

## Community Urinalysis and Self-Report Project: Summary of Findings for Manitoba

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HARM REDUCTION IS CHANGING OLD SYSTEMS  
HARM REDUCTION IS KEEPING PEOPLE ALIVE  
HARM REDUCTION IS MEETING PEOPLE WHERE THEY ARE  
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### Introduction

In Canada, various surveys across different cities and harm reduction sites are used to monitor drug use trends and harms experienced by people who use drugs. However, these surveys are often specific to the local context and not comparable across jurisdictions.

In 2015, a cross-sectional study conducted in British Columbia (B.C.) assessed prevalence of fentanyl use among harm reduction service clients. Participants completed a questionnaire and provided a urine sample that was tested using fentanyl detection strips. In 2017, Montreal conducted a similar study using expanded urine toxicology screening. Comparing the results from these two studies identified a discrepancy between drugs reported and detected at the local level, highlighted important provincial differences, and helped inform harm reduction services.

Based on the pilot data, the BC Centre for Disease Control (BCCDC) obtained a grant from Health Canada's Substance Use and Addictions Program (SUAP) to fund a three-year project developing a cross-Canada surveillance system for illicit drug content. The project aims to respond to the drug overdose epidemic by addressing the ever-evolving need to monitor and inform harm reduction services by identifying drug use trends and novel psychoactive substances. The main purpose of the SUAP-funded project is to standardize and scale up the BC and Montreal pilot surveillance systems to a national level.

This report describes the project coordinated by the Manitoba Harm Reduction Network at one of the participating sites in this national surveillance system.

The Manitoba Harm Reduction Network (MHRN) is a provincial harm reduction advocacy, education, and research organization in Manitoba. The mandate of the MHRN is to work with peers, network members, policymakers, academics, and community leaders to make recommendations regarding the development, implementation, and evaluation of sexually transmitted and blood-borne infection prevention initiatives based on evidence and harm reduction.

The Peer Advisory Councils are the advisory bodies of the MHRN. The members are people who use drugs and are impacted by HIV, hepatitis C, and are actively involved in preventing the transmission of STBBI in their communities through harm reduction. The Peer Advisory Councils inform the organization on issues related to safer drug use, safer sex practices, harm reduction strategies, peer engagement strategies and tools, community based research, program development and implementation, knowledge translation, and support for individuals affected by STBBI, the social determinants of health, and substance use.

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From January to March 2020 the MHRN administered an integrated survey and urine drug screening to obtain information about drug use and harm reduction trends in Manitoba and inform harm reduction policies and services. This activity occurred at three sites: Winnipeg, Flin Flon and Swan River in relationship with the Peer Advisory Councils (PACs) of people who use drugs at each site.

### Key Findings

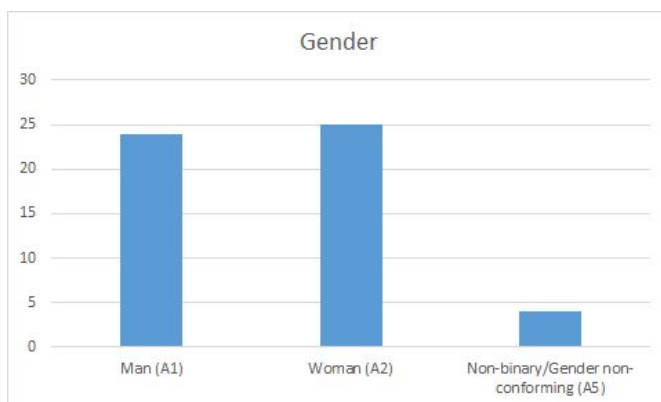
- Methamphetamine was the illegal/illicit drug reported to be used most often (48% of participants, n: 26) and most detected in the urinalysis.
- Opioids were detected in 21% of urinalysis samples (n:22) and fentanyl was detected in 1.89% of samples (n:2).
- No respondents indicated intentional fentanyl use but 2 respondents used fentanyl unintentionally.
- Distribution sites being closed or unavailable were the most frequently cited reasons for having difficulty accessing supplies.
- 11% of respondents used needles or syringes that had been used by others (n:6)

### Project Team

Project activities were executed by existing MHRN staff in each region. Peer Advisory Councils recruited participants through their social networks.

