

# The Crack Users Project: A Manual

## CRACKTITIONER



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## Introduction

Street Health is a community-based health care organization in Toronto that provides services to address a wide range of physical, mental, and emotional needs for people who are homeless, poor, and socially marginalized. Street Health's program areas include nursing care, mental health support, street outreach, HIV/AIDS prevention, Hepatitis C support, and identification replacement and storage.

The Crack Users Project (CUP) is a capacity-building initiative, developed by Street Health and Regent Park Community Health Centre, with the goal of reducing the harms associated with the use of crack cocaine among users in southeast downtown Toronto.

The project's objectives are to: increase communication with and among marginalized crack users; build capacity among crack users to develop and implement peer-led, crack-specific harm reduction strategies; and to improve access to physical and mental health services for this group. CUP began in October 2005 with its first drop-in specifically for crack users.

In less than two years CUP had created a unique and welcoming space for crack users in southeast downtown Toronto who face social marginalization, extreme poverty, housing instability and severe health problems. CUP has already had a positive impact for participants who report an improved sense of self-worth, greater awareness of crack issues and safer crack use practice, increased sense of community, a reduction in crack use, and a more positive outlook on life, since they began participating in the project.

The purpose of this manual is to share what we have learned in our experiences of the CUP project thus far and to provide other community-based organizations who are working with marginalized drug users with a starting place from which to replicate this project.

While we realize that across Canada, harm reduction programs with marginalized drug users are immensely varied in terms of structure, resources, underlying assumptions and values, and because programs are diverse in terms of level of peer involvement, setting, political context and other factors; what may work in one context may not be successful or even possible in another. Still, we hope that in the following guidelines, offered based on our experiences of running the CUP program, there will be some common understandings and central elements from which others can learn, and adapt to their own situations.

## Project Background & Overview

Southeast Toronto, where Street Health is based, is often referred to as the 'epicentre' of the homelessness disaster in the city of Toronto. Crack cocaine swept into the community well over a decade ago and has had a stronghold ever since. Crack is now the most commonly used illicit drug among people who are homeless or street involved in Toronto. Individuals who use crack and who are homeless are at an increased risk of a multitude of health and social problems including: violence, diseases like Hepatitis C and HIV, malnutrition, social isolation and mental health problems. Crack is also powerfully addictive and there are few treatment services available. Health professionals and other service providers are often at a loss as how to work with crack users and bring positive change to their communities. Good intentions are often impeded by misconceptions and fears.

CUP was developed in response to these issues and from a strong desire on the part of Street Health's Harm Reduction Team to not only help individuals struggling with crack use but to dispel some the myths associated with crack and around working with crack users.

In 2005, Street Health conducted a needs assessment to find out if crack users were interested in crack-specific programming and, if so, what type of programs they would like to see in their neighbourhood. Crack users told Street Health that they wanted crack-specific, harm reduction information; that they wanted to learn from their peers and they wanted others to benefit from their own experiences and knowledge of harm reduction and crack use.

In partnership with Regent Park Community Health Centre, located a few blocks away from Street Health, the Crack Users Project began with its first drop-in exclusively for crack users on October 31, 2005.

### Project Overview:

CUP consists of 2 major components:

1. Drop-ins exclusively for crack users.
2. Harm reduction training activities for smaller groups of CUP participants.

Integrated into these both of these components, and critical to the success of the project, is the provision of services and supports, which address and improve ALL aspects of participant health. This includes:

- Health care
- Peer support
- Individual counseling and support
- Housing support
- Healthy food

## Crack User Drop-Ins

Drop-Ins, open to both men and women who use crack, are held on Monday and Fridays from 9:30 am to 11:30 am at Regent Park Community Health Centre. On Thursday mornings, a Drop-In is held for women only.

