

Site where survey is administered:

<Sticker Here>

Today's Date: _____

Month

Day

Year

2022 Harm Reduction Client Survey

This survey helps improve harm reduction services across BC. We do not collect personal identifying information and we keep all responses confidential. Your participation is voluntary and you are free to only answer the questions you are comfortable with. If you encounter a question that brings up uncomfortable feelings such as trauma or loss, please feel free to skip that question.

The survey will take roughly 20-30 minutes of your time. Please only complete the survey once. **Unless the question says "check all that apply", please only choose one answer per question.**

You can participate in this survey if you are at least 19 years old AND at least one of these statements is true about you: In the past six months...

- You used an illegal drug,
- You took opioid agonist therapy (OAT), like methadone or suboxone,
- You took prescribed safer supply (PSS), like prescription benzos, opioids, or stimulants, to minimize or avoid having to access street drugs

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

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

- Indigenous (First Nations, Métis, Inuit/Inuk) → go to 2a & 2b
- White (European descent)
- East Asian (e.g. Chinese, Japanese, Korean, Taiwanese)
- Southeast Asian (e.g. Vietnamese, Cambodian, Thai, Malaysian, Laotian, Filipino)
- South Asian (e.g. East Indian, Pakistani, Sri Lankan)
- Black (e.g. African or Caribbean)
- Latin American/ Hispanic
- Middle Eastern (e.g. Arab, Persian, Iranian, Afghan)
- I prefer to describe myself as: _____
- Prefer not to say

2a) Which group(s) do you identify with?

Check all that apply:

- First Nations
- Métis
- Inuit/Inuk
- I prefer to describe myself as: _____
- Prefer not to say

2b) Do you Identify as Two-Spirit?

- Yes
- No
- Prefer not to say

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

- Woman
- Man
- Gender expansive (e.g. non-binary, gender queer, or gender fluid)
- Unsure/ questioning
- I prefer to identify myself as: _____
- Prefer not to say

4. **What was your sex assigned at birth?** We know that this question might be uncomfortable for some people, but we are asking this question so that we can use the information we get from this survey to better inform services for trans people.

- Female
- Male → skip to 7
- Intersex
- Prefer not to say → skip to 7

5. In the last six months, have you wanted or needed a pregnancy test for yourself?

- Yes
- No → skip to 7

6. Did you have any difficulty getting a pregnancy test? Check all that apply.

- No
- I didn't have enough money for a pregnancy test
- I was worried pharmacy, clinic, or store staff would have a bad attitude
- I was worried health care providers would have a bad attitude
- Prefer to self-describe: _____

7. What is your sexual orientation?

- Heterosexual or Straight
- Gay
- Lesbian
- Bisexual/Pansexual
- Queer
- Asexual
- Unsure/questioning
- I prefer to describe myself as _____
- Prefer not to say

8. Are you currently employed (including paid volunteer work)?

- Yes, part-time (less than 30 hours a week)
- Yes, full-time (at least 30 hours a week)
- No
- Prefer not to say

9. Which of the following options best describes where you currently live? See the interview guide for definitions.

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

10. Do you currently live on a reserve?

- Yes
- No
- Prefer not to say

11. In the last six months, have you been concerned about losing your housing? For example, you were afraid of being evicted, afraid of violence or abuse in your housing situation, worried about supportive housing being discontinued, etc.

- Yes
- No
- Prefer not to say

12. Do you have a cellphone?

- Yes, I have prepaid minutes
- Yes, I have calling /texting plan and NO data plan
- Yes, I have a calling/texting plan and data plan
- Yes, but I have no minutes or monthly plan
- No

13. How do you access the internet? Check all that apply.

- I don't access the internet
- Internet plan or Wi-Fi at home
- Cellular data on phone
- Public Wi-Fi on my personal phone or computer (e.g. at a library, shopping mall, harm reduction site, health centre, etc.)
- A friend/family member's computer and/or internet
- A public computer (e.g. at library, community centre, health centre, etc.)
- I use internet somewhere else, describe _____

