

STROBE 2007 (v4) Statement—Checklist of items that should be included in reports of *cross-sectional studies*

Section/Topic	Item #	Recommendation	Reported on page #
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	Title; 1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	1
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	2-3
Objectives	3	State specific objectives, including any prespecified hypotheses	3
Methods			
Study design	4	Present key elements of study design early in the paper	3-4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	3
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	3-4
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4-5
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	3-4
Bias	9	Describe any efforts to address potential sources of bias	3-4, 8
Study size	10	Explain how the study size was arrived at	3
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	4-5
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	5
		(b) Describe any methods used to examine subgroups and interactions	5
		(c) Explain how missing data were addressed	5
		(d) If applicable, describe analytical methods taking account of sampling strategy	n/a
		(e) Describe any sensitivity analyses	n/a
Results			

Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	5
		(b) Give reasons for non-participation at each stage	5
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	5; Table 1
		(b) Indicate number of participants with missing data for each variable of interest	Table 1
Outcome data	15*	Report numbers of outcome events or summary measures	5-6
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	5-6; Tables 1-2
		(b) Report category boundaries when continuous variables were categorized	n/a
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n/a
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	6; Table 3
Discussion			
Key results	18	Summarise key results with reference to study objectives	6-7
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	8
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	7-8
Generalisability	21	Discuss the generalisability (external validity) of the study results	8
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Acknowledgements

\*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).

# PUBLIC DRUG INJECTING IN LONDON, ONTARIO: A CROSS-SECTIONAL SURVEY

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**ABSTRACT**

**Objectives:** Harms associated with public drug injection in large cities are well-established, but little is known about challenges that public injecting may pose for smaller municipalities. Among people who inject drugs (PWID) in London, a mid-sized city in southwestern Ontario, Canada, we evaluated the prevalence and correlates of public injecting.

**Methods:** Between March and April 2016, PWID participated in a quantitative survey as part of the Ontario Integrated Supervised Injection Services Feasibility Study. Bivariable and multivariable logistic regression models estimated associations of socio-demographic characteristics, social-structural exposures, and drug use behaviours with regular public injecting (injecting in public  $\geq 25\%$  of the time over the previous six months). We also described the locations and rationales provided for public injecting.

**Results:** Of 196 participants who provided complete data (38.3% female; median age=39), 141 (71.9%) reported any public injecting in the previous six months, and 91 (46.4%) injected in public regularly. Homelessness or unstable housing (Adjusted Odds Ratio [AOR]=2.04, 95% Confidence Interval [CI]=1.01 – 4.12) and injecting opioids (AOR=2.27, 95% CI=1.17 – 4.42), or crystal methamphetamine (AOR=2.38, 95% CI=1.18 – 4.79) daily were independently associated with regular public injection. Convenience (69.5%) and homelessness (39.7%) were the most commonly reported reasons for public injecting.

**Interpretation:** Like large cities in Canada, public injecting in London is common and appears driven by unstable housing and high intensity injecting. These results indicate an urgent need to create safer environments for PWID in London, including supervised injection, to reduce the negative individual and community impacts of public injecting.

**Keywords:** injection drug use; public injecting; homelessness; supervised injection

## INTRODUCTION

Public drug injection remains a source of significant individual and community harm in settings throughout the world. In the Canadian context, high levels of public injecting have been documented among people who inject drugs in Vancouver,<sup>1-3</sup> Ottawa,<sup>4</sup> Toronto,<sup>5</sup> and Montreal,<sup>6</sup> where 54-77% of people who inject drugs reported any recent public injecting and 17-23% reported predominantly injecting in public. Public injecting poses the risks of discovery by police, robbery, and violence. These immediate risks to individual safety and to one's drug supply compete with health risks related to unsafe injection practices, and contribute to hasty injections and reduced ability to ensure safety and hygiene.<sup>7-9</sup> Public injecting tends to be concentrated among the most vulnerable people who inject drugs, being independently associated with homelessness, recent incarceration, high-intensity drug use (e.g., injecting daily or more), and injecting-related risks (e.g., non-fatal overdose, needle-sharing, not cooking and filtering drugs) in a number of large Canadian cities.<sup>1-4,6,10,11</sup> At a community level, public injecting is perceived as a threat to public order and contributes to improper disposal of injection-related litter.<sup>12</sup>