The space where the drop-ins are held is small but comfortable. A few small couches, a table with chairs around it where food is laid out, a pot of coffee in the corner, a phone, a computer with internet access, a message board, a shelf of books and magazines, and the day's paper provide a cozy but safe space. Showers, hygiene supplies and laundry facilities are available next door to where the drop-in takes place.

For the most part, drop-ins are unstructured and simply provide a welcoming and non-judgmental space where crack users can come together, connect with each other and with service providers or other resources. Drop-ins are occasionally structured around informal discussions or activities of interest or relevance to participants.

Drop-ins are Peer-Led. A member of the Street Health staff with past experience of crack use and homelessness manages the general drop-ins. This is an important component of the drop-in for CUP participants who have told us in evaluations how much they value having a stable peer attached to the project who can provide advice and information from a perspective of shared and similar experience.

The Women-only Drop-In, on Thursdays, is an important part of this CUP component. This women-only space was created in response to the fact that women are disproportionately affected by the harms associated with crack use and poverty. Homeless or poor women who use crack are at an increased risk of violence (including: sexual assault, physical assault, robbery) and many are involved in sex work in order to obtain money to buy crack or to obtain crack directly, which comes with its own set of harms. CUP staff felt it was important to give women who use crack a safe space where they can connect with other women to discuss the unique issues they face. Health and social services specifically oriented towards women's health concerns and issues has been identified as a need by women who use crack in previous research conducted by Street Health.

Drop-in participants are given Membership Cards, which remind members when drop-ins take place. The cards also help to create a sense of belonging and provide some legitimacy around harm reduction with police and other service providers.

Healthy Food (fruit, nuts, bagels, cheese, yogurt, granola bars) juice and a pot of coffee, as well as tea and herbal tea, are available at every drop-in. Having food helps to create a welcoming and social environment but it is also a basic necessity. Staff have noticed how sometimes just the chance to eat good food in a comfortable space relaxes people and allows them to open up about more serious concerns.

Safer crack injection and smoking kits are also given out at the drop-ins. These kits are a vital tool in reducing some of the health-related harms associated with crack use, but they also provide a link between service providers and users. Many people come to the drop-ins looking only for kit but decide to stay for a coffee. The coffee turns into a conversation with a drop-in worker which turns into a referral to the housing worker, or mental health worker, or nurse. Many CUP participants have had problems with mainstream social services in the past, like being treated with disrespect or being refused services altogether. The kits act as a bridge that reconnects people with services again.

A Housing Worker comes to the drop-in at least once each week to answer basic inquiries about housing and help people find and maintain housing. This has been a remarkably successful project component. Many CUP participants who had been homeless for years have found and kept housing with the help of the housing work attached to the project. With crack use already on the table, and not something individuals feel they must hide or deny in order to get help with housing, many people are willing to look at housing options who had previously given up even trying.

A Community Support Worker facilitates the women-only drop-in and attends many of the general drop-ins. As such, she is informally available to provide one-on-one counseling and/or individual harm reduction advice whenever it is needed, on a one-time or more ongoing basis. This more informal availability of counseling and referral service seems to work better than the more structured drop-in office hours that were originally envisioned for this project. The focus of this counseling has been helping people to access secure income (e.g. disability benefits), offering concurrent mental health and addiction counseling, and providing support for personal problems with family and other relationships.

A key component of the CUP program has been attempting to improve access to Health Care for CUP members, recognizing that they face many barriers to obtaining comprehensive, non-judgmental care. To this end, Regent Park Community Health Centre (where the drop-ins occur) has provided CUP members with barrier-reduced access to primary care providers (two nurse practitioners and one registered nurse) during times the CUP drop-ins are operating. These nurses are available in person or by phone during CUP drop-in hours and have this time set aside for CUP members only. The majority of visits to a health care provider by CUP participants happen on an unscheduled basis; a smaller number of CUP participants receive health advice by telephone directly with clients or indirectly when a nurse made a phone call about or on behalf of a client. CUP participants can also make scheduled appointments during or outside of drop-in hours. The nurses also teach some of the harm reduction training activities (described below), as well as participate in some of drop-in activities, which helps to further establish relationships with CUP members before an urgent health issue makes it necessary.

