

Appendix 1 (as supplied by the authors): Survey questionnaire

Date: ____/____/____ (dd/mm/yy)

Interviewer: _____

SECTION 1 DEMOGRAPHIC INFORMATION

To begin, I'd like to ask you some questions about yourself. We are asking everyone the same questions.

1.0 Have you injected drugs in the **LAST 6 MONTHS**?

Yes

1

No

0

→ **TERMINATE
INTERVIEW**

NOTE TO INTERVIEWER: IF NO INJECTION IN LAST 6 MONTHS, TERMINATE THE INTERVIEW BY CLICKING 'NO' AND 'NEXT'. SURVEY WILL AUTOMATICALLY TERMINATE.

1.1 Have you injected drugs in the **LAST 30 DAYS**?

Yes

1

No

0

1.2 In which year were you born?

YEAR _____

REFUSED

9999

IN THIS STUDY, WE ARE TRYING TO REACH A DIVERSITY OF PEOPLE INCLUDING MEN, WOMEN, AND TRANSGENDER PEOPLE. WE ARE ASKING THESE QUESTION TO EVERYONE TO ENSURE WE CAPTURE ACCURATE INFORMATION.

1.3 What sex were you assigned at birth (e.g., on your birth certificate)?

Female

1

Male

2

Refused

99

1.3a What is your current gender identity? (**DO NOT read out list. Check ONE only.**)

Female

1

Male

2

Trans woman - Male-to-Female

3

Trans man - Female-to-Male

4

Other (Specify: _____)

5

Refused 99

1.3b How do you identify your sexual orientation? **(DO NOT read out list. Check ONE only.)**

Straight/Heterosexual 1
Gay/Lesbian 2
Bisexual 3
Other (Specify: _____) 4

Refused 99

1.4 What is your first language? **(DO NOT read out list. Check ONE only.)**

English 1
French 2
Ojibwa 3
Cree 4
Oji-Cree 5
Other (Specify: _____) 6

Refused 99

1.5 Some people identify with an ethnic group or cultural background. To which ethnic or cultural group do you feel you belong? **(Read out list. Check ALL that apply.)**

White 1
Black 1
First Nations 1
Metis 1
Inuit 1
Francophone 1
South Asian 1
Southeast Asian 1
Arab/West Asian 1
Latin American/Central American/South American 1
No ethnic group in particular 1
Other (Specify: _____)

Don't Know/Unsure 1

Refused 1

1.6 How long have you been living in London?

Less than 1 year, specify number of months 1

More than 1 year, specify years (Specify: _____) 2

Don't live in Thunder Bay (visiting) 3

→ GO TO 1.6a

Refused

99

1.6a Specify the number of months

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

1.7 In which neighbourhood do you usually live? (**Show NEIGHBOURHOODS prompt card. Check ONLY one.**)

- | | |
|--|----|
| Downtown | 1 |
| River path (south-west of downtown) | 2 |
| Blackfriars | 3 |
| Old South/Wortley Village | 4 |
| Old East (Dundas and Adelaide area) | 5 |
| East London (east of Highbury) | 6 |
| Argyle/Clarke Road/Marconi Blvd | 7 |
| Fanshawe College area | 8 |
| North-East (north of Oxford, Cheapside/Adelaide area) | 9 |
| Huron Heights | 10 |
| Kipps Lane | 11 |
| SoHo (South of Horton between Wellington and Adelaide) | 12 |
| Hamilton Road | 13 |
| Cherryhill | 14 |
| West London | 15 |
| Whitehills | 16 |
| Masonville | 17 |
| Byron/Oakridge | 18 |
| Westmount | 19 |
| Whiteoaks | 20 |
| Pond Mills | 21 |
| Southcrest | 22 |
| Other (Specify:_____) | 23 |
| Refused | 99 |

IF PARTICIPANT LIVES IN AN LONDON NEIGHBOURHOOD, GO TO Q1.9.

IF NOT LIVING IN LONDON, PROCEED TO Q1.8.

- 1.8 Have you ever lived in London?
- | | |
|---------|----|
| Yes | 1 |
| No | 0 |
| Refused | 99 |
- 1.8a Why do you come to London? (**Read out list. Check ALL that apply.**)
- | | |
|------------------------------------|---|
| To visit friends/family | 1 |
| To work | 1 |
| To buy/use drugs | 1 |
| To use a health service | 1 |
| For methadone | 1 |
| To attend a support group | 1 |
| To shop | 1 |
| To visit a Needle Exchange Program | 1 |
| Other (Specify: _____) | 1 |
| Refused | 1 |
- 1.8b How often do you come to London? (**Read out list. Check ONE only.**)
- | | |
|--------------------------|----|
| Less than once per month | 1 |
| 1-3 times per month | 2 |
| Once per week | 3 |
| More than once per week | 4 |
| Daily | 5 |
| Never | 6 |
| Refused | 99 |
- 1.9 Please list all the places that you have lived **IN SIX MONTHS**. (**DO NOT read out list. Check ALL that apply.**)
- | | ALL |
|--|------------|
| A place where people gather to use drugs (crack house) | 1 |
| Hospital | 1 |
| Hotel/motel room rented on daily/weekly basis | 1 |
| House or apartment – my own or partner's | 1 |
| House or apartment – someone else's (relative or friend) | 1 |
| No fixed address (couch surfing, "here and there") | 1 |
| On the street (abandoned buildings, cars, parks) | 1 |
| Prison/jail/detention centre | 1 |

Rehab	1
Rooming or boarding house	1
Shelter or welfare residence	1
With my parents	1
Medical hostel (live-in home or rehabilitation centre)	1
Transitional housing	1
Other (Specify: _____)	
Refused	1

1.9a Of the places you listed, where did you live **MOST** of the time? (**DO NOT read out list. Check only ONE only response from 1.9**)

NOTE TO INTERVIEWER: MAKE SURE THE ITEM LISTED WAS CHECKED OFF IN 1.9

A place where people gather to use drugs (crack house)	1
Hospital	2
Hotel/motel room rented on daily/weekly basis	3
House or apartment – my own or partner's	4
House or apartment – someone else's (relative or friend)	5
No fixed address (couch surfing, "here and there")	6
On the street (abandoned buildings, cars, parks)	7
Prison/jail/detention centre	8
Rehab	9
Rooming or boarding house	10
Shelter or welfare residence	11
With my parents	12
Medical hostel (live-in home or rehabilitation centre)	13
Transitional housing	14
Other (Specify: _____)	15
Refused	99

1.10 Are you **CURRENTLY** living with anybody who is a current injection drug user?

Yes 1

No	0
Don't Know/Unsure	88
Refused	99

→ GO TO Q1.11

1.10a (**IF YES**) Is that person...? (**Read out list. Check ALL that apply.**)

Boyfriend/girlfriend/partner	1
Casual sex partner	1
Close friend	1
Casual friend/acquaintance	1
Family member	1
Someone I don't know	1
Other (Specify:_____)	1
Refused	1

- 1.11 What is the highest level of education that you have **COMPLETED**? (*Read out list. Check ONE only.*)

Primary School	1
High school	2
Any college or university	3
Refused	99

In this section, I am going to ask you some questions about your income, including both legal and illegal sources. We ask about illegal income because many people in this study report getting at least some money through illegal sources in order to make ends meet. Because people's health is greatly affected by the amount of their income, we want to understand how people make enough money to live, and how this may impact their health.

