. Discussions with PWLLE suggest that more stigma reduction training and involving peer workers to help patients in emergency departments may reduce hesitancy for PWUS.
- **Respondents who had recent contact with police were significantly more likely to report hesitance** in accessing services or concern about disclosing their substance use than respondents that reported no police contact. More than half of respondents (60%) reported worrying about interacting with law enforcement (i.e., police, RCMP, and/or bylaw officers). This suggests that even with decriminalization, respondents are still concerned about these interactions, and it may impact their willingness to seek support. In 2023, 14% of respondents reported hesitating to access services out of concern that the police would take away their substances, which is the second most frequently reported site-related barrier. An analysis of PWUS’s reported experiences with police is the topic of a separate knowledge update.
- Experiencing social stigma in one’s community can “lead to self stigma, and cause harm such as not reaching out for help or using drugs alone” (Health Canada, 2024). **A third of respondents in 2023 report not feeling welcome in different community spaces and services** (i.e., public outdoor space, public services, and local businesses). Reflections from PWLLE suggest that this result is likely an overestimation of how welcome many PWUS feel. Results are skewed because only people who visited

harm reduction sites were surveyed, suggesting they already had some willingness to access services. It is important to continue monitoring and raising awareness to the ways stigma can harm PWUS.

- Analyses of data collected from the HRCS provide some insight into the relationship between some factors that may influence substance use, experiences of substance-related harms, stigma, and access to harm reduction services. In reality, there are many factors that influence a person's experience with substance use and it is not possible to consider all factors in our analyses. Because of this, we cannot conclude from our results that one factor directly influences another. More work is needed to describe the relationships between specific factors that may influence a person's substance use and related experiences.

Limitations

- Respondents in the 2023 HRCS are a convenience sample of clients who visited a participating harm reduction supply distribution site in BC. These results are not generalizable to the experience of all people who use harm reduction services or to all PWUS in BC and their diverse experiences of hesitance and stigma.
- Results from this survey are impacted by selection bias because respondents were selected from people accessing a harm reduction site and who agreed to complete the survey. Respondents were therefore already likely to experience less hesitance in seeking services and were willing to spend extra time at the site. As such, results from this sample likely underrepresent the proportion of PWUS across BC who hesitate to reach out for support.
- Respondents in the HRCS are anonymous, thus it is not possible to determine if respondents are the same in the 2022 and 2023 survey. This limits the ability to do statistical tests. Comparisons between results from the 2023 and 2022 HRCS presented in this knowledge update should be interpreted with caution.
- Although results from the HRCS provide some insights into the experiences of PWUS during the first year of decriminalization, these results must be interpreted alongside other quantitative and qualitative sources of information to evaluate the impacts of decriminalization. These results reflect the perspectives of people who accessed harm reduction sites at the time of data collection, but not all PWUS visit harm reduction supply distribution sites. This report summarizes experiences of people who access harm reduction sites, as part of the broader evaluation of decriminalization. Some questions asked in the 2022 survey were modified for the 2023 survey so responses may not be directly comparable.

- The question “Do you worry about these people finding out that you use substances” from the 2022 survey was modified in the 2023 survey and responses may not be directly comparable (See Table 2 footnotes). The question was expanded in scope and response options based on feedback from PWLLE.
- Responses are self-reported, and the accuracy of responses cannot be assessed. Many sites had someone available to support people to complete the survey; however, the presence of a support person may have affected how respondents answered. BCCDC continues to look for new ways to support individuals completing the survey and help them provide honest responses that can be used to improve services and supports for people who use harm reduction services.
- Consistent with BCCDC policies to reduce the risk of respondents being identified, subgroup results are only presented when there are at least 20 respondents.

Supporting Information

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Document citation

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Tables and Figures

Table 1. Characteristics of respondents who report factors that contribute to hesitance to access services (barriers to accessing services, hesitance to use services due to stigmatized identities, and concern about others finding out they use substances; question 43, 44 or 45) *

Characteristic	Overall, N = 433	Any hesitancy factors, N = 299 (69%)	No hesitancy factors, N = 134 (31%)	p-value ^
Health Authority (survey site)	433			0.023
Interior	69	48 (70%)	21 (30%)	
Fraser	89	64 (72%)	25 (28%)	
Vancouver Coastal	77	50 (65%)	27 (35%)	
Island	89	72 (81%)	17 (19%)	
Northern	109	65 (60%)	44 (40%)	
Community size (2021 census population centre)	433			0.042
Small population centre (1,000 to 29,999)	186	122 (66%)	64 (34%)	
Medium population centre (30,000 to 99,999)	55	33 (60%)	22 (40%)	
Large urban population centre (>=100,000)	192	144 (75%)	48 (25%)	
Type of current residence	398			0.8
Private or band owned residence	84	62 (74%)	22 (26%)	
Another residence (e.g., hotel/motel, SRO, supportive housing)	108	73 (68%)	35 (32%)	
Shelter	79	55 (70%)	24 (30%)	
No regular place to stay (homeless, tent, couch-surf)	127	90 (71%)	37 (29%)	
Age group	419			0.047
19 to 29	33	17 (52%)	16 (48%)	
30 to 39	130	90 (69%)	40 (31%)	
40 to 49	134	102 (76%)	32 (24%)	
50 or older	122	83 (68%)	39 (32%)	
Gender	425			0.5
Man	267	187 (70%)	80 (30%)	
Woman	142	93 (65%)	49 (35%)	
Sexual orientation	406			0.12
Heterosexual or straight	337	227 (67%)	110 (33%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	69	53 (77%)	16 (23%)	
<i>Continued next page</i>				

Characteristic	Overall, N = 433	Any hesitancy factors, N = 299 (69%)	No hesitancy factors, N = 134 (31%)	p-value ^
Employment	409			0.4
Full time (at least 30 hours a week)	22	15 (68%)	7 (32%)	
Part time (less than 30 hours a week)	62	48 (77%)	14 (23%)	
No employment	325	224 (69%)	101 (31%)	
Frequency of substance use in the last 30 days	416			0.06
Every day	334	232 (69%)	102 (31%)	
A few times a week	49	40 (82%)	9 (18%)	
A few times a month or less	33	19 (58%)	14 (42%)	
Injection drug use, last 6 months	413			0.3
Yes	193	129 (67%)	64 (33%)	
No	220	157 (71%)	63 (29%)	
Inhalation drug use, last 6 months	408			0.081
Yes	371	262 (71%)	109 (29%)	
No	37	21 (57%)	16 (43%)	
Drug use at overdose prevention site (OPS) or supervised consumption site (SCS), last 6 months	408			0.4
Yes	263	187 (71%)	76 (29%)	
No	145	97 (67%)	48 (33%)	
Used opioids in last 3 days (fentanyl, heroin)	433			0.035
Yes	277	201 (73%)	76 (27%)	
No	156	98 (63%)	58 (37%)	
Used stimulants in last 3 days (meth, coke, crack)	433			0.14
Yes	302	215 (71%)	87 (29%)	
No	131	84 (64%)	47 (36%)	
Frequency of using substances alone (last 30 days)				0.3
Every day	207	145 (70%)	62 (30%)	
A few times a week	102	77 (75%)	25 (25%)	
A few times a month	51	34 (67%)	17 (33%)	
Did not use substances alone	35	21 (60%)	14 (40%)	
Had direct contact with police in the last 3 months	416			<0.001
Yes	233	178 (76%)	55 (24%)	
No	160	106 (66%)	54 (34%)	
* Respondents that reported any hesitance to access services or any group they worry about disclosing their substance use to Q43-45 (other than “does not apply to me” in Q43 and “none of the above” in Q44-45) (n=299).				
^ Pearson's Chi-squared test (*p<0.005)				

Table 2. Responses for to site-specific barriers, people that respondents are worried about, and stigmatized identities that contribute to hesitance to access. Harm Reduction Client Survey 2022 and 2023.

Characteristic	2023 n (%)	2022 n (%) *
Hesitant to access services due to site/service-related barrier:	N= 402	N = 491
Any hesitance site/service-related barrier	201 (50%)	-
Site is in my red zone / an area that violates my conditions of release	14 (3%)	19 (4%)
Worry about police taking my drugs away	55 (14%)	59 (12%)
Site/service operating issues (limited hours, long waits, no wheelchair ramps)	78 (19%)	-
Services not available in my community or too far away	58 (14%)	-
Trying to avoid another client(s) of the service	55 (14%)	-
Don't like the organization that provides the service	29 (7%)	-
Don't like staff providing the service	40 (10%)	-
Other	20 (5%)	-
Does not apply to me	201 (50%)	-
Worry about the following people finding out you use substances	N = 406	N = 491
Any group ^	159 (39%)	130 (26%)
Family services (I am a parent or caregiver) ^	56 (14%)	36 (7%)
Health care provider ^	40 (10%)	33 (7%)
Friends or family ^	104 (26%)	57 (12%)
Police/parole/probation officer ^	51 (13%)	60 (12%)
My employer ^	44 (11%)	34 (7%)
None of the above ^	247 (61%)	-
Worry you will be treated badly when accessing services due to	N = 399	N = 491
Any stigmatized identity	263 (66%)	-
Substance use	223 (56%)	-
Housing situation	173 (43%)	-
Race or ethnicity	53 (13%)	52 (11%)
Sex or gender	32 (8%)	30 (6%)
Sexual orientation	30 (8%)	17 (3%)
None of the above	136 (34%)	-
<p>The 2023 questions included in this table are respondents that answered each of three questions:</p> <ul style="list-style-type: none"> • “Have any of the following things made you hesitant to access services you need to be healthy?” (n=402) • “Do you worry about these people finding out that you use substances?” (n=406) • “Do you worry you will be treated badly when accessing services because of your...” (n=399) <p>*The 2022 comparison include respondents that answered a single question:</p> <ul style="list-style-type: none"> • “In the last six months, have any of the following things made you hesitant to access services you need to be healthy?” (n=491). • The 2022 question had fewer response options; there is not a comparable 2022 value for many rows, including the derived “any hesitance site barrier” or “any stigmatized identity”. <p>^ In 2022 this response was asked as resulting in to hesitating to access services, while in 2023 it was asked in general if the respondent worried about these people/groups finding out they use substances. Values are not directly comparable between survey years.</p>		

Table 3. Responses to statements about feeling worried about accessing services and feeling welcome in community settings. Harm Reduction Client Survey 2023.

Question	N	Agree n (%)	Neutral n (%)	Disagree n (%)
I feel worried about calling 9-1-1 when someone has an overdose	393	94 (24%)	50 (13%)	249 (63%)
I do not want to go to the emergency department when I need medical care	393	200 (51%)	60 (15%)	133 (34%)
I feel worried about interacting with law enforcement (police, RCMP, or bylaw officers)	395	236 (60%)	59 (15%)	100 (25%)
I feel welcome in outdoor public spaces like sidewalks, parks, and beaches	388	189 (49%)	73 (19%)	126 (32%)
I feel welcome using public services like libraries, community centres, and public restrooms	402	213 (53%)	56 (14%)	133 (33%)
I feel welcome in most local businesses (restaurants, grocery, or drug stores)	401	171 (43%)	75 (19%)	155 (39%)
Sample included in this table are respondents that answered each of the above questions in 2023 (see “N” column for the number of responses to each question).				

Appendix I - Methods

Additional details about the methods used for completing and analysing 2023 Harm Reduction Site Client Survey data:

- The 2023 HRCS included questions on substance use, barriers to accessing prescribed alternatives to the toxic supply, BC's decriminalization policy, experiences with overdose, and interactions with law enforcement. Questions about social and demographic characteristics of respondents were also included.
- Harm reduction supply distribution sites across BC were invited to participate based on geographical representation, site capacity, and interest of the site and its clients. Quantitative surveys were distributed at 23 harm reduction distribution sites in small, medium, and large population centres across the five regional health authorities (Interior: 4 sites, Fraser: 4 sites, Vancouver Coastal: 5 sites, Island: 4 sites, Northern: 6 sites). Each participating site completed between 10 and 30 surveys.
- People are eligible to participate in the survey if they:
 - Are 19 years of age or older and
 - Used a drug that is illegal or from the unregulated market (for example: opioids/down, heroin, fentanyl, powder cocaine, crack cocaine, methamphetamine, hallucinogens, etc.) in the previous six months.
- BCCDC received 447 completed surveys. We excluded fourteen ineligible surveys, resulting in a total of 433 eligible surveys.
- The HRCS is a paper survey, and BCCDC shares additional information with sites to help individuals understand and respond to questions. BCCDC recommends that site staff assist respondents to complete the survey, but this was not possible in all locations.
- Respondents received a \$20 cash honorarium for their time to do the survey. Sites were provided with \$5 per respondent to cover any small costs for administering the survey (e.g., snacks, pens).
- The 2022 HRCS was implemented following similar methods. The 2022 survey followed the same inclusion criteria of 2023. Respondents in the 2022 survey could also participate if they received opioid agonist treatment or prescribed alternatives in the previous six months. The 2022 survey was distributed at 29 harm reduction sites across BC between November 2022 and January 2023; 503 eligible surveys were completed. Sites were selected from across British Columbia (Interior: 7 sites,

Fraser: 6 sites, Vancouver Coastal: 4 sites, Island: 6 sites, Northern: 6 sites). Respondents received a stipend of \$15 to participate in the survey.

- For more HRCS reports and outputs see the [Harm Reduction Client Survey webpage](#) and [Harm Reduction Reports pages](#).