

# **Crack Cocaine & Crystal Methamphetamine: New Risks in Hepatitis C**

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Kingston Community Needs Assessment  
Final Report

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Melissa Black  
March 1, 2006

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## EXECUTIVE SUMMARY

Over the winter of 2005-2006, the Street Health Centre conducted a community-based needs assessment in order to continue to appropriately serve individuals infected with, affected by, or at risk of contracting Hepatitis C (HCV). Entitled “New Risks in Hepatitis C,” the literature review and interviews were based on three main topics: Hepatitis C, crack cocaine, and crystal methamphetamine.

The assessment included two different population samples in the Kingston area. One group was comprised of 50 community members, all past or present users of crack cocaine and/or crystal methamphetamine; the other group was 25 community service providers who were thought to have some connection with individuals using or at risk of using crack cocaine and/or crystal methamphetamine. Respondents provided detailed information regarding demographics, knowledge of topics, prevalence, effects of substances and disease, and recommendations to help educate the public.

Of the analyzed data from the community member questionnaire, the major findings indicated that only 28% had completed high school and 50% were living with an annual income below \$8,000. 88% of respondents were on social assistance and 80% had been incarcerated. With regard to transmitting HCV, 100% said you should not share drug-using equipment, however only 40% believed you could pass the virus from sharing inhalation pipes. 48% stated they were HCV-positive and 50% reported they knew nothing about the virus prior to being tested. 84% thought being HCV-positive carried stigma. Of those interviewed, 100% had tried crack and 86% had tried crystal methamphetamine.

The majority of respondents (63%) reported inhalation/smoking as the main route of administration among crack users in the Kingston area. 92% had witnessed someone sharing drug-using equipment for crack, and 100% of that group stated that they had witnessed people sharing crack pipes. This correlated with the 66% who had personally shared equipment (among those, 100% had shared pipes). Moreover, 66% said they received their knowledge from using and 80% stated workshops in high schools would be the best way to educate the general public.

With regard to crystal methamphetamine, 72% reported that crystal meth is extremely common in Kingston; however, 52% stated that more people are using crack over crystal meth. 60% stated there is a difference between “crystal” and “speed”; 40% reported they would like to stop using the drug. Most people are smoking (54%) or injecting (54%) the substance and 72% of respondents believed that the average age of people first trying crystal meth is between 15 and 19. 53% had shared drug equipment, with the majority (65%) sharing pipes.

## PART I: NEEDS ASSESSMENT FORM AND FUNCTION

### Background

Hepatitis C (HCV) is often referred to as an epidemic among our nation's population and is widely recognized as a tremendous public health concern. It is regularly noted that HCV is more easily transmitted and more infectious through blood than HIV. The Hepatitis C virus enters the body by blood-to-blood contact, which is common when sharing drug equipment such as syringes and inhalation pipes. Furthermore, sharing of equipment for illicit drug use has contributed significantly to the increasing numbers of individuals being diagnosed with Hepatitis C throughout Canada.

Hepatitis C is an infectious virus that is carried in the blood and affects the liver, an essential organ that acts as a filtering system for chemicals and toxins that enter the body. HCV causes inflammation of the liver and this can progress to cirrhosis, producing scarring of the liver and hampering normal functioning. When the virus was first discovered in the 1970s, it was referred to as non-A, non-B Hepatitis, and only recently (1989) was it finally identified as the Hepatitis C virus.

The number of people with Hepatitis C is increasing rapidly in Canada and around the world, primarily among those sharing needles and other drug equipment.<sup>1</sup> It is reported that injection drug use is still the number one route of transmission in Canada.<sup>2</sup> Hepatitis C is transmitted mainly by direct contact with infected blood or blood products.<sup>3</sup> Some of the most common ways of being infected with HCV include sharing needles, straws, pipes, spoons, and other drug-related equipment.<sup>4</sup> Other risk behaviours include using contaminated equipment for tattooing, body piercing, and acupuncture. Current research tells us that the risks of transmitting Hepatitis C through accidental injuries, blood transfusions, sexual intercourse, or childbearing are low.<sup>5</sup>

The World Health Organization (WHO) has compared Hepatitis C to a "viral time bomb." The WHO also estimates that about 180 million people, some 3% of the world's population, are infected with HCV, and 130 million of those are chronic HCV carriers at risk of developing liver cirrhosis and/or liver cancer.<sup>6</sup> In Canada, about 0.8%-1.0% of the population (approximately 250,000-300,000 people) are infected with HCV; about one-third do not know they are infected because they have never been tested.<sup>7</sup> Furthermore, liver disease related to HCV infection is the leading reason for liver transplantation in Canada.<sup>8</sup>

Although there has been an exponential increase in the number of reported cases over time, the public health agency of Canada reports this is primarily a result of increasing recognition and reporting of remotely acquired

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1 Health Canada, *It's Your Health-Hepatitis C*, 2005

2 Zou, Forrester, and Giulivi, 2003

3 Public Health Agency of Canada, *Hepatitis C-Virus Information*, 2004

4 Health Canada, *It's Your Health-Hepatitis C*, 2005

5 Public Health Agency of Canada, *Hepatitis C-Virus Information*, 2004

6 World Health Organization, *Viral Cancers*, 2006

7 Canadian Centre on Substance Abuse, *HCV Infection and Illicit Drug Use*, 2005.

8 CORR, Annual report, 1996.

cases as opposed to an epidemic of new infections.<sup>9</sup> Moreover, despite improved drug therapy programs, the number of persons living with HIV in Canada is rising, from an estimated 40,000 in 1996 to 56,000 in 2002.<sup>10</sup> Furthermore, it is estimated that 5,000-10,000 people in Canada are co-infected with HCV and HIV. On a global scale the rate of HIV in the injection drug use (IDU) population is decreasing; however the rate of HCV is increasing.<sup>11</sup> Since measures used to reduce the risk of HIV infection may not be as effective against HCV, further investigation into routes of transmission is required.<sup>12</sup>

The estimated HCV prevalence in Ontario among IDUs ranges from 54.3% in Toronto to 75.8% in Ottawa.<sup>13</sup> When injecting drugs, individuals often share equipment such as needles, spoons/cookers, filters, tourniquets and water, often putting themselves at risk of HCV infection. Currently, a full 70% of all new HCV infections in Canada are attributed to the sharing of injection drug use equipment.<sup>14</sup> Certain communities seem at an increased risk of HCV, including injection drug users, prisoners, street-involved youth, women, and aboriginal people.<sup>15</sup>

In 2000, the Research Group on Drug Use revealed that 70% of all IDUs in Toronto reported using cocaine, especially in the form of crack.<sup>16</sup> Crack is a highly addictive stimulant drug that is derived from powdered cocaine. Crack or “freebase” is cocaine that has been dissolved and then boiled in a mixture of water and ammonia or baking soda until it forms lumps or rocks. Crack may be liquefied and injected or heated and its vapors smoked.<sup>17</sup> Users have been shown to be at an elevated risk for the Hepatitis C virus<sup>18</sup> for they are more likely to engage in high-risk behaviours that facilitate HCV transmission, such as unsafe injection practices or high-risk sexual behaviour.<sup>19</sup> Sexual activities under the influence of crack often involve high-risk practices that may include multiple sex partners, inconsistent condom use, unprotected anal sex, and sex under the influence of drugs.<sup>20</sup>

Crystal methamphetamine is a central nervous stimulant (like crack cocaine) that can be made easily in clandestine laboratories with relatively inexpensive over-the-counter ingredients.<sup>21</sup> Crystal meth can be smoked, snorted, taken orally, or injected, putting users at an increased risk of contracting Hepatitis C.<sup>22</sup> This substance is known as a highly addictive drug that is readily available and possible long-term effects may include structural changes to the brain, memory loss, difficulty completing complex tasks, and permanent psychotic symptoms.<sup>23</sup> Both crystal methamphetamine and crack cocaine are known as new risks in contracting HCV.

Those who smoke illicit drugs, particularly crack cocaine and crystal methamphetamine are at risk of contracting

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9 Zou, Tepper, and Giulivi, 2000.

10 Health Canada, HIV and AIDS, 2006.

11 World Health Organization, 2000.

12 Shore, 2001.

13 Millson, et al, 2001

14 Taylor, 2001

15 Taylor, 2001

16 Safer Crack Use coalition, Health Issues Affecting Crack Smokers, 2005

17 National Institute on drug Abuse, Info Facts, 2005.

18 McMahon and Tortu, 2003.

19 Fischer, Remis and Haydon, 2004.

20 Logan and Leukefeld, 2000.

21 CAMH, 2003.

22 NDIC, Fast Facts, 2003.

23 Minister of State for Mental Health and Addiction Services, An Integrated BC Strategy, 2004.

HCV.<sup>24</sup> Inhalation pipes are often crudely constructed from metal such as pop cans, and from glass materials, which can lead to cuts from sharp edges and lip burns.<sup>25</sup> Furthermore, it is hypothesized that contaminated blood can be transmitted between users, given that they may have open wounds on their hands and mouths and are documented to be in an environment which reinforces the sharing of drug equipment.<sup>26</sup> This would suggest that HCV may be transmitted between smokers by the shared use of devices to smoke crack or other drugs.<sup>27</sup>

In addition to the physical challenges HCV presents, this illness carries with it a stigma that negatively impacts the quality of life for infected individuals.<sup>28</sup> The implicit connection between HCV infection and drug use causes HCV-positive people to often be viewed as having made poor choices; subsumed under the label of “drug user,” these individuals are deemed immoral and tainted.<sup>29</sup> Some of the negative consequences people often experience include reduced self-esteem, diminished mental health, less access to medical care, and fear of disclosing a positive status for fear of receiving no social support when desperately needed.<sup>30</sup> People are more likely to access information and help regarding HCV when they feel the public is more adequately informed and when less discrimination is present.

The widespread prevalence of Hepatitis C among Canada’s population has raised sufficient awareness to facilitate further program initiatives. Among these programs is the Hepatitis C Prevention, Support & Research Program of the Public Health Agency of Canada. This program aims to increase awareness, promote positive prevention behaviours, expand research activity, and augment the government’s capacity to respond to the threat to health posed by Hepatitis C.<sup>31</sup> Moreover, in response to the rising level of problematic substance use in Canada, the federal government has renewed its commitment to Canada’s Drug Strategy in 2003. As part of its five-year action plan, Health Canada has launched the Drug Strategy Community Initiatives Fund that aims to tackle problematic substance use on two key fronts: 1) promotion and prevention and 2) harm reduction.

## Canada’s Drug Strategy

Canada’s Drug Strategy is a national, concerted effort to address alcohol and other drugs in Canada. The long-term goal of the strategy is to reduce the harm associated with the use of alcohol and other drugs to individuals, family members, and communities and to see Canadians living in a society increasingly free of the harms associated with substance abuse.<sup>32</sup>

The strategy uses a balanced approach to deal with both the demand for and supply of drugs based on four key pillars. These pillars include:

**Prevention:** to teach about the dangers of harmful substance use and to provide information on how to adopt

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24 Hepatitis C Council of British Columbia, Fact Sheet.

25 Haydon and Fischer, 2005.

26 Ontario needle exchange programs: Best practice recommendations, 2006.

27 Ontario needle exchange programs: Best practice recommendations, 2006.

28 Twerell, Strauss, and Munoz-Plaza, Stigma: Hepatitis C and Drug Abuse, 2006

29 Twerell, Strauss, and Munoz-Plaza, Stigma: Hepatitis C and Drug Abuse, 2006

30 Crocker and Quinn, 2000.

31 Health Canada, Hepatitis C Prevention Support & Research Program,

32 Health Canada, Canada’s Drug Strategy, 2005.

healthy behaviours

**Enforcement:** to prevent the unlawful import, export, production, distribution, and possession of illegal drugs

**Treatment:** for those with an unhealthy dependency on substances

**Harm Reduction:** to limit the secondary effects of substance use, such as the spread of infectious diseases like HIV and Hepatitis C.<sup>33</sup>

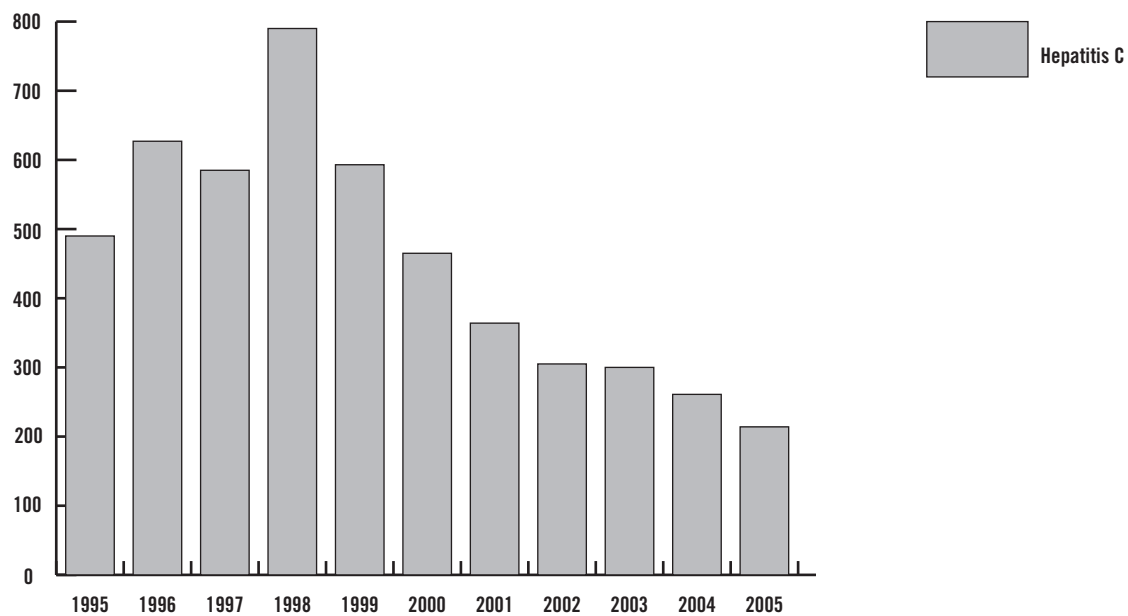
In response to the rising level of problematic substance use in Canada, the Drug Strategy was renewed in May of 2003. It allocated \$245-million in new funding for the strategy in a concerted cross-country effort to address the pressing health issue. Furthermore, as part of its five-year action plan, Health Canada launched the Drug Strategy Community Initiatives Fund in April 2004. The DSCIF aims to tackle problematic substance use on two key fronts:

1) promotion and prevention and 2) harm reduction.<sup>34</sup>

## Local Incidence of Hepatitis C

As a reportable disease, those who are newly diagnosed with the Hepatitis C virus are reported to the Kingston, Frontenac, Lennox & Addington Health Unit. A recent statistical review of local public health data on reportable diseases revealed most recent annual incidences of HCV infection. The data was then compared to prior annual incidences that were shown in the preceding community needs assessment titled: "No Common Cold."

**Table 1: Year of Diagnosis**



33 Health Canada, Canada's Drug Strategy, 2005.

34 Health Canada, The Drug Strategy Community Initiatives Fund-At a Glance, 2004.

**“No Common Cold”  
2001, Street Health Centre**

YEAR	POSITIVE HCV RESULTS
1995	490
1996	627
1997	585
1998	790
1999	593
<b>Total</b>	<b>3,085</b>

**“New Risks in Hepatitis C”**

YEAR	POSITIVE HCV RESULTS
2000	465
2001	364
2002	305
2003	300
2004	261
<b>Total</b>	<b>1,909</b>

The statistical results indicate an overall total of 4,994 people that have been newly diagnosed with the Hepatitis C virus over the last ten years.

It should be noted that positive HCV results include geographical attachment areas surrounding Kingston; they also contain the local federally incarcerated prison population. All factors are integrated in the final result total. In Table 1, an examination of the numbers indicates a considerable drop in annual incidence since 1998 with a consistent continued decline. Of particular interest is the fact that lab screens from the Street Health patient population have increased noticeably since that time<sup>35</sup> and awareness of the disease has also been on the rise. An investigation is ongoing to determine the significance of the decline and whether it may also indicate a drop in incidence/prevalence among area injection drug users.<sup>36</sup>

The Street Health Centre is a multi-service health centre providing primary care, prevention, counseling, and treatment services. The Keep Six! Needle Exchange, the core service out of which the “one-stop shopping” model of Street Health emerged, distributed over 500,000 syringes in 2005. Only the Superior Points Harm Reduction Program in Thunder Bay distributed more. Keep Six! has been operational since 1991, and was the third needle exchange to be established in Ontario and the first within a mid-sized city.

Currently Street Health has 1,582 active medical charts. 21% of all clients have a known HCV diagnosis on-chart, and 64% of those tested have been found to be HCV-positive.