- 1.12 About how much money did you get (legally and illegally) altogether from all sources **LAST YEAR**? (*DO NOT read out list. Check ONE only.*)

Under \$10,000	1
\$10,000 - \$19,999	2
\$20,000 - \$29,999	3
\$30,000 - \$39,999	4
\$40,000 - \$49,999	5
\$50,000 or more	6
Don't know/unsure	88
Refused	99

- 1.13 Over the **LAST 6 MONTHS**, what were your sources of income? (*DO NOT read out list. Check ALL that apply.*)

Regular job	1
Temporary work	1
Self-employed	1
Recycling (binning, buy/sell)	1
Panhandling	1
OW (Ontario Works)	1

Ontario Disability Support Program (ODSP)	1
CPP (Canadian Pension Plan)	1
EI (Employment Insurance)	1
GST rebate	1
Parent, friend, relative, partner	1
Theft, robbing or stealing	1
Selling needles	1
Selling cigarettes / tobacco	1
Selling drugs	1
Other criminal activity	1
Sex for money	1
Stipend or honoraria	1
Other (Specify:_____)	1
Refused	1

1.14 In the **PAST SIX MONTHS** have you received any of the following for sex? (**Read out list. Check ALL that apply.**)

Money	1
Drugs	1
Gifts	1
Shelter	1
Food	1
I have not exchanged any items for sex in the past 6 months	1
Other (Specify:_____)	1
Refused	1

SECTION 2 DRUG USE & INJECTION PRACTICES

Now I am going to ask you some questions about your drug use and injecting practices. Again we are asking everyone the same questions.

- 2.0 How old were you the first time you injected drugs (shot up/fixed) or were injected by someone else?

AGE _____

REFUSED
99

- 2.1 In the **LAST SIX MONTHS**, how often did you inject drugs? (*Read out responses. Show FREQUENCY (1) prompt card. Check ONE only.*)

Last 6 months

Less than once a month	1
1-3 times a month	2
Once a week	3
More than once a week	4
Daily	5
Refused	99

- 2.1a How often did you inject in the **LAST MONTH**? (*Read out responses. Show FREQUENCY (1) prompt card. Check ONE.*)

Last Month

Less than once a month	1
1-3 times a month	2
Once a week	3
More than once a week	4
Daily	5
Never	6
Refused	99

- 2.2 Have you ever reused a needle for more than one injection?

Yes 1

No	0
Refused	99

→ GO TO Q2.3

2.2a **(IF YES)** On average, what percentage of injections are done with a needle you have already used? **(Read out list. Check ONE only).**

All (100% of the time)	1
Most (over 75%)	2
Some (26-74%)	3
Few (<25%)	4
None	5
Don't Know/Unsure	88
Refused	99

2.3 On a day when you do inject, how many times a day do you usually inject on average?

TIMES _____

REFUSED
99
DON'T KNOW
88

2.4 In the **PAST SIX MONTHS**, in which London neighbourhoods did you inject? **(DO NOT read out list. Show NEIGHBOURHOODS prompt card. Check ALL that apply.)**

Downtown	1
River path (south-west of downtown)	1
Blackfriars	1
Old South/Wortley Village	1
Old East (Dundas and Adelaide area)	1
East London (east of Highbury)	1
Argyle/Clarke Road/Marconi Blvd	1
Fanshawe College area	1
North-East (north of Oxford, Cheapside/Adelaide area)	1
Huron Heights	1
Kipps Lane	1
SoHo (South of Horton between Wellington and Adelaide)	1
Hamilton Road	1
Cherryhill	1
West London	1
Whitehills	1
Masonville	1

Byron/Oakridge	1
Westmount	1
Whiteoaks	1
Pond Mills	1
Southcrest	1
Other (Specify:_____)	1
	1
Refused	1

2.4a Of the neighbourhoods which you have mentioned, in which neighbourhood did you inject most often? **(DO NOT read out list. Check ONLY ONE under 2.4.)**

Downtown	1
River path (south-west of downtown)	2
Blackfriars	3
Old South/Wortley Village	4
Old East (Dundas and Adelaide area)	5
East London (east of Highbury)	6
Argyle/Clarke Road/Marconi Blvd	7
Fanshawe College area	8
North-East (north of Oxford, Cheapside/Adelaide area)	9
Huron Heights	10
Kipps Lane	11
SoHo (South of Horton between Wellington and Adelaide)	12
Hamilton Road	13
Cherryhill	14
West London	15
Whitehills	16
Masonville	17
Byron/Oakridge	18
Westmount	19

Whiteoaks	20
Pond Mills	21
Southcrest	22
Other (Specify:_____)	23
Refused	99

Now I am going to ask you some more details about the places where you've injected drugs in the LAST SIX MONTHS.

2.5 In the LAST SIX MONTHS, have you injected in (places)? (**Read list out. Check ALL that apply**)

A sexual partner's place	1
Your own place (if different from sexual partner's place)	1
A relative or friend's place	1
An acquaintance's place	1
A stranger's place	1
A place which you pay to use or exchange drugs	1
An abandoned building	1
A parking lot	1
An alley or laneway	1
A park	1
A school yard	1
In a stairwell/doorway of a store, office or other building	1
A car	1
A public washroom or toilet (e.g. library)	1
A hotel or motel	1
A place where you buy drugs	1
A shelter	1
A community-based organization or service provider	1
Other places I haven't mentioned (Specify: _____)	1
Refused	1

2.5a Where do you inject most often in the SUMMER months? (**Check ONE only**)

A sexual partner's place	1
Your own place (if different from sexual partner's place)	2
A relative or friend's place	3
An acquaintance's place	4
A stranger's place	5
A place which you pay to use or exchange drugs	6

An abandoned building	7
A parking lot	8
An alley or laneway	9
A park	10
A school yard	11
In a stairwell/doorway of a store, office or other building	12
A car	13
A public washroom or toilet (e.g. library)	14
A hotel or motel	15
A place where you buy drugs	16
A shelter	17
A community-based organization or service provider	18
Other places I haven't mentioned (Specify: _____)	19
Refused	99

2.5b Where do you inject most often in the WINTER months? (**Check ONE only.**)

A sexual partner's place	1
Your own place (if different from sexual partner's place)	2
A relative or friend's place	3
An acquaintance's place	4
A stranger's place	5
A place which you pay to use or exchange drugs	6
An abandoned building	7
A parking lot	8
An alley or laneway	9
A park	10
A school yard	11
In a stairwell/doorway of a store, office or other building	12
A car	13
A public washroom or toilet (e.g. library)	14
A hotel or motel	15
A place where you buy drugs	16
A shelter	17
A community-based organization or service provider	18
Other places I haven't mentioned (Specify: _____)	19
Refused	99