It is important to point out that the crack use of participants (how much or how little they use outside of CUP) has not been made an issue and has, overall, rarely interfered with CUP activities. As long as behaviour is not disruptive and people are able to participate in training activities (if applicable), then they are welcome at CUP. This low-threshold requirement allows people to participate who would otherwise be too intimidated by models of service provision that require greater abstinence. We have found that in most cases, as users become more involved and deepen their participation in CUP, their crack use decreases and/or they start using crack in healthier ways.

## Harm Reduction Training Activities

The other major component of CUP is the peer outreach and speaker training activities.

Several times a year, the CUP project offers Peer Outreach and Peer Speaker training to prepare interested CUP participants to become peer educators in the community. This is an important component of the CUP project as it provides people with a deeper level of involvement and focus, and provides important skills training. These activities are described below:

**Peer Outreach Training:** the purpose of this training is to prepare participants to become peer outreach workers. Each week participants attend 3 hours of topic-focused training sessions. Training topics include: introduction to harm reduction, communication skills, sex work, HIV and Hepatitis C basics.

**Public Speaker Training:** the purpose of this training is to prepare participants to be able to do public presentations on topics of crack use and harm reduction. The public speaker training is also weekly and topic-focused but takes longer than the peer outreach training since users need to feel confident as public speakers, as well as become knowledgeable about harm reduction and crack use issues.

Training sessions last anywhere from 16 to 24 weeks depending on the focus (either outreach training or public speaking training). Sessions are taught by various CUP staff, and by staff at Street Health or Regent Park Community Health Centre who have expertise in a particular topic area. Peers receive an honorarium (\$10/hour) for attending training and also receive hands-on training in the community, doing outreach with another experienced peer worker or doing presentations for community health workers and peers.

Advanced Peer Training was developed to help graduates of the outreach and public speaker training session to polish their job hunting and interview skills. Participants in these training sessions receive business cards, voicemail and email accounts, learn to use the internet and other practical job hunting skills.

For more information about training curriculum and session overviews, please see Appendix A.

## Project Evaluation

A member of Street Health's research and evaluation team has conducted an ongoing evaluation of the CUP activities and progress since the project began. The purpose of these evaluations has been to gather information that will assess how well the project is being implemented, track project impacts, and contribute to our understanding of participant needs, satisfaction, and expectations. As part of the evaluation, a project logic model was also created which identifies all of the project components, their purpose and anticipated outcomes, and provides a comprehensive project overview. The logic model also helped to focus attention on the questions that need to be answered in the evaluation.

Evaluations have taken place every six months and have used a variety of methods to collect information from a variety of perspectives. The methods used for evaluation have included:

- Surveys with drop-in participants → to obtain information about: demographics; crack use; risk behaviours; harm reduction knowledge; and access to health and social services.
- Focus Groups with CUP training participants (Outreach & Speaker) → to learn more about participant expectations and goals; to understand how CUP is starting to affect those involved; to evaluate training effectiveness; and to assess participant satisfaction with program delivery.
- Staff interviews → to track project impacts that staff have observed for participants; and collect staff impressions of project implementation.
- In-depth interviews with two regular CUP participants → to obtain a more detailed picture of the people this project impacts. Participants were selected who had been involved with the program with some regularity since it began and who were involved at a deeper level beyond the drop-in.
- Document analysis → statistics about how many women and men attend each drop-in, numbers of health care visits by CUP participants and reasons for visits, are collected from the project communication book and the nurse affiliated with the project.

Examples of some of the above evaluation tools can be found in Appendix B.