### **Hepatitis C and the Prison Connection**

The number of new admissions and general population inmates screened for HCV in Correctional Service Canada (CSC) has risen steadily since 2000.<sup>37</sup> According to CSC-IDSS, new cases of infection were more frequently identified among general population inmates than in new admissions (65% in 2001, 54% in 2000).<sup>38</sup> The prevalence

35 Shore, 2001.

36 Shore, 2001.

37 Correctional Service of Canada, Smith, 2005.

38 Correctional Service of Canada, Pongrac, 2005.

of HCV in CSC penitentiaries is much higher than the Canadian population average; overall, 26% of federal inmates were reported to be HCV-positive at the end of 2002.<sup>39</sup> There were 3,173 cases of HCV reported in CSC institutions at this time.<sup>40</sup> Furthermore, approximately 80% of inmates have some identified level of problems with drugs and/or alcohol.<sup>41</sup>

Local studies have stated the prevalence of Hepatitis C among federally-sentenced prisoners to range between 33-41%.<sup>42</sup> One study in a local medium security institution on HCV seroprevalence showed an increase from 28% in 1995 to 33% in 1998.<sup>43</sup> The same 1998 study found that injection drug use in the prison had doubled from 12% to 24% over a 3-year period.<sup>44</sup>

Kingston and surrounding area is home to nine federal correctional institutions. In 2004 the compiled number of federal inmates that were housed among the nine institutions totaled 2,001 persons.<sup>45</sup> Particular attention must be paid to the idea that the institutions can have an impact on public health amongst the Kingston population. Moreover, it must be noted that federal inmates who use illicit drugs do not have access to sterile syringes, pipes, or other drug paraphernalia. Given the movement of individuals in and out of the local federal correctional institutions, prisons may be the weak link in protecting the public health.<sup>46</sup>

### **The New Risks in Hepatitis C Community Needs Assessment: A Summary**

A Community Needs Assessment was conducted in the winter of 2005 to identify new risks in Hepatitis C in Kingston and its surrounding area. Furthermore, the needs assessment was set in place to identify the risks associated with contracting HCV through illicit drug use with substances such as crack cocaine and crystal methamphetamine. The assessment was conducted through a comprehensive literature review of published articles on all three topics that included most recent medical, theoretical, and epidemiological information. Once the literature review was completed, a questionnaire was sent out to 25 randomly-chosen local community service providers. The providers were thought to be in contact with people who were using or at risk of using crack cocaine and/or crystal methamphetamine, and who could be putting themselves at risk of contracting HCV. The total response rate obtained was 56%, which was higher than anticipated. The next essential segment of the needs assessment was to interview people who were past or present users of crack cocaine and/or crystal methamphetamine. This was to assess client perception, knowledge, and self-perceived risk behaviours related to crack cocaine, crystal meth and HCV. 50 individuals that had been using one or both of these drugs volunteered their time to complete the questionnaire. The questionnaire was in three sections to maintain clarity in each area. Of the 50 people interviewed, 100% had used crack at some point during their lifetime.

A range of educational requirements, need for support, and health needs were all identified among those who were interviewed. Issues of stigma, quality of care, and local incidence of crack use were predominant in the study's

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39 Correctional Service of Canada, Smith, 2005.  
40 Correctional Service of Canada, Smith, 2005.  
41 Correctional Service of Canada, Issues and Challenges Facing CSC, 2005.  
42 Ford, et.al., 2000; Pearson et.al. in press; Ford et.al. 2000.  
43 Ford, et.al., 2000.  
44 Ford, et.al., 2000.  
45 Correctional Service of Canada, 2004.  
46 Shore, 2001.

responses. Furthermore, method of use and physical and psychological effects due to the use of crack cocaine and crystal methamphetamine were a major concern. The implications of the findings are discussed with particular reference to local incidence of those who are using, individual methods of use, focused prevention, and awareness within the community. A population and community health approach informs this needs assessment, with a strong emphasis on the determinants to health and the possibilities of community development.<sup>47</sup>

## **Objectives and Goals of the Needs Assessment**

One major objective of this community needs assessment was to identify the needs of the local community in response to an improved understanding of crack cocaine and crystal methamphetamine. This project examined the needs of current or past users of crack cocaine and or crystal methamphetamine who face the risk of HCV infection, as well as local community service providers who have probable connection with current, past and at-risk illicit drug using populations.

Another primary objective of the needs assessment was to raise awareness in the local community and among local health and social service providers with regard to new risks in hepatitis C. This included matters pertaining to the understanding, support, and health services provided to individuals who use crack cocaine and or crystal methamphetamine and who also face the risk of HCV infection.

The needs assessment had several additional stated goals:

1. Improve users' understanding of crack cocaine and crystal methamphetamine use.
2. Improve understanding of risks for infectious disease and other preventable harm within this population.
3. Improve local organizational capacity to provide appropriate and supportive services to people who use crack cocaine and crystal methamphetamine.
4. Improve health practices among people at risk for HCV
5. Improve access to care and health services, including HCV screening, addictions counseling, and social supports.
6. Improve understanding of extent of local crack cocaine/crystal methamphetamine use.
7. Identify how individuals are using crack cocaine and crystal methamphetamine.
8. Identify educational requirements for those using or those who know someone using crack cocaine and/or crystal methamphetamine that may be at risk of contracting HCV.
9. Identify education and support needs of the local service providers on crack cocaine, crystal methamphetamine, and HCV.
10. Improve the prevention practices of the local community.
11. Make recommendations for a healthy community response to the new risks in Hepatitis C.

## **Methodology**

Information was initially collected through an examination of past international and local needs assessments

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<sup>47</sup> Shore, 2001.

relevant to Hepatitis C, crack cocaine, and crystal methamphetamine. The questionnaires were developed and implemented using previous studies and were modified to include local context and fundamental information from the literature review. An examination of standard methods of reaching illicit drug users was also carried out. This needs assessment was designed to assist in evidence-based decision-making and community/population health planning.<sup>48</sup> Furthermore, it assists in addressing hazardous and problematic substance abuse.

A full-time project coordinator was employed for five months to design and implement the needs assessment. The coordinator researched specific topics, including harm reduction, transmission, medical and social services, access barriers, inhalation pipes, education, medical complications, mental health, injection drug use, and treatment.

In the process of creating the assessment tools, health care and social service staff, peer advocates, and clients reviewed preliminary versions of both questionnaires. They also participated in an overall evaluation of the assessment. Once the questionnaires were examined and approved at that level, they were taken to a consulting service and evaluated again to eliminate unethical or inappropriate questions.

At the beginning of January 2006, recruitment began, and it only took 38 days for all 50 questionnaires to be completed. To be eligible, participants had to be current or past users of crack cocaine and/or crystal methamphetamine. Participants were recruited by posting advertisements in the area, and staff members from the Street Health Centre approached potential participants, providing information about the project and inviting eligible people to participate. The project coordinator was not involved in direct clinical service delivery, and acted as the only field researcher, conducting all 50 interviews. All participants were offered \$5 in compensation for their time. Each individual understood the purpose of the interview, that all conversation was confidential, and that the results from their interview would be presented in an anonymous form. Anonymity was provided by using an ID number instead of a name for each participant. Furthermore, if at any time participants felt they wanted to discontinue or did not want to answer specific questions, they still received their \$5. See Appendix II for the survey tool.

The majority of interviews were conducted at the Street Health Centre and the rest were held at the participants' homes. All interviews were conducted in an area free from distractions and lasted roughly 20-30 minutes.

Although the validity of self-reported drug use is commonly questioned, the research literature suggests that survey responses are generally valid, especially if respondents are: (1) confident that their responses will be confidential and anonymous, (2) believe the research is legitimate, and (3) believe that there are no adverse consequences in reporting certain behaviours.<sup>49</sup>

As well as creating a tool for those who used crack cocaine and/or crystal methamphetamine, a second tool was created for local service providers who were thought to be in contact with people using the substances. 25 local service providers were selected by randomly choosing organizations that provide services to individuals that are or could be at risk of HCV, or using illicit drugs, out of the Where to Turn Community Services Directory. The

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48 Shore, 2001

49 Canadian Centre on Substance Abuse, Canadian Addiction Survey, 2004.

organizations ranged from addiction and support services, housing agencies, health care, youth groups, shelters, and treatment services.

Once providers had been selected, each organization received a phone call inviting the organization to participate. The organization was given full explanation to the purpose of the questionnaire and examples of questions that would be asked. All 25 selected organizations agreed and providers were then faxed the questionnaire and given 7 days to fax it back (see Appendix II). Those who faxed the questionnaire back by the deadline were offered the chance to win \$50 gift certificate. A follow-up call was made to providers 4 days after faxing the questionnaire to confirm they had received it and to answer any questions. Once the deadline had passed, the researcher made additional phone calls to providers encouraging the return of the questionnaire. There was an expected response rate of 32% (8 responses) however, the final response rate was 56% (14 responses). The response rate demonstrated community consciousness and a desire to understand the topics being reviewed.

## **Information Collection**

Information was collected in a number of ways, including a literature review, questionnaires and interviews, ethnographic observations from participants, and anecdotal information from telephone conversations with local service providers.

The project coordinator created two questionnaires with the assistance of colleagues working in the field of health and social services, as well as providers for individuals that are HCV-positive, and using crack cocaine and/or crystal methamphetamine. The questionnaires were aimed at two groups:

- People who are current or past users of crack cocaine and/or crystal methamphetamine (see Appendix II).
- Community service providers that have contact with people who are at risk of HCV or using illicit drugs such as crack cocaine and/or crystal methamphetamine (see Appendix II).

The project coordinator also conducted an in-depth literature review, using existing published resources and the internet. The review included the Canadian Journals of Public Health, information from the Public Health Agency of Canada, as well as general searches that included sites such as CCSA, the World Health Organization, the Hepatitis C Society of Canada, SCUC, and NIDA.

## PART II: SUMMARY OF FINDINGS

### SUMMARY OF INDIVIDUAL RESPONDENTS LIVING WITH, AFFECTED BY OR AT-RISK-OF HEPATITIS C

#### “Right away people assume you are a drug addict”

INDIVIDUAL LIVING WITH HEPATITIS C

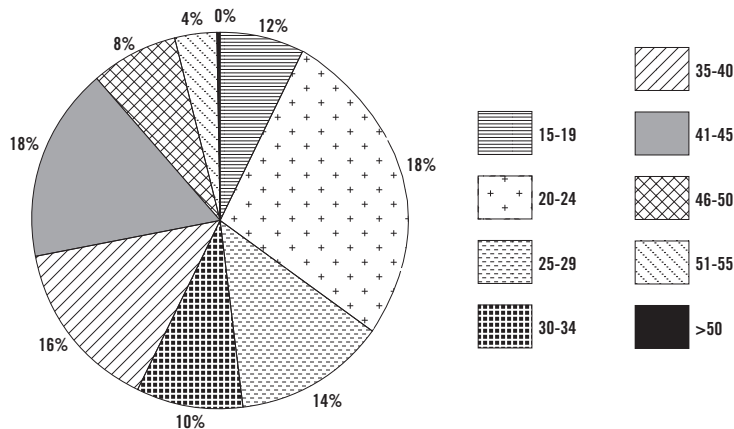
#### Demographics of Individual Respondents

66% of the individual respondents were male and 34% were female.

98% resided in the city of Kingston, and 2% lived on its outskirts. The average number of years lived in Kingston was 21. 56% of respondents lived in the Inner North End, 34% in the Rideau Heights area, 8% in the West End, and 2% elsewhere.

The findings indicated a wide distribution of age with the highest populations (18%) being ages 20-24 and 41-45, followed by ages 35-40 (16%), 25-29 (14%), 15-19 (12%), 30-34 (10%), 46-50 (8%), and 51-55 (4%).

**Table 2: Age of Individual Respondents**



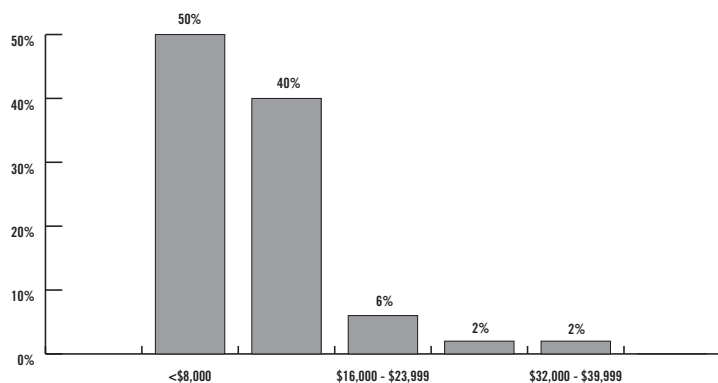
Respondents also answered questions about their living arrangements. 28% of respondents lived with friends or roommates, 26% lived with their partner and children, 22% lived alone, 20% lived with only their partner and 4% lived with parents and family. 44% lived in an apartment, 16% lived in public housing, 14% in a house, 14% lived in a room in a house, 6% lived in a shelter, 4% lived in hotels/motels, and 2% were homeless.

Education levels differed, with a clear majority of 50% who had received some high school education. 28% had completed high school, and 4% selected each of: completed high school, university graduates, college gradu-

ates, and completed elementary school. Furthermore, 2% selected each of: some college, some university, and trade/technical school.

Findings regarding annual income indicated that 50% made under \$8,000, 40% made between \$8,000 and \$16,000, 6% made \$16,000-\$24,000, 2% made \$24,000-\$32,000 and 2% made \$32,000-\$40,000.

**Table 3: Annual Income of Individual Respondents**



Answers regarding employment status indicated that 52% of respondents were unemployed, 30% were disabled, 12% were employed part-time, and 6% were employed full-time. A total of 88% stated they were on social assistance: 48% on Ontario Works and 40% on disability. 39% of respondents had been on social assistance for 1-5 years, 23% >15 years, 16% < 1 year, and 11% for both 5-10 years and 10-15 years.

Of all respondents, 80% reported having been incarcerated and 62% reported having at least one tattoo that was not produced in a tattoo parlor.

## Hepatitis C

When individuals were asked what they thought Hepatitis C was, 90% of respondents stated it was a disease contracted through blood-to-blood contact, 86% stated it was a liver disease, 74% stated it was an inflammation of the liver, and 52% thought it was caused by a virus. When asked how Hepatitis C is transmitted, most (76%) said by sharing spoons for illicit drug use, 72% said by having unprotected sex, and 68% said by sharing filters. Only 40% believed you could contract the Hepatitis C virus through the sharing of crack or meth pipes. 38% believed transmission could happen through sharing straws for snorting, 10% from tie-offs, 8% from sharing a drinking cup, 6% from kissing, 4% from sitting on a toilet seat, and 4% by unbroken skin contact, such as shaking someone's hand.

Of the people who were interviewed, 48% reported testing positive for HCV, 32% said they did not have the virus, and 20% did not know if they had the virus. Of the respondents who reported having the virus, 50% were diagnosed between 2000 and 2005, 25% between 1995 and 1999, 12.5% between 1990 and 1994, and 12.5% prior

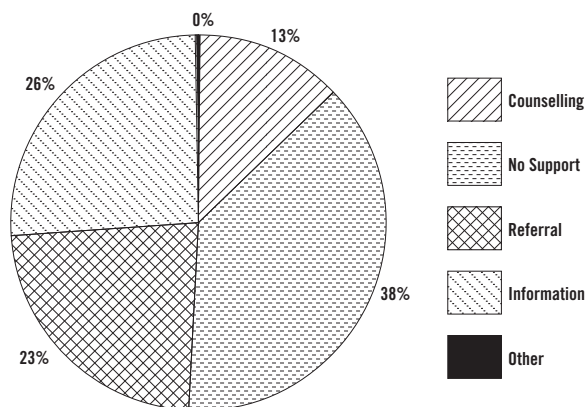
to 1990. When asked where they were diagnosed, 38% reported having the virus detected at the Street Health Centre, 33% reported being diagnosed by a family doctor, 21% reported being diagnosed while incarcerated, and 8% reported other.

### Support For Individuals with HCV

50% reported having no knowledge about Hepatitis C prior to being tested, 42% stated that they had little knowledge of the virus, and 8% stated that they had moderate knowledge. Respondents were asked what types of supports were given or offered when they were diagnosed with HCV. 38% reported not being offered any support, 26% received information, 23% received a referral, and 13% received counseling.

However, when respondents were asked how much support they had received since they had been diagnosed with HCV, 29% reported receiving a lot, 25% reported receiving little, 25% reported none, and 21% reported receiving moderate support. When asked to give examples of support, 55% reported receiving counseling. 40% had received referrals, 20% were given verbal education, 10% were given pamphlets, 10% had doctors' appointments set up, 5% had been given pills, and 5% had been taken to a conference.

**Table 4: Support Offered when First Diagnosed with HCV**



94% of respondents reported personally knowing someone else who was infected with Hepatitis C. Of the respondents who knew someone with HCV, 66% stated their friends had the virus, 43% stated their family members were infected, and 19% had a partner who was infected with HCV.

### Knowledge Level

42% of respondents stated they knew little about HCV, with a parallel group of 42% stating their knowledge level was moderate on the subject. 12% reported having a lot of knowledge about Hepatitis C, and 4% reported having none.

When respondents were asked questions pertaining to prevention methods of Hepatitis C, 100% of respondents

checked off “do not share drug-using equipment,” followed by 96% stating “take precautions when having intercourse.” 94% selected “inform health professionals who may be exposed to your blood,” and 94% picked “always use sterile equipment when getting a tattoo/piercing.” 90% stated “do not give blood,” and 88% picked “do not share razors,” however only 66% stated “do not share toothbrushes.”

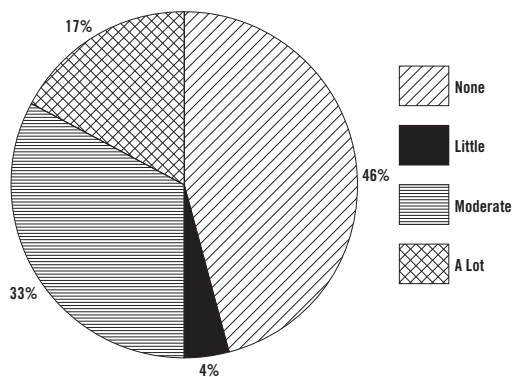
When respondents were asked where they would go for information and or support regarding Hepatitis C infection, 66% stated they would go to the Street Health Centre. 46% stated they would see a family doctor, 36% would go to the Public Health Unit, 26% would go to HARS, 24% would go to the urgent care unit, 20% would go to the liver clinic, 14% would go to NKCHC, and 10% stated other. 82% of respondents reported the best way to get information regarding Hepatitis C would be to get it in person. This was followed by 44% who said the internet, 34% who said television, 32% picked pamphlets, 18% stated group work, 16% stated using videos, and 8% stated other.

### Stigma & Discrimination

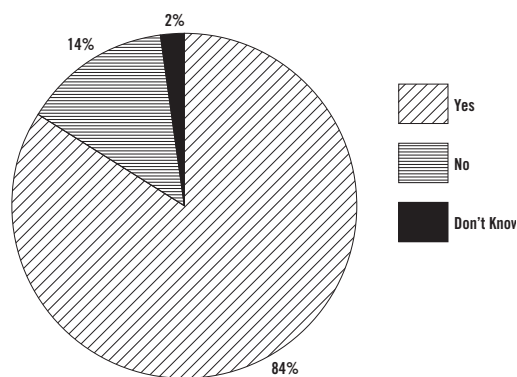
As far as discrimination and stigma are concerned, 46% of respondents reported never being discriminated against for being Hepatitis C-positive. This was followed by 33% reporting moderate discrimination, 17% reporting a lot of discrimination, and 4% reporting little discrimination. However, 84% of respondents reported that being Hepatitis C-positive carries stigma. Many individuals offered examples of comments and feelings that illustrate that stigma. Some examples included: “right away people assume you are a drug addict,” “relationships are hard to find,” “it makes you think you are a different class of person,” and “some people look at you like you have the plague.”

