

# Oakridge Needs Assessment with People Who Use Drugs

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M.I.N.D. Program Moving in New Directions Inc.

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# Executive Summary

**Why do this study?** Residents and people who deliver services in the buildings are worried about the lack of services for people who use drugs in the neighbourhood. The goal of this research was to get a better picture of unmet needs so that we can better advocate for services.

**How did we get these results?** Over one year we spoke to about 100 residents through surveys, interviews and focus groups. We asked about services, like pharmacies, food banks and available in the area, unmet needs, and their priorities.

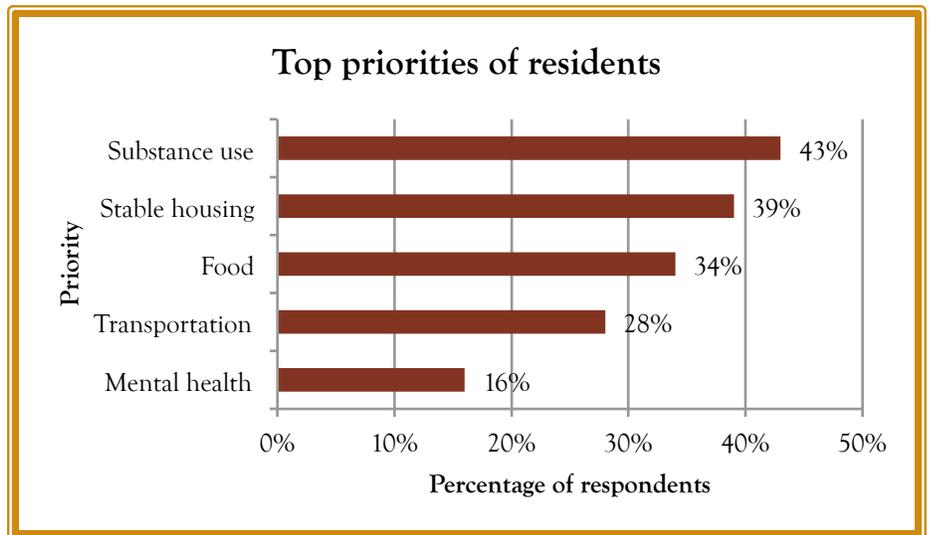
## Results

### Food Security

- One of the main concerns of residents was having enough food. People spoke about how the closest grocery stores are a bus ride away and difficult to get to.
- Many people mentioned the **meal program** held at 682 Warden as a key community asset. However, some people were concerned about residents who were barred from this program and where they could get a meal.

### Safety

- When asked what the main issues in the neighbourhood are, most people said frequent **police visits** or **violence**.
- Many people feel targeted and victimized by the police, and feel less safe with their presence. However, due to the high level of violence, many people felt that some sort of measure was needed to keep people safe.



### Substance use

- **43%** of survey participants said that what they need a lot of help with is their substance use.
- **Most people** spoken to said there was very little or no support for people who use drugs in this neighbourhood.
- **39%** of people had re-used needles or pipes in the past year. Re-using equipment can lead to the spread of blood borne diseases and infections like HIV and Hep C.

38% of respondents knew someone who overdosed in the past year

- **Overdose** has been a major concern over the past 2 years with hundreds of Torontonians accidentally overdosing. Naloxone is a nasal spray or injection that temporarily reverses an overdose, saving lives.

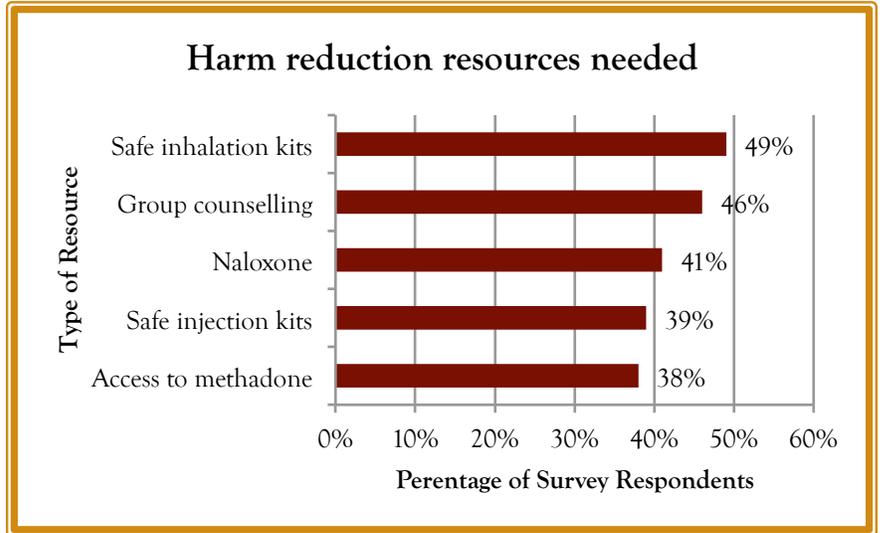
## Recommended models

The top 5 strategies that residents listed that would be **most helpful in keeping them safe** are shown in the chart below. **All of the models below incorporate these 5 items could be made accessible to residents.** The 3 models below were brought up by interviewees and focus group participants.

### Model 1

Peer-run drop-in held in an office in the buildings. In this model:

- There would be designated times that the drop-in would be run.
- Peers\* would run the drop-in and provide informal counseling, naloxone, injection and inhalation kits, and would facilitate access to methadone clinics.
- **Benefits:** Formal, designated space and consistent drop-in hours. Job and training opportunities for peers.
- **Drawbacks:** Drop-in would have specific hours, and therefore would be closed sometimes.



### Model 2

Peer-run needle exchanges. In this model:

- Peers would be provided with materials (inhalation and injection kits) from a partnering agency and conduct a needle exchange from their units. This type of program has been run successfully in many buildings in Scarborough.
- **Benefits:** Unit is perhaps more approachable than a formal space, training opportunities for peers.
- **Drawbacks:** Inconsistent hours, large burden on peers, not as well advertised and therefore less accessible to some.

### Model 3

Case management team. In this model:

- A case management team of professionals would be established and work out of the buildings. This team would include nurses, social workers, doctors and peers.
- **Benefit:** Holistic, 'wrap-around' services available. Potential for access to methadone prescription.
- **Drawback:** Reduced role of peers and lower accessibility for people who do not feel comfortable asking for help from the medical field.

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\* Trained, non-judgmental people who live in the community and have lived experience with drug use.

# Glossary

**Harm reduction:** The public health approach taken by the City of Toronto and the Canadian Federal government that focuses on reducing risks and maintain the rights of people who use drugs. A number of practical strategies are associated with harm reduction such as the provision of unused inhalation and injection equipment to stop the spread of blood-borne infections, the availability of supervised injection sites to prevent overdose, and provision of Naloxone to reverse overdoses.

**Methadone maintenance treatment:** Pharmaceutical treatment for people whose bodies are dependent on opioids. In this treatment, prescription methadone is administered over a long period of time, sometimes tapering off over time. Buprenorphine (commonly referred to by the brand name Suboxone) is another common maintenance treatment, used similarly to methadone, but is known for suppressing withdrawal more effectively.

**Naloxone:** An injection or nasal spray that reverses the symptoms of an overdose from opioids. Naloxone can be picked up for free without a prescription at many pharmacies with a health card.

