

# Findings from the 2022 Harm Reduction Client Survey related to BC's Decriminalization Policy

---

September 14, 2023

## Acknowledgements

Data entry: Amanda Growe, Samarth Srivastava, Charlette Stephens

Data cleaning, analysis, and interpretation: Brooke Kinniburgh, Lisa Liu, Heather Burgess, Kara Loewen, Chloe Xavier, Wenxue Ge

Professionals for Ethical Engagement of Peers (PEEP): Kurt Lock, Charlene Burmeister, Paul Choisl, Beth Haywood, Iesha Henderson, Jenny McDougall, Jessica Lamb, Jenny McDougall, Kali Sedgemore

Convening and Collaborating to Reduce Overdose Among People who Experience Incarceration, Peer Members: Patrick Keating, Moira Korchinski, Shawn Wood, Glenn Young, Pam Young

Funding: Ministry of Mental Health and Addictions

## Prepared by

Brooke Kinniburgh, Lisa Liu, Kara Loewen, Heather Burgess, Chloé Xavier, Wenxue Ge, Alexis Crabtree

BC Centre for Disease Control, Harm Reduction and Substance Use Services

## Suggested citation

Kinniburgh B, Liu L, Loewen OK, Burgess H, Xavier CG, Ge W, and Crabtree A. *Findings from the 2022 Harm Reduction Client Survey related to BC's Decriminalization Policy*. Vancouver, BC: British Columbia Centre for Disease Control; 2023.

## Table of Contents

Background .....	7
About the Harm Reduction Client Survey.....	7
Using the Harm Reduction Client Survey to Evaluate Decriminalization .....	7
Summary of Respondents.....	9
Figure 0: Location of harm reduction sites participating in the 2022 Harm Reduction Client Survey (n=29).....	9
Table 0: Selected characteristics of valid responses to the 2022 Harm Reduction Client Survey (N=503) .....	10
Part 1: Knowledge of Decriminalization .....	13
Summary .....	13
Table 1.1a: Awareness of Decriminalization policy. 2022 Harm Reduction Client Survey (N=503).....	14
Table 1.1b Awareness of individual drugs included in decriminalization policy among those aware of the decriminalization policy. 2022 Harm Reduction Client Survey (n= 290).....	15
Figure 1.1 Percent awareness of drugs included under decriminalization exemption. 2022 Harm Reduction Client Survey.....	16
Table 1.2: Awareness of the allowable quantity under decriminalization exemption among participants aware of decriminalization. 2022 Harm Reduction Client Survey (n=282) .....	17
Figure 1.2: Histogram of estimates of the allowable quantity under decriminalization exemption among participants aware of decriminalization. 2022 Harm Reduction Client Survey (n=189) .....	18
Figure 1.3 Responses to True and False Questions* About Actions Permitted Under Decriminalization among Respondents Aware of Decriminalization. 2022 Harm Reduction Client Survey.....	19

Table 1.3a: Responses to True and False* statements about decriminalization 2022 Harm Reduction Client Survey .....	19
Table 1.3b: Responses to T/F statement*, “Police can take my drugs if holding less than the limit” among participants aware of decriminalization. Stratified by respondent characteristics. 2022 Harm Reduction Client Survey .....	20
Table 1.3c: Responses to T/F statement*, “People can be ticketed for a bylaw violation if they use drugs in public (even if they are holding less than the allowable amount)” among participants aware of decriminalization. Stratified by respondent characteristics. 2022 Harm Reduction Client Survey ...	21
Table 1.3d: Responses to T/F statement*, “People can be arrested for drug trafficking/dealing, no matter how much drug they have on them” among participants aware of decriminalization. Stratified by respondent characteristics. 2022 Harm Reduction Client Survey .....	22
Table 1.4: Sources of information about decriminalization exemption. 2022 Harm Reduction Client Survey.....	24
Part 2: Interactions with Law Enforcement .....	26
Summary .....	26
Table 2.1 Characteristics of people who did and did not have recent contact with police. 2022 Harm Reduction Client Survey (n=466) .....	27
Table 2.2 Details of police interaction in last three months among respondents with recent police interaction. 2022 Harm Reduction Client Survey (n=235).....	28
Table 2.3a Characteristics of respondents stratified by whether drugs were seized by police. 2022 Harm Reduction Client Survey (n=235) .....	29
Table 2.3b Geographic distribution of people who had drugs seized by police, by quantity seized. 2022 Harm Reduction Client Survey (n=27) .....	30
Table 2.4 Respectful treatment by police among respondents with previous police contact, by respondent characteristics. 2022 Harm Reduction Client Survey (n=464) .....	31

Part 3: Purchasing and Possession.....	33
Summary .....	33
Supplementary methodological notes for purchasing and possession data.....	33
Table 3.1: Usual way of obtaining drugs (excluding tobacco, cannabis, and alcohol), 2022 Harm Reduction Client Survey (n=478) .....	35
Table 3.2: In the past month, who did you usually buy drugs for? 2022 Harm Reduction Client Survey (n=424).....	36
Table 3.3: Travel outside your city/town to buy drugs for personal use in the last 30 days. 2022 Harm Reduction Client Survey (n=424) .....	37
Table 3.4: Frequency of obtaining drugs for personal use in the past 30 days, by type of drug. 2022 Harm Reduction Client Survey.....	38
Table 3.5: Usual quantity of drugs for personal use in the past 30 days, by type. 2022 Harm Reduction Client Survey. ....	38
Table 3.6: Use of substances listed under decriminalization in the last 3 days. 2022 Harm Reduction Client Survey. ....	39
Figure 3.1: Histogram of usual quantity of down^ for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=233).....	39
Figure 3.2: Histogram of usual quantity of methamphetamine^ for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=234) .....	40
Figure 3.3: Histogram of usual quantity of crack cocaine^ for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=85) .....	41
Figure 3.4: Histogram of usual quantity of powder cocaine^ for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=45) .....	42

Table 3.6: Do you have a stash spot where you currently live? 2022 Harm Reduction Client Survey (n=482).....	43
Additional interpretation about purchasing and possession from people with lived and living experience.....	43
Part 4: Hesitance to Access Services.....	45
Summary .....	45
Table 4.1: Reasons people were hesitant to access the services they need to be healthy in the last six months. 2022 Harm Reduction Client Survey (N=503).....	46
Table 4.2 Any reported barrier to accessing services, by selected sociodemographic characteristics. 2022 Harm Reduction Client Survey (n=238) .....	47
Strengths and Limitations .....	49

# Background

## About the Harm Reduction Client Survey

First administered in 2012, the Harm Reduction Client Survey (HRCS) is a periodic survey of people who use substances (PWUS) accessing harm reduction supply sites in British Columbia. Its purpose is to support rapid information gathering on the health of people who use substances and for quality improvement of the Provincial Harm Reduction Supply Program.

In brief, existing harm reduction supply distribution sites are invited to participate in the survey, ensuring representation from all five geographic health authorities and from urban, rural, and remote communities. Each site received a specific number of surveys to complete, and sites are responsible for inviting clients to participate. Sites may not all administer the survey in the same way: some sites directly support clients to complete the survey while others allow participants to complete the survey on their own. Participants received a stipend of \$15 to participate in the 2022 survey.

A comprehensive history of the Harm Reduction Client Survey is available [here](#).

The survey instrument used in 2022 is available [here](#).

## Using the Harm Reduction Client Survey to Evaluate Decriminalization

In June 2022, the Province of British Columbia was granted a three-year exemption to the federal Controlled Drugs and Substances Act that allows for personal possession of up to 2.5 cumulative grams of opioids, methamphetamine, cocaine, and MDMA. The exemption came into effect on January 31, 2023. More information about the exemption is available [here](#).

The established processes of the Harm Reduction Client Survey provided an opportunity to use it to support the provincial evaluation of decriminalization, particularly as it was possible to collect a round of data pre-decriminalization to act as a baseline against which future changes could be assessed. More information about the provincial monitoring and evaluation plan is available [here](#).

Respondents completed the survey between November 2022 and mid-January 2023, in the months leading up to decriminalization coming into effect on January 31, 2023. Areas of focus for this survey included:

- Were people who use substances aware of the decriminalization exemption? Were people aware of the substances included, the weight limit, and what law enforcement may do during the exemption?

- How do people who use substances describe their interactions with law enforcement? What are the kinds of things that happen during encounters with police?
- How frequently, and in what quantity, do people buy or get substances for personal use?
- Do people who use substances avoid seeking health or other supportive services because of perceptions of stigma? What kinds of stigma are reported?

To assess the impact of decriminalization as an equity-promoting initiative, there was a need to understand the different experiences and perceptions of Indigenous peoples, racialized people, gender diverse people, and people with unstable housing.

BCCDC has an existing peer advisory group, Professionals for Ethical Engagement of Peers (PEEP), who were willing and able to provide multiple rounds of feedback on proposed questions, support identification of implausible and possibly invalid responses, and ensure data interpretation reflected the lived experience of people who use substances. BCCDC was also able to obtain input and guidance from a group of people with lived experience of substance use and incarceration; this group was convened to partner on other, unrelated, research activities. The input of these groups was critical to the survey cycle.

Based on the input of people with lived and living experience of substance use, a one page document explaining what decriminalization means was created and was shared with all participants as they completed the survey. This document was the basis for this [publicly available factsheet](#).

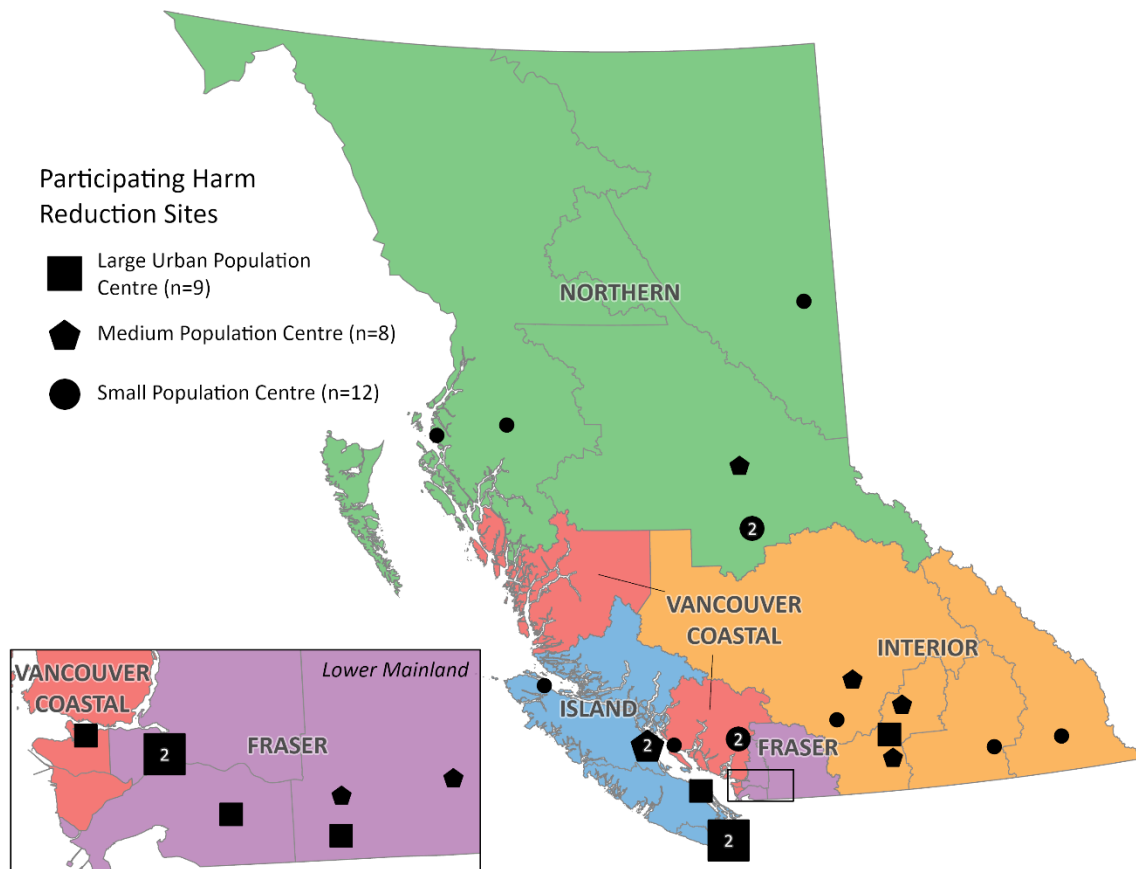
The BCCDC will include questions about decriminalization and its impacts on the 2023 and 2024 iterations of the Harm Reduction Client Survey. Questions from the 2022 survey will be adapted in response to feedback from stakeholders and to capture emerging issues related to the decriminalization exemption.



