

## **We Love You, Be Safe: A Harm Reduction Map of West Broadway**

### **Introduction**

In preparation for a spring and summer full of new visitors, the Peer Working Group decided that they wanted to share information about the neighborhood they call home. Specifically, information that could help other people who use substances to be safer, more connected, and to raise awareness about current resources. With support from the Manitoba Harm Reduction Network (MHRN), the Peer Working Group completed the project “*We Love You, Be Safe: A Harm Reduction Map of West Broadway*”.

### **The MHRN and Peer Working Group**

The MHRN is a provincial harm reduction advocacy and education service which has locations in Winnipeg (West Broadway), Thompson, Flin Flon, The Pas, Swan River and Selkirk. At each location the MHRN consults with people who use substances to advise their work. In Winnipeg, that group is the Peer Working Group, which is a group of individuals who use drugs and volunteer with the MHRN. Most live in the area and are natural leaders in their own substance use communities. They are active in informal supply distribution and in sharing information and education with their peers (Illsley, 2013). The members of the Peer Working Group are actively committed to harm reduction and reducing the instances of preventable disease (or transmission of infections like HIV and hepatitis C) in their own communities.

### **Overview of Harm Reduction**

For individuals using substances, safe non-judgmental access to safer supplies such as needles, crack pipes and services is essential. This access can reduce transmission of viruses such as HIV and Hepatitis C, as well as increase access to treatment options, social services, and health care. The practices that include supply distribution, safe and non-judgmental services, healthcare and education are often called harm reduction. Harm reduction can also include safer places to inject drugs, information and education, access to medicine that counteracts overdose, relationship building, culturally relevant support and substitution treatment. People who use substances engage in harm reduction behaviors on a constant basis such as using less drugs, knowing their dealer, not mixing drugs, not sharing drugs and using new equipment. Harm reduction focuses on reducing the harms associated with an activity (such as drug use) without demanding the elimination of the activity itself. For this reason, individuals living with addictions find it an accessible methodology of care that meets them where they are at while supporting them in meeting their health, social and practical needs.

### **West Broadway**

West Broadway is one of Winnipeg's oldest neighborhoods. Located within the downtown core it was a thriving metropolitan area until the 1960's when several large changes caused a migration of the areas high and middle-income residents, aging buildings became neglected, and many homes were converted into rooming houses (West Broadway Neighborhood Profile, 2011). As the situation escalated crime statistics and disrepair reinforced the ghettoization of the area. By the 1980's unemployment was four times that of the rest of the city. The demographics of the area are diverse, seeing a higher percentage of

youth, Indigenous and newcomer residents than other areas of Winnipeg (West Broadway Neighborhood profile, 2011). West Broadways also has double the unemployment rate of the rest of Winnipeg and 86% of the children are living below the standard poverty line. Substance use is affected by the demographics and circumstances described above, which have driven substance use rates to 10% in the area (West Broadway Neighborhood Profile, 2011).

### **Asset Mapping**

Community mapping is an essential tool in community development. It consists of community members coming together to create physical representations of the geography, attributes, stories or aspects of their community (Lydon, 2003). Parker (2006) found that the aspects of inclusion, transparency and empowerment are key to community mapping which also apply effectively to harm reduction and the greater meaningful involvement of people who use drugs. An asset-based map identifies strengths, services, and highlights positive attributes and capacity of a community. It can include aspects such as resources, relationships, skills, or personal attributes (Mathie & Cunningham, 2003). Lydon describes using asset based community mapping as a gift-based assessment (2003). By recognizing strengths in a given community a sense of empowerment can be created. While Mathie & Cunningham describe community mapping as just one of many tools utilized in asset based community development (2003). McKnight argues that an asset-based approach is essential to creating a culture of mutual respect and cooperation for a community (2010). McKnight sees in asset based development the capacity to support the forming of citizens as opposed to the clients created in needs based assessments (2010). It is clear in McKnight's described dichotomy, where a citizen is an empowered community member and a client is a service dependent person (2010), that the citizen supported by an asset based assessment is ideal. Mapping can effectively be used to assess needs, identify gaps in service, assess strengths, identify existing services and otherwise serve the goals of community development.

### **Process- First Meeting**

After a brief introduction to "assets" the peers completed a personal asset map to practice applying the concept by identifying personal assets. Peers were invited to draw a circle on a piece of paper and write their personal assets within the circle. On the outside of the circle they brainstormed external assets that help them in their lives. We reviewed this activity to support learning about assets.

