Getting to Tomorrow
Ending the Overdose Crisis

www.gettingtotomorrow.ca

A REPORT CARD ON MANITOBA'S RESPONSE TO THE TOXIC DRUG SUPPLY CRISIS

Getting To Tomorrow: Manitoba

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MANITOBA HARM REDUCTION NETWORK

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Report Card

The MHRN and the CDPC hosted a series of community dialogues in collaboration to evaluate the state of harm reduction in Manitoba. The discussion and evidence for each grade can be found in the full report.

A - Excellent
B - Good
C- Average
D - Below Average
F - Failure

Subjects	Grade
Decriminalization	F
Access to Harm Reduction Supplies in Winnipeg	B+
Access to Harm Reduction Supplies in Rural, Remote and Northern Manitoba	C
Naloxone access, reporting, and support for peer leadership	C
Safe Supply	D/F
Access to Managed Alcohol Programs	D
Drug Checking	F
Supervised Consumption Services	F-
Withdrawal/Detox and Treatment/Recovery Services	D
Grief and Loss Support for Overdose	F
Poverty Reduction for People Who Use Drugs	C

Getting to Tomorrow

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TABLE OF CONTENTS

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Recommendations

To reduce the number of Manitobans dying from drug poisoning, we need immediate and robust actions that are grounded in evidence, human rights and a public health approach.

We are calling on the municipal, provincial, and federal government to:

1. Recommend that police forces immediately cease expending resources on the enforcement of simple possession of illicit drugs and related offences, and redirect funding used for criminalization of substance use to evidence-based harm reduction initiatives

2. Increase funding for frontline harm reduction based organizations to expand and develop programing to respond to the crisis by reducing drug poisonings and overdose-related deaths, including supply distribution, Naloxone, Managed Alcohol Programs, support groups, and overdose grief and loss support

3. Expand access to a Safe Supply of all drugs in Manitoba, an evidence-based public health measure that will reduce drug poisonings and overdose-related deaths

4. Provide immediate support and funding for Supervised Consumption Sites and Services in Winnipeg, as well as rural communities showing readiness. This includes Pop-Up Safe Consumption services that can respond to communities in the moment to reduce drug poisonings and overdose-related deaths

5. Provide immediate support for additional community-based drug testing programs (i.e., FTIR Machines) to reduce drug poisonings and overdose-related deaths

6. Declare a public health emergency AND publicly acknowledge the drug poisoning crisis to ensure all Manitobans are aware of the current public health crisis

All of the harm reduction interventions are supported and validated by People Who Use Drugs, academics, public health experts and harm reduction advocates to save their communities.

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Background

In Fall 2022, Manitoba Harm Reduction Network partnered with the Canadian Drug Policy Coalition to host community dialogues across Manitoba as a part of their Getting to Tomorrow project. These dialogues centred the voices of people who use drugs and brought together a range of stakeholders to better understand and implement the changes needed to address the overdose crisis in Manitoba's communities. Participants discussed a variety of harm reduction measures as well as the barriers their unique communities faced to implementing them. An assessment of these measures is outlined in this document, with a particular focus on the Province of Manitoba's responsiveness in the face of an increasingly toxic drug supply and environments of hostility toward communities of people who use drugs. Unless otherwise cited, the information in this report was shared by participants of these dialogues with a range of expertise on the overdose crisis in Manitoba.

About Canadian Drug Policy Coalition

The Canadian Drug Policy Coalition (CDPC) is a coalition of 50 organizations and 6,000 individuals working to support the development of progressive drug policy grounded in science, guided by public health principles, and respectful of human rights. The CDPC operates as a project within Simon Fraser University in the Faculty of Health Sciences. The CDPC seeks to include people who use drugs and those harmed by the war on drugs in moving toward a healthier Canadian society free of stigma and social exclusion. drugpolicy.ca

About Getting to Tomorrow

National public health community dialogues organized by the Canadian Drug Policy Coalition and local community partners aimed at bringing together leaders from diverse sectors of society (business, government, health care, law enforcement) to come to a shared understanding of the overdose crisis and solutions to it. The goals are to reduce stigma, misinformation, and divisions in society preventing communities from moving forward on implementing public health- and human rights-based drug policies. gettingtotomorrow.ca

About Manitoba Harm Reduction Network

The Manitoba Harm Reduction Network works toward equitable access, systemic change, and reducing the transmission sexually transmitted and blood-borne infections (STBBI) through advocacy, policy work, education, research and relationships. We do this by administrating regional harm reduction networks that provide services, education, advocacy and events that are relevant to their specific communities. We could be described as a network of networks! mhrn.ca

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DECRIMINALIZATION

Current federal drug policies prohibit the production, possession, sale, import and export of substances the government has classified as harmful to public health or safety.[1] This prohibitionist approach to drug policy has a long and complicated history based in structural racism against Indigenous, Black, and Chinese communities[2] that continues today; while people of all races and classes use drugs, poor and racialized people are disproportionately arrested, charged, and incarcerated for drug-related crimes.In addition, the majority of drug-related charges laid in Canada are for simple possession, which specifically targets, and impacts, people who use drugs.[3] Many charges for drug trafficking also include what many people who use drugs consider to be "necessity trafficking" such as splitting, sharing, and transporting drugs, as well as selling small amounts of illicit drugs to meet their basic needs.

Criminalizing people who use drugs does not decrease drug use or make communities safer, but it does increase harm to people who use illicit drugs; it increases stigma and social isolation, stops people from seeking health and social support, and pushes people to use alone or hide their drug use increasing the risk of overdose fatalities. The criminalization and enforcement of people providing access to illicit drug supply has provided incentive for increasingly potent substances such as fentanyl and carfentanil that can be transported and distributed in smaller quantities, directly contributing to the toxic supply of drugs at the core of this crisis.[4]

To reduce the harms associated with criminalized drug use, many drug user groups and activists are calling for an immediate end to prohibitionist policies and full decriminalization of personal drug use.[5] In the Canadian context, this would eliminate all sanctions and penalties attached to drug possession and necessity trafficking, and would effectively remove drug use from the criminal justice system's jurisdiction. Other groups (also) advocate for a legalized framework through which the sale of currently illicit drugs would be regulated by provincial governments, similar to cannabis, tobacco, and alcohol regulations.[6] While a legalized framework would provide quality control and a safer supply for some, profit motivations and prohibitive regulations on purchasing could continue to perpetuate inequitable access and criminalization for some groups of people who use drugs.

[1] Health Canada, "Regulating Controlled Substances and Precursors," December 8, 2017, https://www.canada.ca/en/health-canada/corporate/mandate/regulatory-role/what-health-canada-regulates-1/controlled-substances-precursors.html.

[2] Robyn Maynard, Policing Black Lives: State Violence in Canada from Slavery to the Present. (Halifax, 2017).

[3] Statistics Canada Government of Canada, "Table 3 Police-Reported Crime for Selected Drug Offences, Canada, 2018 and 2019," October 29, 2020, https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00010/tbl/tbl03-eng.htm.

[4] Canadian Drug Policy Coalition, "Case for Reform," accessed November 11, 2022, https://www.drugpolicy.ca/our-work/case-for-reform/.

[5] "Decriminalize Now," CAPUD Decrim, accessed November 11, 2022, https://drugdecrimcanada.com.

[6] Canadian Drug Policy Coalition, "Case for Reform."

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"I believe that for some people, using substances is their pathway to parenting, living, working better."
- GTT Participant

Decriminalization is not one single policy decision, but rather a range of approaches and decisions that reduce the impact of criminalization on people. Support for decriminalization approaches range between targeted exemptions from criminal law such as for the operation of supervised consumption sites, diversion from enforcement of criminal laws, reducing offenses from criminal to less punitive regulatory offenses or administrative sanctions, legal frameworks under which the sale and purchase of drugs are regulated, and full removal of any penalties or sanctions around one or more aspects of drug use.[7]

In May 2022, Health Canada approved the first jurisdictional exemption that prevents enforcement of personal possession up to 2.5 grams of certain drugs within BC. This temporary three-year exemption effectively decriminalizes drug use for many adults in the province starting in early 2023.[8] Despite the federal government's openness to consider similar exemptions in other jurisdictions across the country, legislation which would have removed simple possession from criminal law (Bill C-216), was quickly defeated in the House of Commons that same week.

Toronto Public Health has applied for an exemption that would decriminalize personal possession within the city limits and is waiting on approval. Most other provincial and territorial governments have been hesitant to follow BC's approach, some citing their focus on disrupting supply and getting people to stop using drugs through treatment options that promote abstinence.[9]

WITHIN MANITOBA

In response to BC's decriminalization approach, Manitoba's Minister of Justice rejected the suggestion that Manitoba might follow suit, saying that the province's focus is on disrupting supply and increasing "support for those who are addicted to drugs."[10] In opposition, NDP Leader Wab Kinew has vocalized his support for decriminalizing personal possession among other harm reduction strategies. The Manitoba Association of Chiefs of

[7] Rebecca Jesseman, "Decriminalization: Options and Evidence," June 2018, 18.
[8] Health Canada, "B.C. Receives Exemption to Decriminalize Possession of Some Illegal Drugs for Personal Use," news releases, May 31, 2022, https://www.canada.ca/en/health-canada/news/2022/05/bc-receives-exemption-to-decriminalize-possession-of-some-illegal-drugs-for-personal-use.html.