### Study Participants

54 respondents participated from 3 sites in Manitoba (27 in Winnipeg, 16 in Flin Flon and 11 in Swan River).



-72% of participants identified as Indigenous (n: 39)

-80% of participants were not employed (n: 43)

-Age ranged from 24-68 years

-Gender: 25 Women, 24 Men, 4 non-binary and one non-disclosed.

## Drug Use

Overall 40% of respondents indicated that they use illegal/illicit drugs every day, but frequency of use was not evenly distributed across sites.

### Frequency of Drug Use

#### Flin Flon Primary Health

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A few times a month	37.50%
A few times a week	31.25%
Every day	18.75%
Prefer not to say	12.50%

#### Swan River

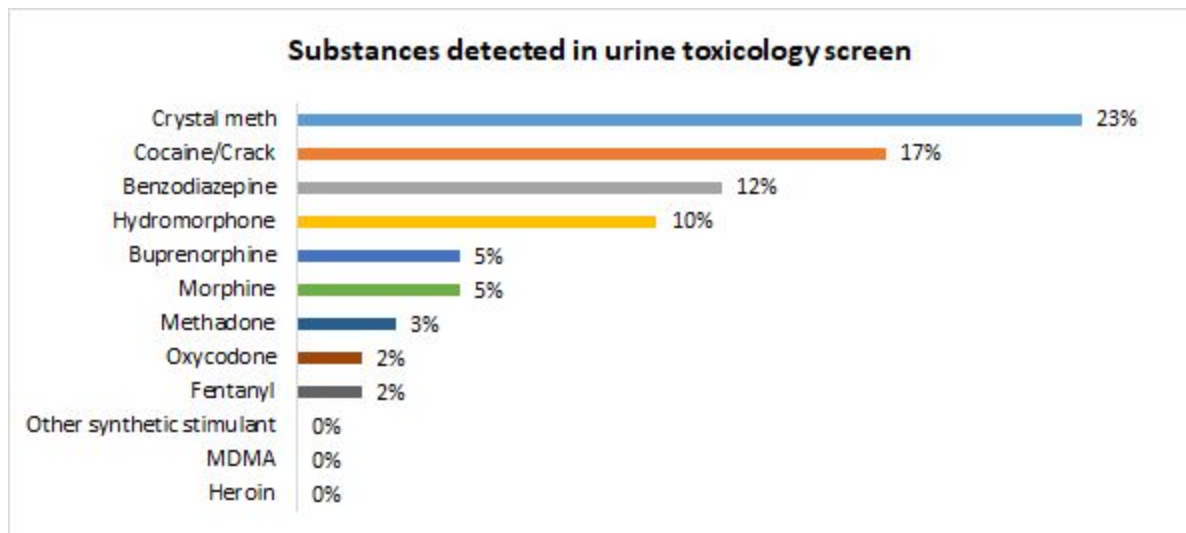
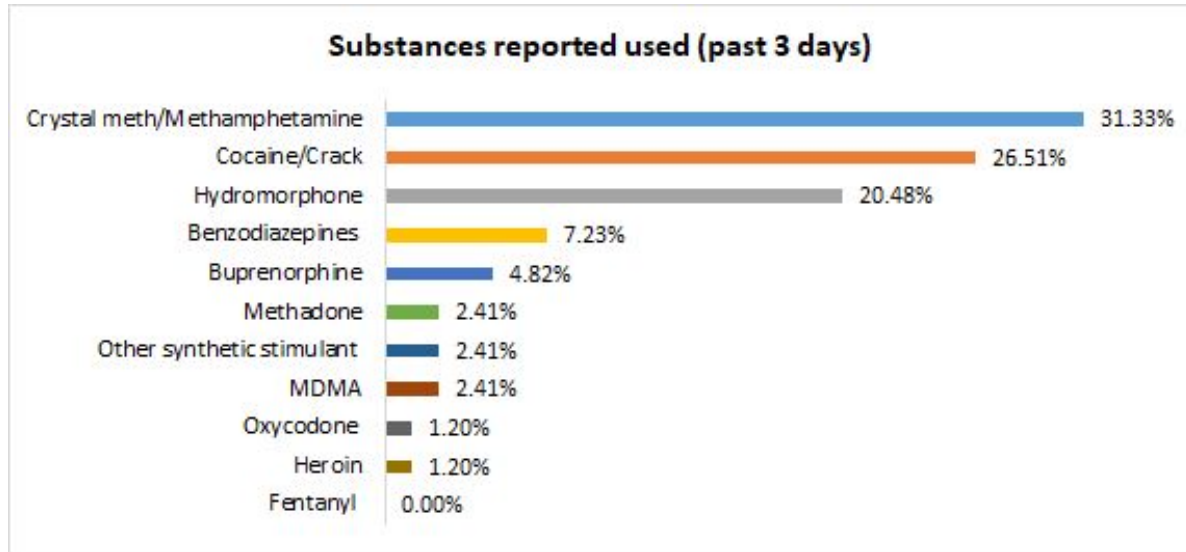
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A few times a month	9.09%
Every day	72.73%
Prefer not to say	18.18%