The next thing we did was work together to decide what counted as a harm reduction asset in the community. The following list was developed:

*What is a Harm Reduction Asset*  
*Something that is helpful to me as a drug user*  
*Somewhere that is safe*  
*A place to get supplies*  
*Places where I can get help with food, housing*  
*Healthcare*  
*Where I can use a phone or the bathroom*  
*A place to rest*

*Mental Health Support*

*Somewhere to be warm in winter and cool in summer (that I can hang out at)*

*Drop box locations*

*Churches that offer services*

*Places to get information*

*What is Not an Asset (in this context)*

*Personal homes/apartments (even if the people that live there are really great!)*

Once this was completed, we were finally ready to collect information in the neighborhood! We broke into groups where each group was responsible for a small subset of streets. Each group had a binder with maps, pens, a recorder and the list about what assets are. Each group also had a volunteer recorder (staff and Med students). Then we set out! We plotted the assets we saw by putting numbers on the map and writing about the asset on an accompanying sheet of paper. Each group came back with many assets that included services, businesses, green space and drop boxes and other things that help them stay safe. When we debriefed this activity many volunteers stated they learned about services that were new to them during the walks.

### **Process- Second Meeting**

During our next meeting we reviewed the data gathered and compiled from the previous meeting. We also talked about businesses and decided to only include grocery stores for their accessibility in regard to basic needs. Though there are many restaurants and boutiques in West Broadway and they are most definitely assets to the neighborhood they have much less to offer street involved people and people who use drugs because of costs.

At this meeting the peers identified which assets they wanted to provide more information about, which were mainly services. They highlighted on their lists which services someone could just walk in and access and set out again in their groups to interview people at each of these services. They were provided with a template that asked for basic information and an optional speaking script (Appendix A).

### **Process- Last Steps**

Finally all the information was submitted to the designer. Peers met one final time to review the map, evaluate and debrief the process and deliver the maps to services in the area.

### **Results and Discussion**

At the final meeting 10 peers completed evaluation forms (Appendix B). Results were as follows:

	Yes	Maybe	No
I enjoyed the mapping project	10		

I think it will be helpful to people who use drugs	9	1	
I will share information about the resources on this map	10		
I learned something new about a resource	8	2	
I would do a mapping project like this again	10		

Comments on evaluations included people enjoyed connecting with each other to work on the project, finding out about resources, and communicating with agencies as helpers.

*“Doing the mapping project we were able to connect to the community and let them know who we are and what we can do”*

Peers included service agencies, grocery stores, needle drop boxes and green spaces as community assets. Though they initially gathered much more data, it was paired down to this list of resources for ease of accessibility.

The mapping process itself was challenging and there were many errors. In the future, one idea may be to have a staff or a supporting agency create the initial rough map and then tour with peer groups to enrich the data and decide whether or not each resource should be included. This would require more staff time upfront but less time finding and correcting mapping errors.

Many peers shared stories of checking out resources they themselves had not known about until the process of map making had begun. One peer shared a story of checking out a new resource and actually encountering some challenges accessing the resource. In future projects, or as continuing work, it may be beneficial to collect some more qualitative data about each resource based on peer experiences (e.g. stories).

Several peers with close connections to other parts of the city recommended doing a similar project. Ideally they would connect with an agency in the areas with knowledge of those areas to support potential projects. This project benefited from a staff person with extensive knowledge of West Broadway which assisted in identifying resources, dividing groups equally and noticing errors.

## **Conclusion**

The Peer Working Group with support from the MHRN was able to create a valuable and useful map of harm reduction assets in West Broadway, for residents that use drugs. Five hundred maps were distributed mostly by Peer Working Group members to service agencies in the community that they access. Recommendations for future consideration include the creation of a toolkit to assist other peer groups in doing similar projects including the suggestions and lessons learned in this document. Overall the project was a huge success and we are thankful to the West Broadway Development Corporation for their support.

## References

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## Appendix A

### Community Mapping Project

Service name: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hours: \_\_\_\_\_

Purpose or Mandate of the Organization:

Circle which services are available:

Phone / Bathroom / Food / Medical care / Safer Sex Supplies / Safer drug use supplies /  
Social workers/counselors

What other Services can someone just walk in and access?

### Sample script for Service Organizations

Hi There! I'm \_\_\_\_\_

We are volunteers at The Manitoba Harm Reduction Network.

We are doing a project mapping the services and assets in West Broadway and think your organization is such a great service in our neighbourhood. I have some questions about your hours and what services you offer so I can make sure to include the right information.

(Ask Questions)

Any questions or concerns can be directed to the project coordinator,

Veda Koncan

204-783-6184

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## Appendix B

## Community Mapping Evaluation

	Yes	Maybe	No
I enjoyed the mapping project			
I think it will be helpful to people to people who use drugs			
I will share information about the resources on this map			
I learned something new about a resource			
I would do a mapping project like this again			

What were the benefits of participating in the mapping project?

What could be improved for next time?

Do you have any stories or anecdotes to share?