2.6 In the **LAST SIX MONTHS**, how often did you inject in public or semi-public areas like a park, an alley or a public washroom? (**Read out list. Show FREQUENCY (2) prompt card. Check ONE only.**)

Always (100% of the time)	1
Usually (over 75%)	2
Sometimes (26-74%)	3
Occasionally (<25%)	4

Never	5
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Refused	99
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→ GO TO Q2.7

2.6a What are some of the reasons you inject in public? (**Read out list. Check ALL that apply.**)

It's convenient to where I hang out	1
There is nowhere to inject safely where I buy drugs	1
I'm homeless	1
I'm involved in sex work and don't have a place to inject	1
I don't want the person I am staying with to know I use/am still using	1
I'm too far from home	1
I need assistance to fix	1
Guest fees at friend's place, but I don't want to pay	1
I prefer to be outside	1
Dealing / middleing (connecting sellers to purchasers) / steering (guiding potential buyers to selling)	1
Other: (Specify: _____)	1
Refused	1

2.6b In the **LAST SIX MONTHS**, have you used water from a puddle, public fountain or other outside source to prepare your drugs or rinse your needles?

Yes	1
No	0
Refused	99

2.7 Have you ever injected alone?

Yes	1
-----	---

No	0
Refused	99

→ GO TO Q2.8

2.7a In the **LAST SIX MONTHS**, how often did you inject alone? (**Read out list. Show FREQUENCY (2) prompt card. Check ONE only.**)

Always (100% of the time)	1
Usually (over 75%)	2
Sometimes (26-74%)	3
Occasionally (<25%)	4
Never	5

Refused

99

2.8 Have you ever needed help to prepare drugs?

Yes

1

No

0

Refused

99

→ GO TO Q2.9

2.8a **(IF YES)**, how often in the **LAST SIX MONTHS** did you need help when preparing drugs?
(Read out list. Show FREQUENCY (2) prompt card. Check ONLY one.)

Always (100% of the time)

1

Usually (over 75%)

2

Sometimes (26-74%)

3

Occasionally (<25%)

4

Never

5

Refused

99

2.9 Have you ever needed help to inject drugs?

Yes

1

No

0

Refused

99

→ GO TO Q2.10

2.9a **(IF YES)**, how often in the **LAST SIX MONTHS** did you need help when injecting?
(Read out list. Show FREQUENCY (2) prompt card. Check ONLY one.)

Always (100% of the time)

1

Usually (over 75%)

2

Sometimes (26-74%)

3

Occasionally (<25%)

4

Never

5

Refused

99

2.9b Why do you need help with injecting? **(Read out list. Check ALL that apply.)**

I don't know how to inject myself

1

I don't like injecting myself

1

I can't find a vein on my own

1

I need help to prepare my own drugs

1

I prefer someone else to inject me	1
My partner prefers to inject me	1
Unsafe to do juggling alone	1
Other:_____	1

Refused	1
---------	---

2.9c Who helps you to inject drugs? (**Read out list. Check ALL that apply.**)

Boyfriend/girlfriend/partner	1
Stranger	1
Casual sex partner	1
Close friend	1
Casual friend/acquaintance	1
Date (sex worker)	1
Family member	1
Other (Specify: _____)	1
Refused	1

2.9d Would you be willing to learn how to inject yourself?

Yes	1
No	0
Refused	99

2.10 In the **PAST** have you **EVER**... (**Read out list. Check YES or NO for each question. N/A – non-applicable is ONLY an option for ‘k’ and ‘l’**)

	EVER				PAST SIX MONTHS			
	Yes	No	N/A	Refused	Yes	No	N/A	Refused
a) Exchanged or obtained needles at the local harm reduction program or another needle exchange?	1	2	--	99	1	2	--	99
b) Got NEW STERILE needles from a friend?	1	2	--	99	1	2	--	99
c) Got NEW STERILE needles from a dealer or someone on the street?	1	2	--	99	1	2	--	99
d) Injected with needles knowing that had already been used by, or were being used by someone else?	1	2	--	99	1	2	--	99
e) Injected with needles without knowing if they had	1	2	--	99	1	2	--	99

	been used by someone before you?								
f)	Used other injecting equipment (e.g., cotton, filter, spoon, cooker) that had already been used by, or was being used by someone else including your sexual partner?	1	2	--	99	1	2	--	99
g)	Used other injecting equipment (e.g., cotton, filter, spoon, cooker) without knowing if it had been used by someone before you?	1	2	--	99	1	2	--	99
h)	Filled your syringe from another syringe that had already been used or was being used by someone else (backloading or frontloading)?	1	2	--	99	1	2	--	99
i)	Had drugs and wanted to inject but didn't know where to get a clean needle?	1	2	--	99	1	2	--	99
j)	Reused a cooker with drugs in it for an extra wash?	1	2	--	99	1	2	--	99
k)	Had trouble getting enough new needles from the NEP to meet your needs?	1	2	66	99	1	2	66	99
l)	Had a NEP limit the number of needles they would give you?	1	2	66	99	1	2	66	99

2.10b In the **PAST SIX MONTHS**, how often have you **BORROWED** syringes that had already been used by someone else to inject? (*Read out list. Show **FREQUENCY (1)** prompt card. Check **ONLY one**.*)

Less than once per month	1
1-3 times per month	2
Once per week	3
More than once per week	4
Daily	5
Never	6
Don't Know/Unsure	88
Refused	99

2.10c In the **PAST SIX MONTHS**, how often have you **LOANED** syringes that had already been used by you or were being used by someone else to inject? (**Read out list. Show FREQUENCY (1) prompt card. Check ONLY one.**)

Less than once per month	1
1-3 times per month	2
Once per week	3
More than once per week	4
Daily	5
Never	6
Don't Know/Unsure	88
Refused	99

2.11 Now, I'm going to ask about some of the drugs you inject and how often you use them. For each drug that you have injected, I will ask you if you inject daily, more than once per week, once per week, 1-3 times a month, less than once per month or never.

Have you injected [drug] in the **LAST SIX MONTHS**? (**Read list out. For each drug they have injected, ask the frequency of use. Check response that applies.**)

Injection Drugs	Less than once per month	1-3 times a month	Once per week	More than once per week	Daily	Never
Heroin	1	2	3	4	5	6
Crystal Meth	1	2	3	4	5	6
Cocaine	1	2	3	4	5	6
Crack/rock cocaine	1	2	3	4	5	6
Speedball (stimulant mixed with opioids)	1	2	3	4	5	6
Methadone prescribed to you	1	2	3	4	5	6
Methadone not prescribed to you	1	2	3	4	5	6
Morphine	1	2	3	4	5	6
Hydros	1	2	3	4	5	6
Percocet	1	2	3	4	5	6
Generic Oxycodone	1	2	3	4	5	6
Oxy Neo	1	2	3	4	5	6
Fentanyl	1	2	3	4	5	6
Wellbutrin	1	2	3	4	5	6

Ritalin or Biphentin	1	2	3	4	5	6
Tranquilizers or Benzos	1	2	3	4	5	6
Amphetamines (speed, uppers, dexies, bennies)	1	2	3	4	5	6
Steroids	1	2	3	4	5	6
Other (Specify each)	1	2	3	4	5	6

2.11a What is your drug of choice?