14. In the past 30 days, how often did you use drugs (excluding cannabis, alcohol, or tobacco)?

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

15. Which of the following drugs have you intentionally used recently? Please answer for each drug listed.

Did you use this drug in the past	30 days?	3 days?	When you used this drug in the past 3 days, how did you usually use it? Circle all that apply						Do you usually have a prescription?
			Smoke	Snort	Inject	Swallow	Patch (on skin)	Another way	
Fentanyl	Y N	Y N	Smoke	Snort	Inject	Swallow	Patch (on skin)	Another way	Y N
Heroin (diacetyl morphine, DAM)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Methadone (methadose, metadol)	Y N	Y N				Swallow	Another way		Y N
Buprenorphine or Buprenorphine/Naloxone (suboxone, sublocade)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Hydromorphone (Dilaudid, dillies)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Oxycodone, OxyNeo	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Morphine (Kadian, M-Eslon)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Benzos (Ativan, Valium, Xanax, diazepam, clonazepam). <i>Say yes only if you were intentionally using benzos.</i>	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Crystal meth / methamphetamine	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Cocaine (powder)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Crack cocaine	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Other stimulants (e.g. Ritalin, Concerta, methylphenidate, Adderall, Dexedrine, dextroamphetamine)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
MDMA / Ecstasy	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Other psychedelics, hallucinogens, and dissociatives (acid / LSD, magic mushrooms, ketamine, PCP)	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
Cannabis, weed, hash, shatter	Y N	Y N	Smoke			Swallow	Another way		Y N
Tobacco (cigarettes)	Y N	Y N	Smoke	Chew		Another way			Y N
Alcohol	Y N	Y N				Swallow	Another way		Y N
A different drug, specify _____	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N
A different drug, specify _____	Y N	Y N	Smoke	Snort	Inject	Swallow	Another way		Y N

16. In the last month, do you think there were any unwanted benzos mixed in with your drugs?

- Yes
- No

17. In the last six months, have you been prescribed opioid agonist treatment (OAT), for example methadone or suboxone? OAT are drug therapies that prevent opioid withdrawal symptoms.

- This does not apply to me, I don't use opioids
- Yes, I was prescribed OAT
- No, and I'm interested in OAT
- No, but I'm not interested in OAT
- Something not listed above, describe _____

18. 'Prescribed safer supply' allows doctors and nurses to prescribe opioids, stimulants, and benzodiazepines as substitutes for unregulated drugs people would usually buy from the street. In addition to respecting the autonomy, rights and dignity of people who use substances, prescribed safer supply can help reduce overdoses and other harms from the unregulated drug supply. Have you heard of prescribed safer supply (PSS)?

- Yes
- No

19. If you could get access to a continuous supply of pharmaceutical grade down/opioids, which ONE the following drugs would you prefer to use? Check ONLY ONE.

	Check ONE	How would you prefer to use it?
I don't use opioids	<input type="radio"/>	
Methadone (methadose, metadol)	<input type="radio"/>	<input type="radio"/> Swallow <input type="radio"/> Another way
Buprenorphine or Buprenorphine/Naloxone (suboxone, sublocade)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Hydromorphone injection	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Hydromorphone tablet (Dilaudid, dillies)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Morphine (Kadian, M-Eslon)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Morphine injection	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Oxycodone, OxyNeo	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Fentanyl (liquid)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Fentanyl (patch)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> On my skin <input type="radio"/> Another way
Fentanyl (powder)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
Heroin (diacetyl morphine, DAM)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
A different drug, specify _____	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Snort <input type="radio"/> Inject <input type="radio"/> Swallow <input type="radio"/> Another way
I wouldn't use pharmaceutical grade opioids	<input type="radio"/>	

20. If you could get access to a continuous supply of pharmaceutical grade stimulants, which ONE the following drugs would you prefer to use? Check ONLY ONE.

	Check ONE	How would you prefer to use it?
I don't use stimulants	<input type="radio"/>	
Dextroamphetamine (Dexedrine)	<input type="radio"/>	<input type="radio"/> Swallow <input type="radio"/> Another way
Methylphenidate (Ritalin)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Swallow <input type="radio"/> Snort <input type="radio"/> Another way <input type="radio"/> Inject
Crystal meth / methamphetamine	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Swallow <input type="radio"/> Snort <input type="radio"/> Another way <input type="radio"/> Inject
Cocaine (powder)	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Swallow <input type="radio"/> Snort <input type="radio"/> Another way <input type="radio"/> Inject
Crack cocaine	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Swallow <input type="radio"/> Snort <input type="radio"/> Another way <input type="radio"/> Inject
MDMA / Ecstasy	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Swallow <input type="radio"/> Snort <input type="radio"/> Another way <input type="radio"/> Inject
A different drug, specify _____	<input type="radio"/>	<input type="radio"/> Smoke <input type="radio"/> Swallow <input type="radio"/> Snort <input type="radio"/> Another way <input type="radio"/> Inject
I wouldn't use pharmaceutical grade stimulants	<input type="radio"/>	

21. In the last six months, have you tried to get a prescription for prescribed safer supply drugs?

- Yes, and got a prescription
- Yes, but I did not get a prescription → skip to 25
- No, but I want to → skip to 25
- No, and I do not want to → skip to 25
- Something not listed above, describe _____

22. Please tell us which drug(s) you had a prescription for in the last six months, and if you were getting them as opioid agonist treatment (OAT), prescribed safer supply (PSS), or for another reason (pain or other medical reason). Please answer for each drug listed.