[9] Sean Boynton, "Drug Decriminalization Unlikely to Be Pursued by Most Provinces despite B.C. Approval," Global News, May 31, 2022, https://globalnews.ca/news/8883410/drug-decriminalization-bc-canada-provinces/.

[10] Bryce Hoye · CBC News ·, "Manitoba Won't Ask Federal Government to Decriminalize Drugs after B.C. Earns Exemption: Justice Minister | CBC News," CBC, June 1, 2022, https://www.cbc.ca/news/canada/manitoba/manitoba-drug-decriminalization-bc-1.6472891.

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Police has officially supported simple possession, however this support was announced alongside an ongoing commitment to continue enforcement strategies that disrupt supply of all illicit drugs.[11]

Despite the public displays of support for decriminalizing people who use drugs, even in statements that do not specifically reference decriminalization but refer to supporting people struggling with addictions, a punitive approach continues to be taken and drug-related offences, including simple possession, continue to be enforced at a high rate in Manitoba.[12]

WITHIN WINNIPEG

Many community organizations, including Sunshine House, the Winnipeg Harm Reduction Network, Nine Circles and the West Central Women's Resource Centre, as well as local representatives of Overdose Awareness Manitoba and Moms Stop the Harm, have been clear in their support for the decriminalization of drugs for personal use within Winnipeg. While people who use illicit drugs and the communities of support around them have been relentlessly working to keep their communities safe during this toxic drug crisis, criminalization continues to prevent people from publicizing this life-saving work. On top of the ongoing, underfunded and unfunded harm reduction work they are already doing, peers and harm reduction groups constantly have to advocate against government policies that criminalize the services and actions that are needed to address increasing overdose deaths.

"There's a lot of amazing work happening on the ground, within community... [but] they can't advertise this, or demonstrate that it works!"
- GTT Participant

While some city councillors have been hesitant to directly call for decriminalization deferring instead to provincial authority, in May 2022 Winnipeg city council voted to support an approach that would decriminalize simple possession and medicalized safe supply provincially and federally as well as provide support for local community groups applying for targeted exemptions from the criminal laws prohibiting drug use. While an important show of support for decriminalization approaches, city council stopped short of applying for a jurisdictional exemption of personal possession for the City of Winnipeg, as the Cities of Vancouver and Toronto have done.

[11] "MACP-Position—-Decriminalization-of-Illicit-Drugs.Pdf," accessed November 11, 2022, https://macp.mb.ca/wp-content/uploads/2020/12/MACP-Position-%E2%80%93-Decriminalization-of-Illicit-Drugs.pdf.
[12] Royal Canadian Mounted Police, "Crime Statistics," April 28, 2021, https://www.rcmp-grc.gc.ca/mb/stats/index-eng.htm.

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HOW IS MANITOBA DOING?

The current approach taken by the Government of Manitoba is one that narrowly focuses on enforcement of drug laws and the provision of medicalized treatment programs. This approach criminalizes and pathologizes people for using drugs, stigmatizes drug use, and does not address the complex realities and needs of many people who use drugs, nor why they use them. Rather than support, the approach taken by the government is actively causing harm to people who use illicit drugs in Manitoba. Policy decisions regarding substance use and the overdose/ toxic drug supply crisis continue to be made with complete disregard to the experience and voices of people who are most impacted. Participants of Getting to Tomorrow repeatedly expressed their frustrations at the lack of political will to get out of the way and allow people to save the lives of their peers and community members.

In Manitoba, Decriminalization gets a grade of F, total failure to act.

HARM REDUCTION SUPPLY DISTRIBUTION

The low barrier distribution of new safer drug use supplies (including various needles/syringes, cookers, filters, alcohol swabs, sterile water, tourniquets, bowl pipes, stems, screens, mouthpieces, etc.) reduces STBBI transmission and other health risks related to reusing and sharing equipment. Making harm reduction supplies widely accessible and available for the public ensures low barrier access and helps to de-stigmatize drug use. Programs that distribute supplies often also help with collection and safe disposal of used supplies. The most effective and preferred way of receiving supplies for many people who use drugs is through peer-to-peer distribution, as people are less likely to face stigma, more likely to interact and feel safe with other people with lived and living experience of drug use. By distributing harm reduction supplies among their peers, people with lived experience are able to break down the harms of judgement and stigma, provide harm reduction education and build safer use communities.

"Education happens, even with lack of formality, it is found by mentoring, relationship building in conjunction with supply distribution which is very important"
-GTT Participant

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WITHIN WINNIPEG

The Healthy Sexuality-Harm Reduction (HSHR) team at WRHA distributes harm reduction supplies and in partnership with other teams and organizations within Winnipeg.[13] Since 2019, there has been a significant increase in designated sites with over 40 locations now distributing safer drug use supplies across the city. While there have been improvements in the availability of safer drug use supplies, people who use drugs continue to face barriers to accessing supplies, including discrimination from health care providers. Stigma, criminalization, and physical accessibility of locations can also prevent people from accessing supplies at health care settings. While many people who use drugs prefer to access supplies from their peers, restrictive policies around distribution prevent peers from acquiring enough supplies to meet the demand.

To help fill the gaps and reduce barriers created by gatekeeping access to harm reduction supply distribution, Manitoba Harm Reduction Network acquired federal funding to support 3 peer-run satellite distributions sites in Winnipeg (as well as 7 others across the province). The project is continuing until March 2023 and has seen success in the distribution of over two hundred thousand needles to 1200 unique, and 6000 repeat visitors. Additionally satellite site operators have distributed over 1000 naloxone kits. This project has limitations in the scope and availability of peer operators as well as challenges for the operators themselves.

RURAL MANITOBA

People who use drugs have inequitable access to safer drug use supplies across the province. Distribution of harm reduction supplies in Manitoba is not provincially coordinated, but is rather led by public health programs in each regional health authority, so distribution and access varies across communities in rural Manitoba. In some areas of the province there are frequent shortages, and in others specific supplies such as glass pipes are virtually unavailable. People who use drugs in rural communities report increased stigma and barriers to accessing services and supplies. Accessing supplies without anonymity puts people who use drugs at risk of discrimination, child welfare interventions, and enforcement.

[13] Street Connections, "Supply Distribution," Harm reduction supply distribution for services providers, accessed November 11, 2022, https://streetconnections.ca/supply-distribution.

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Manitoba Harm Reduction Network has supported the development of 7 peer-run satellite provinces across rural Manitoba in response to this need. The Northern Health Region partnered with the Peer Advisory Council in Flin Flon to distribute harm reduction supplies through a locker program that is accessible 24/7.[14] While communities have been creative and peer-to-peer distribution has been successful at getting supplies to people who need them without putting them at further risk, peers continuously face barriers to accessing enough supplies from gatekeeping health care providers. The location of supplies and transportation can also be an especially high barrier in rural communities, where supplies are often only available at a public health office or clinic that may not be near where people live and/or use drugs. However, peer distributors take on stigma-related risks like eviction to distributing supplies from their homes and within their communities.

"We need to be able to get supplies to where people are, not make people come to where the supplies are"
- GTT participant

HOW IS MANITOBA DOING?

While most communities in Manitoba have some access to safer drug use supplies and harm reduction supply vending machines will soon be coming to a few communities, access remains inequitable and largely controlled by health care providers. It is not safe for many people who use drugs to access harm reduction supplies from health care settings. Despite the ongoing discrimination faced by people who use drugs and the success of peer-to-peer distribution, health authorities continue to gatekeep access to harm reduction supplies and prevent widespread availability for people who are most isolated and at-risk. The Province needs to make harm reduction supplies available to peers without prohibitive restrictions on their distribution, which currently include requiring that peers be connected with an existing distribution site, operate within strict criteria and reporting, and limit how much supplies they can get.

Because of inequalities in access provincially, grades for supply distribution in Manitoba are as follows:

Winnipeg: B+
Rural, Remote and Northern Manitoba: C

[14] Play It Safer Network Flin Flon and Peer Advisory Council, "2020/21 Report," accessed November 3, 2022, https://static1.squarespace.com/static/561d5888e4b0830a0f1ed08b/t/629fa2b43655b034daf8a639/1654629045779/2021-MHRN-NETWORKS-REPORTS-FLINFLON.pdf.

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NALOXONE

Naloxone is a safe, fast-acting medication, available in intramuscular injection and nasal spray form, that temporarily reverses the effects of opioids and opioid overdose. Access to naloxone is a critical measure in addressing the overdose/drug poisoning crisis and keeping people alive. Distribution of naloxone kits without requiring a prescription has proven to be effective at reducing fatal opioid overdoses and does not increase the overall use of opioids, or overdoses.[15]

Manitoba's current Take-Home Naloxone program was introduced in 2017 and expanded in 2020.[16] This program was developed to increase access to injectable naloxone by making it available free-of-cost and without a prescription to people who are at-risk of opioid overdose as well as their friends and family members.[17] Kits from this program have reversed overdoses and prevented death across the province, however widespread access to naloxone remains limited due to the restrictions and processes set out by Manitoba Health. In order to be effective at preventing deaths among people who use drugs, naloxone needs to be widely accessible and distributed among the community.