**Table 5: Stigma and Discrimination**

**Discriminated for being HCV+**



**Believe being HCV + carries stigma**



*SUMMARY OF INDIVIDUAL RESPONDENTS WHO WERE PAST OR PRESENT USERS OF CRACK COCAINE AND/OR CRYSTAL METHAMPHETAMINE*

## **Crack Cocaine**

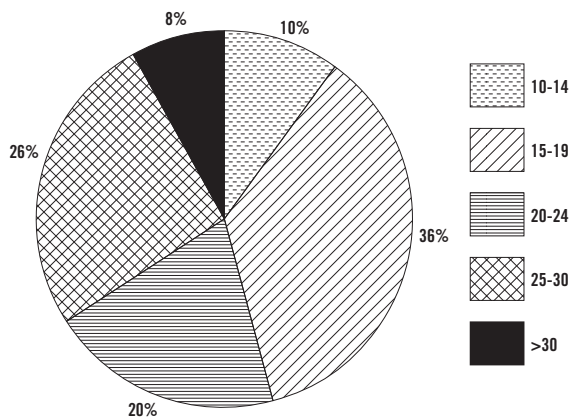
### ***Knowledge Level***

Respondents were asked to rate their knowledge level of crack cocaine on a scale, and 50% stated they knew a lot about the substance. 32% stated they knew a moderate amount, 16% knew little, and 2% knew nothing about crack cocaine. However, 84% of those interviewed were familiar with the ingredients to make crack.

An astonishing number of 100% of respondents were currently using or had been past users of crack cocaine. Furthermore, when asked what their first time method of use was, 86% had smoked the drug, 56% had injected, 8% snorted, and 6% had used it orally.

When asked when they had first tried crack cocaine, the highest number (36%) said between 15 and 19 years old, followed by 26% for ages 25-30, 20% for ages 20-24, 10% ages 10-14 and 8% for above 30.

**Table 6: Age when First Tried Crack Cocaine**



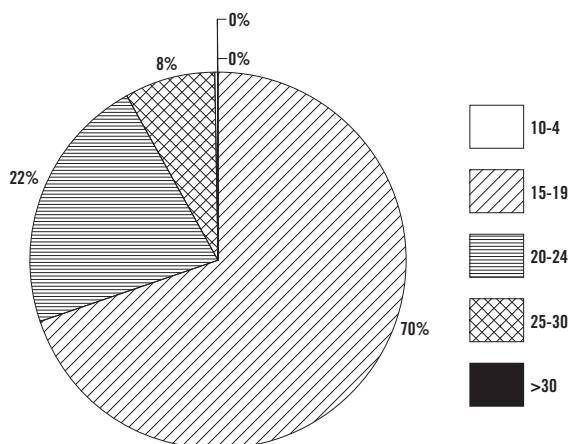
96% of respondents were personally acquainted to someone who had used crack cocaine. Some individuals indicated they do not like to get high alone, and therefore someone else is usually around using crack as well. The respondents were asked their beliefs on how long the overall high lasts when using crack and 90% stated it lasts 10 to 35 minutes. This was followed by 8% indicating 30 minutes to 1 hour and 2% stating it lasts 6 to 12 hours.

When individuals were asked if they had ever had to do something they did not want to in order to get money for crack cocaine, 72% reported they had. The majority of responses included some sort of theft or robbery, however other responses included getting into fistfights, prostitution, pawning belongings, lying, and solicitation. 52% of those interviewed had sex without a condom while using crack cocaine.

Respondents were asked if they would like to stop using crack cocaine and 58% had stated they already have; however some would mention later in the interview process that they had spent money on the substance within the past 30 days. 34% would like to stop using the drug and 8% stated they would not like to stop using. When asked how the majority of people in the Kingston community are using crack, 63% said most are smoking it and 37% said people are injecting it.

Respondents' beliefs on the average age of males who are using crack cocaine in the city of Kingston were as follows: 70% stated ages 25-30, 66% 20-25, 60% stated >30, and 36% stated 15-20. Beliefs on average age of females using crack was fairly similar, with 70% stating ages 20-25, 68% 25-30, 60% stated >30, and 38% stated 15-20. However, when respondents were asked to give their beliefs on what they thought the average age people first tried crack cocaine, 70% stated individuals first try crack between the ages of 15 and 19. 22% between the ages of 20 and 24, and 8% stated between the ages of 25 and 29. It must be noted that individuals often chose more than one answer for the average age category of males and females, which led to the high percentage rates for all age groups.

**Table 7: Average Age Respondents Believe People First Try Crack**



When individuals were asked what the cost of a ¼ gram was, 90% replied \$20; 4% thought \$25, 4% stated \$10, and 2% said \$40. Respondents were then asked roughly how much money they had spent on crack cocaine in the past 30 days and 56% said they had not spent any money on the drug. The highest percentage that had spent money on crack in the past 30 days was still low, with 8% spending \$100-200 on the drug. The most common street names for crack cocaine that respondents listed were “rock,” (65%) “crack,” (29%) “smack,” (14%) and “cookie” (10%).

### Equipment Sharing & Effects of Use

In terms of sharing drug-using equipment for the use of crack cocaine, 92% of respondents had witnessed someone else sharing paraphernalia. 100% of respondents had seen someone else sharing crack pipes, 65% witnessed people sharing spoons for crack use, and 50% had witnessed someone share a needle. Moreover, when

respondents were asked if they had personally shared any drug using equipment, 66% stated yes. Of those who had shared, 100% had shared crack pipes, 24% shared spoons, and 9% had shared needles.

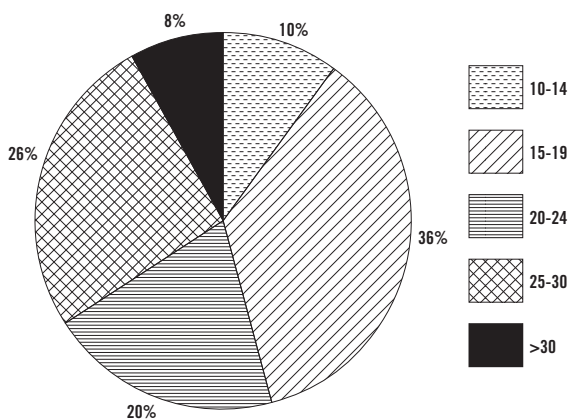
As for physical and psychological effects due to the use of crack cocaine, respondents had all (100%) witnessed someone suffering from paranoia. Other effects witnessed included: addiction (96%), anxiety (94%), depression (90%), hallucination (74%), and violent/aggressive behaviour (74%). However, when respondents were asked what the physical or psychological effects were that they themselves have had due to personal use of crack, the numbers for the same effects decreased notably. Paranoia was still relatively high with 82%, 62% stated they suffered from addiction, 70% said they had anxiety from using the drug, 68% suffered from depression, 38% had hallucinated, and 32% said they had violent/aggressive behaviour from using crack.

### Prevalence

In regards to prevalence, individuals were asked how common they thought crack cocaine is in Kingston, and 46% responded somewhat common, closely followed by 44% who stated that crack is extremely common in Kingston. 6% did not know, and 4% stated that it was not common at all. Furthermore, individuals were asked how long it would take them to track down a gram of crack and 74% responded 10 to 45 minutes. Often comments were made such as “I’ll just make one phone call” or “I’ll just walk downtown and find it.” 22% stated it would take them 1 to 2 hours to find it, and 4% said it would take them 5 to 10 hours.

When asked in which areas of Kingston you are most likely to find crack cocaine, respondents said the Inner North End (48%) and the Rideau Heights area (48%). This was followed by 2% stating other and 2% with no response.

**Table 8: Respondents’ Beliefs on How Common Crack Cocaine is in Kingston**



### Information Source

Respondents were asked where they had received their knowledge on crack cocaine, and 66% of individuals said from using the substance. 62% stated from watching others use, 32% from word of mouth, 32% from friends or partner and 16% stated from reading books or pamphlets. However, 84% stated they knew where to go for help

or advice regarding crack cocaine.

Individuals were also asked where they would go if they wanted to stop using the substance and 70% responded they would go to the Street Health Centre. Other replies included Detox (56%), Narcotics Anonymous (26%), Options For Change (26%), L&A Addiction Services (8%), CAMH (8%), Harbour Light (8%), and Kairos (8%). Although when respondents were asked if they felt they needed more information regarding crack cocaine, 84% responded they did not.

Respondents' beliefs on the best way to get information out to the general public was to present workshops in high schools (80%). This was followed by 68% stating outreach, 60% thought programs on television, 50% stated distributing pamphlets, 42% said the internet, 32% said use posters, and 10% stated other.

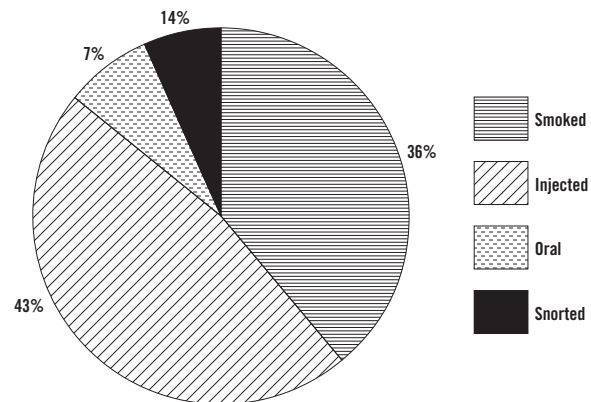
## Crystal Methamphetamine

### *Knowledge Level*

Respondents were asked to rate their knowledge level of crystal methamphetamine on a scale, and the findings indicated that 36% stated they knew little about the substance. 30% stated they knew a lot, 22% stated they knew a moderate amount, and 12% knew nothing about crystal meth. However, 58% of those interviewed were familiar with some of the ingredients used to make crystal, and 86% of respondents were current or past users of crystal methamphetamine.

When asked what their first time method of use was, 67% stated they had injected the drug. This was followed by 58% stating they had smoked it, 23% snorting it, and 12% taking it orally.

**Table 9: First-Time Method of Use for Crystal Meth**



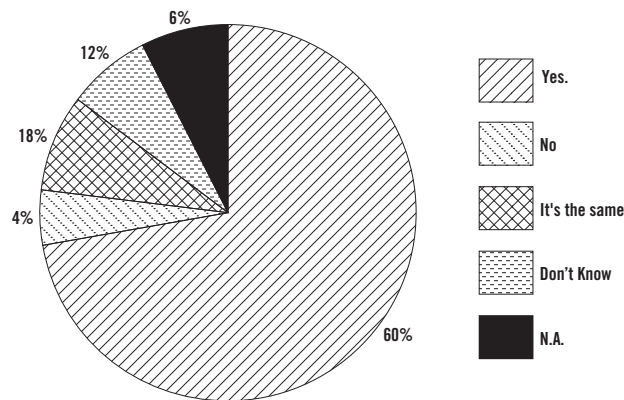
When asked when they had first tried crystal meth, the highest number (35%) said between 15 and 19 years old, followed by 30% who said >30, 16% ages 20 to 24, 12% 25 to 30, and 7% for those aged 10 to 14.

98% of those interviewed were personally acquainted with someone who had used crystal methamphetamine. Respondents were also asked their beliefs on how long the overall high lasts when using crystal meth, and the

majority of those interviewed (74%) responded 6 to 12 hours. However, often comments were made that the high lasted longer than 12 hours, and many would say it could last for a day or two depending on the dose taken. This was followed by 15% stating it lasted 2 to 5 hours, 7% stating 1 to 2 hours and 2% for both 30 minutes to 1 hour and 10 to 30 minutes.

Individuals were asked if there is a difference between a “crystal meth high” and a “speed high,” and 60% said there is a difference. Respondents commented on how they thought it was different and some replies included: “crystal has more longevity,” “speed gives you a better rush,” “crystal releases bursts separately instead of all at once like speed does,” and speed is less addictive.

**Table 10: Is There a Difference Between Crystal and Speed?**



When individuals were asked if they had ever had to do something they did not want to in order to get money for crystal meth, 56% reported they had not. For individuals who had, responses included some sort of theft or robbery, however other responses included assault, prostitution, pawning belongings, spending rent check, lying, and home invasion. The findings also indicated that 56% of those interviewed had sex without a condom while using crystal meth.

Respondents were asked if they would like to stop using crystal meth and 43% stated they were not sure, while 40% reported they would like to stop using the substance. 12% stated they already have stopped using and 5% stated they would not like to stop using.

When asked how the majority of people in the Kingston community are using crystal meth, 54% selected both smoking and injecting, and 8% selected snorting the drug.

Respondents’ beliefs about the average age of males who are using crystal meth in the city of Kingston were as follows: 70% stated ages 20-25, 53% for ages 15-20 and 25-30, and 49% for ages >30. Beliefs about the average age of females using crystal was fairly similar, with 68% stating ages 20-25, 51% for ages 25-30 and >30, and 49% for ages 15-20. However, when respondents were asked to give their beliefs on what they thought the average age people first tried crystal meth, 72% stated individuals first try crystal between the ages of 15 and 19. 20% thought between the ages of 20 and 24, and 4% for ages 10-15 and 25-29. It must be noted that

individuals often chose more than one answer for the male and female age category, which lead to having such high percentage rates for all age groups.

When individuals were asked what the cost of a ¼ gram of crystal meth was, 90% replied \$20; 8% thought \$25, followed by 2% stating \$30. Respondents were then asked roughly how much money they had spent on crystal meth in the past 30 days and a noteworthy 48% had said they had not spent any money on the drug. The highest percentage that had spent money on crystal in the past 30 days was still low with 10% spending <\$100 on the drug. The most common street names for crystal meth that respondents listed were “ice,” (40%) “crystal,” (28%) “speed,” (28%) “meth,” (24%) and “whip” (12%).

### **Equipment Sharing & Effects of Use**

In terms of sharing drug-using equipment for the use of crystal meth, 60% of respondents had witnessed someone else sharing paraphernalia. 80% of respondents had seen someone else share inhalation pipes, 60% witnessed people sharing spoons for crystal drug use, 47% had seen someone share a needle, and 23% had seen others share straws for snorting. Moreover, when respondents were asked if they had personally shared any drug using equipment in regards to crystal meth, 53% stated yes. Of those who had shared, 65% had shared inhalation pipes, 52% shared spoons, 30% had shared needles, and 26% had shared straws.

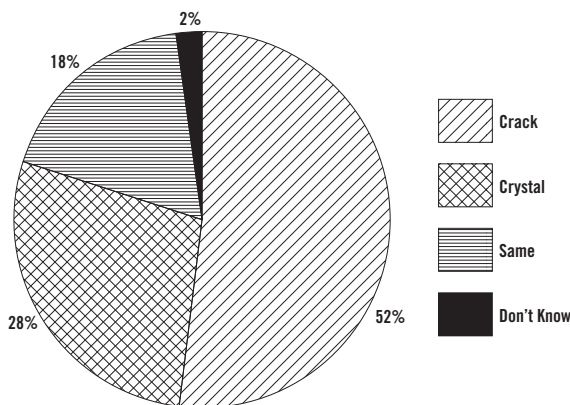
As for physical and psychological effects due to the use of crystal meth, 98% of respondents had witnessed someone suffering from confusion, wakefulness and weight loss. Other effects witnessed included: paranoia (96%), delusions (96%), insomnia (96%), addiction (94%), twitching (92%) and anxiety (92%). However, when respondents were asked what physical or psychological effects they themselves have had due to personal use of crystal, the numbers decreased and symptoms differed from what they had witnessed. The effects personally experienced were highest with 93% dealing with wakefulness, 91% dealing with decreased appetite, 84% experiencing insomnia, 81% suffering weight loss, and 77% experiencing paranoia and confusion.

### **Prevalence**

With regard to prevalence, individuals were asked how common they thought crystal methamphetamine is in Kingston, and 72% responded extremely common. 22% stated that crystal is somewhat common, 4% stated that it was not common at all, and 2% did not know. Furthermore, individuals were asked how long it would take them to track down a gram of crystal and 74% responded 10 to 45 minutes. Often comments were made such as “I’ll just make one phone call” or “I’ll just walk downtown and find it.” 20% stated it would take them 1 to 2 hours to find it, 4% said it would take them more than 10 hours, and 2% said it would take them 5 to 10 hours. Respondents stated that you were most likely to find crystal meth in the Inner North End (58%).

Respondents were asked if they thought more people in Kinston use crack cocaine than crystal methamphetamine or vice versa, and 52% stated they thought more individuals use crack over crystal. 28% stated the opposite, saying more people use crystal, 18% thought the use is about the same, and 2% did not know.

**Table 11: Crack Cocaine vs Crystal Methamphetamine**



### **Information Source**

Respondents were asked where they had received their knowledge on crystal methamphetamine, and 59% of individuals said from using the substance. 55% stated from watching others use, 53% from word of mouth, 33% from friends or partner, and 14% stated from reading books or pamphlets. However, 76% stated they knew where to go for help or advice regarding crystal meth.

Individuals were also asked where they would go if they wanted to stop using the substance and 82% responded they would go to the Street Health Centre. Other replies included Detox (49%), Narcotics Anonymous (29%), Options For Change (18%), Kairos (18%), CAMH (7%), Harbour Light Centre (7%), L&A Addiction Services (2%), and 18% said other, which included comments stating they would have to leave town. Although when respondents were asked if they felt they needed more information regarding crystal meth, 52% responded they did not.

Respondents believed that the best way to get information out to the general public was to present workshops in high schools (76%). This was followed by 72% stating outreach, 68% thought programs on television, 56% stated distributing pamphlets, 54% said the internet, 40% said use posters, and 8% stated other.

The majority of individuals seemed to want to help in some way to get the message to the community as to how dangerous crystal methamphetamine is. Furthermore, respondents stated that both crack and crystal are on the rise in the city of Kingston.

