Recommendations to reduce the use and effects of illicit drugs within Manitoba's communities

[Illicit Drug Task Force – June 28, 2019]

Submitted to Winnipeg Mayor Brian Bowman, Health, Seniors and Active Living Minister Cameron Friesen and Robert-Falcon Ouellette, Member of Parliament for Winnipeg Centre.

Acknowledgements

We acknowledge that the work, as part of this report, was conducted on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation. We respect the Treaties that were made on these territories and we recognize the commitment to the ongoing process of reconciliation, specifically the Calls to Action of the Truth and Reconciliation Commission of Canada provide that:

- First Nations, Inuit and Métis peoples have Treaty, constitutional and human rights;
- Reconciliation requires action to address the ongoing legacies of colonialism;
- Reconciliation must create a more equitable and inclusive society through closing the gaps in social, health and economic outcomes; and
- All Canadians, as Treaty people, share responsibility.

Task Force Membership

Government ministries, law enforcement agencies, municipalities, professional organizations and community member groups collaborated to address the use and impacts of illicit drugs. Such a wide-ranging concern required a breadth of knowledge and experience, as such the Illicit Drug Task Force was comprised of representatives from a wide-range of areas that dealt with challenges posed by problematic substance use and illicit drug trafficking. Members of the Illicit Drug Task Force were:

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Michael Jack (co-chair)	Chief Corporate Services Officer, City of Winnipeg
Greg Burnett	Policing Specialist, Strategic Innovation Unit, Manitoba Justice
Sel Burrows	Winnipeg activist and volunteer
Real Cloutier	President and Chief Executive Officer, Winnipeg Regional Health Authority
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Rob Lasson	Inspector, District Operations Officer, Royal Canadian Mounted Police
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Thank You:

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List of Acronyms Used in this Report:

ACRONYM	**FULL TITLE**
AFM	Addictions Foundation of Manitoba
CDSA	Controlled Drugs and Substances Act
CPF	Criminal Property Forfeiture
DSM	Diagnostic Statistical Manual
ED	Emergency Department
EMS	Emergency Medical Services
HBV	Hepatitis B
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDTF	Illicit Drug Task Force
IDU	Injection Drug Use
IPDA	Intoxicated Persons Detention Act
MHSAL	Manitoba Health, Seniors and Active Living
PACT	Program of Assertive Community Treatment
PHIA	Personal Health Information Act
PRO	Provincial Recreation Organization
PSIU	Public Safety Investigation Unit
RAAM	Rapid Access to Addictions Medicine
RCMP	Royal Canadian Mounted Police
RTB	Residential Tenancies Branch
SDH	Social Determinants of Health
STBBI	Sexually Transmitted and Blood Borne Infection
SUA/MH	Substance Use/Addiction and Mental Health Problems and Illnesses
VUCA	Volatility, Uncertainty, Complexity and Ambiguity
WDTC	Winnipeg Drug Treatment Court
WFPS	Winnipeg Fire Paramedic Service
WPS	Winnipeg Police Service
WRHA	Winnipeg Regional Health Authority

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Purpose

On December 18, 2018, Winnipeg Mayor Brian Bowman, Health, Seniors and Active Living Minister Cameron Friesen and Robert-Falcon Ouellette, Member of Parliament for Winnipeg Centre announced the creation of the Illicit Drug Task Force, signaling a coordinated Manitoba response to the challenges posed by illicit drugs. This organized approach is a result of the significant impacts that substance use has on individuals, families and communities across the province.

Federal, provincial and municipal leaders formed a task force to address and respond to the rapid increase in the distribution and use of methamphetamine and other substances. The primary purpose of the Illicit Drug Task Force (IDTF) was to create a report that would identify short and long-term recommendations to reduce the use and effects of illicit drugs within Manitoba's communities (see Appendix A – Terms of Reference). The recommendations were to focus on increasing the safety of Manitobans, and include the following considerations:

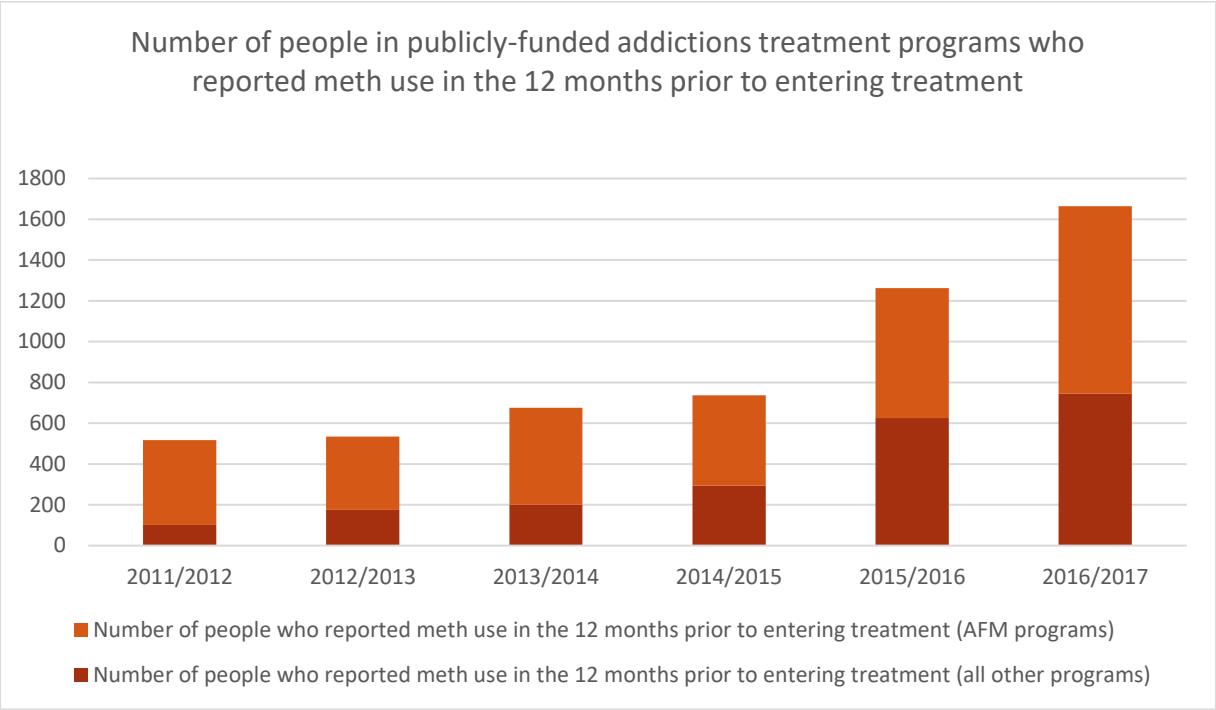
- Prevention - Identify Areas to Improve the Prevention of Use of Illicit Drugs.
- Education - Educate Practitioners and the Public.
- Treatment - Identify Areas to Improve Existing Programming.
- Enforcement and Disruption of Supply - Identify Areas to Combat the Illicit Drug Trade.

Manitoba Context

The use of illicit drugs, especially methamphetamine, has increased in Manitoba. Between 2014 and 2017, there were 337 opioid-related deaths, and in 50 of those or 15%, methamphetamine was detected in the toxicology results. In 2017, there were 35 methamphetamine-related deaths (Epidemiology & Surveillance Manitoba Health, Seniors and Active Living, 2018).

> **"There were 106 apparent opioid-related deaths in 2017, a rate of 7.8 per 100,000."**
>
> - Epidemiology & Surveillance Manitoba Health, Seniors and Active Living, 2018

In their 2017 Year in Review, Winnipeg Police Service (WPS) indicated that charges of possession of meth under the *Controlled Drugs and Substances Act* (CDSA) have increased by 890% since 2012. The Addictions Foundation of Manitoba (AFM) indicates that individuals self-reporting at intake with amphetamine use (including meth) as the primary presenting issue have more than doubled from 3.8% in 2014/15 to 8.5% of individuals in 2016/17. Between January 2013 and December 2017, Emergency Department (ED) visits in Winnipeg by individuals under the influence of methamphetamine increased by approximately 1,700%. In January 2013 there were 11 visits, compared to December 2017 where there were 187 visits (Winnipeg Regional Health Authority, 2018). The WPS has also reported seizing 11 kilograms of meth in 2016, 12 kilograms in 2017 and in 2018, this increased to nearly 27 kilograms. (Canadian Broadcasting Corporation - Manitoba, 2019). Further, the WPS has noted increases in crime, due "in large part to growing use of methamphetamine and the patterns of violence associated with the illicit drug trade (Winnipeg Police Service, 2018)".



While cocaine remains the most common stimulant used by youth and adult clients accessing services provided by AFM, its use has not increased as substantially as methamphetamine use.

> ***"Methamphetamine is now the most common primary presenting issue — not including alcohol — for why adults are seeking support and treatment"***
>
> - Canadian Centre on Substance Use and Addiction, 2019

In Manitoba, lifetime use of cocaine has increased among adults 15 years and over from 6% in 2013 to 10% in 2017 (Health Canada, 2014; Health Canada, 2018). In 2014/2015, 9% of adult clients reported using methamphetamine in the past year compared to 24% in 2018/2019, with use more prevalent among females (AFM, 2019).

Criminal justice and law enforcement includes police, prosecutions, courts and corrections. In some cases, criminal offences are entirely attributable to substance use (i.e. impaired driving and drug-related offences such as possession that fall under the CDSA, however some criminal offences can only be partially attributable to substance use (i.e. violent offences such as homicide or assault, and non-violent offences such as theft or arson).