WINNIPEG

While the availability of naloxone kits has increased in Winnipeg in recent years as more organizations become distribution sites, organizations and individuals continue to face barriers to ensuring adequate access to the life-saving medication. Common organizational policies continue to make naloxone inaccessible, including requiring that naloxone be stored in a locked location, prohibiting staff to administer it when responding to an overdose, or confiscating it from residents in some social housing. While these are policies are held by individual organizations and municipalities, not the provincial Take-Home Naloxone Program, the program should be advising and supporting the creation of more accessible policies to the sites it supplies.

[15] Wai Chung Tse et al., "Does Naloxone Provision Lead to Increased Substance Use? A Systematic Review to Assess If There Is Evidence of a 'Moral Hazard' Associated with Naloxone Supply," International Journal of Drug Policy 100 (February 2022): 103513, https://doi.org/10.1016/j.drugpo.2021.103513.
[16] "Province of Manitoba | News Releases | Manitoba Government Enhancing Access to Naloxone," Province of Manitoba, accessed November 11, 2022, https://news.gov.mb.ca/news/print,index.html?item=50064.
[17] "Take-Home Naloxone Distribution Program," Province of Manitoba - Health, accessed November 11, 2022, https://www.gov.mb.ca/health/publichealth/naloxone.html.

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RURAL MANITOBA

Access to naloxone is particularly limited in rural communities across Manitoba. Distribution sites in smaller communities tend to be limited to public health offices, community health centres, and a few pharmacies and community-based organizations (including Manitoba Harm Reduction Network's local offices). Most of these sites require people to travel to the office during specific hours to access kits. In areas where there are no distribution sites, pharmacies may be nearby but few pharmacies provide these kits free-of-cost, except to those with a status card. Partnering with businesses such as gas stations to provide naloxone distribution after hours has also been shown to be successful in at least one rural area of Manitoba, however restrictions on distribution sites prevent this from being replicated or expanded.[18]

Organizations report ongoing shortages and struggle to meet the high demand for naloxone under current restrictions and operating structures. There is a need for more access to naloxone after regular business hours and more widespread outreach distribution in areas where transportation is inaccessible.

"We need to flood the province with naloxone"
-GTT Participant

In smaller communities where anonymity is limited or impossible, the impacts of stigma can be particularly harmful. There is a high demand for naloxone in these communities, however people who use drugs in rural areas face unique barriers that could be met with more anonymous distribution methods like mail order naloxone or vending machines. People who use drugs themselves are most often first-responders to overdoses, but continue to face barriers to receiving kits and distributing them within their communities.

HOW IS MANITOBA DOING?

Manitoba's current Take-Home Naloxone program falls short of ensuring consistent widespread access to the life-saving drug necessary to effectively respond to the overdose crisis. To distribute kits, organizations have to apply and be approved by Manitoba Health to become a distribution site. These sites can provide kits to the public under restrictions limiting who is eligible, how many kits a person can receive at a time, and data collection requirements. Organizations struggle to get enough kits to meet the demand through a complex ordering system and kits from one distribution site cannot be given to businesses, other organizations, or health care providers.

[18] Manitoba Harm Reduction Network, "Businesses as Naloxone Distribution Sites," Spring 2021, https://static1.squarespace.com/static/561d5888e4b0830a0f1ed08b/t/6189a3225ca000287d19fa07/1636410148590/2021-MHRN-BNALOX-REPORT-FIN.pdf.

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While each kit typically has 4 doses, due to the increasingly toxic drug supply, overdoses sometimes require 5 or more doses to reverse. While people who use drugs are most effective at distributing naloxone kits to people most at-risk of opioid overdose, the 2 kit limit makes this impossible. Many people find nasal spray naloxone more accessible to use, however naloxone kits provided by Manitoba Health are limited to intramuscular injection.

The Province of Manitoba needs to make naloxone widely accessible through a variety of distribution methods including partnering with storefronts and other sites that are open longer hours and other anonymous options.

For these reasons the grade for Manitoba is C.

SAFE(R) SUPPLY

Safe supply, sometimes called safer supply, refers to a legal and regulated supply of the drugs that people use "that traditionally have been accessible only through the illicit drug market."[19]

Calls for a safer supply of the drugs that people use are not new, however recent advocacy around the need for safer supply has become more urgent as the increasing toxicity and poisoning of the criminalized drug supply continues to exacerbate a crisis that has left more than 1016 people dead in Manitoba and more than 29,459 across Canada from 2016 - 2021.[20] COVID-19 restrictions as well as targeted "drug busts" purportedly aimed at addressing the crisis have further compounded these risks as sporadic disruptions in supply chains contaminate and restrict the illicit drug supply.21

The introduction of fentanyl and other potent contaminants, and increasingly unpredictable combinations of drugs have increased the risk of overdose and death for people who use illicit drugs. Since opioids have been impacted more than other drugs, much of the advocacy and information available is focused on providing a safer supply of opioids. However, there are also increasing risks associated with using other drugs, such as cocaine (crack or powder) and methamphetamine, from an illicit and unregulated supply.

[19] Canadian Association of People who Use Drugs, "Safe Supply Concept Document," February 2019, 16.

[20] Government of Canada, "Opioid- and Stimulant-Related Harms in Canada," September 2022, https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/; Stephanie Cram, "More Manitobans Died of Overdose Deaths in 2021 than Ever before: Chief Medical Examiner's Data," CBC News, April 9, 2022, https://www.cbc.ca/news/canada/manitoba/overdose-deaths-record-2021-1.6414624.

[21] "Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.Pdf," accessed November 11, 2022, https://www.bccsu.ca/wp-content/uploads/2020/04/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.5.pdf.

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There are various models of dispensing drugs to people accessing safer supply that range from and within medical models that rely on the prescription of pharmaceuticals by health care professionals to community-based regulation and distribution models like compassion clubs. [22]

Health Canada has supported safe supply through the funding of at least 17 safer supply projects across Canada in the last two years and the approval of prescription injectable hydromorphone (Dilaudid) and diacetylmorphine (the active ingredient in heroin) in 2019.[23] However, requirements for individual prescribers are regulated by provincial and territorial bodies, and doctors and pharmacists are reluctant to prescribe and dispense opioids as safer supply fearing disciplinary repercussions from their respective colleges.[24] The College of Physicians and Surgeons of Manitoba references the "evidence of benefit" of iOAT for patients at risk of overdose from opioid injection drug use in a practice manual current as of September 2022, however states that this option is "not currently available in Manitoba" and does not provide further guidance for physicians.[25] While they remain a critical intervention for some people, the drugs provided through traditional forms of Opioid Agonist Therapy (OAT), such as methadone, buprenorphine/suboxone, and slow-release oral morphine (Kadian) are generally considered to be substitutes rather than a safe supply by people who use opioids.

"we need to shift from only a medicalized approach"
GTT Participant

While support for a medicalized distribution of safer supply is increasing, many people who use drugs are critical of the barriers with the medical model, which gatekeeps access and maintains the criminalization of community-based models of regulation and distribution. Medical models of safer supply also tend to impose treatment goals such as reducing an individual's drug use, whether or not the individual shares that goal.

[22] Canadian Association of People who Use Drugs, "Safe Supply Concept Document"; "Report-Heroin-Compassion-Clubs.Pdf," accessed November 11, 2022, https://www.bccsu.ca/wp-content/uploads/2019/02/Report-Heroin-Compassion-Clubs.pdf; "DULF Website," DULF, accessed November 11, 2022, https://www.dulf.ca.

[23] Health Canada, "Federal Actions on Opioids to Date," transparency - other, September 18, 2020, https://www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html.

[24] "Safer Supply for Health Care Providers: Frequently Asked Questions," National Safer Supply Community of Practice, accessed November 11, 2022, https://www.nss-aps.ca/safer-supply-prescribers-faq.

[25] "Alternative Guidance - Alternative Treatment Approaches for OUD Including SROM.Pdf," accessed November 11, 2022, https://cpsm.mb.ca/assets/PrescribingPracticesProgram/Alternative%20Guidance%20-%20Alternative%20Treatment%20Approaches%20for%20OUD%20Including%20SROM.pdf.

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OUTSIDE OF MANITOBA

Two clinical studies that ran from 2005-2015 out of Vancouver demonstrated the safety of prescribing safer supply of injectable diacetylmorphine (heroin) and hydromorphone (Dilaudid) as iOAT as well as the social and health benefits to long-term street opioid users who were not benefitting from other treatments like traditional OAT. Following the success of these studies, a few small-scale safer opioid supply programs were developed by physicians in Vancouver, London, Ottawa, and Toronto.