Heroin	1
Crystal Meth	2
Cocaine	3
Crack/rock cocaine	4
Speedball (stimulant mixed with opioids)	5
Methadone prescribed to you	6
Methadone not prescribed to you	7
Morphine	8
Hydros	9
Percacet	10
Generic Oxycodone	11
Oxy Neo	12
Fentanyl	13
Wellbutrin	14
Ritalin or Biphentin	15
Tranquilizers or Benzos	16
Amphetamines (speed, uppers, dexies, bennies)	17
Steroids	18
Other (Specify)	19
Refused	99

2.11b In the **LAST SIX MONTHS**, which of these drugs did you inject the **MOST**?

Heroin	1
Crystal Meth	2
Cocaine	3
Crack/rock cocaine	4
Speedball (stimulant mixed with opioids)	5
Methadone prescribed to you	6
Methadone not prescribed to you	7
Morphine	8
Hydros	9

Percacet	10
Generic Oxycodone	11
Oxy Neo	12
Fentanyl	13
Wellbutrin	14
Ritalin or Biphentin	15
Tranquilizers or Benzos	16
Amphetamines (speed, uppers, dexies, bennies)	17
Steroids	18
Other (Specify)	19
Refused	99

2.12c **(ONLY ASK IF INJECT “hydros” or “dilaudid” in 2.11)** Do you know the difference between HydroMorph Contin and Dilauidids?

Yes 1

No	0
Refused	99

→ GO TO Q2.13

2.13d Which do you use?

HydroMorph Contin only	1
Dilauidids only	2
Both	3
Don't know/Unsure	88
Refused	99

2.13 Have you **EVER** gotten a drug that you think was cut with another substance?

Yes 1

No	0
Refused	99

→ GO TO Q2.14

2.13a In the **LAST SIX MONTHS**, have you gotten a drug that you think was cut with another substance?

Yes 1

No	0
----	---

→ GO TO Q2.14

Don't know/Unsure	88
Refused	99

2.13b The last time you think you got a drug that was cut with another substance, what were you trying to use at the time? **(Show LIST OF DRUGS prompt card. Select ONE only.)**

Heroin	1
Crystal Meth	2
Cocaine	3
Crack/rock cocaine	4
Speedball (stimulant mixed with opioids)	5
Methadone prescribed to you	6
Methadone not prescribed to you	7
Morphine	8
Hydros	9
Percacet	10
Generic Oxycodone	11
Oxy Neo	12
Fentanyl	13
Wellbutrin	14
Ritalin or Biphentin	15
Tranquilizers or Benzos	16
Amphetamines (speed, uppers, dexies, bennies)	17
Steroids	18
Other (Specify)	19
Refused	99

2.13c What do you think it was cut with?

Specify Substance	1
Don't know/Unsure	88
Refused	99

2.14 Have you ever shared a pipe for smoking crack or crystal meth?

Yes 1

No 0

→ GO TO Q2.15

Refused	99
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2.14a In the PAST SIX MONTHS, how often have you shared pipes (e.g. glass stem, pipe, etc.) that had already been used or were being used by someone else to smoke? (Read out list.

Show FREQUENCY (1) prompt card. Check ONE only.)

Less than once per month	1
1-3 times per month	2
Once per week	3
More than once per week	4
Daily	5
Never	6
Don't Know/Unsure	88
Refused	99

2.15 Have you ever smoked crack?

Yes	1
-----	---

No	0
Refused	99

→ GO TO Q2.16

2.15a In the **LAST SIX MONTHS**, how often have you smoked crack? (**Read out list. Show FREQUENCY (1) prompt card. Check ONE only.**)

Less than once per month	1
1-3 times per month	2
Once per week	3
More than once per week	4
Daily	5
Never	6
Don't Know/Unsure	88
Refused	99

2.16 Have you ever smoked crystal meth?

Yes	1
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No	0
Refused	99

→ GO TO SECTION 3

2.16a In the **LAST SIX MONTHS**, how often have you smoked crystal meth? (**Read out list. Show FREQUENCY (1) prompt card. Check ONE only.**)

Less than once per month	1
--------------------------	---

1-3 times per month	2
Once per week	3
More than once per week	4
Daily	5
Never	6
Don't Know/Unsure	88
Refused	99

SECTION 3 SUPERVISED INJECTION SERVICES

I'm going to ask you a number of questions about supervised injection services. I will refer to supervised injection services as 'SISs' throughout the rest of the questionnaire. There will be some general questions about your knowledge of them and your acceptance of SIS if a facility were to be opened in the London area.

3.0 Have you heard of supervised injection services (SISs)? *(Show pictures of facilities.)*

Yes 1

No 0
Refused 99

**→ GO TO INTRODUCTION
BEFORE Q3.1**

(If YES to Q3.0) It's good to know that you are familiar with SISs. (Continue below) OR

(If NO to Q3.0) Even if you have not heard about SISs, (Continue below)

For this interview, we want to use the same definition of SISs, to make sure that we're talking about the same type of place. A supervised injecting service is a legally operated indoor facility where people come to inject their own drugs under the supervision of medically trained workers. People can inject there under safe and sterile conditions and have access to all sterile injecting equipment (cotton, cooker, water, etc.) and receive basic medical care and/or be referred to appropriate health or social services.

3.1 If supervised injection services were available in London, would you consider using these services?

Yes 1
Maybe 2

→ SKIP Q3.2 AND Q3.2A

→ ANSWER ALL QUESTIONS

No 0
Refuse 99

→ SKIP Q3.1A AND Q3.1B

3.1a *(IF YES or MAYBE)*, for what reasons would you use supervised injection services?
(DO NOT read out list. Check ALL that apply)

	ALL
I would be able to get clean sterile injection equipment	1
I would be safe from crime	1
I would be able to inject in indoors and not in a public space	1
I would be safe from being seen by the police	1
I would be able to see health professionals	1
I would be able to get a referral for services such as detoxification or treatment.	1

Overdoses can be prevented	1
Overdoses can be treated	1
I would be injecting responsibly	1
Other (Specify:_____)	1
Refused	1

3.1b Which ONE of these reasons is the **MOST IMPORTANT** reason for you? (**Read out CHECKED responses in 3.1a and check only ONE under 'MOST IMPORTANT' at Q3.1a above.**)

I would be able to get clean sterile injection equipment	1
I would be safe from crime	2
I would be able to inject in indoors and not in a public space	3
I would be safe from being seen by the police	4
I would be able to see health professionals	5
I would be able to get a referral for services such as detoxification or treatment.	6
Overdoses can be prevented	7
Overdoses can be treated	8
I would be injecting responsibly	9
Other (Specify:_____)	10
Refused	99