## Summary of Respondents

Thirty-two sites were recruited to participate in the 2022 HRCS, of which twenty-nine sites submitted surveys. Sites were selected from across British Columbia (Interior: 7 sites, Fraser: 6 sites, Vancouver Coastal: 4 sites, Island: 6 sites, Northern: 6 sites) and were located in small, medium, and large population centres; no sites in rural or remote areas participated. After exclusion of responses from people who did not meet the eligibility criteria of the survey (i.e. did not endorse use of drugs other than cannabis, alcohol, or tobacco AND did not acknowledge use of OAT or PSS, or were <19 years of age), 503 responses were available for analysis.

**Figure 0: Location of harm reduction sites participating in the 2022 Harm Reduction Client Survey (n=29)**



Responses were received from across the province, with an over-representation of responses from sites in Interior and Northern Health and an under-representation of responses from Fraser and Vancouver Coastal Health regions relative to their population size. Respondents lived in a variety of

circumstances, with the most common being not having a regular place to stay (30%), another type of residence (22%), shelter (20%), or private residence with other people (13%). Over half of respondents had been concerned about losing their shelter situation in the last six months (54%). Most respondents were not employed (74%), identified as heterosexual (80%), and identified as Indigenous (50%) and/or White (58%). The majority of respondents used substances daily (67%), with more people noting that they inhaled drugs (85%) compared to injecting drugs (38%). Half (49%) of respondents did not use an overdose prevention site (OPS) or supervised consumption site (SCS) in the previous six months. Of those who did use an OPS or SCS, smoking drugs (n=162) at an OPS/SCS was slightly more common than injecting drugs (n=140) at an OPS/SCS; some participants reported smoking and injecting at an OPS/SCS. Selected characteristics of respondents are shown in Table 0, below.

**Table 0: Selected characteristics of valid responses to the 2022 Harm Reduction Client Survey (N=503)**

	n	%
<b>HA of survey</b>		
Interior	139	28%
Fraser	102	20%
Vancouver Coastal	53	11%
Island	104	21%
Northern	105	21%
<b>Community size</b>		
Small population centre	171	34%
Medium population centre	164	33%
Large urban centre	168	33%
<b>Type of current residence</b>		
Private or band-owned residence, alone or with others	120	24%
Another residence (e.g., hotel/motel, SRO, supportive housing)	111	22%
Shelter	98	20%
No regular place to stay (homeless, tent, couch-surf)	150	30%
Unknown / Did not answer	24	5%
<b>Concerned about losing housing in the last 6 months</b>		
Yes	270	54%
No	195	39%
Unknown / Did not answer	37	7%
<b>Have a cellphone</b>		
Yes, I have prepaid minutes	117	23%
Yes, I have calling/texting plan and NO data plan	20	4%
Yes, I have calling/texting plan and data plan	72	14%
Yes, but I have no minutes or monthly plan	50	10%
No	239	48%
Unknown / Did not answer	5	1.0%

	n	%
<b>Internet Access</b>		
Yes	409	81%
No	91	18%
Unknown / Did not answer	3	0.6%
<b>Age group</b>		
19 - 29	74	15%
30 - 39	159	32%
40 - 49	127	25%
50 or older	130	26%
<b>Sex/Gender</b>		
Cis woman	179	36%
Cis man	293	58%
Trans and gender expansive	5	1.0%
Unknown/not answered	26	5%
<b>Ethnicity</b>		
Indigenous, alone or in combination	249	49%
White only	230	46%
Other racialized identities	13	3%
Unknown/not answered	11	2%
<b>Sexual orientation</b>		
Heterosexual or straight	404	80%
Lesbian or gay	10	2%
Bisexual or pansexual	38	8%
Asexual	3	0.6%
Unsure/questioning	3	0.6%
Unknown / Did not answer	44	9%
<b>Employment</b>		
Full-time ( $\geq 30$ hours/week)	87	17%
Part-time ( $< 30$ hours/week)	23	5%
No	371	74%
Unknown / Did not answer	22	4%
<b>Frequency of substance use in the last 30 days</b>		
Daily	339	67%
A few times/week	82	16%
A few times/month	34	7%
Did not use	23	5%
Unknown / Did not answer	25	5%
<b>Injection drug use, last 6 months</b>		
Yes	189	38%
No	300	60%
Unknown / Did not answer	14	3%

	n	%
<b>Inhalation drug use, last 6 months</b>		
Yes	429	85%
No	58	12%
Unknown / Did not answer	16	3%
<b>Drug use at overdose prevention site (OPS)/ supervised consumption site (SCS), last 6 months</b>		
Used OPS/SCS	239	48%
Did not use OPS/SCS	248	49%
Unknown / Did not answer	16	3%

The following sections represent preliminary analyses based on this rapidly created, deployed, and analyzed survey. Consistent with BCCDC’s data release guidelines, results for categories with fewer than 20 total respondents are not included in the tables that follow. Results stratified by ethnicity are not yet available.

# Part 1: Knowledge of Decriminalization

## Summary

As of data collection from early November 2022 to mid January 2023, more than half of the survey participants had some awareness of decriminalization, but variations by health authority of survey and respondent characteristics were noted. To ensure that the exemption can equitably reduce criminalization, education efforts should be targeted to people with lower awareness of the policy and its components, including cis women, younger people, people without access to the internet, and people in Interior and Northern Health. While most respondents were not aware of all five drugs included in decriminalization, between 60 and 70% of people who used stimulants and opioids knew whether the drug they used was included. While approximately 40% of respondents accurately estimated the personal possession limit at 2.5 grams, respondents tended to overestimate the allowable possession limit, with an average estimate of 4.9 grams; however, the average is influenced by extreme outliers.

Compared to knowledge of decriminalization in general, respondents were less aware of the specifics of decriminalization including whether law enforcement can take away quantities of drugs below the possession threshold (54% answered correctly) and whether a person can be arrested for trafficking at any weight (54% answered correctly); however, the responses were largely similar across demographic stratifications. While there is no ‘correct’ answer at the provincial level, 59% of respondents aware of decriminalization thought that bylaw offenses for public consumption of substances were permitted under decriminalization. The proportion of respondents that thought bylaw offenses were permitted varied by respondent characteristics including health authority, housing stability, and age. In response to questions about the role of local government and bylaw officers in the implementation of decriminalization, BCCDC has prepared [key messages and answers to frequently asked questions](#).

Community organizations that provide support and services for people who use substances – such as harm reduction sites, OPS, and SCS – are the most common source of information about decriminalization for survey respondents, and may play an important role in ongoing education and support for people who use substances in understanding their rights under this policy. Education efforts should involve multiple modalities and be available in multiple locations – including but not limited to harm reduction and OPS/SCS sites – as not all people who use substances have access to and choose to use such sites. Additionally, education efforts that do not rely on technology, such as access to a cellular phone or the internet, are important to reach all people who use substances. Education about the policy and the rights of people who use substances under the policy should be an ongoing component of qualitative and quantitative work in this area; almost half of respondents who were not aware of decriminalization indicated that they learned about it through participating in this survey.

**Table 1.1a: Awareness of Decriminalization policy. 2022 Harm Reduction Client Survey (N=503)**

	Yes		No		Did not answer	
	n	%	n	%	n	%
Total	290	58%	184	37%	29	6%
<b>HA of survey</b>						
Interior	83	60%	47	34%	9	6.5%
Fraser	59	58%	39	38%	4	3.9%
Vancouver Coastal	34	64%	13	25%	6	11.3%
Island	63	61%	39	38%	2	1.9%
Northern	51	49%	46	43%	8	7.5%
<b>Community size</b>						
Small population centre	92	54%	72	42%	7	4.1%
Medium population centre	101	62%	49	30%	14	9%
Large urban centre	97	58%	63	38%	8	4.8%
<b>Concerned about losing housing in the last 6 months</b>						
Yes	175	65%	82	30%	13	5%
No	99	51%	84	43%	12	6%
<b>Internet Access</b>						
Yes	251	61%	138	34%	20	5%
No	39	43%	45	50%	7	7.7%
<b>Age group</b>						
19 - 29	38	51%	33	45%	3	4.1%
30 - 39	90	57%	57	36%	12	8%
40 - 49	80	63%	42	33%	5	3.9%
50 or older	76	58%	47	36%	7	5.4%
<b>Sex/gender</b>						
Cis woman	95	53%	77	43%	7	3.9%
Cis man	177	60%	96	33%	20	7%
<b>Drug used in the last three days</b>						
Opioids	168	56%	117	39%	17	6%
Stimulants	179	56%	128	40%	15	5%

Among 503 survey participants, 58% (n=290) responded that they were aware of the new decriminalization policy starting January 31, 2023. Across the survey, 6% of participants did not answer this question.

