

# PUBLIC HEALTH ALERT

## HEALTHY SEXUALITY AND HARM REDUCTION - STREET CONNECTIONS

Elevated Overdose Risk in Winnipeg | May 11, 2026 | *Know the Risks. Stay Connected. Stay Alive.*

Overdose deaths are occurring at alarming rates in Winnipeg, particularly among young adults. The drug supply is more dangerous than ever — new substances are circulating that cannot be reversed by naloxone alone. Spring and summer historically see increased overdose activity, and this year carries compounding risks in light of an increasingly toxic drug supply. Now is the time to act — for yourself and for people you care about.

### What Is Happening Right Now

#### A dangerous new substance in the drug supply

Since February 2026, a veterinary sedative called **medetomidine** has been consistently detected in Winnipeg's unregulated drug supply (Street Connections, 2026a; SaferSites, 2026). It has been found in substances sold as "down," fentanyl, heroin, flualprazolam, and counterfeit prescription tablets marked "TEC." Medetomidine concentrations of up to 5.5% have been identified in local samples, and it is described as being present in nearly all fentanyl tested (CBC News, March 8, 2026).

Medetomidine is estimated to be 200–300 times more potent than xylazine — another tranquilizer already known to complicate overdose response — and is approved only for use in animals (CBC News, March 8, 2026). It is almost always found alongside opioids such as fentanyl, as well as benzodiazepines and sometimes caffeine. This combination makes overdoses unpredictable, prolonged, and harder to treat.

**Critically, naloxone cannot reverse medetomidine's effects.** Medetomidine slows the heart rate, lowers blood pressure, and causes deep, prolonged sedation — sometimes lasting three to six hours (CBC News, April 1, 2026). Overdose presentations can look like a typical opioid overdose, making it difficult to recognize what you are dealing with at the scene. Because medetomidine almost always appears alongside opioids, naloxone should still be given — it will still help with the fentanyl component — but it will not be enough on its own (Street Connections, 2026a).

Most recently, a Winnipeg drug sample tested at Street Connections on April 8, 2026 was found to contain **carfentanil** — a fentanyl analogue estimated to be approximately 100 times more potent than fentanyl itself — alongside medetomidine, caffeine, and multiple fentanyl precursors (Street Connections, 2026b). This is a serious escalation. The same sample analysis also identified compounds indicating active fentanyl synthesis, further complicating risk assessment. Earlier testing detected **ethylbromazolam** — a potent novel benzodiazepine — alongside para-fluorofentanyl and medetomidine (Street Connections, 2026c), and **ethylflualprazolam** — another novel benzodiazepine — was identified in a local enforcement seizure in April 2026 (Street Connections, 2026d). The drug supply is not static; it is becoming more complex and more dangerous.

#### IN THE NEWS: Recent deaths in our community

The toxicity of the current drug supply is not theoretical. Within a two-week period in April 2026, five young people connected to front-line services in Winnipeg died after using substances (CBC News, April 16, 2026a). These were not people unfamiliar with risk: the executive director of Resource Assistance for Youth (RaY) noted that the individuals known to her organization were experienced drug users who had developed their own risk-reduction practices — including drug checking and careful dosing — and that the supply had become dangerous enough to overwhelm even those precautions (CBC News, April 16, 2026a). The drug supply is poisoned in ways that established routines are no longer sufficient to protect against.



**Street Connections is an office-based and mobile public health service in Winnipeg.** Our goal is to reduce the spread of sexually transmitted and blood-borne infections (STBBIs), including hepatitis C and HIV, and to reduce other drug-related harms.

Main Street Project has reported that the number of overdoses seen in recent weeks nearly doubled compared to earlier periods, and that approximately 10 people connected to their services died from overdoses in April alone (CBC News, April 16, 2026b). The North End Women's Centre reported assisting 18 people experiencing adverse drug reactions in just four days (CBC News, April 16, 2026b). Winnipeg Fire Paramedic Service responded to more than 2,700 substance use-related calls and administered naloxone more than 1,500 times between January and March 2026 (CBC News, April 16, 2026a).

### Shelter disruption and service displacement

N'Dinawemak — Our Relatives' Place, an Indigenous-led overnight shelter at 190 Disraeli Freeway that housed approximately 193 residents, closed on April 1, 2026 (CBC News, March 19, 2026; CBC News, March 20, 2026). The closure has displaced people from a familiar, culturally grounded support environment. Disruptions in housing and daily routines are known to increase risk of overdose for people who use drugs. This displacement continues to have effects on other downtown shelters, services, and public spaces.

### Access to supervised consumption services remains limited

A permanent, Indigenous-led supervised consumption site - to be operated by the Aboriginal Health and Wellness Centre - has been in development but is not yet open (Province of Manitoba, 2024). Existing harm reduction services, including MOPS, continue to operate but — as the only location in Winnipeg where people can use substances under trained supervision — MOPS is experiencing significant demand pressure exacerbated by severe resource limitations. People who use drugs in Winnipeg currently have limited access to environments where they can use substances with trained supervision, a resource that can save lives.

### A system under strain

Front-line organizations are reporting acute caregiver strain: increasing reports of visible overdoses, feeling underprepared to manage complex presentations, insufficient support, compounding grief, and a sense that the urgency of the situation is not being matched by the response. This matters — a fatigued, under-resourced harm reduction sector has less capacity to protect the people it serves.

