

ANNUAL REPORT

2020 / 2021

**M
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I
N**

MANITOBA
HARM REDUCTION
NETWORK



The MHRN and all of our sites are located on Indigenous Land. Specifically, we are located on Anishinaabe, Ininew, Anish-Ininew, Dene, and Dakota Land and are also in the homeland of the Metis Nation. Our central office is in Treaty 1 and we have been invited to work in Treaty 1, 2, 3, 4, and 5 territories. As a non-Indigenous organization we are committed to the principles of decolonization and reconciliation and are committed to integrating the TRC Calls to Action into our work.

The Manitoba Harm Reduction Network works toward equitable access, systemic change, and reducing the transmission STBBI through advocacy, policy work, education, research and relationships.

We do this by administering 11 regional harm reduction networks and 12 regional peer advisory councils of people who use drugs, that provide services, education, advocacy and events that are relevant to their specific communities. We could be described as a network of networks! 10 of our 11 sites are in Rural, Remote, and Northern Manitoba!

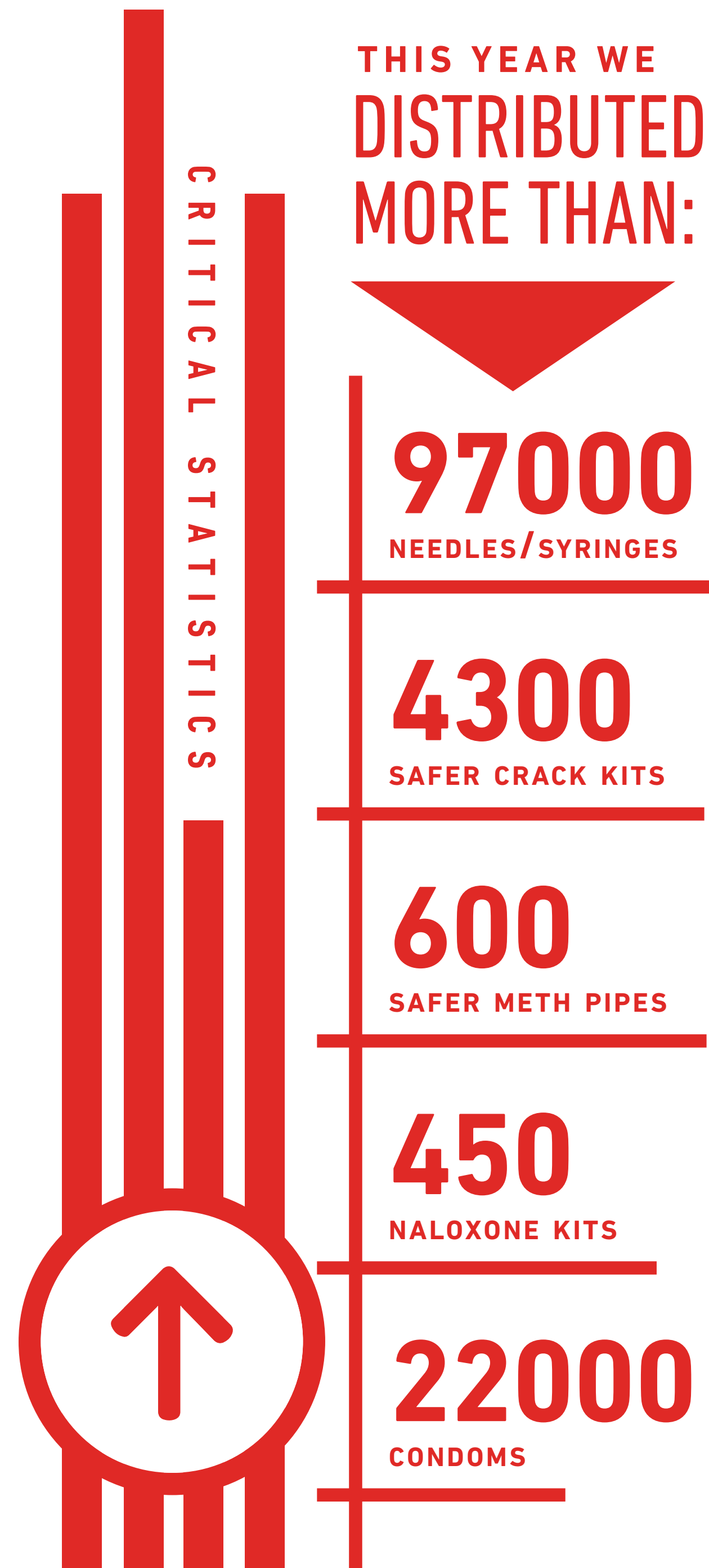


BEING A
SHIT DISTURBER
IS AN ACT
OF LOVE

LESLIE SPILLET, MHRN COUNCIL MEMBER, 2020

THIS YEAR WAS ALL ABOUT ACTS OF LOVE

As we faced a pandemic with our communities our activities worked to address inequitable access to health and safety information and resources for people who use drugs, which were exasperated during the pandemic.



WE WORKED WITH 536 PEERS AND 377 NETWORK MEMBERS TO:

HOST
83 PEER ADVISORY COUNCIL MEETINGS

11 TESTING EVENTS

23 PEER-TO-PEER KNOWLEDGE TRANSLATION EVENTS AND ACTIVITIES

99 REGIONAL NETWORK MEETINGS

PLUS WE ALSO
DISTRIBUTED

967 Emergency kits to people who use drugs that included basic resources, harm reduction supplies and **Supported 23 organizations** to consult with people who use drugs

THIS YEAR WE FACILITATED HARM REDUCTION WORKSHOPS DURING A PANDEMIC!

17

We presented our, "Harm Reduction 2.0, Beyond The Needle" workshop to **over 400 health care providers**, other service providers, community members, and Peers across Manitoba.

95%

RECEIVED
RELEVANT INFORMATION

84%

INDICATED THEY
WOULD BETTER ENGAGE
PARTICIPANTS IN DECISION
MAKING

76%