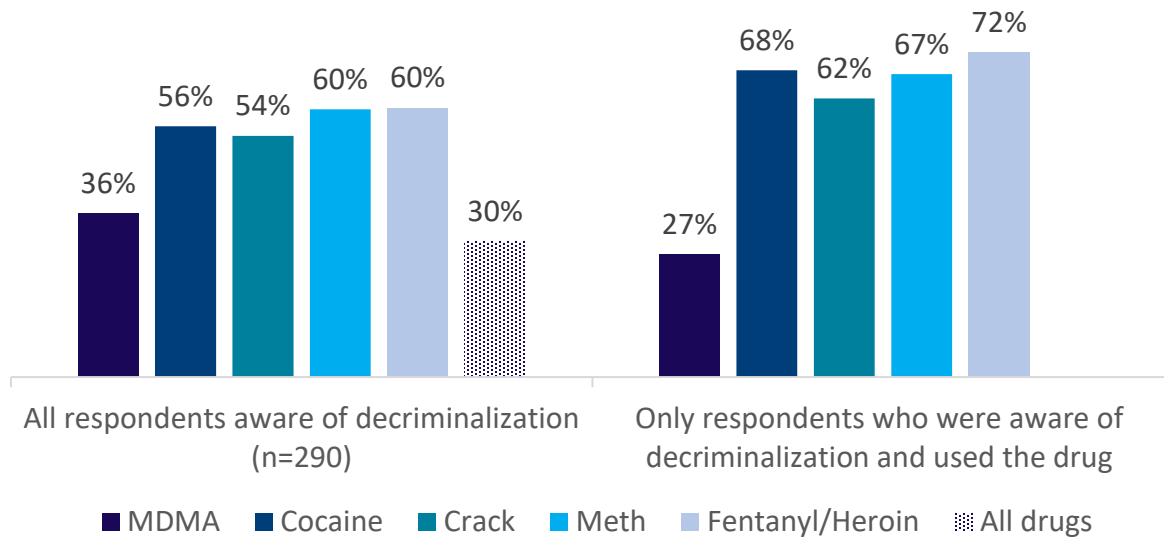
Among the strata investigated, awareness of decriminalization was highest among participants: from sites in Vancouver Coastal Health (64%), from sites in medium population centres (62%), who feared losing their shelter (65%), who had internet access (61%), were 40-49 years old (63%), or identified as cis men (60%). Awareness of decriminalization was the lowest among participants from sites in

Northern Health authority (49%), who did not have internet access (43%), or who were 19-29 years old (51%).

**Table 1.1b Awareness of individual drugs included in decriminalization policy among those aware of the decriminalization policy. 2022 Harm Reduction Client Survey (n= 290)**

	n	% aware MDMA	% aware cocaine	% aware crack	% aware meth	% aware fentanyl/ heroin	% aware of all five drugs included
Total	290	37%	56%	53%	59%	60%	30%
HA of survey							
Interior	83	37%	52%	47%	65%	63%	30%
Fraser	59	37%	46%	46%	54%	51%	31%
Vancouver Coastal	34	56%	68%	71%	65%	68%	44%
Island	63	33%	71%	68%	64%	68%	33%
Northern	51	26%	47%	43%	47%	49%	18%
Community size							
Small population centre	92	37%	63%	61%	57%	55%	28%
Medium population centre	101	28%	47%	43%	58%	57%	23%
Large urban centre	97	45%	59%	58%	63%	66%	40%
Concerned about losing housing in the last 6 months							
Yes	175	35%	57%	54%	63%	63%	28%
No	99	39%	58%	54%	57%	55%	35%
Internet Access							
Yes	251	36%	58%	55%	62%	61%	30%
No	39	39%	41%	41%	44%	51%	33%
Age group							
19 - 29	38	40%	58%	61%	71%	71%	37%
30 - 39	90	42%	57%	53%	60%	63%	33%
40 - 49	80	35%	51%	49%	53%	56%	26%
50 or older	76	29%	59%	55%	61%	54%	26%
Sex/gender							
Cis woman	95	22%	43%	44%	47%	50%	20%
Cis man	177	43%	63%	58%	66%	64%	35%
Used specific drug in last 30 days							
MDMA / Ecstasy	22	27%	52%	52%	57%	62%	.
Cocaine (powder)	66	33%	68%	65%	62%	64%	.
Crack cocaine	113	32%	63%	62%	56%	62%	.
Crystal meth	199	40%	56%	55%	67%	68%	.
Fentanyl or Heroin	169	39%	56%	55%	65%	72%	.

**Figure 1.1 Percent awareness of drugs included under decriminalization exemption. 2022 Harm Reduction Client Survey**



Among the 290 survey participants who reported being aware of decriminalization, only 30% were aware of all five drugs included. Awareness of the individual drugs included in decriminalization varied, with lowest awareness of MDMA (37%), followed by crack cocaine (53%), cocaine powder (56%), methamphetamine (59%), and fentanyl/heroin (60%).

Among the strata investigated, awareness of decriminalization of individual drugs was highest among participants from Island Health (71% aware of cocaine, 33% aware of all drugs) and Vancouver Coastal Health authority (44% aware of all drugs), and participants aged 19-29 (71% aware of methamphetamine and fentanyl/heroin, 37% aware of all drugs).

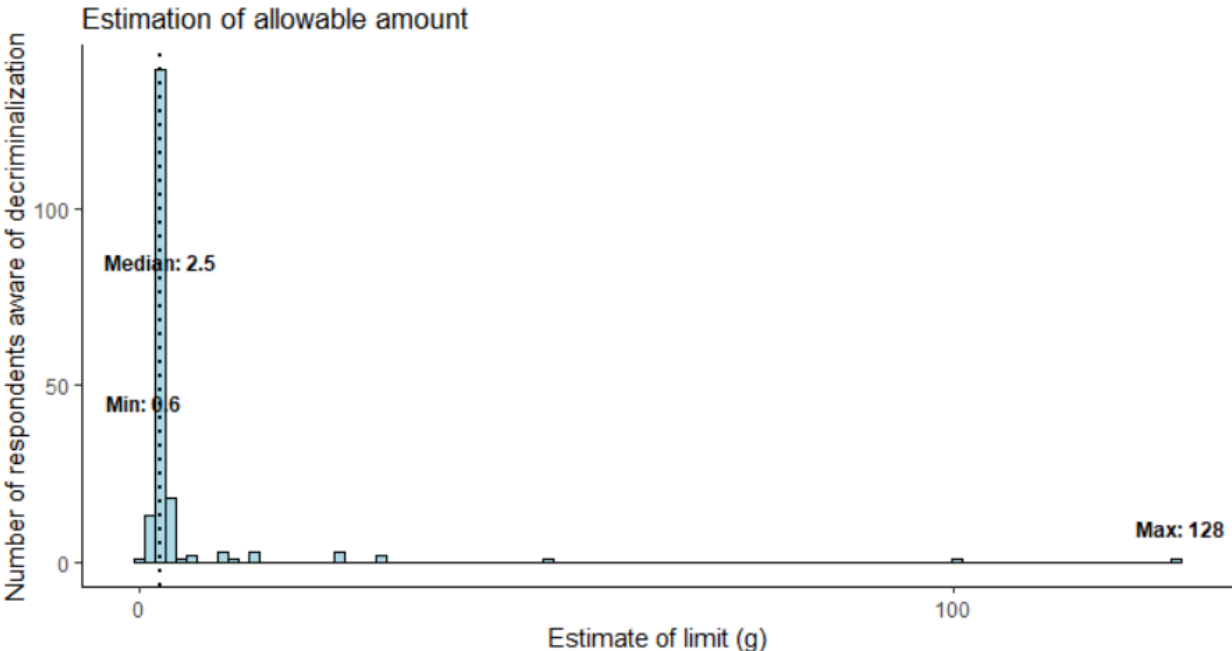
A sub-analysis revealed that participants were generally aware of whether a drug they had used in the past 30 days was included in decriminalization, even if they were not aware of all drugs included in the exemption. Between 61% and 72% of people who used stimulants or opioids knew whether the drug they used was included in the exemption (62% of people who use crack, 67% of people who use methamphetamine, 68% of people who use cocaine, 72% of people who use fentanyl/heroin knew that drugs they used in the last three days were part of decriminalization). In contrast, only 27% of people who used MDMA (n=22) were aware that this drug is included in decriminalization.



**Table 1.2: Awareness of the allowable quantity under decriminalization exemption among participants aware of decriminalization. 2022 Harm Reduction Client Survey (n=282)**

	Responded to Q 61	Entered any value for the limit		Estimate of the possession limit (grams) mean (min-max)	Response included 2.5 grams	
		n	%		n	%
Responses from all survey participants	461	251	54%	4.96 (0.6-128)	105	42%
Responses from survey participants aware of decriminalization	282	189	67%	4.94 (0.6-128)	84	44%
<b>HA of survey</b>						
Interior	80	51	64%	3.1 (1.0-14)	27	53%
Fraser	57	36	63%	11.0 (1.5-128)	19	53%
Vancouver Coastal	34	23	68%	2.7 (1.0-10)	10	44%
Island	63	52	83%	3.1 (0.6-30)	22	42%
Northern	48	27	56%	5.7 (1.0-50)	6	22.2%
<b>Concerned about losing housing in the last 6 months</b>						
Yes	170	117	69%	4.9 (1.0-100)	55	47%
No	97	66	68%	5.3 (0.6-128)	28	42%
<b>Age group</b>						
19 - 29	38	27	71%	13.7 (0.6-128)	12	44%
30 - 39	89	59	66%	3.1 (1.0-30)	29	49%
40 - 49	77	49	64%	3.4 (1.0-25)	20	41%
50 or older	73	50	69%	4.0 (1.0-30)	23	46%
<b>Sex/gender</b>						
Cis woman	90	55	61%	3.5 (1.0-128)	22	40%
Cis man	175	123	70%	5.5 (0.6-50)	59	48%
<b>Drug used in the last three days</b>						
Opioids	164	109	67%	5.6 (0.6-128)	47	43%
Stimulants	176	119	68%	5.9 (0.6-128)	50	42%

**Figure 1.2: Histogram of estimates of the allowable quantity under decriminalization exemption among participants aware of decriminalization. 2022 Harm Reduction Client Survey (n=189)**



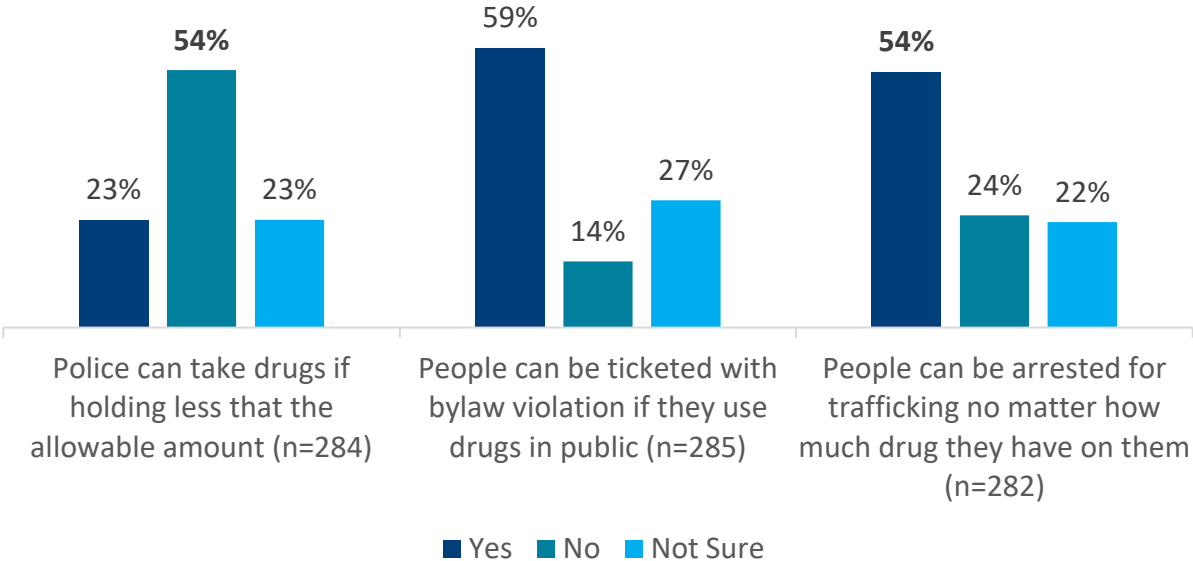
Among the 461 survey participants who responded to the awareness of the allowable quantity under decriminalization question, 54% entered a specific value. As shown in Table 1.2, both respondents with and without a stated awareness of the decriminalization exemption responded to this question, with 42% of total respondents providing a response that included the value 2.5 grams. As shown in Table 1.2 and Figure 1.2, 66% of the 283 survey participants who were aware of decriminalization entered an estimate for the allowable quantity question. Of the respondents who entered a value, 44% provided a response that included the value 2.5 grams.

