

**Core Questionnaire for Supervised Consumption Services
(SCS) Evaluations**

Data Harmonization Meeting

Dallas Texas,

January 11th and 12th, 2018

Funded by the Drug Policy Alliance

Core question areas for Supervised Consumption Services (SCS) evaluation:

Community surveys of people who use drugs (some of whom use SCS)

The purpose of this questionnaire is to have a uniform set of evaluation questions that all places in the United States implementing supervised consumption services can use for evaluation. While many evaluations may include locally derived questions, it is our hope that all will include these questions, in order to facilitate cross-site analyses. This questionnaire should be used as part of community-based research with people who use drugs, some who use SCS and some who do not use SCS. This is *not* designed as a survey for people at SCS (e.g., intake survey at SCS). The goal was a questionnaire that would take about 10 minutes to administer in a face-to-face interview. The questionnaire was developed by a group of 28 people from 15 different United States cities/towns and one Canadian during a two-day workshop, led by researchers affiliated with RTI International and University of California San Diego and coordinated and funded by the Drug Policy Alliance. The participants included people who use drugs, people who work in drug users unions, people who provide services to people who use drugs, people who provide medical care to people who use drugs, people who work on drug policy, people who conduct research on drug use, people who work for health departments that provide and evaluate services for people who use drugs, and people who work for foundations that fund drug use projects and research. The group developed over 1,000 possible evaluation areas which were subsequently narrowed down through an iterative voting process. Final questions were edited and reviewed by all members of the group.

Table of Contents

- A. Demographics
- B. Drug consumption frequency, locations, techniques
- C. SCS Utilization (Exposure to SCS)
- D. Syringe Disposal
- E. Overdose
- F. Hepatitis C - test and status
- G. HIV - test and status
- H. Other injection related infections
- I. ER/Hospitalization
- J. Participation in substance use treatment
- K. Arrest/police contact/police harassment

A) Demographics

First, I'm going to ask you a few questions about your background.

A1. How old are you?

(Write in age) _____
77 = Don't Know
88 = Refused

A2. What is your gender?

1 = Female
2 = Male
3 = Transgender
4 = Gender non-conforming
5 = Other
7 = Don't know
8 = Refused

A3. Do you consider yourself to be Hispanic or Latinx?

1 Yes
0 No
7 Don't Know
8 Refused

A4. What is your race? (check all that apply; do not read list) (Check all that apply)

- | | |
|---------------------------|--|
| 1. White _____ | 5. Native American or Alaskan Native _____ |
| 2. Black _____ | 6. Other _____ |
| 3. Asian _____ | 7. Don't know _____ |
| 4. Pacific Islander _____ | 8. Refused _____ |

A5. In the last 6 months, have you spent one or more nights sleeping on the streets, in a park, in a vehicle, or at a shelter?

1 Yes
0 No
7 Don't Know
8 Refused

B) Drug consumption frequency, location, techniques

In this section, I'm going to ask you some questions about your drug use.

B1. In the last 30 days, how many days did you use any stimulant including methamphetamine, Crack or powder cocaine?

_____ # of Days
97 Don't Know
98 Refused

B2. In the last 30 days, how many days did you use any opioid including heroin, fentanyl and prescription opiates?

_____ # of Days
97 Don't Know
98 Refused

B3. In the last 30 days, how many days did you use any Benzodiazepine including valium, Klonopin, Atavan, or Xanax?

_____ # of Days
97 Don't Know
98 Refused

B4. In the last 30 days, how many days did you drink a beverage containing alcohol, including beer, wine or hard liquor?

_____ # of Days
97 Don't Know
98 Refused

B1. In the last 30 days, how many days have you smoked crack, cocaine, methamphetamine, heroin or other opioids?

_____ # of Days
97 Don't Know
98 Refused

B2. In the last 30 days, how many times have you injected drugs?
_____ # of Times

_____ # of Days
997 Don't Know
998 Refused

**If B2 = 000, Don't Know (997) or Refused (998) skip to: C1;
Else ask:**

B3. In the last 30 days, how many times have you injected in a public place where a person could see you?

_____ # of
Times
997 Don't Know
998 Refused

B4. In the last 30 days, how many times have you rushed your injection because you were concerned someone would see or interrupt you?

_____ # of Times
997 Don't Know
998 Refused

B5. In the last 30 days, how many times have you injected in a location where no one would quickly find you if you overdosed?

_____ # of Times
997 Don't Know
998 Refused

B6. In the last 30 days, how many times have you been injected by another person?

_____ # of Times
997 Don't Know
998 Refused

B7. In the last 30 days, have you injected in the neck or the groin?

_____ Yes
0 No
7 Don't Know
8 Refused

B8. In the last 30 days, how many times did you inject using syringes/needles that you know had been used by someone else (including a close friend or lover)?

_____ # of Times

997 Don't Know
998 Refused

C) Supervised Consumption Services utilization

C1. Have you ever used drugs in a bathroom at a social service agency that monitored for overdose safety?

_____ 1 Yes
 0 No
 7 Don't Know
 8 Refused

**If C1 = No (0), Don't Know (7) or Refused (8) skip to: C4;
 Else ask:**

C2. In the last 6 months, have you used drugs in a bathroom at a social service agency that monitored for overdose safety?

_____ 1 Yes
 0 No
 7 Don't Know
 8 Refused

**If C2 = No (0), Don't Know (7) or Refused (8) skip to: C4;
 Else ask:**

C3. In the last 30 days, how many times have you used drugs in a bathroom at a social service agency that monitored for overdose safety?