During 2018 a total of 3,652 suspected illegal drug exhibits were submitted to Health Canada by Manitoba law enforcement agencies for analysis, which represents a 10% increase over 2017. The top five controlled substances identified in the submitted samples were:

1. cocaine (1084)
2. cannabis (910)
3. methamphetamine (834)
4. fentanyl (86)
5. oxycodone (70)

(Health Canada, Analyzed Drug Report, 2018)

The quantity of meth seized by Manitoba police agencies steadily increased from 2016 to 2018, and that trend continues into 2019:

	Winnipeg Police Service		Brandon Police Service		Royal Canadian Mounted Police	
	Number of Seizures	Quantity Seized (g)	Number of Seizures	Quantity Seized (g)	Number of Seizures	Quantity Seized (g)
2016[1]	490	11,590.88	15	1,092.59	39	77
2017	701	12,065.92	55	1,764.61	112	1,302
2018	768	26,081	66	594.61	150	1,234
2019[2] to April 30	164	9,585.87	16	1,478.75	89	925

[1] 1,050 g of methamphetamine was seized during Project DERRINGER, a joint enforcement operation involving the BPS, WPS and RCMP that targeted drug trafficking in Brandon and surrounding area. Seizure included in BPS.
[2] Unverified data.
Source: WPS, BPS and RCMP

As part of its December 2018 series *Ice Storm: Inside Manitoba's meth crisis*, the Winnipeg Free Press cited the following statistics from the Public Prosecution Service of Canada:

> "Meth-related [prosecutions] have spiked exponentially: there's been an 18,525 per cent increase over nearly 20 years…
>
> Only four meth-related drug cases were prosecuted in Manitoba in 2000, according to data from the Public Prosecution Service of Canada, which is responsible for handling federal charges, including drug trafficking, possession, importing and production. That number started to spike in 2014 and has been on the rise ever since. In 2017, there were 747 meth-related prosecutions, most for possession, and as December 13, 2018, there had been 745."

Illicit drug use presents an urgent and growing threat to our community and public health. Substances such as methamphetamine, cocaine, heroin, and ketamine continue to be a risk to the safety and well-being of all citizens. Addiction, property crime, and acts of violence are often a result of the drug subculture (Winnipeg Police Service, 2018). While police cannot arrest their way out the problem, enforcement is necessary to disrupt the illicit drug trade and get meth off the streets. Evidence and research suggests one of best ways to have a positive impact on crime reduction and disruption is to be proactive and moving from chasing crime to getting ahead of crime. This is accomplished through coordinated intelligence and analytics coupled with proactive, evidence-based enforcement strategies and tactics.

The number of police-reported cocaine possession incidents in Manitoba increased from 163 in 2016 to 181 in 2017. In 2016 and 2017, incidents of cocaine trafficking, production or distribution accounted for 21% of all drug incidents at, 597 and 592 respectively (Statistics Canada. Table 35-10-0181-01 Incident-based crime statistics, by detailed violations, police services in Manitoba).

In 2015, Manitoba drivers participated in a voluntary roadside survey where 1 in 10 drivers tested positive for substances. Of the 1,230 drivers who participated, 124 tested positive for some form of substance, across all survey communities and among both males and females.

Of drivers with substances in their system, 31% tested positive for cocaine, 12% for Opioids, and 2% for Amphetamines/ Methamphetamines. Twenty two percent of these drivers tested positive for more than one substance. Substance use was most prevalent in the 35-44 age group (14% of drivers tested in that age group). Young drivers also tested positive for drug use (4% of drivers aged 16-18 and 12% of drivers aged 19-24; Manitoba Public Insurance, 2017).

Problematic substance use, substance use disorder and withdrawal

As part of the Illicit Drug Task Force considerations, it was crucial to understand the context and complexities of illicit drugs. Within the parameters of this report, "illicit drugs" are defined as those that are illegally consumed, possessed or sold and include **methamphetamine**, **opioids** (not legitimately prescribed), **cocaine, benzodiazepines** and certain **hallucinogens**. While it was not within the scope of the IDTF's recommendations to review clinical guidelines and related resources for treatment, it was important to understand problematic substance use, substance use disorders, including mental health diagnosis, and withdrawal in order to identify potential gaps.

It is important to highlight that substance use disorder is a recognizable mental health condition and is defined in the diagnostic statistical manual (DSM), which is the standard classification of mental disorders used for clinical treatment, research and policy. Yet, care for substance use disorder is not considered in the same way or urgency as other diseases supported in the health system. In addition, it is not always understood that substance use disorder can be a chronic disease, with ongoing treatment needs.

When someone is affected by problematic substance use or substance use disorder, they utilize substances despite the harmful effects. The substance becomes the focus of their feelings, thoughts and activities. Withdrawal occurs when someone who has used a lot of a substance cuts down or quits taking the substance. Symptoms of withdrawal can occur even if a person who has used substances is not completely off the substance and still has some of the substance in their blood.

Some substances are highly addictive, and if use is stopped abruptly, a person experiences intense cravings that are so intense; they cannot focus on anything else. Eventually, their lives may be taken over by the urge to use the substance. In particular, methamphetamine is unique, as it has a longer withdrawal and detoxification period. As the effects wear off, there are challenging and significant symptoms that make it difficult to predict what individuals and those close to them will be dealing with. This can be a dangerous state for some people, where an individual can be at risk of harming themselves or those around them. They can also sometimes become hostile and violent, may self-mutilate, attempt suicide or attack others for no reason. While most people who use substances are reported to be non-violent, it is important to note that some may require specialized intervention and care.

Public Health Considerations

Mental health and substance use disorders affected more than 1 billion people globally in 2016. In 2014, the cost of substance use in Canada was $38.4 billion. In Manitoba, it is estimated that this is $1,094 per person, regardless of age (Canadian Centre on Substance Use and Addiction, 2019). People with mental illness, including substance use disorders, used more health care services than those with no mental illness even after adjusting for age, gender, income, and medical conditions (Manitoba Centre for Health Policy: Mental Illness among Adult Manitobans, 2018). While marginalized people, such as those living in poverty are often over-represented in substance use statistics, all types of people are impacted – including professionals, nearly all age groups, and people from both rural and urban areas.

The costs are not solely within the health and addictions systems. An Ontario report on costs in the justice system found that the longitudinal costs of criminal offending for a sample of 386 male offenders in Ontario whose offence costs were tabulated for a 15-year period, between the ages of 12 and 26 years and the results indicated that the aggregate longitudinal cost of offending for this sample was $2.26 billion, an average of $5.86 million per person. First, considering only offences that resulted in official convictions in court (i.e., excluding undetected crimes), the aggregate cost of offending for the sample was $671 million or $1,739,176 per person over the 15-year follow-up period. Including estimates for undetected crimes contributed an additional $1.6 billion in aggregate costs, bringing the total aggregate, longitudinal cost of offending to $2.26 billion, an average of $5.86 million per person. The aggregate costs for each of the four components were as follows:

- aggregate victim costs – $182,602,699;
- aggregate correctional costs – $122,179,765;
- aggregate other criminal justice system costs – $366,539,294; and
- aggregate undetected crime costs – $1,588,830,864

As indicated by these numbers, including costs for undetected crime substantially increased the overall cost estimates. These estimates were derived using the best available scaling-up procedures and monetary per-crime estimates from published empirical studies. However, even when one has *discounted* the costs of undetected crimes, the aggregate undetected crime costs were roughly $800 million. This resulted in a decrease in the overall aggregate costs of crime from $2.26 billion to $1.5 billion over the same timeframe, or approximately $3.8 million per person. Thus, the costs in other sectors are very significant.

People can put themselves and others at increased risk while using substances, such as driving while under the influence of substances, having unprotected sex, sharing supplies or participating in other unsafe actions that could harm themselves or others. For example, sharing pipes or needles - injection drug use (IDU) - is a contributor to increased rates of human immunodeficiency virus (HIV) and hepatitis C (HCV). The number of new HIV cases per year in Manitoba increased by 25% between 2014 and 2016. The number of new HIV infections remains high each year in Manitoba with 109 cases in 2016; 105 cases in 2015; 87 cases in 2014. In 2015, the rate of new cases of HIV in Manitoba (8.1 per 100,000) was the second highest in Canada and significantly higher than the national average (5.8 per 100,000). In 2016, there were 460 new HCV cases compared to 387 in 2015 and 349 in 2014 (Epidemiology & Surveillance, Manitoba Health, Seniors and Active Living, 2018).

Substance use has become an increasingly global and more recently pan-Canadian issue that is influenced by social, economic and psychosocial factors. Formulation of interventions and deterrents that need to be effective and appropriate in countries facing problematic substance use are dependent on a knowledge of the trends and patterns of substance use inclusive of their relation to health and social problems. Therefore understanding the current impacts to Manitoba and those that are affected was an important consideration of the IDTF.

There are several ways that substance use impacts Manitoba's health system, these include: inpatient hospitalizations, day surgery treatment, ED presentations, Emergency Medical Services (EMS) dispatch, specialized treatment for substance use disorders, the costs of physician time and prescription drug costs. Most commonly, the initial and often most emergent point of contact with the health care system is with EMS and ED. In Manitoba, these statistics are increasing at a distressing rate. EMS responded to 1,308 cases where a chief complaint involved crystal methamphetamine use in Winnipeg between January 1, 2017 and June 30, 2018. From January 1 to June 30, 2018, there were 611-suspected overdose cases at ED facilities in the Winnipeg Regional Health Authority (WRHA) and 256 outside of the WRHA. For federal jurisdictions (22 Federal Nursing Stations in Manitoba) there were 20-suspected opioid overdoses reported between April 5, 2017 and March 31, 2018 (Epidemiology & Surveillance, Manitoba Health, Seniors and Active Living, 2019).

On May 14, 2018, Virgo's report, *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans*, was released. The Virgo report identified several major challenges to the Manitoban current state, including long waits to access services and limited availability of services in rural and northern communities.

> **"On top of the already concerning and often tragic opioid overdose crisis in the province, the rapidly growing use of, and complex consequences associated with, crystal methamphetamine has swamped EDs and crisis response services."**
>
> - Virgo report, 2018

It is noted that MHSAL is in the process of moving forward with the Virgo report recommendations.

Harm Reduction (HR) is a proven public health approach that reduces the adverse health, social and economic outcomes related to a variety of risk-associated activities to the individual, to families, and to the broader community (Chief Provincial Public Health Officer position statement, 2016). It most commonly refers to "policies, programs and practices that aim to reduce the negative health, social and economic consequences that may ensue from the use of legal and illegal psychoactive drugs, without necessarily reducing drug use. Its cornerstones are public health, human rights and social justice." (Canadian Harm Reduction Network, 2019).