In general, respondents overestimated the possession limit. While the median estimate of the possession limit was 2.5 grams across all strata, meaning that half of responses were below 2.5 grams and half were above (data not shown), the average estimate of 4.94 grams was almost double the actual possession limit. The average estimate of nearly 5 grams is influenced by a number of extreme values, including estimates that a person could possess up to 4.5 ounces (128 grams) of drug.

Participants from sites in Vancouver Coastal Health had the closest average estimate to the correct amount while still slightly overestimating the permitted amount (2.70 grams). Participants from sites in Fraser and Northern Health Authorities, aged 19 to 29 years, or who identified as a cis man on average overestimated the possession limit by 2 to 4 times (5.5 grams - 13.7 grams). Respondents from all demographic groups over-estimated the possession limit.

We are unable to discern whether respondents believed that people can possess more than 2.5 grams of drug for personal use under the decriminalization policy, or whether some respondents were using the survey to indicate the personal possession limit they would prefer. Qualitative data and interviews with people with lived and living experience of substance use may provide additional context.

**Figure 1.3 Responses to True and False Questions\* About Actions Permitted Under Decriminalization among Respondents Aware of Decriminalization. 2022 Harm Reduction Client Survey**



**Table 1.3a: Responses to True and False\* statements about decriminalization 2022 Harm Reduction Client Survey**

	Under decriminalization:					
	Police can take drugs if holding less than the allowable amount.		People can be ticketed with bylaw violation if they use drugs in public.		People can be arrested for trafficking no matter how much drug they have on them.	
Responses from survey participants aware of decriminalization (n=290)	n	%	n	%	n	%
Respondents	284	98%	285	98%	282	97%
True	65	23%	169	59%	152	54%
False	155	55%	40	14%	67	24%
Not sure	64	23%	76	27%	63	22%

\* Correct answers: false *unless* the exemption does not apply in that location or for that person; no one correct answer, depends on the municipality; true

**Table 1.3b: Responses to T/F statement\*, “Police can take my drugs if holding less than the limit” among participants aware of decriminalization. Stratified by respondent characteristics. 2022 Harm Reduction Client Survey**

	Survey respondents	True		False		Not Sure	
		n	%	n	%	n	%
Total	284	65	23%	155	55%	64	23%
<b>HA of survey</b>							
Interior	82	20	24%	39	48%	23	28%
Fraser	57	14	25%	31	54%	12	21%
Vancouver Coastal	34	10	29%	18	53%	6	17.6%
Island	63	10	16%	43	68%	10	16%
Northern	48	11	23%	24	50%	13	27%
<b>Concerned about losing housing in the last 6 months</b>							
Yes	172	37	22%	97	56%	38	22%
No	97	24	25%	55	57%	18	19%
<b>Age group</b>							
19 - 29	38	5	13.2%	25	66%	8	21.1%
30 - 39	88	19	22%	52	59%	17	19%
40 - 49	78	22	28%	37	47%	17	22%
50 or more	74	18	24%	41	55%	15	20%
<b>Sex/gender</b>							
Cis woman	91	18	20%	47	52%	26	29%
Cis man	175	42	24%	100	57%	33	19%
<b>Drug used in the last three days</b>							
Opioids	166	37	22%	97	58%	32	19%
Stimulants	177	38	22%	103	58%	36	20%

\* Correct answer is false *unless* the exemption does not apply in that location or for that person

**Table 1.3c: Responses to T/F statement\*, “People can be ticketed for a bylaw violation if they use drugs in public (even if they are holding less than the allowable amount)” among participants aware of decriminalization. Stratified by respondent characteristics. 2022 Harm Reduction Client Survey**

	Survey respondents	True		False		Not Sure	
		n	%	n	%	n	%
Total	285	169	59%	40	14%	76	27%
<b>HA of survey</b>							
Interior	80	39	49%	14	18%	27	34%
Fraser	59	35	59%	8	13.6%	16	27%
Vancouver Coastal	33	19	58%	6	18.2%	8	24.2%
Island	63	48	76%	4	6.3%	11	18%
Northern	50	28	56%	8	16.0%	14	28%
<b>Concerned about losing housing in the last 6 months</b>							
Yes	173	108	62%	21	12%	44	25%
No	97	53	55%	17	18%	27	28%
<b>Age group</b>							
19 - 29	38	20	53%	5	13.2%	13	34%
30 - 39	88	55	63%	15	17%	18	21%
40 - 49	78	50	64%	8	10.3%	20	26%
50 or more	75	43	57%	12	16%	20	27%
<b>Sex/gender</b>							
Cis woman	93	49	53%	11	12%	33	36%
Cis man	174	110	63%	25	14%	39	22%
<b>Drug used in the last three days</b>							
Opioids	166	104	63%	21	13%	41	25%
Stimulants	177	109	61%	22	12%	47	26%

\* The answer to this question depends on location and bylaws in place, no correct answer.

**Table 1.3d: Responses to T/F statement\*, “People can be arrested for drug trafficking/dealing, no matter how much drug they have on them” among participants aware of decriminalization. Stratified by respondent characteristics. 2022 Harm Reduction Client Survey**

	Survey respondents	True		False		Not Sure	
		n	%	n	%	n	%
Total	282	152	54%	67	24%	63	22%
<b>HA of survey</b>							
Interior	80	35	44%	21	26%	24	30%
Fraser	58	36	62%	13	22%	9	15.5%
Vancouver Coastal	34	19	56%	10	29%	5	14.7%
Island	63	36	57%	15	24%	12	19%
Northern	47	26	55%	8	17.0%	13	28%
<b>Concerned about losing housing in the last 6 months</b>							
Yes	171	90	53%	43	25%	38	22%
No	96	57	59%	21	22%	18	19%
<b>Age group</b>							
19 - 29	37	17	46%	10	27%	10	27%
30 - 39	87	46	53%	25	29%	16	18%
40 - 49	77	46	60%	14	18%	17	22%
50 or more	81	43	53%	18	22%	20	25%
<b>Sex/gender</b>							
Cis woman	92	44	48%	19	21%	29	32%
Cis man	172	96	56%	47	27%	29	17%
<b>Drug used in last three days</b>							
Opioids	164	92	56%	36	22%	36	22%
Stimulants	175	92	53%	45	26%	38	22%

\* The correct answer is true

Among participants aware of decriminalization, 55% knew that police are not permitted to take away drugs if the person is holding less than the allowable amount, 23% of respondents thought that police may seize drugs under the allowable amount, and 23% were unsure whether this was permitted. This belief that police could seize drugs under the threshold was most commonly shared by respondents from sites in Vancouver Coastal Health and by people aged 40-49 years.

Among participants aware of decriminalization, 59% thought that under decriminalization people can be ticketed with a bylaw violation if they use drugs in public. Respondents from sites in Island Health, who were concerned about losing their housing situation, were 30-49 years old, or who identified as cis men more often thought this statement was true. More than 40% of respondents said this

statement was false or they were unsure. Municipal bylaws are not specifically addressed in the exemption, however restrictions on public consumption of substances would be expected to be of greatest concern for people living in shelters, without a regular place to live, or who are concerned about losing their housing.

Among participants aware of decriminalization, 54% responded that under decriminalization people can be arrested for trafficking no matter how much drug they have on them which is correct – selling drugs remains illegal. Nearly 46% of all respondents said this statement was false or they were unsure. Demographic differences in correct responses on this statement were smaller, but a slightly higher proportion of respondents from sites in Fraser Health, aged 40-49 years, or who identified as cis men were correct.

There is room for improvement around supporting people who use substances to understand what decriminalization means for them.

**Table 1.4: Sources of information about decriminalization exemption. 2022 Harm Reduction Client Survey.**

	Among all respondents (N=503)		Among respondents aware of decriminalization (n=290)		Among respondents not aware of decriminalization (n=184)	
	n	%	n	%	n	%
Checked any	468	93%	282	97%	175	95%
Harm reduction site / OPS / SCS / community organization	260	56%	165	59%	88	50%
Health care provider	106	23%	71	25%	31	18%
On social media (Facebook / Twitter / TikTok, etc.)	94	20%	68	24%	25	14%
On the news/media	111	24%	81	29%	28	16%
Friend	173	37%	122	43%	47	27%
Drug user group	105	22%	72	26%	31	18%
Dealer	71	15%	46	16%	22	13%
Posters on the street	58	12%	42	15%	15	9%
This survey	186	40%	91	32%	91	52%
Other	38	8%	21	7%	15	9%

Across all survey participants, 93% checked off where they get information about decriminalization in BC, even though one-third were not aware of the upcoming decriminalization exemption. Among respondents, over half get information from harm reduction sites/OPS/SCS community organizations. Many respondents get information from friends (37%), on the news/media (24%), their health care provider (23%), and/or from a drug user group (22%).

Interestingly 40% of all respondents to the question said they received information about decriminalization from this survey. It is unclear whether respondents were indicating sources of information that they have used, what sources of information they would like, or whether some sites may have handed out the information sheet on decriminalization before people completed the survey.



The proportion of respondents who learned about decriminalization from the current survey was higher for people who were not previously aware of decriminalization (52%) than for those who were previously aware (32%).

## Part 2: Interactions with Law Enforcement

### Summary

Half of all respondents had direct contact with law enforcement in the three months before they completed the survey, and the most common events during these encounters were not directly related to personal possession of substances. Being asked for identification, getting arrested for a reason unrelated to drugs, or having harm reduction supplies like rigs and pipes taken away were the most common reported events. For participants who indicated that they had drugs not prescribed to them (including illicit drugs) taken away by police, the quantity seized was <2.5g half of the time. 40% of respondents felt like they were treated with respect by law enforcement; 20% were neutral and 40% felt disrespected.