### **Ethnographic Observation of Client Interviews**

From December 2005 to February 15, 2005, interviews were conducted for a needs assessment titled Crack Cocaine & Crystal Meth: New Risks in Hepatitis C.

As stated above, there were 50 participants who were past or present users of crack cocaine and/or crystal meth. Each contributor completed a questionnaire of 85 questions that included information on the participant's demographics and knowledge of Hepatitis C, crack cocaine and crystal meth. Only the observer and the participant were involved in the interviews in order to give the participant privacy and to deter any outside influences or dis-

tractions. Participant observations were included to better understand perspectives, knowledge, and behaviour that could not be explained in the questionnaire.

Of the 50 interviews, the majority took place at the Kingston Street Health Centre. Additional interviews were conducted at the participants' homes or in a place of their choice.

The field notes interpreted below are based on behaviours, stories, and comments made by the participants during observation.

When the first interview was conducted the participant stated to the observer, "you're going to read to me right," indicating possible literacy complications. In turn, the rest of the interviews were all read to the participants to reduce literacy complications. During that time, the observer would sit beside instead of across from the participant to make the environment more comfortable, and to take away any intimidation factors in the interview setting. However, it must be noted that for the majority of the interviews, the participant and the observer were sitting in a small, enclosed office or exam room. The time period ranged from 25 minutes to 1-½ hours, depending on how much information the participant provided.

Explanation was provided to the participants as to why the needs assessment was taking place, and the majority of the participants shared a common sentiment: "I will help any way I can so people know about this stuff," and "the more I can do to help someone else, the better." The participants were very willing to provide personal information to help others, especially youth and children.

Behaviour observed in some of the participants while in the interviewing room included: sweating, obliviousness, itching of the skin, rocking back and forth, minor eye contact, moving of the feet and hands, feelings of dehydration, crying, laughter, fidgeting, looks of anxiousness, and looks of exhaustion.

This behaviour could have been largely due to the fact that the interviews took place in a small room with bright lights, however the observer also added that the above behaviours would be expected due to the personal information that was being provided and the fact that many of the participants admitted to having a current or past addiction problem.

Throughout the interviews there was a general consensus that participants lived a fast-paced lifestyle and that there was always something that had to be done and somewhere else the participants had to be. However, once the interview began often times the participants would begin telling personal stories and lose track of time. The observer felt this was largely due to the participant simply wanting to release some of their experiences in a non-judgmental setting as a way of therapy. Some of the participants also stated that they had disorders such as ADD, ADHD, and depression, which led to time management problems and often being disorganized.

Overall, the behaviour observation was an important aspect in understanding possible reasons for missed appointments, the anxiety of being in a counselling setting and difficulty of maintaining daily routines.

In the first segment of the questionnaire on demographics of the participants, 98% were residing in the city of Kingston. Throughout that portion of the interview, the participants were all willing to provide information such as

their age, where they live, their employment status, education level, incarceration and tattoo information, along with their annual income. Participants didn't often go into detail in the demographic section; however, some would mention that their annual income was higher than stated because of illegal activities performed. Examples mentioned were "drug dealing," "boosting," and "small jobs on the side that the government is not aware of." All who mentioned having extra illegal income alleged they had to do it in order to survive. One participant mentioned that "rent and groceries get higher, but my disability check doesn't." Other statements included, "They just took away my special diet money on my check, how am I suppose have enough money for good food, and I am Hepatitis C-positive too," "The government expects me to live off of \$520.00 a month," "I drug deal to give my kids what every other child has." The comments were made in an upsetting and frustrated tone to the observer, however the participants appeared more irritated with the social system.

Throughout the second segment of the interview, participants were asked questions on the subject of Hepatitis C. This included questions regarding knowledge of the disease, if the participant was positive for Hepatitis C or knew someone else who was positive, if supports were offered, discrimination/stigma, and prevention methods.

During the interviews, participants had a consensus that Hepatitis C was fairly common amongst their friends and family. One participant had a mother deceased from the disease and a father who was infected, however, the participant had undergone treatment and currently shows no signs of the virus. This participant also stated, "I think those who have Hepatitis C should wear something like medical bracelets in case something ever happened to them and their blood is exposed." Furthermore, this participant along with many others thought that they were vaccinated against the virus and they could not get infected. Once the interview was completed, the observer would notify the participant of the correct information and often would receive a look of surprise and comments such as "I didn't know that," or "really." Another common factor that came up early in the interviews was language barriers with words such as stigma or discrimination. Often times once asked questions with these words stated, the participant would reply quickly with "what does that mean?" The observer noted the participants never once skipped the question due to not understanding the question's meaning.

Overall the participants' actions and comments were minimal regarding Hepatitis C; however, almost all stated the best way to get information about the subject would be in person.

In the third segment, participants were asked questions on the topic of crack cocaine. Questions were based on knowledge of the substance, personal use, prevalence in Kingston, methods of use, effects of the drug, and prevention methods. The observer noticed the questionnaire replies began to get more personal and lengthy during this section of the interview.

The following statements were made by participants regarding crack cocaine:

- "Crack is getting worse in Kingston"
- "Crack is not an epidemic yet, but it is on its way up"
- "Crack is getting bad out in the North End"
- "Crack isn't all what it's hyped up to be because you only get high for about 2-5 minutes"
- "The first time I was introduced to crack was when I was in the P4W and I smoked it in a pipe and then someone showed me how to cook it down and inject it with vinegar or lime juice"
- "People out there don't classify themselves as crack users, because they are freebasing it themselves"

- “I usually always smoke crack in a pop can because it is easy to make”
- “I have used crack every way imaginable, that is how I got Hepatitis C. One night I was “jonesing” so bad that I used a dirty needle that had been sitting in a rafter in a garage for 3 months”
- “When you are on crack you think you are really alert, but you’re not”
- “I use the shake and bake method for crack”
- “I feel like putting a gun to my head when I am coming off crack”
- “Ammonia kills your throat when doing crack”
- “No one can truly know anything about crack unless they have tried it”
- “I spend too much money on crack because I like the taste of it”
- “People need to see a poster child to see the progression so they know there is a problem”
- “Kids don’t read pamphlets”
- “Some people say they will help when you want to stop, but they don’t really do anything for you”
- “I always share pipes and cans for crack, because I never get high alone, but I just recently stopped because I might be pregnant”

Many of the participants expressed similar thoughts during the interview, however numerous participants stated they were no longer using when asked if they would like to stop using crack cocaine. The accountability of the statement was noted when they reached the question on how much money had they spent in the last 30 days on crack cocaine. Some of the participants who stated they had stopped using were now stating they had spent money on the drug within the past month. This could have been due to deception or simply thinking not doing the drug for 3 weeks had meant you had stopped. In general, the participants were very open and willing to share their experiences and stated their messages bluntly while doing so.

In the concluding section of the interview, participants were asked questions on the topic of crystal methamphetamine. Questions were based on knowledge of the substance, personal use, prevalence in Kingston, methods of use, effects of the drug, and prevention methods. The observer also noted there were countless in-depth replies to many of the questions and felt the participants had a lot to say regarding crystal meth.

The following statements were made by participants regarding crystal meth:

- “I snorted crystal only once, because it felt like I was burning a hole right through my nostril. My sister is heavy into it too and she just lost her child to the CAS because of it. She was so addicted she was using in the hospital right after she had the baby. My sister also picks at her face and arms so bad too; she even has meth mouth right now from smoking so much. It looks like bottle rot if you want to compare it to something, and this has only happened in the past six months. She is always really edgy and aggressive and even sees people in her windows when no one is there. I even find used light bulbs all around her house from using them to smoke crystal out of. The stuff has taken over her life”.
- “I have watched someone make it before and it peeled the enamel right off the bathtub it was being produced in”
- “Crystal is a dirty drug that makes people fight”
- “I don’t like people who use crystal meth”
- “My brother is a regular speed user and he got into that meth shit and was seeing monkeys in trees and trying to pick things off the couch when nothing was there”
- “I have a friend that has started losing his memory because of crystal meth”

- “My mother has been using crystal for a while and she has become extremely violent and destructive to the point that my kids think she has gone crazy”
- “I am a daily user of crystal”
- “I think the stuff off of vinyl records is used to make it”
- “That stuff ruins your life”
- “I am not going to lie to you, I tried crystal 5 months ago and it is just like the old speed from the 70s”
- “My boyfriend gets real paranoid on crystal and violent too. He punched me in the face the other week because he couldn’t find his keys”
- “All you can find nowadays is crystal, it’s an epidemic here”
- “You’re suppose to smoke it, but I inject it”
- “When I tried crystal my face felt really tight, like pins and needles for 3 ½ hours.
- “If you shoot crystal there are extreme psychological effects”
- “I can get \$2,000.00 for a transformer off a hydro pole from the bikers because there is something in it they use to make crystal”
- “When you do crystal you get a cold feeling in your throat, like an ether feeling. It’s called the freeze”
- “People think the shit is speed and it’s not”
- “I love doing crystal for the weight loss”
- “Crystal is cheap, so it’s appealing to the younger crowd”
- “Crystal is the most common drug in Kingston”
- “Crystal is good stuff, you’re up for days”
- “I was up for 27 days straight once, until I went psychotic and the police had to taser me to get me to the hospital and put me on antipsychotics. I lost 42 pounds in one month because I had only eaten 3 meals on my 27 day run”
- “I have been a speed user for 20 years and when I tried crystal it made me sick and gave me blister like bumps on my hands. That stuff will do more damage to your body in one year then being a speed user for 20.
- “I witnessed my roommate squeeze a shard like piece of glass out of his chin from doing crystal”
- “I always have paranormal thoughts when I am on crystal, it’s like I know what the person up the street is thinking”

By and large there was a general consensus that crystal produces more negatives than positives and it is becoming more of a problem in Kingston. Amongst the older generation many of the participants wanted crystal off the streets and furthermore were frustrated that “crystal” is being sold as “speed.” In some interviews, participants would say that they did not have open sores due to the use of crystal, however, it was observed the participant had scab-like sores on their hands and face. This could have been due to the participant not wanting to admit the problem or simply being unaware the problem exists. All participants who gave further information on crystal seemed as though they wanted to send a message to help educate others.

In closing, the interviews were a good representation of the population who is affected by Hepatitis C, crack cocaine and crystal meth. The majority of participants were open and willing to answer all questions and had a universal desire to help others in the community by telling their experiences. Furthermore, participants seemed to be in very similar situations, indicating parallel lifestyles. Many were not satisfied with their current situation, however, felt they had too many barriers to get through to get themselves out of the circumstances.

## *SUMMARY OF RESPONDENTS WHO ARE COMMUNITY SERVICE PROVIDERS*

### **“The people you need to be taking to is the police and the paramedics, because they see what is going on in the streets”**

COMMUNITY PROVIDER

Of 25 targeted organizations, 14 responded by completing the questionnaire. Each organization received at least one follow-up call and some received up to three or four calls. Providers were from organizations that offered services such as: addiction treatment facilities, community support services, shelters, young offender facilities, community development, community programming, mental health services, child protection, public education, after care assessments, advocacy, employment assistance, and primary care.

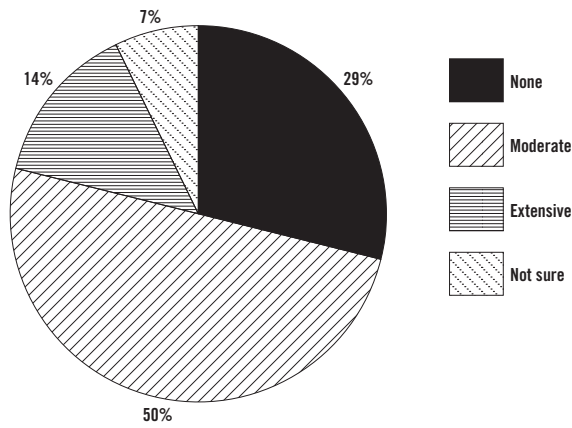
Of the clients served, community providers reported having 51% male clients, 48% female clients and 1% transgendered. The highest-reported age groups were 10-15 (23%) and 15-20 (22%). Of particular interest is that of the 14 providers who responded, 5 of them deal strictly with youth under the ages of 24. The next-highest age populations were 26-30 (10%) and 31-35 (10%).

30% stated their organization had received an in-service or training about illicit drug use within the past three months. 46% reported having extensive experience with illicit drug users within their organization, consistent with 46% reporting moderate experience. Staff reported dealing with a vast variety of major issues around illicit drug use. Of particular interest was: drug use on-site, detecting use, physical health, and not showing to appointments. However, 68% gave no response indicating whether their clients are or have been injection drug users, and 16% did not indicate whether their clients were current or past users of illicit drugs. Providers reported that 48% of clients had spent time in prison or jail, 29% were homeless, 19% were street-involved youth and 7% were involved with the sex trade.

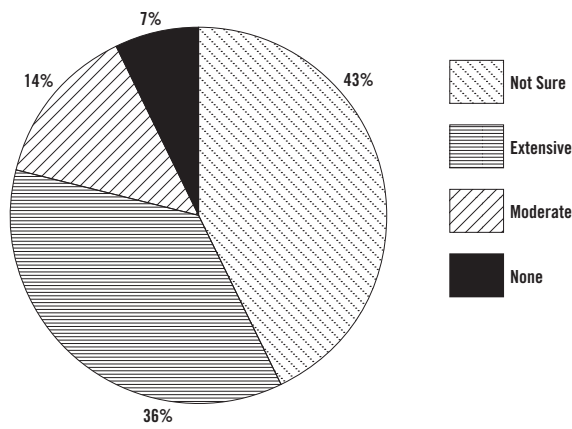
50% of community providers reported having previous Hepatitis C education, and 50% rated their current knowledge of the disease as moderate. However, 29% said they had no knowledge on the topic at all. 43% rated their staff's current knowledge regarding crack cocaine as none, followed by 36% as moderate. Conversely, providers rated their knowledge regarding methamphetamine involving “crystal meth” as moderate with 47%, followed by 33% rating no knowledge.

**Tables 12 a, b, c: Knowledge of Hepatitis C, Crack Cocaine, Crystal Meth**

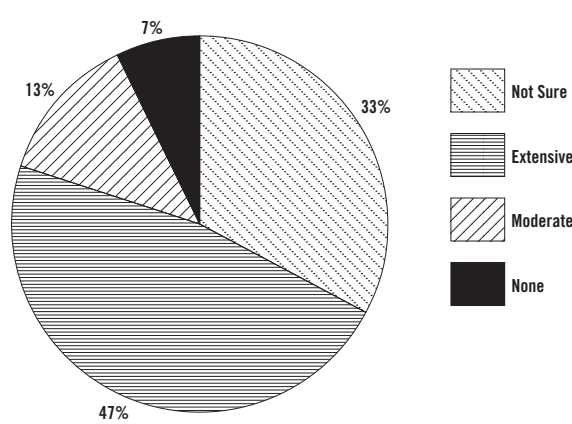
**Hepatitis C**



**Crack Cocaine**



**Methamphetamine**



Of the 14 respondents, not all responded to the question asking providers if Hepatitis C, crack cocaine, or crystal meth had an impact on the workplace. Responses were diverse, however statements that were consistent among all three included: “no direct impact,” “none,” and “little.” Organizations were asked to estimate the percentage of people (by gender) that their agency comes into contact with each year that are infected with, affected by, or at risk of infection of Hepatitis C. Responses were 37% for females and 25% for males. It is noteworthy that these percentages come from only 8 of the 14 respondents. 64% did not know the estimated percentage of people their organization comes into contact with who are using crack cocaine. Similarly, 57% did not know the estimated percentage of those they come into contact with that are using crystal meth.

Service providers were asked how Hepatitis C is transmitted and the two highest-reported responses were 29% noting blood-to-blood contact, and 25% who said sharing needles. Other methods of transmission reported were sexual transmission, blood transfusions, body fluids, un-sterilized needles, shared crack pipes, and tattoos. There was a small percentage that stated they did not know, followed by a small percentage that did not respond to the question.

Providers reported that if a client were looking for advice or information regarding Hepatitis C, 39% would send them to Street Health, 19% would send them to the Public Health Unit, 13% to their family doctor, 10% to HARS, 7% could provide the information themselves, 3% to Kairos, 3% to HDH, and 3% to the G.I clinic. Furthermore, providers reported if their clients needed testing or treatment for Hepatitis C, 35% reported they would send them to a physician, 24% would send them to Street Health, 16% to the public health unit, 8% to HDH, 4% to Adam Newman, 4% could do testing on site, and 4% gave no response.

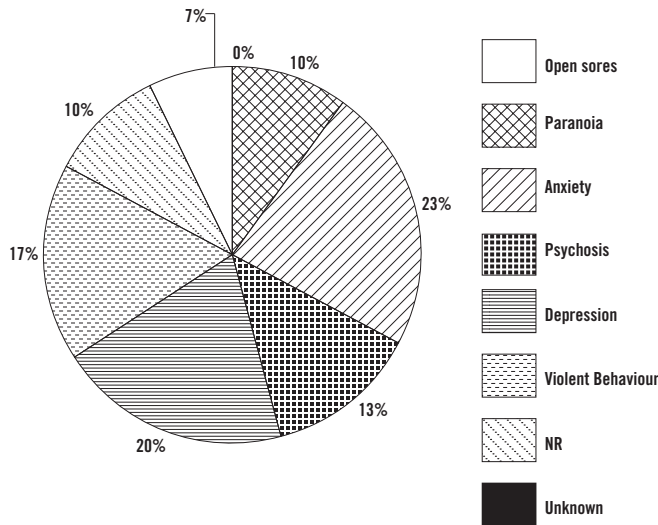
Lastly, some examples that were reported on the topic of clients facing barriers to accessing Hepatitis C-related services were as follows: “lack of family doctors,” “people have been reporting they have not been received well,” “money issues,” “Hepatitis C group is not currently running,” and “transportation to the services.”

Overall, providers reported that if staff were seeking advice or information regarding Hepatitis C, 79% said their first choice would be to contact another agency in Kingston. 77% stated they need more information on Hepatitis C, and 50% reported that a workshop on Hepatitis C would be very useful.