INDICATED THEY WOULD
CHANGE HOW THEY
COMMUNICATE WITH
PARTICIPANTS (24% WERE
ALREADY DOING THIS)

100%

RATED THE OVERALL
WORKSHOP AS GOOD
OR EXCELLENT

TEEN TALK WORKSHOPS

This year we presented 9 adapted Teen Talk youth workshops to 80+ community youth. Due to COVID-19, there were a limited number of workshops facilitated in the schools this year. The workshops included: Healthy Sexuality and Relationships, Diversity and discrimination, Communication, STIs & HIV, Substance Use, Teen Dating Relationships.



OVERDOSE RESPONSE WORKSHOP KIT

In response to COVID-19 and overdose rates the MHRN created a workshop kit that uses floor cards or posters to easily facilitate overdose response workshops outdoors.

[CLICK HERE TO
DOWNLOAD](#)

#1 OVERDOSE PREVENTION AND RESPONSE TRAINING

OVERDOSE PREVENTION AND RESPONSE

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#11 OVERDOSE PREVENTION AND RESPONSE TRAINING

OPIOIDS AND DEPRESSANTS

SIGNS OF OVERDOSE

PERSON CANNOT STAY AWAKE	SKIN IS COLD, PALE, OR BLUIISH, LIPS BLUE
CAN'T TALK OR WALK, BODY LIMP	PUPILS ARE VERY SMALL OR EYES ROLLED BACK
NO RESPONSE TO YELLING OR RUBBING KNUCKLES ON CENTRE OF CHEST	VOMITING
SLOW OR NO BREATHING, GURGLING OR WEIRD SNORING	SLOW OR NO PULSE

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#5 OVERDOSE PREVENTION AND RESPONSE TRAINING

LSD DMT PCP

DIMETHYLTRYPTAMINE

MAGIC MUSHROOMS (PSILOCYBIN)

KETAMINE

MDMA – ALSO A STIMULANT

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#8 OVERDOSE PREVENTION AND RESPONSE TRAINING

OVERDOSE RISK FACTORS

MIXING Prevention: use one drug at a time and let it take full effect; don't mix highest risk (least predictable or unknown) ones, if mixing drugs with alcohol – use drug first.	QUALITY Prevention: tester shots, use a reliable/consistent dealer, start small and do a tester if using a new dealer or if in a new town. Overdose does not usually happen right away – up to three hours after taking an opioid. Stagger use with friends so some one can act as the designated responder.
TOLERANCE Prevention: use less at times your tolerance might be reduced (e.g. health).	HEALTH / PREVENTION eat, drink, sleep, see a doctor, carry inhaler, treat infections, etc. be aware.
ENVIRONMENT Prevention: "fix with a friend", leave door unlocked, call someone.	