	Yes, OAT	Yes, PSS	Yes, for another reason	No
Opioids				
Methadone (methadose, metadol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine or Buprenorphine/Naloxone (suboxone, sublocade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydromorphone (dilaudid, dillies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone, OxyNeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morphine (Kadian, M-Eslon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (diacetyl morphine, DAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl, Sufentanil (Sufenta), Fentora	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulants				
Dexedrine, Dextroamphetamine, Dexies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylphenidate, Ritalin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzos				
Diazepam, Valium		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clonazepam, Klonopin		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alprazolam, Xanax		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A different drug, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A different drug, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. In the last six months, did you stop taking any of the drugs in the list above for at least seven days?

- Yes
- No → skip to 25

24. Why did you stop taking that drug? Check all that apply.

- The dose of drug was too low
- I couldn't get the drug I wanted
- I couldn't get the drug in the form I wanted
- I couldn't use the drug where I wanted to
- I got cut off / couldn't get my prescription renewed
- I went to jail or prison
- It was easier / less complicated to buy street drugs
- Services were too hard to access (hours not convenient, had to wait too long, too far away, had to go too often)
- The clinic charged me a fee to be a patient
- I didn't like how I was treated by pharmacy or clinic staff
- I was worried about being treated badly by police, family services, etc.
- I decided I didn't want to take that drug anymore
- Something not listed above, describe _____

25. In the last six months, have you injected any type of drug? We mean drugs other than insulin, anabolic steroids, or gender affirming hormones.

- Yes No

26. In the last six months, have you smoked/inhaled any drugs other than cannabis or tobacco?

- Yes No → skip to 34

27. In the last six months, what have you used to smoke any drugs other than cannabis or tobacco? Check all that apply.

- Straight (stem) pipe
- Bowl pipe
- Vinyl tubing / mouthpieces
- Straws
- Brass screens
- Push sticks
- Foil
- I use other supplies, describe _____

28. In the last six months, did you use a straight (stem) or bowl pipe to smoke drugs other than tobacco or cannabis?

- Yes No → skip to 34

29. On average, how long does a straight pipe last before you need to replace it?

- _____ days OR _____ weeks
 I don't use straight pipes

30. On average, how long does a bowl pipe last before you need to replace it?

- _____ days OR _____ weeks
 I don't use bowl pipes

31. What are the reasons you replace your straight or bowl pipe? Check all that apply.

- It breaks, chips, or cracks
- It gets taken away by police
- It gets stolen
- I lose it
- I lend / give it to someone else
- It gets burned / dirty / has too much residue built up
- It gets blood on it
- Something not listed above, describe _____

32. In the last six months, where did you get straight or bowl pipes? Check all that apply.

- Bought from store
- Bought from someone
- Got for free from a harm reduction site
- Borrowed one from a friend
- Made a homemade pipe
- Something not listed above, describe _____

33. In the last six months, what did you do when you couldn't get new straight or bowl pipes from a harm reduction site / outreach? Check all that apply.

- I could always get new/unused pipes from a harm reduction site / outreach
- I bought a new/unused pipe
- I used a pipe that someone else had used
- I used a pipe that was chipped, cracked, or broken
- I injected instead
- I snorted or swallowed instead
- I waited until I could get a pipe from a harm reduction site / outreach
- I smoked without a pipe using, specify _____
- Something not listed above, describe _____

34. In the last six months, did any of the following make it difficult for you to pick up supplies (e.g. needles, pipes, condoms) from any site/outreach? Check all that apply.

- I had no difficulties
- I did not know where to go
- The site was not open when I needed it
- The site was too far away
- I was worried about being exposed to COVID-19
- Staff had negative attitude
- The site is in my red zone
- I was concerned about confidentiality
- The site didn't have bowl pipes
- The site didn't have straight pipes
- The site didn't have sterile needles
- The site didn't have the supplies I needed, specify _____
- Something not listed above, describe _____

35. In the last six months, did any of the following make it difficult for you to dispose of used supplies at any site/outreach/drop box? Check all that apply.

