North Carolina Survivors Union Survey about Methadone Access During COVID-19

People I live with can access my take-homes.



Instructions: Please answer the questions below the best you can. Ask us for help if you need it. 1. How long have you been on methadone? ▶12. Since March 2020 or when COVID-19 (coronavirus) started, do you personally know anyone who has the following with their months years take-homes? Check all that apply. 2. How long have you been on methadone during your ☐ Giving doses to help someone else current treatment episode? ☐ Losing or having their take-homes stolen ☐ Having people they live, including their kids, with get ____ months __ years into their methadone 3. Prior to March 2020 or COVID-19 (coronavirus pandemic), ☐ Skipping doses to save up and use later for themselves had you ever gotten take-home doses of methadone before? ☐ None of the above O No Yes 13. COVID-19 (coronavirus) has impacted people in a lot of different ways. Since COVID-19 started (March 2020), did you 4. Since March 2020 or COVID-19, how often has your clinic have to do any of the following? Check all that apply. been giving you take-homes? ☐ Share take-homes with someone else O Weeks at a time ☐ Sold take-homes O Just for the weekends ☐ I haven't had to share or sell take-homes. Off and on (sporadically) O Never [SKIP TO QUESTION #12] _ 14. What might make someone give away methadone? Check all that apply. 5. Since March 2020 or COVID-19, how many days' worth of ☐ Saving up doses for when the clinic is closed methadone take-homes do you usually get? ☐ Saving up doses for travel days ☐ Helping a friend or someone else ☐ Needing money or drugs 6. Since you started getting take-homes, are you able to stay ☐ Other reasons, please tell us more: _____ on a stable dose? Yes () No 15. Have there been other changes in your methadone 7. Since you started getting take-homes, have you had your experience you'd like to tell us about? dose cut? \bigcirc No 8. When you are **not** getting take-homes (for example, when you go to the clinic daily), are you able to stay on a stable dose? 16. What is your age in years? _____ ONo Yes 17. What is your gender? 9. When you are **not** getting take-homes (for example, when ☐ Female you go to the clinic daily), have you had your dose cut? □ Male Yes \bigcirc No ☐ Trans Male ☐ Trans Female 10. Has your clinic talked to you about safe storage of your □ Intersex take-homes? ☐ Non-Binary, Queer, or Gender Non-Conforming ONo 18. What is your race and ethnicity? ☐ Asian/Pacific Islander 11. When it comes to storing your take-homes, which of the ☐ Black/African American following apply to you? Check all that apply. ☐ Hispanic/Latino ☐ White, non-Hispanic ☐ My take-homes come with something to measure ☐ Middle Eastern/Arab ☐ Bi-racial ☐ My take-homes are stored in the refrigerator. ☐ I have somewhere safe to store my take-homes. ☐ Native/Indigenous American ☐ My take-homes are kept in a child-resistant or ☐ Other, please specify: _____ locked container.