3.2 (**IF MAYBE OR NO**) For what reasons would you NOT use supervised injection services? (**DO NOT read out list. Check ALL that apply.**)

I do not want to be seen	1
I do not want people to know I am a drug user	1
I am afraid my name will not remain confidential	1
I would rather inject with my friends	1
I always inject alone	1
I feel it would not be convenient	1
I fear being caught with drugs by police	1
I'm concerned about the possibility of police around the service	1
I do not trust supervised injection services	1
I can get clean needles elsewhere	1
I have a place to inject	1
I feel there are too many rules and restrictions associated with using a supervised injection services	1
I need to avoid other people that would use the SIS	1
I'm in too much of a hurry to wait to use the injecting room	1
I don't know enough about SIS	1
Others (Specify:_____)	1
Refused	1

3.2a **(IF MAYBE OR NO)** What reasons would make you change your mind? **(DO NOT read out list. Check ALL that apply)**

	ALL
I would be able to get clean sterile injection equipment	1
I would be safe from crime	1
I would be able to inject in indoors and not in a public space	1
I would be safe from being seen by the police	1
I would be able to see health professionals	1
I would be able to get a referral for services such as detoxification or treatment	1
Overdoses can be prevented	1
Overdoses can be treated	1
I would be injecting responsibly	1
Other (Specify:_____)	1
Refused	1

3.3 There are a number of **POLICIES** being considered for SISs. For each of the next statements, please let me know if these **POLICIES** would be very acceptable, acceptable, neutral, unacceptable or very unacceptable to you. **(For each statement, read it out and ask how acceptable this would be to them. Show ACCEPTABILITY prompt card. Check the corresponding answer.)**

	Very Acceptable	Acceptable	Neutral	Unacceptable	Very Unacceptable	Refused
a) Injections are supervised by a trained staff member who can respond to overdoses	1	2	3	4	5	99
b) 30 minute time limit for injections	1	2	3	4	5	99
c) Have to register each time you use it	1	2	3	4	5	99
d) Required to show government ID	1	2	3	4	5	99
e) Required to show client number	1	2	3	4	5	99
f) Have to live in neighbourhood	1	2	3	4	5	99
g) Video surveillance cameras on site to protect users	1	2	3	4	5	99
h) Not allowed to smoke crack/crystal meth	1	2	3	4	5	99
i) Not allowed to assist in the preparation of injections	1	2	3	4	5	99
j) Not allowed to assist each other with injections	1	2	3	4	5	99

k) Not allowed to share drugs	1	2	3	4	5	99
l) May have to sit and wait until space is available for you to inject	1	2	3	4	5	99
m) Have to hang around for 10 to 15 minutes after injecting so that your health can be monitored	1	2	3	4	5	99

3.4 There are various **SERVICES** being considered to provide with SIS. I'm going to read out a number of services. I will ask you if they are very important, t important, important, moderately important, slightly important, or not that important to you. **(Read out each service and for each ask how important the service would be to them. Show IMPORTANCE prompt card. Check response for each question.)**

	Very important	Important	Moderately Important	Slightly important	Not that important	Refused
a) Nursing staff for medical care and supervised injecting teaching	1	2	3	4	5	99
b) Washrooms	1	2	3	4	5	99
c) Showers	1	2	3	4	5	99
d) Social workers or counsellors	1	2	3	4	5	99
e) Drug counsellors	1	2	3	4	5	99
f) Aboriginal counsellors	1	2	3	4	5	99
g) Food (including take away)	1	2	3	4	5	99
h) Peer support from other injection drug user	1	2	3	4	5	99
i) Access to an opiate (methadone or buprenorphine) prescribed by a health professional	1	2	3	4	5	99
j) Needle distribution	1	2	3	4	5	99
k) Injection equipment distribution	1	2	3	4	5	99
l) HIV and hepatitis C testing	1	2	3	4	5	99
m) Withdrawal management	1	2	3	4	5	99

n) Special times for women or a women's only SIS	1	2	3	4	5	99
o) Referrals to drug treatment, rehab, and other services when you're ready to use them	1	2	3	4	5	99
p) A 'chill out' room to go after injecting, before leaving the SIS	1	2	3	4	5	99
q) Preventing or responding to overdose	1	2	3	4	5	99
r) Access to health services	1	2	3	4	5	99
s) Assistance with housing, employment and basic skills	1	2	3	4	5	99
t) Harm reduction education	1	2	3	4	5	99
u) Drug testing (a service to check if your drug may have been cut with another potentially dangerous substance)	1	2	3	4	5	99
v) Other (Specify: _____)	1	2	3	4	5	99

SECTION 4 LOCATION AND SERVICE DESIGN PREFERENCES

Now, I'm going to ask you more specific questions about your preferences in the location and design of services for SIS.

4.0 Would you use SIS if it was located in a community health centre, hospital, family doctor's clinic, walk-in clinic, or social service agency?

Yes 1

No	0
Refused	99

4.1 Are you willing to walk to SIS?

Yes 1

No	0
Refused	99

→ GO TO Q4.2

4.1a/b How long would you be willing to walk to use SIS in the **SUMMER/WINTER?** (*Read out list. Check ONE only.*)

	4.1a ...IN SUMMER?	4.1b ...N WINTER?
5 minutes	1	1
10 minutes	2	2
20 minutes	3	3
30 minutes	4	4
40 minutes or more	5	5
Refused	99	99

4.2 Are you willing to take a bus to a SIS?

Yes 1

No	0
Refused	99

→ GO TO Q4.3

4.2a/b How long would you be willing to travel by bus to get to SIS in the **SUMMER/WINTER?**
(**Read out list. Check ONE only.**)

4.2a ...IN SUMMER?	4.2b ...IN WINTER?
5 minutes	1
10 minutes	2
20 minutes	3
30 minutes	4
40 minutes or more	5
Refused	99

4.3 What other ways do you see yourself accessing SIS? (**Read list out. Check ALL that apply.**)

With a bike	1
Carpooling	1
With a friend	1
Supporting transportation services (paratransit)	1
Other (Specify:_____)	1
Refused	1

4.4 In which neighbourhood, or region would be your **FIRST CHOICE** for seeing SIS? (**Read out list. Show NEIGHBOURHOODS prompt card. Check one under FIRST CHOICE.**)

	FIRST
Downtown	1
River path (south-west of downtown)	2
Blackfriars	3
Old South/Wortley Village	4
Old East (Dundas and Adelaide area)	5
East London (east of Highbury)	6
Argyle/Clarke Road/Marconi Blvd	7
Fanshawe College area	8
North-East (north of Oxford, Cheapside/Adelaide area)	9
Huron Heights	10
Kipps Lane	11
SoHo (South of Horton between Wellington and Adelaide)	12
Hamilton Road	13
Cherryhill	14
West London	15
Whitehills	16
Masonville	17
Byron/Oakridge	18

Westmount	19
Whiteoaks	20
Pond Mills	21
Southcrest	22
Other (Specify:_____)	23
Refused	99

4.4a In which neighbourhood, or region would be your **SECOND CHOICE** for seeing SIS?
(Read out list. Show NEIGHBOURHOODS prompt card.)