These findings suggest that decriminalizing personal possession of up to 2.5 grams of illegal drugs may not have a substantial impact on the frequency with which people who use substances interact with law enforcement. This is supported by results demonstrating that most police interactions are not related to simple possession, data showing half of people who had drugs taken by police indicated that over 2.5 grams were confiscated, and feedback from people with living and lived experience of substance use. Consistent with qualitative findings, results also show that many people who use substances experience negative and disrespectful interactions with police, which will not be addressed under the current decriminalization framework and have impact for service use barriers (see findings from [Part 4](#)).

**Table 2.1 Characteristics of people who did and did not have recent contact with police. 2022 Harm Reduction Client Survey (n=466)**

Characteristic		Had contact with police in last 3 months		
		Overall, n = 466 <sup>1</sup> n (%)	Yes, n = 235 <sup>2</sup> n (%)	No, n = 231 <sup>2</sup> n (%)
HA of survey	466			
Interior		126 (27%)	63 (50%)	63 (50%)
Fraser		96 (21%)	51 (53%)	45 (47%)
Vancouver Coastal		46 (10%)	16 (35%)	30 (65%)
Island		103 (22%)	51 (50%)	52 (51%)
Northern		95 (20%)	54 (57%)	41 (43%)
Community size	466			
Small population centre		161 (35%)	88 (55%)	73 (45%)
Medium population centre		145 (31%)	73 (51%)	72 (49%)
Large urban centre		160 (34%)	74 (46%)	86 (54%)
Age	455			
19 - 29		68 (15%)	29 (43%)	39 (57%)
30 - 39		146 (32%)	99 (68%)	47 (32%)
40 - 49		117 (26%)	55 (47%)	62 (53%)
50 or more		124 (27%)	48 (39%)	76 (61%)
Sex/Gender	442			
Cis woman		166 (38%)	71 (43%)	95 (57%)
Cis man		271 (61%)	151 (56%)	120 (44%)
Concerned about losing housing in last 6 months	439			
Yes		256 (58%)	143 (56%)	113 (44%)
No		183 (42%)	77 (42%)	106 (58%)
Used opioids in last 3 days	466			
Yes		284 (61%)	149 (53%)	135 (48%)
No		182 (39%)	86 (47%)	96 (53%)
Used stimulants in last 3 days	466			
Yes		308 (66%)	169 (55%)	139 (45%)
No		158 (34%)	66 (42%)	92 (58%)

Half of all participants reported having direct contact with law enforcement in the last three months (235/466, 50%). A higher proportion of people who had contact with police in the last three months

were 30 to 39 years old, cis men, had been concerned about losing their housing in the last six months, and were people who used stimulants in the last 3 days.

**Table 2.2 Details of police interaction in last three months among respondents with recent police interaction. 2022 Harm Reduction Client Survey (n=235)**

Characteristic	n = 235 <sup>1</sup>
Asked for ID / ran name through the system	113 (48%)
Arrested for a different reason [not related to drugs]	88 (37%)
Took away rigs or pipes	72 (31%)
Took away drugs not prescribed, including illegal drugs	65 (28%)
Did a health check / asked if ok	59 (25%)
Asked for release conditions / checked papers	40 (17%)
Arrested for having drugs	27 (12%)
Took away drugs prescribed	22 (9%)
Provided information about health or harm reduction services	18 (8%)
Arrested for selling drugs	11 (5%)
Took to detox/daytox/other health service, didn't want to go	9 (3.8%)
Harassment and police violence	9 (3.8%)
Took to detox/daytox/other health services, wanted to go	6 (2.6%)
Informed / inquired about someone else	6 (2.6%)
Traffic stop / violation / incident	5 (2.1%)
Confiscation and/or destruction of belongings	4 (1.7%)
None of the above	28 (12%)
Other	24 (10%)

<sup>1</sup>Column n (%)

Among people who had contact with police in the last three months, almost half indicated that police asked for identification or ran their name through the system to check for warrants or release conditions (48%). More than a third reported being arrested for a reason other than selling or possessing drugs (37%), and a third indicated that police took away rigs or pipes (31%); only 12% of respondents reported having recently been arrested for drug possession. These findings demonstrate that, prior to decriminalization, most police interactions were not related to personal possession of illegal substances, and suggest that decriminalizing personal possession under 2.5 grams of drugs may not have a substantial impact on the frequency with which people who use substances represented in this survey interact with law enforcement.

**Table 2.3a Characteristics of respondents stratified by whether drugs were seized by police. 2022 Harm Reduction Client Survey (n=235)**

Characteristic	n	Any drugs seized by police	
		Yes, n = 65	Missing, n = 170
HA of survey	235		
Interior		21 (33%)	42 (67%)
Fraser		19 (37%)	32 (63%)
Vancouver Coastal		3 (19%)	13 (81%)
Island		6 (11.8%)	45 (88%)
Northern		16 (30%)	38 (70%)
Community size	235		
Small population centre		20 (23%)	68 (77%)
Medium population centre		25 (34%)	48 (66%)
Large population centre		20 (27%)	54 (73%)
Age	231		
19 - 29		9 (31.0%)	20 (69%)
30 - 39		29 (29%)	70 (71%)
40 - 49		16 (29%)	39 (71%)
50 or more		11 (23%)	37 (77%)
Sex/Gender	224		
Cis woman		18 (25%)	53 (75%)
Cis man		41 (27%)	110 (73%)
Concerned about losing housing in last 6 months	220		
Yes		38 (27%)	105 (73%)
No		20 (26%)	57 (74%)
Used opioids in last 3 days	235		
Yes		48 (32%)	101 (68%)
No		17 (20%)	69 (80%)
Used stimulants in last 3 days	235		
Yes		52 (31%)	117 (69%)
No		13 (20%)	53 (80%)

**Table 2.3b Geographic distribution of people who had drugs seized by police, by quantity seized. 2022 Harm Reduction Client Survey (n=27)**

Characteristic	Quantity of drugs seized, in grams [median (min, max)] <sup>1</sup>	Amount of drugs seized by police	
		2.5 grams or less, n = 14 <sup>2</sup>	More than 2.5 grams, n = 13 <sup>2</sup>
All respondents	2.0 (0.2, 127.6)	14 (52%)	13 (48%)

<sup>1</sup>Median (Range); <sup>2</sup>Row n (%)

Note: Not all respondents who said drugs had been seized provided an estimated quantity

Although based on a small number of responses, data from this survey suggest that seizing people’s drugs was part of law enforcement practice in British Columbia before the decriminalization exemption took effect. Among the 27 respondents who provided an estimate of the quantity of drugs taken away (41% of people who said they had drugs seized), half reported that more than 2.5 grams was seized by police. Such quantities will continue to be seized under the exemption, continuing the criminalization of people who carry more than 2.5 grams (see also the [interpretation at the end of section 3](#)). Balanced monitoring of changes in police seizure of substances over the course of the exemption requires presentation of data from people who use substances alongside data from law enforcement partners.

**Table 2.4 Respectful treatment by police among respondents with previous police contact, by respondent characteristics. 2022 Harm Reduction Client Survey (n=464)**

Characteristic	n	Treated with respect in last interaction with police			
		Overall, n = 464 <sup>1</sup>	Strongly agree or agree, n = 186 <sup>2</sup>	Neutral, n = 91 <sup>2</sup>	Disagree or strongly disagree, n = 187 <sup>2</sup>
HA of survey	464				
Interior		127 (27%)	49 (39%)	30 (24%)	48 (38%)
Fraser		96 (21%)	36 (38%)	29 (30%)	31 (32%)
Vancouver Coastal		43 (9%)	15 (35%)	7 (16.3%)	21 (49%)
Island		103 (22%)	50 (49%)	10 (10%)	43 (42%)
Northern		95 (21%)	36 (38%)	15 (16%)	45 (46%)
Community size	464				
Small population centre		162 (35%)	65 (40%)	33 (20%)	64 (40%)
Medium population centre		146 (32%)	50 (35%)	27 (19%)	68 (47%)
Large urban centre		157 (34%)	71 (45%)	31 (20%)	55 (35%)
Age	453				
19 - 29		69 (15%)	26 (38%)	8 (11.6%)	35 (51%)
30 - 39		149 (33%)	56 (38%)	41 (28%)	52 (35%)
40 - 49		117 (26%)	41 (35%)	18 (15%)	58 (50%)
50 or more		118 (26%)	58 (49%)	22 (19%)	38 (32%)
Sex/Gender	441				
Cis woman		169 (38%)	64 (38%)	34 (20%)	71 (42%)
Cis man		267 (61%)	110 (41%)	52 (20%)	105 (39%)
Concerned about losing housing in last 6 months	434				
Yes		255 (59%)	97 (38%)	47 (18%)	111 (44%)
No		179 (41%)	77 (43%)	38 (21%)	64 (36%)
Used opioids in last 3 days	464				
Yes		285 (61%)	108 (38%)	44 (15%)	133 (47%)
No		179 (39%)	78 (44%)	47 (26%)	54 (30%)
Used stimulants in last 3 days	464				
Yes		302 (65%)	117 (39%)	58 (19%)	127 (42%)
No		162 (35%)	69 (43%)	33 (20%)	60 (37%)

Characteristic	n	Treated with respect in last interaction with police			
		Overall, n = 464 <sup>1</sup>	Strongly agree or agree, n = 186 <sup>2</sup>	Neutral, n = 91 <sup>2</sup>	Disagree or strongly disagree, n = 187 <sup>2</sup>
Contact with police in last 3 months	450				
Yes		234 (52%)	87 (37%)	46 (20%)	101 (43%)
No		216 (48%)	94 (44%)	38 (18%)	84 (39%)

Overall, 40% of respondents felt like they were treated with respect and 40% felt like they were not treated with respect by police during their most recent interaction. A higher proportion of people who disagreed that police treated them with respect were respondents from sites in the Vancouver Coastal and Northern Health regions, were 19-29 or 40-49 years old, or used opioids in the last 3 days. These findings may indicate that police treat people differently depending on geography, sociodemographic characteristics, and the kinds of substances a person uses.



## Part 3: Purchasing and Possession

### Summary

Most respondents stated that they bought drugs in the past 30 days, but a number of folks acquired their drugs in other ways, including trading services for drugs and being given drugs by others; the proportion of people who acquired drugs in these other ways varied by sociodemographic characteristics such as age, housing stability, and health authority. Half of the survey participants bought drugs for only for themselves while half also bought for others. Less than one in five respondents endorsed travelling outside of their community to buy drugs, but an even larger proportion – one in four – did not provide an answer to this question.

The median frequency with which people who acquired opioids and methamphetamine drugs was 28 times per month, or once per day; people who acquired powder cocaine and crack cocaine generally did so less often. Respondents shared that, for each time they acquired a specific drug, the median quantity they acquired was one gram or less, no matter how frequently they acquired drugs. The data collected demonstrate that most people usually acquired less than 2.5 grams per drug – down, methamphetamine, powder cocaine, and crack. However, the majority of respondents obtained more than one type of drug in the last 30 days. Furthermore, over 40% of respondents reported using both down/heroin/fentanyl and at least one of methamphetamine/crack/cocaine. People who use multiple drugs may acquire more than 2.5 grams at a time even if the quantity of each drug is less than 2.5 grams. Additional analyses to explore drug acquisition for people who use more than one substance are planned. There was variability in the quantities of drug that respondents said they acquired, with the largest quantities generally reported by people who acquired their drugs less frequently. Less than half of all respondents indicated they had a place where they could stash their drugs.