_____ # of Times
 997 Don't Know
 998 Refused

For purposes of the next questions, we have defined supervised consumption site as a place where people come to use their own drugs under the supervision of medically trained workers. People can use there under supervised and sterile conditions and have access to all sterile equipment (cotton, cooker, water, etc...) and receive basic medical care and/or be referred to appropriate health or social services.

C4. Have you ever used drugs at a supervised consumption site?

_____ 1 Yes
 0 No
 7 Don't Know
 8 Refused

**If C4 = No (0), Don't Know (7) or Refused (8) skip to: D1;
 Else ask:**

C5. When was the first time you used drugs at a supervised consumption site? _____
 _____/_____/_____

Month / Year

C6. In the last 6 months have you used drugs at a supervised consumption site?

- _____
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refused

If C6 = No (0), Don't Know (7) or Refused (8) skip to: D1;

Else ask:

C7. In the last 30 days, how many times have you used drugs at a supervised consumption site?

- _____ # of Times
- 997 Don't Know
 - 998 Refused

C8. In the last 30 days, how many times have you injected drugs at a supervised consumption site?

- _____ # of Times
- 997 Don't Know
 - 998 Refused

C9. In the last 30 days, how many times have you smoked drugs at supervised consumption site?

- _____ # of Times
- 997 Don't Know
 - 998 Refused

C10. In the last 30 days, how many times have you snorted or swallowed drugs at a supervised consumption site?

- _____ # of Times
- 997 Don't Know
 - 998 Refused

D) Syringe disposal

D1. In the last 30 days, how many used syringes have you gotten rid of or disposed of by leaving them in a public place (street, sidewalk, park, or parking lot)?

- _____ # of Times
- 997 Don't Know
 - 998 Refused

D2. In the last 30 days, how many used syringes have you discarded in a bio-hazardous waste container?

_____ # of Times
997 Don't Know
998 Refused

E) Overdose

E1. In the last 6 months, how many times have you had an opioid-related overdose? By overdose we mean a time when you lost consciousness and someone had to do something to bring you back?

_____ # of Times
997 Don't Know
998 Refused

E2. Have you ever been trained to use naloxone (Narcan)?

1 Yes
0 No
7 Don't Know
8 Refused

E3. Are you currently carrying at least one dose of naloxone (Narcan)?

1 Yes
0 No
7 Don't Know
8 Refused

F) Hepatitis C test and status

F1. Have you ever received a Hepatitis C test result?

1 Yes
0 No
7 Don't Know
8 Refused

***If F1 = No (0), Don't Know (7) or Refused (8) skip to G1;
Else ask:***

F2. Have you had an Hepatitis C test in the last 6 months?

1 Yes
0 No
7 Don't Know
8 Refused

F3. Has a doctor, nurse, or counselor ever told you that you have Hepatitis C?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

**If F3 = No (0), Don't Know (7) or Refused (8) skip to G1;
Else ask:**

F4. Have you ever completed or are you currently receiving treatment for Hepatitis C?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

G) HIV test and status

G1. Have you ever received an HIV test result?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

**If G1 = No (0) Don't Know (7) or Refused (8), skip to H1;
Else ask:**

G2. Have you had an HIV test in the last 6 months?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

G3. Has a doctor, nurse, or counselor ever told you that you have HIV?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

**If G3 = No (1) skip to H1;
Else ask:**

G4. Are you currently taking HIV treatment medications?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

H) Other injection related infections

H1. In the last 6 months, have you had an abscess or other soft tissue infection related to injection drug use?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

H2. In the last 6 months has a doctor, nurse or counselor told you that you have endocarditis (i.e., an infection in your heart valve)?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

I) ER/Hospitalizations

I1. In the last 6 months, how many times have you been to the emergency room to access health care?

- _____ # of Times
- 997 Don't Know
- 998 Refused

I2. In the last 6 months, how many nights have you spent in the hospital?

- _____ # of Nights
- 997 Don't Know
- 998 Refuse

J) Participation in substance use treatment

J1. In the last 6 months, have you received a referral to methadone, buprenorphine (e.g., Subutex, suboxone), or naltrexone (e.g., Vivitrol)?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

**If J1 = No (0), Don't Know (7) or Refused (8) skip to J3;
Else ask:**

J2. From where have you received a referral to methadone, buprenorphine (e.g., Subutex, suboxone), or naltrexone (e.g., Vivitrol)?

somewhere else

- 1 From a SCS
- 2 From somewhere else
- 3 From both a SCS and
somewhere else
- 7 Don't know
- 8 Refused

J3. In the last 6 months, have you been enrolled in methadone, buprenorphine (e.g., Subutex, suboxone), suboxone or naltrexone (e.g., Vivitrol)?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

**If J3 = No (0), Don't Know (7) or Refused (8) skip to K1;
Else ask:**

J4. Are you currently enrolled in methadone, buprenorphine (e.g., Subutex, suboxone) or naltrexone (e.g., Vivitrol)?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refused

**If J4 = No (0), Don't Know (7) or Refused (8) skip to K1;
Else ask:**

J5. In what type of treatment are you currently enrolled?

- 1 = Methadone detox
- 2 = Methadone maintenance

suboxone)

3 = Buprenorphine (Subutex,

4 = Naltrexone (Vivitrol)

K) Arrest/police contact/police harassment/brutality

K1. In the last 30 days, how many times have you had direct contact with the police?

_____ # of Times

997 Don't Know

998 Refused

If K1 = No (0), Don't Know (7) or Refused (8) skip to END;

K2. In the last 30 days, how many times have you been arrested?

_____ # of Times

997 Don't Know

998 Refused

K3. In the last 30 days, how many nights have you been held overnight in jail or prison?

_____ # of Nights

997 Don't Know

998 Refused