When asked about methods of use for crack cocaine, 35% stated that it was smoked, 20% said injected, and 15% said snorted. However, there were 15% that did not know and 15% with no response. The providers’ clients are reporting similar methods of use for of crack cocaine: 20% smoking, 20% injecting, and 15% snorting. Of particular interest is the fact that 35% of providers did not know their clients’ method of use, and 10% gave no response. In addition, 29% of providers reported not being comfortable with their knowledge on the ingredients of crack cocaine, and 29% did not respond to the question. However, a small percentage reported knowledge as reasonable, fair, limited, varies, and would like more.

Providers reported effects that are witnessed due to the use of crack cocaine: 10% of clients have paranoia, 23% of clients suffer from anxiety, 13% have symptoms of psychosis, 20% suffer depression, and 17% display violent behaviour. 27% of providers reported “rock” as being a common street name, followed by 7% with the term “crack.”

**Table 13: Reported Effects of Crack Cocaine**



Of particular note is the high percentage rate of not knowing street names and no response to the question, with 33% for both. If a client wanted help with a drug use problem relating to crack cocaine, 26% of providers would send them to the Street Health Centre, 26% to Options for Change, 16% to Kairos, 13% to Detox, 7% to DART, 6% to inpatient treatment, and 3% to Narcotics Anonymous.

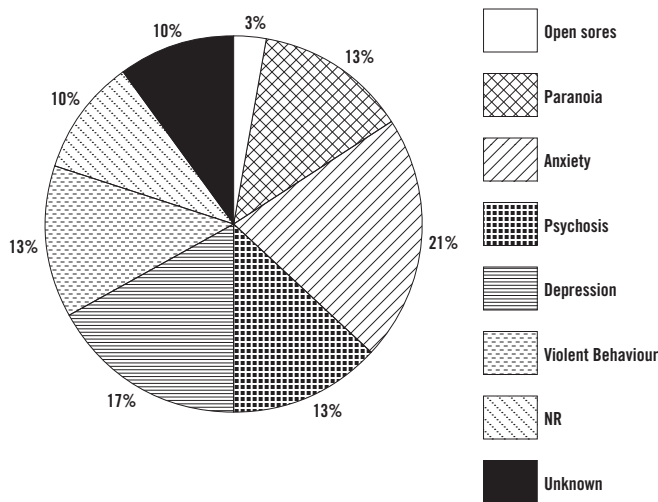
With regard to special populations reporting use of crack cocaine, 15% are street youth, 15% high school students, 18% homeless, 15% sex trade workers, 8% working adults, and 13% other. Providers were asked to estimate the length of time they thought crack cocaine has been in Kingston, and the highest response was 29%, who stated 10-20 years.

Overall, providers reported that if staff were seeking advice or information regarding crack cocaine, 79% said their first choice would be to contact another agency in Kingston. 85% stated they needed more information on crack cocaine, and 64% felt that a workshop on crack cocaine would be very useful.

When asked about methods of use of crystal meth, 23% stated that it was smoked, 28% injected, 10% snorted, and 10% oral. However, there were 10% that did not know, and 19% with no response. Of note is that the providers' clients are reporting the following methods of use of crystal meth: 12% smoking, 29% injecting, and 6% snorting. Of particular interest is that 41% do not know their clients' method of use, and 12% gave no response. In addition, 29% of providers reported not feeling comfortable with their knowledge on crystal meth, with 36% not responding to the question. However, a small percentage reported knowledge as reasonable, fair, limited, and would like more.

Providers reported effects that are witnessed due to the use of crystal meth, with 3% seeing open sores, 13% of clients having paranoia, 21% suffering from anxiety, 13% having symptoms of psychosis, 17% suffering from depression, and 13% displaying violent behaviour. 22% of providers reported that "ice" was a common street name for crystal meth, followed by 13% stating "glass."

**Table 14: Reported Effects of Crystal Methamphetamine**



Other terms included: “Tina,” “Meth,” “Hydro,” and “Crank.” Once again, of particular interest was the high percentage (18%) of not knowing street names, and 22% did not respond to the question. If a client wanted help with a drug use problem relating to crystal meth, 23% would send them to the Street Health Centre, 23% to Options for Change, 15% to Kairos, 8% to Detox, 4% to DART, 8% to inpatient treatment 4% to the meth clinic, and 4% to a doctor.

With regard to special populations reporting use of crystal meth, 17% are street youth, 15% high school students, 18% homeless, 18% sex trade workers, 8% working adults, and 13% other. Providers estimated the length of time they thought crystal meth had been in Kingston, and the highest response was 22%, stating 7-10 years.

Overall, providers reported that if staff were seeking advice or information regarding crystal meth, 79% said their first choice would be to contact another agency in Kingston. 92% stated they needed more information regarding crystal meth, and 71% felt that a workshop on crystal meth would be very useful.

Providers indicated that if a workshop were offered on the three above topics, 57% felt an ideal length would be a ½ day, followed by 36% who said 2 hours. 93% of providers stated the best way to get information or education would be in person. Lastly, when asked what further education or information was needed by staff and/or clients, providers offered a range of responses that included: harm reduction, recognizing behaviours and use, safer using options, and treatment options.

### Response Rate and Anecdotal Observations

The expected response rate was 32% (8 responses), and the response rate of 56% (14 responses) actually came to reveal community awareness of the three topics. The response rate was originally estimated to be low, due to prior assessments having such low response rates; however, it must be noted that an aggressive follow-up was completed by repeated telephone contact and correspondence.

Of 25 providers who all stated they could complete the questionnaire after being given an in-depth description of what it would entail and examples of the kinds of questions that would be asked, 11 providers did not return the questionnaire. 3 of these stated they had full intentions of sending it back when the follow up calls were completed, 3 were left numerous messages and never had any contact after the first follow-up call, and 1 had a staff member leave who was originally completing the questionnaire. Lastly, 4 providers called prior to the due date and gave specific reasons as to why they would not fill out the questionnaire even after prior agreement.

The first provider to call in stated there was no way they could answer any of questions for they were statistically biased and they would be guessing at answers which would not be giving correct information. The researcher then mentioned there were some questions that could be answered without having to give estimations and anything received back would be helpful; however, the respondent then became angry and said they would not be doing it.

The second call came from a facility in the area. The respondent stated after showing the questionnaire to their executive director and some fellow co-workers they felt they could not answer the questionnaire. Reasons given for not completing the questionnaire were privacy issues and they felt they were not community-oriented due to their clients coming from different areas. The researcher then mentioned they had included the facility in the assessment because often clients relocate in the Kingston district and therefore have an impact on the community. However, the respondent still felt it could not be completed due to privacy issues.

The third provider simply stated they could not complete the questionnaire because it was too quantitative and that filling out only half of the questionnaire would not be giving sufficient information.

Lastly, a provider stated that if you want to know the needs of the centre you should write a letter to the director and see what he needs. The researcher then proceeded to explain what a needs assessment was and that filling out the questionnaire is a way of data collection for the end result. However, the respondent then stated “the people you should be talking to is the police and the paramedics because they see what is going on in the streets.” The researcher told the provider that due to the topics in the questionnaire and since the organization was one that helps community members with illicit drug use problems, their answers would be relevant. However, the respondent then proceeded to talk about the methadone program that Street Health offers stating that “methadone is a last resort for heroin and that those type of clients are too needy, it is used as a babysitting device and it is usually prescribed wrong, furthermore, we don’t want that in our building.”

The observations and statements made in this section can in no way be viewed as a generalization across all non-responding providers.

## RECOMMENDATIONS

The information gathered in this needs assessment has led us to offer the following list of recommendations.

1. To provide educational materials in a form readable to those who suffer from literacy issues.
2. To see substance abuse as a health problem and a social issue and not as a criminal issue.
3. To educate students early on about the harms associated with crack cocaine and crystal meth use.
4. To educate users about the health consequences of sharing inhalation pipes for crack cocaine and crystal meth use.
5. To distribute inhalation kits free of charge to reduce harms associated with contracting blood born viruses such as HCV and infections.
6. To distribute individual glass stems free of charge to prevent the transmission of HCV and other blood born viruses due to sharing of inhalation equipment.
7. To educate users about the harms related to using random products for screens, such as brillo pads.
8. To distribute brass screens free of charge to help prevent inhaling unknown toxins.
9. To address mental health issues without further stigmatizing and labeling the individual according to their crack or crystal meth use.
10. To offer more support to those that are infected, affected or at risk of contracting HCV.
11. To make users aware of the ingredients that are used to produce crystal methamphetamine.
12. To create programs for individuals that are using crack cocaine and or crystal meth.
13. All programs created should include current or past users of the substances to have a better understanding of what the client needs are.
14. To educate individuals on routes of HCV transmission other than injection drug use, ie. toothbrushes, pipes, filters, etc.
15. To educate organizations in the community about the harms and related risks associated with crack cocaine and crystal meth.
16. A crack cocaine and crystal meth committee/task force should be established to maintain up to date information and be made aware of organizations that can help those who are using.
17. Treatment programs need to be identified and developed for those who would like to discontinue crack cocaine and or crystal meth use.
18. A community provider awareness program should be developed to eliminate stigma and discrimination among drug-using populations.
19. New outreach services directed at youth who are at an increased risk of contracting HCV should be implemented.

## BIBLIOGRAPHY

- Astone-Twerell, J., Strauss, S., Munoz-Plaza, C. Stigma: Hepatitis C and Drug Abuse. National Development and Research Institutes. 2006.
- Canadian Centre on Substance Abuse (CCSA). Canadian Addiction Survey, Prevalence of Use and Related Harms. November 2004.
- Canadian Centre on Substance Abuse. Fact Sheet- Hepatitis C Virus Infection and Illicit Drug Use. March 2005.
- Canadian Organ Replacement Register (CORR). Annual report, Volume 2. 1996.
- Centre for Addictions and Mental Health (CAMH). Information about Crystal Meth. November 2005.
- Crocker, J., & Quinn, D. "Social Stigma and the self, meaning, situations, and self-esteem." In T. Heatherton, R. Kleck, M. Hebl, & J. Hull, *The Social Psychology of Stigma*. Pp.153-183. New York: Guilford Press. 2000.
- Fischer, B., Remis, R., Haydon, E. Hepatitis C, illegale Drogen und marginalisiertr Populatioen in Kanada: Ein kurzer Überblick zu Epidemiologie, Pravention und Behandlung. In: Stover, H. (ed). 2004.
- Health Canada. Canada's Drug Strategy. 2005.
- Health Canada. Disease & Conditions-HIV and AIDS. February 2006.
- Health Canada. Hepatitis C Prevention Support & Research Program. 2004
- Health Canada. It's Your Health-Hepatitis C. August 2005
- Health Canada. The Drug Strategy Community Initiatives Fund-At a Glance. 2004.
- Hepatitis C Council of British Columbia. HCV Fact Sheet pamphlet.
- Heydon, E., & Fischer, B. "Crack use as a public health problem in Canada." In *Canadian Journal of Public Health*; 9(3). Pp. 185-188. 2005.
- Leonard, L., et.al., *The Effectiveness of Harm Reduction Strategies in Modifying Hepatitis C Infection Among Injection Drug Users in Canada*. 2001.
- Logan, T.K., Leukefeld, C. "Sexual and drug use behaviours among female crack users: A multi-site sample." In *Drug and Alcohol Dependence* 58. Pp. 237-245. 2000.
- McMahon, J., & Tortu, S. "A Potential hidden source of hepatitis C infection among non-injecting drug users." In

Journal of Psychoactive Drugs. 2003.

Millson, P., Leonard, L., Remis, R., Strike, C., Challacombe, L. Injection Drug Use, HIV and HCV Infection in Ontario: The Evidence 1992-2004. Ministry of Health and Long-Term Care. 2005.

Minister of State for Mental Health and Addiction Services. Crystal Meth and Other Amphetamines: An Integrated BC Strategy. August 2004.

National Drug Intelligence Centre. "Crystal Methamphetamine Fast Facts." Questions and Answers pamphlet.

National Institute on Drug Abuse (NIDA). Info Facts: Crack Cocaine. 2005.

Public Health Agency of Canada. Hepatitis C - Virus Information. May 2004.

Safer Crack Use Coalition. Health issues affecting crack smokers: Fact Sheet. 2005.

Shore, R. "No Common Cold". Hepatitis C Community Needs Assessment. December 2001.

Strike, C., Leonard, L., Millson, M., Anstice, S., Berkeley, N., Medd, E. Ontario Needle Exchange Programs: Best Practice Recommendations. Toronto: Ontario Needle Exchange Coordinating Committee. 2006.

Wiebe, J. & Reimer, B. Profile of Hepatitis C & Injection Drug Use in Canada: A Discussion Paper. 2000.

World Health Organization. 2000.

World Health Organization. Viral Cancers. 2006.

Zou, S., Forrester, L., Giulivi, "A Hepatitis C Update." Canadian Journal of Public Health. April 2003

Zou, S., Tepper, M.L., Giulivi, A. "Current Status of Hepatitis C in Canada." Canadian Journal of Public Health. 2000.

## APPENDIX I: SURVEY RESULTS

### Client survey results

Out of the 50 respondents that were interviewed, the results are as follows

### Demographics

#### Sex

- \* 66% Male
- \* 34% Female

#### City Residing In

- \* 98% Kingston
- \* 2% Other

#### Average # of years lived in Kingston

- 21 years

#### Neighbourhood Living In

- \* 56% Inner North End
- \* 34% Rideau Heights
- \* 8% West End
- \* 2% Other

#### Age

- \* 0% 10-14
- \* 12% 15-19
- \* 18% 20-24
- \* 14% 25-29
- \* 10% 30-34
- \* 16% 35-40
- \* 18% 41-45
- \* 8% 46-50
- \* 4% 51-55

#### Live with

- \* 28% Live with friends/roommates
- \* 26% Live with partner and children
- \* 22% Live alone
- \* 20% Live with partner
- \* 4% Live with parents and family

### **Living Arrangements**

- \* 44% Apartment
- \* 16% Public Housing
- \* 14% Room in a house
- \* 14% House
- \* 6% Shelter
- \* 4% Hotels/Motels
- \* 2% Homeless

### **Education Level**

- \* 50% Some high school
- \* 28% Completed high school
- \* 4% Currently completing high school
- \* 4% University Graduate
- \* 4% College Graduate
- \* 4% Elementary school only
- \* 2% Some college
- \* 2% Some university
- \* 2% Trade/technical school

### **Annual Income before taxes**

- \* 50% Under \$8,000
- \* 40% \$8,000-\$16,000
- \* 6% \$16,000-\$24,000
- \* 2% \$24,001-\$32,000
- \* 2% \$32,001-\$40,000

### **Employment Status**

- \* 52% Unemployed
- \* 30% Disabled
- \* 12% Part time
- \* 6% Full time

### **On Social Assistance**

- \* 88% Yes
- \* 12% No

### **Ontario Works vs Disability**

- \* 48% Ontario Works
- \* 40% Disability

### **Length of time on Social Assistance**

- \* 39% 1-5 yrs

- \* 23% >15yrs
- \* 16% <1yr
- \* 11% 5-10yrs
- \* 11% 10-15yrs

#### **Incarceration**

- \* 80% Yes
- \* 20% No

#### **Tattoos not produced in a parlour**

- \* 62% Yes
- \* 38% No

### **Hepatitis C Information**

#### **Respondents' beliefs on what Hepatitis C is**

- \* 90% Contracted through blood-to-blood contact
- \* 86% A liver disease
- \* 74% An Inflammation of the liver
- \* 52% Is caused by a virus

#### **Respondents' beliefs on how Hepatitis C is transmitted**

- \* 76% Sharing spoons
- \* 72% Unprotected sex
- \* 68% Sharing filters
- \* 38% Sharing straws
- \* 40% Sharing crack & meth pipes
- \* 10% Tie offs
- \* 8% Sharing a drinking cup
- \* 6% Kissing
- \* 4% Sitting on a toilet seat
- \* 4% Unbroken skin contact

#### **Hepatitis C prevalence amongst those interviewed**

- \* 48% Yes
- \* 32% No
- \* 20% Don't know

#### **Year respondents were diagnosed**

- \* 50% 2000-2005
- \* 25% 1995-1999
- \* 12.5% 1990-1994
- \* 12.5% Prior to 1990

**Where the respondents were diagnosed with Hepatitis C**

- \* 38% Street Health centre
- \* 33% Family doctor
- \* 21% Incarceration
- \* 8% Other

**Information known about Hepatitis C prior to being tested**

- \* 50% None
- \* 42% Little
- \* 8% Moderate

**Types of support given or offered when diagnosed with Hepatitis C**

- \* 38% No support
- \* 26% Information
- \* 23% Referral
- \* 13% Counselling

**Support received since being diagnosed with Hepatitis C**

- \* 29% A lot
- \* 25% None
- \* 25% Little
- \* 21% Moderate

**Examples of support received**

- \* 55% Counselling
- \* 40% Referrals
- \* 20% Education
- \* 10% Pamphlets
- \* 10% Doctors appointments
- \* 10% None
- \* 5% Take pills
- \* 5% Conference

**Discrimination from being Hepatitis C-positive**

- \* 46% None
- \* 33% Moderate
- \* 17% A lot
- \* 4 Little

**Personally knowing someone else who is infected with Hepatitis C**

- \* 94% Yes
- \* 6% No

**Relationship to person infected with Hepatitis C**

- \* 66% Friends
- \* 43% Family
- \* 19% Partner

**Respondents' knowledge on Hepatitis C**

- \* 42% Little
- \* 42% Moderate
- \* 12% A lot
- \* 4% None

**Preventing the spread of Hepatitis C**

- \* 100% Do not share drug-using equipment
- \* 96% Take precautions when having intercourse
- \* 94% Inform health professionals who may be exposed to your blood
- \* 94% Use sterile equipment when getting a tattoo/piercing
- \* 90% Do not give blood
- \* 88% Do not share razors
- \* 66% Do not share toothbrushes

**Where respondent would go for information and or support regarding Hepatitis C infection**

- \* 66% Street Health Centre
- \* 46% Family Doctor
- \* 36% Public Health Unit
- \* 26% HARS
- \* 24% Urgent Care Unit (KGH)
- \* 20% Liver Clinic
- \* 14% NKCHC
- \* 10% Other