**Needle/pipe exchange programs:** Programs that provide hypodermic needles and syringes (along with cookers, filters, Vitamin C, etc.), as well as crack pipes (along with a mouthpiece, screen, alcohol swabs, push sticks, etc.). These programs also offer to exchange used needles/pipes for unused needles/pipes, meaning that used equipment will be discarded safely. The kits are often referred to either as 'unused equipment' or 'pipe and stem kits'.

**Opiates and opioids:** Opiates refer to drugs that are naturally made from opium poppy, such as morphine, codeine, and heroin. In the past opioids referred to synthetic drugs that react similarly to naturally made opiates, such as fentanyl, methadone, hydromorphone, and oxycodone. However, more recently the term 'opioid' has come to mean all opiates and opioids (both natural and synthetic), which is how the term will be used in this report.

**Peer workers:** People with lived experience of drug use and are well-connected both to community members and to services and can enable the connection between the two.

**Place-based services:** Services provided close to, or in the same location as, people who need those services. These services are usually a response to neighbourhood-specific issues and involves engaging the community.

**Satellite needle exchanges:** Trained peer workers, associated with a needle exchange program, provide unused equipment for drug use from locations close to where people live (for example in an apartment building). The peer worker collects used equipment, and provides new equipment that is provided by a partnering agency.

**Supervised Injection Site (SIS):** Space for people to use drugs while being supervised by a nurse and sometimes a counsellor. People using an SIS are provided with new equipment, and are connected to other services they might need.

# Introduction

## Context

As a response to increasing overdoses and best practice findings, in recent years governments at all levels have developed plans to address risks facing people who use drugs. This involves the City of Toronto establishing a number of Supervised Injection Sites, increased funding for harm reduction services, and the acceptance of an Overdose Action Plan. Although the City, Province and Federal government have all committed to increasing services for people who use drugs, most of the services being provided will be in the downtown core. This can be seen in the location of the three approved Supervised Injection Sites (all located in the downtown area), the locations of needle exchanges, as well as the pharmacies that provide Naloxone. There is no evidence yet that these services will be expanding to areas already underserved, and underresourced such as the Oakridge neighbourhood of Scarborough. The goal of this report is to highlight the long-suspected but seldom-understood needs of the Scarborough community of Oakridge.

## The buildings

This needs assessment was conducted specifically to address the needs of residents living in 40 Firvalley Ct. and 682 Warden Ave. Throughout this report they will be referred to as ‘the buildings’. These two buildings are located in the neighbourhood known as Oakridge, seen in the map below.



The two buildings are located in a densely populated area; **the neighbourhood is 8.5 times denser than the rest of Toronto.**<sup>1</sup> Although the neighbourhood is incredibly dense, services and amenities do not match this density. In the highlighted region there are no grocery stores, no Foodbanks, one pharmacy nearby and two much further away, one community centre, and three daycares. 70% of people in this neighbourhood live in apartment buildings, compared to the rest of Toronto, which averages 29%. In 682 Warden specifically, 75% of residents are housed after a period of homelessness, and it has a high resident turnover of about 25% per annum. Although less is known about 40

Firvalley, it is expected to be similar in its characteristics.

<sup>1</sup> Statistics Canada, (2016). Census Profile, 2016 Census.

# Research Methodology

The focus of this needs assessment was to gather accurate, candid information from residents with lived experience of drug use. Therefore, research strategies were built to get the most feedback from community members as possible. To garner feedback from the community, 61 paper surveys were completed with residents, 17 one-on-one interviews were conducted, and two focus groups were held. Five informal key informant interviews were also held with people who provide services in the community, such as community health centres, harm reduction services and pharmacists. The only prerequisite for residents to participate in the needs assessment was that the person identified as a person who uses drugs. Two peer workers were recruited to help engage residents and to provide crucial feedback on questions being asked in the survey, interviews and focus groups. Within the research activities, there was equal representation of residents of 682 Warden and 40 Firvalley

## Research Findings

The themes below are a result of analyzing the information gathered from surveys, interviews and focus groups held between February and July of 2017. The complete set of results from the surveys can be found in Appendix I.

### 1. Place-based strategies

#### Evidence from the literature and policies

Place-based strategies have gained popularity in recent years as an effective strategy for communities that have experienced systemic poverty and marginalization. “If well-designed and implemented, place-based initiatives build local capacity to deal with challenges resulting from broader-scale issues, make up for past neglect, and allow for higher-level policies to be informed by a local perspective.”<sup>2</sup> Especially in community housing redevelopment projects, such as in Regent Park and Lawrence Heights, place-based strategies made up of approaches that are designed and built by residents and in the neighbourhood have proved successful.

#### What we found

When participants were asked about what programming has worked the best for them in the past, the programs mentioned most were both ones that were offered directly in the buildings. ‘The doctor’, as most participants referred to the primary medical care provided twice a week in the buildings, was named by 9 of the 17 interviewees. This program was named by many people as having huge success in the building, and meeting a need that would otherwise go unfulfilled. The other program named frequently (10 of the 17 interviewees) was the meal program, a volunteer-run food program that uses the community kitchen of 682 Warden to provide 10 meals per week to residents.

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<sup>2</sup> Schmidt, J. (2014). How strong can place-based actions make neighbourhoods? Assessing the impacts of the Toronto Strong Neighbourhoods Strategy in Kingston-Galloway/Orton Park. Retrieved: <http://www.thestorefront.org/wordpress/wp-content/uploads/2012/10/Place-based-strategies-Jessica-Schmidt.pdf>

Although both of these approaches have been successful in meeting previously unmet needs of residents, and are provided on the ground, there still remains a gap in programming designed and implemented by residents in the neighbourhood. Residents felt disconnected from how programming in the building is implemented, the consistency of programming, and why programming ends. There was interest from residents in being a part of local strategies that already exist, like the meal program, but also in those that could exist in the future, such as support for people who use drugs.

### **Recommendations:**

Future programming should put residents at the centre of the initiative, engaging them in each step of the project and should be provided in the buildings themselves. Due to a lack of transportation, and the immobility of some residents, and the past success of place-based programming being provided in the buildings, this approach should be embraced in future.

## **2. Access to new equipment**

### **Evidence from literature and policies**

Programs that provide new needles, injection materials and inhalation materials (sometimes called ‘crack kits’) aim to reduce health concerns for people who use drugs (PWUD). They reduce the risk of getting infections like HIV/AIDS and Hepatitis C from sharing needles and pipes. Having access to new needles and pipes greatly reduces likelihood of PWUD sharing needles and re-using needles.<sup>3</sup>

### **What we found**

39% of people who completed the survey have re-used needles or pipes in the past year, and 8% said they were concerned about contracting an illness from sharing equipment. As a resident put it in a focus group “They want to help you except for anything to do with drugs.” This resident, along with many others, were frustrated about the lack of access to any sort of assistance for people who use drugs in the community, especially access to new pipe or stem kits. Many identified that they travelled downtown simply for new pipe or stem kits. In key informant interviews, the most commonly named approach to helping people who use drugs be safer was providing unused kits (pipe or stem kits) with 7 of the 17 interviewees naming this approach. 49% of people that completed the surveys said that provision of new inhalation equipment would help them be safer, and 39% said that provision of new injection equipment would help them to safer.

There are some peer workers in the buildings who already operate satellite needle exchanges in partnership with community agencies. However, considering the amount of equipment-sharing and the concern over used equipment being found on the property of the buildings, these satellites may not be meeting the demand.

### **Recommendations**

Expand the provision of new equipment within the two buildings and increase the awareness of these services being available in the buildings.