The economic and social benefit intent is to keep people safe and healthy by preventing overdose, reducing transmission of infectious diseases such as HIV, HCV and other infections associated with intravenous drug use and/or high risk sexual behaviours, and connecting people with the health care system who otherwise may not engage. For example, ensuring access to sterile needles and overdose reversal medications does not eliminate substance use, but does reduce the risk for blood borne pathogens and drug-related injury (Chief Provincial Public Health Officer position statement, 2016). Substance use may increase the risk of mental health problems and people with mental health problems are at higher risk of developing a substance abuse problem (AFM - The Basics, N.D.).

Within the context of this report, harm reduction efforts are aimed at reducing negative consequences associated with substance use. Programs often include services to enhance knowledge, skills, resources, and supports while reducing social isolation. Harm reduction is a significant component of the current Provincial Opioid Response, with introduction of the Take Home Naloxone Program. As of September 2017, there were 61 registered naloxone distribution sites. From January to September (2017), 765 kits were distributed to clients (people at risk of opioid overdose) and 93 take-home naloxone kits were reported to have been used by lay responders to reverse overdoses.

Additionally, it is important to consider social determinants of health and health inequalities as these relate to an individual's circumstances, such as considering income, education or employment and the choices one makes. Social determinants of health can directly shape health risk behaviours such as substance use and create environments that can exacerbate health consequences of substance use (Figure 1). It is also important that the implementation of the report's recommendations include ways to effectively manage and/or reduce the risks that arise through substance use. The Task Force recognizes that the design of SUA/MH programming needs to be trauma informed. The Task Force also recognizes that recovery oriented systems of care demonstrate improved mental and physical health, improved quality of life, pro-social behaviour, and a dramatic reduction in human and financial cost in the community.

The members of the task force support that there is room for a wide range of programs and services in our province. The goal is recovery and each individual's recovery goal may differ. Among services, some of these will take a harm reduction approach and some will be abstinence-based programs and services. As recommended in the Virgo report, it is important to "ensure that the new governance structure, including its leadership, supports and facilitates a broad bio-psychosocial, cultural/spiritual approach to substance use/addiction and mental health problems and illnesses (SUA/MH), so as to ensure the needs of all Manitobans can be met with a comprehensive approach, for example, not dominated by any one perspective (Virgo Report Recommendation 7.8).

Figure 1



Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. Adapted from Galea S and Vlahov D, 2002.[1]

Recommendations

It is important to note that Manitoba is a geographically diverse province. Any recommendations must take into consideration the similarities, differences, challenges and nuances of urban, rural and remote/isolated regions of our province. In order to ensure equal access to treatment, services and programs, key stakeholders from all of the regions must be included in the planning and implementation phases.

In particular, strategies must be implemented in a manner that maintains a "response capacity" which allows for adaptation and change on potentially short notice and accounts for a very dynamic environment, including ever changing types of problematic substances and resulting issues. The Virgo report notes that "[a] second set of core system features or principles are articulated within VUCA, which is an acronym used to describe system or organizational capacity to respond to the Volatility, Uncertainty, Complexity and Ambiguity of general conditions and situations. The concepts embedded in VUCA are particularly apropos to SUA/MH planning, and the Manitoba situation, given, for example, the emergent crystal methamphetamine crisis. On a very practical level, VUCA draws attention to the need for constant environmental awareness and readiness." (Virgo – page 206).

The mandate of the Illicit Drug Task Force did not include alcohol. However, it is important to note that problematic substance use is strongly associated with problematic alcohol use, mental health disorders and homelessness. Therefore, any strategies for substance use cannot occur in isolation and must address co-existent problematic alcohol use, mental health challenges and underlying social determinants of health – such as the need for safe and reliable housing. The term *co-occurring disorder* is used to refer to the condition in which an individual has a co-existing mental illness and substance use disorder. It should be noted that, compared to individuals who have a single disorder, those with a combination of disorders may experience more severe medical and mental health challenges and may also require longer periods of treatment.

Manitoba is a culturally diverse province with many unique populations. Given the timeframe and scope of IDTF, we were not able to appropriately conduct consultations that will be required in order to provide these recommendations across all age groups and populations. In particular, we recommend that leaders from within Indigenous and newcomer communities be active participants in the planning and implementation of these recommendations.

The IDTF recognizes and respects the high quality work that has already been conducted in a range of areas for people with substance use disorder or problematic substance use and for people who occasionally use substances. For example, this report did not attempt to address areas where work was underway such as directed by the House of Commons Standing Committee on Health in the context of the Canadian Drugs and Substances Strategy (Impacts of Methamphetamine Abuse in Canada, 2019) and the Virgo report. Therefore, our intention was not to replace or duplicate existing efforts but rather to highlight and supplement where appropriate. The following recommendations include considerations from previous reviews, reports, stakeholder consultations and lived experiences.

How this report is organized:

The terms of reference of this Task Force outlined four pillars, including Prevention, Education, Treatment and Enforcement & Disruption of Supply. Dominant themes emerged from recommendations that addressed one or more of the pillars.

Pillars:	Prevention	Education	Treatment	Enforcement & Disruption of Supply
Themes:				
Foster Safer Communities	X	X		X
Enhance Prevention Through Social Development	X			X
Improve Specialized Management of Mental Health & Addictions			X	
Expand Drug Treatment Courts and Related Supports			X	X
Disrupt the distribution of illicit drugs	X			X
Build Capacity Across a range of services			X	
Integrate Community Outreach Services			X	X
Expand Public Health activities	X	X	X	
Improve Data Collection, Dissemination and Analytics	X	X	X	X
Enhance Technology and Communication Strategies		X	X	
Create a Comprehensive Communications/Media Strategy	X	X	X	
Advance Tri Government Partnership	X	X	X	X

Foster safer communities

The safety and wellbeing of communities and neighbourhoods can be negatively impacted by illegal activities. While police response is one way to address these unlawful activities, communities and individuals can play a valuable role in fostering safe environments. The following recommendations are intended to enable community members (and business owners) to be more influential in their own neighbourhoods and cover a range of social and environmental interventions that are designed to benefit and protect individual people's quality of life by addressing some of the social determinants of heath – such as safe housing.

→ Education for landlords regarding mechanisms to address problems that impact community and public safety

Some community members have reported that the prevalence of illicit drugs, particularly methamphetamine, has resulted in rental units being utilized by drug traffickers and people who are using substances (CTV News Winnipeg, 2018).

When one or more residents of a neighbourhood fear for their safety or security, they can file a confidential complaint under *The Safer Communities and Neighbourhoods Act* (Manitoba Justice, 2019). This Act works by holding property owners accountable for threatening or disturbing activities that regularly take place on their property related to:

- Unlawful drug use, dealing, production or cultivation
- Prostitution and related activities
- Unlawful sale of liquor
- Unlawful use or sale of intoxicating substances - non-potable and solvent-based products
- Sexual abuse or exploitation of a child or related activities
- Possession or storage of an unlawful firearm, weapon or explosive
- Participation in a Criminal Organization offence

Manitoba Justice's Public Safety Investigation Unit (PSIU) investigates complaints under this Act. The PSIU works closely with police, by-law enforcement, the Residential Tenancies Branch (RTB) and others to address complaints and stop illegal activities that occur in or around properties.

Where there is evidence to support a complaint, the director may:

- issue a warning letter to the property owner
- resolve the problem out of court
- apply for a Community Safety Order, with or without a Closure Order against the property
- apply for an Emergency Closure Order

RTB plays a vital role in supporting *The Safer Communities and Neighbourhoods Act*, as well as various other landlord and tenant functions. In particular, if a tenant who has been issued a warning letter under this Act but does not comply, the RTB will schedule hearings on short notice to safeguard protection of communities. On May 6, 2019, the Manitoba Government announced a new resource to ensure landlords and tenants are aware of the process for evicting tenants who are breaking the law and how the PSIU can support the process.

In 2017/2018, PSIU received 389 complaints under this Act. Following investigation, 153 operations of drug, prostitution (exploited persons), and criminal organization offences involving 185 separate complaints were closed, 9 complaints were referred to another agency, 30 complaints were closed due to insufficient evidence and 48 complaints remain open (Manitoba Justice, 2018). In 2018/2019, PSIU received 392 complaints under this Act. Following investigations, 152 operations of drug, prostitution (exploited persons), and criminal organization offences involving 170 separate complaints were closed, 20 complaints were referred to another agency, 21 complaints were closed due to insufficient evidence and 69 complaints remain open (Manitoba Justice, 2019).

It is a recommendation of the Illicit Drug Task Force that efforts to educate landlords regarding mechanisms to address problems that impact community and public safety be undertaken, and that the systems already in place have sufficient capacity to address requirements in a timely way.

→ Develop and promote Community Safety Networks

Community members can play a major role in communication, education, and advocacy efforts that seek to address substance use issues. Community safety networks can be comprised of individuals and/or groups, who reside in the community, and have the capacity and knowledge to respond to phone calls regarding illicit drug trafficking, violence and other in-direct criminal activities. A designated lead and recipient of calls subsequently forwards information to the police or other organizations. Vital to Community Safety Networks is an established and supported relationship between community leads (someone who is trustworthy to the community and has community representation) as well as appropriate connections to police (e.g. police contacts that are familiar with the community and are able to respond appropriately). As well, buy-in is required from other community members such as landlords, community leaders, and religious and spiritual organizations, who can provide local knowledge and ensure more rapid police intervention. Additionally, linkages could be investigated between municipal community development departments/agencies, neighbourhood watch groups, and other outreach programs.

It is a recommendation of the Illicit Drug Task Force that efforts to develop and promote community safety networks be undertaken.

→ Promote the use of Crime Stoppers for reporting drug-related activities

Intelligence from the local community is key to disrupting the illicit drug trade. Individuals are encouraged to report suspicious drug-related activities, such as persons dealing or selling drugs, which helps law enforcement identify dealers and disrupt the supply of drugs in the community. Unfortunately, some people do not report crime because of fear of reprisal or retaliation; they are afraid for their own safety if an offender knows their identity.

