**Research personnel (RP) to administer the following survey to participants. RP complete section A-F for all non-admitted ED patients approached (regardless of survey participation)**

1. ***Criteria for approaching potential participant. (Check all that apply)***

***Initial Presentation (from tracking board, triage note, ambulance note)***

1🞎 Suspected or known opioid overdose (e.g., awoke with naloxone)

2🞎 Suspected or known opioid withdrawal

3🞎 Requesting opioid detoxification or rehabilitation

*The following presentations also require one of the opioid use criteria below*

4🞎 Soft tissue infection consistent with IVDU complication (abscess, cellulitis)

5🞎 Exacerbation of chronic pain (including requesting analgesic refill)

6🞎 Other reason related to opioid use. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7🞎 Chief complaint not directly related to opioid use. Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Opioid Use Criteria (check all that apply, use Pharmanet, triage note, ambulance note):***

1🞎 On any dose methadone/suboxone for addictions/ chronic pain treatment (Pharmanet)

2🞎 On prescribed opioid analgesics (in Pharmanet) at >100 mg morphine equivalent/day

 (67 mg oxycodone, 20 mg hydromorphone, 667 mg codeine, ≥ 25 mcg/hr fentanyl patch)

3🞎 History of IVDU (self-reported in triage note or ambulance note

4🞎 Self-disclosed use of any oral or smoked opioids in triage note or ambulance note

5🞎 No evidence opioid use in screening documents beside presentations A1,A2, A3 above.

6🞎 Referral to study team from ED staff member

1. ***Age***

1🞎≥16 < 20 2🞎20 - 29 3🞎30 - 39 4🞎40 - 49 5🞎50-59 6🞎 60 or greater 7🞎Unknown

1. ***Gender***

1🞎 Female 2🞎 Male 3🞎Other

1. ***Exclusion***

1🞎Already took survey 2🞎 Too sedated 3🞎 Too confused/agitated/aggressive/actively psychotic 4🞎 Denies or does not acknowledge having taken opioids in last 6 months

5🞎 Too chronically impaired to administer THN (e.g. quadriplegia, dementia) 6🞎 Only receives medications from others (incarcerated, in long-term care, admitted to psychiatry ward)

***E. Declined to participate in survey***

1🞎 Refused 2🞎 Withdrawal during questions 3🞎 Identified as THN candidate, left before approached

***F. Outcome (whether or not participated in survey)***

1🞎 Referred for ED THN training and left ED with THN kit

2🞎 Referred for ED THN training but did not leave ED with THN Kit

3🞎 Referred for ED THN training, but unknown if left ED with THN kit

4🞎 Took information on obtaining THN elsewhere 5🞎 Not interested at all

6🞎 Already had THN kit (not eligible for ED THN)

7🞎 Unknown if referred for THN later in ED stay

8🞎 Other, please specify

**Sample script for research personnel administering the survey**

“Hi. I am working with a new program at St. Paul’s Hospital to prevent overdoses. I understand that you might be an opioid user. Opioids include prescription painkillers, methadone, and street drugs like heroin). Every opioid user is at risk for a deadly accidental overdose. Even if someone calls 911, help might not always arrive in time. We are now handing out naloxone, or Narcan, to reverse overdoses. Would you be interested in having or learning more about a "take home naloxone" kit?” We are also conducting a survey to get people’s opinions on this new program and to find out more about the reasons this program might be right for some but not others. We are interested in your viewpoints whether or not you are interested in a take-home naloxone kit. This survey does not collect any personal identifying information, and is to be conducted in a location where others cannot easily overhear your responses. Participation is completely voluntary, and would take less than 15 minutes of your time. You will be given $10 for your time at the end of the survey. At any time, you could say ‘I prefer not to answer this question’ or ‘I would like to stop this survey’. Would you be willing to take part in the survey? Either way, your decision on the survey will not affect your ability to get a kit today, if you are interested. Thank you for your help!”

If survey refusal but interested in THN, initiate THN referral now. If no interest in survey and THN, offer outpatient THN resources. ***If interested in survey proceed as follows:***

**Give patient study information consent form. Give patient option to read on own for a few minutes, or for you to explain form step by step. If still agreeable, have patient sign and move to more private location (if not already in private room).**

1. ***Entry Questions***

Background: This first question may be asked in a public location.

