

## ENa-CAARUD

National Survey of CAARUD's clients [2019]

(CAARUD = harm reduction facilities for drug users)

( = only one answer possible /  = several answers possible)

### You and your living conditions

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#### 1. Are you?

- A man
- A woman
- Other

#### 2. What is your year of birth? \_\_\_\_\_

#### 3. Who do you live with (not including children)?

- Alone
- In a couple
- With one or more members of your family (e.g. parents)
- With (a) friend(s)
- With other people

#### 4. Do you live with one or more children (yours, your partner's)?

- Yes
- No

#### 5. Where do you currently live?

- In your accommodation
- With relatives (family/friends)
- In an institution
- In a truck, caravan
- In a squat
- In a hotel room
- Homeless (on the streets, makeshift housing)
- Other, please specify: \_\_\_\_\_

##### 5a How long do you think you can stay in this accommodation?

- Less than 1 month
- Between 1 and 3 months
- Between 3 and 6 months
- More than 6 months
- I don't know

#### 6. What was your main source of income last month?

- Employment income (including pensions/retirement)
- Unemployment benefits
- RSA [income support]
- Disabled adults' allowance
- Other benefits (e.g.: CAF [family allowance])
- Resources from a third party
- Other resources (including illegal and unofficial ones)
- No income (including begging)

7. To ensure you are looked after, you are covered by:

Social security

AME [State Medical Assistance]

Not covered

I don't know

7a PUMA [universal healthcare protection] (previously CMU)  Yes  No

7b. An ALD [Long-term/major illness exemption]  Yes  No

7c. CMUc [supplementary universal health insurance]  Yes  No

7d. Other insurance  Yes  No

### Your use and risk reduction practices

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8. Have you ever, even just once in your life, used an intravenous route (injection)?

Yes, within the last 30 days (*answer 1*)

Yes, in the last year but not in the last 30 days

Yes, in the past but not in the last year

Never

I don't know

a. If yes, how old were you when you first injected? \_\_\_\_\_

b. What was the first product you injected? \_\_\_\_\_

*If you have injected in the last 30 days (answer 1), during the same period,*

9. How often did you inject a product?

Every day or almost every day

Between 1 and 5 days per week

Less than once a week

10. Have you shared any equipment (borrowed, lent, or shared use)?

10a Syringe?  Yes  No

10b. Preparation water?  Yes  No

10c. A swab/wipe?  Yes  No

10d. Spoons (containers)?  Yes  No

10e. Cottons/filters?  Yes  No

11. Has anyone helped you carry out an injection (excluding professionals)?

Yes  No

12. Have you reused your own syringe?

Yes  No

13. On the last day you had an injection (do not count today), how many times did you inject?

\_\_\_\_\_

14. Over the last 30 days, have you smoked a product using a base kit/dispenser?

Yes  No

If yes 14a. Did you share the dispenser?  Yes  No

14b. Have you shared the end piece/tip?  Yes  No

14c. What was the last product you used with it? \_\_\_\_\_

15. Is it easy for you to get:

15a The quantity of syringes you need?

Yes  No  Not relevant

15b. The type of syringes/needles you need?

Yes  No  Not relevant

15c. The quantity of equipment you need for smoking (base kit/dispenser, end piece/tip, etc.)?

Yes  No  Not relevant

16. Have you ever had a screening test (including TROD) for AIDS?

Yes  No

16a If so, what was the result of the last test?

Positive

Negative

I don't know

If positive 16b. Have you visited a doctor in the last 12 months for this condition?

Yes  No

16c. Are you currently taking any treatment for this condition?

Yes  No

If negative 16d. When was the last test done?

Less than 6 months

6 months to 1 year

More than 1 year

17. Have you ever had a screening test (including TROD) for hepatitis C?

Yes  No

17a If so, when was the last test done?

Less than 6 months

6 months to 1 year

More than 1 year

18. According to this test/diagnosis:

You are a carrier of the virus:

18a  you are currently being treated for hepatitis C

you have taken treatment(s) that did not work

you do not wish to be treated

18c. Have you visited a doctor in the last 12 months for this condition?

Yes  No

You have recovered from hepatitis C:

18b.  spontaneously

with treatment for hepatitis C

18d. Were you given (last time, if having undergone several treatments)?

Interferon®

a new treatment (e.g.: Eplclusa®)

I don't know

You have never been infected with HCV

You do not know the result of the test

19. Have you ever been infected with the hepatitis B virus?

- Yes       No       I don't know

20. Have you been vaccinated against hepatitis B?

- Full vaccination  
 Vaccination started  
 No  
 I don't know

20a If vaccinated, number of injections:

- 1 injection  
 2 injections  
 3 injections  
 I don't know

20b. If not, have you ever been offered a vaccination?