## Best Practices for Harm Reduction Projects

Below is a series of guidelines adapted from a best practice scan conducted by Street Health on transferable approaches and elements of peer projects that appear to result in successful outcomes. The full best practices scan, which also identifies challenges to developing and maintaining peer projects, and the key factors influencing the success of these initiatives, is available on the Street Health website at [www.streathhealth.ca](http://www.streathhealth.ca).

- Offer a variety of ways to be involved (of varying threshold and commitment)  
This allows users to try on different roles depending on where they are in their lives. It also provides an entry point that may enable users to participate more fully in program design/delivery later on. At CUP, participants can visit the drop-in for two minutes or two hours. They can come to the drop-in twice a week or twice a year. They can join a training group or just stick to hanging out and having coffee.
- Get user input  
Bring users into program planning wherever possible. This will ensure relevance and buy-in from your most important stakeholders. Wherever possible, CUP seeks to collect and integrate participant feedback. A significant part of each evaluation has been asking participants how the project can be improved, what should be added and what should we stop doing? Several of these suggestions have been incorporated. For example, participants in the training components told us that they wanted more pharmacological information about crack. This is now a standard part of the outreach and public speaker trainings.
- Educate your board and staff about harm reduction and the value of peer work.  
Persuading others about the value of harm reduction and peer work is a challenge but, once accomplished, can be a major facilitator to successful programs. Ensuring that you have a genuine commitment from larger agency management will avoid conflicts and tension as projects are developed and maintained. CUP public speaker training graduates have made several presentations to staff at Regent Park Community Health Centre and at Street Health. It not only gave them practice, but was valuable in educating staff less directly involved in the project about the benefits of harm reduction and in dispelling some myths around crack use.
- Consider all of the social determinants of health  
Most harm reduction programs do more than simply 'hand out needles' – they provide individual counseling and advocacy, referrals to other service agencies, and other kinds of support. The provision of other services and social programs has been cited as a key to success for harm reduction programs. Providing an array of supportive services has been key to CUP's success. A user can come to the CUP drop-in and get social support, housing support, income support health care, food, individual counseling, and more.
- Quality over quantity  
It's as much how you do it, as what you do. So whatever you do – be welcoming, be patient, be non-judgmental, be flexible, and be supportive. Evaluations of CUP have also stressed this key factor. The support services offered through CUP are important but the non-judgmental and friendly atmosphere created by project staff is what participants have said keeps them coming back.

## Specific CUP Best Practices

An ongoing goal of the CUP project has been its development as a model of service delivery that could be replicated in other communities with similar issues. In evaluations, staff have been asked to identify what elements of CUP they felt were critical to the project's success and that could be considered CUP's own "best practices". These critical project elements are listed below:

- A drop-in space for crack-users only. More than 6 hours per week, if you have the resources.
- A space for women-only.
- Healthy and fresh food, coffee, and safer crack kits to get people in the door.
- A peer whose life is already very stable to manage the drop-in.
- Access to a health care provider without requiring an appointment or a health card.
- A multi-disciplinary team on which to draw for program and participant support so that multiple social determinants of drug use can be addressed.
- Staff connected to the project who are non-judgmental and aware of crack-related health issues
- Involvement of different staff in the training. This connects staff less directly involved with the project with participants and helps to increase the sense of community between users and services providers.
- Use an independent evaluator if possible. This could be someone who works at your agency but who is not responsible for carrying out other responsibilities related to the project.

### CUP's Recipe for Success!

The positive impacts of the CUP project were evident after just six months. These outcomes seem to have been achieved because of the crack-specific, non-judgmental, welcoming space that has been created for users, and the supportive environment that has been created around the project through the provision of services and supports, which address and improve all aspects of participant health. We hope that this manual gives other agencies working with marginalized drug users some guidelines and advice on which to create their own CUPs!