**Best way to get information about Hepatitis C**

- \* 82% In person
- \* 44% Internet
- \* 34% Television
- \* 32% Pamphlets
- \* 18% Group work
- \* 16% Video
- \* 8% Other

**Does being Hepatitis C-positive carry stigma?**

- \* 84% Yes
- \* 14% No
- \* 2% Don't know

**Responses included:**

- I don't tell other people
- Right away people assume you are a drug addict
- People don't want contact with you
- Others think people with Hep C are dirty
- People are cautious towards Hep C positive people
- I hear people whisper
- People keep their distance
- Ignorance
- People who have it mentioned they can't work because they are very tired
- I don't
- My buddy doesn't care he has it
- People think we have AIDS or something
- People assume your dirt
- There would be a stigma by telling other people
- People are not informed
- Have to deal with people assuming the worst right away
- It categorizes people
- Makes you think you are a different class of person
- I guess not
- People look at you differently, yet one out of five people have it
- People discriminate
- Someone stepped away from me once they found out I had it
- It is lack of education
- People are afraid of those who have it
- It's about un-education
- People get looked at weird, even from other drug users
- Scared to touch things
- People have a lot to carry around
- People give off different reactions
- Some people look at you like you have the plague
- Employment situations; I lost my job because of being Hep C positive
- Relationships are hard to find
- People think just druggies have it
- People should be aware of infected people, like wear medical bracelets or something

**Crack Cocaine Information****Respondents' knowledge on crack cocaine**

- \* 50% A lot
- \* 32% Moderate
- \* 16% Little
- \* 2% None

**Respondents' familiarity with the ingredients to make crack cocaine**

- \* 84% Yes
- \* 16% No

**Respondents that had tried crack**

- \* 100%

**Respondents' first-time methods of use for crack cocaine**

- \* 86% Smoked
- \* 56% Injected
- \* 8% Snorted
- \* 6% Oral

**Age when first tried crack cocaine**

- \* 10% 10-14
- \* 36% 15-19
- \* 20% 20-24
- \* 26% 25-30
- \* 8% >30

**Personally acquainted with someone else who had used crack cocaine**

- \* 96% Yes
- \* 4% No

**Respondents' beliefs on how long the overall high lasts for when using crack cocaine**

- \* 90% 10-35min
- \* 8% 30min-1hr
- \* 2% 6-12hrs

**Response when asked if they had ever had to do something they did not want to in order to get money for crack cocaine**

- \* 72% Yes
- \* 28% No

**Responses included:**

- Stole off of my family
- Pawned my belongings
- Stealing
- Ripping others off
- Sold personal possessions that I liked
- Pawned some books
- Robbery
- Stole off my dealer

- Sold my kids belongings
- Sold my things
- Spent my rent money
- Lied many times
- Petty theft
- Small fraud
- Borrowed money
- Shop lifting
- Did a break and enter to someone's house
- Car theft
- Ripping my friends off
- Prostitution
- Robbed a bank that I went to prison for
- Robbing people
- Commit crimes
- Pick pocket
- I fronted to dealers
- Solicitation
- Sold myself
- Stole off of my own friends
- B&E's
- I go out boosting
- Beating people up
- Flash my self to get crack
- Punched some guy out
- Stole drugs from my parents

**Response when asked if they had ever had sex without a condom while using crack cocaine**

- \* 52% Yes
- \* 48% No

**Response when asked if they would like to stop using crack cocaine**

- \* 58% Already have
- \* 34% Yes
- \* 8% No

**How the majority of people in the community are using crack cocaine**

- \* 63% Smoking
- \* 37% Injecting

**Respondents' beliefs on the average age of males using crack cocaine**

- \* 36% 15-20
- \* 66% 20-25

- \* 70%            25-30
- \* 60%            >30

**Respondents' beliefs on the average age of females using crack cocaine**

- \* 38%            15-20
- \* 70%            20-25
- \* 68%            25-30
- \* 60%            >30

**Respondents' beliefs on the average age of people first trying crack cocaine**

- \* 70%            15-19
- \* 22%            20-24
- \* 8%              25-29

**Cost of a ¼ gram of crack cocaine**

- \* 90%            \$20
- \* 4%              \$25
- \* 4%              \$10
- \* 2%              \$40

**How much money respondents had spent on crack cocaine in the past 30 days**

- \* 56%            \$0
- \* 4%              <\$100
- \* 8%              \$100-200
- \* 2%              \$200-400
- \* 6%              \$400-700
- \* 1%              \$700-1000
- \* 1%              >\$1000

**Street names for crack cocaine**

- \* 65%            Rock
- \* 29%            Crack
- \* 14%            Smack
- \* 10%            Cookie
- \* 8%              Crank
- \* 8%              Blow
- \* 6%              Stone
- \* 4%              Pebble
- \* 4%              Hard stuff
- \* 4%              Cocaine
- \* 4%              Ice
- \* 2%              Stone
- \* 2%              Snot

- \* 2% Base
- \* 2% Yayo
- \* 2% White
- \* 2% Coke bits
- \* 2% Donuts
- \* 2% Food

**Witnessed someone else sharing drug using equipment for crack cocaine**

- \* 92% Yes
- \* 8% No

**Witnessed equipment shared for crack cocaine**

- \* 100% Pipes
- \* 65% Spoons
- \* 50% Needles

**Personally sharing drug using equipment for crack cocaine**

- \* 66% Yes
- \* 34% No

**Personal shared equipment for crack cocaine**

- \* 100% Pipes
- \* 24% Spoons
- \* 9% Needles

**Physical and psychological effects witnessed due to the use of crack cocaine**

- \* 100% Paranoia
- \* 98% Sweating
- \* 96% Increased heart rate
- \* 96% Addiction
- \* 94% Anxiety
- \* 90% Depression
- \* 88% Increased alertness
- \* 82% Feeling dehydrated
- \* 82% Shortness of breath
- \* 74% Hallucination
- \* 74% Violent/Aggressive behaviour
- \* 30% Increased sex drive

**Physical and psychological effects due to personal use of crack cocaine**

- \* 96% Increased heart rate
- \* 90% Sweating
- \* 82% Paranoia

- \* 80% Increased alertness
- \* 78% Shortness of breath
- \* 74% Feeling dehydrated
- \* 70% Anxiety
- \* 68% Depression
- \* 62% Addiction
- \* 38% Hallucination
- \* 32% Violent/Aggressive behaviour
- \* 20% Increased sex drive

**How common crack cocaine is in Kingston**

- \* 46% Somewhat common
- \* 44% Extremely common
- \* 6% Don't know
- \* 4% Not common

**Time it would take to track down a gram of crack cocaine**

- \* 74% 10-45min
- \* 22% 1-2 hrs
- \* 4% 5-10 hrs

**Areas in Kingston more likely to find crack cocaine**

- \* 48% Inner North End
- \* 48% Rideau Heights
- \* 2% Other
- \* 2% No response

**Where respondents received knowledge on crack cocaine**

- \* 66% Using
- \* 62% Watching others use
- \* 32% Word of mouth
- \* 32% Friends/partner
- \* 16% Books/pamphlets

**Knowing where to go for help or advice on crack cocaine**

- \* 84% Yes
- \* 16% No

**Where respondents would go if they wanted to stop using crack cocaine**

- \* 70% Street Health Centre
- \* 56% Detox
- \* 26% Narcotics Anonymous
- \* 26% Options For Change

- \* 10% Other
- \* 8% L&A Addiction Services
- \* 8% CAMH
- \* 8% Harbour Light
- \* 8% Kairos

**Respondents' need for more information or education on crack cocaine**

- \* 84% No
- \* 16% Yes

**Respondents' beliefs on the best way to get crack cocaine information or education out to the general public**

- \* 80% Workshops in high schools
- \* 68% Outreach
- \* 60% Television
- \* 50% Pamphlets
- \* 42% Internet
- \* 32% Posters
- \* 10% Other

**Crystal Methamphetamine Information**

**Respondents' knowledge on crystal meth**

- \* 36% Little
- \* 30% A lot
- \* 22% Moderate
- \* 12% None

**Respondents' familiarity with any of the ingredients to make crystal meth**

- \* 58% Yes
- \* 42% No

**Respondents that had tried crystal meth**

- \* 86% Yes
- \* 14% No

**Respondents' first time methods of use for crystal meth**

- \* 67% Injected
- \* 58% Smoked
- \* 23% Snorted
- \* 12% Oral

**Age when first tried crystal meth**

* 7%	10-14
* 35%	15-19
* 16%	20-24
* 12%	25-30
* 30%	>30

**Personally acquainted to someone else who had used crystal meth**

* 98%	Yes
* 2%	No

**Respondents' beliefs on how long the overall high lasts when using crystal meth**

* 2%	10-30min
* 2%	30 min-1hr
* 7%	1-2hrs
* 15%	2-5hrs
* 74%	6-12hrs

**Response when asked if there is a difference between a "crystal meth" high and a "speed" high**

* 60%	Yes
* 4%	No
* 18%	It's the same
* 12%	Don't know
* 6%	No response

**Responses included:**

- With crystal you sweat a lot, but you feel cold
- Crystal kept me up longer
- Crystal is more intense and gives you a longer high
- Crystal has more longevity
- Speed gives you a better rush
- Crystal lasts longer
- Crystal keeps you up for days at a time
- Speed high is longer
- Crystal makes me feel dirty when I am coming down
- Crystal is stronger
- Crystal lasts longer and has a different rush
- Crystal makes you think a lot about paranormal things
- Crystal releases bursts separately instead of all at once like speed does
- Crystal makes me have breathing difficulty
- Crystal just feels different
- The rush and the taste is different with crystal
- Crystal makes me sweat more and gives tiny blisters in your skin that burn

- Crystal makes you paranoid and violent
- Crystal makes you feel pins and needles in your body
- Speed is less addictive
- Crystal gives you a cleaner high
- Speed makes you feel dirty
- Crystal makes you feel sketchy
- Crystal makes you feel dirty when you inject it
- Crystal is a lot better
- Crystal is a longer high
- Speed makes you hair stand up
- One is more powdered and one has tiny little crystals

**Response when asked if they had ever had to do something they did not want to in order to get money for crystal meth**

\* 44%            Yes  
 \* 56%            No

**Examples included:**

- Sold personal belongings
- Stealing
- Sold drugs
- Beat someone up
- Pawned my girlfriends ring
- Minor fraud
- Got naked
- Prostitution
- Home invasion
- Robbery
- Assault
- Lied
- Cheated
- Robbed people
- Selling my self
- Almost robbed a store I wanted it so bad
- Ripping people off
- Shop lifted and sold the stuff
- Pawned CD's and gold
- Work
- Ripped off a dealer
- Boosted
- Robbed a person
- Spent rent check

**Response when asked if they had ever had sex without a condom while using crystal meth**

- \* 56% Yes
- \* 44% No

**Response when asked if they would like to stop using crystal meth**

- \* 40% Yes
- \* 5% No
- \* 43% Not sure
- \* 12% Already have

**How the majority of people in the community are using crystal meth**

- \* 54% Smoking
- \* 54% Injecting
- \* 8% Snorting

**Respondents' beliefs on the average age of males who are using crystal meth**

- \* 53% 15-20
- \* 70% 20-25
- \* 53% 25-30
- \* 49% >30

**Respondents' beliefs on the average age of females who are using crystal meth**

- \* 49% 15-20
- \* 68% 20-25
- \* 51% 25-30
- \* 51% >30

**Respondents' beliefs on the average age of people first trying crystal meth**

- \* 4% 10-15
- \* 72% 15-19
- \* 20% 20-24
- \* 4% 25-29

**Cost of a ¼ gram of crystal meth**

- \* 90% \$20
- \* 8% \$25
- \* 2% \$30

**How much money respondents had spent on crystal meth in the past 30 days**

- \* 48% \$0
- \* 10% <\$100
- \* 6% \$100-200
- \* 6% \$200-400

- \* 6%           \$400-700
- \* 8%           \$700-1000
- \*16%          No response

**Street names for crystal meth**

- \* 40%          Ice
- \* 28%          Speed
- \* 28%          Crystal
- \* 24%          Meth
- \* 12%          Whip
- \* 6%           Crank
- \* 6%           Glass
- \* 6%           Rock
- \* 4%           Quick
- \* 4%           Spadoooh
- \* 4%           Grit
- \* 2%           Crazy stuff
- \* 2%           Ecstasy
- \* 2%           Flake
- \* 2%           Tina
- \* 2%           Hippie
- \* 2%           gak
- \* 2%           Spip
- \* 2%           Go fast
- \* 2%           Don't know
- \* 6%           No response

**Witnessed someone else sharing drug using equipment for crystal meth**

- \* 60%          Yes
- \* 36%          No
- \* 4%           No response

**Witnessed equipment shared for crystal meth**

- \* 80%          Pipes
- \* 60%          Spoons
- \* 47%          Needles
- \* 23%          Straws

**Personally sharing drug using equipment for crystal meth**

- \* 53%          Yes
- \* 47%          No

### **Personal shared equipment for crystal meth**

- \* 65% Pipes
- \* 52% Spoons
- \* 30% Needles
- \* 26% Straws

### **Physical and psychological effects witnessed due to the use of crystal meth**

- \* 98% Wakefulness
- \* 98% Confusion
- \* 98% Weight Loss
- \* 96% Delusions
- \* 96% Paranoia
- \* 96% Insomnia
- \* 94% Addiction
- \* 92% Twitching
- \* 92% Anxiety
- \* 88 % Decreased appetite
- \* 88% Psychosis
- \* 88% Rotting teeth
- \* 85% Open sores
- \* 73% Violent behaviour
- \* 56% Increased sex drive
- \* 31% Convulsions

### **Physical and psychological effects due to personal use of crystal meth**

- \* 93% Wakefulness
- \* 91% Decreased appetite
- \* 84% Insomnia
- \* 81% Weight loss
- \* 77% Paranoia
- \* 77% Confusion
- \* 72% Anxiety
- \* 70% Delusions
- \* 63% Addiction
- \* 60% Twitching
- \* 56% Violent behaviour
- \* 44% Open sores
- \* 44% Rotting teeth
- \* 42% Psychosis
- \* 40% Increased sex drive
- \* 16% Convulsions

### How common crystal meth is in Kingston

- \* 72% Extremely common
- \* 22% Somewhat common
- \* 4% Not common
- \* 2% Don't know

### Are more people using crack cocaine vs crystal meth?

- \* 52% Crack
- \* 28% Crystal Meth
- \* 18% About the same (50/50)
- \* 2% Don't know

### Time it would take to track down a gram of crystal meth

- \* 74% 10-45min
- \* 20% 1-2hrs
- \* 2% 5-10hrs
- \* 4% >10hrs

### Areas in Kingston more likely to find crystal meth

- \* 58% Inner North End First Choice
- \* 52% Rideau Heights Second Choice
- \* 82% West End Third Choice

### Where respondents received knowledge on crystal meth

- \* 59% Using
- \* 55% Watching others use
- \* 53% Word of mouth
- \* 33% Friends/partner
- \* 14% Books/pamphlets

### Knowing where to go for information or advice on crystal meth

- \* 76% Yes
- \* 24% No

### Where respondents would go if they wanted to stop using crystal meth

- \* 82% Street Health Centre
- \* 49% Detox
- \* 29% Narcotics Anonymous
- \* 18% Kairos
- \* 18% Options For Change
- \* 7% CAMH
- \* 7% Harbour Light Centre
- \* 2% L&A Addiction Services

\* 18% Other

**Respondents' need for more information or education on crystal meth**

\* 48% Yes

\* 52% No

**Respondents' beliefs on the best way to get crystal meth information or education out to the general public**

\* 76% Workshops in high school

\* 72% Outreach

\* 68% Television

\* 56% Pamphlets

\* 54% Internet

\* 40% Posters

\* 8% Other

**Community Provider Survey Results**

**14 out of 25 organizations responded to the questionnaire**

**Services Organization Providers**

- Education, assessment and treatment for youth who are in conflict with the law.
- 24 hour temporary shelter; referrals, advocacy and support services.
- Housing help. Drop-in and homeless shelter.
- Institutional services for federal and provincially incarcerated prisoners. Services include: employment, educational and intake services for related prisoners.
- Young offenders facility.
- Information and referrals. Free income tax clinic, emergency food, shelter and clothing brochure.
- Assists individuals with mental illness to live and function in the community with support of various degrees.
- Mental health counselling, primary health care, psychological educational groups, and community development.
- Overnight emergency shelter for youth
- Open custody facility servicing male young offenders ages 12-17.
- Child protection services, parenting groups, and in home intensive cyw services.
- Assessment and referrals, individual and group addictions treatment, and advocacy and public education.
- Assessment and after-care.
- Works in partnership with the community to deliver quality programs to assist youth to make positive changes in their lives.

