

# Sexually Transmitted and Blood-Borne Infections and Risk Behaviours Among People Who Inject Drugs in Thunder Bay

FINDINGS FROM THE TRACKS SURVEY OF PEOPLE WHO INJECT DRUGS:  
THUNDER BAY SITE, PHASE 5, 2024

In 2024, 201 people who inject drugs (PWID) in Thunder Bay participated in Phase 5 of a study called Tracks. Tracks is a national study conducted by the Public Health Agency of Canada in partnership with local agencies. The purpose of Tracks is to learn more about the health issues affecting PWID, including infections like syphilis, HIV, and hepatitis C (HCV). Participants were interviewed anonymously and were asked to provide a voluntary blood sample which was tested for sexually transmitted and blood-borne infections (STBBIs). Below are some of the key findings from Thunder Bay participants.

## ABOUT THE PARTICIPANTS



**62%** were male  
**38%** were female



**93%** had difficulty making ends meet



**91%** had experienced homelessness at some point



**59%** had mainly lived at a shelter or hostel in the 6 months prior

## DRUG USE BEHAVIOURS

**ONLY 7%** had recently shared needles or syringes.

**65%** had recently injected alone.

**BUT**, there was a decrease in injecting at private residences and an increase in injecting at a supervised consumption site compared to Tracks Phase 4 (2018-2019).

**BUT 71%** had recently shared non-injection drug equipment.

**51%** had recently injected in a public place.



HIV and HCV can be spread through sharing injection equipment (e.g., needles) and non-injection equipment (e.g., cookers, ties, filters). Injecting drugs in a public place makes it harder to use sterile equipment and dispose safely. This increases the risk of HIV and HCV transmission and infection. Injecting alone increases the risk of fatal overdose. Supervised consumption sites allow for safer private injection, without the risks of overdosing while injecting alone.

### STBBI TESTING



**2/3** had an HIV and/or HCV test in the past year.

**1/3** had a syphilis test in the past year.

**72%** of those with current HCV infection were unaware.

**68%** of those positive for syphilis antibodies were unaware.

Routine STBBI testing connects people to timely treatment and care, leading to improved health outcomes and reduced transmission.



### OVERDOSE

**33%** experienced an overdose in the past 6 months, an increase from Phase 4.

**60%** carried an overdose or naloxone kit.

**Fentanyl** was the substance used most commonly among participants who had a recent overdose.

Injected fentanyl use increased by 1.5 times compared to Tracks Phase 4.

Naloxone is a life-saving intervention that can reverse overdose. Fentanyl is much more potent than other opioids, contributing to a very high risk of accidental and fatal overdose.

### STIGMA AND AVOIDANCE OF HEALTHCARE



**59%** experienced stigma based on their drug use at some point in their lives.

**35%** avoided healthcare due to fears/concerns of stigma or discrimination in the past year.

Stigma and discrimination related to drug use are key barriers to preventing people who use drugs from accessing testing and treatment, which can lead to increased STBBI transmission risk.

**Only 51%** reported having a regular healthcare provider.

### HARM REDUCTION SERVICES ACCESSED IN THE PREVIOUS YEAR

**68%** Opioid agonist therapy

**35%** Safe supply services

**36%** Supervised consumption site

**32%** Drug checking services

Participants reported **little to no barriers** in accessing all of these services.

Harm reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with substance use, without requiring people who use drugs to abstain or stop.

Based on the findings, governments, public health agencies, and health and social service providers should prioritize:

- » Increasing government-provided benefits (like ODSP or OW)
- » Safe, affordable, and supportive housing
- » Harm reduction services
- » Anti-stigma approaches and campaigns
- » Connecting people who use drugs with a regular healthcare provider
- » Low-barrier, routine STBBI testing for clients who use drugs, including point-of-care and mobile testing
- » Naloxone accessibility