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<sup>3</sup> Clarke, K., Harris, D., Zweifler, J. A., Lasher, M., Mortimer, R. B., & Hughes, S. (2016). The significance of harm reduction as a social and health care intervention for injecting drug users: An exploratory study of a needle exchange program in Fresno, California. *Social Work in Public Health, 31*(5): 398-407.

### 3. Overdose prevention

#### Evidence from literature and policies

The Overdose Action Plan developed by the City of Toronto in early 2017 outlines some of the best practices for tackling the current opioid overdose crisis being experienced across the city. This document outlines many different approaches necessary in reducing the risk of overdose, such as establishing Supervised Injection Sites, expanding drug-checking programs to ensure the safety of drugs, and expanding pharmaceutical treatment. One key approach embraced by the City was the provision of Naloxone and the associated training for first responders, people who deliver services, and community members. Drug checking in another promising approach that the City has identified might help reduce the risk of overdose. Reagent drug checking (test strips that identify what is in the drug but not potency) has been used in party and club scenes by projects like TRIP in Toronto for some time with success, and mass spectrometers (machines that identify the drug and the potency) will be available at the three Supervised Injection Sites being implemented.<sup>4</sup> Insite, a Supervised Injection Site in Vancouver, has also been piloting using drug test strips that test whether fentanyl is in the drug. This method has been found to be accessible and affordable but does not test the potency or detect fentanyl analogs (carfentanyl, sufentanyl, etc.).<sup>5</sup>

#### What we found

Residents reported low accessibility to Naloxone in the community. The closest pharmacy that provides Naloxone is a 10 minute bus-ride or 15 minute walk away, with some people reporting that it was difficult to get Naloxone from that pharmacy. 38% of survey participants said that they or a friend of theirs had overdosed in the past year, making it a huge concern for residents of the buildings. Although residents were not asked about drug testing in the research, in informal conversations with tenants, it was identified that it would be helpful to have something method to test drugs available to residents.

#### Recommendations

Provide Naloxone kits within the buildings, as well as regular Naloxone training. 41% of survey participants said that access to Naloxone would benefit them. Investigate potential drug testing methods and implement a drug checking program in collaboration with residents.

### 4. Food security

#### What we found

Food security was one of the biggest issues raised by residents of the buildings. Many talked about how accessing an affordable, balanced meal and healthy food was rare, and hard to come by. Some spoke about how in downtown Toronto you can access healthy food easily, but those supports do not exist in this neighbourhood. Residents also brought up that the two closest grocery stores are both 20 minute bus rides away, making it very difficult to access.

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<sup>4</sup> Shepherd, S. & Caldwell, J. (2017). Toronto overdose action plan: Prevention & response. *Toronto Public Health*. <http://www.toronto.ca/legdocs/mmis/2017/hl/bgrd/backgroundfile-101781.pdf>

<sup>5</sup> Lupick, T. (2016). Cheap and easy: Fentanyl test strips show promise as new tool in B.C.'s struggle with overdose deaths. <https://www.straight.com/news/790836/cheap-and-easy-fentanyl-test-strips-show-promise-new-tool-bcs-struggle-overdose-deaths>

Residents were very thankful about the meal program provided in 682 Warden. The meal program is volunteer-run and provides 10 meals per week at an affordable price to tenants, and is held at 682 Warden but residents of 40 Firvalley can also attend. Many people were interested in helping out with the meal program.

### **Recommendations**

As food security was one of the main concerns raised by residents, there were many suggestions by residents as to how to address the issue in the community. Some of the suggestions were:

- Set up a meal program in 40 Firvalley similar to the one provided in 682 Warden.
- Car-sharing or cab-sharing to go to grocery stores.
- Having a formal process to ban individuals from the meal program, with a number of formal warnings and documenting incidences, followed by a ban that lasts a certain amount of time.
- Using the community gardens to plant vegetables and hold markets to sell the vegetables in the buildings.
- Partner with agencies that provide healthy food, similar to the partnership which brings in day-old pastries.

## **5. Safety in the buildings**

### **Evidence from the literature**

Crackdowns increase drug violence because they increase the risk of dealing, which in turn increases the reward for dealing, thereby making the stakes higher. This creates a riskier economy than was present prior to the crackdown.<sup>6</sup> There is also evidence that taking unused injection and inhalation equipment from people who use drugs forces people into less safe drug habits, like re-using equipment.<sup>7</sup> The criminalization of drugs has been shown to have no effect on people's ability to get drugs.<sup>8</sup> Criminalization of drugs does, however, lower access to services that could help people who use drugs by instilling the fear of disclosing.<sup>9</sup>

### **What we found**

30% of people who responded to the survey said that what they worry about with their own drug use is being targeted by the police. Additionally, 7 out of 17 of the interviewees said that their biggest concern in the community was being arrested. Residents discussed how the presence of police officers and undercover officers negatively affects the trust and respect residents have for one another, as it encourages people to be suspicious and fearful of one another.

### **Recommendations**

Although there was some disagreement among people regarding how best to ensure safety in the community, the most commonly agreed upon suggestion was having a community security person present in the buildings. Residents emphasized that the security person should be trained, knowledgeable and supportive of harm reduction. The mandate for this position would be to work with the residents, not to

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<sup>6</sup> Urban Health Research Initiative. (2010). "Effect of drug law enforcement on drug-related violence Evidence from a scientific review." *British Columbia Centre for Excellence in HIV/AIDS*.

<sup>7</sup> Urban Research Health Initiative (2010).

<sup>8</sup> Werb, D., Wood, E., Small, W., Strathdee, S., Li, K., Montaner, J., & Kerr, T. (2008). Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy* 19: 332-338.

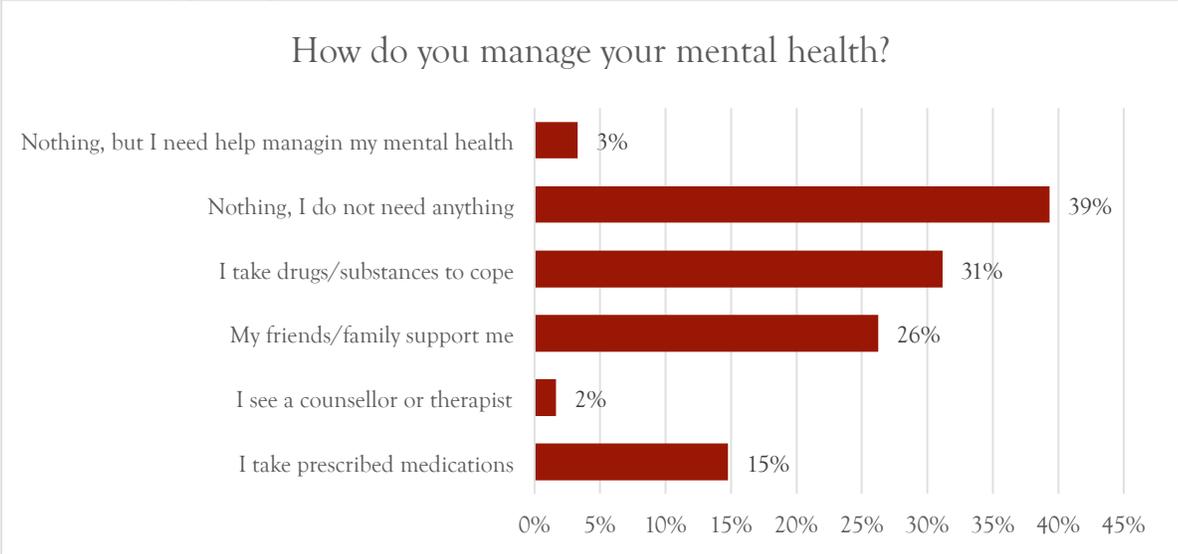
<sup>9</sup> Werb, et al. (2008).

criminalise the residents. Residents did identify that the buildings need more than a ‘neighbourhood watch’ and that it should be a trained security person who takes time to get to know the residents. The residents also emphasized that it is important that the response not be increasing police presence in the building. Residents made it clear that police presence made only some people feel safer, but made most people, especially people of colour and people who use drugs, feel much more at risk, and only serves to put them more at risk rather than deter their drug use.