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#14 OVERDOSE PREVENTION AND RESPONSE TRAINING

SAVE ME

MEDICINE: PREPARE AND ADMINISTER NALOXONE	EVALUATE
<ul style="list-style-type: none"> • Ampoules: shake contents and snap off top • Draw up the entire contents (1 ml = 0.4 mg) • Hold needle tip up, push air out • Site location: Shoot into muscle, not a vein. Thigh muscle is preferred • Inject: use a 90 degree angle and push in the plunger until the syringe 'clicks' 	<ul style="list-style-type: none"> • Give CPR • Is a second dose required? <p>CONTINUE TO ADMINISTER EVERY 2-5 MINUTES AND DO CPR UNTIL HELP ARRIVES</p>

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#10 OVERDOSE PREVENTION AND RESPONSE TRAINING

STIMULANT OVERDOSE RESPONSE

OVER-AMPED: THE PERSON IS CONSCIOUS AND NOT HAVING OVERDOSE SYMPTOMS	OVERDOSE:
<ul style="list-style-type: none"> • Keep calm • Give water or fluid with electrolytes. • Cool • Fresh air • Don't let them take more drugs 	<ul style="list-style-type: none"> • Call 911 • Stay with the person • Keep them conscious, hydrated, calm and cool • If heart has stopped do "hands only" CPR if you know it • There are no medications to safely reverse a stimulant overdose

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#12 OVERDOSE PREVENTION AND RESPONSE TRAINING

OPIOIDS AND DEPRESSANTS OVERDOSE RESPONSE

STIMULATE AND CALL 911	MEDICINE
AIRWAY	EVALUATE
VENTILATE	
EVALUATE	

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#9 OVERDOSE PREVENTION AND RESPONSE TRAINING

STIMULANT SIGNS OF OVERDOSE

SHORT OF BREATH	SHAKY AND FITTING
BODY IS HOT/SWEATY OR HOT/DRY	CHEST PAIN
CONFUSION, HALLUCINATIONS	SEIZURES
VOMITING	LOSING CONSCIOUSNESS
CLENCHED JAW	SEVERE HEADACHE

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#7 OVERDOSE PREVENTION AND RESPONSE TRAINING

OPIOIDS

ALCOHOL ZOPICLONE BARBITURATES (NEMBUTAL, SECONAL)
BENZODIAZEPINES (VALIUM, ATIVAN, XANAX, KESONIL, HYPNOL)
BARBITURATES (NEMBUTAL, SECONAL)
GHB GAMMA HYDROXYBUTYRATE 'DATE RAPE DRUG'

OXYCODONE HEROIN CODEINE DEMEROL
PENTAZOCINE (ALWIN) FENTANYL/CAMFENTANIL
HYDROCODONE (VICODIN, OXYCONTIN)
HYDROMORPHONE (DILAUDID) METHADOSE

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#15 OVERDOSE PREVENTION AND RESPONSE TRAINING

HOW DOES NALOXONE WORK?

NALOXONE KNOCKS THE OPIOID OFF THE RECEPTOR SITE - WHICH REVERSES THE OVERDOSE

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#16 OVERDOSE PREVENTION AND RESPONSE TRAINING


AFTERCARE

NALOXONE WEARS OFF IN 20-90 MINUTES
THE PERSON PROBABLY WON'T REMEMBER, AND THEY MIGHT FEEL SICK (WITHDRAWAL)
EXPLAIN WHAT HAPPENED AND BE SUPPORTIVE