**Of the clients you serve, what percent is male, female, or transgendered?**

\* 51% Male

\* 48% Female

\* 1% Transgendered

**What percentage of your clients is in the following age group?**

- \* 23% 10-15
- \* 22% 15-20
- \* 9% 20-25
- \* 10% 26-30
- \* 10% 31-35
- \* 9% 36-40
- \* 8% 41-45
- \* 6% 46-50
- \* 4% > 51

**How long ago was the most recent training or in-service in regards to illicit drug use?**

- \* 30% 3 months
- \* 14% 6 months
- \* 21% 1yr
- \* 7% 2yrs
- \* 14% Never
- \* 14% No response

**How much experience would you say your organization has with illicit drug users?**

- \* 8% None
- \* 46% Moderate
- \* 46% Extensive

**What are the top 3 issues your staff has had to deal with around illicit drug use?**

- Drug use on site
- Safe disposal of sharps/universal precautions
- Access to services (ie. Housing, Dr's, O.W.A., etc)
- Drug dealing in the center
- Being high in the center
- Using in the center
- Clients on site under the influence
- Counselling availability
- Identification
- Communication
- What to do with found (used) needles
- No residential programs
- Staff education in regards to concurrent disorders
- Access to a fax machine
- Denial and no concept to the extent of the problem
- No shows to counselling sessions
- Negative behaviours
- Overdose

- Safety and security
- Legal issues
- Severe health problems
- Residents using drugs within the facility
- Residents behaviour while under the influence
- Risks to children when parents are using
- Detection of use
- Assessing what type of treatment would help
- Mental health impacts
- Criminality
- Physical health
- Dependence
- Legal issues pertaining to re-offending
- Major financial problems
- Associated criminal behaviour
- Mental and physical weakness
- Raising awareness
- Improving partnerships with other service providers
- Traditional client issues

**What percentage of your clients are or have been injection drug users?**

- \* 16% Current users
- \* 16% Past users
- \* 68% No response

**What percentage of clients that are: homeless, street-involved youth, involved in sex trade work, have spent time in prison?**

- \* 29% Homeless
- \* 19% Street involved youth
- \* 7% Involved in sex trade
- \* 43% Spent time in prison/jail

**Has your organization had previous Hepatitis C education?**

- \* 50% Yes
- \* 36% No
- \* 7% Not sure
- \* 7% No response

**How would you rate your staff's current knowledge regarding Hepatitis C?**

- \* 29% None
- \* 50% Moderate
- \* 14% Extensive
- \* 7% Not Sure

**How would you rate your staff's current knowledge regarding crack cocaine?**

- \* 43%           None
- \* 36%           Moderate
- \* 14%           Extensive
- \* 7%             Not sure

**How would you rate your staff's current knowledge regarding crystal meth?**

- \* 33%           None
- \* 47%           Moderate
- \* 13%           Extensive
- \* 7%             Not sure

**What impact has Hepatitis C had on your workplace?**

- None
- Impact of continued use and long term effects on the body
- Normally parents are infected, although some youth
- Little, that we are aware of
- Precautions in workplace regarding risk of transmission
- Minimal
- We have had very few residents (approx. 1 over the past 4 yrs) who has been infected with Hepatitis C
- Safety precautions have had to be put in place
- Heightened observation needed
- One client with Hepatitis C now has cirrhosis of the liver
- Questionable safety
- Knowledge level
- None really
- No direct impact perse

**What impact has crack cocaine had on your workplace?**

- No direct impact
- None really
- Small amount of our residents have admitted using crack
- I would estimate moderate; but there is probably a lot of use we know nothing about
- Little that we are aware of
- Unknown
- Don't know
- Significant disturbances
- Mostly with clients seen at appointments
- Have seen an increase of use in the last 2-3 yrs

**What impact has crystal meth had on your workplace?**

- None
- Hearing more about crystal, but not seeing any major numbers of clients with regards to crystal meth

- Unknown
- Little that we are aware of
- I would estimate moderate, but there is probably a lot of use we know nothing about
- Don't know
- Small amount of our residents have admitted to using crystal meth
- Significant disturbances
- No direct impact

**Please estimate the percentage of people your agency comes into contact with each year that are infected with, affected by, or at risk of infection of Hepatitis C**

- \* 37% Female
- \* 25% Male
- \* 4 Don't know
- \* 2 No response

**Please estimate the percentage of people your agency comes into contact with each year that are using crack cocaine**

- \*9% Female
- \*14% Male
- \*9 Don't know
- \*1 No response

**Please estimate the percentage of people your agency comes into contact with each year that are using crystal meth**

- \*11% Female
- \*19% Male
- \*8 Don't know
- \*1 No response

**How is Hepatitis C transmitted?**

- \* 29.1% Blood to blood contact
- \* 25% Shared needles
- \* 8.3% Sexual transmission
- \* 8.3% Blood transfusions
- \* 8.3% Body fluids
- \* 4.2% Unsterilized needles
- \* 4.2% Shared crack pipes
- \* 4.2% Tattoos
- \* 4.2% I don't know
- \* 4.2% No response

**How is crack cocaine used?**

- \* 35% Smoked

- \* 20%            Injected
- \* 15%            Snorted
- \* 0%             Oral
- \* 15%            Don't know
- \* 15%            No response

**How is crystal meth used?**

- \* 23%            Smoked
- \* 28%            Injected
- \* 10%            Snorted
- \* 10%            Oral
- \* 10%            Don't know
- \* 19%            No response

**How are your clients reporting using crack cocaine?**

- \* 20%            Smoking
- \* 20%            Injecting
- \* 15%            Snorted
- \* 35%            Don't know
- \* 10%            No response

**How are your clients reporting using crystal meth?**

- \* 12%            Smoking
- \* 29%            Injecting
- \* 6%             Snorting
- \* 41%            Don't know
- \* 12%            No response

**How comfortable is your knowledge of the ingredients of crack cocaine?**

- \* 29%            Not comfortable
- \* 7%             Baking soda
- \* 7%             Reasonable
- \* 7%             Fair
- \* 7%             Limited
- \* 7%             Varies
- \* 7%             Would like more
- \* 29%            No response

**How comfortable is your knowledge of the ingredients of crystal meth?**

- \* 29%            Not comfortable
- \* 7%             Cold medicine
- \* 7%             Reasonable
- \* 7%             Fair

- \* 7% Limited
- \* 7% Would like more
- \* 36% No response

**What effects of crack use is your organization seeing?**

- \* 0% Open sores
- \* 10% Paranoia
- \* 23% Anxiety
- \* 13% Psychosis
- \* 20% Depression
- \* 17% Violent behaviour
- \* 7% Don't know
- \* 10% No response

**What effects of crystal meth use is your organization seeing?**

- \* 3% Open sores
- \* 13% Paranoia
- \* 21% Anxiety
- \* 13% Psychosis
- \* 17% Depression
- \* 13% Violent behaviour
- \* 10% Don't know
- \* 10% No response

**Please state some other street names for crack cocaine?**

- \* 27% Rock
- \* 7% Crack
- \* 33% Don't know
- \* 33% No response

**Please state some other street names for crystal meth?**

- \* 22% Ice
- \* 13% Glass
- \* 9% Crystal
- \* 4% Meth
- \* 4% Tina
- \* 4% Hydro
- \* 4% Crank
- \* 18% Don't know
- \* 22% No response

**If a client were looking for advice or information on Hepatitis C, where would you send them?**

- \* 39% Street Health Centre

- \* 19% Public Health Unit
- \* 13% Family Doctor
- \* 10% HARS
- \* 7% Own organization could provide information
- \* 3% CAMH
- \* 3% Kairos
- \* 3% Hotel Dieu Hospital
- \* 3% G.I. Clinic

**Where do you send clients for Hepatitis C testing or treatment?**

- \* 36% Physician
- \* 24% Street Health Centre
- \* 16% Public Health Unit
- \* 8% Hotel Dieu Hospital
- \* 4% Adam Newman
- \* 4% Do it on site
- \* 4% No response

**Have any of your clients faced any barriers to accessing Hepatitis C-related services? If yes, please state what the barriers were?**

- Hepatitis C group we usually refer our clients to is currently not running
- Lack of family doctors in Kingston
- People are reporting they have not been received well
- Money issues
- Transportation to the services
- Childcare
- Missing appointments
- Breaching probation
- Difficulty to reach youth
- Not to our knowledge
- Their medical officer and specialists treat those with Hep C

**If a client wanted help with a drug use problem relating to crack cocaine, where would you send them?**

- \* 26% Street Health Centre
- \* 26% Options For Change
- \* 16% Kairos
- \* 13% Detox
- \* 7% DART
- \* 6% Inpatient treatment
- \* 3% Narcotic Anonymous
- \* 3% No response

**If a client wanted help with a drug use problem relating to crystal meth, where would you send them?**

- \* 23% Street Health Centre
- \* 23% Options For Change
- \* 15% Kairos
- \* 8% Detox
- \* 4% DART
- \* 8% Inpatient treatment
- \* 4% Meth clinic
- \* 4% Doctor
- \* 3% Narcotics Anonymous
- \* 8% No response

**Please check off any of the special populations you provide service for who report using crack cocaine?**

- \* 15% Street youth
- \* 15% High school students
- \* 18% Homeless
- \* 15% Sex trade workers
- \* 8% Working adults
- \* 13% Other
- \* 3% Don't know
- \* 13% No response

**Please check off any of the special populations you provide service for who report using crystal meth?**

- \* 17% Street youth
- \* 15% High school students
- \* 18% Homeless
- \* 18% Sex trade workers
- \* 8% Working adults
- \* 13% Other
- \* 3% Don't know
- \* 8% No response

**Please estimate how long crack cocaine has been in Kingston?**

- \* 29% 10-20yrs
- \* 7% 25yrs
- \* 7% 5yrs
- \* 7% 3yrs
- \* 7% A long time
- \* 7% Ages 15+
- \* 29% Don't know
- \* 7% No response

**Please estimate how long crystal meth has been in Kingston?**

- \* 22% 7-10yrs
- \* 14% 5yrs
- \* 14% 4yrs
- \* 7% 2yrs
- \* 7% A long time
- \* 29% Don't know
- \* 7% No response

**If you or your staff were seeking advice or information on Hepatitis C, where would you go? Please rank in order of 1 being most and 3 being least.**

- \* 79% Agency in Kingston First Choice
- \* 60% Internet Second Choice
- \* 67% Other Third Choice

**If you or your staff were seeking advice or information on crack cocaine or crystal meth, where would you go? Please rank in order of 1 being most and 3 being least.**

- \* 79% Agency in Kingston First Choice
- \* 64% Internet Second Choice
- \* 67% Other Third Choice

**Do you or your staff feel you need more information on Hepatitis C?**

- \* 77% Yes
- \* 23% No

**Do you or your staff feel you need more information on crack cocaine?**

- \* 85% Yes
- \* 15% No

**Do you or your staff feel you need more information on crystal meth?**

- \* 92% Yes
- \* 8% No

**How useful would a workshop on Hepatitis C be for your staff?**

- \* 50% Very useful
- \* 29% Moderate
- \* 21% Not useful

**How useful would a workshop on crack cocaine be for your staff?**

- \* 64% Very useful
- \* 36% Moderate
- \* 0% Not useful

**How useful would a workshop on crystal meth be for your staff?**

- \* 71% Very useful
- \* 29% Moderate
- \* 0% Not useful

**If a workshop were offered, what would be the ideal time length?**

- \* 57% ½ day
- \* 36% 2hrs
- \* 7% 1hr

**What further education or information do you need for your staff and clients?**

- Information regarding the sex trade
- Prevalence of use
- Safer using options
- Identifying use in clients
- Side effects, both short term and long term
- Treatment options
- Any written information
- Pamphlets
- Training on dealing with clients who are infected, affected or at risk
- Available resources
- Brochures
- Recognizing behaviours
- Harm reduction

**What is the best form for education and information? Please rank 1 being best and 3 being least.**

- \* 93% In person First Choice
- \* 66% Video Second Choice
- \* 66% Literature Third Choice

## APPENDIX II: QUESTIONNAIRE CONSENT FORM

ID number \_\_\_\_\_

Consent to participate in a needs assessment on the new risks in Hepatitis C among the Kingston Community.

I understand the information that has been provided to me and I am aware of the purpose of the needs assessment, and the nature of the questions I will be asked.

I am aware that:

I will be participating in research for the Kingston community needs assessment on Crack Cocaine & Crystal Meth: New Risks in Hepatitis C.

My identity will be protected by the use of an ID number; this ID number will appear on the questionnaire form, which records the information I provide, but my name will not.

I will be interviewed for approximately 20 minutes.

Participation in this study is completely voluntary and I can withdraw at any time.

I can choose not to answer any questions, for any reason.

There is no way I can be connected to the information I provide, as I am not required to provide my name, address or any other fundamental identifying information.

I hereby consent to be involved in this needs assessment:

Signed: (initials or any name OK) \_\_\_\_\_

Date: \_\_\_\_\_

Certification

I \_\_\_\_\_ certify that to the best of my knowledge the above named participant fully understands the purpose of the study and the nature of his or her involvement in it, and has voluntarily consented to participate in the needs assessment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX III: CLIENT QUESTIONNAIRE

Client's ID Number \_\_\_\_\_

### Part One: Demographic Information

1. Do you consider yourself: Female \_\_\_\_\_ Male \_\_\_\_\_ Transgendered \_\_\_\_\_

2. What city do you live in? And how long have you lived there?

\_\_\_ Kingston, how long? \_\_\_\_\_

\_\_\_ Brockville, how long? \_\_\_\_\_

\_\_\_ Bellville, how long? \_\_\_\_\_

\_\_\_ Napanee, how long? \_\_\_\_\_

\_\_\_ Trenton, how long? \_\_\_\_\_

\_\_\_ Gananoque, how long? \_\_\_\_\_

\_\_\_ Other, how long? \_\_\_\_\_

3. What neighborhood do you live in?

\_\_\_ Rideau Heights      \_\_\_ Inner North End      \_\_\_ West End      \_\_\_ Other \_\_\_\_\_

4. What is your age?

1 \_\_\_ 10-14      6 \_\_\_ 35-40

2 \_\_\_ 15-19      7 \_\_\_ 41-45

3 \_\_\_ 20-24      8 \_\_\_ 46-50

4 \_\_\_ 25-29      9 \_\_\_ 51-55

5 \_\_\_ 30-34      10 \_\_\_ >55

5. Who do you live with?

1 \_\_\_ Live alone

4 \_\_\_ Live with spouse/partner and children

2 \_\_\_ Single parent with children

5 \_\_\_ Live with parent(s)/family

3 \_\_\_ Live with spouse/partner

6 \_\_\_ Live with friend(s)/roommate(s)

6. What is your living arrangement?

1 \_\_\_ Apartment

6 \_\_\_ No fixed address (couch surfing)

2 \_\_\_ House

7 \_\_\_ Shelter

3 \_\_\_ Room in house

8 \_\_\_ Non-profit group setting

4 \_\_\_ Hotels/motels

9 \_\_\_ Homeless (on the streets)

5 \_\_\_ Public Housing

7. How far did you get in school?

1 \_\_\_ No formal education

6 \_\_\_ Some College

- 2\_\_\_Elementary school only      7\_\_\_College graduate  
 3\_\_\_Some high school      8\_\_\_Some university  
 4\_\_\_Completed high school      9\_\_\_University graduate  
 5\_\_\_Trade/technical school      10\_\_\_Currently completing high school

**8. What is your annual income (before taxes)?**

- 1\_\_\_Under \$8,000      4\_\_\_\$24,001-\$32,000  
 2\_\_\_\$8,000-\$16,000      5\_\_\_\$32,001-\$40,000  
 3\_\_\_\$16,001-\$24,000      6\_\_\_Over \$40,000

**9. What is your employment status?**

- 1\_\_\_Full time      6\_\_\_On strike  
 2\_\_\_Part time      7\_\_\_Homemaker  
 3\_\_\_Student full time      8\_\_\_Retired  
 4\_\_\_Student part time      9\_\_\_Disabled  
 5\_\_\_Unemployed      10\_\_\_Other: \_\_\_\_\_

**10. Are you on social assistance?** Yes\_\_\_ No\_\_\_ If yes,  
 which type: Ontario Works\_\_\_ ODSP\_\_\_ Other\_\_\_

**11. If yes, how long have you been on Social Assistance?**

- |         |        |         |          |        |
|---------|--------|---------|----------|--------|
| 1       | 2      | 3       | 4        | 5      |
| <One yr | 1-5yrs | 5-10yrs | 10-15yrs | 15yrs> |

**12. Have you ever been incarcerated?** Yes\_\_\_ No\_\_\_

13. Do you have any tattoos that were not produced in a tattoo parlor?  
 Yes\_\_\_ No\_\_\_

**Part Two: Hepatitis C Information**

**14. What is Hepatitis C?**

- \_\_\_A liver disease  
 \_\_\_Contracted through blood-to-blood contact  
 \_\_\_Is caused by a virus  
 \_\_\_An Inflammation of the liver

**15. Is Hepatitis C transmitted through?**

- |                          |                    |                             |
|--------------------------|--------------------|-----------------------------|
| ___Sharing spoons        | ___Sharing cups    | ___Sitting on a toilet seat |
| ___Kissing               | ___Unprotected sex | ___Unbroken skin contact    |
| ___Filters               | ___Tie offs        | ___Crack/Meth pipes         |
| ___Straws (for snorting) |                    |                             |

**16. Do you have Hepatitis C?** Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_ If don't know, why not?

\_\_\_\_\_ Have not been tested

\_\_\_\_\_ Don't want to be tested

\_\_\_\_\_ Not aware I might be at risk

\_\_\_\_\_ Not aware there was a test

\_\_\_\_\_ Not aware of where to go

\_\_\_\_\_ Other (please state) \_\_\_\_\_

If yes, continue with Part A; If no, or don't know go onto Part B

### Part A

**17. When did you discover you were Hepatitis C positive?**

\_\_\_\_\_ month and year, if possible.