## 6. Health

### What we found

The primary care medical program is greatly appreciated by residents of the building, with 9 interviewees listing it as a key asset of the buildings. Many said that they were thankful to have access to a doctor within their building, and that they would not have this access otherwise because of transportation issues (discussed more below under ‘Transportation’). There may be room to expand the health care provided within the building in the areas of mental health and in methadone maintenance treatment (MMT). Almost 1 in 4 (23%) residents who participated in the survey had been diagnosed with a mental health disorder at some point, and 36% said that their mental health prevents them from participating in everyday activities. 31% of participants said that they take non-prescribed drugs to cope with their mental health issues (see the graph below). In the key informant interview, some of the reasons named by participants as to why they like doing drugs was to either ‘feel normal’, ‘feel better’, or simply to ‘escape.’ 38% of survey participants said that access to Methadone Maintenance Treatment would benefit them.



### Recommendations

The primary care medical program is crucial, and should remain to support residents of the two buildings. There may be room to expand the primary care provided or making strategic partnerships with community agencies to provide increased mental health support and support for people needing MMT or other similar treatment such as buprenorphine (Suboxone) treatment.

## 7. Awareness and education

### What we found

Many people linked the idea of awareness and education to stigma and the relationships with community members. Within this narrative, often people attributed the judgment of others to those people not understanding people who use drugs, or treating people who use drugs like criminals. Residents identified that they do not feel well-supported in their community, and when asked about this in the survey, the average response was a 5.6 out of 10.

### Recommendations

Some recommendations that have been brought up are to have information sessions on harm reduction and on how to use Naloxone, and put up posters listing best practices to prevent overdose.

## 8. Transportation

### What we found

There were mixed results from residents regarding transportation in the neighbourhood. Many people in the key informant interviews and in the focus group reported that access to transportation, such as frequent bus routes that are close-by, was one of the best parts about living in the buildings. Others, however, discussed how it was still difficult for people to get around, especially people with physical disabilities. Residents raised the fact that the bus area of the closest subway station (Warden Station) was not accessible, which creates a barrier for many people living in the building. Some residents also mentioned that living in this area of the city could feel isolating. A few individuals in focus groups also mentioned that the cost of travel itself was a barrier, and it can be expected that other residents feel the same way, since 1/3 of survey respondents reported an income of less than \$10,000 per year.

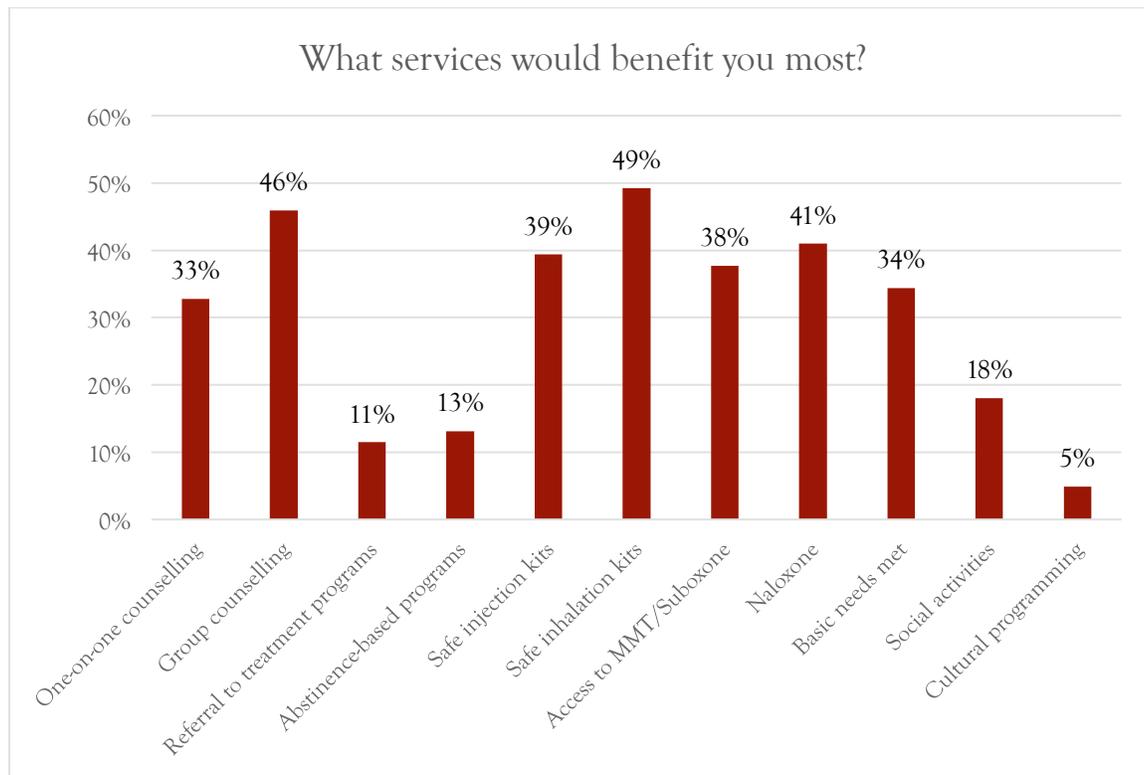
### Recommendations

Residents suggested that a system of car or cab-sharing be set up to go to medical appointments, grocery stores, or other daily necessities.

## Proposed models

Residents were asked what kind of supports would help them most, and the results of this question will help to guide the direction that services in the community should take. The chart below shows the complete results. Each of the models listed below should in some way incorporate the supports that were listed as the most helpful by residents. It is interesting to note that one-on-one counselling and group counselling were some of the most frequently named services that would benefit most, however, neither came up in focus groups, and only twice did the topic arise in interviews. One person identified that there should be 'someone to talk to' when people are dealing with isolation or stress. Another person identified that it would be great to have someone facilitate a group teaching residents how to 'take care of one another', and this comment was regarding using harm reduction to keep PWUD safe. Another aspect not discussed in the findings is the need for resources for people who sell sex for money. In the survey, 23% of participants had sold sex for money and many (38%) believe they put themselves at risk while doing so. Since the topic of selling sex for money was not raised in interviews or focus groups, the information on

what is needed to support sex workers is limited, but these percentages are not insignificant, and should be addressed within the proposed models and with additional research activities with the community.



## 1. Peer-run harm reduction drop-in

### The model

Peer-workers would hold designated drop-in hours in an office on the main floor of each building. Peers would provide informal counseling, pipe and stem kits, Naloxone and would facilitate access to other resources and supports needed by people who access the drop-in.

### Benefits

This program already has support from residents since it ran for the first 6 months of 2017 and gained awareness among residents. 23% of residents who completed the survey said they would definitely use this service, and 62% say that they would 'maybe' use the services. This model offers experience and training for peers, and also offers consistent service that can be advertised within the building.

### Drawbacks

There might be some distrust of the program from residents since it is held in an office in the building it might appear that the peers are working for the landlord.