WITHDRAWAL SYMPTOMS WILL START TO GO AWAY AS THE NALOXONE WEARS OFF (20-90 MINUTES)
STAY WITH THE PERSON FOR 2 HOURS! THE OVERDOSE MAY RETURN
DON'T ALLOW THE PERSON TO DO MORE DRUGS (THEY WILL BE WASTING THE DRUG AND MIGHT DO AGAIN)

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79% OF PARTICIPANTS REPORTED SHARING INFORMATION WITH OTHERS SINCE THEIR LAST VISIT



METH PIPE PILOT PROJECT

#SMOKEDONTPOKE

OVERALL, 500 PIPES WERE DISTRIBUTED IN 74 INTERACTIONS




IN THE PRE-TEST 28% OF PARTICIPANTS STATED THAT THEY INJECTED DAILY

METH PIPE PILOT PROJECT

#SMOKE DON'T POKE

IN THE POST-TEST RESULTS THIS NUMBER DECREASED TO 12%



IN THE PRE-TEST ONLY 23% OF PARTICIPANTS STATED THEY NEVER SHARED DRUG-USE SUPPLIES




METH PIPE PILOT PROJECT

#SMOKE DON'T POKE

IN THE POST-TEST THIS NUMBER INCREASED TO 46%



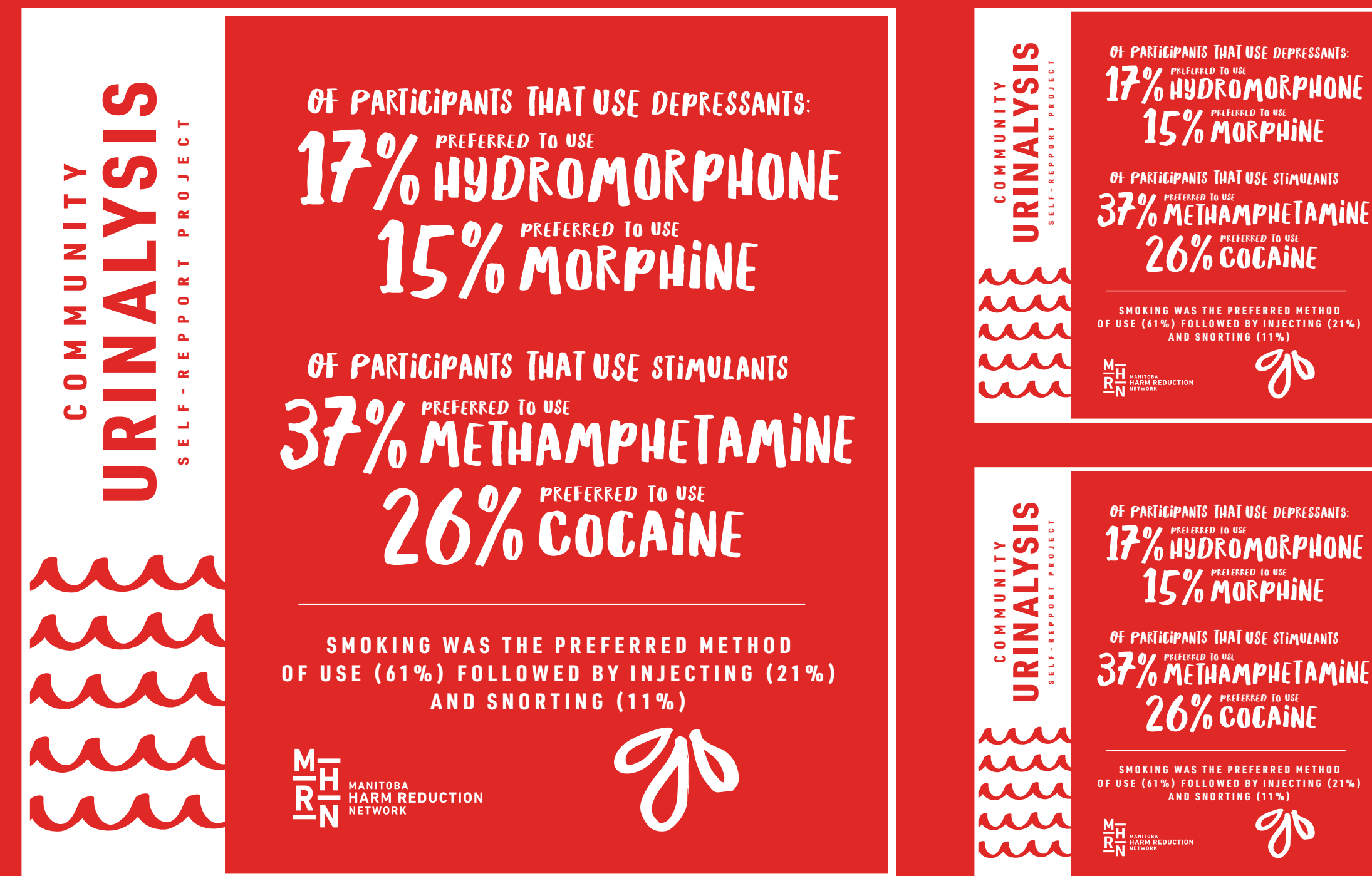
#SMOKEDONTPOKE METH PIPE DISTRIBUTION PILOT PROJECT

Year one of our meth pipe distribution pilot project in Selkirk, Pine Falls in Winnipeg! This project worked with peer advisory councils in 3 communities who were asking for meth pipe