#### Winnipeg

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A few times a month	25.93%
A few times a week	22.22%
Every day	40.74%
Prefer not to say	11.11%



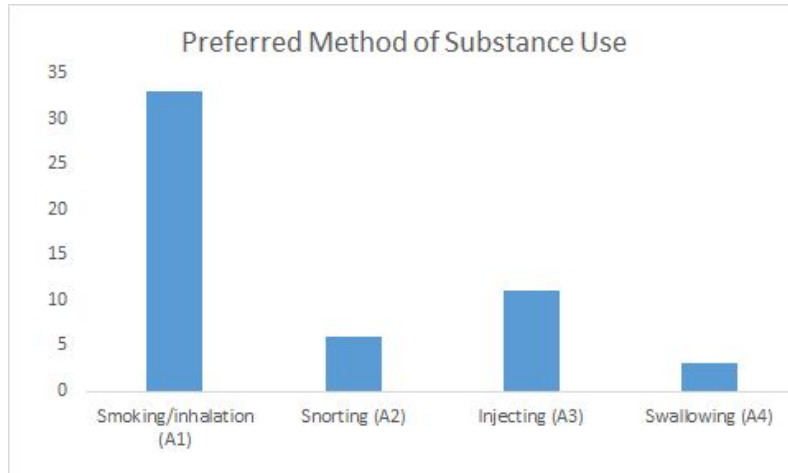
Not shown: cannabis, alcohol, tobacco.

\*Morphine or heroin use may lead to presence of morphine in urine. Detection of heroin may be underestimated as 6-monoacetyl morphine (heroin) is unstable in biological fluids and can degrade during storage.

**Preferred substance:** Of Participants that use depressants 17% preferred to use hydromorphone (n:9) and 15% preferred to use morphine (n:8). Of participants that use stimulants 37% preferred to use methamphetamine (n: 20) and 26% preferred to use cocaine (n:14).

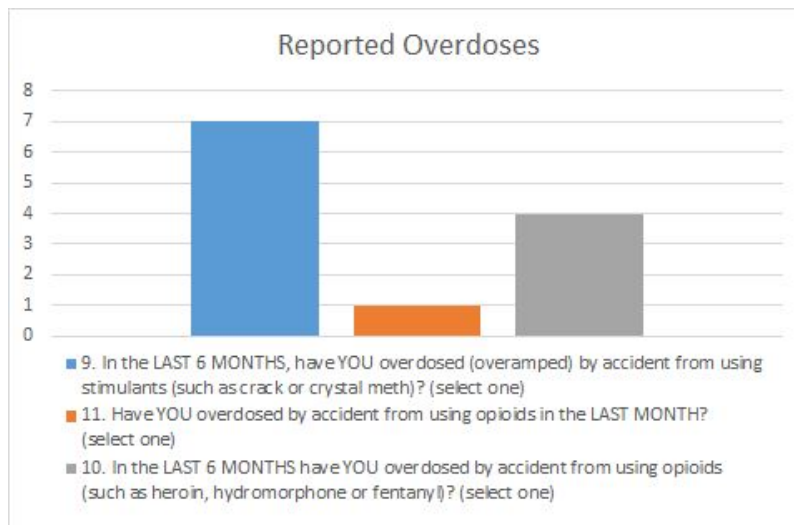
**Preferred method of drug use:** Smoking was the preferred method of use for 61% of participants (n:33), followed by injecting (21%, n:11) and snorting (11%, n:6).