## **2. Peer-run satellite needle exchange**

### **The model**

In this model, peers would be trained by a community service agency on how to effectively run a satellite needle exchange. These peers would be associated with a community service agency who would provide them with supplies by way of frequent deliveries. In this method, peers usually run the needle exchange from their unit. This type of needle exchange already exists in the buildings through a partnership with a community service agency, and is accessed by many people in the building. However, because of the frequent demand of a needle exchange through the surveys and interviews, it appears as though there may be many people who do not know to access it. In this case, more peer workers should be recruited to expand these needle exchanges to be able to reach more residents. Many community service agencies have been using this model for a number of years with great success, such as South Riverdale Community Health Centre, Street Health, and Warden Woods Community Centre.

### **The benefits**

People can get access to new equipment with relative anonymity. There is also experience and training available for peer workers.

### **The drawbacks**

Some of the drawbacks that individuals named were the fear of the peer workers being targeted by police or security in the building. Another issue was the perception and stigma that peers face by other residents of the building.

## **3. Case management team**

### **The model**

In this model, a case management team of professionals would be established and work out of the buildings. It was suggested that the case management team include a primary care physician, a nurse, a social worker or counselor, a harm reduction worker, and peer workers.

### **Benefit**

This model provides a holistic and 'wrap around' service for residents of the building. In this model there may also be the possibility of accessing prescriptions for pharmaceutical treatment such as MMT.

### **Drawback**

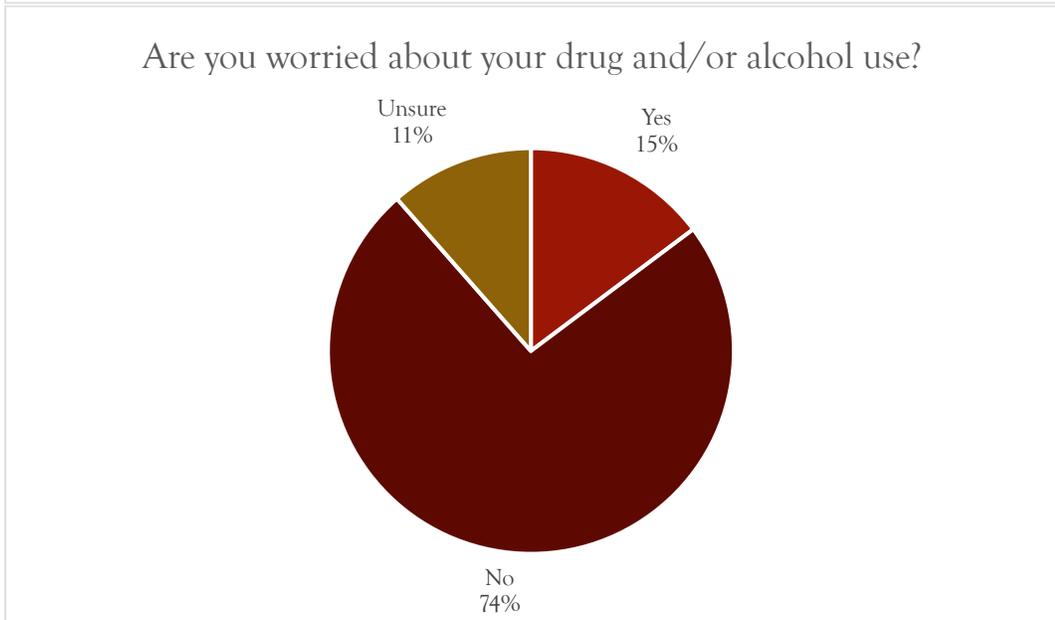
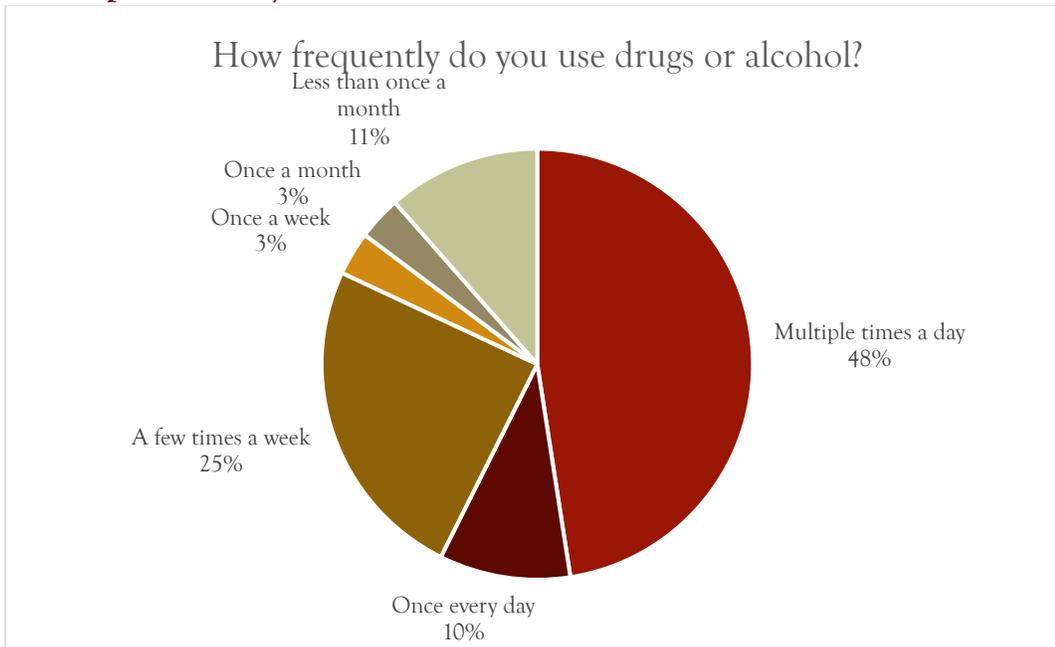
There may be a reduced role of peers in this model, as well as lower accessibility for people who do not feel comfortable accessing supports that use a clinical or medical model.

## **Conclusion**

These findings should be taken into consideration when planning future programming for the two buildings at 40 Firvalley Ct. and 682 Warden Ave. This needs assessment was designed and implemented in partnership with residents of the buildings who use substances, a strategy that should be used in future endeavors setting up supports in the building.

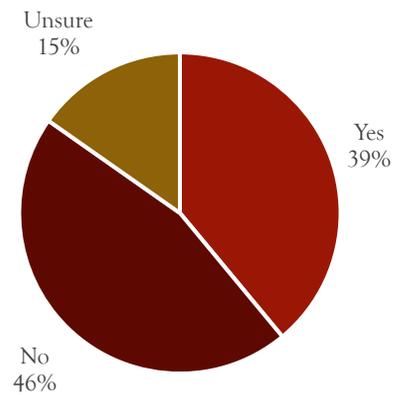
# Appendix I

## Participant Survey Feedback

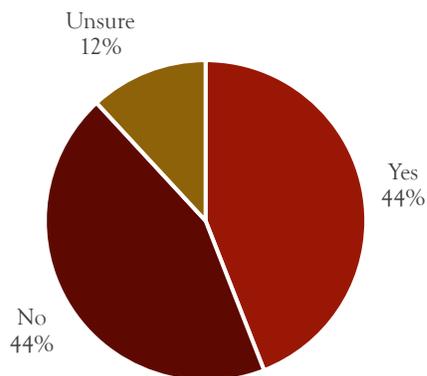


Type of drug:	Number of participants that are concerned about their consumption of the drug.
Alcohol	8
Cocaine	6
Cannabis	6
Heroin	5
Methamphetamine	4
Tobacco	2
Prescription drugs	1

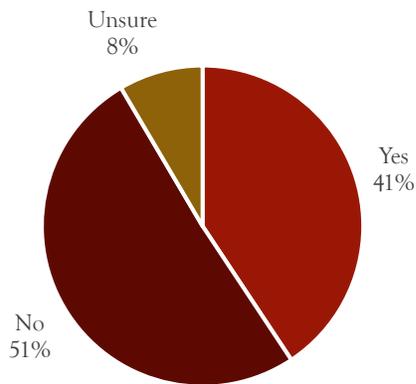
Have you or someone you know overdosed in the past year?