access to provide pipes for meth consumption and info about safer smoking practices. The project used a pre and post intervention survey to evaluate how having access to pipes impacted people who use drugs. Year two will expand on this to provide peer to peer pipe and information distribution opportunities and evaluation. You can find the full report under Community Projects on our website www.mhrn.ca

CLICK HERE FOR FULL REPORT

COMMUNITY URINALYSIS AND SELF REPORT PROJECT

This project used a comprehensive survey and urinalysis to examine drug poisoning and harm reduction and drug use patterns.



[CLICK HERE FOR FULL REPORT](#)

DRUG TESTING: FENTANYL TESTING RESOURCES

The MHRN partnered with Bryce Koch RN, BN to develop a Drug Testing (Fentanyl Testing) resource. Peers in Winnipeg, Brandon, The Pas, and Selkirk were trained in fentanyl checking and received strips for peer-to-peer testing.

Fentanyl Testing Resources (video & poster) created for the MHRN by Bryce Koch.

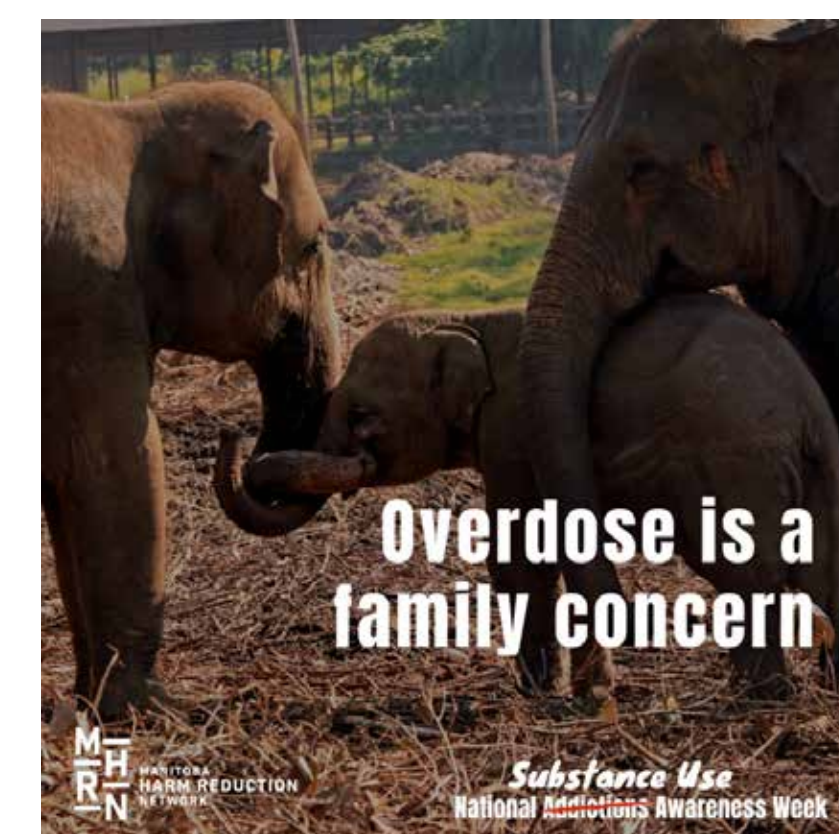


[CLICK HERE FOR TRAINING VIDEO](#)
[CLICK HERE FOR THE POSTER](#)