People with lived and living experience of substance use shared that money is a leading consideration when determining how much drug to acquired, but shared additional considerations including the inconvenience of travel and risk of law enforcement or loved ones finding your drugs.

### Supplementary methodological notes for purchasing and possession data

Monthly frequency of buying drugs was calculated as the number of times per day multiplied by 28 or the number of times per week multiplied by four. If a range was provided, the maximum value was used to calculate monthly frequency (e.g. a response of 2-4 times per day was analyzed as 4 times per day). Where applicable, the upper limit of any respondent's answers was used. "Daily" is treated as once a day, and responses of "24/7" were excluded as a plausible proxy of frequency could not be identified.

Estimates of purchase quantity in grams were derived as follows: 1 point = 0.1 gram; 1 ounce = 28.35 grams; 1 8ball or 1 ball = 3.54 grams; 1 rock = 0.2 grams; 1 paper down = 0.05 grams; 1 paper cocaine = 0.1 grams. We were unable to identify an estimate of the average weight of a tab of MDMA.

We reviewed the data in this section with PEEP, BCCDC's advisory group of people with lived and living experience of substance use, to identify responses that were unlikely to reflect quantities of drugs that were only for personal use. Based on this input, responses in excess of the following volume and/or frequency limits were excluded from all analyses:

- Down / fentanyl / heroin: >10 times per day
- Crack:  $\geq 2.5$  grams per transaction and  $\geq 10$  times per day and buys drugs for themselves and others
- Powder cocaine:  $\geq 5$  grams per transaction and  $\geq 5$  times per day and buys drugs for themselves and others
- Methamphetamine: ( $\geq 85$  grams per transaction and  $\geq 1$  time per day) OR  $> 7$  times per day

Even with these peer-informed adjustments, PEEP members highlighted that the responses provided on this survey may be biased. It is not possible to know whether respondents over- or underestimated the frequency and quantity of drugs they acquired, but either could be true. These results should be interpreted as estimates and should be triangulated with additional data sources such as qualitative interviews with people who use substances. Qualitative information is particularly relevant to describe how people who use multiple substances acquire their drugs in the context of a cumulative personal possession limit.

**Table 3.1: Usual way of obtaining drugs (excluding tobacco, cannabis, and alcohol), 2022 Harm Reduction Client Survey (n=478)**

	Responses to this question	Buy drugs n (%)	Trade services n (%)	People give them to me n (%)
<b>Total</b>	478	435 (91%)	130 (27%)	190 (40%)
<b>HA of survey</b>				
Interior	130	121 (93%)	38 (29%)	48 (37%)
Fraser	98	88 (90%)	18 (18%)	40 (41%)
Vancouver Coastal	48	45 (94%)	10 (21%)	19 (40%)
Island	100	92 (92%)	33 (33%)	35 (35%)
Northern	102	89 (87%)	31 (30%)	48 (47%)
<b>Community size</b>				
Small population centre	166	150 (90%)	49 (30%)	63 (38%)
Medium population centre	154	140 (91%)	45 (29%)	76 (49%)
Large urban centre	158	145 (92%)	36 (23%)	51 (32%)
<b>Concerned about losing housing in the last 6 months</b>				
No	181	166 (92%)	38 (21%)	63 (35%)
Yes	262	243 (93%)	83 (32%)	111 (42%)
<b>Age group</b>				
19 - 29	70	60 (86%)	17 (24%)	31 (44%)
30 - 39	152	144 (95%)	61 (40%)	66 (43%)
40 - 49	125	116 (93%)	37 (30%)	47 (38%)
50 or older	121	108 (89%)	12 (10%)	39 (32%)
<b>Sex/Gender</b>				
Cis woman	173	152 (88%)	51 (30%)	84 (49%)
Cis man	275	257 (94%)	71 (26%)	93 (34%)

Respondents most commonly bought drugs for personal use (91%), but notable proportions of people said they were given drugs by others (40%) or they traded services for drugs (27%). A number of additional ways of obtaining drugs were shared by respondents, including trading goods for drugs, stealing drugs, and finding drugs. Trading services for drugs was least common among respondents from sites in the Fraser and Vancouver Coastal Health regions, and was more common among respondents from sites in smaller population centres and among people who were worried about losing their housing. Having drugs given to a person was more common among respondents from sites in Northern Health, among respondents from sites in medium population centres, and among cis women. These findings were validated by members of PEEP who noted that trading of goods and services for drugs is more common in rural areas and smaller communities.

**Table 3.2: In the past month, who did you usually buy drugs for? 2022 Harm Reduction Client Survey (n=424)**

	Bought drugs for personal use <sup>^</sup>	Only for myself n (%)	For myself and other(s) n (%)
<b>Total</b>	424	200 (47%)	201 (47%)
<b>HA of survey</b>			
Interior	119	50 (42%)	60 (50%)
Fraser	86	34 (40%)	45 (52%)
Vancouver Coastal	38	20 (53%)	16 (42%)
Island	96	49 (51%)	45 (47%)
Northern	85	47 (55%)	35 (41%)
<b>Community size</b>			
Small population centre	142	70 (49%)	67 (47%)
Medium population centre	136	56 (41%)	67 (49%)
Large urban centre	146	74 (51%)	67 (46%)
<b>Concerned about losing housing in the last 6 months</b>			
No	157	82 (52%)	68 (43%)
Yes	237	106 (45%)	123 (52%)
<b>Age group</b>			
19 - 29	61	26 (43%)	31 (51%)
30 - 39	140	71 (51%)	62 (44%)
40 - 49	108	46 (43%)	56 (52%)
50 or more	106	55 (52%)	47 (44%)
<b>Sex/Gender</b>			
Cis woman	151	59 (39%)	85 (56%)
Cis man	246	129 (52%)	105 (43%)

<sup>^</sup> Only one respondent stated they only buy drugs for others, this response has been excluded from this table.

Approximately half of respondents bought drugs only for themselves (47%) and half also bought for others (47%). This purchasing pattern was roughly consistent across most geographic and sociodemographic characteristics. Compared to all participants, buying only for oneself was less common among respondents from sites in Fraser and Interior Health (40% and 42%, respectively), for people concerned about losing their housing (45%), and for cis women (39%).

**Table 3.3: Travel outside your city/town to buy drugs for personal use in the last 30 days. 2022 Harm Reduction Client Survey (n=424)**

	Bought drugs for personal use	Did not travel n (%)	Did travel n (%)	Did not answer n (%)	Prefer Not to Say n (%)
Total	424	243 (57%)	68 (16%)	29 (7%)	84 (20%)
HA of survey					
Interior	119	59 (50%)	20 (17%)	10 (8%)	30 (25%)
Fraser	86	49 (57%)	19 (22%)	6 (7.0%)	12 (14%)
Vancouver Coastal	38	17 (45%)	9 (24%)	4 (10.5%)	8 (21.1%)
Island	96	61 (64%)	11 (12%)	6 (6.3%)	18 (19%)
Northern	85	57 (67%)	9 (10.6%)	3 (3.5%)	16 (19%)
Community size					
Small population centre	142	85 (60%)	22 (16%)	10 (7%)	25 (18%)
Medium population centre	136	85 (63%)	14 (10%)	8 (5.9%)	29 (21%)
Large urban centre	146	73 (50%)	32 (22%)	11 (8%)	30 (21%)
Concerned about losing housing in the last 6 months					
No	157	90 (57%)	26 (17%)	13 (8%)	28 (18%)
Yes	237	141 (60%)	35 (15%)	14 (6%)	47 (20%)

Among people who buy drugs for personal use, 16% stated that they travelled outside their community to do so; however, more than a quarter of respondents did not answer this question (7% did not answer, 20% prefer not to say), which may signal that people were not comfortable sharing this information, even on an anonymous survey. Of the 68 respondents who acknowledged travelling outside their community to buy drugs, 60% did so less than once per day.

Based on discussions with PEEP, the above results must be interpreted with caution. We do not know how individual respondents defined “travel outside the city or town where you live” when answering this question, and we do not know how far away the community is or how long travel may have taken. In some communities, subdivisions may be referred to by distinct names and may be considered separate communities, even though they are part of the same municipal boundaries; this cannot be accounted for. Depending on where you are in the province, travelling to a different city or town can take minutes or hours, be a distance of a few metres to hundreds of kilometres, be possible on foot or require a ferry or an airplane. The results from this survey indicate that people who accessed harm reduction services in larger urban areas reported travelling to other communities to acquire drugs more often than those who used these services in smaller communities (22% large urban centre vs.

16% in small communities and 10% in medium communities). The availability of public transit in urban centres, in addition to the density of communities in these areas, make travel between communities to acquire drugs easier and less expensive than for people in smaller communities. Drug price, quality, and quantity may vary by community, and some people may have a trusted dealer in another community. No sites from remote communities were able to participate in this cycle, and PEEP shared that travel outside community may be more common in more rural areas.

**Table 3.4: Frequency of obtaining drugs for personal use in the past 30 days, by type of drug. 2022 Harm Reduction Client Survey.**

	Number who responded	Times per month Median (min – max)
Down, heroin, or fentanyl	280	28 (2, 280)
Crystal meth / methamphetamine	279	28 (1, 196)
Crack cocaine	119	16 (1, 400)
Cocaine (powder)	60	8 (0.08, 140)

Note: Respondents who indicated they acquired a particular drug 0 times per month are excluded from that specific drug type row in Table 3.4.

The frequency with which people reported obtaining each drug they use is highly variable, ranging from one to 400 times a month (15 times a day). The median frequency with which people purchased substances varied by the type of drug, with down and methamphetamine being purchased most frequently. Half of the people who acquired down or methamphetamine did so at least once a day (28 times per month), compared with at least four times a week (16 times per month) for people who acquired crack, and two times a week (eight times a month) for people who acquired powder cocaine. Only 13 respondents said they acquired MDMA in the past 30 days.

**Table 3.5: Usual quantity of drugs for personal use in the past 30 days, by type. 2022 Harm Reduction Client Survey.**

	Number who responded	Usual quantity per transaction, in grams Median (min, max)	Obtained at least one other substance n (%)
Down, heroin, or fentanyl	233	0.3 (0.03, 85.1)	170 (73%)
Crystal meth / methamphetamine	236	0.5 (0.05, 56.7)	174 (74%)
Crack cocaine	86	1 (0.2, 56.7)	38 (79%)
Cocaine (powder)	48	1 (0.1, 28)	67 (78%)

Survey responses indicated that the median quantity of each drug people acquired per typical transaction was one gram or less (0.3 grams down, 0.5 grams methamphetamine, 1 gram crack, 1 gram cocaine powder). While median amounts are relatively small, amounts ranged from 0.03 to 85.1 grams. In addition, over 70% respondents obtained more than one type of drug in the last 30 days.