* 1. Have you taken this survey before? (i.e., prior participation)

1🞎 Yes 2🞎 No (if “yes”, stop here, and thank patient for their time)

FOLLOWING QUESTIONS FOR PRIVATE LOCATION OUT OF EAR SHOT OF OTHER PATIENTS.

* 1. Just to confirm, have you taken opioids in the last 6 months

(Opioids include prescription pain medications such as oxycodone (oxycontin), codeine, hydrocodone (norco/vicodin), morphine, fentanyl, hydromorphone (dilaudid), medications used to treat addiction, such as methadone and suboxone, and street drugs such as heroin.

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

Instructions: if “no”, or “prefer not to answer” stop here, and thank patient for their time.

1. ***Demographics***

Background: The following questions on demographics are voluntary. They ask about individual characteristics that may help researchers identify groups without enough access to care.

1. Please identify the group below that best describes you from the following choices:

1🞎 First Nations 2🞎 Métis 3🞎 Inuit 4🞎 White/Caucasian 5🞎 Asian 6🞎 African

7🞎 Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8🞎 Prefer not to answer

1. Do you consider yourself homeless or without a fixed address

1🞎 Yes, now 2🞎 Not now, but in the last 6 months 3🞎 No 4🞎 Prefer not to answer

1. ***Opioid and other drug/alcohol use***

Background: The following questions ask about opioid use history, and the use of other substances such as alcohol, tobacco, medications, and other drugs.

1. For how long have you used opioids?

1🞎 < 1 yr 2🞎 1 up to 5 yrs 3🞎 5 up to 10 yrs 4🞎 ≥10 yrs 5🞎 Prefer not to answer

1. Do you use injection drugs (of any kind)?

1🞎 Currently (in last 6 months) 2🞎 Previously 3🞎 Never 4🞎 Prefer not to answer

1. Opioid and other drug use: type and method table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Over the last 6 months  | Did you use it? | Did you use it every day? |  How did you use it?  | Do you typically have a prescription for it? |
| Alcohol | yes | no | yes | no |  |   |   |    |   |   |
| Tobacco (cigarettes) | yes | no | yes | no | smoke | chew | oral |  other |   |   |
| Crystal Meth | yes | no | yes | no | smoke  | inject | oral |  other |   |   |
| Cocaine (powder) | yes | no | yes | no | smoke  | inject | oral |  other |   |   |
| Crack | yes | no | yes | no | smoke  | inject | oral |  other |   |   |
| Heroin | yes | no | yes | no | smoke  | inject | oral |  other |   |   |
| Marijuana / Hash | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| Methadone / Methadose | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| Morphine | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| Dilaudid (hydromorphone) | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| Oxycodone (Percocet) | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| Fentanyl | yes | no | yes | no | smoke | inject | oral | other | yes | no |
| Benzos (Ativan/Valium) | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| Stimulant (Ritalin/Adderall) | yes | no | yes | no | smoke  | inject | oral | other | yes | no |
| GHB | yes | no | yes | no | smoke  | inject | oral | other |   |   |
| Acid/LSD | yes | no | yes | no | smoke  | inject | oral | other |   |   |
| Ectsasy | yes | no | yes | no | smoke  | inject | oral | other |   |   |
| Special K | yes | no | yes | no | smoke  | inject | oral | other |   |   |
| Other (specify) | yes | no | yes | no | smoke  | inject | oral | other |   |   |
| Other (specify) | yes | no | yes | no | smoke  | inject | oral | other |   |   |

1. Do you take prescription opioid painkillers? (whether or not you have a prescription)

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Do you take prescription opioids exactly as prescribed to you by your main treating doctor(s) for chronic pain or addiction?

1🞎 Yes, always 2🞎 Most of time, but sometimes take extra of my own 3🞎 No, I get additional opioids elsewhere 4🞎 Prefer not to answer

1. Where do you go to get prescription opioids? (from the following check all that apply)

1🞎 family doctor 2🞎 pain clinic 3🞎 methadone/addiction doctor 4🞎 other specialist

4🞎 emergency departments 5🞎 walk-in clinics 6🞎 street 7🞎 friends/family

8🞎 other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9🞎 Prefer not to answer

1. ***Overdose Risk Factors***

Background: The following questions ask about potential risk factors for opioid overdose**.**

1. Have you been in a detox program in the last 6 months?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

1. Have you been diagnosed with a chronic medical problem (other than chronic pain or mental health) for which you have been hospitalized, take medications, and/or need ongoing care? Check all categories that apply

 1🞎 heart 2🞎 lung 3🞎 kidney 4🞎 liver 4🞎 brain/seizures 5🞎 diabetes 6🞎 gut (colitis)

 7🞎 other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8🞎 Prefer not to answer

1. Have you ever been diagnosed with a chronic pain condition?

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Have you ever been diagnosed with a mental health condition, such as depression, anxiety, bipolar, post-traumatic stress disorder, schizophrenia?