Visit THE MHRN STORE

Visit the MHRN store to purchase you own I heart Tshirts and sweaters OR make a donation

WWW.MHRN.CA/STORE




NATIONAL SUBSTANCE USE AWARENESS WEEK 2020

In November 2019, the MHRN gathered with people who are experts in parenting, mothering, and using drugs. This included parents and mothers who use drugs, community helpers, social workers, Indigenous Knowledge Keepers, nurses and social workers, other peers and family. After a day of ceremony, sharing and learning together we asked folks what they would most like the public to know about people who parent and use drugs. This became our Substance Use Awareness Week graphics.

I LOVE SOMEONE WHO USES DRUGS BECAUSE... AND # END THE STIGMA POSTER CAMPAIGNS

The Brandon peers created these posters as a way to get their voices heard in the community. The hope is that these posters will bring some awareness and will help to reduce stigma in our community. We hope that people will participate by putting up these posters and filling in the blank on the "I heart" posters to share the reasons why they love someone who uses drugs.

I  SOMEONE WHO USES DRUGS BECAUSE...

MHRN MANITOBA HARM REDUCTION NETWORK

WWW.MHRN.CA

Posters developed by members of the Brandon Peer Advisory Council, part of the MHRN network of Peer Advisory Councils. We hope these posters will help reduce stigma in the community.

#end the Stigma

I Love someone who uses drugs because someone who uses drugs Loves me.

WE SHOULD NOT BE TREATED DIFFERENTLY JUST BECAUSE WE USE DRUGS!!

POSITIVE MIND

I CARE because, I care about me and I use drugs.

We are worthy

anyone can RECOVER NEVER GIVE UP! stop the stigma!

EVERYONE IS EQUAL We Are Human

PEERS take care of each other and their community

Kindness changes everything

WE ALL LOVE SOMEONE WHO USES DRUGS.

MHRN MANITOBA HARM REDUCTION NETWORK

WWW.MHRN.CA

Posters developed by members of the Brandon Peer Advisory Council, part of the MHRN network of Peer Advisory Councils. We hope these posters will help reduce stigma in the community.

MANITOBA COMMUNITY EVENT-BASED STBBI TESTING

AN EVENT PLANNING TOOLKIT FOR
SERVICE PROVIDERS AND
COMMUNITY MEMBERS

WELCOME TO THE COMMUNITY EVENT-BASED STBBI TESTING TOOLKIT!

This guide is for community-based organizations, peer groups, and event organizers who are not healthcare professionals but want to increase access to STBBI testing in their communities. It gives a healthcare provider who wants to partner with the community the guide they can refer to for help. This guide can also be used by healthcare providers and community members to help them understand and support each other.

The Manitoba Harm Reduction Network has been planning participants for testing events in our communities since 2017, working with the local Peer Support Councils and providing training at other events for over a year. In 2019, the Peer Support Councils, the local Health Unit, the C-1919, and the local harm reduction network worked together to create this toolkit. We hope it will be an affirmation of being heard in the community and have been an important step in providing peer support, harm reduction practices, and other resources to the community. We hope it will be a good model for other communities and organizations who want to increase access to STBBI testing in their communities.

TRACKING AND EVALUATION

EVALUATION
Evaluation is an important part of any event. It helps you understand what worked well and what didn't. It also helps you understand the needs of the community and how you can better serve them. Evaluation can be done in many ways, from simple surveys to more complex focus groups. The key is to ask the right questions and listen to the answers.

HOW TO COLLECT FEEDBACK
There are many ways to collect feedback from your participants. You can use surveys, focus groups, or simply ask people for their thoughts. The key is to make it easy for people to give their feedback and to listen to what they have to say. You can also use social media to collect feedback, but be sure to monitor it closely and respond to any negative comments.