While these public health and order challenges posed by public injecting in major urban centres are well-documented, little is known about challenges that public injecting may pose for smaller municipalities. The current study examines public injecting in London, a mid-sized city in southwestern Ontario, located approximately halfway between Toronto, Ontario, Canada and Detroit, Michigan, USA. London's is Canada's 15th largest city, with a population of approximately 370,000 in 2011.<sup>13</sup> Statistics Canada estimates that one-third of Canadians live in

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cities characterized as London’s “peer group”.<sup>14</sup> However, London appears to bear a disproportionate burden of injection drug use and related harms.

Needle and syringe programs in London distributed over 2.5 million clean needles in 2014.<sup>15</sup> Concern has consistently been expressed regarding public drug use and discarded injection equipment in London’s core.<sup>16</sup> Among people who inject drugs in London, a 2012 Public Health Agency of Canada survey<sup>17</sup> revealed higher levels of non-prescribed opioid injecting (75%) and Hepatitis C infection (79%) than the national averages. In 2012, London’s health region recorded prescription opioid-related deaths at twice the provincial rate.<sup>18</sup> In recent years the number of overdose deaths in London has declined, potentially related to a shift towards crystal methamphetamine use among people who inject drugs.<sup>19</sup> In 2015 London experienced an outbreak of new HIV diagnoses among people who inject drugs, who accounted for two-thirds of new human immunodeficiency virus (HIV) diagnoses in London’s health unit, as compared to 12% provincially.<sup>20</sup>

These data point to the need for enhanced efforts to identify and prevent drug-related individual and community harms in London and similar mid-sized communities. Therefore, among a sample of people who inject drugs in London, we sought to (1) evaluate the prevalence of recent regular public injecting and associations with socio-demographic characteristics, social-structural exposures, and drug use behaviours, and (2) describe the locations and rationales provided for public injecting.

**METHODS**

*Setting and design*

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3 Data were obtained from the Ontario Integrated Supervised Injection Services Feasibility  
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5 Study, a cross-sectional survey of people who inject drugs in London and Thunder Bay, Ontario.  
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7 The present study focuses on London data only.  
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### 10 *Recruitment*

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12 Survey data were collected between March and April 2016 by three peer research  
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14 associates. Eligible participants were aged 18 or above and reported injecting drugs within the  
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16 previous six months. Based on consultation with expert advisors including local health care  
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18 providers and peer research associates, a targeted recruitment strategy was developed. Potential  
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20 participants were recruited through outreach by peer research associates (on the street and in  
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22 venues people who inject drugs are known to frequent), recruitment flyers posted in local health  
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24 and social service agencies, and word-of-mouth (including peer-to-peer distribution of wallet-  
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26 sized cards). Survey interviews took place at three community agencies across two  
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28 neighbourhoods in London's core (including one organization that serves women only).  
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30 Participants provided written informed consent and were provided a \$25 honorarium. Ethics  
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32 approval was obtained from research ethics boards at the University of Toronto and the  
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34 University of British Columbia.  
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### 40 *Data collection*

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42 The questionnaire was adapted from previous studies of supervised injection  
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44 feasibility,<sup>21</sup> programmed on electronic tablets, and pre-tested for clarity and functionality.  
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46 Survey questions pertained to socio-demographic characteristics, drug use behaviours, health  
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48 conditions and health care utilization, overdose experiences, as well as willingness to use and  
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50 design preferences for supervised injection services. A copy of the questionnaire is included as  
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52 an appendix.  
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*Measures*

Participants were asked, “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?”. Response options included never, occasionally (less than 25% of the time), sometimes (25-74% of the time), usually (over 75% of the time), or always. Responses were categorized to create variables indicating any public injection (yes vs. no) and regular public injection (our outcome), defined as yes (vs. no) if respondents indicated injecting in public sometimes or more often (26-100% of the time). Data were also collected on specific locations in which participants injected in the previous six months, rationales for injecting in public, and use of outdoor water sources to prepare drugs or rinse syringes.