	SECOND
Downtown	1
River path (south-west of downtown)	2
Blackfriars	3
Old South/Wortley Village	4
Old East (Dundas and Adelaide area)	5
East London (east of Highbury)	6
Argyle/Clarke Road/Marconi Blvd	7
Fanshawe College area	8
North-East (north of Oxford, Cheapside/Adelaide area)	9
Huron Heights	10
Kipps Lane	11
SoHo (South of Horton between Wellington and Adelaide)	12
Hamilton Road	13
Cherryhill	14
West London	15
Whitehills	16
Masonville	17
Byron/Oakridge	18
Westmount	19
Whiteoaks	20
Pond Mills	21
Southcrest	22
Other (Specify:_____)	23
Refused	99

- 4.5 If SIS was established in a location convenient to you in London, how often would you use it to inject? (**Read out list. Show FREQUENCY (2) prompt card. Check ONE only.**)

Always (100% of the time)	1
Usually (over 75%)	2
Sometimes (26-74%)	3
Occasionally (<25%)	4
Never	5
Don't Know/Unsure	88
Refused	99

- 4.5a What time of the day would be your **FIRST CHOICE** to use SIS? (**Read out list. Check one under FIRST CHOICE.**)

	FIRST CHOICE
Day-time (8 am – 4 pm)	1
Evening (4 pm – midnight)	2
Overnight (midnight – 8 am)	3
Refused	99

- 4.5b Now, what time of the day would be your **SECOND CHOICE** to use a SIS? (**Read out list. Check one under SECOND CHOICE**)

	SECOND CHOICE
Day-time (8 am – 4 pm)	1
Evening (4 pm – midnight)	2
Overnight (midnight – 8 am)	3
Refused	99

- 4.6 What would be the best set-up for injecting spaces for SISs? (**Show CORRESPONDING picture to each choice of facility set-ups below. Read out list. Check ONE only.**)

Private cubicles (Show Pictures 1)	1
An open plan with benches at one large table or counter (Show Picture 2)	2
An open plan with tables and chairs	3
Combination of the above	4
Don't Know/Unsure	88
Refused	99

4.7 Do you think people who use drugs should be involved in running SISs?

Yes 1

No	0
Refused	99

→ GO TO Q4.8

4.7a **IF YES, HOW** do you think people who use drugs could be involved? (**Read list out. Check ALL that apply.**)

At the entrance	1
Greeting clients	1
Registering clients	1
In the waiting room	1
In the injecting room	1
In the chill-out room	1
In the post-injection counselling role	1
Don't Know/Unsure	1
Refused	1

4.8 Do you think there should be a separate room for smoking crack or crystal meth at the SIS?

Yes 1

No	0
Refused	99

→ GO TO Q4.9

4.8a Would you use a separate room for smoking crack or crystal meth?

Yes 1

No 0

Refused 99

4.9 If it was possible to check your drug before injecting at a SIS, how often do you think you would test your drug? (**Read out list. Show FREQUENCY (2). Check ONE only.**)

Always (100% of the time)	1
Usually (over 75%)	2
Sometimes (26-74%)	3
Occasionally (<25%)	4
Never	5

→ GO TO SECTION 5

Don't Know/Unsure 88

Refused 99

4.9a How long would you wait to get the results of the drug test? (***Read out list. Check ONE only.***)

5 minutes or less	1
More than 5, but less than 10 minutes	2
More than 10, but less than 15 minutes	3
More than 15 minutes	4
I would not wait any amount of time	5
Refused	99

SECTION 5 COMMUNITY IMPACT

The next questions are about the possible impact on the community if SISs were opened in the London area.

5.0 I am going to ask if you think the following would be very likely, likely, neutral, unlikely, or very unlikely to occur in the community if SISs were opened in London? **(Read out each statement. Ask them how likely they believe the statement. Show LIKELIHOOD prompt card. Check ONE response for each question.):**

If SISs were to open in the London area:	Very likely	Likely	Neutral	Unlikely	Very unlikely	Refused
a) The number of people injecting outdoors would be reduced	1	2	3	4	5	99
b) The number of used syringes on the street would be reduced	1	2	3	4	5	99
c) Injection with used needles would be reduced	1	2	3	4	5	99
d) People would learn about drug treatment	1	2	3	4	5	99
e) Overdoses would be reduced	1	2	3	4	5	99
f) Street violence would be reduced	1	2	3	4	5	99
g) Crime would be reduced in the area	1	2	3	4	5	99
h) Users would visit the area	1	2	3	4	5	99
i) Users would move to the area	1	2	3	4	5	99
j) Drug dealers would be attracted to the area	1	2	3	4	5	99

SECTION 6 EXPERIENCES OF OVERDOSE, HEALTH AND HIV & HEPATITIS C TESTING

The next questions are about overdosing. Different people have different ideas about what an overdose is. In this study, overdosing means you had a negative reaction to taking/using too much drugs. Symptoms may include slow breathing, heart rate or pulse, and muscle spasms, seizures or decreased consciousness.

6.0 Have you heard of Narcan/naloxone?

Yes	1
No	0
Refused	99

(If YES to Q6.0) It's good to know that you are familiar with Narcan/naloxone. (Continue below) OR

(If NO to Q6.0) Even if you have not heard about Narcan/naloxone, (Continue below)

for this interview, we want to use the same definition for Narcan/naloxone, to make sure that we're talking about the same thing. It is used to treat opiate overdoses in emergency situation. It reverses or blocks the effects of opiates, including drowsiness, slowed breathing, and loss of consciousness.

6.1 Have you heard about take-home Narcan/naloxone kits that you can keep with you for an opiate overdose?

Yes	1
-----	---

No	0
Refused	99

→ GO TO Q6.5

6.1a If yes, how did you hear about it? **(DO NOT read list. Check all that apply.)**

Naloxone Program in London (located at London Inter Community Health Centre, Regional HIV/AIDS Connection, Middlesex London Health Unit)	1
Friend	1
Methadone Clinic	1
Outreach Worker	1
Shelter House	1
Street Nurse	1
Needle Exchange Program	1
Other (Specify:_____)	1
Refused	1

6.2 Are you aware of the Narcan/naloxone Program in London?

Yes	1
No	0
Refused	99

6.3 Do you currently have a take-home Narcan/naloxone kit?

Yes	1
-----	---

→ **SKIP Q6.3a**

No	0
Refused	99

→ **GO TO Q6.3a**

6.3a If no, why not? (**DO NOT read list out. Check ALL that apply.**)

I don't know where to get one	1
I don't feel comfortable using it.	1
I haven't picked up a new kit after using my previous one	1
I don't think I need one	1
I've never been offered one	1
I don't use or hang out with people who use opiates	1
I found the training hard to access	1
Other (Specify: _____)	1
Refused	1

6.4 Have you ever administered Narcan/naloxone to anyone?

Yes	1
-----	---

No	0
Refused	99

→ **GO TO Q6.5**

6.4a If yes, how many times? (**DO NOT read list out. Check ALL that apply.**)

1 or 2	1
3 or 4	2
5 or more	3
Refused	99

6.5 Have you **EVER** overdosed by accident?

Yes 1

No	0
Refused	99

→ GO TO Q6.15

NOTE TO INTERVIEWER:
IF PARTICIPANTS ANSWERS "YES" SKIP TO 6.5a.
IF PARTICIPANT ANSWERS "NO" SKIP TO 6.15.