- I had no difficulties
- I did not know where to go
- Disposal box was full
- Disposal site was too far away
- Disposal site not open when I needed it
- Site did not accept disposal
- I was worried about being exposed to COVID-19
- I was worried about being treated badly at the site
- Something not listed above, describe _____

An overdose prevention site (OPS) or supervised consumption site (SCS) is a place where staff or volunteers witness drug consumption to help reduce overdose related deaths. An OPS or SCS can have a fixed address or be mobile (travel around).

36. In the last six months, have you used drugs at an overdose prevention site (OPS) or supervised consumption site (SCS)? Check all that apply.

- Yes, I injected substances at an OPS or SCS
- Yes, I smoked substances at an OPS or SCS
- Yes, I snorted substances at an OPS or SCS
- No

37. In the last year, have you been a member of, or accessed services through, any grassroots drug user groups in BC (NOT support groups)?

- Yes, specify name(s) _____
- No
- Not sure
- Not listed in the interview guide, specify _____

38. Do you have a Naloxone/Narcan kit?

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

39. If you had the choice between administering injectable or nasal naloxone to someone, which would you prefer? Nasal naloxone is the same chemical as injectable naloxone, but you give it to someone by misting it up their nose using a pump.

- Nasal
- Injectable → skip to 41
- I don't have a preference → skip to 41
- I don't want to use injectable or nasal naloxone → skip to 41
- I don't know → skip to 41

40. Why would you prefer to administer nasal naloxone? Check all that apply.

- It's faster or easier to administer
- I don't like needles
- I can't physically use needles
- I think it's more comfortable or safer for the person experiencing overdose
- I want to avoid a needle injury or blood borne illness
- Something not listed above, describe _____

This section asks about whether you had an overdose recently. These questions might be especially difficult for some people to answer. If a question makes you feel uncomfortable, you are welcome to skip that question.

41. In the last six months, have YOU had an accidental opioid overdose (e.g. fentanyl, heroin)?

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

42. In the last six months, have YOU accidentally overdosed on stimulants (e.g. crystal meth, crack, cocaine)? Signs of stimulant overdose are: crushing chest pain, seizures, and being unconscious or in-and-out of consciousness.

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

43. In the last six months, have you SEEN an accidental opioid overdose?

- Yes
- No → skip to 48
- Don't know → skip to 48
- Prefer not to say → skip to 48

44. In the last six months, did you give Naloxone / Narcan to someone experiencing an opioid overdose?

- Yes – injected naloxone
- Yes – nasal naloxone
- Yes, both injected and nasal naloxone
- No
- Don't know

Now we're going to ask some questions about the most recent opioid overdose you saw.

45. Did anyone call 9-1-1 at the last overdose you saw?

- Yes → skip to 47
- No
- Don't know → skip to 47

46. Why did no one call 9-1-1? Check all that apply.

- Had the situation under control
- Worried family services would be notified
- No one had a cell phone
- Worried about being treated badly by police, ambulance, or fire
- Worried I'd be arrested for possession or have my drugs taken away
- Worried people would find out about drug use (landlord, neighbours, etc.)
- Had negative experiences calling 9-1-1 in the past
- Don't know
- Something not listed above, describe _____

47. How many doses / injections of naloxone were given?

- _____ injected doses
- _____ nasal doses
- No one gave naloxone
- Don't know

This section asks about getting or buying drugs for your personal use.

48. How do you usually get your drugs, other than tobacco, cannabis, or alcohol? Check all that apply.

- I buy them
- I trade services for them
- People give them to me
- Something not listed above, describe _____

49. In the last 30 days, did you buy any drugs for personal use, other than tobacco, cannabis, or alcohol?

- Yes
- No → skip to 53

50. In the last 30 days, when you bought drugs for personal use, who did you usually buy for?

- Only myself
- Myself and someone else (e.g. friend, partner, intimate contacts, etc.)
- Only someone else
- Prefer not to say

51. In the last 30 days, how often did you usually buy drugs for personal use by yourself or someone else? Please write the number of times per day OR week.

- _____ times per day OR _____ times per week
- Prefer not to say

52. In the last 30 days, how often did you travel outside the city or town where you live to buy drugs for personal use? Please write the number of times per day OR week.

- _____ times per day OR _____ times per week
- Prefer not to say

53. The next question is about how often you buy or get specific drugs for personal use, and how much of them you get.
Please try to think about the last 30 days.