Despite drastic spikes in overdose deaths across the country and the success of these programs in preventing deaths for those at-risk, there was little to no support by the provincial or federal governments to expand access to safer supply until 2019 when Health Canada approved iOAT prescriptions and began funding safe supply pilot projects across the country. These projects vary but some also prescribe pharmaceutical alternatives for people who use methamphetamine and a range of "off-label" medications as safe supply, including fentanyl.[26] Starting in Vancouver and later expanding to Victoria, London, and Sydney, MySafe pilot projects dispense hydromorphone tablets (Dilaudid) as Tablet injectable Opioid Agonist Treatment (TiOAT) through a verified identity dispenser, although these lower barrier dispensers are more commonly known as vending machines.[27]

In response to COVID-19 and the exacerbated risks of withdrawal and overdose for people who were using illicit substances, clinical guidance on prescribing and increasing access to safer supply beyond its use as iOAT or TiOAT (which are typically associated with imposed goals of reducing drug use or treating substance use disorders) was supported by Health Canada and various provincial and territorial governments.[28]

The BCCDC released a report in February 2019 arguing for the benefits of a heroin compassion club cooperative, owned and operated by its members.[29] In Vancouver, the Drug Users Liberation Front (DULF) and Vancouver Area Network of Drug Users (VANDU) have been providing safer tested drugs, including cocaine, heroin, and methamphetamine, through a community-based non-profit compassion club model. Operating without a federal exception to the Controlled Drugs and Substances Act, this life-saving work is being done illegally and members risk arrest by providing safer tested supply. Other models of community-based safer supply, such as peer-to-peer drug diversion, are also common across Canada although publicly available information is limited due in part to the risks associated with criminalization.

[26] Health Canada, "Safer Supply Pilot Project Findings," program results, March 17, 2022, https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/safer-supply/early-findings-safer-supply-pilot-projects.html; Health Canada Government of Canada, "Interactive Map: Canada's Response to the Opioid Crisis," May 22, 2018, https://health.canada.ca/en/health-canada/services/drugs-medication/opioids/responding-canada-opioid-crisis/map.html.
[27] "MySafe Society," accessed November 11, 2022, https://mysafe.org/.
[28] Mental Health and Addictions, "B.C. Introduces New Prescribed Safer Supply Policy, a Canadian First | BC Gov News," July 15, 2021, https://news.gov.bc.ca/releases/2021MMHA0035-001375.
[29] "Report-Heroin-Compassion-Clubs.Pdf."

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WITHIN MANITOBA

Due to stigma and fears of disciplinary action from their respective colleges and judgement from their colleagues, there are very few health care professionals in Manitoba willing to prescribe a safer supply of opioids, and no public information on the prescribers who do. Much more common are reports of prescribers non-consensually tapering prescriptions that people rely on and have become dependent on, leaving them limited to illicit supplies to meet their needs. These reports fit into the larger counterproductive push toward deprescribing by prescriber colleges that maintained opioid overprescribing was at the root of increased rates of overdose and reliance on opioids.

Because of stigma, inequitable access to health care, and the power health care professionals hold over people's access to safer supply, many people who use drugs in Manitoba advocate for community-based decriminalized models of safer supply distribution. This access is especially important in smaller communities that have to travel to receive health care and harm reduction services.

"it's difficult to generate support because you have to play it really close to the chest; saying something might jeopardize the possibility of that thing occurring"
- GTT Participant

While there is a lot of work happening within communities to create safer access to drugs, this work has had to be done quietly and therefore much has gone unrecognized. Criminalization has made it too risky to publicize and demonstrate the effectiveness of safer supply models that already exist in Manitoba. Drug busts continue to increase risks as people who use drugs lose access to a 'known supply' of drugs that may be safer than one that is unknown.

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HOW IS MANITOBA DOING?

Safer supply continues to be virtually inaccessible throughout Manitoba. With decades of research from both within and beyond Canadian contexts demonstrating the positive health and social impacts of providing safer supply,[30] and a crisis of preventable deaths caused by a toxic drug supply, the inaction from the government to allow and provide access to safer supply is inexcusable.

To adequately address the fatal overdose crisis and ensure equitable access for people who use drugs from a currently illicit supply in Manitoba, the government needs to support both community-based models and medical models of safer supply distribution and immediately expand access to safer supply of a variety of substances that people use.

Winnipeg having more prospects due to interest of prescribers gets an elevated grade of D, while the rest of Manitoba, still lacking these things, gets an F.

MANAGED ALCOHOL PROGRAMS

Managed Alcohol Programs (MAPs) provide reliable access to beverage alcohol for people impacted by harms related to chronic alcohol use. These programs take a harm reduction approach that does not require abstinence and are particularly important for people who are experiencing homelessness, living in poverty, and who often use alcohol that has not been produced for consumption.

"MAPs will change the conversation around alcohol"
- GTT Participant

Harm reduction approaches recognize that people use substances such as alcohol for many different reasons that make sense or have made sense for them in the past. Not all people who use alcohol want or are ready to stop using, and abstinence-based programs do not meet the needs of those who do not have sobriety as an immediate goal.[31] People who are unhoused and/or living in poverty face barriers to consistently accessing beverage alcohol (alcohol that has been produced for consumption), and are more likely to rely on more accessible and lower cost non-beverage alcohols such as mouthwash or hand sanitizer, which are associated with much higher health risks than beverage alcohols.

[30] "Safe Supply: What Is It and What Is Happening in Canada?," CATIE - Canada's source for HIV and hepatitis C information, November 8, 2021, https://www.catie.ca/prevention-in-focus/safe-supply-what-is-it-and-what-is-happening-in-canada.
[31] Sunshine House and Substance Consulting, "Managed Alcohol Programs in Manitoba: Feasibility Report," 2019, https://www.sunshinehousewpg.org/publications.

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Withdrawal from alcohol can also cause some of the most severe symptoms of withdrawal and health risks, including death. People who are unhoused and/or are living in poverty face additional harms related to what they have to do to avoid alcohol withdrawal, including engagement in criminalized street survival economies.

Managed Alcohol Programs ensure that people who are impacted by harms associated with chronic alcohol use have consistent access to a safer supply of beverage alcohol, which has been demonstrated to improve the overall health and wellness of individuals and the communities around them, as well as reduce costs of public health care.[32] Programs that impose treatment goals, punish participants for using outside of the program, or restrict participants' supply to a maintained dose that does not provide enough alcohol for intoxication continue to limit access to services to those who are most impacted by chronic alcohol use and can leave people reliant on non-beverage alcohol. As a harm reduction approach it is important that MAPs centre the needs and collaborative decision making of participants, and recognize that there isn't one approach that will work for every person.

WITHIN WINNIPEG

While there have been a variety of successful informal or pilot MAPs, such as services provided for those who are hospitalized, in longer-term care facilities, or isolating in relation to COVID-19, there are currently no formal MAPs operating in Winnipeg. There is, however, a high need and a broad base of support and dedicated effort to develop one within the city, particularly one that is Indigenous-led.

Despite the completion of a comprehensive feasibility study in 2019 with clear steps outlined to support the development of MAPs within Manitoba[33] and the success of a pilot program at Sunshine House/a local community organization, there is still no MAP operating in Winnipeg.

[32] Sunshine House and Substance Consulting; Winnipeg Harm Reduction Network, "Harm Reduction Services in Winnipeg: A Consolidating Report and Call to Action" (Winnipeg, Mb: Manitoba Harm Reduction Network, February 2, 2022).

[33] Sunshine House and Substance Consulting, "Managed Alcohol Programs in Manitoba: Feasibility Report," 2019, https://www.sunshinehousewpg.org/publications.

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RURAL MANITOBA

There is a need for harm reduction programming like Managed Alcohol Programs for chronic alcohol use in rural Manitoba, however in many communities, knowledge about MAPs and harm reduction support for alcohol use is limited. Alcohol consumption has been on one hand normalized, and on the other stigmatized when it is associated with people who are unhoused or living in poverty. Since alcohol, and its use, is regulated through a legalized framework, harms associated with chronic alcohol use are faced disproportionately by those who do not have equitable access to alcohol available for purchase. There is a need for more education and awareness in communities where stigma prevents people impacted by chronic alcohol use from accessing harm reduction services. There are also concerns that if MAPs are implemented with imposed treatment goals, strict rules and supply limits, that the people who might benefit the most from them won't be interested or eligible to participate.

"The focus is on [abstinence-based] treatment, but we don't talk about the dangers of alcohol withdrawal"
- GTT Participant

Access to safe and stable housing is an additional consideration with unique barriers faced in rural communities. In the recent feasibility study conducted on the development of MAPs in Manitoba, addressing housing conditions was deemed a required step in the success of a MAP and any other harm reduction responses to chronic alcohol use in Thompson. An acute MAP has since been developed in Thompson in response to the increased risks of isolating with COVID-19, but this has remained limited to clients in isolation.[34]

With the support of Dr. Barry Lavellee, a MAP has recently been developed in Shamattawa without the support of government funding. While evaluative information is preliminary and not publicly accessible, some people close to the project have noticed significant positive impacts including decreased costs associated with health care.