Crime Stoppers is an internationally recognized cooperative program between the local media, citizens and the police. Callers to Crime Stoppers do not have to identify themselves, even to police - their identity is protected by law. The program offers cash rewards for information that leads to the arrest of individuals for criminal offences, including drug trafficking. Since its inception 35 years ago, Crime Stoppers has helped remove nearly $88 million in illicit drugs from Winnipeg streets. (Winnipeg Free Press, 2019). To build on that success, in addition to leveraging existing relationships with police and media, further improvements to the approach could be made.

It is a recommendation of the Illicit Drug Task Force that enhanced and coordinated promotion of the use of Crime Stoppers be undertaken, including a featured campaign targeting information on illicit drugs and dealers, and funding to support cash rewards for drug tips.

Prevention through social development

There is evidence that well-planned prevention strategies not only prevent crime and victimization, but also promote community safety and contribute to social development. Prevention through social development promotes the well-being of people and encourages pro-social behaviour through social, economic, health and educational measures, with a particular emphasis on children and youth, and focuses on the risk and protective factors associated with crime and victimization (United Nations - Economic and Social Council, 2013). The goal of prevention through social development is to prevent behaviours (criminal or harming) by addressing the factors that put individuals, families and communities at risk, while enhancing protective factors. Research has shown that substance use is significantly reduced when youth are involved in effective and culturally acceptable programs. Indigenous populations display unique patterns and consequences of substance use and require the consideration of diverse cultural, environmental and historical factors in the planning and implementation of effective prevention strategies (Kelly, 2007).

→ Support communities in developing accessible, culturally appropriate recreation opportunities for children and youth to build resilience, including skilled recreation leadership programs

Evidence-based, social development-focused recreation programs and initiatives that invest in young people are a well-established risk strategy to reduce crime. The promotion of sport as a tool for social development, with life skills training that helps youth build resilience to substance use, is recommended. Effectively coordinated and funded recreation programs and initiatives that include the social determinants of health can lead to improvements in individual and community wellbeing by decreasing the impact of social marginalization and improve quality of life. This can also save costs in policing, health care and social services.

A way to increase opportunities for youth in susceptible populations is to engage them in positive organized, structured, group-based programs and initiatives such as sports clubs, leagues and other culturally appropriate activities. This can be achieved by allocating resources for transportation, equipment, registrations, leadership, promotions, facility/field rentals, as well as operational costs. This also provides a good opportunity for collaborating with the private sector in support of organized sport. Much success has also been achieved through community-collation partnership in the United States Drug Enforcement Administration 360 Strategy, where private and non-profit organizations come together pooling available resources to help communities address the recurring substance problems (United States Drug Enforcement Administration, 2019).

There is a particular need for community outreach recreation, such as swimming, organized sports, and other traditional activities throughout the province to provide children and youth with positive social alternatives. Supporting rural and northern Indigenous communities in the development of culturally appropriate recreational facilities and activities is a vital component of prevention. This should be established to nurture a wide variety of activities in a space where Indigenous people feel safe and welcome.

Alternatively, specialized curriculums could be explored such as Line Up, Live Up - an initiative of the Global Programme for the Implementation of the Doha Declaration. This is a sports-based training curriculum with a focus on developing valuable life skills including critical thinking, problem solving, resisting social pressures to engage in delinquency, coping with anxiety, and communicating effectively, through a set of interactive and fun exercises (United Nations Congress on Crime Prevention and Criminal Justice - Doha Declaration, 2018).

The lack of recreation opportunities in underserved communities, results in children and youth not having access to positive groups of peers and leaders. The lack of connection to a positive organized leadership can be isolating and make children and youth vulnerable to negative influences.

It is a recommendation of the Illicit Drug Task Force to support communities where a high need is identified to develop accessible, culturally appropriate recreation opportunities for children and youth. The programming should include skilled recreation leadership programs to help build community leadership capacity.

→ Engage with national, provincial and local businesses to provide access to employment through partnership that provides opportunities

There is a link between unemployment and substance use among young adults, in particular for those who are at a social disadvantage. Empirical evidence has consistently suggested that unemployment may be associated with mental health challenges, including problematic substance use. Efforts that provide employment options for at risk young adults should address social, structural and physical components of the risk environment, as well as promote the cessation of substance use (Lee et al., 2015).

For some, lack of gainful employment could lead to poverty and alienation that may contribute to vulnerability to substance use. For youth it is important to have the positive role model of family members, as well as the support in finding employment. Opportunities for youth are particularly important in the summer season when they would not otherwise be engaged in the educational system.

There is specific opportunity for commercial business owners, community/local businesses and organizations such as the Chambers of Commerce to be engaged in providing employment or promoting a hiring program/campaign specific to deterring and preventing substance use.

Outreach as a safer environment intervention strategy should be explored with collaboration and engagement from community and national, provincial and local businesses. The Manitoba Chambers of Commerce “strives to champion sustainable economic growth leading to greater prosperity for business and communities in Manitoba” - its vision is “to make Manitoba the best place to live and work” (Manitoba Chambers of Commerce, 2019). Likeminded, community outreach business partners could provide a number of resources such as leadership and coaching skills in an effort to support healthy strong communities. Further, there are potential opportunities for reintegration programs and other corporate sponsorship to reduce stigma, raise awareness and promote prevention.

It is a recommendation of the Illicit Drug Task Force to seek national, provincial and local business support to provide access to employment opportunities that will help both prevention and recovery/reintegration efforts.

Improve specialized management of mental health and addictions

→ Build on what's working: 24/7 "Safe Spaces"

There are several centres within Winnipeg and the province that offer a safe location for people who use substances. However, many of the organizations that run these spaces have resource limitations that do not allow them to operate on a 24/7 basis.

Offering 24/7 safe space alternatives to the street for youth and adults who are in need of immediate support and resources are an important component of specialized management of addictions and mental health. It allows individuals to build a sense of connection and belonging within their community, reduces the social isolation they experience, and is a vital link in referring them to appropriate resources and programming.

There is a need for expanded services for individuals (including youth) who use substances, both in Winnipeg and across the province, that offer safe environments and foster positive relationships in neighborhoods where they are most needed. These centers should provide respective services within their agency's mandate and targeted to their clients such as food, shelter and a staffed environment where people can feel safe, have some food, rest/sleep if needed, participate in recreation and also access community mental health services. The goal is to provide neighborhood safety spaces off hours and year round in a welcoming "street credible" environment where people have relationships, can access safety and do not feel judged or stigmatized. See Appendix C – Social Determinants of Health.

It is a recommendation of the Illicit Drug Task Force that efforts be undertaken to resource safe spaces in existing, dispersed and accessible community agencies to operate with longer hours (ideally 24/7).

Expansion of Drug Treatment Courts and related supports

→ Expand the capacity of the Winnipeg Drug Treatment Court.

→ Establish additional Drug Treatment Courts across the province.

→ Provide housing supports for Drug Treatment Court participants that need assistance acquiring safe, secure housing.

The Winnipeg Drug Treatment Court (WDTC) aims to break the cycle of drug use, criminal behaviour and incarceration through a diversion court for those with drug-related, non-violent offences.

Drug treatment courts provide the focus and leadership for community-wide systems, bringing together criminal justice, treatment, education and other community-based partners in the reduction of substance dependency, criminality and related harm.

WDTC increases public safety by addressing root causes of crime:

- It monitors and supports offenders as they work to end their dependence on illicit drugs.
- It reduces the number of crimes committed to support drug dependence.
- It reduces the harm people cause themselves and others through their drug use (Manitoba Courts, 2019).

The most recent evaluation (2015) notes that, for the 94 graduates of the program, the re-offense rate using convictions for new destructive or drug crimes was 10.6%, the lowest yet. This compares favourably to Manitoba re-offense rates for offenders on probation (28%), conditional sentences (32%) or assigned provincial custody (66%). When considering all 288 cases (graduated, discharged and opted out) reoffending was 29.5%.

Since 2015, the capacity of the WDTC has not exceeded 22 participants despite the increase in demand.

It is also important to note that a significant number of WDTC participants have inadequate housing, are at risk for homelessness or are homeless. Therefore addressing basic needs of these individuals by providing a safe, suitable and sober living environment and/or supports to help individuals secure stable housing may help them to successfully complete the DTC program and reduce their risk of further involvement with the criminal justice system.

The Task Force proposes that similarly, it may be prudent to examine synergies between the DTC and other problem-solving courts, including the Mental Health Court, to determine if a similar expansion is warranted and can be supported and whether there are opportunities to better leverage existing resources through shared services – especially given the existence of co-occurring disorders noted earlier in this report.

It is a recommendation of the Illicit Drug Task Force that the Winnipeg Drug Treatment Court capacity is expanded and that additional drug treatment courts be established outside of Winnipeg. Critical to this expansion will be the identification of safe, secure, affordable housing for participants.

Disrupting the distribution of illicit drugs

→ Create joint enforcement and disruption teams.

Joint enforcement teams and integrated units are an approach for sharing skills, experiences, and resources for combating the illicit drug trade. Integrated units operate across Canada and commonly include a combination of federal, provincial and municipal police services and law enforcement agencies.

The benefits of collaborative and integrated law enforcement services include:

- Reducing duplication and overlap of policing services throughout the province, particularly with respect to specialized services;
- Coordinated response to emerging trends;
- Allowing agencies to better capitalize on economies of scale;
- Facilitating the use of shared equipment and common technologies;
- Streamlining and reducing overlap of administrative functions; and
- Flexibility to investigate illicit drugs that occur across jurisdictions.

To become more effective and efficient in the enforcement and disruption of the illicit drug trade, improved intelligence sharing and data analytics should be coupled with collaborative enforcement efforts.

Manitoba's Policing and Public Safety Strategy supports the formation of joint policing operations to suppress and disrupt illicit drug trafficking networks.

It is a recommendation of the Illicit Drug Task Force that joint enforcement and disruption teams be created with a design that helps to address Manitoba's most pressing challenges.

