

WINNIPEG TRACKS PHASE 4 SURVEY WITH PEOPLE WHO INJECT DRUGS (2019)



THIS SURVEY TOOK PLACE ON THE ORIGINAL LANDS OF ANISHINAABEG (OJIBWE), ININIWAK (CREE), ANISHININIWAG (OJI-CREE), DAKOTA/LAKOTA, INUIT, AND DENE PEOPLES, AND ON THE HOMELAND OF THE MÉTIS NATION. IT WAS GUIDED BY THE WINNIPEG INDIGENOUS OVERSIGHT AND GOVERNANCE COMMITTEE

181 people participated in the survey. The average age was 39 years.

- 76 cis-gender women
- 96 cis-gender men
- 9 participants of other genders

In the last 6 months:

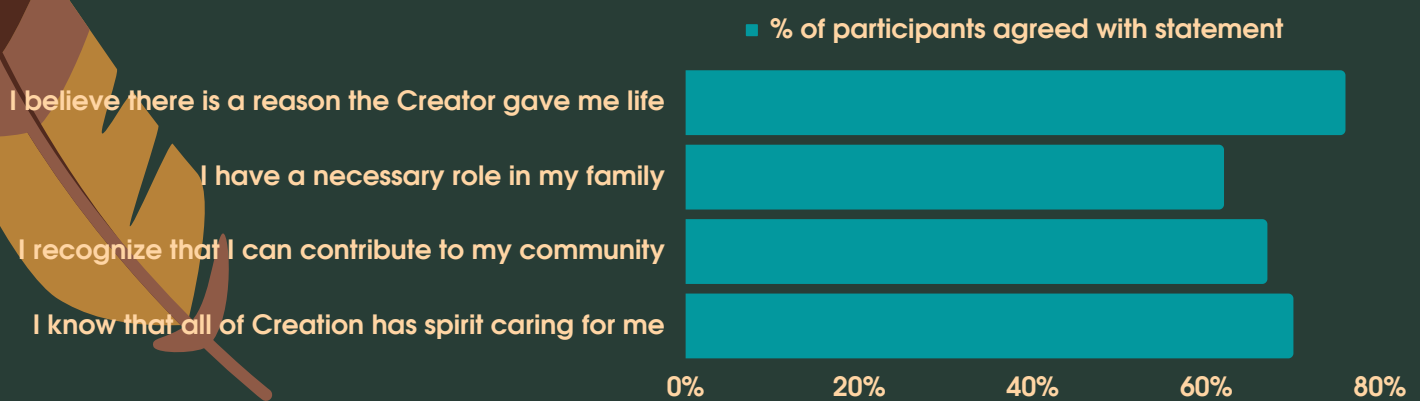
- 19% worked full-time
- 23% worked part-time
- 66% had received social assistance
- 6% were students