[34] "The Canadian Managed Alcohol Program Study (CMAPS) - University of Victoria," UVic.ca, accessed November 11, 2022, https://www.uvic.ca/research/centres/cisur/projects/map/index.php.

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HOW IS MANITOBA DOING?

The Manitoba government provides class-based inequitable support for people who use alcohol. While policies and services recognize the need for access to alcohol as an essential service (for example by ensuring liquor stores can stay open throughout pandemic-related closures to reduce harm), people living in poverty or who don't have a fixed address continue to face barriers to this same access.

"[The Manitoba government] makes sure people can buy alcohol on Sundays, but doesn't support people who want to use it in a safe space or harm reduction treatments [for people who can't afford to]."
- GTT Participant

Managed Alcohol Programs are one important harm reduction measure that the government can support and implement to address the harms related to chronic alcohol use for people without access to reliable adequate income, who are unhoused or precariously housed, and/or who use non-beverage alcohol.

Currently, the only MAPs operating in Manitoba are in some acute, emergency, or isolated health care settings, and the pilot project in Shamattawa. Otherwise, no other formal MAPs are operating in Manitoba, despite broad support for their development by peers, frontline staff, community organizations, and policy makers and clear steps set out in a comprehensive community-based feasibility study.

The only thing improving Manitoba's grade in Managed Alcohol Programs is the one, currently operating program in Shamattawa. For this reason the grade is elevated from an F to a D.

SUPERVISED CONSUMPTION SITES AND SERVICES

Supervised consumption sites (SCS) are facilities that have been granted an exemption from federal drug possession laws by Health Canada to allow the medical supervision of people using their own illegal substances, in order to reduce injury and provide overdose response. Using drugs alone is one of the biggest risk factors for overdose fatality. SCS provide safer places where people can use drugs without being alone, and where others are able to respond in the case of an overdose. Most supervised consumption sites in Canada including Insite, North America's first and longest operating supervised injection site, have never had a fatal overdose occur in the facility, despite thousands of overdose

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interventions and reversals.[35] SCS are especially critical services for people who do not have other places to go, who may be isolated from drug-using communities, or who are looking to connect with more health and social services. While SCS models vary, most exist alongside other health and social services and allow people to snort, swallow, and inject their drugs, but few allow inhalation within their facilities. This remains a barrier for people who smoke drugs, and has led to some people using just outside the facility in order to receive some services and decrease their risk of fatal overdose.

"What is working now is our strong peer network, our strong connection. Not one without the other."
- GTT Participant

While sometimes used interchangeably, Overdose Prevention Sites (OPS) are peer-run community-based responses to the toxic drug crisis and do not typically apply for or operate with an exemption. As such, they require the support of municipal and provincial governments or operate at risk of enforcement of federal drug laws. Many SCS and OPS in Canada that currently operate with an approved exemption began as unsanctioned OPS that operated outside of the healthcare system and federal drug laws to respond to an immediate need and save lives.[36] Peer-run sites and services tend to be more effective at meeting the needs of people who use drugs.

WINNIPEG

Sunshine House just received the first exemption from Health Canada in Manitoba to operate a Mobile Overdose Prevention Site in Winnipeg. Until this recent decision, there were no sanctioned SCS or OPS in Manitoba. Main Street Project is also currently seeking an exemption for a SCS called Overdose Prevention & Education Nest, but facing lengthy delays in a decision from Health Canada.

There is a high need for safer places for people to consume drugs in Winnipeg and broad support for supervised consumption sites among people who use drugs and community-based organizations.[37]

[35] BC Centre for Excellence in HIV/AIDS, "BC-CfE's Supervised Consumption Site Saves Lives," February 23, 2022, https://www.bccfe.ca/blog/bc-cfes-supervised-consumption-site-saves-lives.
[36] BCCSU, "Supervised Consumption Services Operational Guidance," accessed November 12, 2022, https://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf; Canadian Association of People who Use Drugs, "This Tent Saves Lives: How to Open An Overdose Prevention Site," August 31, 2017, https://static1.squarespace.com/static/5ef3cdaf47af2060a1cc594e/t/608c2b80be846a30f04b521c/1619798915514/This+tent+saves+lives_CAPUD_20170831.pdf.
[37] S.G. Marshall et al., "Winnipeg Safer Consumption Spaces Consultation and Needs Assessment." (Winnipeg, Mb: Safer Consumption Spaces Working Group, 2019); Winnipeg Harm Reduction Network, "Harm Reduction Services in Winnipeg: A Consolidating Report and Call to Action."

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In Winnipeg, people use drugs in many different parts of the city, so access to SCS requires that multiple sites and options are available. Earlier this year, city council voted to support organizations applying for exemptions in order to provide supervised consumption and other harm reduction services, however a recent change in mayor and council may threaten this support.

In response to an immediate need to respond to increasing overdose deaths and the absence of sanctioned supervised consumption sites, people who use drugs and harm reduction organizations have informally been providing supervised consumption services without the support of funders or the government, and at risk of enforcement of federal drug laws. Overdose prevention sites and places where people are able to respond to overdoses exist informally in peer-run spaces and homes, at pop-up sites near where people use drugs, and in community organizations where people use drugs in public washrooms.

RURAL MANITOBA

There are currently no formal supervised consumption sites or overdose prevention sites operating in rural Manitoba, despite high need for these services amidst increasing risks of overdose and death associated with illicit drug use. While peer-supervised consumption and overdose response are common in the homes of people who use drugs across Manitoba, peers continue to face enforcement, eviction, and stigma within their communities for providing this harm reduction support.

"We need to find a way to support the work already being done by peers and find ways to reduce the risks for them"
- GTT participant

In many rural communities, the criminalization of and stigma associated with drug use and people who use drugs have kept broader support for the development of supervised consumption services low. People who use drugs in rural communities face unique barriers to accessing these services because of the lack of anonymity in smaller communities and access to transportation. People who use drugs in many rural communities say they need more community engagement and education to break down harmful stigma for supervised consumption services to be safe and accessible. There is also a need for more mobile services and support for informal peer services within communities where transportation to a central location is not accessible.

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HOW IS MANITOBA DOING?

The approach taken by the Government of Manitoba has been completely antagonistic toward harm reduction measures like supervised consumption services that recognize the complex realities of people who use illicit drugs and the value of their lives.

Recent comments from Mental Health and Community Wellness Minister, Sarah Guillemard, that "the strongest harm-reduction strategy is actually to encourage individuals off of the drugs that are harmful" exemplify an approach grounded in ideological stigma and coercion.[38] These comments come in the aftermath of the Manitoba government obstructing Winnipeg community organization Sunshine House's efforts to reverse overdoses and prevent deaths through their Mobile Overdose Prevention Site. While other provinces have explicitly supported and taken steps to ensure that community-based responses to the overdose crisis can be developed, Manitoba's government has consistently stood in the way and opposed these life-saving responses. For example, Ontario has obtained a province-wide exemption from Health Canada to permit Overdose Prevention Sites and BC explicitly supports the operation of a variety of OPS without a federal exemption through Emergency Health Act Provincial Orders. Manitoba, however, has obstructed various attempts for community-based organizations to provide these services and prevent overdose deaths. To save lives, people who use drugs and their communities continue to provide overdose response in creative ways, risking enforcement of federal drug laws because of the provincial government's carceral approach to drug use.

"[There are] lots of creative ideas from the community on how really any space can become a safer place for people who use drugs. But a big part has to be around destigmatizing drug use."
GTT Participant

People who use illicit drugs need safe spaces to consume drugs. While medical supervision in a supervised consumption site can be an important harm reduction measure for some, many people who use illicit substances prefer non-medicalized spaces within their own communities that centre community building, are culturally grounded, and are led by peers. There needs to be more engagement from all community members in overdose response and in breaking down stigma around drug use, so that communities are able to act from a place of support and compassion rather than fear. Approaches that centre community destigmatize drug use and community members who use drugs.

[38] CBC News, "Advocates Urge Manitoba to Get on Board with Supervised Consumption Sites," CBC, November 4, 2022, https://www.cbc.ca/news/canada/manitoba/advocates-supervised-consumption-sites-1.6640252.

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People who use illicit drugs and their communities need the government to stop obstructing the life-saving and life-giving work that they are already doing in their communities. For the provincial government to adequately address the current overdose crisis and toxic drug supply crisis, they need to provide explicit and immediate support and funding for supervised consumption services and overdose prevention sites across the province.

The complete systemic opposition to SCS in Manitoba garners a grade of F, despite amazing work being done in community on this issue.

DRUG CHECKING SERVICES

Drug checking is a harm reduction service that gives people information about what is in their drugs in order to make informed choices about their use including taking steps to reduce risks of potential harm. Drug samples are analyzed either to check for the presence of a certain drug/ chemical, or to provide a complete breakdown of the components.

Drug checking can be done through one or more techniques including the use of strips to test for the presence of fentanyl or benzodiazepines, liquid reagent tests that change colour to identify the presence of various substances, or machines that provide a more complete breakdown of components, such as fourier-transform infrared (FTIR) spectroscopy.

