Interview Guide: Harm Reduction Practitioners

1. Can you describe the extent of opioid use after experiencing a period of abstinence—either compulsory (like incarceration) or by choice (like drug treatment or self-imposed sobriety)—where individuals are no longer physically dependent in the population you serve?

*Probes*

* What are reasons for abstinence among opioid users?
* How long are these periods?
* What types of opioids are used?
* Do users resume using the same amount of opioids as they did before periods of abstinence?
1. How would you describe a typical day for a person using opioids?

*Probes*

* + Who and how many people do they use with?
	+ What is the main route of administration (eating; sniffing; injecting)?
	+ How many times a day do they use opioids?
	+ Do they also use other drugs?
	+ If they use additional drugs, what is the timing with opioids? What types of drugs are they? Do they use them together (like a speedball) or at different times throughout the day? Are there special combinations they like because of the high it delivers?
1. Can you describe the situation(s) and place(s) of overdoses?

*Probes*

* + What are the settings??
	+ Do they happen alone or with another person or persons?
	+ Does someone administer naloxone to reverse overdose?
1. Do you have a sense if the heroin being used is different/stronger than the heroin opioid users typically used to?

*Probes*

* + Was the texture or look different?
	+ Did they know if it was a different form?
	+ Have they used fentanyl in the last year, either on purpose or accident?
	+ Do they regularly do tester shots? Sometimes?
1. (For people who use prescription opioids licitly) Can you describe the typical prescription opioid medications the population you treat have received, what they are for, and the methods in which you take them?

*Probes*

* 1. Are they taking several different pain medications?
	2. Are they also taking medications that are not pain-specific, like benzos?
	3. Have they ever take more medication than was prescribed?
	4. Have they ever sniffed your pills, or even injected them?
	5. Do they drink alcohol?
	6. Do they have a history of substance abuse?
	7. Do they receive naloxone with your pain medication prescriptions?