Socio-demographic characteristics and social-structural exposures included age (in years); gender (male versus female, categorizing transgender persons based on self-reported gender identity); ethnicity (white versus Indigenous/person of colour), homelessness or unstable housing, incarceration, drug selling (reporting “selling drugs” as a source of income), and sex work (including exchanging sex for goods) over the previous six months (all yes versus no).

Participants were asked in which London neighbourhood they injected most often. Two responses – downtown and Old East, a lower-income, primarily residential neighbourhood adjacent to downtown – were endorsed by 79% of respondents, and thus included as dichotomous variables (usually injects in specified neighbourhood versus usually injects elsewhere). Drug use behaviours included frequent opioid injection and frequent crystal methamphetamine injection (both daily versus less often) to reflect the dominant classes of drugs used by the sample. Other drug use characteristics included usually injecting alone (always or usually versus less often over the previous six months), needing help injecting over the previous



six months (yes versus no), syringe sharing in the previous six months (borrowing and/or lending versus neither), ever overdosing unintentionally (yes versus no), and ever accessing substance use treatment (yes versus no).

### *Statistical analyses*

All analyses were conducted in SAS 9.4.<sup>22</sup> Descriptive statistics for socio-demographic characteristics, social-structural exposures, and drug use behaviours were stratified by recent regular public injecting, and bivariable logistic regression models were used to evaluate associations. To adjust for potential confounding, variables associated with regular public injecting at  $p < 0.05$  in bivariate analyses were entered in a multivariable logistic regression model. As few data were missing, complete case analysis was employed, resulting in a sample size of 194 for multivariable logistic regression.

## **RESULTS**

Of 199 participants, 196 (98.5%) provided data pertaining to public injection and are included in this analysis, including 75 women (38.3%). The sample was predominantly white ( $n=146$ ; 75.3%) and had a median age of 39 (IQR= 33 to 50). Characteristics of the study sample stratified by recent regular public injecting, alongside bivariable odds ratios (OR), are presented in Table 1. Overall, 91 participants (46.4%) reported regular public injection ( $\geq 25\%$  of the time) in the previous six months. In unadjusted models, age was negatively associated with regular public injection (OR for one-year increase=0.94, 95% CI=0.91 – 0.97). Factors positively associated with regular public injection were homelessness or unstable housing (OR=2.93, 95% CI=1.62 – 5.29), recent incarceration (OR=2.59, 95% CI=1.05 – 6.37), usually injecting downtown (OR=2.46, 95% CI=1.27 – 4.74), frequent opioid injection (OR=3.21, 95% CI=1.78 –

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5.78), frequent crystal methamphetamine injection (OR=3.80, 95% CI=2.05 – 7.07), and recent syringe sharing (OR=3.25, 95% CI=1.59 – 6.63). In the adjusted model (Table 2), homelessness or unstable housing (Adjusted OR; AOR=2.04, 95% CI=1.01 – 4.12), frequent opioid injection (AOR=2.27, 95% CI=1.17 – 4.42), and frequent crystal methamphetamine injection (AOR=2.38, 95% CI=1.18 – 4.79) remained significantly and positively associated with recent regular public injection.

As presented in Table 3, among the 141 participants (71.9%) who reported any public injection in the previous six months, the most common public locations for injecting were washrooms (n=90, 63.8%), parks (n=69, 48.9%), parking lots (n=66, 46.8%), and alleys or laneways (n=61, 43.3%). Common reasons provided for injecting in public included convenience (n=98, 69.5%), homelessness (n=56, 39.7%), and being too far from home (n=43, 30.5%). Recent use of outdoor water sources for preparing drugs or rinsing syringes was reported by 61 participants (43.3%).