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**Unintentional fentanyl use:** 0 participants reported using fentanyl, while 2 had fentanyl detected in their urine (1.89%). Both the samples containing Fentanyl were from the Winnipeg site.

### Overdose

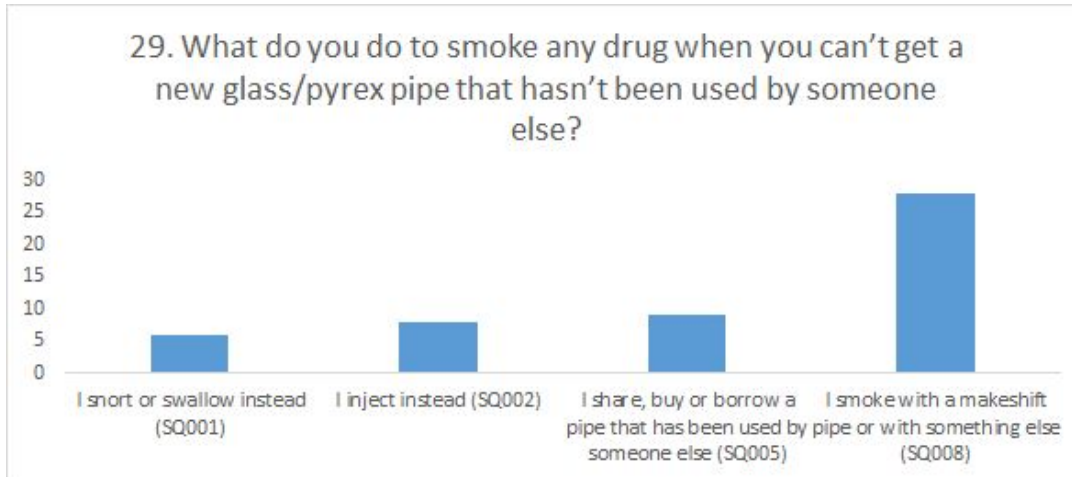


- 24% of participants **witnessed** a stimulant overdose in the past 6 months (n:13).
- 20% of participants **witnessed** an opioid overdose in the past 6 months (n:11).

### Overdose Risk

- 30% of respondents indicated they used both stimulants and depressants at the same time within the last 3 days (n:16).
- Police were called in 7 instances of overdose, and arrived at the scene on 3 instances.

- 57% of respondents do **not** have a phone that could be used to call emergency services (n:31).
- 48% of respondents **have** a naloxone kit(n:26), and 57% did not have difficulties acquiring a kit (n:31).



### Potential Harms

- **Injection drug use:** 35% participants injected a drug in the past 6 months (n:19). Of these, 13% had trouble obtaining new needles or syringes (n:7) and 11% used needles or syringes that had been used by someone else (n:6).
- **Using alone:** 28% (n:15) of participants reported using drugs alone often or always. Increased comfort, convenience and not having to share were the most frequently cited reasons.

### Harm Reduction

- **Naloxone:** 48% of participants had a naloxone kit (n:26), while 33% wanted one but did not have one (n:18).
- **Harm reduction supplies:** 57% of participants picked up supplies for themselves or others a few times a month or more (n:31).
- **Supplies:** Although the majority of participants did not have difficulty getting supplies (57%, n:31), 26 participants cited distribution sites being closed or unavailable as being barriers to getting supplies.
- **Opioid substitution treatment:** 16% of participants were prescribed opioid substitution treatment in the last 6 months (n:9).
- **Drug Checking:** 70% (n:38) of participants said they would change their drug use by not using any, or using less, if they knew their drug contained fentanyl.

## Considerations

The onset of COVID-19 limited number of participants, sites and staff availability. The context of COVID-19 has led to substantial changes in drug use practices since this data was collected.