Drug checking services have been in use for many years, primarily in nightclub, rave, and festival settings. With the increasing toxicity of the drug supply, access to easy and effective drug checking within communities of people who use drugs has become an important overdose prevention strategy.

WITHIN WINNIPEG

Drug checking services within Winnipeg are limited and where they are available, are typically privately funded. Test strips that identify the positive presence of fentanyl or benzodiazepines are available through a few harm reduction organizations, including Sunshine House's MOPS. After being denied public funding for the purchase, Sunshine House successfully crowdfunded for a FTIR machine that will be operated by MOPS staff alongside other overdose prevention services. Project Safe Audience also offers free drug checking with reagent testing, however access is mostly limited to raves and festivals around Winnipeg. Harm reduction organizations within Winnipeg continue to call for the public funding of drug checking services that are accessible and useful for people who use drugs. This includes making test strips accessible alongside other safer drug use supplies, and funding community organizations to purchase drug checking machines and provide drug checking services for their communities.

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RURAL MANITOBA

In rural areas of Manitoba where services are more spread out, access to test strips is even more limited. With the exceptions of a few non-profits who have purchased some to distribute, they are virtually unavailable in most communities.

HOW'S MANITOBA DOING?

The Province of Manitoba does not fund any drug checking services, and they remain inaccessible for most people who use drugs in Manitoba. Alongside regional health authorities, the Province of Manitoba should immediately fund fentanyl and benzodiazepine test strips through existing harm reduction distribution systems. There is a demand for fentanyl test strips across the province,[39] which are particularly important for reducing overdose by people who use stimulants such as methamphetamine and cocaine, and other non-opioid drugs.

Some people who use opioids do not find fentanyl test strips useful, as they do not give you information on how much of the drug is in the sample, which analogue, or what other contaminants might be in it. For someone who is looking to use, or okay with using, fentanyl, these strips may not provide the information someone needs to reduce their risk of overdose. To reduce overdose risk for people who use opioids, the province must also fund and support drug checking services that provide people with a complete breakdown of the components of their substances, such as gas chromatography/mass spectroscopy. Since these machines are cost-prohibitive and require training to use, community-based organizations that employ peers and that are in communities where people are using drugs, need funding and support from the province to increase access to these services.

Aside from the great work being done by Sunshine House, Project Safe Audience and other community based agencies to privately fund drug checking reagents and test strips, the province received a grade of F for the lack of support for these services.

WITHDRAWAL MANAGEMENT SERVICES (DETOX)

Withdrawal management services (WMS) encompass any medical or non-medical support for individuals as they reduce or stop using a substance to help minimize harms associated with withdrawal.

Individuals need different kinds of services and support depending on the substance they're withdrawing from, their level of dependency, and any additional needs, health concerns, and risk factors they may have. Services vary, with some being medically supported, social, in or outpatient, mobile, community-based, and/or peer-based support.

[39] Manitoba Harm Reduction Network. Supply Access - A Quick Survey. 2022.

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"Waitlists Kill"
- GTT participant

The abrupt discontinuation of substances can be associated with harmful and life-threatening side effects. There is a critical need for WMS to be available and accessible by people on demand, close to their own home or community, that is responsive to their needs. WMS are also often a first point-of-contact for people to access health care and additional supports around their relationship to substance use, including longer-term treatment programs and support services.

As with other harm reduction measures, withdrawal management can support people in a range of goals around substance use, including, but not limited to, abstinence. WMS can also provide support for people who want to take a temporary break from drug use, reduce their tolerance and use, and/or change their use to receive medical care. Community members often provide withdrawal management support to their peers, including through peer-supported tapers, education, and supervision, but lack the support of systems and access to resources such as safer supply, to be able to provide this consistently and safely.

WITHIN WINNIPEG

There are a range of medical and non-medical WMS offered within Winnipeg, available in mobile/community access as well as in-patient facilities. In-patient services offered through the Addictions Unit at Health Science Centre (HSC) are available for individuals determined to have a higher risk of acute medical issues while withdrawing from substances, such as seizures or complex needs related to pregnancy. Main Street Project operates two facilities that provide non-medical WMS for individuals who have received medical clearance and are not considered to have higher medical risks associated with their withdrawal. While capacity and access to these programs have increased over recent years due to additional funding and partnership with RAAM clinics, these facilities continue to be operating at capacity and service users face prohibitive and life-threatening waitlists.

In-patient withdrawal management services, especially those run out of health care settings and that offer medical support, are often operated within restrictive abstinence-based models that do not meet everyone's needs. Many people who withdraw from substances prefer to do so at home because of restrictive policies such as prohibiting smoking and consumption of substances other than the substance the person is withdrawing from as well as not being able to call loved ones for the first two weeks of a person's stay. Participants of Getting to Tomorrow also report that many in-patient and on-site WMS are not inclusive of or safe for many LGBTQ2S+ people, and that requirements of doctor's notes and ID create additional barriers.

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Following the 2018 release of a provincial evaluation of mental health and addictions services, commonly known as the VIRGO report, Klinic launched a Mobile Withdrawal Management Services (MWMS) program that provides support to individuals who have been cleared as "psychiatrically and medically stable," having no anticipated severe or complicated withdrawal symptoms such as seizures, and safe to withdraw from substances in their own home or another community-based location.[40] Short Transitional Access to Recovery (STAR) beds are available for people who are unhoused or require safe accommodation to withdraw from a substance. Klinic's MWMS offer more accessibility and flexibility to meet some people's withdrawal management support needs and generally have lower wait times for service, although services are not available on demand. Abstinence from any substance is also not required to access support, allowing more people to get services that support their own goals around their use.

"Someone's substance use is a very small part of who they are as an individual"
- GTT Participant

While some improvements have been made in the accessibility of WMS within Winnipeg, there are still many gaps in the services available for people who need them. Many people who use substances would benefit from services that employ and centre the experience of people with lived experience of withdrawal and within their own communities. There is a need for more low barrier services that can be available immediately on a drop-in basis or on demand and for those who may want support for shorter periods of time.

WITHIN MANITOBA

There is minimal access to withdrawal management services (WMS) outside of Winnipeg. While some larger communities, such as Thompson and Brandon, have a few dedicated withdrawal beds within the hospital or other facilities, most people in rural Manitoba are required to travel to Winnipeg to access WMS. Services that do exist typically impose abstinence-based treatment goals and restrictive barriers such as prohibiting the use of other substances including cigarettes and cannabis, which do not meet the needs of all people who use drugs. People with children or pets, who are unable to take time off work, or who cannot afford transportation face additional barriers to accessing care from in-patient facilities and services outside of their own communities. There is a need for more flexible and low barrier supports for people to reduce or stop their use closer to home and within their own communities.

[40] "Mobile Withdrawal Management Service," Klinic Community Health, accessed November 12, 2022, https://klinic.mb.ca/health-care/specialized-services/mobile-withdrawal-management-service/.

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"We need a sustainable and consistent network of care for rural areas"
- GTT participant

HOW IS MANITOBA DOING?

Despite some increase in access following the 2018 VIRGO report, access to WMS across Manitoba continues to be inequitable and high-barrier. The death of Lee Earnshaw and responding inquest exposed what people who use substances have been saying for many years, that lengthy waitlists for detox have deadly consequences.[41] This is particularly critical during the current crisis where people waiting for access to WMS are reliant on a toxic drug supply. There is an urgent need for more low barrier accessible WMS models for people who need both medical and non-medical support right away.

The services that do exist across Manitoba do not meet the needs of many people who use substances. Stigma and abstinence-based ideologies inform the approaches taken by many of the current services offered in health care and in-patient settings. Restrictive policies and imposed treatment goals prevent many people from accessing services that meet them where they're at with their goals around substance use.

"Why can't I use drugs and still be seen as capable?"
- GTT Participant

Many People who use substances need more low-barrier, immediate support in safer spaces that people can access without having to commit to 14-day stays, such as out-patient, drop-in, and other flexible models that can be creative in meeting individual needs. People who have lived experience in withdrawal from substances are able to provide valuable support and education to their peers, including sharing strategies for reducing use, transitioning methods of use, and minimizing withdrawal symptoms. Peers are rarely meaningfully involved or employed by current WMS, and face barriers such as criminalization and lack of resources to provide this support within their own communities.

The integration of harm reduction approaches within all WMS models is a critical measure that would save lives and increase the accessibility of WMS services. For example, current WMS in Manitoba rarely include harm reduction support for people who use or may use

[41] Office of the Chief Medical Examiner - Manitoba, "Media Release - Inquest into the Death of Lee Earnshaw," Media Release (blog), February 3, 2022.

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opioids after a period of abstinence, despite the high risk of overdose. People who use opioids instead report being turned away from services due to this risk. A harm reduction approach would centre the needs, realities, and goals of the people who are accessing the service, rather than increasing risk of harm by imposing ideological abstinence-based treatment goals and models that do not meet everyone's needs.

Although impressive progress has been made, particularly in Winnipeg, adequate detox services are still incredibly limited, earning Manitoba a D grade.