**DISCUSSION**

Similar to larger municipalities, we found that public drug injection is a substantial public health and community-level problem in the mid-sized city of London, Canada. The prevalence of any recent public injecting in our sample (71.9%) was comparable to findings from people who inject drugs in Canada’s largest cities<sup>3,5,6</sup> and almost 1 in 2 participants (46.4%) reported that at least one-quarter of their recent injections took place in public or semi-public settings. Consistent with prior research,<sup>1-4,6</sup> regular public injecting was independently positively associated with homelessness or unstable housing and high-intensity injection of both opioids and crystal methamphetamine. While neighbourhood of use was not independently associated with public

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3 injecting, crude prevalence was significantly higher among those who reported usually injecting  
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5 in downtown London, which has important implications for service planning. This may reflect  
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7 the tendency of people experiencing homelessness or unstable housing to spend time and inject  
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9 downtown.  
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13 Considering the negative consequences of public injecting for both people who inject  
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15 drugs (e.g., rushed injections resulting in suboptimal safety practices<sup>7-9</sup>) and the broader  
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17 community (e.g., discarded equipment<sup>12</sup>), these results indicate need for “safer environment  
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19 interventions” to minimize these harms.<sup>7</sup> Among participants who injected in public in the  
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21 previous six months, 43% were potentially at elevated risk of infection (e.g., soft tissue,  
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23 septicemia, endocarditis) because they used outdoor water sources such as puddles to prepare  
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25 drugs or rinse syringes. Enhanced provision of sterile water, including in public places where  
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27 injection is known to occur, may help to reduce this practice. However, the rushed nature of  
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29 public injecting can contribute to high-risk “micro-injecting” practices, such as not cleaning the  
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31 skin before injecting, or preparing drugs by mixing them with water alone rather than cooking  
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33 and filtering them.<sup>7</sup>  
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40 Ultimately, reducing the prevalence of public injection and the spectrum of associated  
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42 harms will require interventions that provide safer indoor environments for active injection drug  
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44 users—thereby reducing the need for public injection— alongside access to evidence-based  
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46 addictions treatment. Given the association between public injecting and homelessness, scale-up  
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48 of existing “Housing First” programs, which support active substance users in acquiring and  
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50 maintaining housing, may be warranted.<sup>23,24</sup> Such programs may also benefit from initiatives that  
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52 are designed specifically to address the vulnerability of people who inject drugs at risk of public  
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54 injecting. Finally, supervised injection services have proven to reduce public injecting and  
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related harms when implemented in neighbourhoods experiencing a high burden of public injecting, and thus should be considered for London.<sup>12</sup> Supervised injection services are also associated with a range public health benefits in other settings, including reductions in fatal overdose,<sup>25</sup> greater utilization of substance use treatment,<sup>26</sup> and reductions in infectious disease risks.<sup>27</sup>

This study has several limitations that should be noted. First, while use of peer recruitment and interviewers contributed to success in reaching a diversity of people who inject drugs (e.g., with respect to gender and race/ethnicity), the sample was not randomly sampled and may not be representative of this population in London. Second, all data were self-reported, and subject to social desirability and recall bias. In particular, reported levels of unintentional overdose appeared low in comparison to other samples of people who inject drugs. Notwithstanding these limitations, our findings suggest that both the prevalence and correlates of public injecting in London are similar to those found in major urban centres.

In summary, this study contributes evidence of a substantial burden of public drug injecting in a mid-sized Canadian city. Consistent with findings from Canada’s largest cities, public injecting was associated with unstable housing and high intensity drug use. Supervised injection services and Housing First approaches warrant consideration as interventions to reduce public injecting and its negative consequences for public health and order in London.

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**Table 1: Characteristics of SIS feasibility study participants in London, Canada stratified by recent regular public injecting and bivariate associations (n=196)**