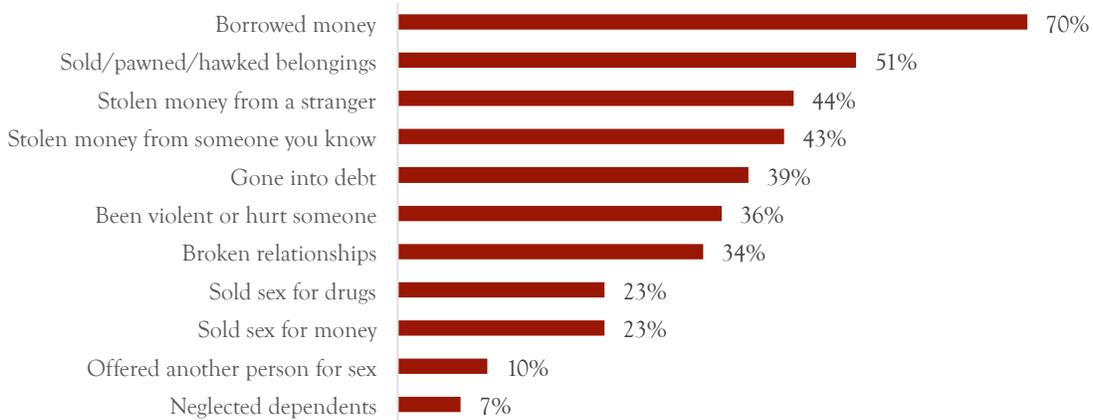
Have you or someone you know been worried about overdosing in the past year?



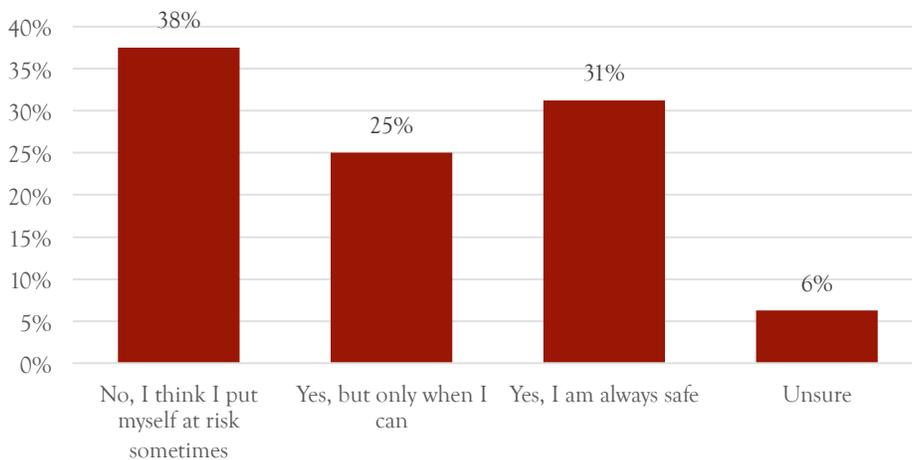
### Have you re-used your own or someone else's needles/pipes in the past year?



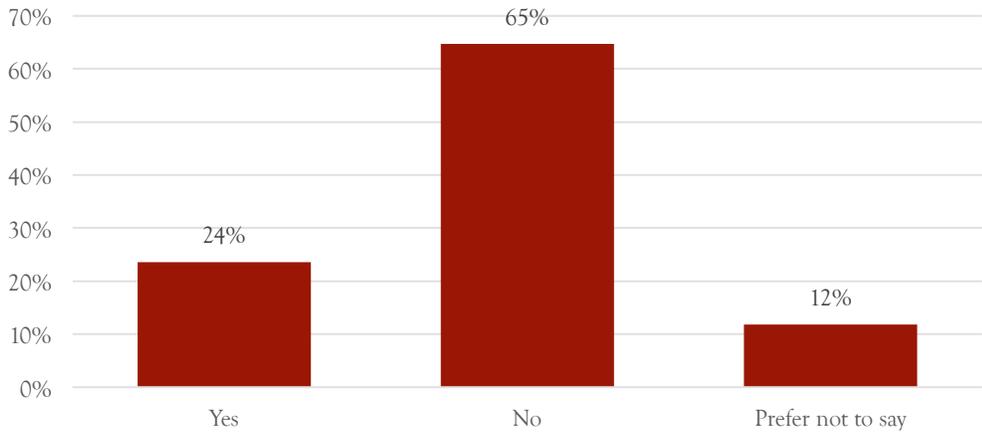
### Have you done any of the following in order to get drugs?



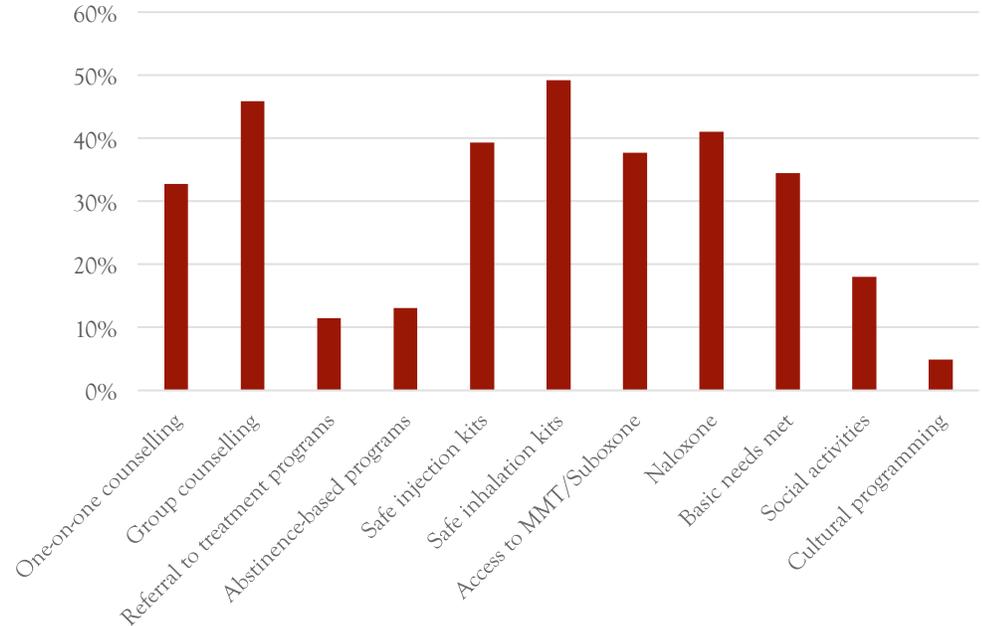
### If you have sold sex for money, do you do so safely?