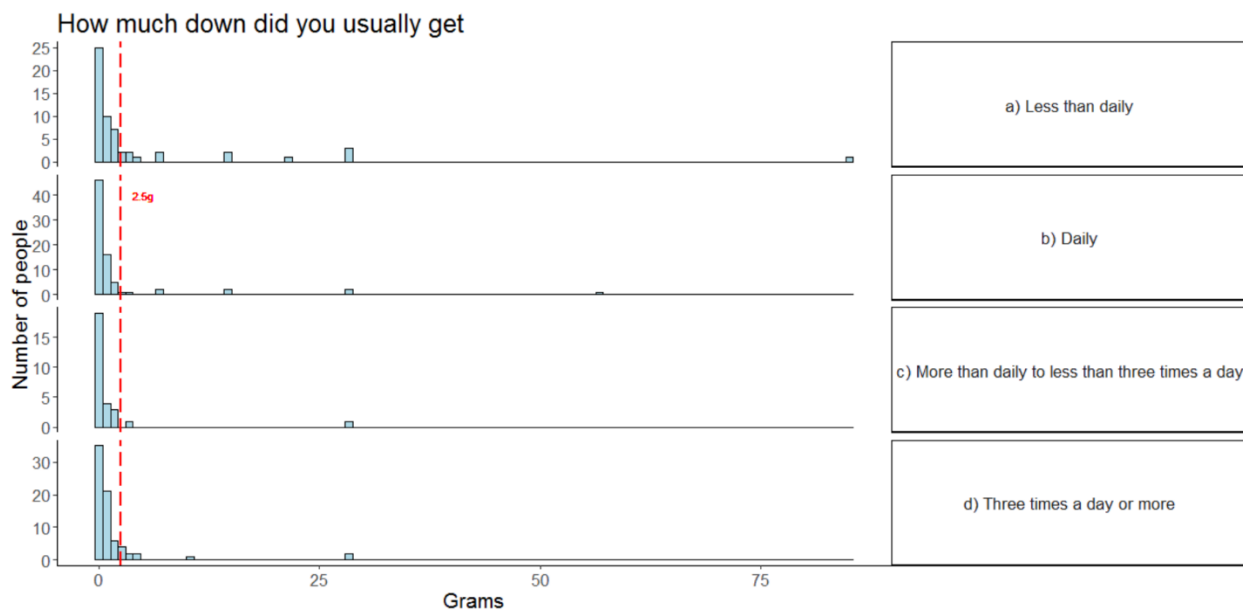
**Table 3.6: Use of substances listed under decriminalization in the last 3 days. 2022 Harm Reduction Client Survey.**

	N	%
Opioids only (down/heroine/fentanyl)	50	10%
Stimulants only (methamphetamine, crack, cocaine)	108	22%
Opioids and stimulants	207	41%
Neither opioids nor stimulants	138	27%

A large proportion of survey respondents used at least one opioid and at least one stimulant included in the decriminalization exemption in the past three days. Of the 503 responses collected from the survey, a large proportion (41%) of respondents reported using both opioids (down/fentanyl/heroine) and stimulants (methamphetamine/crack/cocaine) in the last 3 days (Table 3.6).

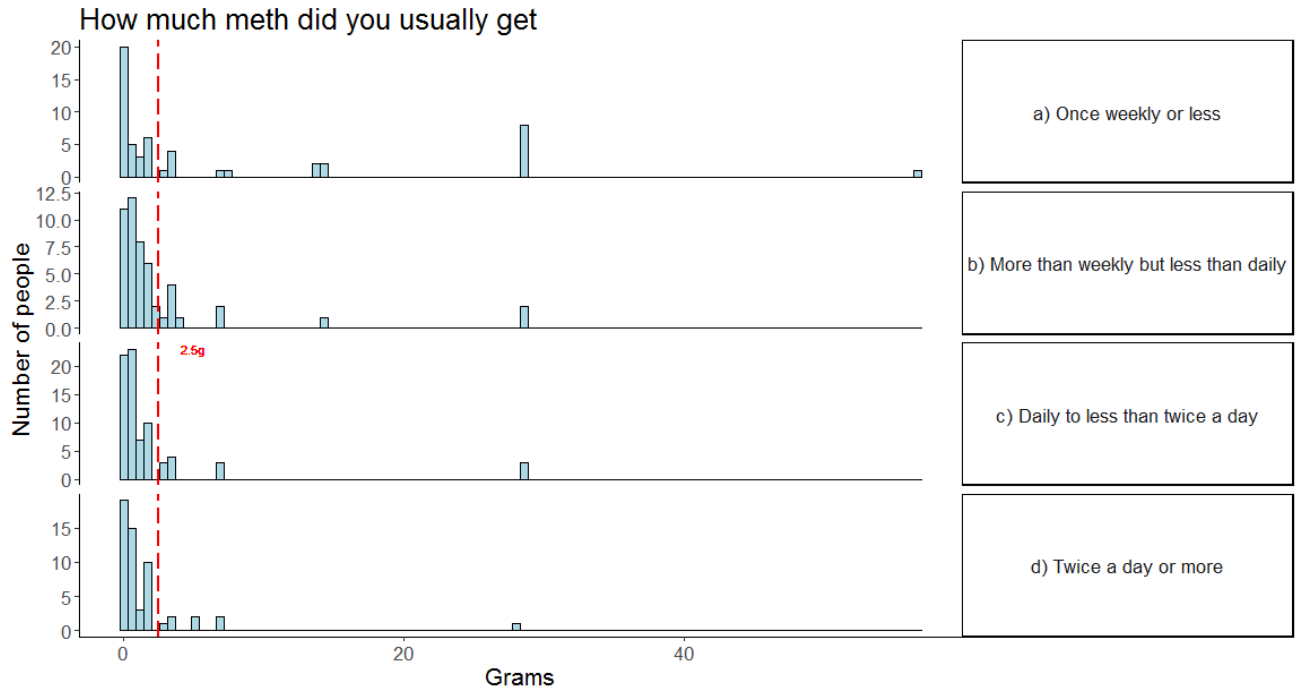
The next section explores drug quantity and frequency together.

**Figure 3.1: Histogram of usual quantity of down<sup>^</sup> for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=233)**



<sup>^</sup>170 of 233 respondents who acquired down also obtained at least one additional substance in the last 30 days

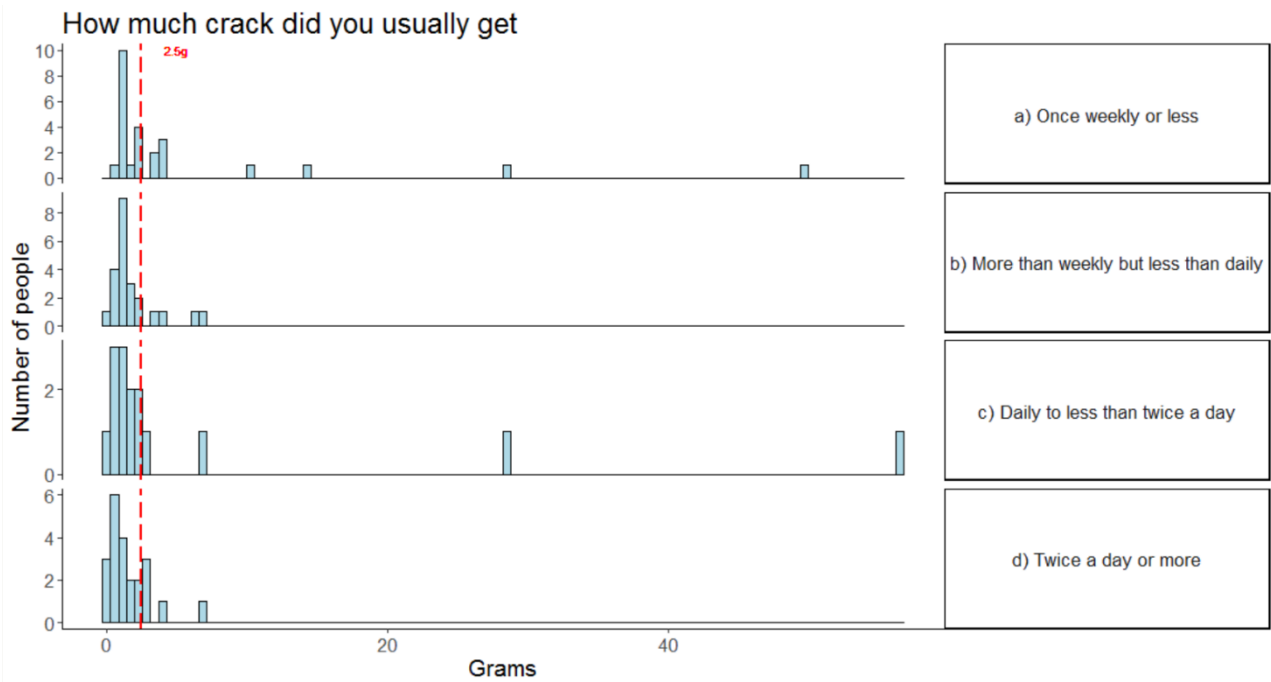
**Figure 3.2: Histogram of usual quantity of methamphetamine<sup>^</sup> for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=234)**



<sup>^</sup> 172 of 234 respondents who acquired methamphetamine obtained at least one additional substance in the last 30 days

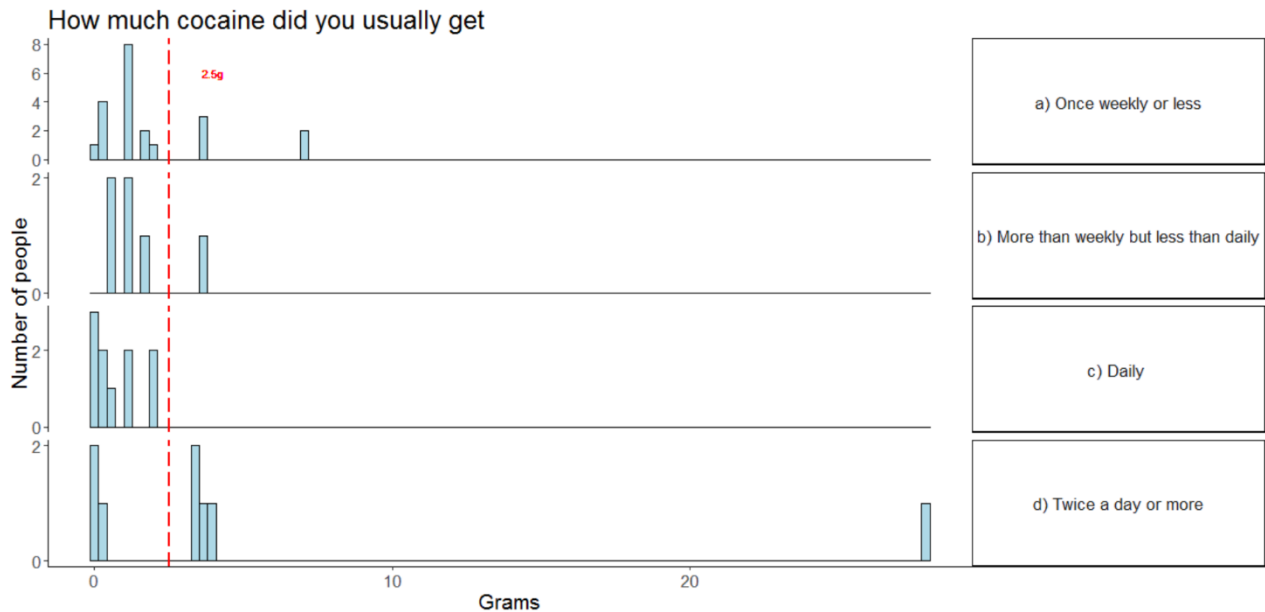


**Figure 3.3: Histogram of usual quantity of crack cocaine<sup>^</sup> for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=85)**