- Yes       No       I don't know

### What you take

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21. Are you currently undergoing opioid substitution treatment as part of a medical follow-up?

- No  
 Yes, methadone (vial or capsule)  
 Yes, BHD (Subutex®, Orobupre® or generic buprenorphine)  
 Yes, Suboxone® (or BHD/naloxone)  
 Yes, morphine sulphate (e.g.: Skenan®)  
 Other, please specify: \_\_\_\_\_

21a If so, who filled out the last prescription?

- GP (city)  
 CSAPA  
 Hospital  
 A specialist (city)  
 I don't know

22. Do you currently smoke tobacco?

- Yes       No

23. If yes, how many cigarettes (including rolled cigarettes)? \_\_\_\_\_

- \_\_\_\_\_  each day:  
\_\_\_\_\_  each week

24. Do you vape (e-cigarette)?

- Yes       No

25. Over the past month, have you drunk any alcoholic beverages?

- Every day, from the moment I wake up  
 Every day, a while after I wake up  
 Several times per week  
 More rarely or never

26. Tick yes or no, firstly for the products you have consumed in the last 30 days, then, if you ticked yes, complete the other items

	Cannabis	Cocaine powder	Cocaine crack (base/freebase)	Heroin	MDMA/Ecstasy	Amphetamines (Speed)	Ketamine	LSD, Acid	Hallucinogenic plants (1)
<b>Last 30 days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(1) Mushrooms, Datura, Salvia Divinorum, DMT/ayahuasca, etc.

	BHD (Subutex®)	Methadone	Moscontin/Skenan®	Tramadol	MDMA/Ecstasy	Fentanyl	Oxycodone	"Benzo" (2)	Ritalin®
<b>Last 30 days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(2) Seresta®, Valium®, Imovane®, Tranxene®, Rivotril®, Temesta®, Lexomil®, Stilnox®, Xanax®, etc.

26a How often did you take them?

- a. Less than once per week
- b. Once or several times a week
- c. Every day

	Cannabis	Cocaine powder	Cocaine crack (base/freebase)	Heroin	MDMA/Ecstasy	Amphetamines (Speed)	Ketamine	LSD, Acid	Hallucinogenic plants (1)
<b>26a Frequency</b>	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

	BHD (Subutex®)	Methadone	Moscontin/Skenan®	Tramadol	MDMA/Ecstasy	Fentanyl	Oxycodone	"Benzo" (2)
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<b>26a Frequency</b>	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a	<input type="checkbox"/> a
	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b	<input type="checkbox"/> b
	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c	<input type="checkbox"/> c

26b. What method(s) did you use to take them? (select all that apply)

- d. Oral (swallowed, drunk)
- e. Injection
- f. Snort
- g. Inhaled, smoked

	Cannabis	Cocaine powder	Cocaine crack (base/freebase)	Heroin	MDMA/Ecstasy	Amphetamines (Speed)	Ketamine	LSD, Acid	Hallucinogenic plants (1)
<b>26b Route</b>	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g

	BHD (Subutex®)	Methadone	Moscontin/Skenan®	Tramadol	MDMA/Ecstasy	Fentanyl	Oxycodone	"Benzo" (2)	Ritalin®
<b>26b Route</b>	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g	<input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> g

27. Over the last 30 days, have you taken any NSP (new synthetic products) or RC (research chemicals), such as cathinones or synthetic cannabinoids?

- Yes  No  I don't know

27a If yes, indicate the last one you took: \_\_\_\_\_

27b. If yes, have you injected one in the last 30 days?  Yes  No

28. Over the last 30 days have you used any product(s) that we haven't mentioned (Artane®, codeine, GHB, etc.)?

- Yes  No

28a If yes, which one(s)? \_\_\_\_\_

29. Are you familiar with the naloxone kit, either as a nasal spray (e. g. Nalscue®) or in injectable form (e. g. Prenoxad®) that can be used in the event of an opioid overdose?

Yes  No  I don't know

If yes a. Have you ever been given one?

Yes  No  I don't know

b. Has a kit like this ever been used on you?

Yes  No  I don't know

c. Have you ever used such a kit on someone else?

Yes  No  I don't know

30. Over the last 12 months, have you visited:

a. a CSAPA (specialized care centre for drug addicts )?  Yes  No

b. a non-CSAPA hospital addiction service?  Yes  No

c. a doctor in town?  Yes  No

31. Over the last 30 days, how many times have you visited a CAARUD or met a member of the team (including this meeting)?

Once

2 or 3 times

At least once a week

Almost every day