82% OF PARTICIPANTS IDENTIFIED AS INDIGENOUS



Hope, belonging, meaning, and purpose

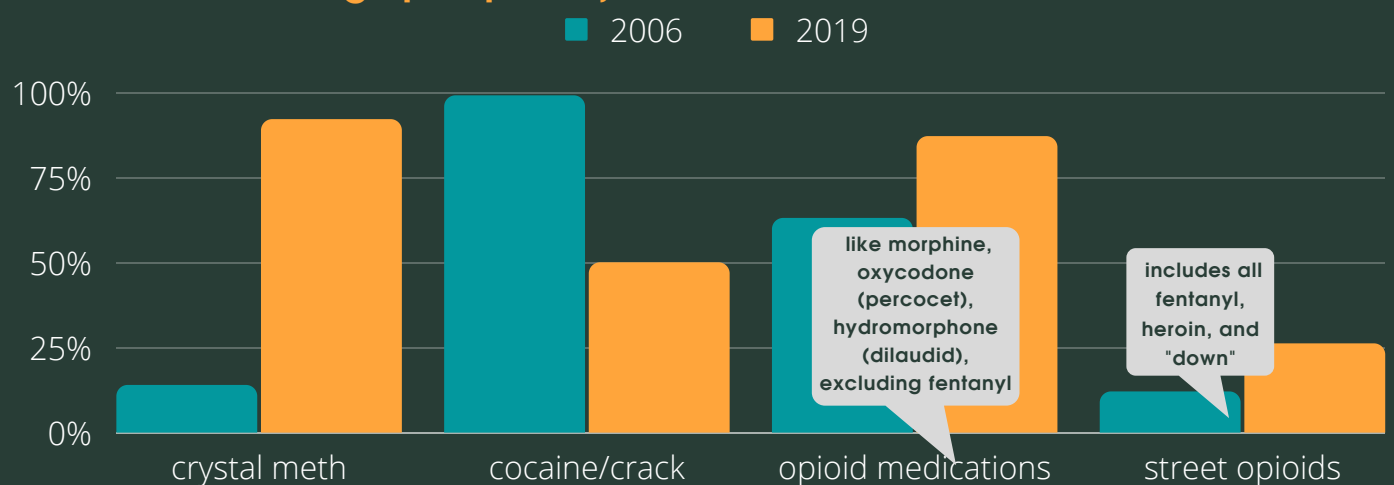
People who participated in this study have hope and spirituality, they belong to families, and they contribute to their communities. These strengths support coping with unjust social and colonial conditions, and toxic drug markets. People willingly participated in this study to support their communities.



How, what, and where people used drugs

- 54% of participants had started injecting drugs in the last 3 years.
- The most common places people used drugs were at home (60%), the home of family or friends (63%), and a public place, like a park, street, or washroom (53%).
- 23% reported a drug overdose/poisoning in the last 6 months. 28% carry a take-home naloxone kit, and half of those who carry kits had used them.

Drugs people injected in the last 6 months



WHAT'S HELPFUL?

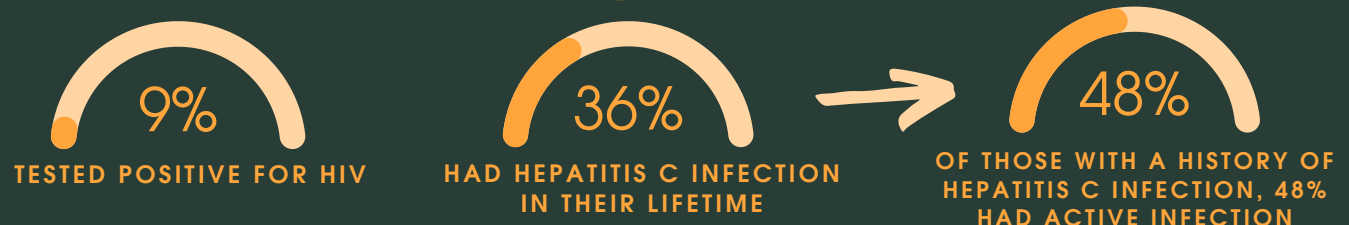
74% of participants said they would use **supervised consumption services** if available. Participants found traditional activities (drumming, smudges, sweats, crafts), recreation programs (sports, art, music), and harm reduction supplies helpful.

ACCESS TO HEALTH CARE

Only 10% of participants had a regular health care provider. About one quarter of participants avoided health services in the last year due to **fear or concern about**:

- **stigma** from staff or neighbours (28%)
- concern that someone would learn that they use drugs (26%)
- police harassment (19%)

Dried Blood Spot Test Results



Recommendations from this Study

Support Indigenous-led responses and services for substance use that build on community strengths and rights-based reconciliation.

Improve access to culture-based supports, safe and dignified housing options, access to harm reduction services including supervised consumption services, gender sensitive services, supports to prevent injection initiation, and connection to health care including HIV and hepatitis C prevention and treatment services.



Full Report available at: wrha.mb.ca/public-health/service/surveillance/

Counselling, Harm Reduction, and Treatment Supports

hopeforwellness.ca 1-855-242-3310 counselling for all Indigenous peoples across Canada

reasantolive.ca 1-877-435-7170 Manitoba suicide prevention and support

Klinic Crisis Line 1-888-322-3019

mbaddictionhelp.ca 1-855-662-6605 if or when you're ready for to learn about treatment options

streetconnections.ca and Manitoba Harm Reduction Network mhrn.ca