<sup>^</sup>67 of 85 respondents who acquired crack cocaine obtained at least one other substance in the last 30 days

**Figure 3.4: Histogram of usual quantity of powder cocaine<sup>^</sup> for personal use in the last 30 days, stratified by frequency of obtaining drugs. 2022 Harm Reduction Client Survey (n=45)**



<sup>^</sup>36 of 45 respondents who acquired powder cocaine obtained at least one other substance in the last 30 days

To better contextualize the quantity of drug respondents said they acquired, we stratified responses according to the frequency with which people acquired each drug (Figures 3.1 through 3.4). Most individuals reported obtaining less than 2.5g of any substance at one time no matter how frequently they acquired their drug. However, PEEP members noted that limited funds was usually why individuals would buy smaller amounts. For people who acquired down or methamphetamine, respondents who acquired the largest quantities were among those who acquired those drugs less frequently, perhaps since that quantity needed to last longer (Figures 3.1 and 3.2, top panel). Additional qualitative work is required to learn more about how people decide how often and how much drug to purchase, how drug purchasing decisions differ for people who obtain and use one vs. multiple substances, and whether the way people are currently getting their drugs is the preferred frequency and quantity of drugs to get each time.

While the question on the survey (question 53) from which these data are derived specifically asked about frequency and quantity of drugs obtained for personal use, approximately half of the respondents to the survey stated that they usually buy drugs for both themselves and others. Based on this, we cannot exclude the possibility that some of the quantities presented above included some amount intended to be shared or sold to others, despite having excluded some responses that people with lived experience suggested were highly implausible as quantities exclusively for personal use.

See [additional context and commentary](#) from people with lived experience at the end of this section.

**Table 3.6: Do you have a stash spot where you currently live? 2022 Harm Reduction Client Survey (n=482)**

	Responded to question	% Yes n (%)
Total	482	224 (47%)
HA of survey		
Interior	132	66 (50%)
Fraser	98	42 (43%)
Vancouver Coastal	49	26 (53%)
Island	103	55 (53%)
Northern	100	35 (35%)
Community size		
Small population centre	168	76 (45%)
Medium population centre	153	55 (36%)
Large urban centre	161	93 (58%)
Concerned about losing housing in the last 6 months		
No	185	83 (45%)
Yes	264	131 (50%)
Age group		
19 - 29	73	37 (51%)
30 - 39	154	60 (39%)
40 - 49	121	58 (48%)
50 or older	124	64 (52%)
Sex/Gender		
Cis woman	175	91 (52%)
Cis man	276	117 (42%)

Approximately 45% of survey respondents indicated they have a place to stash their drugs. Availability of a place to stash drugs varied by respondent characteristics, such as health authority of survey (from 35% of respondents from Northern Health to 53% of respondents from Island Health) and age group from 39% of people aged 30-39 years to 52% of people aged 50 years or older). Without a secure place to stash drugs, people may need to carry their drugs with them, thereby increasing their potential for interaction with law enforcement while in possession of substances.

### **Additional interpretation about purchasing and possession from people with lived and living experience**

PEEP members shared their insights and experience about how people make decisions about the frequency and quantity of drugs that they get. Each person has their own tolerance, combination of drugs they prefer to use, and way they prefer to consume their drugs – alone or in combination; these

factors influence how often and how much people use. People may buy small quantities because that is what they can afford; their dealer only has small amounts available; they don't want to get caught with a large amount by friends, family, or police; or that stigma or self shame about substance use may lead them to buy small quantities. People may buy larger quantities of drugs when they can afford to – it is less expensive to buy more if one can afford it. Other reasons that people might buy larger quantities of substance include wanting to be able to share with others, or wanting to obtain enough of a particular batch or substance one is interested in. PEEP noted that people who have to travel to obtain their drugs prefer to buy in larger quantities, since travel is less convenient – especially outside of urban centres (see also [this section](#)) – and travel may increase the risk of encountering law enforcement. Additionally, people who are buying larger quantities of drugs need a safe place where they can store them, and this is not available to everyone (see [Table 3.6](#)).

## Part 4: Hesitance to Access Services

### Summary

Almost half of all survey respondents identified at least one reason they were hesitant to access services that they needed to be healthy. Of all people who provided information on whether they experienced service barriers, the two most frequently identified reasons reflected concerns about the criminal legal system: that police, parole, or probation would find out they used substances, or that they would be stopped by police and have their drugs taken away (12% of total respondents each, 25% of people who identified at least one barrier also identified such interactions with police as a barrier). Ongoing evaluation is required to identify whether barriers to service related to criminalization or contact with law enforcement decrease under the exemption, and whether people who use substances report decreased interactions with police as a result of the exemption. While decriminalization may mitigate some impacts of structural service barriers, systemic service barriers such as police presence at and surveillance of service locations may undermine the positive impacts of decriminalization.

Worries that family or friends would learn about substance use was another commonly endorsed barrier to accessing services (11% of total respondents). Criminalization of substance use contributes to stigmatization of people who use substances, and consequent social exclusion. Decriminalization may therefore help to destigmatize substance use and reduce community-wide prejudice as a barrier to services.

Qualitative information from people who use substances can provide more specific information about these and other barriers to service and inform ways in which they may be reduced.

**Table 4.1: Reasons people were hesitant to access the services they need to be healthy in the last six months. 2022 Harm Reduction Client Survey (N=503)**

	n	%
People who answered q 58	469	93
At least one barrier	238	47
Worried police, parole, or probation officer would find out I use substances	59	12
Worried I'd be stopped by police and have my drugs taken away	58	12
Worried my friends or family would learn I use substances	57	11
Worried I'd be treated badly based on my race or ethnicity	49	10
Worried about family services being notified that I use substances	36	7
Worried my employer would find out I use substances	34	7
Worried my health care provider would find out I use substances	33	7
Worried I'd be treated badly based on my sex	26	5
Worried I'd be treated badly based on my gender	23	5
The site is in my red zone / an area that violates my conditions of release	19	4
Worried I'd be treated badly based on my sexual orientation	17	3

Among all participants (N=503), nearly half (47%) experienced at least one barrier to services. Fear of police learning of substance use or seizing drugs were the most prevalent service barriers (12% and 12%, respectively). Nearly 10% of survey participants were hesitant to seek services due to fears of racial prejudice and discrimination.

Concerns about friends and family learning of substance use were also a significant factor in not accessing needed services (11%).

During preliminary consultations with PEEP, members noted that treatment by health care providers is a significant factor in hesitance to access services, including the pattern of health care providers unnecessarily involving security and police in interactions.

**Table 4.2 Any reported barrier to accessing services, by selected sociodemographic characteristics. 2022 Harm Reduction Client Survey (n=238)**

	At least one barrier	
	n	%
Total	238	47
HA of survey		
Interior	67	48
Fraser	38	37
Vancouver Coastal	26	49
Island	59	57
Northern	48	46
Concerned about losing housing in the last 6 months		
No	83	43
Yes	139	52
Age group		
19 - 29	31	41
30 - 39	78	49
40 - 49	73	58
50 or more	51	39
Sex/Gender		
Cis woman	94	53
Cis man	126	43

While many respondents in all strata reported barriers to accessing services, the experience of barriers to service varied with sociodemographic characteristics. Across health regions, the proportion of respondents who identified barriers to services was lowest in Fraser Health (37%) and highest in Island Health (57%). More people who were concerned about losing their housing reported service barriers than people who were not concerned (52% vs. 43%, respectively). Participants who identified as cis women more frequently reported barriers than cis men (53% vs. 43%, respectively). Stratified by age, hesitance to seek services for any reason was highest among those aged 40-49. People between the ages of 30 and 59 years have the highest rates of illicit drug toxicity deaths in British Columbia, and hesitance to access service among this population demonstrates important service gaps for people experiencing drug poisonings.

Although not a part of the question on barriers to service on the 2022 HRCS, a number of respondents wrote in additional types of barriers related to accessing the health care system as a person who uses substances. PEEP members highlighted some specific examples of health care system features that contribute to negative experiences for people who use substances. Negative interactions with Protection Service Officers in hospitals were identified as a barrier to seeking care in a specific health authority. Stories of the inappropriate discharge of patients with complex health and psychosocial

needs which are more difficult to manage were also shared. Health care providers may deem such patients as “frequent flyers” or nuisance patients, and provide suboptimal care.



## Strengths and Limitations

Rapid review of historical questions, relevant questions from other survey tools, and iterative consultation with key stakeholders including but not limited to people with lived and living experience of substance use (Professionals for the Ethical Engagement of Peers [PEEP]) and incarceration (Convening and Collaborating to reduce overdose among people who experience incarceration), Chee Mamuk, Regional Health Authorities, and the Office of the Provincial Health Officer took place between August and October of 2022. Sites that had previously participated in the HRCS were invited to participate; the ethics requirements for new sites could not be completed in the time available. Questionnaires were sent to participating sites starting October 28, 2022, and all data were received and entered by February 17, 2023. Priority data cleaning occurred between January 15 and February 25, 2023, and analysis of decriminalization-specific questions occurred between February and June 2023.

The established processes and valid ethics certificate for the Harm Reduction Client Survey were critical prerequisites for the rapid timeline of the 2022 survey. BCCDC also has an established team of surveillance epidemiologists, operations staff, and knowledge translation staff whose workplans were rapidly adjusted to accommodate development of this survey.

Notwithstanding these organizational strengths, there are areas for growth in future cycles. A number of questions of interest – particularly those about patterns of purchasing and possessing drugs – were new for the HRCS. While we found a number of research-oriented interview tools that captured this kind of information, we did not find a pre-existing set of brief questions suitable for a survey like the HRCS. Questions about patterns of purchasing and possessing drugs will need the most significant revisions before the 2023 cycle.

BCCDC provided resource documents for participating sites to define some key terms and respond to anticipated questions from respondents. Each site has its own methodology for survey administration – some sites were able to support people to complete the survey while others had people complete the survey on their own. These variations led to differences in data quality and legibility between sites, poor completion of some questions, and significant data cleaning to prepare for analysis.

The Harm Reduction Client Survey is not representative of all people who use substances; however, it is likely representative of people who use substances who experience criminalization. Respondents are people who accessed harm reduction supply distribution sites between November 2022 and January 2023, and generally reported vulnerabilities including unstable housing, low levels of employment, and daily substance use ([Table 0](#)). Analysis of data from this survey are important because they share the

perspectives of people who may be excluded from other kinds of surveys that do not meet people where they are.