WHY DO COMMUNITY EVENT-BASED TESTING?

Community-based testing events are a great way to increase access to STBBI testing in your community. They provide a safe and supportive environment for people to get tested, and they can be tailored to meet the specific needs of your community. Community-based testing events can also help to reduce stigma and increase awareness of STBBI testing.

STBBI IN MANITOBA
STBBI is a leading cause of death in Manitoba. It is important to increase access to STBBI testing and harm reduction services to help reduce the impact of STBBI in our community.

**STBBI IN CANADA AND THE
UNITED STATES**
STBBI is a leading cause of death in Canada and the United States. It is important to increase access to STBBI testing and harm reduction services to help reduce the impact of STBBI in our communities.

NOTHING ABOUT US WITHOUT US

This slogan was originated in English by the Black Panther Party and has been adapted by many other marginalized groups since.

"I TRUST YOU, I'D NEVER GO IN TO REQUEST THIS KIND OF TESTING BEFORE."

- PINE FALLS PEER ADVISORY COUNCIL MEMBER

The Powerview-Pine Falls-Sagkeeng Harm Reduction Network, Pine Falls Peer Advisory Council, and IERRA Public Health nurse partnered to organize a mobile testing event in September of 2020. The participant-led model and strong relationship between participants and service providers created a space where people felt comfortable enough to get tested for the first time.

PLANNING A WELCOMING EVENT SAFE, FUN, AND RELEVANT

WELCOMING SIGNALS
Coming to an event for the first time can take courage for people who are used to experiencing discrimination in healthcare. They should feel welcome before they even talk to anyone.

You can do this through visuals like signs or t-shirts with welcoming messages, or decorating with recognizable symbols, colours, or cultural images. Volunteers at MHRN events wear I-3 Someone Who Uses Drugs t-shirts. You could decorate with rainbows to welcome LGBTQ+ folks or red umbrellas to welcome sex workers.

**DON'T JUST LIMIT IT TO VISUALS!
SOUNDS LIKE MUSIC OR DRUMMING,
OR SMELLS LIKE TRADITIONAL
FOODS OR SMUDGE CAN TELL PEOPLE
THAT THIS SPACE IS FOR THEM.**

WELCOMING ENVIRONMENT
There are a multitude of things that can contribute to a welcoming environment, your organizing committee should decide what this means to them and put those ideas into practice! At a minimum the space should include:

- Food and drinks (snacks are good, meals are better)
- Comfortable places to wait and socialize
- Bathrooms
- Harm reduction supplies including condoms and safer drug use supplies
- A private place to be tested or talk

FUN
Having fun activities at your event can increase engagement and encourage more people to attend and get tested. If you're offering testing at a larger event making your booth fun will help attract attention and get people curious. At an

COMMUNITY- BASED STBBI TESTING EVENTS TOOLKIT

This toolkit is for community-based organizations, peer groups, and event organizers who are not healthcare professionals but want to increase access to STBBI testing in their communities. If you're a healthcare provider who wants to partner with the community this toolkit has lots to offer you too!