Characteristic	Full sample (n=196)	Recent regular public injecting		Odds Ratio (95% CI)	p - value
		Yes (n=91) n (%)	No (n=105) n (%)		
<b>Median age (IQR)</b>		36 (30 to 46)	43 (37 to 51)		
Per one year increase				0.94 (0.91 – 0.97)	<0.001
<b>Gender</b>					
Female	75 (38.3)	29 (38.7)	46 (61.3)	0.60 (0.33 – 1.08)	0.087
Male	121 (61.7)	62 (51.2)	59 (48.8)		
<b>Ethnicity</b>					
White	146 (74.5)	68 (46.6)	78 (53.4)	1.12 (0.58 – 2.16)	0.733
Indigenous or person of colour	48 (24.5)	21 (43.7)	27 (56.3)		
<b>Homeless/unstably housed†</b>					
yes	111 (56.6)	64 (57.7)	47 (42.3)	2.93 (1.62 – 5.29)	<0.001
no	85 (43.4)	27 (31.8)	58 (68.2)		
<b>Recent incarceration†</b>					
yes	24 (12.2)	16 (66.7)	8 (33.3)	2.59 (1.05 – 6.37)	0.039
no	172 (87.8)	75 (43.6)	97 (56.4)		
<b>Sells drugs†</b>					
yes	63 (32.1)	30 (47.6)	33 (52.4)	1.07 (0.59 – 1.96)	0.818
no	133 (67.9)	61 (45.9)	72 (54.1)		
<b>Sex work†</b>					
yes	38 (19.4)	16 (42.1)	22 (57.9)	0.81 (0.39 – 1.65)	0.552
no	158 (80.6)	75 (47.5)	83 (52.5)		
<b>Usually injects downtown†</b>					
yes	51 (26.0)	32 (62.8)	19 (37.2)	2.46 (1.27 – 4.74)	0.007
no	145 (74.0)	59 (40.7)	86 (59.3)		
<b>Usually injects in Old East†</b>					
yes	105 (53.6)	47 (44.8)	58 (55.2)	0.87 (0.49– 1.52)	0.613
no	91 (46.4)	44 (48.4)	47 (51.6)		
<b>Frequent opioid injection†</b>					
yes	104 (53.1)	62 (59.6)	42 (40.4)	3.21 (1.78 – 5.78)	<0.001
no	92 (46.9)	29 (31.5)	63 (68.5)		
<b>Frequent crystal methamphetamine injection†</b>					
yes	70 (35.7)	47 (67.1)	23 (32.9)	3.80 (2.05 – 7.07)	<0.001
no	126 (64.3)	44 (34.9)	82 (65.1)		
<b>Usually injects alone†</b>					
yes	106 (54.1)	54 (50.9)	52 (49.1)	1.49 (0.84 – 2.62)	0.170
no	90 (45.9)	37 (41.1)	53 (58.9)		



<b>Needed help injecting†</b>					
yes	63 (32.1)	31 (49.2)	32 (50.8)	1.18 (0.65 – 2.15)	0.592
no	133 (67.9)	60 (45.1)	73 (54.9)		
<b>Shared syringe†</b>					
yes	44 (22.5)	30 (68.2)	14 (31.8)	3.25 (1.59 – 6.63)	0.001
no	151 (77.0)	60 (39.7)	91 (60.3)		
<b>Ever overdosed unintentionally</b>					
yes	48 (24.5)	28 (58.3)	20 (41.7)	1.87 (0.97 – 3.63)	0.063
no	145 (74.0)	62 (42.8)	83 (57.2)		
<b>Any substance use treatment</b>					
yes	83 (42.4)	41 (49.4)	42 (50.6)	1.26 (0.71 – 2.23)	0.427
no	110 (56.1)	48 (43.6)	62 (56.4)		

\* Recent regular public injecting includes participants who report “sometimes”, “usually” or “always” injecting in public in the previous six months.

† Over the previous six months.

Confidential

**Table 2. Multivariable logistic regression predicting recent regular public injecting\* in London, Canada (n=194)**

Variable	Adjusted Odds Ratio (AOR)	95% Confidence Interval (CI)	<i>p</i> - value
<b>Older age</b> (one year increase)	0.97	(0.94 – 1.00)	0.065
<b>Homeless or unstably housed†</b> (yes vs. no)	2.04	(1.01 – 4.12)	0.046
<b>Recent incarceration†</b> (yes vs. no)	1.26	(0.45 – 3.54)	0.658
<b>Usually injects downtown†</b> (yes vs. no)	1.68	(0.79 – 3.61)	0.181
<b>Frequent opioid injection†</b> (yes vs. no)	2.27	(1.17 – 4.42)	0.016
<b>Frequent crystal meth injection†</b> (yes vs. no)	2.38	(1.18 – 4.79)	0.016
<b>Shared syringe†</b> (yes vs. no)	1.81	(0.80 – 4.13)	0.157
* Recent regular public injecting includes participants who report “sometimes”, “usually” or “always” injecting in public in the previous six months.			
† Over the previous six months.			