6.5a Have you overdosed in the **PAST SIX MONTHS**?

Yes 1

No 0

Refused 99

6.5b Altogether, how many times have you overdosed in your lifetime?

TIMES	REFUSED	DON'T KNOW/USURE
_____	99	88

6.5c When was the **LAST TIME** you overdosed?

Specify 1

Don't know/Unsure 88

Refused 99

6.6 The last time you overdosed, do you remember which drugs or substances were involved? (**READ OUT LIST. Check ALL that apply.**)

Yes, I remember 1

No, I don't remember	0
Don't know/Unsure	88
Refused	99

→ GO TO Q6.7

6.6a The last time you overdosed, which drugs or substances were involved? Did you inject them? (READ OUT LIST. Check ALL that apply.)

	Involved in OD?		Injected?	
	YES	NO	YES	NO
Cocaine	1	0	1	0
Crack	1	0	1	0
Hydros	1	0	1	0
Heroin	1	0	1	0

Methadone	1	0	1	0
Suboxone	1	0	1	0
Morphine	1	0	1	0
Percacet	1	0	1	0
Wellbutrin	1	0	1	0
Oxycodone	1	0	1	0
Fentanyl	1	0	1	0
Ritalin or Biphentin	1	0	1	0
Benzodiazepines or Tranquilizers	1	0	1	0
Speedball	1	0	1	0
Amphetamines	1	0	1	0
Crystal Meth	1	0	1	0
Alcohol	1	0	1	0
Pot	1	0	1	0
Other injection drugs	1	0	1	0
Other non-injection drugs	1	0	1	0

6.7 What reaction did you have to the drugs? (**Read out list. Check all that apply.**)

Lost consciousness	1
Inability to talk	1
Blue lips	1
Overheating	1
Seizure	1
Irregular heartbeat (i.e. rapid, slow, had hard time breathing, palapatations)	1
Elevated breathing	1
Paranoia	1
Stopped breathing, was given oxygen	1
Other (Specify:_____)	1
Don't Know/Unsure	1
Refused	1

6.8 Were other people with you?

Yes 1

No	0
Refused	99

→ GO TO Q6.9

6.8a If yes, who were they? (**Read out list. Check all that apply.**)

Boyfriend/girlfriend/partner	1
Stranger	1
Casual sex partner	1
Close friend	1

Casual friend/acquaintance	1
Date (sex worker)	1
Family member	1
Fellow inmate	1
Other: (Specify: _____)	1
Don't Know/Unsure	1
Refused	1

6.9 What neighbourhood were you in when you **LAST** overdosed? (**DO NOT read out list. Show NEIGHBOURHOODS prompt card. Check ONLY one.**)

Downtown	1
River path (south-west of downtown)	2
Blackfriars	3
Old South/Wortley Village	4
Old East (Dundas and Adelaide area)	5
East London (east of Highbury)	6
Argyle/Clarke Road/Marconi Blvd	7
Fanshawe College area	8
North-East (north of Oxford, Cheapside/Adelaide area)	9
Huron Heights	10
Kipps Lane	11
SoHo (South of Horton between Wellington and Adelaide)	12
Hamilton Road	13
Cherryhill	14
West London	15
Whitehills	16
Masonville	17
Byron/Oakridge	18
Westmount	19
Whiteoaks	20
Pond Mills	21
Southcrest	22

Other (Specify: _____) 23

Don't know/Unsure 88

Refused 99

6.10 Could you tell me the type of place where you overdosed? (**DO NOT read list out. Check ONE only.**)

My own place	1
Partner's place (If different from my own)	2
Friend's place	3
Relative's place	4
Dealer's place	5
Street (alley, doorway, under bridge, etc.)	6
Public washroom	7
Shelter	8
Abandoned building	9
Jail	10
Drop-in or social service	11
Other (Specify: _____)	12

Don't know/Unsure 88

Refused 99

6.11 Were you assisted by other people?

Yes 1

No 0

Refused 99

→ GO TO Q6.12

6.11a If yes, who? (**DO NOT read out list. Check all that apply.**)

Boyfriend/girlfriend/partner	1
Stranger	1
Casual sex partner	1
Close friend	1
Casual friend/acquaintance	1
Date (sex worker)	1
Family member	1
Fellow inmate	1
Other: (Specify: _____)	1

Don't Know/Unsure 1

Refused 1

6.12 Was an ambulance called when you overdosed?

Yes 1

No	0
Don't know/Unsure	88
Refused	99

→ GO TO Q6.13

6.12a After the ambulance was called, did the police show-up?

Yes 1

No 0

Don't know/Unsure 88

Refused 99

6.12b Were you taken to an ER/hospital?

Yes 1

No 0

Don't know/Unsure 88

Refused 99

6.12c Were you offered transport to the hospital but refused?

Yes 1

No	0
Don't know/Unsure	88
Refused	99

→ GO TO Q6.13

6.12d If yes, why did you refuse?

6.13 Were you given Narcan/naloxone?

Yes 1

No	0
Don't know/Unsure	88
Refused	99

→ GO TO Q6.14

6.13a If yes, who administered it? **(DO NOT read out list. Check all that apply.)**

Boyfriend/girlfriend/partner 1

Stranger 1

Casual sex partner 1

Close friend	1
Casual friend/acquaintance	1
Date (sex worker)	1
Family member	1
Ambulance or hospital employee	1
Other: (Specify: _____)	1
Don't Know/Unsure	88
Refused	99

6.14 Were you in any of the following in the **MONTH** before you overdosed? (**Read out list. Check all that apply.**)

Methadone / Methadose program	1
Suboxone program	1
Daytox	1
In-patient detox	1
Residential treatment	1
Drug counselling	1
Self-help group (e.g., 12 Steps, SMART)	1
Inpatient hospital stay	1
Prison or jail	1
Other (Specify: _____)	1
Haven't been to any of these	1
Don't know/Unsure	1
Refused	1

6.15 Have you **witnessed** an overdose in the **LAST 6 MONTHS**?

Yes 1

No	0
Refused	99

→ GO TO Q6.16

6.15a Who were they? (**DO NOT read out list. Check all that apply.**)

Boyfriend/girlfriend/partner	1
Stranger	1
Casual sex partner	1
Close friend	1
Casual friend/acquaintance	1
Date (sex worker)	1
Family member	1
Fellow inmate	1
Other: (Specify: _____)	1
Refused	1

6.15b What happened in response to the overdose you witnessed? **(Read out list. Check all that apply.)**

I called 911	1
Someone else helped	1
Someone else called 911	1
Ambulance came	1
Person came to on their own	1
I left	1
I helped	1
I gave naloxone	1
Other person gave naloxone	1
Other (Specify:_____)	1
Don't know/unsure	1
Refused	1

6.16 Have you **EVER** been afraid of being arrested when you or someone else overdosed?

Yes	1
No	0
Refused	99

The next few questions I am going to ask you are about health problems related to your injection drug use.