**18. Where were you diagnosed?**

\_\_\_\_\_ Street Health Centre \_\_\_\_\_ Sexual health clinic at the health unit

\_\_\_\_\_ Incarceration \_\_\_\_\_ Family doctor

\_\_\_\_\_ Other, please specify \_\_\_\_\_

**19. How much information did you have on Hepatitis C before you were tested?**

1	2	3	4
None	Little	Moderate	A lot

**20. What types of support were you given or offered when you were diagnosed?**

\_\_\_\_\_ Counselling \_\_\_\_\_ Information

\_\_\_\_\_ No support \_\_\_\_\_ Other supports, which one? \_\_\_\_\_

\_\_\_\_\_ Referral to other organization, which one? \_\_\_\_\_

**21. How much support have you received since you have been diagnosed with Hepatitis C?**

1	2	3	4
None	Little	Moderate	A lot

**22. What form(s) of support have you received since you have been diagnosed?**

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

**23. Have you been discriminated against or judged because of being Hepatitis C positive?**

1	2	3	4
None	Little	Moderate	A lot

If possible, could you please state an example:

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

**Part B**

**24. Do you know someone who is infected with Hepatitis C?** Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_

If yes, what is the relationship to you? \_\_\_\_\_

**25. How much do you know about Hepatitis C?**

1	2	3	4
None	Little	Moderate	A lot

**26. How can you prevent the spread of Hepatitis C?**

- Do not give blood
- Do not share toothbrushes
- Do not share drug using equipment
- Inform health professionals who may be exposed to your blood
- Do not share razors
- Use sterile equipment when getting a tattoo/piercing
- Take precautions when having intercourse

**27. Where would you go for information and or support regarding Hepatitis C infection?**

- Street Health Centre
- HARS
- Family Doctor
- Urgent care unit (KGH)
- Liver clinic (Hotel Dieu Hospital)
- Public Health Unit
- North Kingston Community Health Centre
- Other \_\_\_\_\_

**28. What is the best way to get information about Hepatitis C?**

- In person
- Pamphlets
- Group work
- Other (please state) \_\_\_\_\_
- Television
- Video
- Internet

**29. Do you think being Hepatitis C positive carries stigma?**

Yes\_\_\_\_ No\_\_\_\_ If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

**Part Three: Crack Cocaine Information**

**30. How much do you know about crack cocaine?**

1	2	3	4
None	Little	Moderate	A lot

**31. Do you know what the ingredients are to make crack cocaine?**

\_\_\_\_\_

**32. Have you ever tried crack cocaine? If yes, how did you use it?**

---

**33. What age were you when you first tried crack cocaine?**

1	2	3	4	5
10-14	15-19	20-24	25-30	30>

**34. Do you know anyone else who has tried crack cocaine?**

Yes \_\_\_ No \_\_\_

**35. How long does the overall crack cocaine high last for?**

1	2	3	4	5
10-30min	30min-1hr	1hr-2hrs	2-5hrs	6-12hrs

**36. Have you ever had to do something you did not want to in order to get money for crack cocaine?**

Yes \_\_\_ No \_\_\_ If yes, please give an example: \_\_\_\_\_

---

**37. Have you ever had sex with out a condom while using crack cocaine?**

Yes \_\_\_ No \_\_\_

**38. Do you want to stop using crack cocaine?**

Yes \_\_\_ No \_\_\_ Can't \_\_\_ Not sure \_\_\_ Already have \_\_\_

**39. How are the majority of people in the community using crack cocaine?**

Smoking \_\_\_ Injecting \_\_\_ Other \_\_\_ please state: \_\_\_\_\_

**40. What is the average age of people who are using crack cocaine?**

Male:	10-15	15-20	20-25	25-30	30>
Female:	10-15	15-20	20-25	25-30	30>

**41. What is the average age you are seeing people first try crack cocaine?**

1	2	3	4	5
10-14	15-19	20-24	25-29	30>

**42. How much is a ¼ gram of crack cocaine?**

\$5 \_\_\_ \$10 \_\_\_ \$15 \_\_\_ \$20 \_\_\_ \$25 \_\_\_ \$30 \_\_\_ \$40 \_\_\_

**43. How much money would you say you have spent on crack cocaine in the past 30 days?**

1	2	3	4	5	6	7
\$0	<\$100	\$100-200	\$200-400	\$400-700	\$700-1000	>\$1000

**44. What are some other names for crack cocaine?**

---

**45. Have you ever seen anyone else share equipment for crack? If yes, what type(s) and how many times?**

Yes\_\_\_ No\_\_\_

a) Spoons\_\_\_\_\_ b) Pipes\_\_\_\_\_ c) Needles\_\_\_\_\_ d) Other\_\_\_\_\_

**46. Have you ever shared equipment for crack? If yes, what type(s) and how many times? Yes\_\_\_ No\_\_\_**

a) Spoons\_\_\_\_\_ b) Pipes\_\_\_\_\_ c) Needles\_\_\_\_\_ d) Other\_\_\_\_\_

**47. What are some of the physical or psychological effects people are having due to the use of crack cocaine?**

\_\_\_Shortness of breath    \_\_\_Violent/aggressive behaviour    \_\_\_Increased heart rate  
\_\_\_Paranoia    \_\_\_Addiction    \_\_\_Depression  
\_\_\_Hallucination    \_\_\_anxiety    \_\_\_Increased sex drive  
\_\_\_Sweating    \_\_\_Feeling Dehydrated    \_\_\_Increased alertness

**48. What are some of the physical or psychological effects you have had due to the use of crack cocaine?**

\_\_\_Shortness of breath    \_\_\_Violent/aggressive behaviour    \_\_\_Increased heart rate  
\_\_\_Paranoia    \_\_\_Addiction    \_\_\_Depression  
\_\_\_Hallucination    \_\_\_anxiety    \_\_\_Increased sex drive  
\_\_\_Sweating    \_\_\_Feeling Dehydrated    \_\_\_Increased alertness

**49. How common would you say crack cocaine is in Kingston?**

Not Common\_\_\_ Somewhat Common\_\_\_ Extremely Common\_\_\_ Don't know\_\_\_

**50. How long would it take you to track down a gram of crack cocaine?**

1                      2                      3                      4                      5  
10-45min            1-2hrs                2-5hrs                5-10hrs                10hrs>

**51. Where are the areas in Kingston you are more likely to find crack cocaine? Please rank: 1 being the most.**

\_\_\_Rideau Heights    \_\_\_Inner North End    \_\_\_West End    \_\_\_Other\_\_\_\_\_

**52. Where did you get your knowledge on crack cocaine?**

1                      2                      3                      4                      5  
Word of mouth    Friend/partner    Using                      Watching others use    Books/Pamphlets

**53. Do you know where to go for help or advice on crack cocaine?**

Yes\_\_\_ No\_\_\_

**54. If you wanted stop using crack cocaine, where would you go?**

\_\_\_Street Health Centre    \_\_\_Options for change

Detoxification Centre                       Centre for addiction and mental health  
 Narcotics Anonymous                       Harbour light center  
 L&A Addiction Services                       Kairos  
 Other: \_\_\_\_\_

**55. Do you feel you need more information or education on crack cocaine?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**56. What would be the best way to get information or education out to the general public?**

Outreach     Television/media  
 Pamphlets     Workshops in high schools  
 Posters     Internet  
 Other (please state) \_\_\_\_\_

**Part Four: Crystal Meth Information**

**57. How much do you know about crystal meth?**

1	2	3	4
None	Little	Moderate	A lot

**58. Do you know what the ingredients are in crystal meth?**

\_\_\_\_\_

**59. Have you ever tried crystal meth? If yes, how did you use it?**

\_\_\_\_\_

**60. What age were you when you first tried crystal meth?**

1	2	3	4	5
10-14	15-19	20-24	25-30	30>

**61. Do you know anyone else who has tried crystal meth?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**62. How long does the overall high last when using crystal meth?**

1	2	3	4	5
10-30min	30min-1hr	1hr-2hrs	2-5hrs	6-12hrs

**63. Is there a difference between a crystal meth and speed high?**

Yes \_\_\_\_\_, How? \_\_\_\_\_ No \_\_\_\_\_ It's the same \_\_\_\_\_ Don't know \_\_\_\_\_

**64. Have you ever had to do something you did not want to in order to get money for crystal meth?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give an example: \_\_\_\_\_

\_\_\_\_\_

**65. Have you ever had sex with out a condom while using crystal meth?**

Yes \_\_\_ No \_\_\_

**66. Do you want to stop using crystal meth?**

Yes \_\_\_ No \_\_\_ Can't \_\_\_ Not sure \_\_\_ Already have \_\_\_

**67. How are most people in the community using crystal meth?**

Smoking \_\_\_ Injecting \_\_\_ Snorting \_\_\_ Other \_\_\_ please state: \_\_\_\_\_

**68. What is the average age of people who are using crystal meth?**

Male:	10-15	15-20	20-25	25-30	30>
Female:	10-15	15-20	20-25	25-30	30>

**69. What is the average age you are seeing people first try crystal meth?**

1	2	3	4	5
10-14	15-19	20-24	25-29	30>

**70. How much is a ¼ gram of crystal meth?**

\$5 \_\_\_ \$10 \_\_\_ \$15 \_\_\_ \$20 \_\_\_ \$25 \_\_\_ \$30 \_\_\_ \$40 \_\_\_ \$50 \_\_\_

**71. How much money have you spent in the last 30 days on crystal meth?**

1	2	3	4	5	6	7
\$0	<\$100	\$100-200	\$200-400	\$400-700	\$700-1000	>\$1000

**72. What are some other names for crystal meth?**

\_\_\_\_\_

**73. Have you ever seen anyone else share equipment for crystal meth? If yes, what type(s) and how many times? Yes \_\_\_ No \_\_\_**

a) Spoons \_\_\_ b) Pipes \_\_\_ c) Needles \_\_\_ d) Straws \_\_\_ e) Other \_\_\_

**74. Have you ever shared equipment for crystal meth? If yes, what type(s) and how many times?**

Yes \_\_\_ No \_\_\_

a) Spoons \_\_\_ b) Pipes \_\_\_ c) Needles \_\_\_ d) Straws \_\_\_ e) Other \_\_\_

**75. What are the physical or psychological effects people are having due to the use of crystal meth?**

___ Wakefulness	___ Delusions/hallucinations	___ Twitching	___ Increased sex drive
___ Anxiety	___ Decreased appetite	___ Open sores	___ Rotting teeth
___ Confusion	___ Violent behaviour	___ Paranoia	___ Psychosis
___ Addiction	___ Insomnia	___ Weight loss	___ Convulsions

**76. What are the physical or psychological effects you have had due to the use of crystal meth?**

\_\_\_ Wakefulness \_\_\_ Delusions/hallucinations \_\_\_ Twitching \_\_\_ Increased sex drive

Anxiety       Decreased appetite       Open sores       Rotting teeth  
 Confusion       Violent behaviour       Paranoia       Psychosis  
 Addiction       Insomnia       Weight loss       Convulsions

**77. How common would you say crystal meth is in Kingston?**

Not Common  Somewhat Common  Extremely Common  Don't know

**78. Are more people using crystal over crack or vice versa? If so, what is the % difference? (ie 60/40)**

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**79. How long would it take you to track down a gram of crystal meth?**

1	2	3	4	5
10-45min	1-2hrs	2-5hrs	5-10hrs	10hrs>

**80. What are the areas in Kingston where you are more likely to find crystal meth? Please rank, 1 being most and 4 being least.**

Rideau Heights       Inner North End       West End       Other \_\_\_\_\_

**81. Where did you get your knowledge on crystal meth?**

1	2	3	4	5
Word of mouth	Friend/partner	Using	Watching others use	Books/Pamphlets

**82. Do you know where to go for information or advice on crystal meth?**

Yes  No

**83. If you wanted stop using crystal meth, where would you go?**

<input type="checkbox"/> Street Health Centre	<input type="checkbox"/> Options for change
<input type="checkbox"/> Detoxification Centre	<input type="checkbox"/> Centre for addiction and mental health
<input type="checkbox"/> Narcotics Anonymous	<input type="checkbox"/> Harbour light center
<input type="checkbox"/> Kairos	<input type="checkbox"/> Lennox and Addington Addiction Services
<input type="checkbox"/> Other _____	

**84. Do you feel you need more information or education on crystal meth?**

Yes  No

**85. What would be the best way to get information or education out to the general public?**

<input type="checkbox"/> Outreach	<input type="checkbox"/> Television/media
<input type="checkbox"/> Pamphlets	<input type="checkbox"/> Workshops in high schools
<input type="checkbox"/> Posters	<input type="checkbox"/> Internet
<input type="checkbox"/> Other (please state) _____	

**Thank you for taking the time to complete this questionnaire.**

**Your feedback is greatly appreciated and will assist us to improve our resources and services**

## APPENDIX IV: SERVICE PROVIDERS QUESTIONNAIRE

1. What services does your organization provide to the community?

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2. Of the clients you serve, what percentage is male, female, or transgendered?

Male \_\_\_\_\_ Female \_\_\_\_\_ Transgendered \_\_\_\_\_

3. What percentage of your clients is in the following age group?

10-15 _____	26-30 _____	41-45 _____
15-20 _____	31-35 _____	46-50 _____
20-25 _____	36-40 _____	51 > _____

4. Can you provide a geographic breakdown of where your clients live? Rank in order from within the neighbourhoods listed below (with 1 being most popular, 2 being second most popular, etc..)

\_\_\_\_ Rideau Heights  
\_\_\_\_ Inner North End (Queen St. to Railway bounded by Rideau and Leroy Grant)  
\_\_\_\_ Old Kingston, South of Princess (Sydenham ward to Sir John A.)  
\_\_\_\_ Kingscourt  
\_\_\_\_ West Kingston  
\_\_\_\_ Rural areas surrounding Kingston  
\_\_\_\_ Portsmouth area / City Central (Balsam Grove, Calvin Park, Strathcona Park, Portsmouth Village, Polson park, ect..)  
\_\_\_\_ Other \_\_\_\_\_

5. How long ago was the most recent training or in-service your staff has had in regards to illicit drug use?

3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ Never \_\_\_\_\_

6. How much experience would you say your organization has with illicit drug users?

1	2	3
None	Moderate	Extensive

7. What are the top three issues your staff has had to deal with around illicit drug use?

---

**8. What percentage of your clients are or have been injection drug users? Please estimate.**

Current users \_\_\_\_\_ Past users \_\_\_\_\_

**9. What percentage of your clients are: (please estimate)**

Homeless	Street Involved Youth	Involved in sex trade work	Spent time in prison

**10. Has your organization had previous Hepatitis C education? If yes, what types and when?**

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**11. How would you rate your staff's current knowledge regarding Hepatitis C, crack cocaine, and methamphetamine involving "crystal meth"? Please check the appropriate boxes.**

	1 None	2 Moderate	3 Extensive
Hepatitis C			
Crack Cocaine			
Methamphetamine			

**12. What impact has Hepatitis C had on your work place?**

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**13. What impact has crack cocaine had on your workplace?**

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**14. What impact has crystal meth had on your workplace?**

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**15. Please estimate the percentage of people your agency comes into contact with each year that are infected with, affected by, or at risk of infection of Hepatitis C?**

Female\_\_\_\_\_ Male\_\_\_\_\_ Transgendered\_\_\_\_\_

**16. Please estimate the percentage of people your agency comes into contact with each year that are using:**

Crack cocaine: Female\_\_\_\_\_ Male\_\_\_\_\_ Transgendered\_\_\_\_\_

Methamphetamine: Female\_\_\_\_\_ Male\_\_\_\_\_ Transgendered\_\_\_\_\_

**17. How is Hepatitis C transmitted?** \_\_\_\_\_

**18. How are crack cocaine & methamphetamine used? (Please state methods of use)**

Crack cocaine: \_\_\_\_\_

Crystal meth: \_\_\_\_\_

**19. How are your clients reporting using crack cocaine & crystal meth? Please check the appropriate boxes**

	Snorting	Injecting	Smoking	All of the above	Other
Crack Cocaine					
Crystal Meth					

**20. How comfortable is your knowledge on the ingredients of crack cocaine & crystal meth?**

Crack cocaine: \_\_\_\_\_

Crystal meth: \_\_\_\_\_

**21. What effects of crack cocaine & crystal meth use is your organization seeing?**

	Open sores	Paranoia	Anxiety	Psychosis	Depression	Violent behaviour	Other
Crack Cocaine							
Crystal Meth							

**22. Please state some other street names for crack cocaine & crystal meth?**

Crack cocaine: \_\_\_\_\_

Crystal meth: \_\_\_\_\_

**23. If a client were looking for advice or information on Hepatitis C, where would you send them?**

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**24. Where do you send clients for Hepatitis C testing and or treatment?**

Testing: \_\_\_\_\_

Treatment: \_\_\_\_\_

**25. Have any of your clients faced any barriers to accessing Hepatitis C related services? If yes, please state what the barriers were.**

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**26. If a client wanted help with a drug use problem relating to crack cocaine & crystal meth where would you send them?**

Crack cocaine: \_\_\_\_\_

Crystal meth: \_\_\_\_\_

**27. Please check off any of the special populations your provide service for who report using crack cocaine &/or crystal meth?**

	Street Youth	High-school students	Homeless	Sex-trade worker	Working adult	Other
Crack Cocaine						
Crystal Meth						

**28. Please estimate how long crack cocaine & crystal meth have been in Kingston?**

Crack cocaine: \_\_\_\_\_

Crystal meth: \_\_\_\_\_

**29. If you or your staff were seeking advice or information on Hepatitis C where would you go? Please rank in order of 1 being most and 3 being least.**

Internet\_\_\_\_\_ Agency in Kingston\_\_\_\_\_, specify\_\_\_\_\_ Other\_\_\_\_\_, specify\_\_\_\_\_

**30. If you or your staff were seeking advice or information on crack cocaine or crystal meth where would you go? Please rank in order of 1 being most and 3 being least.**

Internet\_\_\_\_\_ Agency in Kingston\_\_\_\_\_, specify\_\_\_\_\_ Other\_\_\_\_\_, specify\_\_\_\_\_

**31. Do you or your staff feel you need more information on Hepatitis C, crack cocaine & crystal meth?**

	Yes	No
Hepatitis C		
Crack cocaine		
Crystal meth		

**32. How useful would a workshop on Hepatitis C, crack cocaine and or crystal meth be for your staff? Please check the appropriate boxes.**

	1 Not useful	2 Moderate	3 Very useful
Hepatitis C			
Crack cocaine			
Crystal meth			

**33. If a workshop were offered, what would be the ideal time length? Please check one.**

1hr \_\_\_\_\_ 2hrs \_\_\_\_\_ ½ day \_\_\_\_\_ other \_\_\_\_\_

**34. What further education or information do you need for your staff and clients?**

Staff: \_\_\_\_\_

Clients: \_\_\_\_\_

**35. What is the best form for education and information? Please rank 1 being best and 3 being least.**

Video\_\_\_\_\_ In person\_\_\_\_\_ Literature\_\_\_\_\_

**There will be a draw held for a \$50 gift certificate to Chapters Bookstore for all organizations that complete the questionnaire to the best of their ability and fax it to the Street Health Centre by the date provided.**

**Thank you for taking the time to complete this questionnaire.  
Your feedback is greatly appreciated and will assist us  
to improve our resources and services**

**Please fax your completed questionnaire by January 12th 2005 to:  
Fax: (613) 549-7986**

**Questions??**

Phone: (613) 549-1440 E-mail: [melissab@streethealth.kchc.ca](mailto:melissab@streethealth.kchc.ca)