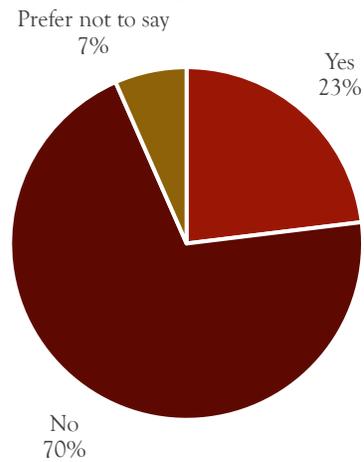
If you have sold sex for money, would you put yourself at a greater risk (ex. not use a condom) for more money?



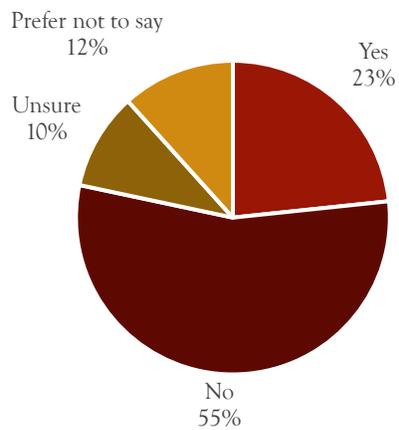
What services would benefit you most?



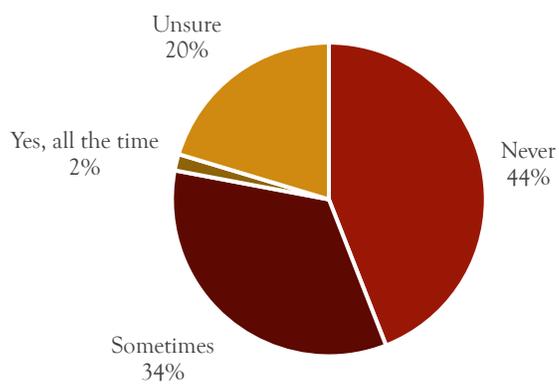
Have you spent time in prison over the past year?



Have you ever been diagnosed with a mental health issue or disorder?

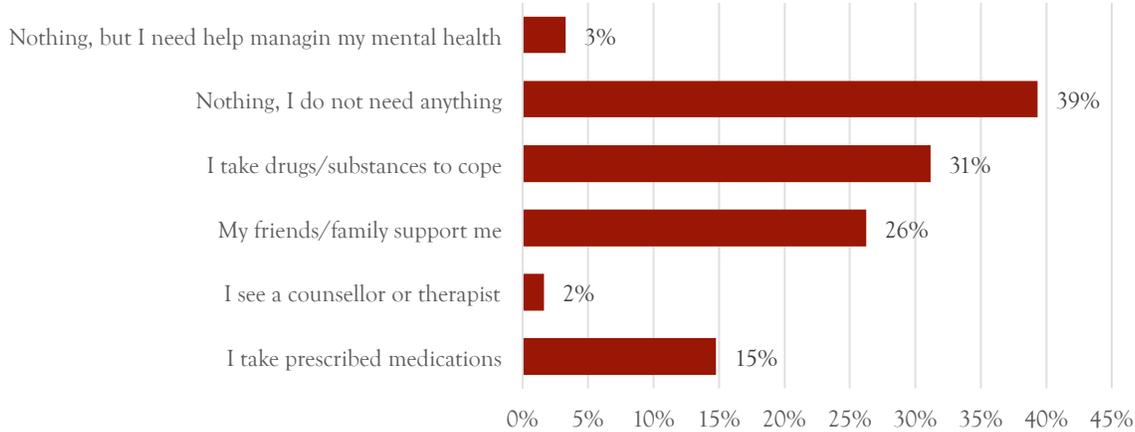


Does your mental health ever prevent you from everyday activities?

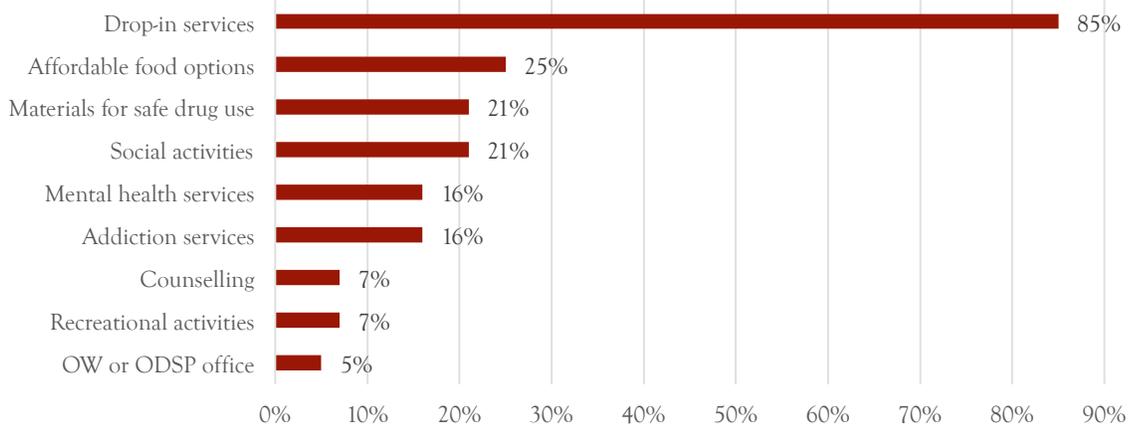


Question regarding mental health:	Average rating on a scale of 1 to 10 (with 1 being not well and 10 being very well)
How mentally well do you feel?	6.2/10
How well-supported do you feel in your community?	5.6/10

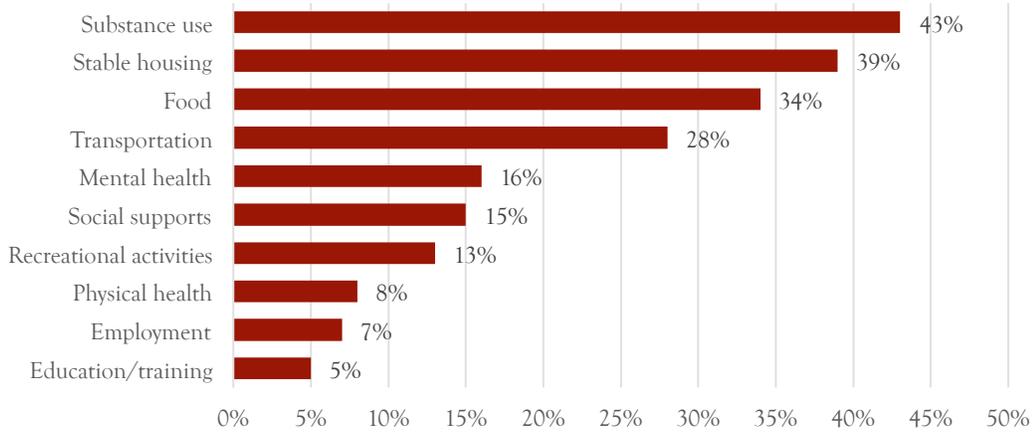
### How do you manage your mental health?