## Appendix A: Training Activities: Session Outlines

Peer Outreach Training	
Session Number	Topic
1.	Introduction to Peer Work
2.	Introduction to Harm Reduction
3.	Hepatitis C – transmission, scope, treatment and resources
4.	Safer Sex & Sex Worker
5.	Ethical Issues & Boundaries (Part I)
6.	HIV/AIDS
7.	Physical and psychological effects of crack
8.	Safer Injecting & Safer Smoking
9.	Conflict resolution
10.	Tuberculosis and sexually transmitted infections
11.	Self-care
12.	Anti-discrimination
13.	Violence & Abuse – individual and systemic
14.	Safety and other outreach issues
15.	First Aid and overdose prevention
16.	Community resources
17.	Human resources issue
18.	Ethical Issues & Boundaries (Part II)
19.	Advocacy

Peer Speaker Training	
Session Number	Topic
1.	Introduction and overview
2.	Choosing a topic, creating an outline, research, effective feedback
3.	Self-disclosure, practice
4.	Stigma, discrimination and language issues
5.	Race, class and drug policy in Canada
6.	History of cocaine, safer consumption, Toronto's drug strategy recommendations
7.	Principles of harm reduction, health issues for crack users
8.	Site visit
9.	Safer crack use kits, how to demonstrate safer injection and use
10.	Empathy, belief systems
11.	Workshop facilitation skills
12.	Dealing with triggers and other harm reduction strategies
13.	In-class practice – creating a workshop agenda & topics
14.	In-class practice – workshop development (4 SESSIONS)
15.	In-class practice – workshop run-through (2 SESSIONS)

Advanced Peer Training	
Session Number	Topic
1.	Introduction
2.	Networking and job searches
3.	Resume and cover letters
4.	Interview skills
5.	Site visit – to a community agency employing peer workers
6.	Dress and work etiquette
7.	Conflict resolution
8.	Site visit – to a community agency employing peer workers
9.	Advanced harm reduction
10.	Graduation & Award ceremony

## Crack Users Project Evaluation Survey

We are doing a short survey to help us in our evaluation of this project – to make sure that this project meets your needs and accomplishes its objectives. We would like to ask you some questions about your background, health and crack use. The results of this evaluation will be put into a report that will be available to other community members and will be presented at meetings. All of your answers are confidential and your identity will remain anonymous. You do not have to participate in the survey if you don't want to. This survey is completely voluntary – it will have no impact on your participation in other CUP activities. Do you want to continue?

YES? >> Thank you. This survey should take about 10 minutes. I will be asking some personal questions, so if you do not feel comfortable answering some of them just tell me and I can move on to the next one.

**[A] Demographics**

1) What is your gender? Do you consider yourself to be:

- Male
- Female
- Trans

2) What is your age?

- 15 – 19
- 20 - 24
- 25 - 34
- 35 – 44
- 45 – 54
- 55 – 64
- 64 +

3) Over the last 30 days, what was your total income from ALL sources?

- less than \$100
- \$100 to \$499
- \$500 to \$999
- \$1000 to \$1999
- \$2000 to \$2999
- \$3000 or more
- Don't know
- Refused

4) What were the sources of this income? [Check all that apply]

- family / friends
- wages – specify type of work: \_\_\_\_\_
- is your work: full time  / part time  / temporary
- selling drugs
- running
- sex work
- theft (boosting)
- asking for money on the street
- Welfare/Ontario Works
- Disability Benefits/ODSP
- CPP
- PNA
- Other: \_\_\_\_\_
- Don't know
- Refused

5) Over the past 30 days, where have you lived? [check all that apply]

- emergency shelter or hostel
- transitional shelter
- car or other vehicle
- outdoor public places (streets, parks, bus shelter, abandoned building etc.)
- hotel/motel
- own room
- boarding house
- rooming house
- own house
- own apartment
- staying with friends or relatives
- other – specify: \_\_\_\_\_
- Don't know
- Refused

[B] Crack Use

6) What drugs have you used in the last 30 days?