 1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Do you take anti-depressant medications?

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Are you HIV+?

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

If yes, are you on treatment?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

1. Do you have hepatitis C?

1🞎 Yes 2🞎 No, never 3🞎 No, successfully treated 3🞎 Not sure 🞎 Prefer not to answer

1. Have you spent time in jail in the last 6 months?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

1. Is there currently a warrant for your arrest?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

***5. Experience with opioid overdoses & naloxone (Narcan)***

Background: The following questions ask about your experience with opioid overdoses, either personally or being a witness. Naloxone or Narcan is the very effective medication given to treat opioid overdoses, usually as an injection in the muscle.

1. Do you feel you are personally at risk of dying of an opioid overdose?

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Has being in emergency today made you more worried about dying of an opioid overdose?

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. If you ever overdosed, what you would want someone to do? (Check all that apply)

1🞎 Attempt traditional techniques: cold water

2🞎 Attempt traditional techniques: slapping overdosed person

3🞎 Attempt traditional techniques: injecting other substance (other than naloxone)

4🞎 Attempt CPR or rescue breathing

5🞎 Call 911

6🞎 Leave you alone

7🞎 Inject naloxone

8🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9🞎 Prefer not to answer

1. Have you ever overdosed on heroin or other opioid? 1🞎 Yes 2🞎 No 3🞎 Not sure

4🞎 Prefer not to answer

1. Have you ever received naloxone/for an opioid overdose? 1🞎 Yes 2🞎 No 3🞎 Not sure

4🞎 Prefer not to answer

1. If yes to c), Who have you received naloxone from? (check all that apply)

1🞎 friend/family 2🞎 ambulance crew 3🞎 emergency department staff 4🞎 supervised injection site staff 5🞎 not sure 6🞎 Other\_\_\_\_\_\_

1. Are you regularly around other people who use opioids? (≥ 1 per month in last 6 months)

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Are you around other people who you think are at risk of dying of an opioid overdose?

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

1. Have you ever witnessed someone else overdose? 1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Prefer not to answer

**If yes, to i, please answer the following**

1. In the setting of an overdose, have you done any of the following? (Check all that apply)

1🞎 Attempt traditional techniques: cold water

2🞎 Attempt traditional techniques: slapping overdosed person

3🞎 Attempt traditional techniques: injecting other substance (other than naloxone)

4🞎 Attempt CPR or rescue breathing

5🞎 Call 911

6🞎 Leave the person alone

7🞎 Inject naloxone

8🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9🞎 Prefer not to answer

***6. Awareness of THN in BC and opinions on current program***

Background: The following questions ask about your opinion on take-home naloxone. BC offers a number of harm reduction services, including distribution of take-home naloxone injection kits to opioid users. In many places around the world, take-home naloxone kits are prescribed to anyone at risk for having or witnessing an opioid overdose. Take-home naloxone has already been successfully given more than 10,000 times to treat opioid overdoses.

1. In the last 6 months, have you used Harm Reduction Services in BC?

1🞎 No, none 2🞎 Supervised drug injection site (Insite) 3🞎 Needle Exchange Program

4🞎 Methadone program 5🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6🞎 Prefer not to answer

1. Do you think giving take-home naloxone kits to opioid users is a good idea?

1🞎 Yes 2🞎 No 3🞎 No opinion 4🞎 Prefer not to answer

1. Right now in BC, injection kits are the only kind of naloxone kit available. Would you prefer to use a nasal spray kit, if a nasal spray kit became available?