## Why This Spring and Summer Are Especially Concerning

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Even when overall provincial mortality statistics show some improvement — Manitoba recorded 354 suspected substance-related deaths from January to November 2025, down from 530 over the same period in 2024 — that progress does not reflect the current local picture (CBC News, April 13, 2026). Clinicians working directly in the field have emphasized that even with the decline, someone is still losing their life in Manitoba to a preventable cause essentially every day (CBC News, April 13, 2026).

Seasonal patterns add to this concern: overdose deaths tend to rise in warmer months, when people are more likely to use outdoors, alone, and in unpredictable settings. Community fatigue and grief are real — burnout affects both people who use drugs and those who support them. And the drug supply complexity seen already this spring, with medetomidine now a near-constant presence, represents a qualitatively different level of danger than previous years.

## If You Use Drugs: How to Stay Safer

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**The drug supply is currently highly unpredictable. Exercise extreme caution with every use.**

- **Never use alone.** If you must use alone, call the National Overdose Response Service (NORS) at 1-888-688-6677 — a trained responder will stay on the line and send help if you stop responding.
- **Start low, go slow** — especially with a new supply, a new batch, or after any break from use.
- **Get your drugs checked** before you use. Drug checking is available at Street Connections, Nine Circles Community Health Centre, and MOPS. Fentanyl, benzodiazepine and medetomidine test strips are part of drug checking services at Sunshine House, Street Connections, and Nine Circles.
- **Sign up for drug alerts** at [streetconnections.ca/drug-alerts](https://streetconnections.ca/drug-alerts) and [safersites.ca/drugalerts](https://safersites.ca/drugalerts) so you know what is circulating right now.

- **Always carry naloxone and use it** — due to cross-contamination and elevated drug potency, naloxone is always recommended, even if an opioid is not expected. Naloxone alone may not be enough: rescue breathing, chest compressions, and calling 911 are essential (Street Connections, 2026a).
- Go to [MOPS](#) if you can. Using substances in a supervised setting where help is immediately available saves lives.
- **Call 911 and stay** until help arrives. Manitoba’s Good Samaritan Drug Overdose Act protects you from simple drug possession charges when you call for help.

## For People Who Care About Someone Who Uses Drugs

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You may not be able to stop someone from using substances, but you can help keep them alive.

- **Learn to recognize an overdose:** slow, shallow, or stopped breathing; blue lips or fingertips; unresponsive; gurgling or snoring sounds; pinpoint pupils.
- **Know how to use naloxone** — and know that one dose may not be enough. Call 911, give naloxone, do rescue breathing and chest compressions, and stay. Do not leave the person alone.
- **Stay connected.** Isolation increases risk. Maintaining relationships and keeping lines of communication open — without judgment — saves lives.
- **Get a naloxone kit** — they are free. Available at pharmacies across Manitoba, Street Connections, MOPS, Nine Circles, and many other locations: [manitoba.ca/health/publichealth/naloxone.html](http://manitoba.ca/health/publichealth/naloxone.html)

## What Needs to Change — The Bigger Picture

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Stigma compounds overdose harm. Safer drug use practices reduce risk, but they are not a substitute for the systemic supports people need to survive. Services need financial support. Community needs access to stable housing, addiction medicine, opioid agonist therapy, safe supply, financial resources, and freedom from stigma.

**On calls for a Public Health Emergency:** Many front-line organizations and community members have called for a formal public health emergency declaration regarding overdose events, and those calls reflect the real and urgent needs and experiences of community (CBC News, April 16, 2026b). This is similar to declarations for communicable disease events that Manitoba’s public health legislation (The Public Health Act) can authorize, as done during the pandemic (Manitoba, 2006).

## Resources

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Resource	Contact / Link
Drug checking / alerts	<a href="http://streetconnections.ca/drug-alerts">streetconnections.ca/drug-alerts</a>
MOPS (Mobile Overdose Prevention Site)	<a href="http://sunshinehousewpg.org/mops">sunshinehousewpg.org/mops</a> 631 Main St + in Community 12pm–6:30pm (Wed–Sun) Mobile central Winnipeg 6:30–9:30pm (Thu–Sat)
NORS (Never Use Alone line)	<a href="http://nors.ca">nors.ca</a> 1-888-688-6677
Naloxone program (free)	<a href="http://manitoba.ca/health/publichealth/naloxone-finder">manitoba.ca/health/publichealth/naloxone-finder</a> Available at pharmacies and harm reduction sites across Manitoba

Resource	Contact / Link
Nine Circles Community Health Centre	<a href="http://ninecircles.ca">ninecircles.ca</a>
Street Connections	<a href="http://streetconnections.ca">streetconnections.ca</a>
211 Manitoba	211mb.ca or dial 2-1-1

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Street Connections is part of Healthy Sexuality and Harm Reduction in the Winnipeg Health Authority's (WRHA) Population and Public Health Program. We follow a harm reduction philosophy. This means that we support people who use drugs in their efforts to keep themselves and their community safe. We do not judge people for their sexual and drug use practices.

Public health nurses and outreach workers staff the Street Connections van. We drive around the city every evening except Sunday. You can also find us during the day from Monday to Friday in our office on the main floor of 496 Hargrave St. <https://streetconnections.ca/>

**Street Connections is not an emergency overdose response team. Call 911 for medical emergencies.**