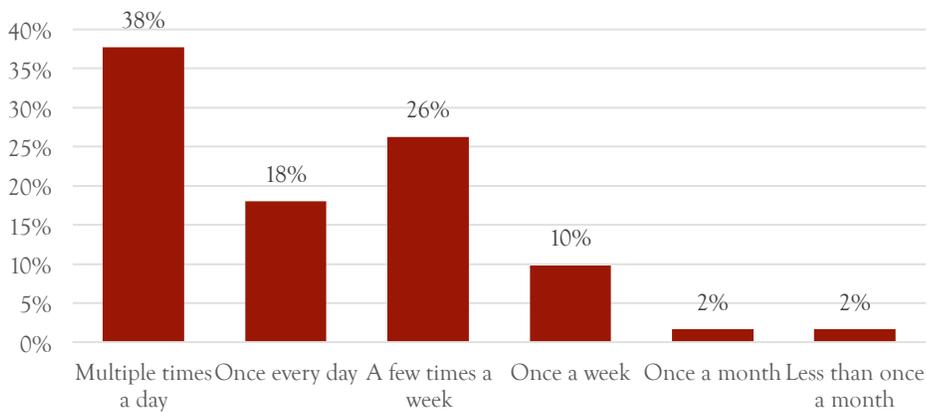
### Which of the following services are available in the Oakridge community?



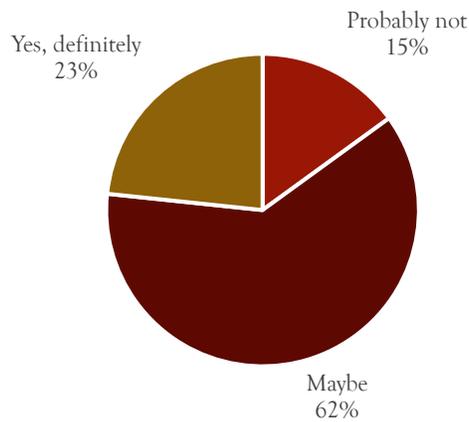
### Which of the following issues are a priority for you?



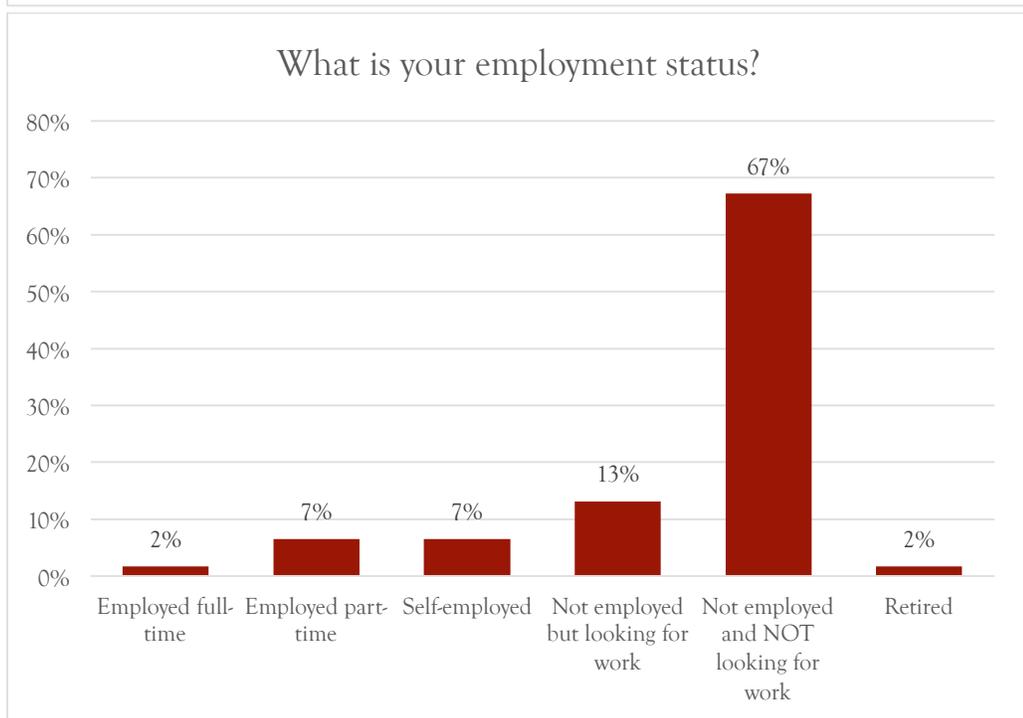
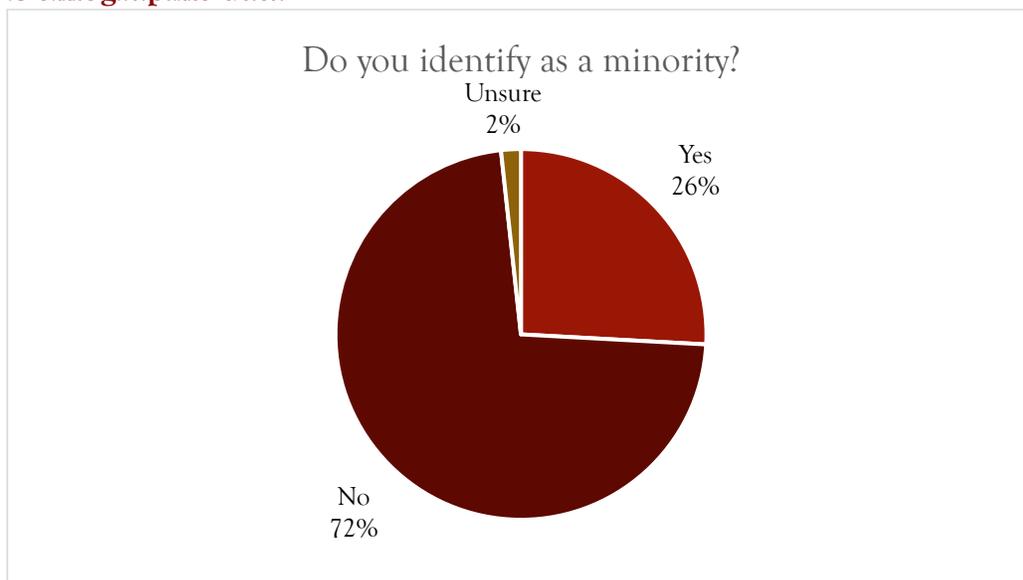
### How often do you leave the area to access basic needs?



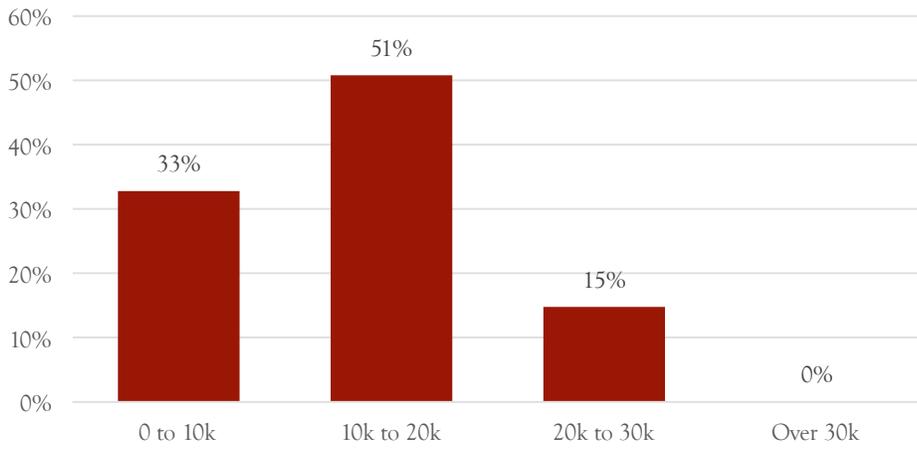
### Do you plan on using the drop-in services in the building?



## Demographic data



### What is your approximate average income?



### What is your source of income?