**Table 3: Injection behaviours among those injecting in public in the previous 6 months (n=141)**

Characteristic	n (%)
<b>Frequency of public injecting</b>	
Always (100% of the time)	11 (7.8)
Usually (75-99%)	37 (26.2)
Sometimes (26-74%)	43 (30.5)
Occasionally (<25%)	50 (35.5)
<b>Public places injected*</b>	
Public washroom	90 (63.8)
Park	69 (48.9)
Parking lot	66 (46.8)
Alley or laneway	61 (43.3)
Shelter	46 (32.6)
Abandoned building	44 (31.2)
Community organization/service provider	10 (7.1)
School yard	5 (3.6)
<b>Reasons for public injecting*†</b>	
Convenient to where I hang out	98 (69.5)
Homeless	56 (39.7)
I'm too far from home	43 (30.5)
Nowhere to inject safely where I buy drugs	25 (17.7)
Involved in drug selling	19 (13.5)
Involved in sex work	10 (7.1)
<b>Used outdoor water source to prepare drugs or rinse syringes</b>	61 (43.3)
* Respondents could select all that apply.	
† Includes reasons selected by $\geq 5\%$ of respondents.	

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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: \_\_\_\_\_)

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- 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

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Refused 99

1.6a Specify the number of months

- 1
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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

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**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.**)
- |  | <b>ALL</b> |
|--|------------|
| 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          |

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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.**)



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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

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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

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## 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**

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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?

<u>TIMES</u>	<u>REFUSED</u>
_____	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

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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

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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

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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

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Never	5
-------	---

Refused	99
---------	----

→ 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



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Refused	99
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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

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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
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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

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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

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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

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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

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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

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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

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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
-----	---

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
--------------------------	---



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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

Confidential

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	→ SKIP Q3.2 AND Q3.2A
Maybe	2	→ ANSWER ALL QUESTIONS
No	0	→ SKIP Q3.1A AND Q3.1B
Refuse	99	

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

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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

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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

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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

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2						
3						
4	n) Special times for women or	1	2	3	4	5
5	a women's only SIS					99
6						
7	o) Referrals to drug treatment,					
8	rehab, and other services	1	2	3	4	5
9	when you're ready to use					99
10	them					
11	p) A 'chill out' room to go after					
12	injecting, before leaving the	1	2	3	4	5
13	SIS					99
14	q) Preventing or responding to					
15	overdose	1	2	3	4	5
16						99
17	r) Access to health services	1	2	3	4	5
18						99
19	s) Assistance with housing,					
20	employment and basic skills	1	2	3	4	5
21						99
22	t) Harm reduction education	1	2	3	4	5
23						99
24	u) Drug testing (a service to					
25	check if your drug may have					
26	been cut with another	1	2	3	4	5
27	potentially dangerous					99
28	substance)					
29	v) Other (Specify: _____)	1	2	3	4	5
30						99
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## 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

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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	4.2b
	...IN SUMMER?	...IN 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

4.3 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



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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.*)

	<b>SECOND</b>
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

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

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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

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2  
3 4.9a How long would you wait to get the results of the drug test? (*Read out list. Check ONE*  
4 *only.*

5

6 5 minutes or less	1
7 More than 5, but less than 10 minutes	2
8 More than 10, but less than 15 minutes	3
9 More than 15 minutes	4
10 I would not wait any amount of time	5
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13 Refused	99
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Confidential

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## 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

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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
No	0
Refused	99

→ SKIP Q6.3a

→ 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

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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 99 DON'T KNOW/USURE 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



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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

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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

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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

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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

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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

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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

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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	

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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



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## 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

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

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- 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:**

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