Type of drug	How often did you get it?	How much did you usually get?	How long until you used up that amount?	What's the most you got at one time?
Down, heroin, or fentanyl	___ per day OR ___ per week <input type="radio"/> I don't buy this drug	___ points ___ grams ___ ounces ___ papers (.5 pts) ___ pills	___ minutes ___ hours ___ days	___ points ___ grams ___ ounces ___ papers (.5 pts) ___ pills
Cocaine (powder)	___ per day OR ___ per week <input type="radio"/> I don't buy this drug	___ points ___ grams ___ (8) ball ___ ounces ___ papers (1 pt)	___ minutes ___ hours ___ days	___ points ___ grams ___ (8) ball ___ ounces ___ papers (1 pt)
Crack cocaine	___ per day OR ___ per week <input type="radio"/> I don't buy this drug	___ grams ___ ounces ___ rocks	___ minutes ___ hours ___ days	___ grams ___ ounces ___ rocks
Crystal Meth / Methamphetamine	___ per day OR ___ per week <input type="radio"/> I don't buy this drug	___ points ___ grams ___ ounces ___ rocks	___ minutes ___ hours ___ days	___ points ___ grams ___ ounces ___ rocks
MDMA / Ecstasy	___ per day OR ___ per week <input type="radio"/> I don't buy this drug	___ pills/tabs ___ grams	___ minutes ___ hours ___ days	___ pills/tabs ___ grams

54. Do you have a spot where you can stash your drugs at the place where you currently live?

- Yes
- No
- Prefer not to say

55. In the last three months, have you had direct contact with police (municipal police, RCMP, transit police)?

- Yes
- No
- Prefer not to say

56. In the last three months, did police do any of these things to you? Check all that apply.

- Took away your rigs or pipes
- Took away drugs prescribed to you
- Took away drugs not prescribed to you, including illegal drugs
 - How much was taken away? amount _____ unit _____
- Did a health check / asked if you were ok
- Provided you with information about health or harm reduction services
- Took you to detox / daytox / other health service even though you didn't want to go
- Took you to detox / daytox / other health services and you wanted to go
- Asked for your ID / ran your name through the system
- Asked for your release conditions / checked your papers
- Arrested you for having drugs on you
- Arrested you for selling drugs
- Arrested you for a different reason
- Something else happened, describe: _____
- None of the above

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- I have never interacted with police

58. In the last six months, have any of the following things made you hesitant to access services you need to be healthy? Check all that apply.

- Worried police, parole, or probation officer would find out I use substances
- The site is in my red zone / an area that violates my conditions of release
- Worried I'd be stopped by police and have my drugs taken away
- Worried about family services being notified that I use substances
- Worried my health care provider would find out I use substances
- Worried my friends or family would learn I use substances
- Worried my employer would find out I use substances
- Worried I'd be treated badly based on my race or ethnicity
- Worried I'd be treated badly based on my sex
- Worried I'd be treated badly based on my gender
- Worried I'd be treated badly based on my sexual orientation
- Other things that made you think twice about accessing services, describe _____
- None of the above

59. Did you know that British Columbia has a new decriminalization policy starting January 31, 2023? Under this policy, it is not a crime to possess small amounts of some illegal drugs for personal use.

- Yes
- No

60. This decriminalization policy will not apply to all drugs that are currently illegal. Based on your knowledge, will personal possession of the following illegal drugs be decriminalized?

	Yes	No	Not sure
MDMA / Ecstasy			
Cocaine (powder)			
Crack			
Crystal meth / methamphetamine			
Fentanyl / heroin			

61. The decriminalization policy allows people in BC to hold a small amount of some drugs for personal use. People who hold a small amount of these drugs will not be charged with possession or have their drugs seized. What is the total weight of drugs that the decriminalization policy allows you to hold (the 'allowable amount')?

- ___ grams
- Not sure

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

	True	False	Not sure
Police can confiscate/take away drugs if you are holding less than the allowable amount.			
People can be ticketed for a bylaw violation if they use drugs in public (even if they are holding less than the allowable amount).			
People can be arrested for drug trafficking/dealing, no matter how much drug they have on them.			

63. Where do you get information about decriminalization in British Columbia? Check all that apply.

- Harm reduction site / OPS / SCS / community organization
- Health care provider
- On social media (Facebook / Twitter / TikTok, etc.)
- On the news/media
- Friend
- Drug user group
- Dealer
- Posters on the street
- This survey
- Somewhere not listed above, describe _____

THANK YOU FOR TAKING THE SURVEY!