→ Improve data sharing and analytics capacity to better facilitate intelligence-led data-driven policing

→ Examine how information sharing can help community members and organizations in their work

One of the best ways to disrupt the illicit drug trade is to act proactively. Proactive policing is the practice of deterring criminal activity, including the illicit drug trade, by showing a police presence, responding to emerging issues, and engaging the public to share their concerns (Ankony, 1999). It entails "getting out in front of events in the hopes of preventing crimes and working with the community to reduce crimes" (Muhlhausen, 2018).

The main tenets of proactive policing are:

- To prevent and reduce crime through the use of intelligence and analytics (being intelligence-led)
- To use data and information to provide administrative and operational direction (being data-driven)
- To improve relations with the community and work together to reduce crime (being community-driven)
- To enhance service provided by law enforcement officers by training them in new skills (developing mastery)
- To use evidence to guide and evaluate strategy, programming and operations (being evidence-based)

Proactive policing is heavily dependent on timely and actionable intelligence, data and information. As part of its Policing and Public Safety Strategy (Manitoba Justice, 2019), Manitoba Justice announced in-year funding of $835,000 for the design of a Provincial Intelligence Model. The long-term vision of the model is to "improve intelligence and information sharing amongst law enforcement agencies and facilitate the provision of an intelligence-led data-driven approach to public safety" (Manitoba Justice, 2019).

It is a recommendation of the Illicit Drug Task Force to improve data sharing and analytics capacity to better facilitate intelligence-led data-driven policing and to examine how information sharing can help community members and organizations in their work.

→ Amend or introduce legislation to ensure individuals involved in the illicit drug trade do not profit from unlawful activities.

The Criminal Property Forfeiture Branch of Manitoba Justice (CPF) has been responsible for seeking out assets that have been obtained or used unlawfully. They cast a wide net, pursuing assets from the local low-end drug dealer to the high-end homes of organized crime. CPF uses civil processes, not criminal, to seek assets through the civil courts, reaching assets that may otherwise never be discovered.

Civil forfeiture has become a critical tool in the fight against organized crime as it provides a process to disgorge wealth and prosperity derived from unlawful activity. The illicit drug trade is a major profit enterprise for criminals and organized crime.

Canada and Manitoba can take a proactive approach to deal with money laundering and the accumulation of crime-related wealth.

It is a recommendation of the Illicit Drug Task Force to examine legislation to limit the ability of individuals and organizations to profit from unlawful activities.

Building capacity across a range of services

→ Deliver detoxification, medical transition, treatment and supportive housing through an evidence based, co-ordinated continuum of care

→ Limit barriers and increase access to available treatment spaces

Substance use treatment and support services in Manitoba are delivered through a fragmented and often siloed assortment of organizations and programs, where current approaches do not address gaps between acute detoxification and longer-term stabilization. This results in an increased and inappropriate reliance on EMS, police and hospital resources.

The range of harms associated with substance use can be described along three dimensions: acuity, chronicity and complexity. The route by which a person enters the system of services and supports, and his or her ensuing experience will depend on this combination of acuity, chronicity and complexity (National Treatment Strategy Working Group, 2008). In addition, the lack of timely access to treatment and stabilization services often results in at-risk individuals being forced to return back to the setting of potential substance use (e.g. at home or on the street) while waiting for care.

Manitoba does not have a complete and co-ordinated continuum of care. This required and should include:

- Crisis stabilization and management of acute intoxication where ED care is not required
- Timely transition to longer term stabilization (in cases where ED care is initially required)
- Withdrawal management in support of subsequent treatment engagement
- Outpatient, community-based services including opioid replacement therapy
- Structured, intensive residential treatment
- Supportive recovery and aftercare
- A variety of programming to support the different needs and requirements of the individuals who are seeking or entering into treatment.

Currently service providers are funded provincially by MHSAL, Manitoba Education and Training, Manitoba Justice, Manitoba Status of Women, Department of Families, and Manitoba Liquor and Lotteries Corporation. There are also federally and privately funded services which illustrate collaborative funding or accountability arrangements. However, Virgo noted that while receiving the lion's share of addictions treatment funding, some existing publically funded organizations may not be offering sufficient volume of relevant or effective programming. Private-Public partnerships may provide an opportunity to make better use of public funding to meet the growing needs of the system by utilizing private facilities that are not at full capacity. The IDTF would encourage the use of public funding to help access private treatment services for those that are currently limited by income, and to support increasing treatment needs beyond the capacity that currently exists within the public system.

There is an immediate need for more medical withdrawal and detoxification centres in Manitoba. Medical detoxification services at Health Sciences Centre are provided at a relatively high cost and are specific to medical emergencies. The need for more medically managed detoxification facilities is critical. This should include counselling services and transition programs until treatment beds are available.

Currently there are limited supportive long-term programs in Manitoba. Success rates in supportive abstinence based housing increases significantly when comparing a 28-day program to a 365+-day program. There is a need to increase long-term supportive programs in particular to methamphetamine, due to some of meth addiction's unique characteristics including high relapse possibility and long period of reconstruction and redevelopment of life skills.

It is a recommendation of the Illicit Drug Task Force that an evidence based, coordinated approach to detoxification, medical transition, treatment and supportive housing be established. Concurrently, capacity must be increased to support access and limit barriers to treatment.

→ Expand Rapid Access to Addictions Medicine (RAAM) clinics and primary care capacity to manage patients with addictions

Rapid Access to Addictions Medicine (RAAM) Clinics are drop-in clinics for people looking to get help with high-risk substance use and addictions. This includes people who want to try medical assistance to reduce or stop their substance use. They may experience frequent intoxication or overdose symptoms, as well as unpleasant withdrawal symptoms when attempting to reduce or stop their substance use. RAAM clinics are also for people who may have substance-related health issues, such as hepatitis, pancreatitis, and infections, among others.

Virgo Planning and Evaluation Consultants Inc. (2018) highlighted the RAAM clinics as a successful model in the development of the *Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans* (Virgo report). Five clinics are operational, two in Winnipeg, and one in each location in Brandon, Selkirk and Thompson. Since September 2018 over 700 individuals have received support and/or treatment through the clinics. However, the hours of operation are limited, resulting in clients going without supports or seeking care elsewhere.

It is a recommendation of the Illicit Drug Task Force that the RAAM clinics increase hours. Also, the Task Force recommends that the RAAM clinics have pathways to accessibility (e.g. community health centres) for specialized managed referrals to and coordination of services with primary care, and other services such as withdrawal management, treatment services and mental health services. As referenced earlier, the coordinated continuum of care is a critical success factor: there should be sufficient pathways and capacity that RAAM can refer to, in order for these clinics to reach their potential for rapid access to addictions services on a larger and sustained scale.

→ Increase emergent Telehealth mental health and addiction service for adults and youth, in particular to rural areas

Emergency transfers for assessment for mental health and addiction are resource intensive for police and medical transport, and are often associated with unsafe situations for patients and staff. The Virgo report (Virgo Planning and Evaluation Consultants Inc., 2018) identified Manitoba's children and youth as a priority population, stating that immediate funding for the expansion of services was required. The report also identified the need to incorporate technology in order to increase access and reduce barriers to mental health and addiction services. In 2018, as part of WRHA Clinical Consolidation, Emergent Telepsychiatry service for adults was launched. Since this time, over 300 telehealth assessments have been completed in a one-year period and this service has eliminated the need for transfers for mental health assessments.

With the successful pilot in Winnipeg for adults, there is engagement and interest from rural sites in developing similar Emergent Telehealth service using a hub and spoke model for adults and youth. Increasing the capacity for the Emergent Telehealth service across the province for youth and adults will provide timely mental health and addiction assessments, and reduce unnecessary transfers for assessment by police and medical transport. It will also reduce geographical barriers to receive treatment to rural and remote communities, including 63 First Nation communities, and have substantial positive impact for multiple stakeholders.

It is a recommendation of the Illicit Drug Task Force to increase emergent telehealth services for adults and youth in the area of mental health and addictions services. The Task Force notes there are lessons to be learned from existing programs that operate on a provincial scale including the Manitoba HIV program, the Manitoba Renal Program and CancerCare Manitoba programming.

Integrated community outreach treatment services

→ Develop an integrated community outreach program, including a program of assertive community treatment

EMS and police are often contacted by family or friends to aid in the care of people who have used substances. In most instances, EMS and police are not able to provide the most appropriate assistance due to a lack of co-ordination with substance stabilization and support services. Between December 4, 2018 and May 21, 2019, the Winnipeg Fire Paramedic Service (WFPS) treated 329 stable patients with olanzapine (an antipsychotic drug) due to recent (within 48 hours) methamphetamine use. Each of these patients were transported to an ED for further assessment and referral. In many of these cases, the potential to transfer care of these stable patients to a community outreach team would have significantly improved the time to access stabilization and support services and reduced the number of inappropriate ED visits.

In order to address the complex issues associated with substance use, a community outreach program should have ready access to a team of service providers. These team members could include, but not be limited to, nurses, outreach/case workers, social workers, police members, community paramedics and on-call physician support.

A community outreach program would help patients:

- Attain and maintain linkages to appropriate housing
- Attain and maintain linkages with substance use treatment and recovery programs
- Attain and maintain access to health support services (including mental health supports) and harm reduction strategies
- Ensure medication compliance

An integral component of the community outreach should also include the Program of Assertive Community Treatment (PACT) specifically for substance use and mental health outreach. The PACT team, a multi-disciplinary team of mental health professionals including a psychiatrist, nurses, social workers, occupational therapists, mental health specialists, addiction specialists and vocational rehabilitation specialists, provides PACT services with a low staff to client ratio, using a team approach and shared caseloads. Each client has an individualized recovery plan, receives assertive outreach and can expect continuous service over the years, including:

- Treatment, such as medication management, therapeutic counseling, substance use intervention and primary health care
- Rehabilitation, in all areas of life including housing, family and social relationships, vocational and educational activities and skills teaching
- Support, through direct assistance with daily living activities to meet the basic necessities of life
- Crisis response, 24 hours per day, 7 days per week

It is a recommendation of the Illicit Drug Task Force that an integrated community outreach treatment service should be developed so that EMS and police can provide 'warm handoffs' for individuals that require assistance in dealing with their addictions challenges.

→ Create additional withdrawal management services across the province

→ Examine whether *The Intoxicated Persons Detention Act* (IPDA) requires modification (such as length of time of detention) due to the unique circumstances of meth addiction.

Police officers have limited options for dealing with individuals who are intoxicated. Frequently, these individuals are in need of detoxification and a healthcare response rather than a criminal justice system response. Where detoxification and withdrawal management services do exist, there are insufficient resources to meet needs and demand specific to methamphetamine and other substances. In the absence of a range of withdrawal management services, emergency departments, and in some cases police facilities or cells, are being used to hold individuals to ensure public safety and the well-being of persons who are often vulnerable.

The Intoxicated Persons Detention Act (IPDA) gives peace officers the authority to take a person into custody when the person is intoxicated in a public place. While police and peace officers have IPDA as a tool to address safety concerns related to intoxication, the management and treatment of problematic substance use or substance use disorder is complex, and should be led by healthcare professionals. Therefore, there is a need for police and peace officers, and other first responders, to have 24/7 access to facilities – such as withdrawal management services, which can provide a safe environment for those at risk for harming themselves or others. This is supported by Manitoba's Policing and Public Safety Strategy (released on May 23, 2019), where Manitoba Justice indicated that it will support law enforcement and community stakeholders in approaches to combat and reduce public intoxication.

Many people who use substances are not violent, or at risk of self-harm and therefore do not require detention facilities or enforcement intervention. Law enforcement intervention is often utilized to prevent people from putting themselves at risk of being in vulnerable situations, where they can be harmed by others, make uninformed decisions or be exploited. 24/7 Safe Spaces (as recommended earlier in this report), would provide a more appropriate alternative to emergency departments or police holding cells, while connecting individuals to specialized resources needed for treatment and recovery.

It is a recommendation of the Illicit Drug Task Force that additional withdrawal management services be created in Manitoba and that the need for legislative amendment of *The Intoxicated Persons Detention Act* (IPDA) to address some of the unique time challenges related to meth addiction and withdrawal be examined.

Expand Public Health Efforts

Effective harm reduction strategies build relationships, encourage informed decision-making, and reduce harms associated with substance use and associated behaviours. Expanding public health effort is a means to connect with people who use drugs, engage them in healthcare, treatment programs, and reduce their social and service isolation.

Supervised consumption sites can be part of a long-term approach to addressing harms, as one component of a harm reduction strategy. They can also serve as pathways to treatment. It was the perspective of the IDTF that other foundational harm reduction activities require establishment, enhancement and expansion at present. The IDTF did not come to consensus on including a recommendation regarding supervised consumption sites, therefore it is not suggested within this report.

→ Review and implement culturally appropriate programming

The impact of substance use in Indigenous communities requires an Indigenous controlled response. Communities such as Montreal Lake Cree Nation have developed an integrated culturally appropriate response to their methamphetamine crisis. Models such as this should be reviewed, including other similar community responses, and adapted to meet the needs of Manitoba Indigenous peoples.

Components specific to culturally appropriate programing should consider, for example in the Montreal Lake Cree Nation 5-Year Program for Illicit Drug Reduction, a fully trained crisis response team, suicide crisis hotline, acute medical detoxification, and other measures such as a three-month rehabilitation in a wilderness setting and culturally therapeutic programs. Involvement of the family and community was also noted as an important component to consider.

The Task Force notes that the establishment of new culturally appropriate programming must be indigenous designed and indigenous led. Therefore, it is a recommendation of the Illicit Drug Task Force that the Indigenous community and leadership be supported in their work to review and implement culturally appropriate programming.

→ Create a centralized harm reduction supply distribution, including safe distribution and recovery of needles

Centralized coordination and funding is needed to establish a consistent approach to harm reduction supply distribution throughout Manitoba. Currently there is some funding for harm reduction, however it is dispersed - embedded in Regional Health Authorities, and with tribal councils. The demands for these supplies are growing, so the current resources must be increased to meet the needs of the provincial population of people who use drugs. The economic and social benefit of harm reduction initiatives are the ability to keep people safer and healthier by: preventing overdose; reducing transmission of infectious diseases such as HIV, HCV and other infections associated with intravenous drug use and/or high risk sexual behaviours; and connecting people with the health care system, who otherwise may not engage until they are very sick.

A provincial centralized distribution network, supported by Manitoba's Harm Reduction Network and Regional Health Authorities, would significantly improve the consistency of harm reduction services across the province by: ensuring a consistent understanding and approach to harm reduction; increasing equitable access to harm reduction services and supplies; and ultimately reducing the harms associated with substance use, including sexually transmitted and blood borne infections (STBBIs). The program should also include the availability of drug testing, a technology that is available to offer the testing for the presence of harmful additives in the drugs prior to consumption.

Injection with a used needle puts people who inject drugs at risk for blood-borne pathogen transmission and can damage the skin, soft tissue, and veins. Needle-sharing rates have declined across Canada due in most part to provincial harm reduction and needle return programs.

Discarded needles have increasingly become a public concern. Discarded needles make people feel unsafe or have negative feelings and attitudes about places where people use drugs, and to the people who inject drugs. The ways in which we address discarded needles have big impacts regarding perceptions of intravenous drug use, and by extension, the people who use drugs with needles. Countering the stigma associated with substance use helps to preserve the dignity and safety of people using substances, which in turn opens the door to healthier outcomes (WRHA, 2018). Needle and syringe distribution programs are cost-effective. Access to safer substance use supplies has been associated with lower rates of HIV infection, and greater numbers of health and social services provided. The establishment of safer injecting kits is an important public health strategy supported by a wealth of evidence (Kasedde, Luo, McClure, & Chandan, 2013). A sterile needle and syringe distribution program for each injection reduces the transmission of HIV, HCV, hepatitis B (HBV), and other pathogens.

Best practice policies should be used to facilitate a centralized harm reduction supply and needle program. For harm reduction kits, these should consider including materials such as safer use equipment, sterilization products, education, disposal equipment, and naloxone distribution. For sterile needle and syringe distribution, this should consider not requiring the return of used needles as a barrier to obtaining future clean needles (i.e. exchange or incentives), encourage proper disposal (including disposal products), education and pre-packaged safer injection kits.

It is a recommendation of the Illicit Drug Task Force that a centralized approach to needle distribution and recovery be established by the Province, incorporating the existing Regional Health Authority approaches within the consistent provincial program.

→ Examine how to best utilize peer experience and support to promote public health practices to reduce harms and risks

Programs and services such as education and outreach, peer network development, building community readiness, inter-jurisdictional collaboration and support for supply distribution and overdose prevention are integral components to a harm reduction network and offer a venue for rapid communication and information sharing. All regional networks are composed of health authority representation, social and community service organizations, and community members, and offer an established opportunity to engage in the dissemination of public health practices to reduce harm.

Public health practices are integral to reducing harm and should include at minimum, the dissemination of a set of user-friendly, evidence-based best practice recommendations. This should also consider explanation of how an intervention or best practice works (e.g., how providing safer smoking equipment helps reduce HCV transmission). Further, best practices should consider evidence from other countries that share similar public health systems from Canada, United States, Europe and United Kingdom, Australia and New Zealand.

Collectively, the Harm Reduction Networks, along with the Peer Advisory Councils reach high-risk populations that would otherwise be reluctant to access the medical and/or social service systems. Peers and people who use drugs can work to create change in their communities. Additionally, Peer Advisory Councils reach high-risk populations that would otherwise be reluctant to access the medical and/or social service systems. Increasing the number of Peer Advisory Councils within the province, increasing the quantity of network managers, and increasing access from part-time to full-time would expand the system's capacity to reach at risk individuals who are underserved.

Given the variety of views, opportunities and programs in place, it is a recommendation of the Illicit Drug Task Force that a group examine how to best utilize peer experience (those with lived experience) and support to promote public health practices to reduce harms and risks and expand the capacity of the system. This may include advisory councils – or other optimal solutions involving peer expertise.

Data collection, dissemination & analytics

→ Improve health data surveillance systems

Develop a population level Epidemiology Surveillance Network on Substance Use as a collaborative and multidisciplinary network that facilitates the collection and dissemination of qualitative and quantitative information on substance use at the local, provincial and national level. The intention of this is to improve health-data surveillance systems by collecting data from a wide range of stakeholders and providing analyses to inform the planning and development of strategies. This should build on population-level data regarding the extent of substance use and harms. It should also provide context to the estimated demand across the range of services provided in Manitoba and take into account population, geographical and jurisdictional factors affecting access to services and supports.

The Epidemiology and Surveillance unit of MHSAL will continue to produce quarterly surveillance reports, and look at how enhancements can be made to include other problematic substances to better understand emerging trends and burden of illness related to substance use. There is a commitment to continue work with federal partners (National Opioid Overdose Surveillance Task Group), to look at expanding the national report to include other problematic substances, in addition to opioids, and to continue to communicate regularly with epidemiologists from the WRHA, First Nations and Inuit Health Branch, the Public Health Agency of Canada and Health Canada. This recommendation would comply with the current *Personal Health Information Act* (PHIA) in the Province of Manitoba.

It is a recommendation of the Illicit Drug Task Force that population level data (not identifiable at the individual person level) be utilized and analyzed to improve existing health data surveillance systems. This is viewed to be crucial in ensuring a system is responsive to changing trends in illicit drug use.

→ Develop an alert system for disseminating information

Currently in Manitoba there is no province-wide mechanism to alert or share information regarding emerging drug related issues and potential harms. With many pandemics, there are provisions in place to systematically distribute information and supplies that connect a range of stakeholders from EMS, to EDs to border security. A formalized alliance with other stakeholders such as EMS, ED, front line workers, community organizations, law enforcement, border security and the Chief Provincial Public Health Office is an important connection to combating illicit drugs. Increased awareness of what may be coming from the street market and respective drug trades before it inundates Manitoba may be a way of reducing harm to a larger portion of the population. This concept could also be explored from a pan-Canadian perspective, allowing information to be shared regarding substances that are surfacing in other provinces and territories. Additionally, the development of toolkits and resulting materials should be explored to be available for distribution and dissemination.

It is a recommendation of the Illicit Drug Task Force that an alert system be created (or existing system utilized) for disseminating information on emerging issues and potential harms.

Enhanced technology & communication strategies

→ Use technology to enhance communication strategies

General information regarding substance use services and resources is often unreliable and difficult to access for the general public. Family members, loved ones and care providers are often restricted from accessing case specific information that could greatly assist in the support and management of an individual on their road to recovery. Exploring the use of technology for the purposes of providing up-to-date reliable information can be critical as a first step in seeking services and treatment. For example, the Canadian Mental Health Association and EndPoverty Edmonton created a website and app aimed at providing reliable information on resources like the Edmonton Food Bank and Hope Mission. The website, LinkYEG.ca, provides information on services broken down into ten categories: Crisis Services, Food, Shelter, Health and Medical, Clothing and Essentials, Violence and Safety, Computers and WiFi, Legal Help, Money and Benefits and Family Services. There are some promising sites in Winnipeg that may be able to be expanded to include these resources, such as 211. However, it is important to note that given the ethical considerations, the host of these resources must be sustainable and able to reliably update resource information.

It is a recommendation of the Illicit Drug Task Force that learning from other jurisdictions be utilized in enhancing existing communication and information approaches here in Manitoba.

→ Develop a comprehensive communications/media strategy

The development of a comprehensive communications/media strategy can address many needs:

- Prevention that tries to reduce the numbers of people who take illicit drugs with a particular focus on children and youth
- Education for those that are unaware of the risks surrounding illicit drug use by them or their families
- Information that tries to combat stigma so that those who use illicit drugs may be more inclined to seek treatment and help
- Other communication needs as identified.

The strategy must have different components and approaches to deal with the different facets outlined above. The medium used will vary depending on the specific need being addressed. Various media forms (television, radio, web-based and social media) and exploration of approaches (e.g. media influencers) should be utilized as appropriate for the target audience.

The strategy should have a strong focus on the most effective ways to support prevention efforts. "One of the core principles of public health is that prevention is better than treatment. It leads to healthier outcomes and has benefits for everyone: patients do not have to suffer from a disorder, our health care system does not have to pay for treatment and recovery, and society does not have to shoulder social and economic costs. It is crucial that a preventative message be provided to youth at risk" (British Columbia, Ministry of Mental Health and Addictions, 2019).

The campaign should include specific information about substances, treatment, lived experiences of recovery and hope, as well as other resources for specific purposes - such as educational resources for front line workers, educators, community leaders, parents, and for peers of children and youth. Educational components should address alerts/education/training on incoming (new) drugs and their effects in advance of their arrival, de-escalation techniques, over-dose prevention, and harm reduction techniques. Further, comprehensive school strategies should be considered that align with current curriculum and offer accurate credible information, similar to the concept of physical and sexual health curriculum.

Additionally, educational components should endeavor to explain in basic terms the root causes of substance use as they relate to mental health disorders and the social determinants of health (trauma, colonization, poverty, food security, affordable housing) to help address stigma, and increasing the likelihood that individuals who use drugs may access services when they may not have otherwise done before. There should also be consideration of similar resources such as (but not be limited to):

- https://www.justthinktwice.gov/
- https://www.getsmartaboutdrugs.gov/
- https://wakeup-utah.com/
- https://www.operationprevention.com/

It is a recommendation of the Illicit Drug Task Force that a comprehensive communications/media strategy be developed that will serve multiple objectives, multiple audiences and utilize multiple forms of media. The Task Force believes it important to make this a campaign strategy that is multi-faceted, maintains a focus on prevention, and to learn from jurisdictions where the campaigns have been effective in the various goals outlined above.

Advance tri-governmental partnership in support of implementation of these recommendations

It is a recommendation of the Illicit Drug Task Force that all government departments, at the three levels of government should identify what role they can play, individually and cooperatively, in preventing substance use or ameliorating its impacts. There is a general understanding that police, social services and medical resources alone will not be able to stop the growth of what is recognized as a crisis of addiction, presently to methamphetamine, in Manitoba.

The Journey Ahead

The IDTF recognizes that no single group or organization can tackle all of the issues or solve all of the problems related to problematic substance use or substance use disorders. The task force notes that it did not have the time to explore all of the issues at the level of detail warranted for such a complex matter. Also, the task force members note that the issues were examined from a Winnipeg perspective and the task force would have liked more opportunities to explore the issues in a broader provincial way. Having a comprehensive provincial approach enables a sustained and coordinated effort to reduce the demand for substances, reduce the supply of substances and reduce the harm resulting from substance use. As shown in this report, ongoing and planned actions to reduce the harm resulting from the use of methamphetamine and other substances are extensive. These recommendations reflect the collaborative efforts of government, non-government agencies and communities. It is important that everyone plays a vital role and that all voices are heard as we come together to address its challenges.

As noted in the Virgo report, "High quality and innovative substance use/addictions and mental health problems and illnesses (SUA/MH) services and supports are provided in the context of, and responsive to, people's economic, cultural and social situations, are based on the latest relevant knowledge, and are oriented toward successful coping, empowerment, self-direction and recovery. Such systems invest the time and resources needed to study and translate research and evaluation studies to identify, implement and make accessible what works in a transformed SUA/MH system. The research methods used within the system (e.g. Ranging from randomized controlled trials to participatory action-based research) adhere to the system's values and are appropriate to the wide range of SUA/MH services and supports studied. The system stimulates and supports innovation on how to best promote mental health well-being and support people's recovery, no matter where this innovation comes from (e.g., large hospital, small community organization, peer support network, Indigenous communities)."

An essential part of a comprehensive public health and justice approach to addressing substance use is a broader spectrum of strategies to reduce individual and societal harms. Manitoba has been successful in implementing some strategies to reduce harm – such as the Take-Home Naloxone Distribution Program. However, a more comprehensive approach is required to mitigate problematic substance use, by not only promoting harm reduction, but also by supporting infrastructure changes needed to better integrate care for problematic substance use into general health care and other treatment settings while reducing stigma. In support of this, and a consistent observation of the IDTF, was the need for targeted and on-going education as well as a systematic and effective means of sharing information.

Alternatives to arrest and lockup for nonviolent and substance use-related offenses, and less punitive, health-focused initiatives are also important and can have a critical impact on long-term outcomes. People who use drugs interact with the criminal justice system and law enforcement due to substance-related offences; however diverting them to specialized treatment services is an empirically supported alternative (Wittouck, et al. 2013).

Generally, desistance, sobering, after care and recovery programs should be supported by improvement in several life domains, such as social or peer-networks, employment, and housing. Several studies note that moving away from substance-using friends and acquaintances supports the maintenance of abstinence, and permanent housing is associated with a reduction in recidivism (Wittouck, et al. 2013). Further community enablement and mobilization, through the fostering of safer environments and

prevention through social development is another key aspect that has significant success, specifically, in terms of partnership with local non-for-profit organizations and the private sector (United States Drug Enforcement Administration, 2019).

Coordinated federal, provincial, municipal and tribal council efforts are needed to promote and support approaches that address widespread cultural and systemic issues needed to reduce the prevalence of substance use and related public health consequences.

In addition, there are also further efforts identified by the IDTF that were beyond the scope of this report that could be investigated in future. These include: a review of possession of controlled substances for personal use in relation to substance use disorders; primary care opportunities such as accelerating the roll out of shared care options, a mental health component of the "My Health Team" initiative and consideration of Ontario's "ECHO program".

As noted earlier in the report, the Task Force recommends that the three levels of government, the community at large, the business community and the not-for-profit sector come forward and maintain an active commitment to work together to advance these recommendations. Many of those identified are already active partners while others will be new to these recommendations. Addressing the recommendations will require a commitment to establish implementation groups and a steering or advisory group to monitor the progress of implementation across many sectors.

Lastly, effective on-going monitoring, evaluation and communication of efforts and outcomes is critical to ensuring that the recommendations of this report are implemented and have the greatest chance for improving outcomes.

Summary of Recommendations

It is a recommendation of the Illicit Drug Task Force that:

- efforts to educate landlords regarding mechanisms to address problems that impact community and public safety be undertaken, and that the systems already in place have sufficient capacity to address requirements in a timely way.
- efforts to develop and promote community safety networks be undertaken.
- enhanced and coordinated promotion of the use of Crime Stoppers be undertaken, including a featured campaign targeting information on illicit drugs and dealers, and funding to support cash rewards for drug tips.
- we support communities where a high need is identified, to develop accessible, culturally appropriate recreation opportunities for children and youth. The programming should include skilled recreation leadership programs and help build community leadership capacity.
- we seek national, provincial and local business support to provide access to employment opportunities that will help both prevention and recovery/reintegration efforts.
- efforts be undertaken to resource safe spaces in existing, dispersed and accessible community agencies to operate with longer hours (ideally 24/7).
- the Winnipeg Drug Treatment Court capacity be expanded and that additional drug treatment courts be established outside of Winnipeg. Critical to this expansion will be the identification of safe, secure, affordable housing for participants.
- joint enforcement and disruption teams be created with a design that helps to address Manitoba's most pressing challenges.
- we improve data sharing and analytics capacity to better facilitate intelligence-led data-driven policing and to examine how information sharing can help community members and organizations in their work.
- we examine legislation to limit the ability of individuals and organizations to profit from unlawful activities.
- an evidence based, coordinated approach to detoxification, medical transition, treatment and supportive housing be established. Concurrently, capacity must be increased to support access and limit barriers to treatment.

- the RAAM clinics increase hours. Also, the Task Force recommends that the RAAM clinics have pathways to accessibility (e.g. community health centres) for specialized managed referrals to and coordination of services with primary care, and other services such as withdrawal management, treatment services and mental health services. As referenced earlier, the coordinated continuum of care is a critical success factor: there should be sufficient pathways and capacity that RAAM can refer to, in order for these clinics to reach their potential for rapid access to addictions services on a larger and sustained scale.

- we increase emergent telehealth services for adults and youth in the area of mental health and addictions services. The task force notes there are lessons to be learned from existing programs that operate on a provincial scale including the Manitoba HIV program, the Manitoba Renal Program and CancerCare Manitoba programming.

- an integrated community outreach treatment service should be developed so that EMS and police can provide 'warm handoffs' for individuals that require assistance in dealing with their addictions challenges.

- additional withdrawal management services be created in Manitoba and that we examine the need for legislative amendment of The Intoxicated Persons Detention Act (IPDA) to address some of the unique time challenges related to meth addiction and withdrawal.

- The Task Force notes that the establishment of new culturally appropriate programming must be indigenous designed and indigenous led. Therefore, it is a recommendation of the Illicit Drug Task Force that the Indigenous community and leadership be supported in their work to review and implement culturally appropriate programming.

- a centralized approach to needle distribution and recovery be established by the Province, incorporating the existing Regional Health Authority approaches within the consistent provincial program.

- a group examine how to best utilize peer experience and support to promote public health practices to reduce harms and risks. This may include advisory councils – or other optimal solutions involving peer expertise.

- population level data (not identifiable at the individual person level) be utilized and analyzed to improve existing health data surveillance systems. This is viewed to be crucial in ensuring a system is responsive to changing trends in illicit drug use.

- an alert system be created (or existing system utilized) for disseminating information on emerging issues and potential harms.

- learning from other jurisdictions be utilized in enhancing existing communication and information approaches here in Manitoba.

- a comprehensive communications/media strategy be developed that will serve multiple objectives, multiple audiences and utilize multiple forms of media. The Task Force believes it important to make this a campaign strategy that is multi-faceted, maintains a focus on prevention, and to learn from jurisdictions where the campaigns have been effective in the various goals outlined above.

- all government departments, at the three levels of government should identify what role they can play, individually and cooperatively, in preventing substance use or ameliorating its impacts. There is a general understanding that police, social services and medical resources alone will not be able to stop the growth of what is recognized as a crisis of addiction, presently, to methamphetamine in Manitoba*.*

- the three levels of government, the community at large, the business community and the not-for-profit sector come forward and maintain an active commitment to work together to advance these recommendations. Many of those identified are already active partners while others will be new to these recommendations. Addressing the recommendations will require a commitment to establish implementation groups and a steering or advisory group to monitor the progress of implementation across many sectors.

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Appendix A - Illicit Drug Task Force Terms of Reference

Definitions:

- "Illicit Drugs"
    - For the purposes of this document, "illicit drugs" shall be defined to be those that are illegal to consume, possess or sell. They include but are not limited to: methamphetamine, opioids (not legitimately), cocaine and certain hallucinogens.

Membership:

- An Oversight Committee comprised of executive members of the three levels of government.
- Co-chairs appointed by the Oversight Committee (can be government employees) and a Task Force Working Group with size and membership to be determined by the co-chairs in consultation with the Oversight Committee.
- The Task Force Working Group will function in a non-partisan manner and will collectively make recommendations for the Oversight Committee to review and consider for implementation.

Functions of the Oversight Committee:

- Appoint Co-chairs from existing government employees;
- Appoint the members of the Task Force Working Group, in consultation with the Co-chairs;
- Approve a Terms of Reference, and;
- Each party is willing to provide resources to support the task force's work from within their existing budgets, provided they remain within reasonable amounts.

Functions of the Co-chairs:

- Appoint Task Force Working Group members, in consultation with the Oversight Committee;
- Oversee the activities of the Task Force Working Group, and;
- Approve the report with recommendations to be delivered to each level of government in June, 2019. The report will be made public shortly thereafter.

Scope of Work of the Task Force Working Group:

1. The Task force Working Group will consult with and listen to others who are experts in their fields including those with lived and living experience, health professionals, social service providers, law enforcement officials, first responders as well as the legal and academic community. This will include a review of all previous relevant reports and recommendations from Manitoba and other jurisdictions including any public feedback and recommendations. Sub committees may be created to inform the work and recommendations of the Task Force Working Group.

2. The Task Force Working Group's primary goal is create a report that will identify recommendations to reduce the use and effects of illicit drugs in our communities. The recommendations will focus on increasing safety of Manitobans and shall include the following pillars:

Prevention and Education- Identify Areas to Improve the Prevention of Use of Illicit Drugs and to Educate Practitioners and the Public

- Identify strategies to stay ahead of and plan for emerging trends in illicit drug issues.
- Identify communication tactics/tools to educate the differing groups of users/non-users including youth and vulnerable groups.
- Identify communication tactics/tools to educate communities about safety as well as to reduce stigma of drug use and addictions.
- Explore strategies for community involvement in prevention/detection.
- Identify public health practices to mitigate the harms caused by illicit drug use such as the spread of blood borne diseases.

Treatment – Identify Areas to Improve Existing Programming

- Identify opportunities to integrate services in Manitoba to provide more timely and streamlined access to treatment. Strengthen collaboration among the three levels of Government, the community, non-profit and private sector to treat illicit drug addiction.
- Identify gaps in the continuum of treatment of illicit drug use.

Enforcement and Disruption of Supply– Identify Areas to Combat the Illicit Drug Trade

- Investigate promising and evidence based practices employed in Manitoba and other jurisdictions to apprehend and deter the illicit drug trade.
- Identify current practices of illicit drug distribution and develop strategies to mitigate those practices. (ie rental unit take over.)

- Work with the Winnipeg Police Service, the Brandon Police Service, and the Manitoba RCMP to identify effective enforcement strategies to reduce the supply of meth and other illicit drugs.

- Explore laws, rules or policies that are impediments to addressing the changes that could further deter and combat the illicit drug trade

3. The Task Force Working Group will produce a report in a form satisfactory to the Co-chairs that includes practical short recommendations and actions to reduce the incidence of illicit drug use and distribution in the community. The report will also identify longer term recommendations to be actioned. Interim reports or findings may be provided to the Oversight Committee. The report should include appropriate performance indicators and targets and will be made available to the public.

Operational Matters:

1. Duration

    - The Task Force Working Group will operate until June, 2019.

2. Reporting

    - The Task Force Working Group will issue a final report in June, 2019.

3. Timing of Meetings

    - The Oversight Committee shall meet a minimum of once to establish the Task Force Working Group and a minimum of once to review their final report with the Co-chairs.

    - The Task Force Working Group shall meet a minimum of once monthly.

    - Additional meetings of the Oversight Committee and Task Force Working Group and sub Working Groups may be held on an as required basis.

Appendix B – Environmental Scan

Jurisdiction	Report / Resources
British Columbia	• Crystal meth and other amphetamines: An integrated BC strategy. (2004). Minister of State for Mental Health and Addiction Services. https://www.health.gov.bc.ca/library/publications/year/2004/MHA_meth_strategy.pdf • Harm reduction treatment interventions for rural methamphetamine abuse. (2017). Journal of Drug Abuse. http://drugabuse.imedpub.com/harm-reduction-treatment-interventions-for-rural-methamphetamine-abuse.pdf • Responding to the dangers of methamphetamine towards informed practices. (2007). British Columbia Centre for Social Responsibility & Centre for Criminal Justice Research. https://www.ufv.ca/media/assets/criminology/Responding-to-the-Dangers-of-Methamphetamine-Towards-Informed-Practices-(2007).pdf • Escalating BC's response to the overdose emergency (2019). Ministry of Mental Health and Addictions. https://www2.gov.bc.ca/assets/gov/overdose-awareness/mmha_escalating_bcs_response_report_final_26feb.pdf • Stopping the harm decriminalization of people who use drugs in BC (2019). https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/stopping-the-harm-report.pdf
Alberta	• Alberta Drug Strategy - Co-ordinated Alberta Response to Methamphetamine (2006). http://www.assembly.ab.ca/lao/library/egovdocs/2006/alad/155412.pdf
Manitoba	• The mental health of Manitoba's children. (2016). Manitoba Centre for Health Policy. http://mchp-appserv.cpe.umanitoba.ca/reference//MHKids_web_report.pdf • Overview of mental health data in Canada: Background, needs and gaps. (2014). Mental Health Commission of Canada. http://www.mentalhealthcommission.ca/English/media/3104 • Manitoba - PAX Program *https://www.gov.mb.ca/healthychild/pax/index.html* • Manitoba Indigenous - Buffalo Riders *https://thunderbirdpf.org/about-tpf/scope-of-work/training-programs/buffalo-riders/* • AFM-Public Education https://afm.mb.ca/resources/publications/
Ontario	• Crystal methamphetamine use, sexual risk behaviours and harm reduction among men who have sex with men. (2015). Ontario HIV Treatment Network http://www.ohtn.on.ca/wp-content/uploads/2015/05/RR93-Crystal-Meth-Harm-Reduction.pdf
Iceland	• *https://www.drugfree.org.au/images/pdf-files/library/iceland/Iceland_Succeeds_at_Reversing_Teenage_Substance_Abuse.pdf* • *https://mosaicscience.com/story/iceland-prevent-teen-substance-abuse/* • *http://www.rannsoknir.is/wp-content/uploads/2015/06/Substance-use-prevention-for-adolescents-the-Icelandic-Model.pdf*

Portugal	• Drug Decriminalization in Portugal Learning from a Health and Human-Centered Approach. http://www.drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf
Australia	• Cracks in the Ice is an online toolkit providing trusted, evidence-based, and up-to-date information and resources about crystal methamphetamine (ice) for the Australian community. https://cracksintheice.org.au/pdf/download/about-cracks-in-the-ice.pdf

Appendix C
The Social Determinants of Health

The social determinants of health (SDH) are the social and economic factors that influence people's health. These are apparent in the living and working conditions that people experience every day. The SDH influence health in many positive and negative ways. Extreme differences in income and wealth, for example, have negative health consequences for those who are living in poverty and these effects are magnified when these people are congregated in poor regions. In contrast, those who are well-off and living in well-off regions have better overall health.

The following is a list of fourteen social determinants of health:

- Income and Income Distribution
- Education
- Unemployment and Job Security
- Employment and Working Conditions
- Early Childhood Development
- Food Insecurity
- Housing
- Social Exclusion
- Social Safety Network
- Health Services
- Aboriginal Status
- Gender
- Race
- Disability

Source: Canadian Public Health Association