CLICK HERE
FOR THE TOOLKIT

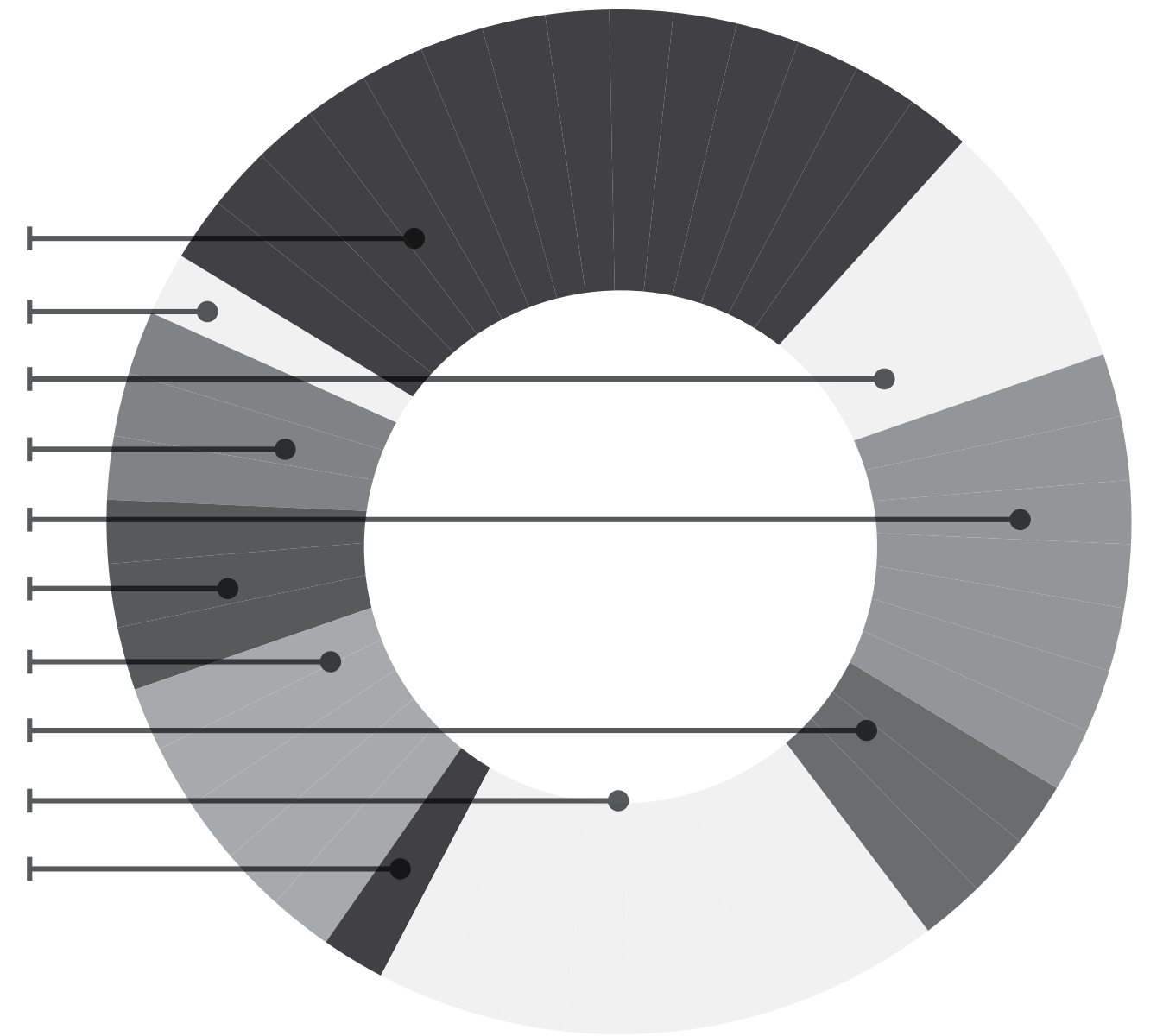


FUNDERS & FINANCIAL REPORT

Public Health Agency of Canada
 Health Canada
 Manitoba Health, Seniors, and Active Living
 Province of Manitoba
 Interlake Eastern Regional Health Authority
 Prairie Mountain Regional Health Authority
 Northern Regional Health Authority
 Southern Health - Santé Sud
 United Way
 Winnipeg Regional Health Authority
 NIne Circles
 Canadian Public Health Association
 Canadian Centre on Substance Use and Addictions
 Canadian Research Initiative In Substance Misuse
 Portage la Prairie Community
 Revitalization Corporation
 Brandon University
 Community Food Centres Canada

2020/21 REVENUE

28% GOVERNMENT OF CANADA
 2% NINE CIRCLES
 7% WINNIPEG RHA
 7% PROVINCE OF MANITOBA
 14% NORTHERN RHA
 6% SOUTHERN RHA
 11% INTERLAKE EASTERN RHA
 5% OTHER
 18% PRAIRIE MOUNTAIN RHA
 2% CANADIAN PUBLIC HEALTH



2020/21 EXPENSES

76% SALARIES & BENEFITS
 14% PROGRAMMING
 10% OPERATING