TREATMENT/RECOVERY SERVICES

Services that can support people who are trying to stop, reduce, take a break from, or develop a better relationship to their use of substances are commonly known as treatment or recovery services. While these services are often offered within a medicalized model of "addiction" or "substance use disorder," many people prefer healing-centred support that acknowledges and works to address the systemic conditions under which people are harmed and may use substances to cope or survive.

"Everyone's journey is different"
- GTT Participant

Just as the relationships that people have with substance use are varied and complex, so is there a need for a wide variety of different accessible and collaborative services that can support people in their goals around their substance use. Some examples of different services include substance use counselling, residential treatment centres, peer groups, Opioid Agonist Treatment (OAT), community-based programming, transitional supportive housing, and cultural healing and ceremony.

Opioid Agonist Treatment (OAT) typically refers to the prescription of substitutes for people who use opioids as treatment for "opioid use disorder."[42] Daily prescriptions of methadone (Methadose), buprenorphine (Suboxone), or slow-release oral morphine (Kadian) can prevent withdrawal symptoms and/or support people dependent on opioids to reduce or stop their use of opioids. More recently, injectable hydromorphone (Dilaudid) and diacetylmorphine (the active ingredient in heroin) have also been approved and prescribed as injectable Opioid Agonist Treatment (iOAT) for people with "severe opioid use disorder."[43] Depending on a person's goals around their substance use (which are sometimes imposed onto people by service providers), iOAT prescriptions can be utilized as 'treatment' and/or as a safer supply. Access to OAT and iOAT is an important harm reduction measure that reduces reliance on an illicit and poisoned drug supply, allowing people who use drugs more stability to focus on any goals around their substance use.

[42] "Alternative Guidance - Alternative Treatment Approaches for OUD Including SROM.Pdf."
[43] Canada, "Federal Actions on Opioids to Date."

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RURAL MANITOBA

People who use drugs in most rural areas of Manitoba do not have access to collaborative treatment and recovery services that meet their needs within their own communities.

Most people who are looking to take a break from or stop using substances are referred to Rapid Access to Addictions Medicine (RAAM) clinics and residential treatment centres, however they often face restrictions and barriers that prevent them from accessing the support that meets their unique needs. While the availability of health-care run treatment and recovery services have increased, particularly following the release of the commonly known VIRGO report,[44] limited drop-in hours and waitlists continue to prevent people from accessing the support they need when they are ready to stop using substances. To access care at a residential treatment centre, most people in rural areas have to wait months on a waitlist, access separate withdrawal management or detox services, and then travel hours outside of their own community. Once they have completed their stay, they return to their communities and are left without follow up support. People in rural communities in Manitoba need access to more services that are grounded in cultural healing and their own communities.

ACROSS MANITOBA

The majority of publicly funded treatment and recovery services are health care-run services and residential treatment programs that narrowly focus on goals of abstinence. These services tend to be individual-focused, rather than systemic and are therefore not designed for people targeted by structural violence and poverty.

The approach taken by most health care-run services, at best, does not meet the needs and at worst is not safe, for many people who use substances. People who use substances report feeling judged, not having a say in or control of their care, and being punished for their use of substances in many health care-run programs. Most treatment centres require abstinence from all substances, disallow visits or calls from family members for a period, and adhere to rigid treatment modalities. While these may work for some, other people would benefit from more adaptable approaches that fit their needs and goals.

> *"We don't have to feel shitty to feel better - we can feel joyful and have choices."*
> *- GTT Participant*

Following the release of the VIRGO report, the Government of Manitoba funded the development of six Rapid Access to Addictions Medicine (RAAM) clinics across the province. These clinics are meant to provide low barrier access to supports around high-risk substance use (ie. substance use with high risks of overdose and/or dangerous withdrawal symptoms), including counselling, support groups, and medical treatment (such as OAT).

[44] VIRGO Planning and Evaluation Consultants Inc., "Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for All Manitobans," 2018.

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The availability of Opioid Agonist Treatment has increased in recent years, and is offered at several clinics across Manitoba including MOST (Manitoba Opioid Support and Treatment) and RAAM clinics, however many continue to have waitlists up to four months. While increasing access to OAT has helped some people reduce their reliance on an illicit supply, many people who use opioids report punitive policies within these programs that prevent them from accessing the support they need. Many OAT programs impose abstinence goals and requirements on participants and deny further services if they continue to use illicit substances. The drugs prescribed as a part of OAT are considered to be substitutes, rather than analogues, to the opioids that people use. iOAT generally provides opioids closer to what people are using and need, but is still virtually unavailable in Manitoba as an option to support people in their goals around substance use.

Community-based programming recognizes that healing and growth can happen in many different ways outside of medical and abstinence-only models and often integrates harm reduction approaches within services that build community connection and increase access to ceremony. While a few community-based programs exist within Winnipeg and in various communities across Manitoba, very few receive sustainable funding and the need far outweighs the availability.

HOW IS MANITOBA DOING?

The Government of Manitoba's narrow focus on medicalized models of treatment and recovery services does not meet the needs of most people who use drugs, and particularly those who are most at risk of overdose death. Most health care-run treatment and recovery services funded by the province take a strict abstinence-based approach to treatment that imposes punitive and rigid restrictions on participants regardless of the person's own goals. The narrow focus on 'treatment and recovery' models is based in a stigmatized understanding of drug use and perpetuates a false dichotomy of abstinence-based models and harm reduction. This approach does not recognize the many varied relationships people have to substance use and the different goals they may have when accessing support. Many people who use drugs prefer support programs that are peer-led, that centre informed consent, and that offer connection to community, spirituality, and culture. A full spectrum policy approach to substance use services with a foundation in harm reduction is needed in Manitoba.

While some of these services exist, it is not enough to meet demand. The narrow focus, and externally-identified goals are often not in keeping with the needs of the people accessing services. For these reasons, Treatment and Recovery garners a grade of D in Manitoba.

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GRIEF AND LOSS SUPPORT

From January 2016 to December 2021 over 29,459 people across Canada died from apparent opioid toxicity[45] and their family members, friends, communities of peers, and harm reduction workers are overwhelmed by the grief of their tragic deaths. The grief that accompanies these tragic, preventable deaths is compounded by the stigma of drug use and is left disenfranchised and under supported. For people living and working with people who use drugs, the crisis continues to unfold and they don't have time to stop trying to save lives in order to properly grieve the ones they've already lost.

"Love and rage has brought me to this work and why I'm here today"
-GTT Participant

Peers (people with lived or living experience of illicit drug use) are most often the first people on the scene to respond to overdoses and are at the forefront of community-based strategies that reduce the harms faced by their communities, whether or not they are paid harm reduction workers. Peers are continuously grieving the tragic deaths of their loved ones, their friends, their safety networks, and their community, and do not typically have access to the types of support that other frontline workers and first-responders do. Peers are often unpaid or receive inequitable pay, lack access to health care benefits and EAP programs that offer counselling, and don't have the privilege of working only during scheduled office hours.

A research project in Toronto studying the impact of overdose-related loss on people who use drugs and harm reduction workers (overlapping communities) reported on the need for a range of options to better address needs around grief and loss.[46] Some of these included dedicated resources for individual and collective supports, access to community-based counselling, and memorial projects that honour those who were lost. They also point to the many harm reduction interventions that help prevent overdose deaths, many of which are covered throughout this document.

[45] Cram, "More Manitobans Died of Overdose Deaths in 2021 than Ever before: Chief Medical Examiner's Data"; Government of Canada, "Opioid- and Stimulant-Related Harms in Canada."

[46] Triti Khorasheh et al., "Impacts of Overdose on Front-Line Harm Reduction Workers in the City of Toronto," International, Report (Toronto: MAP Centre for Urban Health Solutions, January 2021).

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It is clear that there needs to be more support for those grieving the losses, and a critical part of this is adequately addressing the ongoing drug poisoning crisis to prevent future loss. For many people who use drugs, memorials and shows of support from government representatives without meaningful action are empty and unaccountable. It's important that support for grief and loss, including memorializing events and activities, do not scapegoat the 'disease of addiction', and rather situate the deaths within the range of systems and policies that are causing harm to people who use drugs. Supporting community-led grief projects that mobilize communities to action have been shown to be especially meaningful both in Manitoba and elsewhere.[47]

WITHIN MANITOBA

There are a few community groups that have formed throughout Manitoba made up of family members and others who have lost loved ones to overdose and other substance use related harms. Overdose Awareness Manitoba is a community group of people who have lost a loved one to overdose, and Moms Stop the Harm is a national network with local members that are active in Manitoba. They've developed a variety of support groups and resources that can support people after an overdose death. These groups not only provide each other support, plan memorials, and organize events that can support people in their grieving, they also work to advocate for and enact change that would reduce future harms related to substance use.

> *"It is hard to share our story when grieving, nevermind advocate for change."*
> *-GTT Participant*

Peers who have lost loved ones and community members to overdose often aren't sure where to turn for advice on what to do next. There is a lack of available resources to help people plan funerals and connect with the appropriate grief and loss supports immediately following a death. Community drop-ins and organizations are often sites where communities gather and participate in ceremony to grieve and honour the community members they've lost to overdose, but these organizations often do not have dedicated funding to provide this kind of grief and loss programming and support.[48] Many Indigenous communities across the province have begun holding dedicated ceremonies for people lost to a toxic drug supply. The City of Winnipeg has supported the construction of at least one memorial for people lost to overdose, but due to ongoing stigma there has been very little public or government support for overdose grief and loss.