6.17 In the **LAST SIX MONTHS** have you had any of the following health problems?
IF YES, did you receive treatment **(Read out list. Check 'Yes' or 'No'. For any health problems experienced, ask if they received treatment and check 'Yes' or 'No'. Show HEALTH PROBLEMS prompt card.)**

	No	Yes, but no treatment received	Yes, treatment received	Don't Know Unsure	Refused
Abscess	0	1	2	88	99
Liver problems	0	1	2	88	99
Hepatitis infection	0	1	2	88	99
Circulation problems (endocarditis, thrombosis)	0	1	2	88	99
Blood infection	0	1	2	88	99
Injuries	0	1	2	88	99
Lungs/bronchitis problem	0	1	2	88	99
Stomach/gastrointestinal problems	0	1	2	88	99
Cold/influenza	0	1	2	88	99
Depression, psychosis, trauma	0	1	2	88	99
Withdrawal symptoms	0	1	2	88	99
Cellulitis	0	1	2	88	99

Scarring/bruising	0	1	2	88	99
Other	0	1	2	88	99
(Specify:_____)					

The next few questions are about blood tests for HIV and Hep C. We are asking everyone the same questions. These questions are not about routine bloodwork that you may have had while undergoing treatment for your HIV or Hep C infection.

6.18 What was the result of your **LAST** HIV blood test? (*Read out list. Check ONE only.*)

I've never had a blood test for HIV	1	→ GO TO Q6.18a
Positive	2	→ GO TO Q6.18b
Negative	3	
I didn't go back for the results	4	
I am waiting for the results	5	
Other (Specify:_____)	6	
Refused	99	

6.18a (*IF HAVEN'T RECEIVED TEST*) For what reasons have you not had an HIV blood test? (*Read out list. Check ALL that apply.*)

I'm not at risk for HIV	1
Getting tested is a hassle	1
I'm afraid to find out I'm HIV positive	1
I don't care to get tested	1
I don't know where to get tested	1
I've never been offered	1
Other (Specify:_____)	1
Refused	1

6.18b Are you currently accessing treatment for HIV?

Yes	1
No	0
Refused	99

6.19 What was the result of your **LAST** hepatitis C (Hep C) blood test? (*Read out list. Check ONE only.*)

I've never had a blood test for Hep C	1	→ GO TO Q6.19a
Positive	2	→ GO TO Q6.19b
Negative	3	
I didn't go back for the results	4	

I am waiting for the results	5
Other (Specify:_____)	6
Refused	99

6.19a **(IF HAVEN'T RECEIVED TEST)** For what reasons have you not had a Hep C blood test?

(Read out list. Check ALL that apply.)

I'm not at risk for Hep C	1
Getting tested is a hassle	1
I'm afraid to find out I'm Hep C positive	1
I don't care to get tested	1
I don't know where to get tested	1
I've never been offered	1
Other (Specify:_____)	1
Refused	1

6.19b Are you currently accessing treatment for Hepatitis C?

Yes	1
No	0
Refused	99

SECTION 7 DRUG TREATMENT

The next set of questions is about any drug treatment you have undertaken and attempts to seek any drug treatment.

7.0 Have you **EVER** in your lifetime been in a drug treatment or detox programme?

Yes 1

No	0
Refused	99

→ GO TO Q7.2

7.1 Have you in the **LAST SIX MONTHS** been in a drug treatment or detox programme?

Yes 1

No	0
Refused	99

→ GO TO Q7.2

7.1a In the **LAST SIX MONTHS**, which treatment programs have you been in?? *(Read out list. Check all that apply.)*

Detox programme with methadone/suboxone	1
Detox programme with other prescribed drugs	1
Detox programme with no drugs	1
Methadone maintenance programme	1
Out-patient counselling	1
Self-help group for your drug use	1
Drug treatment with cultural programming	1
Residential treatment	1
Drug court	1
Healing lodge	1
Addictions case management	1
Managed alcohol program	1
Another drug treatment/detoxification programme	1
Other (Specify:_____)	1
Refused	1

7.2 During the **PAST SIX MONTHS**, have you ever tried but been unable to get into any of the treatment programmes?

Yes 1

No 0

Refused 99

SECTION 8 ACCESSING HARM REDUCTION GEAR

The next set of questions are about when you access harm reduction gear (i.e. cookers, filters, syringe etc.) from a needle exchange or other health/social service (e.g. My Sisters' Place, the Health Unit, Regional HIV/AIDS Connection)

8.0 On average, how long after you get harm reduction gear do you inject drugs? (**Read out list. Check ONLY one.**)

Immediately	1
Half an hour	2
1 hour	3
2 hours	4
More than 2 hours	5

Refused	99
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8.1 When you use the needle exchange, would you want to talk to a support worker? (**Check ONLY one.**)

Yes	1
It depends	2
No	0
Don't know/Unsure	88
Refused	99

→ GO TO Q8.2

8.1a If a support worker were available to you, which of the following would you want to discuss with the worker? (**Read list out. CHECK ALL that apply.**)

Safer drug use	1
Treatment options	1
HIV/AIDS education	1
Hepatitis C education	1
Legal issues	1
Housing	1
Financial issues	1
Family or relationship issues	1
Other (Specify:_____)	1
Refused	1

- 8.2 If you could use the needle exchange at any time of day, what would be your **FIRST CHOICE?** (*Read out list. DO NOT give specific times unless asked. Check one under FIRST CHOICE.*)

FIRST CHOICE

Early Morning (7AM-9AM)	1
Morning (9AM-12PM)	2
Afternoon (12PM-5PM)	3
Evening (5PM-11PM)	4
Overnight (11PM-7AM)	5
Refused	99

- 8.2a If you could use the needle exchange at any time of day, what would be your **SECOND CHOICE?** (*Read out list. DO NOT give specific times unless asked. Check ONE only.*)

SECOND CHOICE

Early Morning (7AM-9AM)	1
Morning (9AM-12PM)	2
Afternoon (12PM-5PM)	3
Evening (5PM-11PM)	4
Overnight (11PM-7AM)	5
Refused	99

- 8.3 If you could use the needle exchange any day of the week (including weekends), when would you be most likely to use it? (*DO NOT read list out. Check ALL that apply.*)

Monday	1
Tuesday	1
Wednesday	1
Thursday	1
Friday	1
Saturday	1
Sunday	1
All days of the week	1
Refused	1

END OF INTERVIEW

INTERVIEWER COMMENTS:
