

Topic	Overdose prevention and supervised consumption sites and public substance use among people who use substances: Harm Reduction Client Survey 2023
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Key messages

- In 2023, a higher number of survey respondents used substances at an overdose prevention site (OPS)/supervised consumption site (SCS) (49% in 2022 and 64% in 2023).
- The top reported barriers for using substances at an OPS/SCS were lack of inhalation services and site or service operating issues such as limited opening hours, long wait times, and no wheelchair ramps.
- In addition to using substances at OPS/SCS sites, respondents used substances alone and in public places in the past month. Reasons for using in public places like parks, transit stops, and sidewalks include not having a private place to go, wanting to socialize with friends, and not having access to an OPS/SCS site. People who were homeless or lived in shelters used substances in public more frequently than those who lived in private or supportive housing.
- The relationship between how often and where individuals use substances is complex, and is influenced by a person's substance use needs, housing situation, and accessibility and current availability of OPS/SCS services.
- The results presented here represent the perspectives of participants in the 2022 and 2023 Harm Reduction Client Surveys. While these results cannot be generalized to the experiences of all people who use substances (PWUS) in BC, they may be generalizable to PWUS who access harm reduction supply distribution sites.

Introduction

The aim of this analysis was to 1) describe where individuals use substances, including public places (e.g., parks, beaches, transit stops, sidewalks), and the reasons 2023 Harm Reduction Client Survey (HRCS) respondents used in public; 2) describe the number of respondents who used substances at an overdose prevention site (OPS) or supervised consumption site (SCS, together OPS/SCS), by mode of consumption, before and after decriminalization was implemented in BC and the barriers to using substances at an OPS/SCS; and 3) explore how reasons for using drugs in public and the barriers to using at an OPS/SCS are related and discuss their implications in the context of decriminalization.

More about the HRCS and evaluation of 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, 2024a). 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 Harm Reduction Client Survey (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. Survey 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 survey respondents (see the limitations section for details).
- Analyses examined potential factors associated with public substance use or OPS/SCS use. 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 participants who responded to questions about public substance use or OPS/SCS use.
- 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

How often and why individuals use substances in public

- Over 82% of respondents (319/391) said they used drugs in public places at least once in the past 30 days. Many (42%) used in public every day, 22% used a few times a week, and 18% used a few times a month.
- Using substances in public every day was significantly higher among individuals with no regular place to stay (59%), individuals under the age of 50 (45-49%), individuals without paid employment (45%), individuals who used OPS/SCS in the last 6 months (49%), individuals who use substances every day (51%), and individuals who use drugs alone every day (64%) (Table 1). Among those who reported daily substance use in public, 96% reported inhaling their drugs and 61% reported injecting their drugs in the last six months. These preferred modes of consumption are not specific to using in public.
- The top three reported reasons for using substances in public were: not having a private place to go (54%), to socialize with friends (36%), and not being able to access an OPS/SCS (30%) (Table 2). Among respondents who reported a reason for using in public, 30% said they felt safer or did not want to use

alone. In addition, respondents said they used drugs in public because of immediate need (e.g., avoiding withdrawal, experiencing pain), it was convenient, to enjoy the outdoors, or because the public place was vacant.

Trends in using OPS/SCS

- Among 2023 HRCS respondents, 64% (263/408) reported using an OPS/SCS in the last six months, an increase from 49% (239/487) in the 2022 HRCS. Of the 2023 HRCS respondents who reported using an OPS/SCS, 72% inhaled and 51% injected substances. Tables 3a and 3b show respondent characteristics based on overall use of OPS/SCS and by mode of consumption in each survey year.
- In 2023, OPS/SCS use was significantly higher among those who participated at sites in large urban population centres (76%), had no regular place to stay (75%), used substances every day (69%), injected drugs (77%), or used drugs alone every day (71%) (see Table 3a). OPS/SCS use was lower among those who participated at sites in Interior Health (33%), individuals with full-time employment (43%), or individuals who did not use drugs alone in the last 30 days (41%). Similar trends were observed in 2022 (Table 3b).

Barriers to accessing OPS/SCS

- Over half of respondents in 2023 (199/379) reported they had difficulties accessing an OPS/SCS for witnessed consumption in the past six months (Table 4). The top reasons reported included: lack of inhalation services (39%), site/service operating issues (38%), and too many rules to follow (19%) (Table 4).

Relationship between OPS/SCS and public substance use

- Seventy-six percent of respondents who reported daily public substance use in the last 30 days also used an OPS/SCS in the last six months (120/157). In comparison, 49% of respondents who did not report using drugs in public used an OPS/SCS in the last six months (Table 5). Among respondents who reported daily public substance use, the most common barrier to using an OPS/SCS was that the OPS/SCS did not offer inhalation services (52%). Among respondents who did not use substances in public, site or service operating issues (34%) was the leading barrier to using an OPS/SCS (Table 6).
- Respondents with no regular place to stay or who reported living in a shelter had higher numbers of both daily public substance use in the last 30 days and using an OPS/SCS in the last six months.

Interpretation

- **Public substance use is common, especially for individuals without stable housing.** The majority of HRCS respondents used substances in public in the past 30 days (82%), with 42% of respondents using substances in public every day. This question was new for the 2023 survey and so cannot be compared to results from past. Respondents reported using substances in public because they had no private place to go, wanted to socialize, or could not access an OPS/SCS. Reasons for not accessing an OPS/SCS included not offering inhalation services. Respondents to the 2022 HRCS shared similar reasons for using substances in public: not being allowed visitors where they live, no access to an OPS/SCS, and not wanting to use alone (BCCDC, 2023a). Due to the toxic unregulated drug supply, public health advises individuals to not use drugs alone. Without access to an OPS/SCS or a buddy to watch them, some individuals may use substances in public to increase the likelihood that someone could intervene if they experience a drug poisoning.
- **People who use substances in public also use substances in an OPS/SCS.** In the last six months, more respondents who used at an OPS/SCS reported daily substance use in public compared to those who did not use in public. Substance dependence and/or high tolerance and the subsequent need for frequent consumption likely explains the high numbers of respondents who regularly use substances in public, often use alone, and at an OPS/SCS.
- **OPS/SCS use is relatively common among participants, but barriers to using them still exist.** Most 2023 HRCS survey participants (64%) used substances at an OPS/SCS; however, over half of survey participants reported difficulties using at an OPS/SCS. The most common barriers were lack of inhalation services and operating issues like limited hours of service, long waits, and site rules. Data from the HRCS and the BC Coroners Service indicate that inhalation is the most common mode of consumption (BCCDC, 2023b; BCCS, 2022); however, inhalation is not available at all OPS/SCS operating in BC. Improving access to and availability of inhalation spaces can increase use of witnessed consumption sites. Crowding and capacity limits at OPS/SCS sites is further challenged when drug poisonings happen. Drug poisonings involving benzodiazepines and other sedatives adulterating the BC drug supply can restrict access to OPS/SCS because of the prolonged sedation effects that require extended monitoring (BCCDC, 2023c).
- **Current OPS/SCS services do not meet the needs of all PWUS. Peer engagement in OPS/SCS design, operation, staffing, and evaluation can make services better.** Some respondents noted that OPS/SCS sites often have a strongly clinical approach to care. For example, sites can have many rules, such as only being available to clients of a particular service, and not allowing clients to split or share substances, which are common practices amongst PWUS. OPS/SCS sites differ in staffing and operating

models, and no single model will meet the needs of all PWUS. For example, PWUS who need easy access or who have had traumatic experiences with the healthcare system may not feel comfortable in an OPS/SCS that follows a medicalized or clinical model. In April 2024, the Office of the Auditor General of British Columbia recommended evaluating existing OPS/SCS services. The evaluation should determine how well existing sites meet the needs of individuals who use substances in BC, including their accessibility and acceptability.

- **PWUS are doing what they can to be safer and not use alone.** PWLLE note that OPS/SCS locations have opening and closing hours, but individuals use substances at any hour of the day. When the OPS/SCS is closed, using in public can be a way to use more safely by using with others or by relying on bystanders for assistance if needed. A study in Australia also emphasized that “no-one just does drugs during business hours!”. Extending hours at harm reduction sites can provide greater health benefits to PWUS (Walker *et al.*, 2024). Health systems partners should support and promote the use of virtual OPS options during off hours or when OPS are not accessible.
- **In conclusion,** these results on public use and OPS/SCS use highlight the limitations of currently available services at OPS/SCS, and the fear among HRCS respondents of experiencing a drug poisoning from the toxic unregulated drug supply. Expanding access to OPS/SCS sites, especially those that offer inhalation services and are designed in collaboration with PWUS, can help reduce substance use in public. Substance use in public and at OPS/SCS were most common among individuals without stable housing, suggesting that investments in housing may also decrease public substance use. Even when people have private spaces, using substances alone is risky because of the toxic and unregulated illicit drug supply. Housing options for PWUS should include harm reduction and specifically witnessed consumption services for residents.
- Analyses of data collected from the HRCS provide initial insight into the relationship between some factors that may influence public substance use and use of OPS/SCS services. In reality, there are many factors that influence an individual’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 people who use substances (PWUS) in BC and their diverse experiences of public substance use and OPS/SCS use.

- Respondents in the HRCS are anonymous, thus it is not possible to determine if participants 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.
- Survey 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 people 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 survey respondents being identified, subgroup results are only presented when there are at least 20 respondents.

Supporting Information

Acknowledgements

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Document citation

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Tables and Figures

Table 1. Frequency of public substance use by respondent characteristics. Harm Reduction Client Survey 2023.

Characteristic	Overall, N = 391	Did not use in public, N = 72	A few times a month, N = 69	A few times a week, N = 86	Every day, N = 164	p-value
Health Authority (survey site)	391					0.14
Interior	62	12 (19%)	11 (18%)	17 (27%)	22 (35%)	
Fraser	76	13 (17%)	15 (20%)	21 (28%)	27 (36%)	
Vancouver Coastal	73	22 (30%)	11 (15%)	9 (12%)	31 (42%)	
Island	81	14 (17%)	13 (16%)	15 (19%)	39 (48%)	
Northern	99	11 (11%)	19 (19%)	24 (24%)	45 (45%)	
Community size (2021 Census Population Centre)	391					0.4
Small population centre (1,000 to 29,999)	170	31 (18%)	33 (19%)	43 (25%)	63 (37%)	
Medium population centre (30,000 to 99,999)	47	6 (13%)	11 (23%)	9 (19%)	21 (45%)	
Large urban population centre (100,000 or more)	174	35 (20%)	25 (14%)	34 (20%)	80 (46%)	
Type of current residence	361					<0.001
Private or band owned residence	72	27 (38%)	11 (15%)	15 (21%)	19 (26%)	
Another residence (e.g., hotel/motel, SRO, supportive housing)	100	27 (27%)	24 (24%)	20 (20%)	29 (29%)	
Shelter	73	10 (14%)	4 (5%)	24 (33%)	35 (48%)	
No regular place to stay (homeless, tent, couch-surf)	116	7 (6%)	19 (16%)	21 (18%)	69 (59%)	
Age group	379					<0.001
19 to 29	29	3 (10%)	3 (10%)	9 (31%)	14 (48%)	
30 to 39	117	10 (9%)	23 (20%)	27 (23%)	57 (49%)	
40 to 49	121	22 (18%)	21 (17%)	24 (20%)	54 (45%)	
50 or older	112	36 (32%)	19 (17%)	26 (23%)	31 (28%)	
Gender	384					0.7
Man	241	42 (17%)	37 (15%)	57 (24%)	105 (44%)	
Woman	129	26 (20%)	26 (20%)	27 (21%)	50 (39%)	
Sexual orientation	368					0.14
Heterosexual or straight	303	57 (19%)	47 (16%)	68 (22%)	131 (43%)	
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	65	14 (22%)	17 (26%)	10 (15%)	24 (37%)	
Employment	371					<0.001
Full time (at least 30 hours a week)	17	10 (59%)	2 (12%)	2 (12%)	3 (18%)	
Part time (less than 30 hours a week)	58	18 (31%)	11 (19%)	8 (14%)	21 (36%)	
No employment	296	41 (14%)	53 (18%)	69 (23%)	133 (45%)	

BCCDC | Overdose Prevention and Supervised Consumption Sites and public substance use among people who use substances: Harm Reduction Client Survey 2023

Characteristic	Overall, N = 391	Did not use in public, N = 72	A few times a month, N = 69	A few times a week, N = 86	Every day, N = 164	p-value
Frequency of substance use in the last 30 days	384					<0.001
A few times a week or less	71	33 (46%)	17 (24%)	17 (24%)	4 (6%)	
Every day	313	39 (12%)	49 (16%)	67 (21%)	158 (50%)	
Injection drug use, last 6 months	373					<0.001
Yes	177	27 (15%)	22 (12%)	33 (19%)	95 (54%)	
No	196	42 (21%)	45 (23%)	47 (24%)	62 (32%)	
Inhalation drug use, last 6 months	373					0.001
Yes	339	55 (16%)	59 (17%)	78 (23%)	147 (43%)	
No	34	14 (41%)	8 (24%)	5 (15%)	7 (21%)	
Drug use at overdose prevention site (OPS)/ supervised consumption site (SCS), last 6 months	372					<0.001
Yes	246	34 (14%)	40 (16%)	52 (21%)	120 (49%)	
No	126	35 (28%)	27 (21%)	27 (21%)	37 (29%)	
Used opioids in last 3 days (fentanyl, heroin)	391					0.003
Yes	252	39 (15%)	36 (14%)	56 (22%)	121 (48%)	
No	139	33 (24%)	33 (24%)	30 (22%)	43 (31%)	
Used stimulants in last 3 days (meth, coke, crack)	391					0.002
Yes	278	38 (14%)	51 (18%)	63 (23%)	126 (45%)	
No	113	34 (30%)	18 (16%)	23 (20%)	38 (34%)	
Frequency of using drugs alone in the last 30 days	375					<0.001
Every day	201	21 (10%)	18 (9%)	33 (16%)	129 (64%)	
A few times a week	95	13 (14%)	28 (29%)	38 (40%)	16 (17%)	
A few times a month	45	16 (36%)	14 (31%)	6 (13%)	9 (20%)	
Did not use drugs alone	34	18 (53%)	4 (12%)	5 (15%)	7 (21%)	
Table 1 excludes respondents who selected “prefer not to say” or did not answer the question, “How often have you used drugs in public places (like parks, beaches, transit stop, or sidewalks)?”						

Table 2. Reasons for substance use in public among those who used in public. Harm Reduction Client Survey 2023.

Reasons for substance use in public. Harm Reduction Client Survey 2023	
Total participants who expressed at least one reason they used drugs in public places	329
I did not have a private place to go	173 (53%)
To socialize with friends	116 (35%)
I couldn't access an Overdose Prevention Site or Supervised Consumption Site (OPS/SCS)	95 (29%)
I did not want to use alone	71 (22%)
I felt safer	63 (19%)
I was not allowed visitors where I live	49 (15%)
Other	34 (10%)
Responses from participants who said they did not use substances in public in the last 30 days are excluded (n=4)	

Table 3a. OPS/SCS use in last 6 months and method of consumption by participant characteristics. Harm Reduction Client Survey 2023.

Characteristic	Overall, N = 408	Used OPS/SCS N = 263	Did not use OPS/SCS N = 145	p-value	Inhaled at OPS/SCS, N = 189	Injected at OPS/SCS N = 135
Health Authority (survey site)	408			<0.001		
Interior	63	21 (33%)	42 (67%)		9 (43%)	14 (67%)
Fraser	86	57 (66%)	29 (34%)		49 (86%)	20 (35%)
Vancouver Coastal	75	60 (80%)	15 (20%)		44 (73%)	34 (57%)
Island	82	74 (90%)	8 (10%)		61 (82%)	37 (50%)
Northern	102	51 (50%)	51 (50%)		26 (51%)	30 (59%)
Community size (2021 Census Population Centre)	408			<0.001		
Small population centre (1,000 to 29,999)	176	87 (49%)	89 (51%)		55 (63%)	45 (52%)
Medium population centre (30,000 to 99,999)	48	36 (75%)	12 (25%)		23 (64%)	22 (61%)
Large urban population centre (100,000 or more)	184	140 (76%)	44 (24%)		111 (79%)	68 (49%)
Type of current residence	379			<0.001		
Private or band owned residence	81	38 (47%)	43 (53%)		24 (63%)	21 (55%)
Another residence (e.g., hotel/motel, SRO, supportive housing)	106	70 (66%)	36 (34%)		45 (64%)	35 (50%)
Shelter	74	46 (62%)	28 (38%)		32 (70%)	21 (46%)
No regular place to stay (homeless, tent, couch-surf)	118	89 (75%)	29 (25%)		71 (80%)	51 (57%)
Age group	395			0.4		
19 to 29	31	18 (58%)	13 (42%)		13 (72%)	8 (44%)
30 to 39	121	86 (71%)	35 (29%)		66 (77%)	44 (51%)
40 to 49	129	82 (64%)	47 (36%)		54 (66%)	49 (60%)
50 or older	114	71 (62%)	43 (38%)		50 (70%)	33 (46%)
Gender	402			0.6		
Man	253	165 (65%)	88 (35%)		121 (73%)	77 (47%)
Woman	135	83 (61%)	52 (39%)		62 (75%)	45 (54%)
Sexual orientation	387			0.6		
Heterosexual or straight	320	205 (64%)	115 (36%)		147 (72%)	103 (50%)
Gay, Lesbian, Bisexual/Pansexual, Queer, Asexual, Unsure/questioning	67	46 (69%)	21 (31%)		32 (70%)	25 (54%)
Employment	389			0.083		
Full time (at least 30 hours a week)	21	9 (43%)	12 (57%)		6 (67%)	5 (56%)
Part time (less than 30 hours a week)	58	38 (66%)	20 (34%)		26 (68%)	21 (55%)
No employment	310	207 (67%)	103 (33%)		150 (72%)	105 (51%)

BCCDC | Overdose Prevention and Supervised Consumption Site (OPS/SCS) and public substance use among people who use substances: Findings from the Harm Reduction Client Survey 2023 (HRCS)

Characteristic	Overall, N = 408	Used OPS/SCS N = 263	Did not use OPS/SCS N = 145	p-value	Inhaled at OPS/SCS, N = 189	Injected at OPS/SCS N = 135
Frequency of substance use in the last 30 days	394			<0.001		
Every day	321	222 (69%)	99 (31%)		160 (72%)	118 (53%)
A few times a week	43	26 (60%)	17 (40%)		18 (69%)	9 (35%)
A few times a month or less	30	8 (27%)	22 (73%)		6 (75%)	4 (50%)
Injection drug use, last 6 months	393			<0.001		
Yes	183	140 (77%)	43 (23%)		79 (56%)	116 (83%)
No	210	113 (54%)	97 (46%)		103 (91%)	16 (14%)
Inhalation drug use, last 6 months	389			0.2		
Yes	356	233 (65%)	123 (35%)		174 (75%)	119 (51%)
No	33	17 (52%)	16 (48%)		7 (41%)	11 (65%)
Used opioids in last 3 days (fentanyl, heroin)	408			<0.001		
Yes	266	192 (72%)	74 (28%)		138 (72%)	106 (55%)
No	142	71 (50%)	71 (50%)		51 (72%)	29 (41%)
Used stimulants in last 3 days (meth, coke, crack)	408			<0.001		
Yes	288	207 (72%)	81 (28%)		155 (75%)	100 (48%)
No	120	56 (47%)	64 (53%)		34 (61%)	35 (62%)
Frequency of using drugs alone in the last 30 days	374			0.006		
Every day	196	140 (71%)	56 (29%)		102 (73%)	71 (51%)
A few times a week	98	65 (66%)	33 (34%)		49 (75%)	32 (49%)
A few times a month	46	28 (61%)	18 (39%)		22 (79%)	16 (57%)
Did not use drugs alone	34	14 (41%)	20 (59%)		7 (50%)	8 (57%)

Table 3b. OPS/SCS use in last 6 months and method of consumption by participant characteristics. Harm Reduction Client Survey 2022.

Characteristic	Overall, N = 487	Used OPS/SCS, N = 239	Did Not Use OPS/SCS, N = 248	p-value	Injected at OPS/SCS, N = 162	Inhaled at OPS/SCS, N = 140
Health Authority (survey site)	487			0.004		
Interior	138	66 (48%)	72 (52%)		37 (56%)	41 (62%)
Fraser	96	53 (55%)	43 (45%)		38 (72%)	29 (55%)
Vancouver Coastal	47	30 (64%)	17 (36%)		22 (73%)	19 (63%)
Island	104	55 (53%)	49 (47%)		48 (87%)	28 (51%)
Northern	102	35 (34%)	67 (66%)		17 (49%)	23 (66%)
Community size (2021 Census Population Centre)	487			<0.001		
Small population centre (1,000 to 29,999)	169	52 (31%)	117 (69%)		30 (58%)	31 (60%)
Medium population centre (30,000 to 99,999)	158	93 (59%)	65 (41%)		64 (69%)	52 (56%)
Large urban population centre (100,000 or more)	160	94 (59%)	66 (41%)		68 (72%)	57 (61%)
Type of current residence	465			0.06		
Private or band owned residence	116	45 (39%)	71 (61%)		24 (53%)	27 (60%)
Another residence (e.g., hotel/motel, SRO, supportive housing)	109	54 (50%)	55 (50%)		40 (74%)	34 (63%)
Shelter	91	49 (54%)	42 (46%)		39 (80%)	21 (43%)
No regular place to stay (homeless, tent, couch-surf)	149	81 (54%)	68 (46%)		50 (62%)	51 (63%)
Age group	476			0.2		
19 to 29	72	37 (51%)	35 (49%)		29 (78%)	19 (51%)
30 to 39	156	84 (54%)	72 (46%)		55 (65%)	52 (62%)
40 to 49	124	60 (48%)	64 (52%)		38 (63%)	36 (60%)
50 or older	124	52 (42%)	72 (58%)		34 (65%)	32 (62%)
Gender				0.038		
Man	283	150 (53%)	133 (47%)		97 (65%)	89 (59%)
Woman	174	74 (43%)	100 (57%)		56 (76%)	40 (54%)
Sexual orientation	445			0.2		
Heterosexual or straight	393	193 (49%)	200 (51%)		127 (66%)	115 (60%)
Gay, Lesbian, Bisexual/ Pansexual, Queer, Asexual, Unsure or questioning	52	20 (38%)	32 (62%)		16 (80%)	12 (60%)
Employment	467			0.008		
Full time (at least 30 hours a week)	22	7 (32%)	15 (68%)		5 (71%)	3 (43%)
Part time (less than 30 hours a week)	83	52 (63%)	31 (37%)		36 (69%)	27 (52%)
No employment	362	168 (46%)	194 (54%)		109 (65%)	105 (62%)

BCCDC | Overdose Prevention and Supervised Consumption Site (OPS/SCS) and public substance use among people who use substances: Findings from the Harm Reduction Client Survey 2023 (HRCS)

Characteristic	Overall, N = 487	Used OPS/SCS, N = 239	Did Not Use OPS/SCS, N = 248	p-value	Injected at OPS/SCS, N = 162	Inhaled at OPS/SCS, N = 140
Frequency of substance use in the last 30 days	464			<0.001		
Every day	332	183 (55%)	149 (45%)		125 (68%)	111 (61%)
A few times a week	79	37 (47%)	42 (53%)		27 (73%)	21 (57%)
A few times a month	33	7 (21%)	26 (79%)		2 (29%)	3 (43%)
Did not use drugs	20	5 (25%)	15 (75%)		3 (60%)	3 (60%)
Injection drug use, last 6 months	475			<0.001		
Yes	187	131 (70%)	56 (30%)		74 (56%)	116 (89%)
No	288	103 (36%)	185 (64%)		86 (83%)	22 (21%)
Inhalation drug use, last 6 months	472			0.08		
Yes	420	212 (50%)	208 (50%)		151 (71%)	125 (59%)
No	52	19 (37%)	33 (63%)		7 (37%)	13 (68%)
Used opioids in last 3 days (fentanyl, heroin)	487			<0.001		
Yes	295	172 (58%)	123 (42%)		117 (68%)	113 (66%)
No	192	67 (35%)	125 (65%)		45 (67%)	27 (40%)
Used stimulants in last 3 days (meth, coke, crack)	487			<0.001		
Yes	314	175 (56%)	139 (44%)		122 (70%)	105 (60%)
No	173	64 (37%)	109 (63%)		40 (62%)	35 (55%)

Table 4. Difficulties experienced accessing OPS/SCS. Harm Reduction Client Survey 2023.

Experience of difficulties at OPS/SCS	n (%)
Did you experience difficulties? (n=379)	
I did not have difficulties	180 (47%)
Experienced at least one difficulty accessing OPS/SCS	199 (53%)
Reasons for difficulty using substances at an OPS/SCS (n=200)	
Inhalation/smoking is not available	77 (39%)
Site/service operating issues	76 (38%)
There are too many rules I have to follow	38 (19%)
I haven't felt safe using at an OPS/SCS (e.g., from other clients, from dealers, etc.)	35 (18%)
I have confidentiality / privacy concerns	30 (15%)
Something else	16 (8%)

Table 5. OPS/SCS Use in last 6 months by frequency of public substance use. Harm Reduction Client Survey 2023.

OPS/SCS Use	Did not use drugs in public, N = 69	A few times a month, N = 67	A few times a week, N = 79	Every day, N = 157
Total who used at an OPS/SCS	34 (49%)	40 (60%)	52 (66%)	120 (76%)
Inhalation use	17 (25%)	30 (45%)	41 (52%)	88 (56%)
Injection use	20 (29%)	16 (24%)	23 (29%)	66 (42%)
Did not use	35 (51%)	27 (40%)	27 (34%)	37 (24%)

Table 6. Difficulties experienced accessing OPS/SCS by frequency of public substance use. Harm Reduction Client Survey 2023.

Difficulty	Did not use drugs in public, N = 64	A few times a month, N = 62	A few times a week, N = 76	Every day, N = 147
Did you experience difficulties?				
I did not have difficulties	35 (55%)	30 (48%)	31 (41%)	67 (46%)
Experienced at least one difficulty accessing OPS/SCS	29 (45%)	32 (52%)	45 (59%)	80 (54%)
Reasons for difficulty using substances at an OPS/SCS				
Inhalation/smoking is not available	8 (28%)	9 (28%)	14 (31%)	42 (52%)
Site/service operating issues	10 (34%)	7 (22%)	15 (33%)	38 (48%)
There are too many rules I have to follow	6 (21%)	3 (9%)	7 (16%)	19 (24%)
I haven't felt safe using at an OPS/SCS (e.g., from other clients, from dealers, etc.)	4 (14%)	10 (31%)	5 (11%)	14 (18%)
I have confidentiality / privacy concerns	6 (21%)	4 (12%)	4 (8.9%)	15 (19%)
Something else	6 (21%)	6 (19%)	1 (2.2%)	3 (3.8%)

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 survey 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 participant 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). Participants 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](#).