1🞎 Yes 2🞎 No 3🞎 No preference 4🞎 Not interested anyway 5🞎 Prefer not to answer

1. Before today, were you already aware of a program in BC that gives out take-home naloxone injection kits for opioid overdoses?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

If yes to d), continue with e) through I)

1. How did you find out about take-home naloxone injection kits in BC?(check all that apply)

1🞎 friend 2🞎 family 3🞎 family doctor 4🞎 methadone doctor 5🞎 pain clinic

5🞎 needle exchange program 6🞎 supervised injection site (Insite) 7🞎 online

8🞎 Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9🞎 Prefer not to answer

1. Have you ever had a take-home naloxone injection kit

1🞎 Yes, currently have 2🞎 Previously had 3🞎 No, never 4🞎 Prefer not to answer

1. Have you ever used a take-home naloxone injection kit

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

1. Do you know someone who has a take-home naloxone injection kit in BC?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

1. Before today, had you previously been offered a take-home naloxone injection kit?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

1. Before your emergency visit today, did you know who/where to ask to get a take-home naloxone injection kit?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

If yes, please specify who/where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes to i), pleaser answer j) through l**

Please give us your opinion on the convenience of getting naloxone kits at other locations in the community (not the emergency department), in terms of:

1. Location

1🞎 Convenient 2🞎 Not convenient (it would get in the way of getting a kit) 3🞎 Not aware of enough details to have an opinion 4🞎 Prefer not to answer 5🞎 Not interested anyway

If not convenient, please specify why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Times of day

1🞎 Convenient 2🞎 Not convenient (it would get in the way of getting a kit) 3🞎 Not aware of enough details to have an opinion 4🞎 Prefer not to answer 5🞎 Not interested anyway

If not convenient, please specify why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Length and type of training to use kit

1🞎 Convenient 2🞎 Not convenient (it would get in the way of getting a kit) 3🞎 Not aware of enough details to have an opinion 4🞎 Prefer not to answer 5🞎 Not interested anyway

If not convenient, please specify why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***7. Knowledge and Attitudes toward emergency department THN***

Background: The following questions ask about your opinion of using the emergency department as place to hand out take-home naloxone kits.

* 1. Before today, were you already aware that take-home naloxone injection kits were available from this emergency department?

1🞎 Yes 2🞎 No 3🞎 Prefer not to answer

* 1. Do you think emergency departments should give out take-home naloxone kits & training?

1🞎 Yes 2🞎 No 3🞎 No opinion 4🞎 Prefer not to answer

* 1. Do you think emergency departments are a convenient location for opioid users to get take-home naloxone kits & training?

1🞎 Yes 2🞎 No 3🞎 No opinion 4🞎 Prefer not to answer

* 1. Do you think emergency departments can be private & confidential enough to discuss and to give out take-home naloxone to opioid users?

1🞎 Yes 2🞎 No 3🞎 No opinion 4🞎 Prefer not to answer

* 1. Do you feel respected when you come for care in emergency departments?

1🞎 Yes 2🞎 No 3🞎 Sometimes 4🞎 Not sure 5🞎 Prefer not to answer

* 1. Do you feel comfortable talking about your opioid use with emergency department staff?

1🞎 Yes 2🞎 No 3🞎 Sometimes 4🞎 Not sure 5🞎 Prefer not to answer

* 1. Would you feel comfortable receiving training and a take-home naloxone injection kit from emergency department staff

1🞎 Yes 2🞎 No 3🞎 Not sure 4🞎 Not interested anyway 5🞎 Prefer not to answer

* 1. Which of the following would be your most preferred location to get take-home naloxone? (the kit, the training, and/or refills):

1🞎 family doctor 2🞎 methadone doctor/addictions specialist 3🞎 community clinic

4🞎 Supervised injection site 5🞎 ED 6🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7🞎 No preference 8 🞎 Not interested anyway 9🞎 Prefer not to answer

* 1. If you are interested in take-home naloxone today, please tell us the main reason:

**OPEN ENDED RESPONSE: (if hesitating, may give below as sample answers)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1🞎 “I feel I am risk of an overdose”

2🞎 “I would want to help someone else who is having an overdose”

 If you are not interested in take-home naloxone today, please tell us the main reason:

**OPEN ENDED RESPONSE: (if hesitating, may give below as sample answers)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2🞎 “I don’t care if I overdose” or “I would not want to go into withdrawal”

4🞎 “I would be afraid to give an injection or give someone withdrawal”

4🞎 “It’s not my place to do something for someone else’s overdose”

5🞎“I don’t have time to take the training today”

6🞎 “It would be too difficult/cumbersome to walk around with the kit”

7🞎 “The emergency department is not private or confidential enough”