Drugs Used	How many times a week do you do this drug?	How do you do it: smoke, inject, snort, ingest?
Cocaine		
Crack		
Heroin		
Heroin + cocaine (speedball)		
Methadone		
Morphine		
Amphetamines (speed, uppers, bennies)		
Crystal Meth		
PCP (angel dust)		
Oxycontin		
Marijuana – Pot		
Dilaudid		
Valium		
Percocet		
Non-beverage Alcohol (listerine, rubbing alcohol, etc)		
Beverage Alcohol		
Others:		

RISK BEHAVIOUR

If respondent is a crack SMOKER:

7) In the 3 months. when you smoked crack – did you ever use a pipe that had already been used by someone else?

- Yes
- No
- Don't know
- Refused

8) In the last 3 months did anyone else use a crack pipe that you had already used?

- Yes
- No
- Don't know
- Refused

If respondent is a crack INJECTOR:

9) During the last 3 months have you used injection equipment (i.e. needles, water, filter, spoon, ties, etc.) that had already been used by someone else?

- Yes
- No
- Don't know
- Refused

10) During the last 3 months, did anyone else use injection equipment (i.e. needles, water, filter, spoon, ties, etc.) that you had already used?

- Yes
- No
- Don't know
- Refused

11) Other than not sharing needles/pipes – can you tell me 3 things you do, if anything, to make your crack use safer? (make sure respondents are referring to what they actually do, not what they could do)

- 1.
- 2.
- 3.

[C] Health Care Access / Health

12) Do you have any of the following medical conditions?

- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other problems with liver – specify: \_\_\_\_\_
- Diabetes
- HIV/AIDS
- Tuberculosis – the inactive infection, where you have the germ but are not sick
- Tuberculosis – active disease, where you are sick
- Other lung infection (chronic bronchitis, pneumonia)
- Dental problems
- Foot problems
- Skin infections
- Sexually transmitted infection (Herpes, Warts, Syphilis, Chlamydia, etc.)
- Mental health issues (depression, anxiety, bi-polar disorder, etc.)



- Poor diet or malnutrition
- Other medical condition - specify: \_\_\_\_\_
- Don't know
- Refused

13) Is there a particular person or place that you usually go to when you are sick or need advice about your health?

- Yes
- No
- Don't know
- Refused

If YES >> What type of place do you go to? (choose all that apply)

- Doctor's office – have own family/general physician
- Community health centre – like Queen West or Regent Park
- Hospital emergency room
- Walk-in-clinic (requiring a health card – like Atrium on Bay)
- Health bus
- Clinic at a shelter, hostel, or drop-in centre – like Street Health
- Other: \_\_\_\_\_
- Don't know
- Refused

[D] Social Support & Well-Being

14) How would you describe your sense of community belonging?

(if respondent would like a definition of community probe with: a group of people that you interact with and who share your needs, concerns and interests)

Would you say it is:

- Very strong
- Somewhat strong
- Somewhat weak
- Very weak
- Don't know
- Refused

15) During the past few weeks, how often have you felt very lonely or remote from other people?

- often
- sometimes
- never
- Don't know
- Refused

16) When you need it, is there someone in your life you who you trust and can go to for support - to speak to about your problems and get advice?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time
- Don't know
- Refused

Is this person ...? (circle)

- a) a friend
- b) a relative – including street relative
- c) worker or professional person
- d) other: \_\_\_\_\_

17) In the last 30 days, did you visit any of the following services? (mark all the apply)

- Needle exchange or harm reduction program
- Outreach program
- Drop-in centre
- Food bank
- Meal program
- Counseling/support group
- Employment Centre
- Ethno-cultural centre
- Mental health organization
- Drug treatment program
- Hep C or HIV/AIDS program
- Other program or social service? \_\_\_\_\_

#### CUP ACTIVITIES

18) How often do you come to the CUP drop-ins?

- Every week
- Almost every week
- Once a month
- Less than once a month
- Don't know
- Refused

19) If FEMALE, do you attend the women-only drop in?

- Yes
- No
- Don't know
- Refused

20) When was your first visit to the CUP drop-ins?

- Greater than 6 months ago
- 3-6 months ago
- 1-3 months ago
- In the last month
- Today

21) Are you currently, or have you ever been, part of the CUP training activities – Peer Outreach or Peer Speaker training?

- Yes
- No
- Don't know
- Refused

## Crack User's Project (CUP) Evaluation Interview Guide

NAME (CHOSEN BY SUBJECT): \_\_\_\_\_

INTERVIEWER INITIALS: \_\_\_\_ \_\_\_\_ \_\_\_\_

DATE OF INTERVIEW:    \_\_\_\_  \_\_\_\_  /  \_\_\_\_  \_\_\_\_  /  \_\_\_\_  \_\_\_\_  \_\_\_\_  \_\_\_\_  
                                  M   M      D   D      Y   Y   Y   Y

PLACE OF INTERVIEW: \_\_\_\_\_

INTERVIEW START TIME:   \_\_\_\_  \_\_\_\_  :  \_\_\_\_  \_\_\_\_  (24-hr)

INTERVIEW END TIME:     \_\_\_\_  \_\_\_\_  :  \_\_\_\_  \_\_\_\_  (24-hr)

## Participation

1. How did you hear/find out about CUP?
2. Why did you decide to get involved in CUP?
3. How long have you been coming?
4. How often do you come to drop-ins?
5. Which specific services/components of the CUP project do you use?
6. Describe what happens when you attend a CUP drop-in from the moment you arrive until the time you leave? (prompts: What do you do there? Who do you talk with? Do you eat/drink coffee? Do you see the nurse?)
7. How else have you been involved in the program? (Peer training, workshops) (prompts: What did you do at the training? Etc.)

## Satisfaction

8. Is the CUP program beneficial/good for you? If yes, how so?
9. How do you feel about specific CUP services: health care (Kathy), supports (Paula), peer facilitator (John), housing help, food, information, peer training groups.
10. What do you like the most about CUP?  
(prompts: opportunity to talk w/ staff, sharing information with other users, connect with others, sense of community, food)
11. What do you not like?

## Outcomes

12. Has being involved with CUP changed your life in any way? If so, how?
13. Has your health changed since you started attending CUP? How?  
(prompts: How often do you see a nurse or doctor? Has that changed since you started CUP?)
14. What changes have you noticed in your life since coming to CUP?  
(prompts: housing, community, health)
15. Has your drug use changed since you started attending CUP (i.e. the drugs you use, the way you use drugs)?  
(prompt: Ask about drug preparation, sharing pipes etc.)
16. Describe the people closest to you. How, if at all, has being in CUP impacted those relationships?
17. How would you describe your sense of community belonging? Has being in CUP changed your sense of belonging? How? Have you met new people?
18. Since joining CUP, do you feel different about the community where you live? (prompt: Ask about interactions with people on the street, in stores, cafes etc.)

19. Has being in CUP changed how you feel about the Health Centre (Regent Park Community Health Centre) at all? Do you use services at RPCHC that you didn't use before?
20. If CUP were to stop tomorrow, how would your life change? What would the most important effects be (How would your life be different if CUP didn't exist)?
21. What have you learned about crack use through attending CUP? (safer use/issues)
22. Have you developed any new skills since attending CUP (e.g. life skills? Drug use skills?) If so, please explain. What kind and how do you apply them?
23. Are there changes you would like to see with CUP? How could CUP be improved? Are there any other types of information you would like to learn?
24. Do you know any crack users who decided not to use CUP? Why didn't they?
25. Is there anything else you want to tell me?

FOR PEER TRAINING GRADUATES ONLY:

26. How has becoming a peer changed your life?
27. What have you learned through the peer training? (What new skills have you developed?)
28. Has being involved in the speaker training changed your life in any way? If so how?

For more information about CUP please contact:

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