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

EXECUTIVE SUMMARY

In 2024, 201 people in Thunder Bay participated in a study called the Tracks survey of people who inject drugs (PWID), Phase 5. The purpose of Tracks is to better understand the health issues affecting PWID, including infections like syphilis, HIV, and hepatitis C (HCV), and associated risk behaviours. Participants completed an anonymous, interview-administered survey. Participants were also asked to provide a voluntary blood sample for testing of sexually transmitted and blood-borne infections (STBBIs). Participants who provided the blood sample were offered the option to receive their test results.

Tracks Thunder Bay is part of the National Tracks Surveillance System coordinated by the Public Health Agency of Canada, a study that is conducted every few years at select sites across the country. Thunder Bay has been a study site for four phases (since 2005).

Interviewers recruited participants who had injected drugs within the previous six months from venues where the target population is known to gather, such as harm reduction programs and through local mobile outreach services. Sixty-two percent of participants were male, and 38% were female. Half were unemployed, and nearly all (93%) indicated that they had difficulty making ends meet. Nearly all participants (91%) had experienced homelessness and 81% had been incarcerated at some point in their lives. A high proportion of participants also reported experiencing stigma based on their drug use (59%), and there were high rates of past experiences with sexual, emotional, and/or physical partner abuse.

Of the participants that opted for blood testing, only three percent were HIV-positive. Most participants (69%) reported having had an HIV test in the last year. Fifty-nine percent of participants reported having had an HCV test in the last year. While only 10% of participants who opted for blood testing were positive for a current HCV infection, most (72%) were not aware of this infection at the time of testing. Only one-third (34%) of participants had a syphilis test in the last year. Sixteen percent of those who opted for blood testing had positive syphilis antibodies; of these participants, most (68%) were unaware of their positive status.

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Many participants reported injecting alone (65%) and/or in a public place (51%) in the 6 months prior. Nearly one quarter (24%) reported injecting at a supervised consumption site (SCS) in the 6 months prior, which was a significant increase from Tracks Phase 4 (2018-2019) in Thunder Bay (14%). Moreover, the proportion of participants who reported recently injecting in private residences decreased in Phase 5. Only 7% of participants reported reusing needles and/or syringes in the 6 months prior, but most (71%) reported reusing non-injection equipment. The most commonly injected substances reported were cocaine, fentanyl, and methamphetamine (respectively), while the substances most commonly consumed by a means other than injection were crack or freebase, cocaine, and alcohol (respectively).

When reporting sexual behaviours that can increase STBBI risk in the 6 months prior, 88% of participants had used substances during or just prior to sex, 49% had multiple sexual partners, and 20% had engaged in transactional sex. The most common strategies reported by participants to reduce their HIV risk through sex were condom use (60%) and reducing the number of sexual partners (34%).

A significant increase was found in the proportion of participants who reported having experienced an overdose in the 6 months prior (from 22% in Phase 4 to 33% in Phase 5). Fentanyl was the substance most often involved among those who had experienced a recent overdose, and injected fentanyl use among participants increased by 1.5 times in Phase 5 (from 37% to 54%).

All participants indicated that they were aware that naloxone was available locally and most (60%) reported carrying an overdose/naloxone kit with them. About half (52%) reported they had used one on somebody in the 6 months prior.

Engagement with primary healthcare services was low among participants; only 51% reported having a regular healthcare provider. In the past year, participants had most commonly accessed the emergency room (43%), community health or wellness centres (41%), and/or a walk-in clinic (37%) for healthcare services. Participants reported a higher level of access of low-barrier healthcare services in the past year, like drop-in centers for people who use drugs (73%), needle and syringe distribution programs (68%), and nurse outreach services (43%); as well as harm reduction services including opioid agonist therapy (68%), supervised consumption sites (36%), safe supply services (35%), and drug checking services (32%). Further, while participants reported little to no barriers in accessing these harm reduction services, 35% reported avoiding healthcare services in the year prior due to fear or concern about stigma and discrimination.

The findings of this study provide key information about people who inject drugs in Thunder Bay during a critical time, given high local rates of opioid-related harms and STBBIs, the ongoing toxic drug poisoning crisis, and the upcoming closure of the only supervised consumption site in Thunder Bay. It is crucial that collective efforts are made to address the known risk factors and behaviours among people who inject drugs in order to lessen the burden of STBBIs and substance-related harms in Thunder Bay. These findings can be used by governments, public health, and health and social service providers to better meet the needs of PWID including the following key priorities: increasing government-provided benefits (e.g. ODSP) to address income insufficiency; affordable and supportive housing, harm reduction services, anti-stigma approaches and campaigns, access to primary healthcare, low-barrier and routine STBBI testing for PWID, and naloxone availability.

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