[47] Marion Selfridge, Jennifer Claire Robinson, and Lisa M Mitchell, "HeART Space: Curating Community Grief from Overdose," Global Studies of Childhood 11, no. 1 (March 2021): 69–90, https://doi.org/10.1177/2043610621995838.
[48] National Collaborating Centre for Infectious Diseases and Manitoba Harm Reduction Network, "Report of an Evaluation of Manitoba Harm Reduction Network Services in the Context of the COVID-19 Pandemic" (Winnipeg, Mb: University of Manitoba, January 2022).

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HOW IS MANITOBA DOING?

Across the country, many people who are living, working, and grieving in the midst of the tragic deaths caused by the toxic drug supply feel abandoned by the government,[49] and a popular slogan has come to accompany harm reduction activists' pleas: "They talk, we die." As the Government of Manitoba continues to block community efforts to implement the harm reduction measures that will prevent future loss, the crisis continues to leave communities grieving, and the government needs to take steps toward accountability for these deaths.

People who have lost loved ones to overdose need more resources and support. Earlier this year, Manitoba Blue Cross began offering free grief counselling to anyone who experienced a loss during COVID-19.[50] While this service was not specific to deaths as a result of COVID-19, there have been no similar programs offered in response to the overdose crisis. Within communities of people who use drugs, peers need the resources and support to provide peer-to-peer education and support following overdose deaths.

Due to the lack of resources specifically for people who use drugs to access grief and loss support, Manitoba receives a failing grade of F.

POVERTY REDUCTION AND BASIC INCOME

There is widespread evidence that unreliable or inadequate income to maintain a basic level of living standards has negative impacts on the overall health outcomes of a population. Low socioeconomic status and poverty is also associated with higher rates of problematic substance use, higher risks of overdose, higher rates of STBBI transmission, and other negative health outcomes related to the use of substances.[51]

[49] Andrea Woo, "Toxic Drug Crisis, Pandemic Have Left Front-Line Workers Struggling to Cope," The Globe and Mail, July 31, 2021, https://www.theglobeandmail.com/canada/article-toxic-drug-crisis-pandemic-have-left-front-line-workers-struggling-to/.
[50] Manitoba Blue Cross, "Manitoba Blue Cross Offers Free Grief Counselling for All Manitobans during COVID-19," February 21, 2021, https://www2.mb.bluecross.ca/company-news/manitoba-blue-cross-offers-free-grief-counselling-for-all-manitobans-during-covid-19.
[51] Cathy Long et al., "Income Level and Drug Related Harm among People Who Use Injection Drugs in a Canadian Setting," 2018, https://doi.org/10.14288/1.0368966; Health Canada, "Strengthening Canada's Approach to Substance Use Issues," backgrounders, September 5, 2018, https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy/strengthening-canada-approach-substance-use-issue.html.

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Lack of a reliable source of adequate income reduces a person's choice in the substances they use, the reliability of accessing the substances they use, and can the methods and tools they have to use a substance safely. For example, as discussed in other areas of this report, people living in poverty are more likely to consume lower cost non-beverage alcohol, a substance that is accompanied by more health risks than alcohol produced for consumption.[52] Inadequate income supports and lack of accessible employment options can also leave people without safe and stable housing and push people who use substances into lower barrier employment in street economies in order to survive, where they may face greater risks to their health and safety due to criminalization.[53]

Effective poverty reduction strategies that ensure reliable adequate income are critical to reducing the compounded risks and negative health outcomes faced by people who use substances.

WITHIN MANITOBA

Income support for individuals and families in Manitoba with no or very little income is provided through the Employment and Income Assistance Program (EIA). Individuals living on current EIA rates are receiving incomes far below the poverty line (based on the Government of Canada's Official Poverty Line[54]), that are inadequate to meet the basic needs of most individuals and families.[55] This program limits participation through rigid eligibility conditions including a requirement that most participants actively seek employment while receiving income support. Additional income supports exist provincially or federally for specific demographics including seniors over the age of 65 and parents/ guardians of children under the age of 18.

People who use drugs already face barriers such as stigma and discrimination to accessing safe and stable housing, and current income supports do not provide adequate income to obtain market rentals. Housing affordability and accessibility is a particular concern in rural communities where only market housing is available.

[52] Sunshine House and Substance Consulting, "Managed Alcohol Programs in Manitoba: Feasibility Report."

[53] Long et al., "Income Level and Drug Related Harm among People Who Use Injection Drugs in a Canadian Setting."

[54] Statistics Canada, "Measuring Low Income and Canada's Official Poverty Line," February 11, 2020, https://www.statcan.gc.ca/en/consultation/2018/mbm.

[55] Make Poverty History Manitoba and Basic Income Manitoba, "A Poverty Reduction Plan for Manitoba: Liveable Basic Needs Benefit Backgrounder" (Manitoba, February 2018); Michael Barkman and Molly McCracken, "Failing Grade: Manitoba Poverty Reduction Strategy and Budget 2019" (Manitoba: Canadian Centre for Policy Initiatives, April 16, 2019).

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"With rent and everything skyrocketing and utilities on top, there's not enough resources to help us get that extra money. You're limited to an extra $200 when you're on social assistance, it seems impossible."
- GTT Participant

People who face barriers to stable full-time employment often find creative ways to get their needs met, including through contract work, volunteer honoraria, and criminalized street economies such as necessity trafficking. However, the welfare model is coercive and punishes recipients for trying to survive and sustain themselves while receiving income that does not meet their basic needs. Current policies restrict additional income to $200 a month before clawing back income or even removing someone's eligibility for the program, including the accompanying medical and dental assistance. An additional $200 is still not enough to meet basic needs and the additional income sources available for people who use drugs are often sporadic and do not replace the need for a reliable income source. These restrictions and the threat of losing access to reliable income, albeit inadequate income, prevent people from making the choices that are right for them. The system itself enacts systemic harm and perpetuates conditions of poverty, particularly for people who use drugs and have complex needs.

"We need to make income less restrictive and controlling."
- GTT Participant

Multiple reports and advocacy groups in Manitoba call for a replacement of, or supplement to, EIA with guaranteed basic income that will meet or exceed the poverty line.[56] Existing evidence fro within Manitoba, from the 1970s pilot project commonly known as Mincome, demonstrates the positive health and social impacts of basic income programs.[57] While various models of guaranteed basic income exist and are advocated for, these policy options are all based around ensuring individuals and families have access to sufficient income to meet their basic needs regardless of their participation in the labour market.[58] Basic income programs give people autonomy to make the choices that are best for them and their families, without stigma and coercion.

[56] Make Poverty History Manitoba and Basic Income Manitoba, "A Poverty Reduction Plan for Manitoba: Liveable Basic Needs Benefit Backgrounder"; Barkman and McCracken, "Failing Grade: Manitoba Poverty Reduction Strategy and Budget 2019."

[57] E Forget, "The Town with No Poverty: The Health Effects of a Canadian Guaranteed Annual Income Field Experiment," Canadian Public Policy 37, no. 3 (September 2011): 283–305, https://doi.org/10.2307/23050182.

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HOW IS MANITOBA DOING?

In March 2019, Manitoba released its most recent poverty reduction strategy titled, Pathways to a Better Future: Manitoba's Poverty Reduction Strategy.[59] This strategy lays out key priority areas for meeting targets to reduce the overall poverty rate and the child poverty rate. Areas of focus include increased support for employment and access to basic needs including housing, however minimal focus is given to increasing access to a reliable adequate income for those that face compounding barriers to stable employment. While the strategy recognizes the need for improvements to mental health and addiction services, the narrow focus on treatment of addiction found throughout the strategy does not adequately reflect the complexities and needs of people living in poverty who use substances in Manitoba.

It calls for increased support for employment, however this often isn't meaningful employment with equitable and adequate pay that helps people feel connected to and invested in their community. Peers are often already doing this meaningful work in their communities, especially informing and implementing life-saving harm reduction measures in response to the overdose crisis. However, this work is undervalued by funders and health care providers and is often being done unpaid. Peers that may have time-limited or sporadic opportunities to get paid by organizations that recognize and value their work are limited by the threat of losing the relative stability of EIA income supports because of punitive and restrictive policies.

"[Manitoba's] social assistance is actually one of the barriers for people getting help"
- GTT Participant

Current income support programs and strategies fall far short of providing reliable adequate income for individuals and families that can meet their basic needs and decrease the health risks of people who use drugs, and actually enact structural harm that perpetuates the conditions under which people are unable to meet their basic needs.

Although programs exist, they do not offer enough money to reduce dependence on criminalized economies, giving Manitoba a C grade.

[59] Province of Manitoba, "Pathways to a Better Future: Manitoba's Poverty Reduction Strategy," March 2019.

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